



ashm

Annual Report

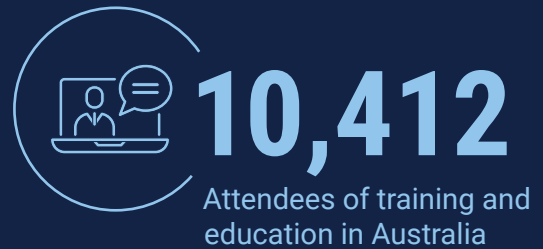
2023 –
2024



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 and reproductive 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 host training courses, develop resources, lead policy submissions, manage national and international conferences and events, and work with our neighbours in Asia and the Pacific to support healthcare workers.

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

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.

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

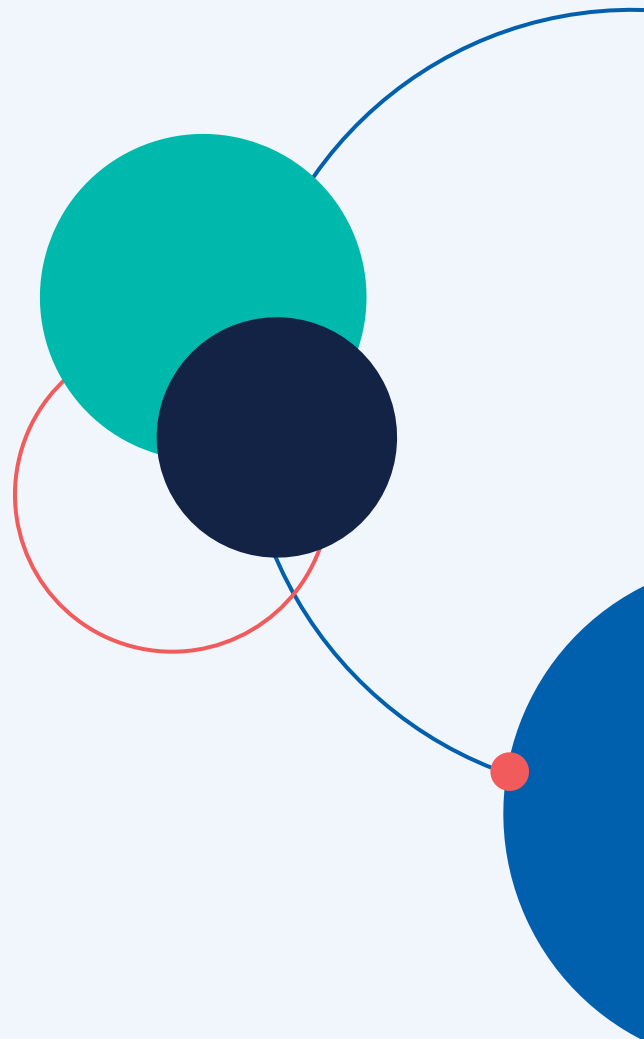
To provide sector leadership and enable change through facilitation, direct action, capacity building, advocacy, and health systems strengthening.

FIND OUT MORE ABOUT WHAT WE DO



Table of Contents

Leadership and Governance	8
Membership	10
Policy and Advocacy	12
National Policy and Education Division	14
Global Division	18
Conference and Events	22
Financials	26



President Report



Prof James McMahon

The 2023-2024 years represents the start of my term as ASHM President, and I'd like to begin by thanking the ASHM Board, staff and members for welcoming me to the role. ASHM has a unique and important opportunity to support the medical workforce and I look forward to contributing to the organisation, and to the sector more broadly.

ASHM plays a critical role in Australia's response to HIV, viral hepatitis and sexual and reproductive health challenges. As we edge closer to 2030 and the multiple elimination targets we have for that year, the value of the education it provides to healthcare workers, resources and guidelines it develops and leads, and the national and international conferences ASHM delivers cannot be understated as critical to reach these ambitious goals. Furthermore, if these goals can be achieved, we will need to keep learning, innovating, and most importantly, working together to maintain these gains. Conferences attended by ASHM member and ASHM run events are an important mechanism for us to meet, share data and energise our sector to achieve these targets. Late 2023 saw the International AIDS Society conference in Brisbane and just recently the 2024 Australasian HIV&AIDS Conference and 25th IUSTI World Congress in Sydney that were the perfect examples of these events and the leadership that Australian clinicians, researchers and community members demonstrate nationally and internationally.

Highlights of this year include ASHM's commitment through its education, scientific meetings and advocacy to promote the key biomedical HIV preventions to decrease HIV transmission and move towards the virtual elimination of HIV. These include HIV treatment as prevention so all people with HIV can access antiretroviral therapy. That is

why it is critical that everyone, no matter their visa or Medicare status, or where they live can obtain effective clinical care and treatment. As of this financial year, people without Medicare can now access HIV treatment for free. And, Australia has become the fourth country in the world to sign on the global U=U declaration for HIV, officially embedding U=U and its principles in our response to HIV. Both significant milestones for our country. Achieving our goals of the virtual elimination of HIV transmission by 2030 requires access to Pre-exposure prophylaxis (PrEP) where and when people need it most. I am pleased to say that PrEP will be a significant focus for ASHM in 2025 as we progress a national campaign focussed on primary care settings to increase the understanding of that PrEP can prevent HIV transmission.

Further to promoting these critical interventions to prevent HIV transmission ASHM strives to provide high quality education, guidelines and content at our conferences to optimise the care and treatment for people living with HIV. This includes ASHM continuing to deliver core educational resources to 100 prescribers of up to date clinical guidance and working to decrease barriers to treatment for people newly diagnosed or on longer term antiretroviral therapy.

This year, ASHM has continued its commitment to work in the Asia Pacific with the ASHM Global Division providing education and programs focussed on our core strengths

of HIV, viral hepatitis and sexual and reproductive health. Efforts to work towards elimination targets in Australia must also be matched by supporting our partners in neighbouring countries and increases in HIV transmission in regional countries such as Fiji have emphasized the importance of this effort. We have made great strides in strengthening the health workforces of communities across the Pacific to empower locally led responses to HIV, as well as in syphilis, and hepatitis B – with a particular focus on the triple elimination of mother-to-child transmission of all three.

Across sexual health, several recent epidemics have presented challenges to overcome. The ongoing increase in syphilis notifications in the last decade in Australia is a huge concern, and the return of congenital syphilis – once eradicated in this country – is a critical alarm bell for enhanced control of syphilis. This year ASHM and the Department of Health and Aged Care, guided by a steering committee of relevant experts, convened a national roundtable to address congenital syphilis in Australia. This meeting identified the key requirements for Australia to combat congenital syphilis including identifying the barriers to testing and treatment for pregnant women and strengthening the health workforce and health systems to respond to congenital syphilis. The challenge is to now implement what was learned and designed there to curb this epidemic as quickly as possible.

Another important body of work this year was the Viral Hepatitis Mapping Reports released this year in collaboration with the Doherty Institute WHO Collaborating Centre for Viral Hepatitis. These provided a comprehensive picture of Chronic Hepatitis B and Hepatitis C in Australia tracking progress towards the National Hepatitis B and Hepatitis C strategies. These reports show where interventions should be prioritised and allows us to access the data via an online portal so stakeholders can understand findings specific to their jurisdictions and community groups. This work demonstrates how we can improve access to care and treatment and improve outcomes for people with Hepatitis B and Hepatitis C.

The challenges in our sector are many, but not insurmountable. It will take a concerted, collaborative effort to improve the outcomes for people within the clinical sectors we work in. I encourage everyone who works in these spaces to get involved with ASHM's conferences, resources, and membership offerings and work with us to improve the health and lives of people in Australia and the region.

I'd like to close by extending my sincere gratitude to ASHM members who offer their support, expertise and time for the benefit of the organisation. Without its members ASHM would not exist the way it does today, and the successes and achievements of ASHM are a reflection of this commitment by our broader community.

CEO Report



Alexis
Apostolellis

This year has been one of big change for ASHM. We've welcomed our new President, Professor James McMahon, relaunched our website and online learning offerings, and revamped our memberships for a more streamlined experience. This is all on top of our usual courses, resources, conferences, and global programs – it has been busy!

I'd like to begin my extending my sincere thanks and appreciation to James, who has had an exceptional first year as president. I, and the rest of the ASHM team and Board, look forward to continuing our great work together.

In the same vein, I'd like to also thank the ASHM Board Members for their continued support and dedication. It is with their support and guidance that we are able to continue innovating and growing our impact both in Australia and abroad.

The year started with a buzz in the air. We commenced the financial year inspired by the thousands of people from across the world who came together to share the latest research, projects, and ideas in our sector at the International AIDS Society Conference in Brisbane, of which we were a local partner. Around this main conference, we also delivered the International HIV Coinfection and Viral Hepatitis Elimination Conference (IHCVHEC) and the Australasian COVID-19 Conference. It was a massive few weeks, and I am very proud of the role ASHM had in bringing these vital conferences to Australia.

While I would love to say our Conference and Events Division enjoyed a well-earned break after that start to the year, they didn't! The Australasian Sexual and Reproductive Health conference came to Manly this year, where we launched the Australian Consensus Statement on Doxy-PEP. This was a major piece of work, resulting from considerable consultation and collaboration. The Consensus Statement provides guidance to clinicians in Australia on the use of the

antibiotic doxycycline for the prevention of some sexually transmissible infections, most notably, syphilis.

As syphilis rates have risen in Australia and congenital syphilis has re-emerged as a public health concern, it is vital that we continue to explore and provide guidance on new and emerging prevention and treatment methods.

In response to the ongoing syphilis epidemic, our National Policy and Education Division banded together with the sector to raise awareness and put syphilis on the national agenda. We launched new training and resources, promoted courses across the country, and worked with Australia's former Chief Medical Officer Paul Kelly to rally the workforce to be proactive. In May we also worked with the Department of Health and Aged Care to convene a National Syphilis Roundtable, guided by a steering committee of relevant experts to collaboratively craft a path forward.

Meanwhile, our other disease areas also remained a key focus. This year we launched the HIV Treatment for All Campaign alongside the National Association of People with HIV Australia (NAPHWA) to inform healthcare workers about changes to the way people living with HIV without Medicare can access their treatment.

We also concluded the first year of our Beyond the C hepatitis C case-finding partnership program following its successful pilot, which we had to close registrations early due to high demand! Thankfully, Beyond the C will return with new spots open in 2025.

The important role of primary care in hepatitis B treatment was put in the spotlight by our B Referred project. Very few people living with hepatitis B are treated exclusively in primary care, despite the availability of community prescribers. The project raised awareness of these primary care-based alternatives to specialist referrals.

Our Global Division continues to deliver considerable impact across the region. I was lucky enough to visit Papua New Guinea and then Timor-Leste this year to check in on our Supporting Triple Elimination in Papua New Guinea and Timor-Leste (STEPT) project, travelling alongside members of the Department of Foreign Affairs and Trade (DFAT) who fund the project. Through the STEPT project, we partner with local organisations and ministries of health to work towards the elimination of mother-to-child transmission of HIV, hepatitis B, and syphilis. Witnessing the work first-hand was incredible and demonstrates the effectiveness of our Global Division's approach

to a locally-led, partnership approach. This project is only made possible through the funding and support of DFAT through the Australian NGO Cooperation Program (ANCP), as well as our membership fees.

And of course, I am incredibly proud that this year ASHM officially launched its Innovate Reconciliation Action Plan (RAP). This is the second RAP in our reconciliation journey, and outlines the path and practical steps we are implementing to embed reconciliation into our everyday practice.

These achievements would not be possible without our ASHM staff, who work so diligently together and with the broader sector to make such significant change.

Lastly, but certainly not least, thank you to our ASHM members. You are the backbone of our organisation – and we are as always immensely grateful for your support.

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 were overseen by a Board comprising of 12 Member Directors in 2023/4.

The work of the Board is supplemented by the Finance, Risk Management and Audit (FRMA) Committee (a sub-committee of the Board) that was chaired by an independent finance and governance expert, Jamal Hakim (CPA, GAICD). The Treasurer of the Board sits on the FRMA Committee as co-chair 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 so Board meetings can be used for more strategic discussions.

The Board and the FRMA have each adopted a Charter which sets the purpose, scope, key duties, and responsibilities of each member in accordance with our Constitution.

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, antibribery, 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 the 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.

To uphold our commitment to good governance, we appointed new auditors in November 2023. Changing auditors has offered us benefits like fresh perspectives, enhanced credibility, regulatory compliance, improved audit quality, cost efficiency, and better risk management.

Our Commitment to Reconciliation

This year, ASHM launched its Innovate Reconciliation Action Plan (RAP). This is a major milestone and demonstrates our ongoing commitment to embedding reconciliation into our organisation.

ASHM's vision for reconciliation is one that sees:

- An Australia that acknowledges Aboriginal and Torres Strait Islander communities as the Traditional Custodians of this land.
- First Nations people have access to healthcare that is culturally safe and meets their needs.
- An inclusive and diverse workforce that is culturally rich with cultural safety and culturally responsive practices at the core of everything we do.
- A healthcare system that is also safe for Aboriginal and Torres Strait Islander health practitioners.

[READ MORE ABOUT OUR RAP HERE](#)



Membership

Our members are at the heart of everything we do.



Our members include health professionals, researchers, students, community members, and sector organisations, all united in their drive to improve the health and wellbeing of people living with HIV, BBVs and STIs.

Our members provide us with the expert knowledge and financial support to help ensure our key programs are able to continue.

This year, ASHM members helped fund the Triple Elimination in Papua New Guinea and Timor-Leste (STEPT) project, which aims to prevent mother-to-child transmission of HIV, syphilis and hepatitis B. Thanks to ASHM members' support, we've made great progress this year and have had the project renewed for 2025.

**FIND OUT MORE AND
BECOME AN ASHM
MEMBER TODAY**



Our new membership platform

Following the relaunch of our website and online learning offering, this year we revamped ASHM's membership process to modernise the experience for our

members. We've made it easier than ever before to become an ASHM member and have integrated the process of signing up with our new website.

Membership benefits

Becoming an ASHM member allows you to support us and our work in the sector, while also providing a range of benefits, including:

- 
Discounted registration to all ASHM conferences
- 
Priority access to selected scholarships
- 
Prescriber CPD points for 5100 prescribers
- 
Free job advertisements on the ASHM website and monthly newsletter
- 
Voting rights in ASHM meetings
- 
Accommodation discounts across Australia, New Zealand/Aotearoa, and Europe
- 
Professional recognition

Policy and Advocacy

Advocating for change is a core part of the work we do at ASHM. Working alongside partners from our sector and the community, we push for policy change that will improve access to prevention, treatment and healthcare for people living with HIV, viral hepatitis and other BBVs, while advancing sexual and reproductive health access.



Our approach to policy and advocacy is centred on collaboration. This year, we published a number of position and consensus statements that were the result of rich discussions with people from across Australia – including health professionals, community organisations, government, and people with lived experience.

Ranging from when to commence HIV treatment through to person-centred care, these policy positions serve to influence decision makers and provide guidance to healthcare workers. By continuing to advocate for change, we aim to improve the lives of people living with and affected by HIV and viral hepatitis, and improve access to care and treatment for sexual and reproductive health.

2023 Consensus Statement on doxy-PEP

Amidst rising syphilis cases in Australia and globally, doxy-PEP has emerged as a potential tool in prevention. Doxy-PEP involves taking the antibiotic doxycycline up to 72 hours after a sexual act to reduce the transmission of bacterial STIs. In clinical trials, doxy-PEP has shown good effectiveness at reducing transmission amongst gay, bisexual and other men who have sex with men – with reductions in syphilis (70-80%) and chlamydia (70-90%), and to a lesser degree gonorrhoea (ineffective in some trials, 50-55% reduction in other trials).

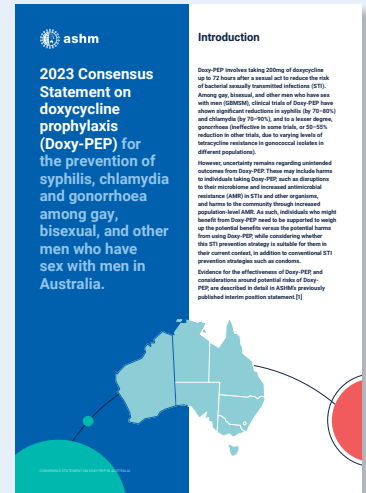
Despite these promising results, there remain some uncertainties and concerns around antimicrobial resistance as a result of increased antibiotic use.

It became clear that Australian clinicians needed guidance on when and how to administer doxy-PEP. In March 2023, ASHM convened a national roundtable

discussion on the use of doxy-PEP in Australia, and in September 2023 the findings of that discussion were published as the ‘2023 Consensus Statement on doxycycline prophylaxis (Doxy-PEP) for the prevention of syphilis, chlamydia and gonorrhoea among gay, bisexual, and other men who have sex with men in Australia’.

The paper outlines considerations for clinicians when talking to patients about doxy-PEP – who is it for, when to use it, and any other relevant information. It provides clear parameters for when doxy-PEP might be prescribed – such as during periods of increased risk of STI transmission.

Since launching in September 2023, the consensus statement has been accessed more than 13,000 times, has attracted national media attention from the ABC and medical media, and remains a key point of discussion and reference.



READ THE CONSENSUS STATEMENT HERE

National Policy and Education Division



Jessica Michaels

Deputy CEO



Summarising all of the work of the National Policy and Education Division (or NPED, as we call it) this year is a daunting task. Working across HIV, hepatitis B, hepatitis C, and sexual and reproductive health, our NPED division is responsible for all our domestic training, resources, policy and advocacy work, and more. We've trained thousands of health workers across the country, led numerous policy submissions, and launched impactful campaigns.

This year syphilis has been a major focus. A [report released by the Kirby Institute](#) showed that in the past decade, syphilis diagnoses have tripled in Australia, and the number of women being diagnosed has increased six-fold. Congenital syphilis – where the infection is passed from mother to child during pregnancy – rose by 68 per cent. Given the potentially devastating risks of congenital syphilis, urgent action is required.

We developed new resources and worked with Australia's former Chief Medical Officer Professor Paul Kelly to urge health professionals to understand the syphilis epidemic and what they can do. In May of 2024, we convened a national syphilis roundtable in Canberra – bringing together key organisations from across the country to discuss what needs to be done, and what we need to get there. A report featuring findings from the roundtable was released in August 2024, outlining strategies for how we can continue to support healthcare workers in the fight against the syphilis epidemic.

Our hepatitis B team this year launched the B Referred campaign, which aims to increase the number of people accessing treatment for hepatitis

B in primary care. Just 10% of people being treated for hepatitis B are being managed exclusively in primary care, despite many community hepatitis B s100 prescribers being available and primary care being well-suited to hepatitis B management in many circumstances.

The B Referred project aims to highlight these primary care pathways to reduce barriers to care and wait times. So far, the B Referred pages on our website have been accessed more than 3,000 times, and our communications campaign has reached approximately 50,000 healthcare professionals.

In May this year, we were pleased to announce alongside the Hon Mark Butler MP (Federal Minister for Health and Aged Care), NAPWHA, and Health Equity Matters that Australia has become the fourth country to sign on to the Multinational Undetectable=Untransmittable (U=U) Call-to-Action – a major milestone in our response to HIV. This is an important step and demonstrates Australia's ongoing evidence-based and community-led stance to HIV. As we rapidly progress towards the 2030 goal of eliminating HIV transmission, it's an important reminder of the critical role of U=U in ending the HIV epidemic in this country.

HIV Treatment for All

Access to treatment for people living with HIV is essential for their health and wellbeing, no matter their background. In 2023, a joint initiative between the Commonwealth, States and Territories came into effect meaning people living with HIV who do not have access to Medicare can now access treatment for free or at low cost. Previously, people without Medicare would need to access Compassionate Access Schemes to access HIV treatment.

To ensure healthcare workers understood the change and what it meant for their patients, we rolled out a nationwide campaign. We worked alongside NAPWHA, who led a community-focused campaign, to ensure healthcare workers and the community both understood what has changed and how to access medications.



95%

of respondents knew people without Medicare can access HIV treatment for free or low cost



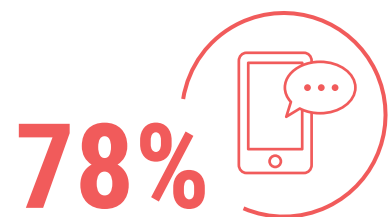
100%

of respondents knew ASHM was providing key information about these changes on our website



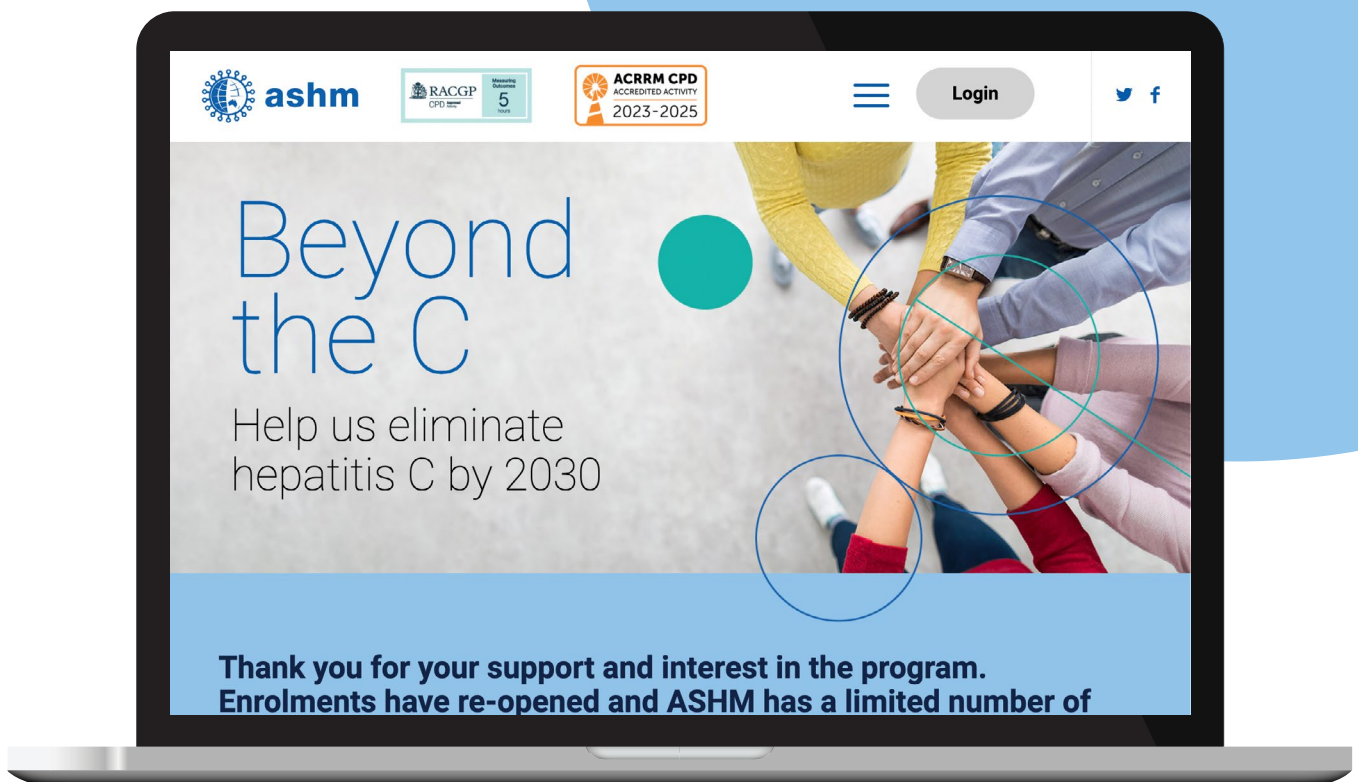
1,000,000+

impressions from the communication campaign



78%

of surveyed respondents recalled advertising key message in post-campaign evaluation



Beyond the C

Hepatitis C is often curable. That means case finding is critical so that people living with HIV can be treated or cured before experiencing serious complications that can come alongside untreated hepatitis C – including liver cancer.

This year, we launched Beyond the C – a national case finding program for hepatitis C – following a successful pilot. The project works with general practice clinics to provide data analysis and upskilling in hepatitis C case finding, as well as personalised support and an incentive payment.

In its first year, Beyond the C reached the maximum number of enrolled clinics for the program, and has since been renewed for 2025 – enabling more clinics to access the program. In 2025, we are looking forward to launching a pilot for a similar case finding project centred on hepatitis B, called SEEK-B.

Global Division



Michelle O'Connor

Director of the Global Division



The ASHM Global Division works with partners within Asia and the Pacific including Ministries of Health and local non-government organisations and civil society organisations to strengthen health systems and workforces across Asia and the Pacific to respond to HIV, viral hepatitis, and improve sexual and reproductive health services. This year, I'm proud to say we have delivered on that mission and made great strides alongside our partners and friends from across the region.

This reporting year started in Brisbane with the 12th International AIDS Society Conference on HIV Science. As the HIV world arrived in Australia for this landmark event, we wanted to ensure our neighbours in the region were well represented. With the support of the Australian Government's Department of Foreign Affairs and Trade (DFAT) and Abbott Diagnostics, we created the Asia-Pacific Conference Scholarship Program. Through this program, we were able to support 28 leaders and emerging leaders from 14 countries across Asia and the Pacific to attend the International HIV Coinfection and Viral Hepatitis Elimination Conference and the International AIDS Society 12th Conference on HIV Science.

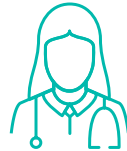
It was an immensely gratifying experience for the global division. It was the first time we had been able to bring that many leaders from the region together in over a decade, and it really was the epitome of our commitment to cross-country collaboration. Watching the community of

practice we established, with everyone sharing their highlights, and then coming together for a reflection workshop to share what they would take home with them – not just from the conference, but from each other – really was a huge achievement and a testament to our team's commitment to capacity building and supporting health systems.

However, we are most proud of the impact our projects are making particularly the Supporting Triple Elimination Project in Timor-Leste and PNG, the Sexual and Reproductive Health (SHRIP) Project in PNG supported by the Australian Government, and the Collaboration for Health in PNG (CHPNG) supported by Gilead and ViiV and the Pacific Sexual Health System Strengthening Project supported by UNDP Pacific and the Global Fund. However, as we look towards 2025, we need to focus our efforts on our programs with rapidly increasing rates of HIV in Fiji and with an estimated 72,000 people living with HIV, of whom 70% know their status and 61% are on treatment in PNG.

Our Impact

889



Health workers reached across Asia and the Pacific Region through ASHM training, webinars, mentoring, and community of practice.



28

Leaders in HIV, sexual and reproductive health, maternal and child health and viral hepatitis from 14 countries come together in person to attend IAS 2023.



In 2024

3 Pacific Civil Society Organisations received organisational capacity strengthening support.



In 2023

ASHM's partner in PNG the Catholic Church Health Service clinics conducted 62,940 HIV tests, diagnosed 1,790 people with HIV, and initiated 1,615 people on ART. ASHM provides HIV clinical training and mentoring to the clinics under the SRHIP and CHPNG projects.

3



Monitoring and Evaluation Online Learning Modules developed for UNAIDS TSM consultants across the world.

Supporting Triple Elimination in Papua New Guinea and Timor-Leste (STEPT)

One of ASHM Global's flagship programs, the Supporting Triple Elimination in Papua New Guinea and Timor-Leste (STEPT) project, went from strength to strength. STEPT is delivered in partnership with the Timor Leste Ministry of Health, Papua New Guinea Ministry of Health, Maluk Timor and the PNG Catholic Church Health Services. It is supported by the Australian Government through the Australian NGO Cooperation Program (ANCP) and with support from our ASHM Members, whose full membership fees go towards funding this much-needed project.

The STEPT project supports efforts to achieve the 'triple elimination' of HIV, syphilis, and hepatitis B via mother-to-child transmission in Papua New Guinea and Timor-Leste.

STEPT encompasses a range of activities and interventions, all designed to advance locally-led health services for pregnant women, their infants, and partners. This year, this included facility assessments and a range of training sessions for healthcare workers, including at the Formosa Community Health Centre in Dili, Timor-Leste.

Introduction of Point of Care Testing for HIV and syphilis - Formosa Community Health Centre

Formosa Community Health Centre sees about 10% of Timor-Leste's antenatal care patients. This is a critical time for health services to test and treat pregnant women, and a cornerstone of the strategy to meet the target of eliminating mother-to-child transmission of HIV, syphilis and hepatitis B by 2030.

During the needs assessment, the STEPT team identified a significant loss to follow-up among pregnant women – due mainly to lengthy wait times for laboratory testing, or the burden placed on women to travel between the health centre and the laboratory. An intervention was needed to streamline access to testing for these women.

In September 2023, in partnership with the Ministry of Health and Maluk Timor, the STEPT team introduced point-of-care rapid diagnostic tests for HIV and syphilis, to be delivered by midwives at the centre. These tests mean pregnant women can be tested at their first antenatal appointment and eliminated the wait time and travel for results. The introduction of these tests, combined with training for midwives on how to administer the tests, has greatly reduced loss to follow up of people living with HIV and syphilis at the centre.

“Seeing the incredible work happening in Dili first-hand has been inspiring. It's clear that the passionate, determined local health workforce have embraced the STEPT project – and it's thanks to them that triple elimination is a real possibility in this community.”

–ALEXIS APOSTOLELLIS
ASHM CEO

As a result of this intervention, we have seen:

The number of pregnant women diagnosed with Syphilis lost to follow up decreased **from 56% to 2%**

98% of women who tested positive for syphilis received some treatment and **83%** received adequate treatment – compared to **57%** of women receiving no treatment at all prior to the intervention

Almost consistently **100%** of infants have received the hepatitis B birth dose as a result of the training, compared to **27%** in December 2023.

Conference and Events



Nadine Giatras

Conference & Events Director



As anyone who has worked with our Conference and Events Division would agree, the team are quite simply amazing. They work incredibly hard to deliver world-class events for our sector which enable people to come together and hear about new innovations, share experiences, network with one another, and hopefully have a bit of fun in the process.

This year, we started off big. We had the International HIV Coinfection and Viral Hepatitis Elimination Conference, which also included the Indigenous Peoples Conference on HIV and Hepatitis Health Equity, followed by the International AIDS Society Conference on HIV Science in Brisbane, before closing it off with the third Australasian COVID-19 Conference.

It was an energizing (albeit tiring!) couple of weeks but served as an important reminder of the value of in-person conferences and events. We were able to bring people together from all over the world – and set the tone for a busy rest of the year!

In September 2023, we hosted the Australasian Sexual and Reproductive Health conference in Manly, which saw us bring together more than 500 people. We also hosted a range of conferences for clients in Australia and across the globe.

In 2024, we will host the Viral Hepatitis Conference in Darwin in August, followed by the 25th IUSTI World Congress (incorporating the Australasian Sexual and Reproductive Health Conference) alongside the HIV&AIDS Conference, in Sydney. In short, there's no slowing down!

I'm extremely proud of our Conference and Events Division, and I know their contribution to the sector is much appreciated. We look forward to continuing to host these amazing conferences and enabling the much-needed collaboration and connection the sector tells us they love.

Australasian Sexual and Reproductive Health Conference 2023

Normally running concurrently alongside the Australian HIV&AIDS Conference, in 2023 the Australasian Sexual and Reproductive Health Conference (ASRH) was a standalone event running from 18 – 20 September because of IAS taking place in Brisbane.

ASRH 2023 invited health workers and community from the sector to Manly, and asked delegates to how we can 'shake up' sexual and reproductive health through new and innovative ways in challenging times.



delegates registered for
the ASRH 2023

In our post-conference survey, **92% of respondents reported they had learnt lessons** that they could take back into their practice, showing the invaluable opportunity for upskilling the sector that this this conference provides.

“This is an amazing conference, it’s an amazing opportunity to listen to the voices of a variety of different people who work across sexual and reproductive health and different areas... that’s really crucial because we know some of the complex issues we’re facing in sexual and reproductive health will require a multidisciplinary approach.”

JULIA SCOTT, SEXUAL HEALTH AND PUBLIC HEALTH PHYSICIAN
AND ASRH2023 CO-CONVENOR

International AIDS Society Conference on HIV Science

In July 2023, ASHM was pleased to have a role as local partner to the International AIDS Society’s Conference on HIV Science (IAS2023) - the world’s premier conference on HIV science.

In addition to our duties helping to promote and organise elements of IAS2023, ASHM ran two conferences either side of the main conference – the International HIV Coinfection and Viral Hepatitis Elimination Conference (IHCVHEC) before, and the Australasian COVID-19 Conference after.



We were pleased to see the enjoyment and impact of these conferences – with more than 80% of surveyed respondents reporting lessons learned across IHCVHEC and COVID-19.

Financials



ASHM Health Directors' report 30 June 2024

The directors present their report, together with the financial statements, on the company for the year ended 30 June 2024.

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 (resigned on 27/11/2023)
Prof. Charles Gilks
Dr. Rupert Handy
Penny Kenchington
Dr. James McMahon
Robert Monaghan
Dr. Jason Ong

Dr. Jacqueline Richmond
Dr. Catriona Ooi (resigned on 27/11/2023)
Benjamin Cowie (appointed on 27/11/2023)
Dr. Sam Elliott
Troy Combo (appointed on 23/12/2023)
Hilary Crilly (appointed on 16/07/2024)

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

Operating results

The surplus for the company amounted to \$690,743(2023 as restated: \$929,322).

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.

For the year to 30 June 2024 ASHM's total income was \$11,011,813 (2023:\$12,211,062) and its total expenditure was \$10,321,070 (2023: \$11,281,740), resulting in an operating surplus (including other comprehensive income) of \$690,743 (2023: surplus of \$929,322).

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 year ended 30 June 2024.

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.

**ASHM Health
Directors' report
30 June 2024**

Information on directors

Name: Prof. Charles Gilks
Title: Board Member
Qualifications: MA; MBBS w/Hons; DPhil, FRCP
Experience and expertise: 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 developed the Public Health Approach to ART, 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. His most recent book is "A WHO Public Health Approach to ending AIDS in the global south: lessons for NCD controls and Universal Health Coverage" published by Routledge. Since July 2024 he has been Emeritus Professor of Global Health. As a clinical researcher, he has published over 300 peer reviewed articles, with 23,500+ citations. His Google H index is 77.

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: 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, FAMSACA; ASHM; ESC; 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.

**ASHM Health
Directors' report
30 June 2024**

Name: Dr. James McMahon
 Title: President
 Qualifications: MBBS, MPH, PhD, FRACP, GAICD
 Experience and expertise: Prof James McMahon is an Infectious Diseases Physician at the Alfred Hospital and Monash Medical Centre in Melbourne Australia and Head of the Infectious Diseases Clinical Research Unit at the Alfred Hospital. 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 Advisory Group

Name: Robert Monaghan
 Title: Board Member
 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 flexibly and proficiency in communication, innovation, management, research and technical expertise.

Name: Dr. Jason Ong
 Title: Vice President
 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.

**ASHM Health
Directors' report
30 June 2024**

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

The broad focus of Jacqui's work is building the capacity of the health workforce to test, treat and manage the health care needs of people living with viral hepatitis. Over the past decade, Jacqui's work has intersected directly with ASHM through a range of programs, culminating with the current position as Chair of the ASHM Nursing 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.

Name: Benjamin Cowie
Title: Board Member
Experience and expertise: Professor Benjamin Cowie is an infectious diseases physician and epidemiologist, with appointments at the Royal Melbourne Hospital and the Doherty Institute. In addition, Ben serves as Acting Chief Health Officer in the Department of Health, Victoria. He is a Professorial Fellow in the Department of Infectious Diseases, Melbourne Medical School. During the COVID-19 pandemic, Ben has supported the Victorian Government's responses with a focus on community engagement, clinical care for people living with COVID-19, control of community transmission of infection, and in helping establish Victoria's COVID-19 vaccination program.

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.

Name: Troy Combo
Title: Board Member
Experience and expertise: Troy is a Bundjalung man from the Northern NSW and is a highly regarded leader in Aboriginal health with over twenty years' experience.

He has held high-level positions and has managed state and national projects working for both State and National peak Aboriginal Community Controlled Health Organisations and Hepatitis Australia.

His work has seen him lead multi-disciplinary teams of health professionals, while being responsible for public health programs including Alcohol & Other Drugs, Diabetes, Chronic Care Co-ordination, Hearing Health, Child & Maternal Health and Immunisation Programs.

**ASHM Health
Directors' report
30 June 2024**

Name: Hilary Crilly
 Title: Treasurer
 Experience and expertise: Hilary has worked for over 30 years in health sector administration and leadership both within not for profit organisations and the private sector. She has broad experience gained from working in finance, governance, health economics, and leadership roles. Her passion relates to value in health care as delivered both via clinical excellence and the effective use of resources.

Hilary is a Co-opted director and chairs the board's Finance, Risk Management and Audit Sub-Committee.

Company secretary

Farzana Firoz CPA has held the role of Company Secretary since February 2024. Farzana has over a decade of experience in the not-for-profit sector both in Australia and overseas. Her expertise lies in strategic finance, risk management, compliance, and governance.

Meetings of directors

The number of meetings of the company's Board of Directors ('the Board') held during the year ended 30 June 2024, and the number of meetings attended by each director were:

	Full Board	
	Attended	Held
Dr. Nicholas Medland	1	1
Prof. Charles Gilks	3	4
Dr. Rupert Handy	4	4
Penny Kenchington	4	4
Dr. James McMahan	4	4
Robert Monaghan	3	4
Dr. Jason Ong	4	4
Dr. Catriona Ooi	1	1
Dr. Jacqueline Richmond	4	4
Dr. Sam Elliott	3	4
Benjamin Cowie	3	3
Troy Combo	2	2

Held: represents the number of meetings held during the time the director held office.

Indemnifying officers

The company has indemnified the directors and executives of the company for costs incurred, in their capacity as a director or executive, for which they maybe be held personally liable, except where there is a lack of good faith.

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 company

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

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

Contributions on winding up

In the event of the company being wound up, ordinary members are required to contribute a maximum of \$1 each. Honorary members are not required to contribute.

The total amount that members of the company are liable to contribute if the company is wound up is \$557, based on 557 current ordinary members.

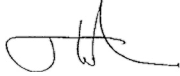
**ASHM Health
Directors' report
30 June 2024**

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.

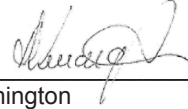
This report is made in accordance with a resolution of directors, pursuant to section 298(2)(a) of the Corporations Act 2001.

On behalf of the directors



Dr. James McMahon

15 October 2024



Penny Kenchington

15 October 2024



To the Board of Directors of ASHM Health

Auditor's Independence Declaration under section 307C of the *Corporations Act 2001*

As lead auditor for the audit of the financial statements of ASHM Health for the financial year ended 30 June 2024, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- (a) the auditor independence requirements of the *Corporations Act 2001* in relation to the audit; and
- (b) any applicable code of professional conduct in relation to the audit.

Yours sincerely

A handwritten signature in black ink, appearing to read "Erin Tanyag", with a flourish at the end.

Erin Tanyag
Director

Date: 31 October 2024

**ASHM Health
Contents
30 June 2024**

Statement of profit or loss and other comprehensive income	9
Statement of financial position	10
Statement of changes in equity	11
Statement of cash flows	12
Notes to the financial statements	13
Directors' declaration	27
Independent auditor's report to the members of ASHM Health	28

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 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 _____ 2024. The directors have the power to amend and reissue the financial statements.

ASHM Health
Statement of profit or loss and other comprehensive income
For the year ended 30 June 2024

	Note	2024 \$	2023 (Restated) \$
Revenue			
Grants			
- DFAT	4	349,903	393,488
- Other Australian	4	4,741,855	5,173,419
- Other overseas	4	1,126,296	639,429
Monetary donations and gifts	4	12,979	9,300
Investment income	5	828,118	488,508
Other income	4	3,952,662	5,506,918
		<u>11,011,813</u>	<u>12,211,062</u>
Expenses			
International Aid and Development Program Expenditure			
International programs			
- Program support costs		(913,214)	(774,257)
- Funds to international programs		(244,774)	(163,895)
Fundraising costs			
- Government, multilateral and private		(200,246)	(171,356)
- Public		(1,204)	(2,511)
Community education		(167,498)	(153,794)
Accountability and administration		(145,709)	(163,777)
Non-monetary expenditure		(9,561)	(4,803)
Total International Aid and Development Program Expenditure		<u>(1,682,206)</u>	<u>(1,434,393)</u>
Domestic Programs Expenditure			
General office and administration expenses		(102,120)	(131,357)
Occupancy expenses		(28,814)	5,473
Education programs/resources		(624,190)	(1,032,844)
Professional fees		(148,388)	(98,035)
Personnel expenses		(5,592,262)	(5,950,837)
Depreciation and amortisation	6	(311,264)	(324,391)
IT costs		(187,931)	(157,356)
Finance fee	6	(112,536)	(126,273)
Conference expenses		(994,303)	(870,147)
Foreign currency losses		(10,482)	39,520
Loss on disposal of assets		(266)	(12,583)
Total Domestic Programs Expenditure		<u>(8,112,556)</u>	<u>(8,658,830)</u>
Other International Non-Development Program Expenditure		(526,308)	(1,188,517)
Total expenditure		<u>(10,321,070)</u>	<u>(11,281,740)</u>
Excess of revenue over expenditure before income tax expense		690,743	929,322
Income tax expense		-	-
Excess of revenue over expenditure after income tax expense for the year attributable to the members of ASHM Health	21	690,743	929,322
Other comprehensive income for the year, net of tax		-	-
Total comprehensive income for the year attributable to the members of ASHM Health		<u>690,743</u>	<u>929,322</u>

Refer to note 3 for detailed information on Restatement of comparatives.

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 2024

	Note	2024 \$	2023 (Restated) \$
Assets			
Current assets			
Cash and cash equivalents	7	7,750,993	8,286,368
Trade and other receivables	8	1,173,007	729,047
Contract assets	9	822,686	430,237
Other assets	10	156,002	138,028
Total current assets		<u>9,902,688</u>	<u>9,583,680</u>
Non-current assets			
Financial assets	11	4,794,695	3,991,080
Property, plant and equipment	12	206,573	239,954
Right-of-use assets	13	1,046,511	1,297,751
Total non-current assets		<u>6,047,779</u>	<u>5,528,785</u>
Total assets		<u>15,950,467</u>	<u>15,112,465</u>
Liabilities			
Current liabilities			
Trade and other payables	14	901,782	908,917
Deferred income	15	5,007,082	4,691,996
Employee benefits	16	498,487	475,297
Lease liabilities	17	239,269	220,129
Total current liabilities		<u>6,646,620</u>	<u>6,296,339</u>
Non-current liabilities			
Lease liabilities	18	906,075	1,137,286
Employee benefits	19	136,945	108,756
Total non-current liabilities		<u>1,043,020</u>	<u>1,246,042</u>
Total liabilities		<u>7,689,640</u>	<u>7,542,381</u>
Net assets		<u>8,260,827</u>	<u>7,570,084</u>
Equity			
Reserves	20	350,000	-
Retained surpluses	21	7,910,827	7,570,084
Total equity		<u>8,260,827</u>	<u>7,570,084</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 2024

	Asset revaluation reserve \$	Retained profits \$	Total equity \$
Balance at 1 July 2022	(199,495)	6,685,938	6,486,443
Adjustment for restatement of comparatives (note 3)	199,495	(45,176)	154,319
Balance at 1 July 2022 - restated	-	6,640,762	6,640,762
Excess of revenue over expenditure after income tax expense for the year	-	929,322	929,322
Other comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	-	929,322	929,322
Balance at 30 June 2023	-	7,570,084	7,570,084

	Asset revaluation reserve \$	Essential guidelines and resources reserve \$	Retained profits \$	Total equity \$
Balance at 1 July 2023	-	-	7,570,084	7,570,084
Excess of revenue over expenditure after income tax expense for the year	-	-	690,743	690,743
Other comprehensive income for the year, net of tax	-	-	-	-
Total comprehensive income for the year	-	-	690,743	690,743
<i>Transactions with members in their capacity as members:</i>				
Transfers between reserve and retained profits	-	350,000	(350,000)	-
Balance at 30 June 2024	-	350,000	7,910,827	8,260,827

Essential Guidelines and Resources Reserve: The Essential guidelines and resources reserve is established during the year to retain funds for essential operational resources. The healthcare workforce requires that essential guidelines and key resources (decision making tools) are always current irrespective of funding cycle mismatches. Funds are allocated to the reserve to ensure adequate resources are available to meet the requirements.

The company holds long to medium term investment fund of \$4,794,695 as at 30 June 2024 in accordance with the Investment Policy dated February 2022.

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 2024

	Note	2024 \$	2023 \$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		13,811,085	13,356,784
Payments to suppliers and employees (inclusive of GST)		<u>(14,068,328)</u>	<u>(13,418,667)</u>
		(257,243)	(61,883)
Interest received		366,585	239,832
Interest and other finance costs paid		(63,707)	(80,992)
Dividend and distribution income		<u>162,705</u>	<u>94,356</u>
Net cash from operating activities		<u>208,340</u>	<u>191,313</u>
Cash flows from investing activities			
Payments for property, plant and equipment	12	(26,909)	(130,795)
Proceeds from disposal of investments		667,895	-
Payments for financial assets		(1,172,630)	(1,409,205)
Payments for term deposits		<u>-</u>	<u>(4,933)</u>
Net cash used in investing activities		<u>(531,644)</u>	<u>(1,544,933)</u>
Cash flows from financing activities			
Repayment of lease liabilities		<u>(212,071)</u>	<u>(225,564)</u>
Net cash used in financing activities		<u>(212,071)</u>	<u>(225,564)</u>
Net decrease in cash and cash equivalents		(535,375)	(1,579,184)
Cash and cash equivalents at the beginning of the financial year		<u>8,286,368</u>	<u>9,865,552</u>
Cash and cash equivalents at the end of the financial year	7	<u><u>7,750,993</u></u>	<u><u>8,286,368</u></u>

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

ASHM Health
Notes to the financial statements
30 June 2024

Note 1. Material accounting policy information

The accounting policies that are material to the company are set out below. The accounting policies adopted are consistent with those of the previous financial year, 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

These general purpose financial statements have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures issued by the Australian Accounting Standards Board ('AASB'), the Australian Charities and Not-for-profits Commission Act 2012 and the Corporations Act 2001, as appropriate for not-for profit oriented entities. The financial statements have also been prepared in accordance with the requirements set out in the ACFID Code of Conduct.

During the year, the company has reviewed its financial reporting obligations and determined to change from the full general purpose financial reporting to the simplified disclosures to ensure the compliance and consistency with industry practice.

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

The company recognises revenue as follows:

Revenue from contracts with customers

Revenue is recognised at an amount that reflects the consideration to which the company is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the company: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Rendering of services

Revenue from a contract to provide services is recognised over time as the services are rendered based on either a fixed price or an hourly rate.

Grants

Grant revenue is recognised in profit or loss when the company satisfies the performance obligations stated within the funding agreements. If conditions are attached to the grant which must be satisfied before the company is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

Conference

Conference revenue is recognised upon completion.

Interest

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

ASHM Health
Notes to the financial statements
30 June 2024

Note 1. Material accounting policy information (continued)

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

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.

Current and non-current classification

Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

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.

Trade and other receivables

Trade receivables are initially recognised at fair value and subsequently measured at amortised cost using the effective interest method, less any allowance for expected credit losses. Trade receivables are generally due for settlement within 30 days.

The company has applied the simplified approach to measuring expected credit losses, which uses a lifetime expected loss allowance. To measure the expected credit losses, trade receivables have been grouped based on days overdue.

Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

Contract assets

Contract assets are recognised when the company has transferred goods or services to the customer but where the company is yet to establish an unconditional right to consideration. Contract assets are treated as financial assets for impairment purposes.

Investments and other financial assets

Investments and other financial assets are initially measured at fair value. Transaction costs are included as part of the initial measurement, except for financial assets at fair value through profit or loss. Such assets are subsequently measured at either amortised cost or fair value depending on their classification. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless an accounting mismatch is being avoided.

Financial assets are derecognised when the rights to receive cash flows have expired or have been transferred and the company has transferred substantially all the risks and rewards of ownership. When there is no reasonable expectation of recovering part or all of a financial asset, its carrying value is written off.

Financial assets at amortised cost

A financial asset is measured at amortised cost only if both of the following conditions are met: (i) it is held within a business model whose objective is to hold assets in order to collect contractual cash flows; and (ii) the contractual terms of the financial asset represent contractual cash flows that are solely payments of principal and interest.

ASHM Health
Notes to the financial statements
30 June 2024

Note 1. Material accounting policy information (continued)

Financial assets at fair value through profit or loss

Financial assets not measured at amortised cost or at fair value through other comprehensive income are classified as financial assets at fair value through profit or loss. Typically, such financial assets will be either: (i) held for trading, where they are acquired for the purpose of selling in the short-term with an intention of making a profit, or a derivative; or (ii) designated as such upon initial recognition where permitted. Fair value movements are recognised in profit or loss.

Impairment of financial assets

The company recognises a loss allowance for expected credit losses on financial assets which are either measured at amortised cost or fair value through other comprehensive income. The measurement of the loss allowance depends upon the company's assessment at the end of each reporting period as to whether the financial instrument's credit risk has increased significantly since initial recognition, based on reasonable and supportable information that is available, without undue cost or effort to obtain.

Where there has not been a significant increase in exposure to credit risk since initial recognition, a 12-month expected credit loss allowance is estimated. This represents a portion of the asset's lifetime expected credit losses that is attributable to a default event that is possible within the next 12 months. Where a financial asset has become credit impaired or where it is determined that credit risk has increased significantly, the loss allowance is based on the asset's lifetime expected credit losses. The amount of expected credit loss recognised is measured on the basis of the probability weighted present value of anticipated cash shortfalls over the life of the instrument discounted at the original effective interest rate.

Property, plant and equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Depreciation is calculated on a systematic basis to write off the net cost of each item of property, plant and equipment (excluding land) over their expected useful lives. Depreciation rates are as follows:

Office equipment	40% by diminishing value
Computer equipment	40% by diminishing value
Leasehold improvement	Straight line over 6-12 years
Furniture and fixtures	Straight line over 6-12 years

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

Leasehold improvements are depreciated over the unexpired period of the lease or the estimated useful life of the assets, whichever is shorter.

An item of property, plant and equipment is derecognised upon disposal or when there is no future economic benefit to the company. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Right-of-use assets

A right-of-use asset is recognised at the commencement date of a lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where the company expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of use assets are subject to impairment or adjusted for any remeasurement of lease liabilities.

The company has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

ASHM Health
Notes to the financial statements
30 June 2024

Note 1. Material accounting policy information (continued)

Impairment of non-financial assets

Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

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.

Deferred income

This represents the company's obligation to transfer goods or services to a customer and are recognised when a customer pays consideration, or when the company recognises a receivable to reflect its unconditional right to consideration (whichever is earlier) before the company has transferred the goods or services to the customer.

Lease liabilities

A lease liability is recognised at the commencement date of a lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, the company's incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of-use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

Employee benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Defined contribution superannuation expense

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

Fair value measurement

When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

ASHM Health
Notes to the financial statements
30 June 2024

Note 1. Material accounting policy information (continued)

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

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.

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.

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.

Allowance for expected credit losses

The allowance for expected credit losses assessment requires a degree of estimation and judgement. It is based on the lifetime expected credit loss, grouped based on days overdue, and makes assumptions to allocate an overall expected credit loss rate for each group. These assumptions include recent sales experience and historical collection rates.

Impairment of non-financial assets other than goodwill and other indefinite life intangible assets

The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

Lease term

The lease term is a significant component in the measurement of both the right-of-use asset and lease liability. Judgement is exercised in determining whether there is reasonable certainty that an option to extend the lease or purchase the underlying asset will be exercised, or an option to terminate the lease will not be exercised, when ascertaining the periods to be included in the lease term. In determining the lease term, all facts and circumstances that create an economical incentive to exercise an extension option, or not to exercise a termination option, are considered at the lease commencement date. Factors considered may include the importance of the asset to the company's operations; comparison of terms and conditions to prevailing market rates; incurrence of significant penalties; existence of significant leasehold improvements; and the costs and disruption to replace the asset. The company reassesses whether it is reasonably certain to exercise an extension option, or not exercise a termination option, if there is a significant event or significant change in circumstances.

Incremental borrowing rate

Where the interest rate implicit in a lease cannot be readily determined, an incremental borrowing rate is estimated to discount future lease payments to measure the present value of the lease liability at the lease commencement date. Such a rate is based on what the company estimates it would have to pay a third party to borrow the funds necessary to obtain an asset of a similar value to the right-of-use asset, with similar terms, security and economic environment.

ASHM Health
Notes to the financial statements
30 June 2024

Note 2. Critical accounting judgements, estimates and assumptions (continued)

Employee benefits provision

As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

Allocation of overheads

The company allocates overheads to projects funded by grants. Overhead expenditures include salary & wages and various expenditures incurred by the company that are not directly linked to projects. Judgement is exercised in estimating the amount and allocation methods to each project funded by grants. Where the grant income is recognised under AASB 15 *Revenue from contracts with customers*, the income is only recognised to the extent of total direct expenditures and overheads allocated.

Note 3. Restatement of comparatives

Correction of error

Restatement adjustments were reflected to correct the errors in prior year in relation to classification of investments and revenue from grants, comparatives have been restated:

- The investment was previously classified as fair value through other comprehensive income. During year, the company has reviewed its investment practice and noted that the designation of investment should have been fair value through profit/loss.
- During the year, the company has identified balances represented by completed projects. The company has reviewed the account balances and transactions, determined that these are for management accounts instead of financial reporting purpose, therefore should have been cleared.
- Company has also cleared receipts collected and payments made on behalf of third parties, which were included in the revenue and expenses previously. This change has no impact on the net result.

ASHM Health
Notes to the financial statements
30 June 2024

Note 3. Restatement of comparatives (continued)

Statement of profit or loss and other comprehensive income

Extract	2023 \$ Reported	\$ Adjustment	2023 \$ Restated
Revenue			
Grants			
- DFAT	393,488	-	393,488
- Other Australian	5,173,419	-	5,173,419
- Other overseas	639,429	-	639,429
Monetary donations and gifts	9,300	-	9,300
Investment income	334,188	154,320	488,508
Other income	7,056,305	(1,549,387)	5,506,918
	<u>13,606,129</u>	<u>(1,395,067)</u>	<u>12,211,062</u>
Expenses			
International Aid and Development Program Expenditure			
International programs			
- Program support costs	(774,257)	-	(774,257)
- Funds to international programs	(163,895)	-	(163,895)
Fundraising costs			
- Government, multilateral and private	(171,356)	-	(171,356)
- Public	(2,511)	-	(2,511)
Community education	(153,794)	-	(153,794)
Accountability and administration	(163,777)	-	(163,777)
Non-monetary expenditure	(4,803)	-	(4,803)
Domestic Programs Expenditure			
General office and administration expenses	(131,357)	-	(131,357)
Occupancy expenses	5,473	-	5,473
Education programs/resources	(1,503,272)	470,428	(1,032,844)
Professional fees	(98,035)	-	(98,035)
Personnel expenses	(5,950,837)	-	(5,950,837)
Depreciation and amortisation	(324,391)	-	(324,391)
IT costs	(157,356)	-	(157,356)
Finance fee	(126,273)	-	(126,273)
Conference expenses	(2,419,534)	1,549,387	(870,147)
Foreign currency losses	39,520	-	39,520
Loss on disposal of assets	(12,583)	-	(12,583)
Other International Non-Development Program Expenditure	<u>(1,188,517)</u>	<u>-</u>	<u>(1,188,517)</u>
Excess of revenue over expenditure before income tax expense	304,574	624,748	929,322
Income tax expense	-	-	-
Excess of revenue over expenditure after income tax expense for the year attributable to the members of ASHM Health	304,574	624,748	929,322
Other comprehensive income			
Gain on the revaluation of financial assets at fair value through other comprehensive income, net of tax	154,320	(154,320)	-
Other comprehensive income for the year, net of tax	<u>154,320</u>	<u>(154,320)</u>	<u>-</u>
Total comprehensive income for the year attributable to the members of ASHM Health	<u>458,894</u>	<u>470,428</u>	<u>929,322</u>

ASHM Health
Notes to the financial statements
30 June 2024

Note 3. Restatement of comparatives (continued)

	Assets	30 June 2023	Equity
Statement of financial position	\$	Liabilities	\$
		\$	
Balance at 30 June 2023 - reported	15,112,465	8,012,809	7,099,656
To correct deferred income	-	(470,428)	470,428
	<u>15,112,465</u>	<u>7,542,381</u>	<u>7,570,084</u>
		1 July 2022	
Statement of changes in equity	Asset	Retained	Total
	revaluation	profits	\$
	reserve	\$	
	\$		
Balance at 1 July 2022 - reported	(199,495)	6,685,938	6,486,443
To classify fair value movements of investments as part of profit and loss	199,495	(45,176)	154,319
	<u>-</u>	<u>6,640,762</u>	<u>6,640,762</u>

Note 4. Revenue

Disaggregation of revenue

The disaggregation of revenue from contracts with customers is as follows:

	2024	2023
	\$	(Restated)
		\$
<i>Major revenue streams (grants and other income)</i>		
Operating grants	6,218,054	6,125,000
Conference	2,537,197	3,124,357
Sponsorship	247,383	1,024,045
Service fee	1,061,468	1,329,323
Memberships	106,614	110,529
Donations	12,979	9,300
	<u>10,183,695</u>	<u>11,722,554</u>
<i>Geographical regions</i>		
Australia	9,057,399	11,083,125
Overseas	1,126,296	639,429
	<u>10,183,695</u>	<u>11,722,554</u>
<i>Timing of revenue recognition</i>		
Services transferred over time	<u>10,183,695</u>	<u>11,722,554</u>

ASHM Health
Notes to the financial statements
30 June 2024

Note 5. Investment income

	2024	2023
Interest income	366,585	239,832
Dividend and distribution income	162,705	94,356
Fair value movements	298,828	154,320
	<u>828,118</u>	<u>488,508</u>

Note 6. Expenses

	2024	2023
	\$	(Restated) \$
Excess of revenue over expenditure before income tax includes the following specific expenses:		
<i>Depreciation</i>		
Property, plant and equipment	60,024	56,041
Right-of-use assets	251,240	268,350
Total depreciation	<u>311,264</u>	<u>324,391</u>
<i>Finance costs</i>		
Interest and finance charges paid/payable on lease liabilities	63,904	80,992
Bank and other charges paid/payable	48,633	47,344
Finance costs expensed	<u>112,537</u>	<u>128,336</u>

Note 7. Current assets - cash and cash equivalents

	2024	2023
	\$	\$
Cash on hand	200	200
Cash at bank	1,550,793	1,886,168
Short-term bank deposits*	6,200,000	6,400,000
	<u>7,750,993</u>	<u>8,286,368</u>

*The interest rate on short-term bank deposits ranges between 4.87% to 5.20%; these deposits are at call. These short-term bank deposits will mature on period ranging from 2 August 2024 to 20 March 2025.

Note 8. Current assets - trade and other receivables

	2024	2023
	\$	\$
Trade receivables	754,014	578,638
Other receivables	418,993	150,409
	<u>1,173,007</u>	<u>729,047</u>

ASHM Health
Notes to the financial statements
30 June 2024

Note 9. Current assets - contract assets

	2024	2023
	\$	\$
Work in progress - conference	822,686	430,237

Note 10. Current assets - other assets

	2024	2023
	\$	\$
Prepayments	39,027	21,101
Security deposits	116,975	116,927
	<u>156,002</u>	<u>138,028</u>

Note 11. Non-current assets - financial assets

	2024	2023
	\$	\$
Financial assets	4,794,695	3,991,080

Note 12. Non-current assets - property, plant and equipment

	2024	2023
	\$	\$
Leasehold improvements - at cost	254,606	254,606
Less: Accumulated depreciation	(128,239)	(98,421)
	<u>126,367</u>	<u>156,185</u>
Furnitures and fixtures - at cost	101,964	101,964
Less: Accumulated depreciation	(67,976)	(59,479)
	<u>33,988</u>	<u>42,485</u>
Computer equipment - at cost	84,059	57,150
Less: Accumulated depreciation	(39,251)	(18,660)
	<u>44,808</u>	<u>38,490</u>
Office equipment - at cost	18,131	19,383
Less: Accumulated depreciation	(16,721)	(16,589)
	<u>1,410</u>	<u>2,794</u>
	<u>206,573</u>	<u>239,954</u>

ASHM Health
Notes to the financial statements
30 June 2024

Note 12. Non-current assets - property, plant and equipment (continued)

Reconciliations

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

	Leasehold improvements \$	Furniture and fixtures \$	Computer equipment \$	Office equipment \$	Total \$
Balance at 1 July 2023	156,185	42,485	38,490	2,794	239,954
Additions	-	-	26,909	-	26,909
Disposals	-	-	-	(266)	(266)
Depreciation expense	(29,818)	(8,497)	(20,591)	(1,118)	(60,024)
Balance at 30 June 2024	<u>126,367</u>	<u>33,988</u>	<u>44,808</u>	<u>1,410</u>	<u>206,573</u>

Note 13. Non-current assets - right-of-use assets

	2024 \$	2023 \$
Right-of-use asset - Clarence St. office	1,331,450	1,331,450
Less: Accumulated depreciation	(443,816)	(221,908)
	<u>887,634</u>	<u>1,109,542</u>
Right-of-use asset - Brisbane office	234,651	234,651
Less: Accumulated depreciation	(75,774)	(46,442)
	<u>158,877</u>	<u>188,209</u>
	<u>1,046,511</u>	<u>1,297,751</u>

Reconciliations

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

	Clarence St. office \$	Brisbane office \$	Total \$
Balance at 1 July 2023	1,109,542	188,209	1,297,751
Depreciation expense	(221,908)	(29,332)	(251,240)
Balance at 30 June 2024	<u>887,634</u>	<u>158,877</u>	<u>1,046,511</u>

Note 14. Current liabilities - trade and other payables

	2024 \$	2023 \$
Trade payables	317,831	355,929
Sundry creditors	583,951	552,988
	<u>901,782</u>	<u>908,917</u>

ASHM Health
Notes to the financial statements
30 June 2024

Note 15. Current liabilities - deferred income

	2024	2023
	\$	(Restated)
		\$
Grants received in advance	2,544,462	2,256,888
Income received in advance - conferences	2,264,123	2,316,490
Income received in advance - general	162,528	109,167
Membership received in advance	35,969	9,451
	<u>5,007,082</u>	<u>4,691,996</u>

Note 16. Current liabilities - provisions

	2024	2023
	\$	\$
Annual leave	382,309	365,463
Long service leave	116,178	109,834
	<u>498,487</u>	<u>475,297</u>

Note 17. Current liabilities - lease liabilities

	2024	2023
	\$	\$
Lease liability - Clarence St. office	212,559	195,615
Lease liability - Brisbane office	26,710	24,514
	<u>239,269</u>	<u>220,129</u>

Note 18. Non-current liabilities - lease liabilities

	2024	2023
	\$	\$
Lease liability - Clarence St. office	756,099	958,876
Lease liability - Brisbane office	149,976	178,410
	<u>906,075</u>	<u>1,137,286</u>

Note 19. Non-current liabilities - provisions

	2024	2023
	\$	\$
Long service leave	136,945	108,756
	<u>136,945</u>	<u>108,756</u>

Note 20. Equity - reserves

	2024	2023
	\$	\$
Essential guidelines and resources reserve	350,000	-
	<u>350,000</u>	<u>-</u>

ASHM Health
Notes to the financial statements
30 June 2024

Note 21. Equity - retained surpluses

	2024	2023
	\$	(Restated)
		\$
Retained surpluses at the beginning of the financial year	7,570,084	6,640,762
Excess of revenue over expenditure after income tax expense for the year	690,743	929,322
Transfer to reserve	(350,000)	-
	<u>7,910,827</u>	<u>7,570,084</u>

Note 22. Key management personnel disclosures

Compensation

The aggregate compensation made to directors and other members of key management personnel of the company is set out below:

	2024	2023
	\$	\$
Aggregate compensation	<u>815,471</u>	<u>602,207</u>

Note 23. Remuneration of auditors

During the financial year the following fees were paid or payable for services provided by Nexia Sydney Audit Pty Ltd, the auditor of the company, and its network firms:

	2024	2023
	\$	\$
<i>Audit services - Nexia Sydney Audit Pty Ltd (FY23: Walker Wayland NSW)</i>		
Audit of the financial statements	30,000	36,572
	<u>30,000</u>	<u>36,572</u>

Note 24. Contingent liabilities

To the Directors' knowledge, the company has no known contingent assets and liabilities as at 30 June 2024 (2023: nil).

Note 25. Commitments

To the Directors' knowledge, the company has no capital commitments as at 30 June 2024 (2023: nil).

Note 26. Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 22.

ASHM Health
Notes to the financial statements
30 June 2024

Note 26. Related party transactions (continued)

Transactions with related parties

The following transactions occurred with related parties:

	2024 \$	2023 \$
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:		
Dr. Jacqueline Richmond	900	4,095
Dr. Sam Elliott	2,463	5,857
Penny Kenchington	1,325	1,645
Dr. Jason Ong	1,700	1,162
Dr. James McMahon	-	509
	<u>6,388</u>	<u>13,268</u>
The directors donated the following compensation to the ASHM Gift Fund:		
Penny Kenchington	435	965
Dr. Jacqueline Richmond	-	350
	<u>435</u>	<u>1,315</u>

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

Terms and conditions

All transactions were made on normal commercial terms and conditions and at market rates.

Note 27. Events after the reporting period

No matter or circumstance has arisen since 30 June 2024 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 28. 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 2024 the number of members is 557 (2023: 613) therefore the total amount that members of the company are liable to contribute if the company is wound up is \$557 (2023 \$613).

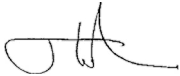
**ASHM Health
Directors' declaration
30 June 2024**

In the directors' opinion:

- the attached financial statements and notes comply with the Corporations Act 2001, the Australian Accounting Standards - Simplified Disclosures, the Australian Charities and Not-for-profits Commission Act 2012, the Corporations Regulations 2001 and other mandatory professional reporting requirements;
- the attached financial statements and notes give a true and fair view of the company's financial position as at 30 June 2024 and of its performance for the financial year ended on that date;
- there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable; and
- The financial statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct.

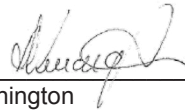
Signed in accordance with a resolution of directors made pursuant to section 295(5)(a) of the Corporations Act 2001.

On behalf of the directors



Dr. James McMahon

15 October 2024



Penny Kenchington

15 October 2024



Independent Auditor's Report to the Members of ASHM Health

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of ASHM Health (the Company), which comprises the statement of financial position as at 30 June 2024, 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 material accounting policy information, and the Directors' declaration.

In our opinion, the accompanying financial report of the Company is in accordance with Division 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

- i) giving a true and fair view of the Company's financial position as at 30 June 2024 and of its financial performance for the year then ended; and
- ii) complying with Australian Accounting Standards and Division 60 of the Australian Charities and Not-for-profits Commission Regulations 2022.

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 & 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 believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

The Directors are responsible for the other information. The other information comprises the information in ASHM Health's annual report for the year ended 30 June 2024, but does not include the financial report and the 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 the other information we are required to report that fact. We have nothing to report in this regard.

Directors' responsibility 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 in accordance with Australian Accounting Standards and the Australian Charities and Not-for-



profits Commission Act 2012 and for such internal control as the Directors determine is necessary to enable the preparation of the 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 related 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 responsibility 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.

A further description of our responsibilities for the audit of the financial report is located at The Australian Auditing and Assurance Standards Board website at: www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

Nexia

Nexia Sydney Audit Pty Ltd

A handwritten signature in black ink, appearing to read 'Erin Tanyag', with a flourish at the end.

Erin Tanyag

Director

Dated: 31 October 2024

Sydney



ashm

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. 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. Information about how to make a complaint can be found at <https://acfid.asn.au/code-ofconduct/complaints/>

ASHM Health is a registered charity with the Australian Charity and Notfor-profits Commission.

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



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