



**ashm**

# Annual Report 2022– 2023

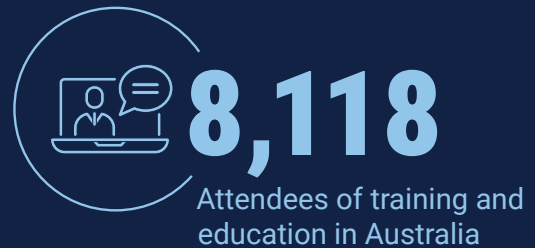
[ashm.org.au](https://ashm.org.au)



## Acknowledgement of Country

ASHM acknowledges the Traditional Owners of Country across the various lands on which our staff live and work. We recognise Aboriginal and Torres Strait Islander peoples' continuing connection to land, water, and community and we pay our respects to Elders past and present. ASHM acknowledges Sovereignty in this country has never been ceded. It always was, and always will be, Aboriginal land.

# Year at a Glance



# Developing a sustainable HIV, viral hepatitis, and sexual health workforce

**ASHM is a peak professional body representing healthcare professionals working in human immunodeficiency virus (HIV), blood-borne viruses (BBVs), and sexual and reproductive health.**

We partner without prejudice, working collaboratively to develop workforce capacity and strengthen health systems to uphold the dignity and rights of people facing stigma and barriers to care.

An independent community of practice, ASHM is a trusted organisation and accredited charity working across Australia, Aotearoa/ New Zealand, Asia, and the Pacific and through other global programs. We provide a range of educational and networking opportunities for health workers to connect and learn in ways that work best for them.

## What we do

PROFESSIONAL DEVELOPMENT

RESOURCE DEVELOPMENT

ADVOCACY

POLICY DEVELOPMENT

CONFERENCE & EVENT MANAGEMENT

SCHOLARSHIP PROGRAM

HEALTH SYSTEM STRENGTHENING

CROSS COUNTRY SHARING AND LEARNING

## Our purpose

Supporting the health workforce optimise person-centred care.

## Our vision

The virtual elimination of HIV and BBVs and securing the sexual and reproductive wellbeing of our diverse communities.

## Our mission

To provide sector leadership and enable change through facilitation, direct action, capacity building, advocacy, and health systems strengthening.

## Our values

Collaborative

Inclusive

Trustworthy

Respectful

Dynamic

## Our Commitments

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

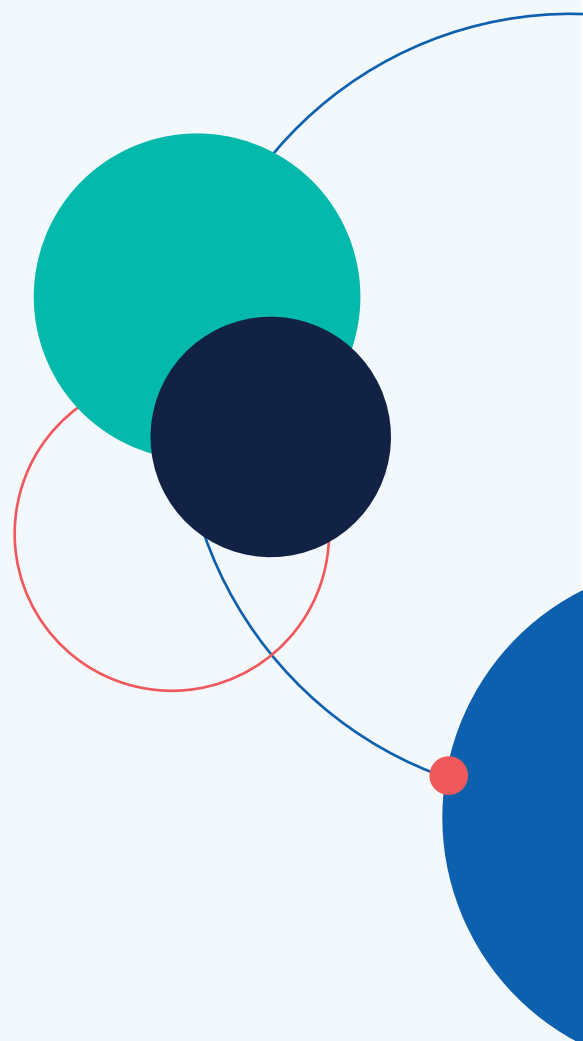
- support collaboration, partnership and cooperation
- reflect best practice in management and service delivery, and are informed by the latest scientific, clinical, health, and policy research
- maintain transparency, industrial fairness, and democratic decision-making
- strengthen ties with affected populations
- respect cultural differences and diversity, particularly focusing on Aboriginal and Torres Strait Islander peoples
- respect privacy and confidentiality
- coincide with national and internal ethical conduct standards; and
- redress social inequities.

**MORE INFORMATION**  
Our Commitments



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## President Report

Dr Nicholas  
Medland



**The HIV world came to Brisbane in July for the 12th International AIDS Society Conference on HIV Science. While just after the reporting period of this annual report, the amount of work that went into the conference this year is well deserving of acknowledgement. The conference convenors were ASHM Board Member and Treasurer Prof Charles Gilks and former ASHM President Sharon Lewin. As well as presenting the latest research in HIV, this conference was a chance for Australia to show the world its progress in HIV – particularly towards elimination of transmission in gay and bisexual men – focusing on both the incredible progress and the challenges that remain.**

Conference delegates also took time to remember our international colleagues who lost their lives travelling to AIDS 2014 in Melbourne, the last time Australia hosted a HIV event of this scale.

These big global conferences are also the nucleus around which a range of different meetings and events coalesce. Although this conference took the place of ASHM's annual Australasian HIV and AIDS Conference, we had a significant presence at the conference and directly hosted many important meetings of Australian, regional, and global interest. ASHM hosted the International HIV Coinfection and Viral Hepatitis Elimination conference, the Indigenous Peoples Conference on HIV and Hepatitis Health Equity, the U=U global roundtable on research, policy and political priorities, ACT NOW on Global HIV Migration, Mobility and Health Equity Community Forum, and then, days later, the 3rd Australasian COVID-19 Conference.

This range of meetings demonstrates ASHM's multidisciplinary engagement in our sector – across clinical, community, and science for example – the breadth of fields where ASHM works, and the diverse partners who are interested in working with ASHM.

The Australian Government has committed to the elimination of transmission of HIV in gay and bisexual men and, to do this, the Health Minister has convened a task force to focus and fast track our response. We know what works: HIV pre-exposure prophylaxis (PrEP) dramatically reduces HIV risk and effective

HIV treatment reduces the risk to zero – known the world over as U=U or undetectable equals untransmissible. Both of these methods are clinical interventions which highlight the centrality of ASHM in the elimination journey.

These methods, known together as biomedical prevention, are not something that someone can do on their own – they are interventions delivered by and through clinical systems. ASHM's role supporting the clinical workforce who will deliver these methods to those who need them will only become more important over time.

Australia's health system ranks highly globally in accessibility. Accessibility of care across HIV, viral hepatitis, and sexual and reproductive health is particularly high and, in no small part due to ASHM's role in developing and supporting community prescribing within a general practice based clinical response. In most countries HIV treatment, PrEP, curative hepatitis C treatment, sexually transmissible infection testing, and treatment occurs predominantly in specialist centres. There are few places globally in which a patient can choose their own GP and where that GP will be in a position to offer these services.

When it comes to supporting and training health workers and maintaining guidelines, ASHM's role will continue. For example, the Australian STI Management Guidelines are specifically designed as a resource for GPs and is ASHM's most widely accessed resource.

The area where our health system does not rank well globally is equity. Aboriginal and Torres Strait peoples experience unacceptably high health inequalities, particularly in the areas of sexual health and viral hepatitis. Our systems are still not able to effectively and equitably deliver care to the large number of international students, migrant workers, and those on temporary visas. These inequities offset and undermine national goals and leave large communities vulnerable.

This past year saw the threat recede of an extended outbreak of mpox in gay and bisexual and other men who have sex with men in Australia. Our response was characterised by a rapid effective coordinated public health response, strong commitment and leadership from governments at the state and national level, and collaborative partnerships previously forged in the HIV and sexual health spaces. In particular, ASHM and Health Equity Matters co-chaired the National Mpox Taskforce – demonstrating the close interdigitation of clinical and community sectors in Australia. Our national government was able to procure vaccine, and our state services to distribute it. However, it is likely that behaviour change in those potentially at risk of mpox and a highly accessible health system with whom those at risk enjoyed a high level of trust were the critical aspects which averted a more protracted epidemic.

As President, I would like to thank the ASHM Board who direct their time, expertise, attention and wisdom to the governance and strategic direction of the organisation. As the organisation grows larger and more complex, and as the strategic landscape continues to evolve, the role of the Board has never been more important and, I believe, the Board has never been so focused on governance. I'd like to thank ASHM's dedicated, talented, and committed staff, effectively led by our CEO Alexis Apostolellis – their creativity, dedication, and productivity are evident in our achievements.

Most importantly, I'd like to thank our members. ASHM members feel a strong and rare sense of ownership over the organisation and engagement with its work. Our members support us financially, but also donate their time and good will and keep us moving in the right direction.

I have been privileged to serve as President of ASHM since September 2020. For me, it has been a career-long ambition and an honour. I have always felt that ASHM was right at the heart of the areas to which I have committed my career – in particular HIV and sexual health – but not less so in viral hepatitis.

Finally, I'd like to offer my best wishes to incoming ASHM President James McMahon. With ASHM's work remaining as important as ever, I have the utmost trust that we are in safe hands with James as President.

## CEO Report

### Alexis Apostolellis



**I would like to start by thanking the ASHM Board Members for their continued support over this last year, and the years prior. Most notably their unwavering recognition of the importance of our work in the Asia and Pacific region, which is largely unfunded. This year ASHM received base accreditation from the Australian Department of Foreign Affairs and Trade (DFAT) which has enabled us to launch our Triple Elimination project in Papua New Guinea and Timor Leste. The accreditation is an immense achievement and important step for our next chapters as we continue working collaboratively with our regional colleagues.**

A special mention and thanks must also go to our outgoing Board President, Dr Nick Medland. I thank him for his hard work, dedication and guidance over the past three years – most notably his efforts in the mpox response. As we farewell Nick, we look forward to the next period and welcome Dr James McMahon into the presidency role.

Another important milestone this year was our official name change to ASHM Health, which was overwhelmingly supported at the extraordinary general meeting to better reflect the breadth of our work.

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

ASHM is delighted to have played its role in supporting The National Association of People with HIV Australia (NAPWHA) and Health Equity Matters (formerly AFAO) in influencing key federal government agencies to improve health equity and treatment access for people with HIV who are ineligible for Medicare. As a result, Australia is transitioning from an industry-sponsored antiretroviral treatment (ART) compassionate access scheme to a government model that provides free or affordable access to ART for people with HIV who do not have Medicare.

This year, ASHM launched Beyond the C – an innovative, collaborative approach to support practices with hepatitis C clinical auditing and case finding. The project is based on a successful pilot study proving the concept and demonstrates direct measurable impact while creating a novel tool we can offer across other disease areas.

The number of cases of congenital syphilis in Australia is a major concern. ASHM launched the interactive Syphilis Decision-Making Tool for primary care professionals which provides information about syphilis in pregnancy, reflecting public health concerns around congenital syphilis and the national target to eliminate congenital syphilis in Australia.

ASHM's Contraception Essentials Decision Making Tool and live-online training was launched this year and has received great feedback along with strong demand.

Our award-winning Conference and Events Team did an amazing job navigating and planning with the uncertainty around events after two years of disruption.

The Joint Australasian HIV&AIDS and Sexual Health Conferences were once again back to being in person held in August/September 2022 after two years of virtual meetings and were by all accounts a resounding success.

ASHM also convened the inaugural Australasian Conference on Point of Care Testing for Infectious Diseases in March this year in collaboration with the RAPID Point of Care Research Consortium for Infectious Diseases in the Asia Pacific. This conference had the uniqueness of bringing together experts from all our disease areas with much knowledge sharing across these. The intention is to keep this as an annual conference with the next in Bangkok, June 2024.

2023 also marks the 20<sup>th</sup> year of the Collaboration for Health in Papua New Guinea (CHPNG) project. A remarkable milestone, and testament to the dedication of our passionate global team – the project has allowed us to build the local health workforce in PNG, and in turn make real impact for people with HIV in the country.

In 2022, while the world was recovering from the COVID-19 pandemic, a new global virus outbreak emerged: mpox. ASHM, and particularly our HIV team, is proud to have played an instrumental role in Australia's response – one that has been described as world leading. The mpox response leveraged existing infrastructure and partnerships created in response to the HIV epidemic to rapidly respond to the emerging health threat. ASHM, along with Health Equity Matters, created the National Mpox Taskforce to ensure a nationally consistent approach to communication with the professional workforce and community organisations, in collaboration with government.

As the year draws to a close, I must also acknowledge the hard work of the team preparing for the International AIDS Society (IAS) Conference on HIV Science, taking place in July 2023. ASHM is the local co-host for the event, replacing the national HIV conference for this year, and moving the viral hepatitis conference to run alongside IAS.

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 and had our Innovate RAP endorsed in June 2023. Our aspiration is to actively engage in collaborative relationships with Aboriginal and Torres Strait Islander peoples and businesses and create a culturally rich and safe environment within our organisation.

Finally, I want to thank ASHM members and staff. Our members are the backbone of our organisation, and continue to impress all of us with their dedication to the sector. And, as many of you are aware and are likely very familiar with, the ASHM staff are amazing. I am consistently astounded by the work they do alongside all of you, our members and sector champions.



# Leadership and Governance



**ASHM is an Australian Public Company limited by guarantee and an ACNC registered Health Promotion Charity. ASHM staff and Board are committed to achieving the highest standards of corporate governance through a regular review of our governance arrangements in line with best practice, stakeholder expectations, and regulations.**

Our corporate governance framework rests on a foundation of values and principles that guide our daily operations, ensuring transparency and safeguarding the interests of our stakeholders. ASHM's Senior Management Team (SMT) are responsible for the day-to-day operations of the organisation. These operations are overseen by a Board comprising of 10 Member Directors in 2023.

The work of the Board is supplemented by the Finance, Risk Management and Audit (FRMA) Committee (a sub-committee of the Board) that is chaired by an independent finance and governance expert, Jamal Hakim (CPA, GAICD). The Treasurer of the Board sits on the FRMA Committee and reports to the Board to assure the Board that their obligations are being met. This Committee structure allows the Board to monitor the financials and areas of operational risks and governance efficiently while leaving the Board meetings for more strategic discussions.

The Board and the FRMA have each adopted a Charter that sets the purpose, scope, key duties, and responsibilities of each member in accordance with our Constitution. In 2023 the Board met 6 times and the FRMA committee met 5 times.

ASHM is committed to upholding the highest ethical standards in all its work. We have policies and training procedures in place regarding child protection, prevention of sexual exploitation, abuse and harassment, anti-bribery, fraud and corruption, disability inclusion, gender equality, and environmental sustainability. The Board reviews and approves ASHM's key policies on a regular basis.

We comply with relevant legislation, ACNC Standards, the ACFID Code of Conduct, and contractual requirements of DFAT and other funders.

We seek independent assurance from our external auditors and demonstrate our commitment to transparency and integrity by publishing our detailed financial reports in our annual report via our website.

## Our Commitment to Reconciliation

ASHM is committed to working towards reconciliation with Australia's Aboriginal and Torres Strait Islander peoples. We acknowledge the historical injustices, the past atrocities, the genocide, and dispossession committed against Aboriginal and Torres Strait Islander peoples of this land. We recognise the remnants of colonial systems and policies persist today, and we acknowledge the ongoing efforts of Aboriginal and Torres Strait Islander peoples tearing down those structures. The journey toward justice, remembrance, and addressing our nation's past is a continual and vital component to healing, and one we are committed to walking alongside Aboriginal and Torres Strait Islander peoples.

We stand in solidarity with the Uluru Statement from the Heart and remain committed to realising justice, recognition and respect for Aboriginal and Torres Strait Islander peoples.

## Our Reconciliation Action Plan (RAP)

Our second Reconciliation Action Plan (Innovate RAP) was endorsed in June 2023. Our dedicated working group, made up of staff from all divisions, has engaged senior leaders to enable a greater commitment to and ownership of actions towards reconciliation. Our aspiration is to actively engage in collaborative relationships with Aboriginal and Torres Strait Islander peoples and businesses and create a culturally rich and safe environment within our organisation, while improving health outcomes for Aboriginal and Torres Strait Islander peoples.

## Our Reconciliation Activities

All ASHM staff undertake online cultural training as part of their induction. Additional training is available for any staff who want to take a deeper dive into understanding the issues facing Australia's Aboriginal and Torres Strait Islander peoples.

In March 2023 our staff from all over the country got together in Sydney for two days. We started the day with a Welcome to Country by Uncle Michael West from Metropolitan Local Aboriginal Land Council. Uncle Michael West's unique style of educating his audience in the history of Aboriginal and Torres Strait Islander peoples' languages, art and culture had everyone talking and looking up facts.

We also had Billie Amor from Reconciliation Australia come and speak to all our staff about our reconciliation journey and gave guidance on dealing with the challenges faced with meeting the RAP deliverables. The Q&A session at the end was extremely helpful and has led to an organisation-wide engagement with our RAP.

During National Reconciliation Week (NRW), some of our Sydney staff spent a beautiful sunny Saturday at the Sorry Day Stolen Generations Community Gathering at the Royal Botanic Gardens on Gadigal Country. The Gathering provides a space for the continuing important work of truth-telling and healing around the atrocities faced by Aboriginal



and Torres Strait Islander children who were forcibly removed from their families and communities, and the continuing impact of forcible removal and assimilation policies on Stolen Generations survivors, their families, and whole communities.

Meanwhile, our staff in Meanjin took the opportunity to learn more about the shared histories, cultures and achievements of Aboriginal and Torres Strait Islander peoples and communities during NRW. Some enjoyed a special screening of the movie *Sweet As*, while others visited the Queensland Art Gallery of Modern Art (GOMA) to see the exhibitions, *Gone Fishing* and *Transitions Now: Contemporary Aboriginal Forms and Images*.

For NAIDOC Week 2023, ASHM signed up for the For Our Elders Run organised by Clothing the Gaps, a Victorian Aboriginal-owned and led social enterprise. A lot of ASHM staff engaged in this activity and proudly wore their badges for weeks following their walk.

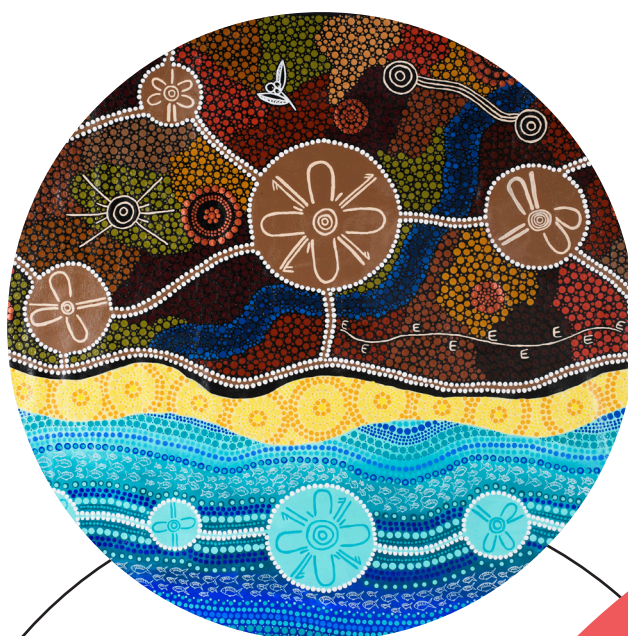
We continue to talk about reconciliation both formally and informally through organisation-wide communication. We have made it a part of our everyday life by including initiatives in our policies, budgets, and strategic plans.

*"I attended the 'Sweet As' screening, a heartwarming, uniquely Australian coming-of-age film by Jub Clerc, a Nyulnyul and Yawuru film director. A movie about a group of young people, with a camera in hand, finding themselves along the beautiful WA coast. A quote that resonated for me was, 'Behind every photograph, there is a story'. A great film, well worth watching."*

BRETT STEVENS  
Hepatitis C Project Manager

*"I found the 'Gone Fishing' and 'Transitions Now: Contemporary Aboriginal Forms and Images' at GOMA so incredible and educational. It was amazing to see installations using natural and traditional materials as well as viewing contemporary art that celebrated the culture, Aboriginal Elders and young people's experiences in a modern world. The exhibition carried key messages around protecting and respecting our land as well as storytelling and keeping ancient traditions alive. Overall, these installations opened my eyes and allowed me to learn more about First Nations Australian culture."*

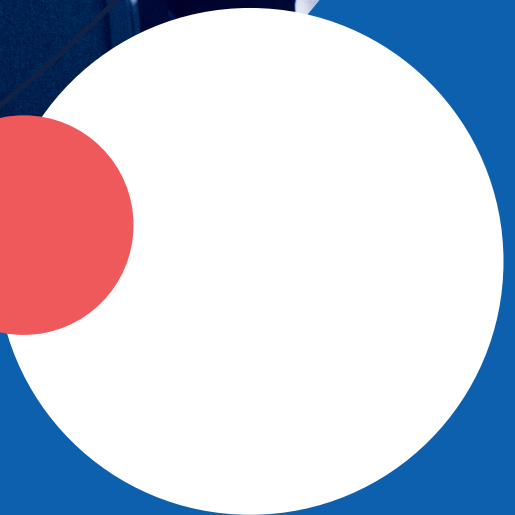
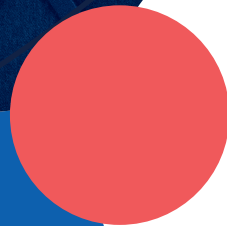
MIKAYLA MASON  
Events Coordinator



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

# Policy and Advocacy

Advocating for policy change is a core part of ASHM's work. We push for change that will improve access to prevention and treatment for people living with HIV, viral hepatitis, and other BBVs, as well as advancing sexual and reproductive healthcare access.





This year, ASHM convened several national and international roundtables and summits, bringing together experts, health professionals, community organisations, government, and people with lived experience.

During these events, we discussed and advocated for initiatives to improve the prevention, treatment, and quality of life of people living with BBVs and sexually transmitted infections (STIs).



## U=U Global Summit

Together with a team of global experts, ASHM organised the U=U Global Summit 2022, running alongside the 24th International AIDS Conference. Over 50 internationally renowned advocates, researchers, activists, policymakers, and healthcare providers presented at the summit, where they fostered collaboration, shared best practices and raised awareness of the transformative potential of Undetectable=Untransmittable (U=U) HIV policy and programs.

*“An inspirational and truly important event for community building and advancing our collective work [on U=U].”*

FEEDBACK FROM U=U GLOBAL SUMMIT 2022 ATTENDEE



## National Doxy-PEP Roundtable

On 17 March 2023, ASHM convened a roundtable of 60 attendees from across community, clinical, and research settings to exchange their expertise and develop guidance on the use of Doxy-PEP in Australia. Doxy-PEP is an STI prevention method which involves taking doxycycline up to 72 hours after a sexual act to reduce the risk of bacterial STIs.

The roundtable reviewed evidence around the effectiveness and risk/benefits of Doxy-PEP. From this exchange, a consensus statement including recommendations and considerations for Doxy-PEP usage will be developed, with the potential to influence the creation of clinical guidelines.

# Membership





## Our members are at the heart of everything we do

ASHM's membership base of health professionals, researchers, students, community members, and organisations are united in improving the wellbeing and health outcomes of people living with HIV, BBVs and STIs.

Our strong and diverse membership provides us with vital financial support and knowledge exchange to continue our important work across the sector. A portion of membership fees go towards projects making a difference on the ground, including the

### Triple Elimination Project in Papua New Guinea and Timor-Leste.

As the peak professional body representing healthcare professionals in HIV, BBV, and sexual and reproductive health, we empower our members through several initiatives:

- Capacity building and professional development opportunities with ASHM resources and CPD-accredited courses

- Member-only discounts for selected conferences and access to ASHM scholarship program
- Exclusive networking opportunities across Australia and New Zealand
- Tailored job opportunity alerts and e-newsletters

**MORE INFORMATION**  
Become an ASHM  
Member today

## Levinia Crooks Emerging Leaders Award in BBVs and STIs

Levinia Crooks Emerging Leaders Awards are given to those in the sector who have demonstrated outstanding leadership while still early in their career. The awards are important for identifying and uplifting future key opinion leaders.

**The Levinia Crooks Emerging Leaders Award honours the inspirational legacy of former ASHM CEO Levinia Crooks, AM in mentoring young leaders and bringing together the global HIV, viral hepatitis, and sexual health sectors to create change.**

This year, the Levinia Crooks Emerging Leaders Award in BBVs and STIs was awarded to Dr Skye McGregor. As Lead of the Surveillance Innovation Group at the Kirby Institute, Dr McGregor leads the production of Australia's annual STI and BBV surveillance data reports.

Dr McGregor has also been involved in several significant research projects with real impact, including the evaluation of the Australian human papillomavirus (HPV) vaccination program.

Much of Dr McGregor's research is focused on priority populations most at-risk or affected by BBVs and STIs. Dr McGregor takes a collaborative approach to implementing this research by working in partnership with priority populations, community, and peak national organisations. She is also helping to lay the foundation for the next generation, contributing to capacity building and mentoring for emerging Aboriginal and Torres Strait Islander researchers, as well as junior researchers in Cambodia and Indonesia.



# Australian programs

ASHM's Australian education programs operate across four focus areas: hepatitis B (HBV), hepatitis C (HCV), HIV, and sexual and reproductive health. These programs provide Australia's healthcare workforce with the resources, courses, tools, and upskilling opportunities they need to confidently navigate the world of HIV, blood-borne viruses, and sexual and reproductive health.



## During FY22/23, ASHM's Australian Programs:

Held 142 courses and education sessions

Produced 12 new courses

Accredited 154 new HIV and hepatitis B s100 community prescribers.

## HIV

As we move towards the goal of virtually eliminating HIV transmission in Australia by 2030<sup>1</sup>, it's vital that healthcare workers across the country understand HIV treatment and prevention. Throughout the year, ASHM's HIV programs have provided health professionals with a range of educational resources, courses, and best practice recommendations

to improve their practical knowledge and understanding of the virus.

Significantly, in June ASHM released the Australian National Guidelines (Third Edition) on Post-Exposure Prophylaxis (PEP) after non-occupational and occupational exposure to HIV. Funded by the Australian Government Department of

Health and Aged Care, these guidelines outline the updated recommendations for PEP use to prevent HIV after potential or known exposure. In addition to assisting clinicians in prescribing HIV PEP, it is anticipated that the guidelines will support the development of local healthcare policy and procedures.

### Australian Consensus Statement on Person-Centred HIV Care

This year, ASHM and the National Association of People with HIV Australia (NAPWHA) released the *Australian Consensus Statement on Person-Centred HIV Care*.

A national roundtable discussion was convened in 2022 by ASHM and NAPWHA, with sponsorship support by ViiV Healthcare and Gilead Sciences Pty Ltd. Clinicians, community, government, and industry representatives at the roundtable agreed that person-centred principles should guide the delivery of HIV-related care. By focusing on the autonomy and wellbeing of people living with HIV, person-centred care incorporates consideration for the social determinants of health alongside existing biomedical understandings of HIV, creating a more holistic, rights-based approach. Collaboration with

the community, co-design across sectors, and peer-based methods were recommended to implement non-stigmatising, person-centred care.

The *Australian Consensus Statement on Person-Centred HIV Care* is endorsed by several organisations working in HIV research and advocacy in Australia: NAPWHA, Health Equity Matters, Watipa, the Australian Research Centre in Sex, Health and Society, the Queensland Government, Queensland Positive People, Queensland University of Technology (QUT), The Australasian Sexual and Reproductive Health Alliance (ASRHA), Gilead Sciences, and ViiV Healthcare.

#### READ THE STATEMENT

**Australian Consensus Statement on Person-Centred HIV Care**



New s100 community prescribers accredited through ASHM to provide HIV treatment in primary care settings



Educational courses held for health professionals, including HIV updates in Aotearoa/New Zealand



Attendees to HIV education and training activities

<sup>1</sup> Eliminating HIV transmission and ensuring health equity for LGBTIQ+ Australians [Internet]. Ministers - Department of Health and Aged Care. 2023 [cited 2023 Oct 20]. Available from: <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/eliminating-hiv-transmission-and-ensuring-health-equity-for-lgbtqa-australians>

*By applying what was learned in response to the HIV epidemic and implementing genuine collaboration between government, the health workforce, and the community, Australia and Aotearoa/New Zealand were able to avoid large local outbreaks of mpox in 2022-23.*

## Mpox Response

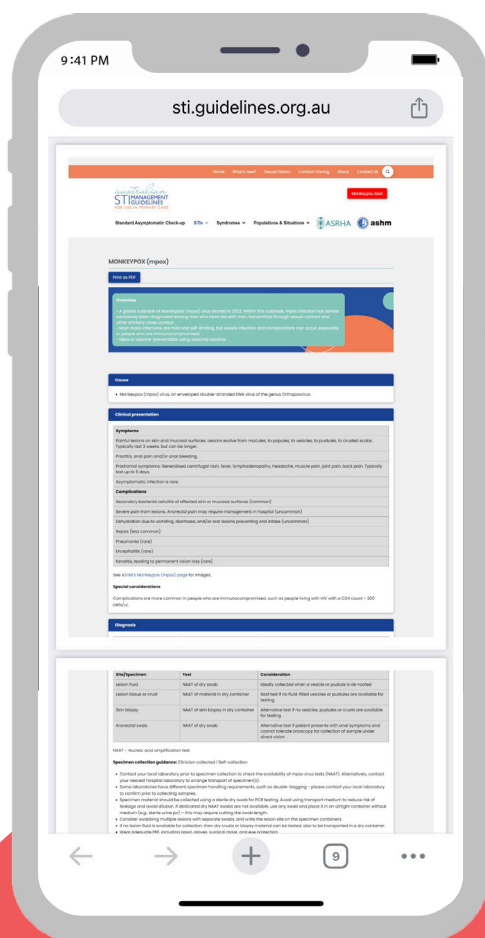
In 2022, mpox emerged as a new public health threat of international concern. Led by our HIV team, ASHM's response to the mpox outbreak was to leverage existing infrastructure and partnerships developed in response to the HIV epidemic.

Working in close partnership with Health Equity Matters, we created the National Mpox Taskforce to ensure a nationally consistent approach to communicating with the health workforce and community organisations, in partnership with the government.

Education was also a key part of our response to mpox. Webinars developed to provide the latest information about mpox were viewed over 2,000 times, with 98% of surveyed participants saying their learning needs were met. The Mpox Resource Toolkit – developed in partnership with the National Mpox Taskforce – has been accessed almost 1,000 times, with 88% of surveyed respondents saying they found the information in the toolkit useful. Additionally, a new chapter was added to the Australian STI Management Guidelines, which was accessed more than 1,000 times.

By applying what was learned in response to the HIV epidemic and implementing genuine collaboration between government, the health workforce, and the community, Australia and Aotearoa/New Zealand were able to avoid large local outbreaks of mpox in 2022-23.

**MORE INFORMATION**  
Mpox Resource Toolkit

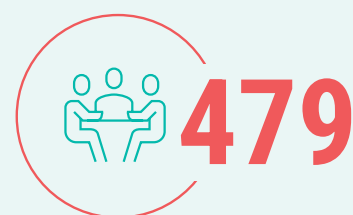




## Hepatitis B



**New HBV s100 community prescribers accredited through ASHM**



**Total number of accredited HBV s100 community prescribers at end of 22/23 financial year**



**Courses for healthcare professionals held to build knowledge on HBV**



**Attendees to HBV education and training activities**

With 74 percent of people living with chronic hepatitis B (CHB) in Australia not engaged in care,<sup>2</sup> it is vital that the health workforce is well equipped to provide appropriate care for their patients. This year, ASHM has launched several new initiatives to build awareness and understanding of CHB and expand management and care options by raising awareness of and upskilling HBV s100 community prescribers.

To support existing HBV s100 community prescribers, ASHM and the Kirby Institute launched REACH-B Advice, a platform which allows them to consult with senior specialists, who review and reply with advice within 48 hours. REACH-B Advice is part of REACH-B, an Australia-wide study conducted in collaboration with the Kirby Institute. This project received funding from the Australian Government Department of Health and Aged Care.

In 2023, the WHO Collaborating Centre for Viral Hepatitis Epidemiology, The Doherty Institute, and ASHM released the *Viral Hepatitis Mapping Project: National Report, Hepatitis B 2021*. The report assesses variation in CHB prevalence nationally and tracks testing, treatment, management, and care uptake against national targets. Alongside the report, supplementary resources, an educator pack and the online portal were launched to help with identifying priority areas for response in policy, research, clinical, and education work.

The Viral Hepatitis Mapping Project is a joint initiative to the WHO Collaborating Centre for Viral Hepatitis Epidemiology, The Doherty Institute and ASHM. It is funded by the Australian Government Department of Health and Aged Care.

### MORE INFORMATION

**Viral Hepatitis Mapping Project**

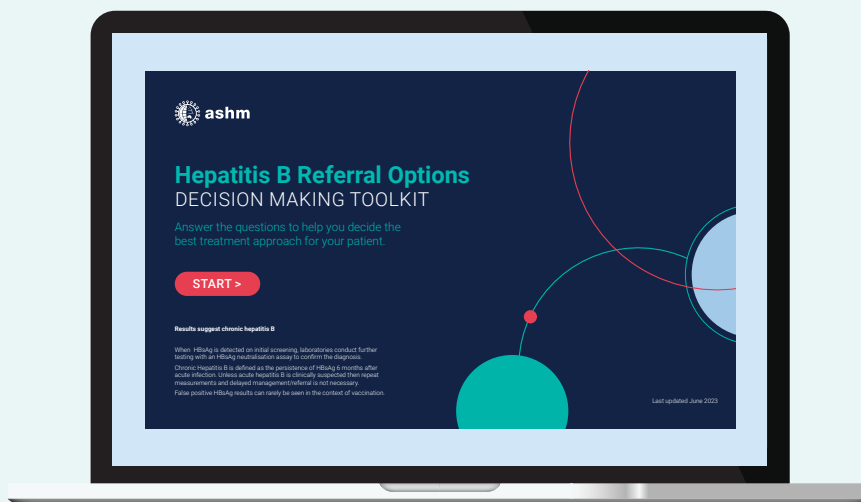
<sup>2</sup> MacLachlan JH, Romero N, Purcell I, Cowie BC. Viral Hepatitis Mapping Project: Hepatitis B. National Report 2021. Darlinghurst, NSW: Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM), 2023. <https://ashm.org.au/about/news/viral-hepatitis-mapping-project-national-report-2020-2/>

## B Referred

In many cases, people with CHB can be managed exclusively in primary care. However, this care pathway is underutilised, meaning some patients who could remain in primary care are instead on long waitlists to see tertiary specialists, whilst community prescribers are available.

In June 2023, ASHM launched B Referred – a series of practical resources to support clinicians as they help patients through their HBV diagnosis, with a focus on raising awareness of care options within primary care.

The B Referred suite of resources guides clinicians through each step of the HBV diagnosis and follow-up processes, from video examples of discussing various aspects of hepatitis B diagnosis and care, to in-language resources developed by Hepatitis Australia.



B Referred also includes the newly developed interactive Referral Options tool, which helps clinicians to decide whether primary care or tertiary specialist referral is most appropriate for their patient. If a clinician decides on primary care, information on referring to an accredited HBV s100 community prescriber is easily accessible through referral templates and ASHM's 'Find a HBV Prescriber' online map. To launch the resources an online webinar in

collaboration with RACGP was held, educating 142 attendees on referral options for hepatitis B.

This project received funding from the Australian Government Department of Health and Aged Care. ASHM acknowledges the contribution of the B Referred Community Advisory Group and B Referred Clinical Advisory Group.

**MORE INFORMATION B Referred**



# 400

views of the B  
Referred resources  
page in the first month



# 100%

of those who completed the  
survey after attending the B  
Referred launch webinar found it  
relevant to their clinical practice

<sup>3</sup> McGregor S, King J, McManus H, Gray R, Guy R. HIV, viral hepatitis and sexually transmissible infections in Australia Annual surveillance report 2018. Sydney, NSW. Kirby Institute.

# Hepatitis C

Hepatitis C is an infectious disease caused by the hepatitis C virus (HCV). Approximately 483 people in Australia die from HCV-related liver disease each year<sup>3</sup>—despite the virus being curable in primary care. That means every death from HCV is avoidable, and the elimination of hepatitis C is a very real possibility.

To achieve hepatitis C elimination, we need to ensure Australia's health workforce has the tools they need to find, test, and ultimately cure people living with HCV. This year, our work has focused on enabling them to do just that.

This year, we worked to improve

health worker literacy of HCV. We ran 33 courses and launched the new Clinical Extensions of Hepatitis C online module to further expand knowledge of the virus.

We also worked to ensure health workers were empowered to reach all people who may be living with HCV — especially those that are often missed. In consultation with Bulgarr Ngaru Medical Aboriginal Corporation and EC Australia, we adapted and delivered a face-to-face comprehensive learning package tailored to Aboriginal and Torres Strait Islander Healthcare Services, to ensure workers in these settings are well equipped

to treat patients living with HCV and provide person-centred, holistic care. We also hosted the Queensland Prison Forum, bringing together the local justice sector to explore approaches to improving HCV testing and treatment in this often-complex context. The forum had a focus on sharing successful approaches within correctional services as well as workshopping solutions to existing barriers to care.

With the elimination of HCV within our grasp, our team is energised by the potential. We're working hard to empower our health workforce so that every person living with HCV has access to effective treatment.

# 33

Courses for healthcare professionals held to build knowledge on HCV

# 1

New facilitated course developed this year

# 1

New On Demand online learning module developed this year



# 535

Attendees to hepatitis C education and training activities

## Beyond the C

This year, ASHM launched Beyond the C – an innovative, collaborative approach to support practices with hepatitis C clinical auditing and case finding.

The project calls for individual clinics to sign up to the program, which gives them access to personalised support and a suite of tools and

resources to find, test and cure people who may be living with HCV in their communities. We have taken a regional approach to implementation, working with Primary Health Networks (PHNs) and local health services across the country to provide comprehensive support to participating practices.

The program is continuing into next year, with ASHM currently working to engage more practices with the program. We're working with PHNs and local health services to ensure practices are given wrap around support, with a focus on specific PHNs with a high prevalence of HCV.

## Sexual Health

This year, ASHM's sexual health program broadened our educational offerings more than ever before – we have tackled new topics, for new audiences, with new partners. As always, our program aims to work towards our vision of best practice integrated sexual and reproductive healthcare for all.

ASHM and ACON's online resources on gender affirming healthcare expanded in July 2022 to incorporate Advanced Gender Affirming Hormone Therapy (GAHT). Co-designed and developed for eligible prescribers of GAHT, the Advanced GAHT module not only equips clinicians with the clinical knowledge to assess and refer clients for GAHT, but also ensures their practice is respectful and implements an informed consent model of care. The Advanced GAHT online course joins ASHM and ACON's existing suite of AusPATH-endorsed resources, which inform clinicians on how to deliver sensitive and affirming sexual and reproductive health care to trans and gender diverse people. This resource was supported by funding from the Australian Government Department of Health and Aged Care.

ASHM's Contraception Essentials Decision Making Tool and live-online training sessions, developed with Iris Education, provide clinicians with everything they need to navigate contraceptive consultations effectively and improve outcomes through patient-centred care and shared decision-making.

The Contraception Essentials course was attended by 63 people as of 30 June 2023 and the interactive Decision Making in Contraception tool was downloaded 598 times. ASHM is grateful to Organon for an unrestricted educational grant which assisted in the development of the Contraception Essentials suite.

**MORE INFORMATION**  
**Contraception Essentials**


*“[Contraception Essentials] was one of the most useful and interesting courses I have attended since graduating as an RN.”*

**USER TESTIMONY ON THE  
CONTRACEPTION ESSENTIALS  
TRAINING COURSE**

In June ASHM piloted a new course which aimed to help pharmacists and pharmacy staff navigate sensitive conversations about sexual and reproductive health. 41 pharmacy workers from across Australia registered to attend a Fundamentals of Sexual and Reproductive Health in Pharmacy Practice course. The course was developed by ASHM with funding from the Australian Government Department of Health and Aged Care.

The Deadly Sex Congress 2022 held in October brought together Queensland Aboriginal and Torres Strait Islander Health Workers in sexual health to build workforce capacity and share knowledge around the latest emerging issues in sexual and reproductive health, STI, and BBV service delivery. The Deadly Sex Congress is an annual forum designed to empower Aboriginal and Torres Strait Islander health workers and practitioners, community workers in relevant sectors, and those transitioning into sexual health or BBV service delivery.






**ashm**

# Interactive Syphilis Tool

Use the free, online syphilis decision making tool in your practice to make syphilis care more effective, accurate and easier.

The Syphilis Decision Making Tool is funded by the Australian Government Department of Health.

[Launch the syphilis tool here](#)



## Interactive Syphilis Decision Making Tool

Syphilis is a significant public health concern due to both increasing cases in priority populations<sup>4</sup> and the risk of serious complications if left untreated. The number of cases of congenital syphilis in Australia is also of considerable concern. It is crucial that primary care professionals are equipped with the necessary knowledge and tools to effectively diagnose and treat infectious syphilis.

In October 2022, ASHM launched the interactive Syphilis Decision-Making Tool for primary care professionals, with funding from the Australian Government

Department of Health and Aged Care. By using anonymous information provided by the clinician, the interactive tool helps streamline their decision-making process through next-step guidance and easily accessible resources on syphilis management, including screening, testing, and treatment protocols.

The interactive Syphilis Decision-Making Tool also provides information about syphilis in pregnancy, reflecting public health concerns around congenital syphilis and the national target to eliminate congenital syphilis in Australia.<sup>5</sup>

As of 30 June 2023, the Interactive Syphilis Decision-Making Tool has been accessed more than 3,000 times. Feedback on the tool has also been overwhelmingly positive, with focus group feedback praising the tool as “very useful”.

### MORE INFORMATION

Interactive Syphilis decision making tool

**93%**

of focus group respondents agreed that using the tool enhanced their understanding of next steps in patient care.

<sup>4</sup> Australian Government Department of Health and Aged Care. National syphilis surveillance quarterly report – April to June 2023. Canberra: Australian Government Department of Health and Aged Care; 2023. 24 p. (National syphilis monitoring reports collection; no. 7)

<sup>5</sup> MacLachlan JH, Romero N, Purcell I, Cowie BC. Viral Hepatitis Mapping Project: Hepatitis B. National Report 2021. Darlinghurst, NSW: Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM), 2023.



# ASHM Global

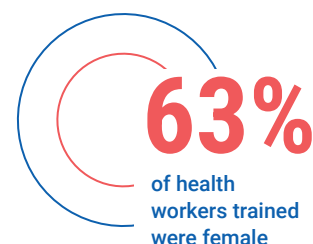


This year, ASHM Global has made significant inroads in supporting the fight against HIV, BBVs, and STIs across the Asia and Pacific region.

The global team works closely with in-country partners to deliver quality and accessible HIV, sexual and reproductive health, and viral hepatitis services for all. We do this by building capacity and strengthening the health workforce through clinical training and mentoring, knowledge exchange, and local partnerships.

ASHM Global takes an inclusive approach to this work – with health equity at the heart of everything that we do.

### ASHM Global 2022/23



## Papua New Guinea

Our work in Papua New Guinea (PNG) centres on organisational capacity strengthening, health quality improvements, monitoring and evaluation, and health management. Over the years, our longstanding work in PNG has:

- Established a cohort of 100+ clinical mentors
- Worked in 22 provinces
- Reached an approximate 25,000 people with HIV.

We work with local partners including the National Department of Health, the Catholic Church Health Services and Igat Hope. We also work with Australian and Regional organisations including the Australian Government Department of Foreign Affairs and Trade, World Vision International and the Global Fund, the Burnet Institute, and the Kirby Institute.

### Sexual Reproductive Health Integration Project (SHRIP)

This year, ASHM Global has supported the promotion of gender equity into Catholic Church Services run health services. We've trained health managers in gender transformative approaches and worked with them to apply the learnings from the training into their practice. Our training and mentoring also built the skills of clinical mentors in PNG to deliver training and mentoring, particularly in complex HIV case management and strengthened monitoring and evaluation capacity.

This year ASHM trained 75 health workers under the SHRIP project, of which 79% were women, providing opportunities for skills development and career progression for women.

## Pacific and Timor-Leste

### Collaboration for Health PNG Project (CHPNG)

This year ASHM celebrates 20 years of the Collaboration for Health in Papua New Guinea Project. The longevity of this project demonstrates the commitment of ASHM, NAPWHA, the Catholic Church Health Services and Igat Hope, as well as supporters Gilead Sciences, ViiV Healthcare and Janssen Pharmaceuticals, to eliminating HIV and improving the lives of those living with HIV in PNG. In this time, ASHM's priority for the project has evolved: from upskilling health workers in HIV care and treatment, to clinical mentoring and building the capacity of the health workforce in PNG. Central to this approach was a train the trainer workshop provided to senior clinical mentors, as well as two clinical mentoring visits to the Southern Highlands and West New Britain.

If your organisation would like to support the Collaboration for Health in PNG please contact [michelle.oconnor@ashm.org.au](mailto:michelle.oconnor@ashm.org.au)

### Supporting Triple Elimination in Timor-Leste and PNG (STEPT)

Funder: STEPT is supported by the Australian Government through the Australian NGO Cooperation Program (ANCP) with contributions from ASHM's members.

2022 was the inaugural year of the STEPT project. The project, co-designed with in-country partners (the Ministry of Health and Maluk Timor in Timor-Leste; and the Department of Health and Catholic Church Health Services in PNG) aims at increasing HIV, hepatitis B, syphilis prevention, testing and treatment through antenatal care services.

In June 2023, three midwife leaders from Timor-Leste were hosted by Catholic Church Health Services in Port Moresby for a three-day triple elimination knowledge exchange. The study tour, facilitated by ASHM, allowed the visitors to observe how HIV and syphilis testing and treatment have been integrated into maternal and child health services at primary and tertiary

facilities. Importantly, the visitors were able to understand the practical steps that led to this progress in a similar context to their own at home.

The visit was a great success – delegates shared that as a result of the knowledge exchange, they had a reinvigorated motivation to drive the scale up of elimination of mother-to-child transmission initiatives in Timor-Leste. On their return to Timor-Leste, the visitors shared their experiences with fellow midwives in a discussion over a traditional mat – a place for problem solving and cohesion. This group then co-designed the next stages which will include a tailored Triple Elimination clinical training and mentoring program for midwives in Timor-Leste.

***"Before visiting PNG, I was a little pessimistic about [integrated services for] Triple Elimination. After the visit to PNG and seeing and hearing the experiences of professional colleagues and their work, I became motivated that we in Timor-Leste can do it, too."***

Learning Exchange Participant





## South East Asia

In Papua New Guinea, ASHM worked with the National Department of Health to strengthen their Triple Elimination training for health workers and cofacilitated the pilot training.

To support the STEPT project please contact [michelle.oconnor@ashm.org.au](mailto:michelle.oconnor@ashm.org.au)

### Vanuatu Sexual Health and Viral Hepatitis Training

In October 2022, amidst the emerging global mpox outbreak, the Vanuatu Ministry of Health approached ASHM Global to support their health workers on the frontline. ASHM began by providing the Ministry of Health with guidance on the mpox response. Subsequently, working with the Vanuatu Ministry of Health, ASHM Global delivered a comprehensive four-day training program to strengthen province-based sexual health and viral hepatitis services.

### Pacific Civil Society Organisations Capacity Building Project

In May 2023, ASHM and the Pacific Sexual and Gender Diversity Network (PSGDN) began a collaborative project to support civil society organisations in 11 Pacific Island countries. The project will include developing a framework for community led monitoring of HIV services, and strengthening HIV peer leadership and treatment literacy. The project is part of the Multi-Country Western Pacific HIV Programme managed by UNDP Pacific, supported by the Global Fund.

### The Regional Transgender Health Masterclass

In response to an increasing demand amongst health workers in the Asia and Pacific region for professional development on transgender medicine and trans competent care, ASHM conducted the 1st Transgender Comprehensive Care Masterclass in Bangkok in October 2022. The masterclass provided a platform for knowledge exchange and sharing of best practice from across the region in trans competent care, and was attended by 55 health workers and community from 12 countries in the region.

### Development of Chemsex Toolkits for Clinical Service Providers in Indonesia, Cambodia and the Philippines

The number of men who have sex with men engaging in chemsex in Asia is estimated to be anywhere between 3% and 31% and is associated with higher risk behaviours.<sup>6</sup> To address this growing challenge, in partnership with UNAIDS, ASHM developed chemsex toolkits and associated training for clinical health workers to support comprehensive clinical service delivery for people who engage in chemsex. Together, these resources support health workers to provide patient-centered care and harm reduction strategies to improve patients' health and wellbeing.

### Mpox in Asia and the Pacific: Strength in Regional Collaboration

With mpox emerging as a global concern in 2022, it was critical health workers on the frontline in Asia and the Pacific were kept up to-date with the latest, accurate and evidence-based information. ASHM established a regional community of practice and delivered three webinars for health workers on the evolving mpox response.

More than 500 people watched the webinars, either live or on the recordings.

<sup>6</sup> Nevendof L, Puspoarum T, and ThanhTung D. Chemsex in Asia: A Community Manual on Sexualised Substance Use among MSM. Bangkok; 2021.

# Conference and Events



With a return to in-person conferences and events in 2022 following COVID restrictions globally, our conference and events division has gone from strength to strength this year. United by their dedication to delivering world-standard conferences and events for our sector, this multi-award-winning team has enabled the workforce to connect, learn, and be inspired.

Our conference and events team were also proudly entered into the Meetings and Events Australia (MEA) hall of fame this year, after winning the In-House Event Management Team – Association award for the third consecutive year.



## 1st Australasian Conference on Point of Care Testing for Infectious Diseases (POC 2023)

14 – 15 March 2023  
Sydney, NSW

Point-of-care technology represents a significant innovation in the way we test for and diagnose a range of infectious diseases. For these emerging technologies to be effectively implemented, we need to facilitate opportunities for sharing and learning at scale.

In response to this, ASHM collaborated with the RAPID Point of Care Research Consortium for Infectious Diseases in the Asia Pacific to host the first Australasian Conference on Point of Care Testing for Infectious Diseases.

The conference brought together leading scientists, clinicians, and other stakeholders with a program exploring the ever-evolving landscape of point-of-care testing for infectious diseases, with sessions to discuss the challenges and solutions of scaling up point-of-care testing in an Australasian setting.

The first Australasian Conference on Point of Care Testing for Infectious Diseases was a huge success, and is set to return in 2024.

## Joint Australasian HIV&AIDS and Sexual Health Conferences

29 August – 1 September 2022  
Sunshine Coast, QLD

The 2022 Joint Australasian HIV&AIDS and Sexual Health Conferences marked the first time the conferences had run in-person since 2019. Despite the uncertainty of a return to face-to-face conferencing, the joint events were a huge success – far surpassing our target number of registrations.

With the key conference objectives being to bring together the multidisciplinary workforce in HIV and sexual health, delegates were overwhelmingly positive about their experience.

**697** attendees

**313** abstracts  
submitted, up from 187

**27** scholarships  
provided across Australia and internationally

**96%** of surveyed delegates  
said they were very satisfied or satisfied with the overall conference program.

## ASHM Scholarship Program

ASHM continues to provide scholarships to improve access to conferences and open up opportunities for early career professionals in our sector. This year, the ASHM scholarship program supported 37 scholarships.

We thank the following funders for supporting our scholarship program:

- NSW Health
- Queensland Health
- ASHM gift fund
- ViiV Healthcare

*“The scholarship program allowed me to attend a conference I otherwise would not have been able to afford. It provided me with an invaluable opportunity.”*

ASHM SCHOLARSHIP RECIPIENT

*“The scholarship program for the ASHM conference is a fantastic opportunity. As an early career HIV prescribing GP it was great to see the latest research presented, to meet with peers and community members from around the country. The conference was very clinically relevant to practice. Thank you to ASHM for the opportunity!”*

ASHM SCHOLARSHIP RECIPIENT

*“Without the scholarship from ASHM I would not have had the opportunity to head overseas to my first conference AIDS22. Thanks for providing support to early career nurses.”*

ASHM SCHOLARSHIP RECIPIENT



## Full list of conferences and events this year

Event	Client	Dates	Location	Registrations
2nd Australasian COVID-19 Conference	Hosted by ASHM	21 – 22 July 2022	Sheraton Grand Sydney Hyde Park, Sydney, NSW	373
Australasian HIV & AIDS Conference	Hosted by ASHM	29 August – 1 September 2022	Sunshine Coast Convention Centre, Twin Waters, QLD	551
Australasian Sexual and Health Conference	Hosted by ASHM	29 August – 1 September 2022	Sunshine Coast Convention Centre, Twin Waters, QLD	564
Australasian Sexual and Reproductive Health Day	Hosted by ASHM	29 August 2022	Sunshine Coast Convention Centre, Twin Waters, QLD	104
APSAD Conference 2022	Australasian Society on Alcohol and other Drugs (APSAD)	9 – 12 October 2022	Darwin Convention Centre, Darwin, NT	697
INHSU 2022	International Network on Health and Hepatitis in Substance Users (INHSU)	17 – 21 October 2022	Glasgow Convention Centre, Scotland, UK	803
1st Asia and Pacific Transgender Health Masterclass	Hosted by ASHM with an unrestricted educational grant from Gilead	28 – 29 October 2022	Bangkok, Thailand	60
Lisbon Addictions (Abstracts + Program)	European Monitoring Centre for Drugs and Drug Addition (EMCDDA)	23 – 25 November 2022	Lisbon, Portugal	N/A
Optimising Care Series 2023	Hosted by ASHM with an unrestricted educational grant from Gilead	4 & 11 February 2023	Hilton, Sydney NSW & Doubletree by Hilton, Melbourne, VIC	227
SexRuality (Postponed from 2022)	CERSH	30 – 31 May 2023	Creswick, VIC	142
1st Australasian Conference on Point of Care Testing for Infectious Diseases	Hosted by ASHM	14 – 15 March 2023	Sheraton Grand Sydney Hyde Park, Sydney, NSW	289
Harm Reduction International	Local committee/host duties	16 – 19 April 2023	MCEC, Melbourne, VIC	N/A

## Members of the Board

Dr Nicholas Medland

**President**

Penny Kenchington

**Vice President**

Dr James McMahon

**Vice President and President Elect**

Prof Charles Gilks

**Treasurer**

Dr Sam Elliott

Dr Rupert Handy

Robert Monaghan

Dr Catriona Ooi

Dr Jason Ong

Dr Jacqueline Richmond

Louise Owen

(until 14 November 2022)

Dr Belinda Wozencroft

(until 14 November 2022)

## Committees Lists 2022-2023

### Program Committees

#### HIV National Advisory Group

**Chair:** Vincent Cornelisse

Adam Bartlett

Robert Blackley

Craig Burnett

Megan Chong

Elizabeth Crock

Alexander Dowell-Day

Samuel Elliott

Martyn French

Michael Frommer

Julian Langton-Lockton

Nicholas Medland

James McMahon

Jessica Michaels

Darren Russell

Rick Varma

Belinda Wozencroft

#### Hepatitis C National Advisory Group

**Co-Chair:** David Iser

**Co-Chair:** Jana Van der Jagt

David Baker

Jason Grebely

Greg Dore

Marianne Martinello

Edmund Tse

Roshan Bhushal

Thao Lam

Grenville Rose

Alisa Pedrana

Louise Owen

Samuel Elliott

Phoebe Schroder

Rebekah Lamb

Alexis Apostolellis

#### Nursing National Advisory Group

**Chair:** Jacqui Richmond

Liz Crock

Penny Kenchington

Cherie Bennett

Megan Hughes

Marrianne Black

Lyn Byers

#### Hepatitis B National Advisory Group

**Co-Chair:** Dr David Iser

**Co-Chair:** Prof Gail Matthews

**Co-Chair:** Dr Jacqui Richmond

Dr Nicole Allard

Gabrielle Bennett

Dr Caran Cheung

Dr Benjamin Cowie

Dr Jane Davis

Dr Sam Elliot

Zhihong Gu

Jessica Michaels

Isabelle Purcell

Phoebe Schroder

Sami Stewart

Lien Tran

Prof Thomas Tu

Nafisa Yussf

#### Sexual Health National Advisory Group

**Co-Chair:** Catriona Ooi

**Co-Chair:** Nathan Ryder

Jason Ong

Courtney Gibbs

Jessica Michaels

Alexis Apostolellis

Angela Dawson

Judith Dean

Julia Scott

Katie Fitzpatrick

Michelle O'Connor

Mike Stephens

Nick Medland

Penny Kenchington

Eleonore Bridier

Benjamin Riley

#### Global Board Advisory Group

**Chair:** Charles Gilks

**Co-Chair:** Catharine O'Connor

Renata Ram

Alexis Apostolellis

Michelle O'Connor

Nikki Teggelove

Benjamin Cowie

David Lewis

Gail Mathews

David Boettiger

Jason Ong

Liz Crock

Marcel Kalau

Harriet Doran Edmunds

Brooke Dickson

Karen Salter

Shelley Kerr

## Finance, Risk Management & Audit Committee

**Chair:** Jamal Hakim

Alexis Apostolellis

Charles Gilks

James McMahon

Nicholas Medland

Penny Kenchington

## VICE

Alexis Apostolellis

Danni Wharton

Joshua Borja

Harriet Doran Edmunds

Sarah Tran

Brett Stevens

Joe Givan

Mikayla Mason

Kate Bath

Elloise Barry

Nicole Mitchell

## RAP Working Group

Aboriginal and/or Torres Strait  
Islander people

Ahmi Narkle

Robert Monaghan

Naomi Hoffman

Edan Campbell-O'Brien

Non-Aboriginal and/or Torres Strait  
Islander people

**RAP Coordinator:** Skye O'Halloran

Adrienne Hoare

Brad Reuter

Brook Dickson

Jessica Michaels

Melinda Hassall

Niti Saraf

Phoebe Schroder

Sophia Kloosterman

Samantha Williamson

Amy Sargent

Shane Garvey

## Project Committees

### Hepatitis C

**Hepatitis C Diagnostics Policy and  
Advocacy Steering Committee**

**Co-Chair:** Bianca Prain

**Co-Chair:** Jason Grebely

**C the Whole Story Forum: Hepatitis  
C in Housing and Homelessness,  
Mental Health and AOD Settings 2023  
Steering Committee**

**Chair:** Brett Stevens

**Australian Paediatric Hepatitis C  
Guidelines Committee 2023**

**Chair:** Michael Stormon

**Integration of Guideline-based  
Information into HealthPathways and  
Other Clinical Resources Steering  
Committee**

**Chair:** Brett Stevens

**National Hepatitis C Testing Policy  
Expert Reference Committee 2023**

**Chair:** Robert Batey

**Beyond the C National Steering  
Committee**

**Chair:** Brett Stevens

(July-December 2022)

**Chair:** Adi Hoare

(January-June 2023)

**NSW Hepatitis C Remote Prescribing  
Program Steering Committee**

**Co-chair:** Jana Van der Jagt

**Co-chair:** Sonja Hill

**Queensland Prisons Forum 2023  
Steering Committee**

**Chair:** Brett Stevens

### Hepatitis B

**Hepatitis B Clinical Standards and  
Accreditation Panel**

**Co-chair:** Adi Hoare

**Co-chair:** Sami Stewart

**B Referred Clinical Advisory Group**

**Chair:** Isabelle Purcell

**B Referred Community Advisory Group**

**Hepatitis B Prescriber Forum  
Steering Committee**

**Chair:** Skye O'Halloran

**Hepatitis B Update for Nurses and  
Midwives Course Development  
Committee**

**Chair:** Gillian Meikle

### HIV

**National HIV Standards Training and  
Accreditation Committee**

**Chair:** Olga Vujovic

**Chair:** Kenneth Koh (appointed chair in  
April 2023)

**ASHM Antiretroviral Guidelines  
Committee**

**Chair:** James McMahon

**PrEP Guidelines Committee**

**Chair:** Edwina Wright

**HIV Management in Australasia  
Expert Reference Committee**

**Co-Chair:** Martyn French

**Co-Chair:** Elizabeth Crock

**PEP Guidelines Committee**

**Chair:** David Templeton

### Sexual Health

**Advanced Gender Affirming Hormone  
Therapy (GAHT) Working Group**

**Co-chair:** Leo Tsao

(June 2022 – May 2023)

**Co-chair:** Samara Shehata

(May 2023 – 2023 to June 2023)

**Co-Chair:** Melissa Kelly

**STI Management Guidelines  
Oversight Committee**

**Chair:** Nicholas Medland

**Australasian Sexual and Reproductive  
Health Alliance**

**Co-Chair:** Amy Moten

**Co-Chair:** Nathan Ryder

**Deadly Sex Organising Committee**

**Chair:** Edan Campbell-O'Brien

**Co-Chair:** Sophia Kloosterman

**NSW Introduction to Syphilis for  
Midwives and Clinicians Providing  
Antenatal Care Steering Committee**

**Chair:** Alexandra Lipa

**National Mpox Taskforce Members**

**Co-chair:** Heath Paynter

**Co-chair:** Dr Nicholas Medland

Alexis Apostolellis

Dr Fiona Bissshop

Dr Megan Campbell

Brent Clifton

Aaron Cogle

Dr Vincent Cornelisse

Jules Kim

Dr James McMahon

Matthew Vaughan

### Conferences and Events

**2022 Australasian Viral Hepatitis  
Conference Program Committee**

**Co-Convenors:**

Carrie Fowlie

Jason Grebely

Kelly Hosking

Jess Howell

Mark Stooove

**2022 Australasian HIV&AIDS and  
Sexual Health Joint Conferences  
National Program Committee**

**Co-Convenors:**

Ben Bavinton

Melissa Warner

Judith Dean

Ian Anderson

**2022 2nd Australasian COVID-19  
Conference**

**Co-Convenors:**

Sharon Lewin

Allen Cheng

# Financials





**ASHM Health**  
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**30 June 2023**

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**General information**

The financial statements cover ASHM Health as an individual entity. The financial statements are presented in Australian dollars, which is ASHM Health's functional and presentation currency.

ASHM Health is a not-for-profit unlisted public company limited by guarantee, incorporated and domiciled in Australia. Its registered office and principal place of business is:

ASHM Health  
Level 3 PSA House, 160 Clarence Street,  
Sydney, NSW 2000

A description of the nature of the company's operations and its principal activities are included in the directors' report, which is not part of the financial statements.

The financial statements were authorised for issue, in accordance with a resolution of directors, on 26 September 2023. The directors have the power to amend and reissue the financial statements.

**ASHM Health  
Directors' report  
30 June 2023**

The directors present their report, together with the financial statements, on the company for the year ended 30 June 2023. The Company changed its name from Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine to ASHM Health on 30 May 2023.

**Directors**

The following persons were directors of the company during the whole of the financial year and up to the date of this report, unless otherwise stated:

Dr. Nicholas Medland	Dr. Jason Ong
Dr. Belinda Wozencroft (resigned on 14 November 2022)	Clinical Prof Louise Owen (resigned on 14 November 2022)
Dr. Sam Elliott	Robert James Monaghan
Penny Kenchington	Dr. Catriona Ooi
Dr. James McMahon	Dr. Jacqueline Richmond
Prof. Charles Gilks	Dr. Rupert Handy

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 \$304,573 (2022: \$769,778). The current year excess of revenue over expenditure includes \$nil (2022: \$381,059) in government stimulus.

**Principal activities**

The principal activities of the entity during the financial year were to act as the peak representative professional body for medical practitioners and other health care professionals in Australia and New Zealand who work in HIV, viral hepatitis and sexual and reproductive health medicine and related diseases. During the year, ASHM developed resources and guidelines, delivered training, ran conferences, and advocated for the needs of our members and communities.

**Objectives**

The virtual elimination of HIV and BBVs and securing the sexual and reproductive wellbeing of our diverse communities.

**Strategies**

- Workforce Strengthening through reach and engagement across professions and contexts as well as being at the forefront of teaching and innovation.
- Strengthen the health systems in which we work, through respectful and collaborative partnerships that advance and support universal access and health security.
- Identify and advance a policy and advocacy agenda where we can contribute the most value and build on our reputation as a trusted thought leader.
- Reduce the negative impact of stigma and discrimination in the health workforce and enhance access to person-centred care.

**Our work is enabled by ensuring a respectful, supportive, safe and responsive organisational culture with a trusted and strong governance structure.**

**ACFID financial reporting**

*The following Financial Reports have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID Code of Conduct guidance available at [www.acfid.asn.au](http://www.acfid.asn.au).*

For the year to 30 June 2023 ASHM's total income was \$13,606,127 (2022: \$9,155,076) and its total expenditure was \$13,301,554 (2022: \$8,385,298), resulting in an operating surplus (including other comprehensive income) of \$458,893 (2022: surplus of \$570,283).

**ASHM Health  
Directors' report  
30 June 2023**

As at 30 June 2023 ASHM had total assets of \$15,112,465 (2022: \$14,452,266) and total liabilities of \$8,012,809 (2022: \$7,811,503), giving a net assets position of \$7,099,656 (2022: \$6,640,763). Of the total assets, \$8,286,368 was made up of cash at bank (2022: \$9,865,552). There are no material aged debts. The Directors therefore believe that as at 30 June 2023 ASHM is in a good financial position.

ASHM's Global division continues to focus on development programming and business development and consists of 5 staff.

ASHM 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. ASHM's Global Strategy and Effectiveness Framework guides the Global division's work and aligns with ASHM's new strategic plan.

ASHM's Global Strategy and 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. It also guides our use of data to communicate findings and translate learning to practice (improve our products and services). The Global division team carry out quarterly review of the data from the quarter and use it to inform and improve the work of the division.

The underpinning principle of ASHM's Global Strategy and Effectiveness Framework is quality improvement through informed decision making and consultative project management (design to implementation). ASHM's Global division 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, and 5) partners in response which are governed by an M&E Framework. ASHM's Global division also works with the ASHM M&E team to strengthen division level and project level M&E practices and reporting.

ASHM's Global Division's current projects include the Sexual and Reproductive Health Integration Project (SRHIP) 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 (CHPNG), Development of a Chemsex Toolkit for Clinical Health Workers in Asia and the Pacific, MPX in Asia and the Pacific Project, Developing a Monitoring and Evaluation On-Demand Training Package for Asia and the Pacific and supporting PNG National Department of Health in their Global Fund activities: Mentor Mothers role development, Clinical Mentoring for Coordinators and roll out of PrEP as well as a Pacific Civil Society Organisation Strengthening Project funded by The Global Fund via UNDP.

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. ASHM's website has clear information and instructions on how to make a complaint on its Contact Us page.

**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.

**ASHM Health  
Directors' report  
30 June 2023**

	2023	2022
<b>Members</b>		
Number of members	613	703
<b>Collaborators</b>		
Number of ANZ Organisational Sustaining Members	64	65
Number of affiliates	1,558	1,215
Number of regional partner organisations	28	42
<b>Staff</b>		
Number of staff employed for 5 years or more	17	21
<b>Training and education resources</b>		
Number of courses run	182	210
Number of pdf resources downloaded	45,816	45,822
Number of sub-website hits (total page views)	1,785,199	1,840,468
<b>Operational and financial</b>		
<b>Total revenue</b>	<b>\$13,606,127</b>	<b>\$9,155,076</b>
<b>Proportion of funding provided by:</b>		
Government grants	37.73%	47.16%
Non-government grants	7.89%	5.43%
Donations received from public	0.07%	0.06%
<b>Proportion of funding spent on:</b>		
Staff training	0.18%	0.26%
General office/administration	0.99%	1.02%
Fundraising – international activities	1.31%	0.83%
Fundraising – domestic activities	0.02%	0.04%

**Dividends paid or recommended**

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

**Events subsequent to balance date**

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 2023.

**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 2023 ASHM has 613 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 Organisational 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 2023, the total amount that members of the company are liable to contribute if the company is wound up is \$613 (2022: \$703).

**Information on directors**

Name: Dr. Nicholas Medland  
Title: President  
Qualifications: MBBS; BA Hons; PhD; FACHSHM; FRCP(UK)  
Experience and expertise: 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 includes coverage of antiretroviral therapy and pre-exposure prophylaxis and progress toward HIV elimination goals. He is also a sexual health physician with 23 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.

Name: Penny Kenchington  
Title: Vice President  
Qualifications: MNsg (NP); Grad Dip PH; Grad Dip Hth Man; Grad Cert Forensic Nsg; Dip app Sc (Nsg). Memberships: ACNP, ASHM; QNU  
Experience and expertise: Penny has been working in the Sexual Health, HIV and Hepatitis health sector as a specialist nurse since 1995 and is currently a 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 the ASHM's Finance, Risk Management and Audit Sub-Committee and the National Board Advisory Groups for Nurses and SRH. Penny also sits on various Clinical Guidelines Committees. In 2023 Penny is representing ASHM on the HIV Taskforce for the Minister of Health and Aged Care.

Name: Dr. James McMahon  
Title: Vice President and President Elect  
Qualifications: PhD; Master of Public Health; Fellow RACP; MBBS; GAICD  
Experience and expertise: A/Prof James McMahon is Head of the Infectious Diseases Clinical Research Unit at the Alfred Hospital and an Infectious Diseases Physician at the Alfred and Monash Medical Centre in Melbourne Australia. He is a clinical researcher with research interests in HIV cure, HIV treatment and the cascade of HIV care. He also leads research in COVID-19 focussing on the best vaccination strategies and the immune responses to COVID-19 vaccination and infection in diverse populations including people with HIV. He has 20 years of clinical experience in HIV and Infectious Diseases and is a current member of the board's Finance, Risk Management and Audit Sub-Committee and the ASHM HIV National Board Advisory Group.

Name: Dr. Sam Elliott  
Title: Board Member  
Qualifications: MBBS; Master of Public Health and Tropical Medicine; FRACGP  
Experience and expertise: Sam has been a specialist General Practitioner for 32 years, with 25 years working in HIV, Viral Hepatitis & sexual health medicine. He is a committed educator and actively participates in primary care research.

**ASHM Health  
Directors' report  
30 June 2023**

Name: Prof. Charles Gilks  
Title: Board Member and Treasurer  
Qualifications: PhD; MSc; MBBS w/Hons; MA; BA  
Experience and expertise: 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 300 peer-reviewed papers, with 22,500+ citations. His Google H index is 75.

Name: Dr. Rupert Handy  
Title: Board Member  
Qualifications: MB ChB 1993 Otago; FRACP 2005  
Experience and expertise: 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, ASHM Health and the HIV Medicine Association. Rupert is a current member of ASHM's HIV Guidelines Committee.

Name: Robert James Monaghan  
Title: Board Member  
Qualifications:  
Experience and expertise: 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 26 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 9 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. Over the course of his career, he has been exposed to a diverse range of client groups, services models or practices, working environments and stakeholders which has enabled him to apply high level of flexibility and proficiency in communication, innovation, management, research and technical expertise.



**ASHM Health  
Directors' report  
30 June 2023**

Name: Dr. Jason Ong  
Title: Board Member  
Qualifications: PhD; MMed (Hons); MBBS; FACHSHM; FRACGP  
Experience and expertise: 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).

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 and Reproductive Health Alliance, and Health Equity Matters.

He is the Editor-in-Chief for Sexual Health and Associate Editor for Sexually Transmitted diseases and BMC Infectious Diseases.

Name: Dr. Catriona Ooi  
Title: Board Member  
Qualifications: MBBS; FACHSHM  
Experience and expertise: 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 textbooks 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.

Name: Dr. Jacqueline Richmond  
Title: Board Member  
Qualifications: PhD; MPH; BN  
Experience and expertise: For over 25 years, Jacqui has dedicated her 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 and a Viral Hepatitis CNC at the Barwon South-West Public Health Unit. 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 National Board Advisory Group and member of the Hepatitis B National Board Advisory Group. 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.

**Meetings of directors**

<b>Name</b>	<b>Board Meetings</b>
Dr. Nicholas Medland	6 (6)
Penny Kenchington	6 (6)
Clinical Professor Louise Owen	3 (3)
Dr. Sam Elliott	5 (6)
Prof. Charles Gilks	5 (6)
Dr. Rupert Handy	5 (6)
Dr. James McMahon	6 (6)
Robert Monaghan	5 (6)
Dr. Jason Ong	5 (6)
Dr. Catriona Ooi	6 (6)
Dr. Jacqueline Richmond	4 (6)
Dr. Belinda Wozencroft	1 (3)

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

**Indemnifying officers**

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 of the entity.

**Indemnity and insurance of auditors**

The Company has not, during or since the end of the financial year, indemnified or agreed to indemnify the auditor of the Company or any related entity against a liability incurred by the auditor. During the financial year, the Company has not paid a premium in respect of a contract to insure the auditor of the Company or any related 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**

A copy of the auditor's independence declaration as required under section 307C of the Corporations Act 2001 is set out immediately after this directors' report.

This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors



Dr. Nicholas Medland

MBBS; BA Hons, PhD; FACHSHM, FRCP(UK)

28 September 2023



Penny Kenchington

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

**AUDITOR'S INDEPENDENCE DECLARATION  
UNDER SECTION 60-40 OF THE AUSTRALIAN CHARITIES AND NOT FOR PROFITS COMMISSION ACT  
2012 TO THE DIRECTORS OF ASHM HEALTH**

We declare that, to the best of our knowledge and belief, during the year ended 30 June 2023 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 day of 28 September 2023, Sydney

**ASHM Health**  
**Statement of profit or loss and other comprehensive income**  
**For the year ended 30 June 2023**

	<b>Note</b>	<b>2023</b> <b>\$</b>	<b>2022</b> <b>\$</b>
<b>Revenue</b>			
<i>Operating activities</i>			
Operating grants	4	6,206,335	4,820,651
Conference		4,673,742	2,080,180
Sponsorship – Industry		1,024,045	713,905
Service fee and other revenue from operating activities		848,975	773,824
Service fee – INHSU		399,013	183,850
Members' subscriptions		110,529	121,832
Donations		9,300	5,927
		<u>13,271,939</u>	<u>8,700,169</u>
<i>Non-operating activities</i>			
Interest		239,832	23,516
Dividend and distribution income		94,356	50,169
Government allowance COVID19		-	381,059
Gain on disposal of assets		-	163
		<u>334,188</u>	<u>454,907</u>
Total revenue	3	<u>13,606,127</u>	<u>9,155,076</u>
<b>Expenses</b>			
Personnel expenses		(6,685,817)	(5,452,358)
Conference costs		(3,418,476)	(868,716)
Education programs / resources		(2,420,564)	(1,335,530)
Depreciation	4	(324,390)	(237,570)
General office administration		(131,357)	(85,521)
IT costs		(157,356)	(204,727)
Finance expenses		(128,534)	(63,551)
Professional fees		(98,035)	(64,380)
Foreign currency gain/(loss)		70,085	(5,804)
Loss on disposal of assets		(12,583)	-
Occupancy costs		5,473	(67,141)
Total expenses		<u>(13,301,554)</u>	<u>(8,385,298)</u>
<b>Excess of revenue over expenses before income tax expense</b>		304,573	769,778
Income tax expense		-	-
<b>Excess of revenue over expenses after income tax expense for the year</b>		304,573	769,778
<b>Other comprehensive income/(loss)</b>			
<i>Items that may be reclassified subsequently to profit or loss</i>			
Gain (Loss) on the revaluation of financial assets at fair value through other comprehensive income, net of tax		154,320	(199,495)
Other comprehensive income/(loss) for the year, net of tax		154,320	(199,495)
<b>Total comprehensive income for the year</b>		<u>458,893</u>	<u>570,283</u>

*The above statement of profit or loss and other comprehensive income should be read in conjunction with the accompanying notes*

**ASHM Health**  
**Statement of financial position**  
**As at 30 June 2023**

	<b>Note</b>	<b>2023</b> <b>\$</b>	<b>2022</b> <b>\$</b>
<b>Assets</b>			
<b>Current assets</b>			
Cash and cash equivalents	6	8,286,368	9,865,552
Trade and other receivables	7	729,047	298,543
Work in progress	8	430,237	1,019,780
Other assets	9	21,101	9,090
Total current assets		<u>9,466,753</u>	<u>11,192,965</u>
<b>Non-current assets</b>			
Financial assets	10	4,108,007	2,539,549
Property, plant and equipment	11	239,954	177,782
Right-of-use assets	16	1,297,751	541,970
Total non-current assets		<u>5,645,712</u>	<u>3,259,301</u>
<b>Total assets</b>		<u>15,112,465</u>	<u>14,452,266</u>
<b>Liabilities</b>			
<b>Current liabilities</b>			
Trade and other payables	12	908,917	717,677
Deferred income	13	5,162,424	5,900,465
Provisions	14	475,297	484,985
Lease liabilities	17	220,129	207,416
Total current liabilities		<u>6,766,767</u>	<u>7,310,543</u>
<b>Non-current liabilities</b>			
Provisions	14	108,756	149,725
Lease liabilities	17	1,137,286	351,235
Total non-current liabilities		<u>1,246,042</u>	<u>500,960</u>
<b>Total liabilities</b>		<u>8,012,809</u>	<u>7,811,503</u>
<b>Net assets</b>		<u>7,099,656</u>	<u>6,640,763</u>
<b>Equity</b>			
Retained earnings		7,144,831	6,840,258
Asset revaluation reserve	18	(45,175)	(199,495)
<b>Total equity</b>		<u>7,099,656</u>	<u>6,640,763</u>

*The above statement of financial position should be read in conjunction with the accompanying notes*



**ASHM Health**  
**Statement of changes in equity**  
**For the year ended 30 June 2023**

	<b>Asset revaluation reserve \$</b>	<b>Retained earnings \$</b>	<b>Total equity \$</b>
Balance at 1 July 2021	-	6,070,480	6,070,480
Excess of revenue over expenses after income tax expense for the year	-	769,778	769,778
Other comprehensive loss for the year, net of tax	<u>(199,495)</u>	<u>-</u>	<u>(199,495)</u>
Total comprehensive income/(loss) for the year	<u>(199,495)</u>	<u>769,778</u>	<u>570,283</u>
Balance at 30 June 2022	<u>(199,495)</u>	<u>6,840,258</u>	<u>6,640,763</u>
	<b>Asset revaluation reserve \$</b>	<b>Retained earnings \$</b>	<b>Total equity \$</b>
Balance at 1 July 2022	(199,495)	6,840,258	6,640,763
Excess of revenue over expenses after income tax expense for the year	-	304,573	304,573
Other comprehensive income for the year, net of tax	<u>154,320</u>	<u>-</u>	<u>154,320</u>
Total comprehensive income for the year	<u>154,320</u>	<u>304,573</u>	<u>458,893</u>
Balance at 30 June 2023	<u>(45,175)</u>	<u>7,144,831</u>	<u>7,099,656</u>

*The above statement of changes in equity should be read in conjunction with the accompanying notes*

**ASHM Health**  
**Statement of cash flows**  
**For the year ended 30 June 2023**

	<b>Note</b>	<b>2023</b> <b>\$</b>	<b>2022</b> <b>\$</b>
<b>Cash flows from operating activities</b>			
Receipts from customers		13,356,784	9,360,083
Payments to suppliers and employees		(13,418,667)	(7,561,409)
Interest received		239,832	23,515
Dividend and distribution income		94,356	50,169
Net cash from operating activities	19	<u>272,305</u>	<u>1,872,358</u>
<b>Cash flows from investing activities</b>			
Net payments for property, plant and equipment	11	(130,795)	(59,456)
Proceeds from disposal of property, plant and equipment		-	29,891
Payments for term deposits		(4,933)	(19,044)
Payments for financial assets		<u>(1,409,205)</u>	<u>(2,627,050)</u>
Net cash used in investing activities		<u>(1,544,933)</u>	<u>(2,675,659)</u>
<b>Cash flows from financing activities</b>			
Payments of lease liabilities		<u>(306,556)</u>	<u>(223,080)</u>
Net cash used in financing activities		<u>(306,556)</u>	<u>(223,080)</u>
Net decrease in cash and cash equivalents		(1,579,184)	(1,026,381)
Cash and cash equivalents at the beginning of the financial year		<u>9,865,552</u>	<u>10,891,933</u>
Cash and cash equivalents at the end of the financial year	6	<u><u>8,286,368</u></u>	<u><u>9,865,552</u></u>

*The above statement of cash flows should be read in conjunction with the accompanying notes*

## **Note 1. Significant accounting policies**

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

### **New or amended Accounting Standards and Interpretations adopted**

The company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

### **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 statements were authorised for issue on the date of signing by the directors of the company.

### *Historical cost convention*

The financial statements have been prepared under the historical cost convention.

### *Critical accounting estimates*

The preparation of the financial statements requires the use of certain critical accounting estimates. It also requires management to exercise its judgement in the process of applying the company's accounting policies. The areas involving a higher degree of judgement or complexity, or areas where assumptions and estimates are significant to the financial statements, are disclosed in note 2.

### **Revenue recognition**

#### *Grants*

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

#### *Conference*

Conference revenue is recognised upon completion.

#### *Interest*

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

#### *Rendering of services*

Revenue from a contract to provide services is recognised over time as the services are rendered.

### **Income tax**

As the company is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying 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.

**Note 1. Significant accounting policies (continued)**

**Cash and cash equivalents**

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value. For the statement of cash flows presentation purposes, cash and cash equivalents also includes bank overdrafts, which are shown within borrowings in current liabilities on the statement of financial position.

**Trade and other receivables**

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.

**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:

<b>Class of Fixed Asset</b>	<b>Depreciation Rate</b>
Office equipment	20%
Computer equipment	20 - 40%
Leasehold improvement	20%
Furniture and fixtures	5 - 12.5%

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

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.

**Deferred income**

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



**Note 1. Significant accounting policies (continued)**

**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.

**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.

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.

**Note 1. Significant accounting policies (continued)**

*(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.

**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.

**Trade and other payables**

These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

**Note 1. Significant accounting policies (continued)**

**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.

**Provisions**

Provisions are recognised when the company has a present (legal or constructive) obligation as a result of a past event, it is probable the company will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the consideration required to settle the present obligation at the reporting date, taking into account the risks and uncertainties surrounding the obligation. If the time value of money is material, provisions are discounted using a current pre-tax rate specific to the liability. The increase in the provision resulting from the passage of time is recognised as a finance cost.

**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.

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.

**Goods and Services Tax ('GST') and other similar taxes**

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

**Note 1. Significant accounting policies (continued)**

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the tax authority, are presented as operating cash flows.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

**Comparative figures**

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

**Note 2. Critical accounting judgements, estimates and assumptions**

The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

*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).

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**Note 3. Revenue**

	<b>Note</b>	<b>2023</b> <b>\$</b>	<b>2022</b> <b>\$</b>
<i>Operating activities:</i>			
Operating grants – Australian		5,289,787	4,305,600
Other grants – overseas		916,548	515,051
	<b>4</b>	<u>6,206,335</u>	<u>4,820,651</u>
Conference		4,673,742	2,080,180
Sponsorship – industry		1,024,045	713,905
Other revenue from operating activities		848,975	773,824
Service fee – INHSU		399,013	183,850
Interest		239,832	23,516
Member subscriptions		110,529	121,832
Dividend and distribution income		94,356	50,169
Donations		9,300	5,927
Government allowance COVID19*		-	381,059
Gain on disposal of assets		-	163
		<u>13,606,127</u>	<u>9,155,076</u>

\*Government allowance COVID19 includes \$nil (2022: \$366,059) in Jobsaver and \$nil (2022: \$15,000) in business grant income.

**Note 4. Excess of revenue over expenses before income tax**

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

		<b>2023</b> <b>\$</b>	<b>2022</b> <b>\$</b>
<i>Revenue: Operating Grants</i>			
Grants – Commonwealth		2,417,637	2,149,677
Grants – QLD		1,484,086	979,121
Grants – NSW Health (HIV program and sexual health nurse training)		730,389	683,800
Grants – overseas		916,548	515,051
Grants – WA		326,457	328,321
Grants – ACT		93,333	93,410
Grants - NT		81,335	-
Grants other – domestic projects		156,550	71,271
		<u>6,206,335</u>	<u>4,820,651</u>
<i>Expenses:</i>			
Depreciation			
- Depreciation of property, plant and equipment	11	56,040	56,910
- Depreciation of right-of-use asset	16	268,350	180,660
		<u>324,390</u>	<u>237,570</u>

**Note 5. 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, DCEO and CFOO. ASHM directors act in an honorary capacity and receive no compensation for their services as directors.



**Note 5. Key management personnel compensation (continued)**

Key Management Personnel	Short-term Benefits				Post-employment Benefits
	Salary	Bonuses	Non-cash benefit	Other	Super-annuation
	\$	\$	\$	\$	\$
<b>2023</b>					
Key management personnel compensation	549,318	-	-	-	52,889
<b>2022</b>					
Key management personnel compensation	573,903	-	-	-	56,453

**Note 6. Cash and cash equivalents**

	2023	2022
	\$	\$
<i>Current assets</i>		
Cash on hand	200	200
Cash at bank	1,886,168	2,865,206
Short-term bank deposits*	6,400,000	7,000,146
	<u>8,286,368</u>	<u>9,865,552</u>

\*The interest rate on short-term bank deposits ranges between 3.80% to 4.30%; these deposits are at call. These short-term bank deposits will mature on 8 August, 19 November, and 19 December 2023.

**Note 7. Trade and other receivables**

	2023	2022
	\$	\$
<i>Current assets</i>		
Trade receivables	578,638	250,554
Other receivables	150,409	47,989
	<u>729,047</u>	<u>298,543</u>

**(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 7. Trade and other receivables (continued)**

			Past due but not impaired (days overdue)				Within initial trade terms
	Gross amount \$	Past due and impaired \$	Less than 30 \$	31-60 \$	61-90 \$	Greater than 90 \$	\$
<b>2023</b>							
Trade receivables	<u>578,638</u>	<u>-</u>	<u>227,130</u>	<u>3,846</u>	<u>955</u>	<u>94,717</u>	<u>251,991</u>
<b>2022</b>							
Trade receivables	<u>250,554</u>	<u>-</u>	<u>29,332</u>	<u>22,000</u>	<u>22,110</u>	<u>11,000</u>	<u>166,112</u>

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

**Note 8. Work in progress**

	<b>2023</b> \$	<b>2022</b> \$
<i>Current assets</i>		
Work in progress - conference	<u>430,237</u>	<u>1,019,780</u>

**Note 9. Other assets**

	<b>2023</b> \$	<b>2022</b> \$
<i>Current assets</i>		
Prepayments	<u>21,101</u>	<u>9,090</u>

**Note 10. Financial assets**

	<b>2023</b> \$	<b>2022</b> \$
<i>Non-current assets</i>		
Held to maturity investments	116,927	111,994
Financial assets at FVOCI	<u>3,991,080</u>	<u>2,427,555</u>
	<u>4,108,007</u>	<u>2,539,549</u>

**Held-to-maturity investments comprise:**

- Current: Term deposit	116,927	111,994
- Non-current: Term deposit	-	-
	<u>116,927</u>	<u>111,994</u>

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**Note 11. Property, plant and equipment**

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
<i>Non-current assets</i>		
Leasehold improvements - at cost	254,606	151,396
Less: Accumulated depreciation	<u>(98,421)</u>	<u>(75,698)</u>
	<u>156,185</u>	<u>75,698</u>
 Furniture and fixtures - at cost	 101,964	 101,964
Less: Accumulated depreciation	<u>(59,479)</u>	<u>(50,982)</u>
	<u>42,485</u>	<u>50,982</u>
 Computer equipment - at cost	 57,150	 100,644
Less: Accumulated depreciation	<u>(18,660)</u>	<u>(54,198)</u>
	<u>38,490</u>	<u>46,446</u>
 Office equipment - at cost	 19,383	 19,383
Less: Accumulated depreciation	<u>(16,589)</u>	<u>(14,727)</u>
	<u>2,794</u>	<u>4,656</u>
	<u><u>239,954</u></u>	<u><u>177,782</u></u>

*Reconciliations*

Reconciliations of the written down values at the beginning and end of the current and previous financial year are set out below:

	<b>Leasehold Improvements</b>	<b>Furniture and Fixtures</b>	<b>Computer Equipment</b>	<b>Office equipment</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>
Balance at 1 July 2021	100,930	67,976	28,298	7,760	204,964
Additions	-	-	59,456	-	59,456
Disposals	-	-	(29,728)	-	(29,728)
Depreciation expense	<u>(25,232)</u>	<u>(16,994)</u>	<u>(11,580)</u>	<u>(3,104)</u>	<u>(56,910)</u>
Balance at 30 June 2022	75,698	50,982	46,446	4,656	177,782
Additions	103,210	-	27,585	-	130,795
Disposals	-	-	(12,583)	-	(12,583)
Depreciation expense	<u>(22,723)</u>	<u>(8,497)</u>	<u>(22,958)</u>	<u>(1,862)</u>	<u>(56,040)</u>
Balance at 30 June 2023	<u><u>156,185</u></u>	<u><u>42,485</u></u>	<u><u>38,490</u></u>	<u><u>2,794</u></u>	<u><u>239,954</u></u>

**Note 12. Trade and other payables**

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
<i>Current liabilities</i>		
Trade payables	355,929	250,558
Sundry creditors	<u>552,988</u>	<u>467,119</u>
	<u><u>908,917</u></u>	<u><u>717,677</u></u>

**Note 12. Trade and other payables (continued)**

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

Trade and other payables		
- Total current	908,917	717,677
- Total non-current	-	-
Financial liabilities as trade and other payables	<u>908,917</u>	<u>717,677</u>

**Note 13. Deferred income**

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
<i>Current liabilities</i>		
Grants received in advance	2,727,316	3,030,471
Income received in advance - conferences	2,316,490	2,512,012
Income received in advance - general	109,167	281,291
Membership received in advance	9,451	76,691
	<u>5,162,424</u>	<u>5,900,465</u>

**Note 14. Provisions**

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
<i>Current liabilities</i>		
Annual leave	365,463	400,698
Long service leave	109,834	84,287
	<u>475,297</u>	<u>484,985</u>
<i>Non-current liabilities</i>		
Long service leave	<u>108,756</u>	<u>149,725</u>

**Note 15. Employee benefits**

	<b>Short-term Employee Benefits</b>	<b>Long-term Employee Benefits</b>	<b>Total</b>
	<b>\$</b>	<b>\$</b>	<b>\$</b>
Balance at 30 June 2022	484,985	149,725	634,710
Adjustments in provision	(9,688)	(40,969)	(50,657)
Balance at 30 June 2023	<u>475,297</u>	<u>108,756</u>	<u>584,053</u>

**Provision for Long-term employee entitlements**

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

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**Note 16. Right-of-use assets**

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
<i>Non-current assets</i>		
Right-of-use asset - Clarence St. office	1,331,450	1,083,948
Less: Accumulated depreciation	<u>(221,908)</u>	<u>(541,978)</u>
	<u>1,109,542</u>	<u>541,970</u>
 Right-of-use asset - Brisbane office	 234,651	 -
Less: Accumulated depreciation	<u>(46,442)</u>	<u>-</u>
	<u>188,209</u>	<u>-</u>
	<u><u>1,297,751</u></u>	<u><u>541,970</u></u>

*Reconciliations*

Reconciliations of the written down values at the beginning and end of the current and previous financial year are set out below:

	<b>Clarence St. Office \$</b>	<b>Brisbane Office \$</b>	<b>Total \$</b>
Balance at 1 July 2021	722,630	-	722,630
Depreciation expense	<u>(180,660)</u>	<u>-</u>	<u>(180,660)</u>
 Balance at 30 June 2022	 541,970	 -	 541,970
Additions	789,480	234,651	1,024,131
Depreciation expense	<u>(221,908)</u>	<u>(46,442)</u>	<u>(268,350)</u>
 Balance at 30 June 2023	 <u><u>1,109,542</u></u>	 <u><u>188,209</u></u>	 <u><u>1,297,751</u></u>

**Note 17. Lease liabilities**

Operating lease commitments as at 30 June 2023 have been included in the statement of financial position as lease liabilities under AASB 16m which include the extended option of an additional 3 years.

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
<i>Current liabilities</i>		
Lease liability - Clarence St. office	195,615	207,416
Lease liability - Brisbane office	<u>24,514</u>	<u>-</u>
	<u><u>220,129</u></u>	<u><u>207,416</u></u>
 <i>Non-current liabilities</i>		
Lease liability - Clarence St. office	958,876	351,235
Lease liability - Brisbane	<u>178,410</u>	<u>-</u>
	<u><u>1,137,286</u></u>	<u><u>351,235</u></u>



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**Note 18. Asset revaluation reserve (i)**

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Asset revaluation reserve at beginning of financial year	(199,495)	-
Changes in valuation of financial asset measured at fair value through other comprehensive income	154,320	(199,495)
Asset revaluation reserve at the end of financial year	<u>(45,175)</u>	<u>(199,495)</u>

(i) Balance relates to unrealised movement in equity portfolio.

**Note 19. Reconciliation of excess of revenue over expenses after income tax to net cash from operating activities**

**Reconciliation of cash and cash equivalents**

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
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	200
Cash at bank	1,886,168	2,865,206
Short-term bank deposits	6,400,000	7,000,146
	<u>8,286,368</u>	<u>9,865,552</u>

**Reconciliation of cash flow from operations with excess of revenue over expenses after income tax**

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Excess of revenue over expenses after income tax expense for the year	304,573	769,778
Adjustments for:		
(Gain) loss on disposal of assets	12,583	(163)
Depreciation of property, plant, and equipment	56,040	56,910
Depreciation of right-of-use assets	268,350	180,660
Interest on lease liability	81,189	40,964
Change in operating assets and liabilities:		
Increase in trade and other receivables	(430,504)	(145,088)
Decrease/(increase) in work in progress	589,543	(459,613)
Increase in other assets	(12,011)	(901)
Increase/(decrease) in trade and other payables	191,240	(899)
Increase/(decrease) in deferred income	(738,041)	1,373,798
Increase/(decrease) in provisions	(50,657)	56,912
Net cash from operating activities	<u>272,305</u>	<u>1,872,358</u>

**Note 20. Contingent assets and liabilities**

To the Directors' knowledge, the company has no known contingent assets and liabilities as at 30 June 2023 (2022: nil).

**Note 21. 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 22. Events after the reporting period**

No matter or circumstance has arisen since 30 June 2023 that has significantly affected, or may significantly affect the company's operations, the results of those operations, or the company's state of affairs in future financial years.

**Note 23. Financial instruments**

***Financial risk management objectives***

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:

	<b>Note</b>	<b>2023</b>	<b>2022</b>
		<b>\$</b>	<b>\$</b>
<b>Financial assets</b>			
Cash and cash equivalents	6	8,286,368	9,865,552
Trade and other receivables	7	729,047	298,543
Held to maturity investments	10	116,927	111,994
Financial assets at FVOCI	10	3,991,080	2,427,555
<b>Total financial assets</b>		<b>13,123,422</b>	<b>12,703,644</b>
<b>Financial liabilities</b>			
Financial liabilities at amortised cost:			
Trade and other payables	12	908,917	717,677
Lease liabilities	17	1,357,415	558,651
<b>Total financial liabilities</b>		<b>2,266,332</b>	<b>1,276,328</b>

**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.

**Note 23. Financial instruments (continued)**

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 7.

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 7.

**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.

	Within 1 Year		1 to 5 Years		Over 5 Years		Total	
	2023	2022	2023	2022	2023	2022	2023	2022
	\$	\$	\$	\$	\$	\$	\$	\$
<b>Financial liabilities due for payment</b>								
Trade and other payables	908,917	717,677	-	-	-	-	908,917	717,677
Lease liability	220,129	207,416	1,137,286	351,235	-	-	1,357,415	558,651
<b>Total expected outflows</b>	<b>1,129,046</b>	<b>925,093</b>	<b>1,137,286</b>	<b>351,235</b>	<b>-</b>	<b>-</b>	<b>2,266,332</b>	<b>1,276,328</b>

**c. Market Risk**

**i. Interest rate risk**

Exposure to interest rate risk arises on financial assets 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 fixed 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 10) 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 \$399,108 (2022: \$242,755) gain or loss which is recorded as other comprehensive income and accumulated in asset revaluation reserve.

**Sensitivity analysis:**

**Note 23. Financial instruments (continued)**

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.

	<b>Surplus</b> <b>\$</b>	<b>Equity</b> <b>\$</b>
<b>Year ended 30 June 2023</b>		
+/-1% in interest rates	64,000	64,000
<b>Year ended 30 June 2022</b>		
+/-1% in interest rates	70,000	70,000

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

**d. Net fair values**

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

		<b>30 June 2023</b>		<b>30 June 2022</b>	
	<b>Note</b>	<b>Net Carrying Value \$</b>	<b>Net Fair Value \$</b>	<b>Net Carrying Value \$</b>	<b>Net Fair Value \$</b>
<b>Financial assets</b>					
Cash and cash equivalents	(i)	8,286,368	8,286,368	9,865,552	9,865,552
Trade and other receivables	(i)	729,047	729,047	298,543	298,543
		<u>9,015,415</u>	<u>9,015,415</u>	<u>10,164,095</u>	<u>10,164,095</u>
Held to maturity investments	(ii)	116,927	116,927	111,994	111,994
Financial assets at FVOCI	(iii)	3,991,080	3,991,080	2,427,555	2,427,555
		<u>13,123,422</u>	<u>13,123,422</u>	<u>12,703,644</u>	<u>12,703,644</u>
<b>Financial liabilities</b>					
Trade and other payables	(i)	908,917	908,917	717,677	717,677
Lease liabilities		<u>1,357,415</u>	<u>1,357,415</u>	<u>558,651</u>	<u>558,651</u>
<b>Total financial liabilities</b>		<u>2,266,332</u>	<u>2,266,332</u>	<u>1,276,328</u>	<u>1,276,328</u>

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.

**Note 23. Financial instruments (continued)**

**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 \$
<b>30 June 2023</b>				
<b>Financial assets:</b>				
Held-to-maturity investments	116,927	-	-	116,927
Financial assets at FVOCI	538,446	3,452,634	-	3,991,080
	<u>655,373</u>	<u>3,452,634</u>	<u>-</u>	<u>4,108,007</u>
	Level 1 \$	Level 2 \$	Level 3 \$	Total \$
<b>30 June 2022</b>				
<b>Financial assets:</b>				
Held-to-maturity investments	111,994	-	-	111,994
Financial assets at FVOCI	454,851	1,972,704	-	2,427,555
	<u>566,845</u>	<u>1,972,704</u>	<u>-</u>	<u>2,539,549</u>

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 24. Capital management**

Management controls the capital of the company to ensure that adequate cash flows are generated to fund the ongoing operations of the company. The Board ensures that the overall risk management strategy is in line with this objective. Risk management strategies are approved and reviewed by the Board on a regular basis. These include future cash flow requirements.

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

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

**Note 25. 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:

**Note 25. Related party transactions (continued)**

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
Dr. James McMahon	509	5,500
Dr. Jacqueline Richmond	4,095	5,140
Dr. Sam Elliott	5,857	2,925
Penny Kenchington	1,645	1,405
Dr. Jason Ong	1,162	-
Dr. Belinda Wozencroft	-	358
	<u>13,268</u>	<u>15,328</u>

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:

Dr. Jacqueline Richmond \$350 (2022: \$nil)	Penny Kenchington	\$965 (2022: \$655)
Owen		

**Note 26. 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 2023 the number of members are 613 (2022: 703) therefore the total amount that members of the company are liable to contribute if the company is wound up is \$613 (2022: \$703).

**Note 27. Company details**

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

ASHM Health  
Level 3 PSA House, 160 Clarence Street,  
Sydney, NSW 2000



**ASHM Health**  
**Directors' declaration**  
**30 June 2023**

In the directors' opinion:

- The financial statements and notes, as set out on pages 10 to 32 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 2023 and of the performance for the year ended on that date.
- 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.

On behalf of the directors



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Dr. Nicholas Medland

MBBS; BA Hons, PhD; FACHSHM, FRCP(UK)

28 September 2023



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Penny Kenchington

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

## INDEPENDENT AUDIT REPORT TO THE MEMBERS OF ASHM HEALTH

### Opinion

We have audited the financial report of ASHM Health (the Company), which comprises the statement of financial position as at 30 June 2023, 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 ASHM Health 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 2023 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 2023 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 ASHM HEALTH

### 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

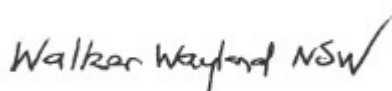
Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that 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.
- Obtain sufficient appropriate audit evidence regarding the financial information of the entities or business activities within the entity to express an opinion on the financial report. We are responsible for the direction, supervision and performance of the entity audit. We remain solely responsible for our opinion.

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



**Walker Wayland NSW**  
**Chartered Accountants**



**Wali Aziz**  
**Partner**

Dated this 9<sup>th</sup> day of October 2023, Sydney

## COMPILATION REPORT ON ADDITIONAL FINANCIAL DATA TO THE MEMBERS OF ASHM HEALTH

### Scope

We have compiled the accompanying Statement of Comprehensive Income of ASHM Health for the year ended 30 June 2023 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 ASHM Health*

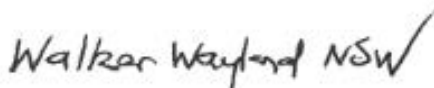
The directors of the Company are solely responsible for the information contained in the Statement of Comprehensive Income, and determined that the basis of accounting adopted is appropriate to meet their needs and for the purpose that the financial statements were prepared.

#### *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 ASHM Health. We do not accept responsibility to any other person for the contents of the Statement of Comprehensive Income Statement.



Walker Wayland NSW  
Chartered Accountants



Wali Aziz  
Partner

Dated this 9<sup>th</sup> day of October 2023, Sydney

**STATEMENT OF COMPREHENSIVE INCOME FOR THE YEAR ENDED 30 JUNE 2023**

	<b>2023</b>	<b>2022</b>
	<b>\$</b>	<b>\$</b>
<b>REVENUE</b>		
Grants		
- DFAT	393,488	-
- Other Australian	5,173,419	4,305,600
- Other Overseas	639,429	515,051
Donations and gifts		
- Monetary	9,300	5,927
Investment income	334,188	73,684
Other income	7,056,305	4,254,814
<b>TOTAL REVENUE</b>	<b>13,606,129</b>	<b>9,155,076</b>
<b>EXPENDITURE</b>		
<b>International Aid and Development Program Expenditure</b>		
International programs		
- Program support costs	774,257	608,706
- Funds to international programs	163,895	18,165
Fundraising costs		
- Government, multilateral and private	171,356	67,308
- Public	2,511	2,143
Community education	153,794	89,797
Accountability and administration	163,777	88,137
Non-monetary expenditure	4,803	-
<b>Total International Aid and Development Programs Expenditure</b>	<b>1,434,394</b>	<b>874,256</b>
<b>Domestic Programs Expenditure</b>		
General office and administration expenses	131,357	85,521
Occupancy expenses	(5,473)	67,141
Educational programs/resources	1,503,272	848,098
Professional fees	98,035	64,380
Personnel expenses	5,950,837	4,901,780
Depreciation	324,391	237,570
IT costs	157,356	204,727
Finance fee	126,273	63,551
Conference expenses	2,419,534	678,862
Foreign currency (gain)/loss	(39,520)	5,804
Loss on disposal of assets	12,583	-
<b>Total Domestic Programs Expenditure</b>	<b>10,678,645</b>	<b>7,157,434</b>
<b>Other International Non-Development Program Expenditure</b>	<b>1,188,517</b>	<b>353,608</b>
<b>TOTAL EXPENDITURE</b>	<b>13,301,555</b>	<b>8,385,298</b>
<b>EXCESS OF REVENUE OVER EXPENDITURE</b>	<b>304,573</b>	<b>769,778</b>
<b>OTHER COMPREHENSIVE LOSS</b>		
Gain/(loss) on fair value movement of financial asset at fair value through other comprehensive income	154,320	(199,495)
<b>TOTAL COMPREHENSIVE INCOME</b>	<b>458,893</b>	<b>570,283</b>

ASHM Health is a signatory to the ACFID Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. As a signatory we are committed and fully adhere to the ACFID Code of Conduct, conducting our work with transparency, accountability and integrity. To lodge a complaint against our organisation, please email Alexis Apostolellis, ASHM CEO, on [ashm@ashm.org.au](mailto:ashm@ashm.org.au). Our complaints handling policy can be found on our website. If you are not satisfied with the response and believe our organisation has breached the ACFID Code of Conduct, you can lodge a complaint with the ACFID Code of Conduct Committee at [code@acfid.asn.au](mailto:code@acfid.asn.au). Information about how to make a complaint can be found at <https://acfid.asn.au/code-of-conduct/complaints/>

ASHM Health is a registered charity with the Australian Charity and Not-for-profits Commission.

ASHM Health has base accreditation with the Department of Foreign Affairs and Trade (DFAT) under the Australian NGO Cooperation Program (ANCP).



ACFID  
MEMBER





**ashm**