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Global Impact Report 2024 — 2025

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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.

Global Division Director Introduction

Michelle O'Connor PhD

The global health landscape has changed immeasurably over the last year. Funding cuts have threatened to delay vital progress, particularly in the fields of HIV, blood-borne viruses and sexual and reproductive health. As national HIV crises are declared in Papua New Guinea and Fiji, the importance of the work of ASHM's Global Division has never been more apparent.

This Impact Report is the first of its kind for our division, and will act as an update on how our projects across Asia and the Pacific are making an impact. As our division continues to grow, we are committed to ensuring the work we are doing is making a genuine positive change alongside our committed partners in the countries in which we work.

A huge milestone for the team was achieving full accreditation from the Australian NGO Cooperation Program (ANCP) through the Australian Government Department of Foreign Affairs and Trade (DFAT). This will enable us to greatly expand our work towards eliminating vertical transmission of HIV, hepatitis B and syphilis – in particular, the work of our Supporting Triple Elimination in Papua New Guinea and Timor-Leste (STEPT) Project.

In addition to funding through the ANCP, much of our global work is enabled by ASHM Members. All membership fees go towards our STEPT project, and have made a huge difference in both countries. Thank you to all our members for supporting this vital work.

As you will read in this report, these contributions have enabled a real, measurable impact in the countries in which we work. In partnership with local Ministries of Health, Maluk Timor, Catholic Church Health Services, the Pacific Sexual and Gender Diversity Network and others, we've been able to support locally-led, sustainable change in HIV, blood-borne virus and sexual and reproductive healthcare.

Looking forward, I'm pleased to say we are well positioned to further this impact. Our global division was recently named an awardee of Action for Women's Health – becoming one of 80+ organisations awarded between $1 million and $5 million USD – to further our work in triple elimination across the region.

Alongside our full ANCP accreditation, this new funding will enable us to implement a new strategy for our global division aimed at scaling up our work to support the region in sexual health and blood-borne viruses.

Thank you again to everyone who has made this work possible. Together, we are making genuine progress towards improved health outcomes for our region.

Introduction to ASHM Global

ASHM Global works closely with in-country partners to strengthen health systems and health workforce capacity to deliver quality and accessible HIV, sexual and reproductive health and viral hepatitis services for all.

Our work aligns with national and regional guidelines within the countries we work in, and our services are adapted for local contexts.

Clinical Training & Mentoring
We work with partners to identify and address the clinical and public health education needs of the HIV, viral hepatitis, sexual and reproductive health and rights.

Policy & Guidelines
We support governments and partner organisations to build the strategies and systems for delivery of high quality health services.

Linkages & Knowledge Exchange
We facilitate the sharing of knowledge and cross-country learning, building of partnerships to drive practice advancement in HIV, viral hepatitis, sexual and reproductive health and rights.

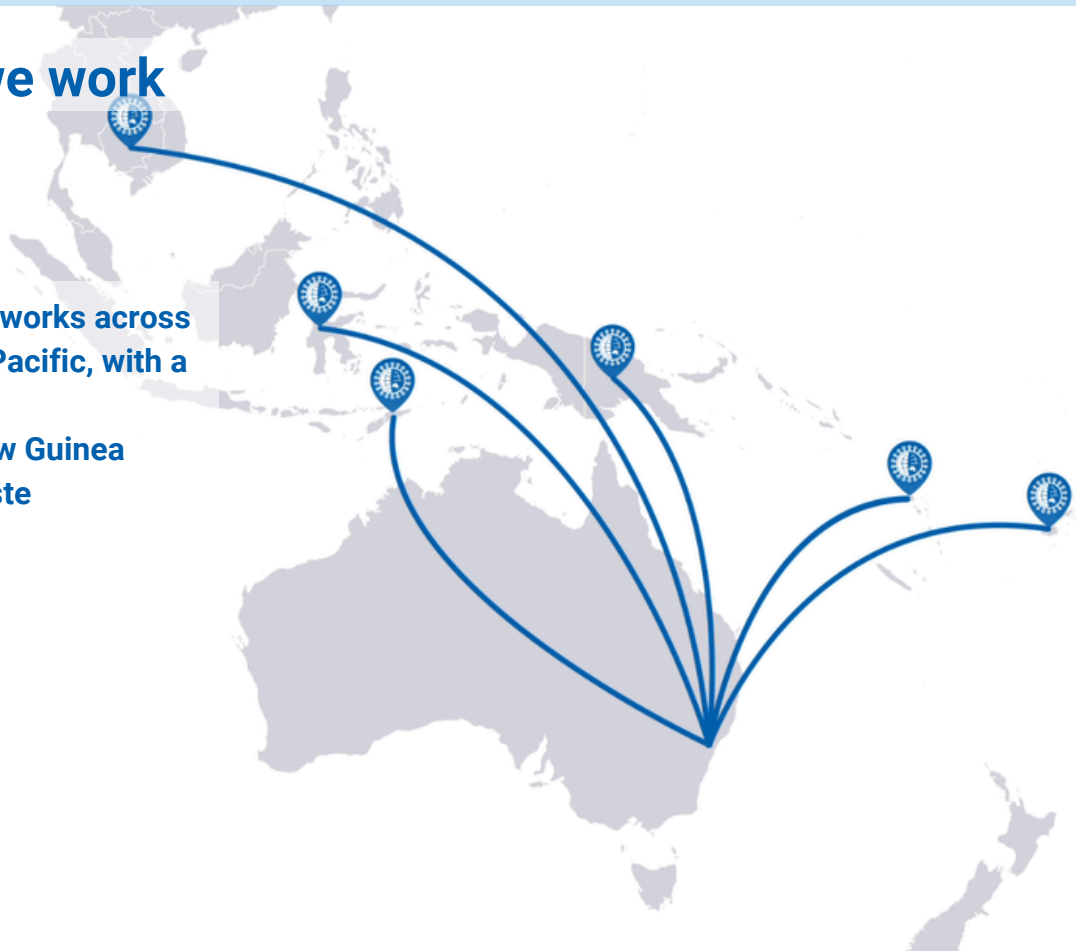
Monitoring, Evaluation, Research & Learning
We strengthen systems and people to enable improved local, national and global data management and translation.

Partners in Response
We strengthen the organisational capacity of local partners to enable effective leadership and sustainable delivery of quality HIV, viral hepatitis, sexual and reproductive health and rights services.

Where we work

ASHM Global works across Asia and the Pacific, with a focus on:

- **Papua New Guinea**
- **Timor-Leste**
- **Fiji**
- **Vanuatu**
- **Indonesia**
- **Thailand**



Highlights from 2024/2025

The following pages outline key results from the 2024/2025 financial year. The results are mapped against the five objectives from our 2020-2025 effectiveness framework.

Objective 1: Build a confident and competent health workforce for HIV, viral hepatitis & sexual health globally

Health workers trained

86

Health workers in Asia and the Pacific participated in in-person clinical training

1,043

Total attendances across monthly trainings for health workers in the Pacific

15

Different countries from Asia and the Pacific represented among training attendees

Clinical mentoring

96

Health workers from Papua New Guinea and Timor-Leste received mentoring from ASHM clinical mentors focused on triple elimination of vertical transmission of HIV, hepatitis B and syphilis

35

Health workers received clinical mentoring from local mentors, supported by ASHM

6

Civil Society Organisations working in HIV and sexual health in the Pacific received organisational capacity strengthening support

For the first time, local clinical mentors that were trained by ASHM delivered clinical training to health workers in Papua New Guinea on HIV and STIs.
This is a major milestone – demonstrating the power of building local capacity and strengthening health systems.

We also helped facilitate two disability inclusion in health trainings run by RHTO, the national disability Civil Society Organisation in Timor-Leste. RHTO came to the Formosa Clinic in Dili to train 27 midwives and other triple elimination health workers to improve understanding of the social determinants of health and how these impact people with disability, as well as how to improve the experience of people with disability accessing care.

Case study: Local leadership drives elimination of vertical transmission of HIV, syphilis and hepatitis B coordination in Milne Bay

In Papua New Guinea, the Supporting Triple Elimination (STEPT) project has demonstrated the value of working through a localised approach with partners to achieve impact.

Implementation in Milne Bay has been led by the Catholic Church Health Service (CCHS), at the sub-national level (Milne Bay Diocese), in partnership with the Provincial Health Authority (PHA). This localised approach ensured that the project was embedded in existing systems and accountable to provincial leadership, rather than driven externally.

The training in 2024 brought together relevant actors from across the provincial health system, including CCHS, the PHA, the Provincial Hospital, and other church providers to learn, plan, and coordinate around the triple elimination of HIV, syphilis, and hepatitis B. This created a shared language, common priorities, and new pathways for collaboration across services that had previously operated in silos.

Over the last year, local leaders have taken ownership of this process. Provincial clinicians and managers began convening discussions to address gaps, align procurement and reporting systems, and support facilities to scale up routine testing and treatment. Health workers report that the project gave them the "push" needed to coordinate systematically, rather than addressing triple elimination challenges in isolation.

This experience illustrates how working through decentralised partners, coupled with strategic training and mentoring, can catalyse more coordinated and sustainable health responses. By embedding responsibility at the provincial and diocesan level, the project has not only strengthened triple elimination service delivery but also fostered provincial ownership and collaboration that will outlast the project itself.

"The project gave us a reason to come together and have these conversations. We still would have been talking to each other, but not in this way. The project has facilitated the connections, has helped us prioritise those things and give them space. It definitely made a big difference, it gave us the push.

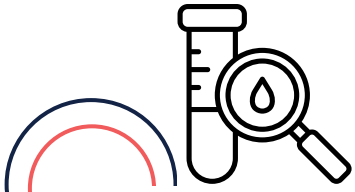
– Senior Clinician in Milne Bay

Objective 2: Strengthen health systems for universal health access that achieve sexual and reproductive health, especially for women and girls, people with disability and key populations for HIV, viral hepatitis and other blood-borne viruses

"Before the training, when we did testing, if we had a positive screening result we would have to collect blood to take to the lab. Only once we had confirmation would she be put on treatment, separately through a different clinic. Since the training, we keep some ART in the labour ward, now, even if a doctor isn't around, if a screening test comes back reactive we can give them treatment so at least it's started. Then we link the mother with the HIV team and get a paediatric consult. So now we don't delay treatment to mothers who will deliver soon"

– Midwife working in labour ward at Milne Bay Provincial Hospital

Under the Sexual and Reproductive Health Integration Project (SHRIP):



29,567

People tested for HIV in Papua New Guinea, with 579 people diagnosed as HIV+ and 608 starting on antiretroviral therapy

Under the Supporting Triple Elimination in Papua New Guinea and Timor-Leste Project (STEPT):

Increase in the number of babies receiving the hepatitis B birth dose vaccination within 24 hours of birth at the Milne Bay Provincial Hospital from 92.1% to almost 99%.

At Formosa Clinic in Timor-Leste infants receiving the hepatitis B birth dose within 24 hours of birth has risen from 43% when the project began to almost 100%.

Across project sites in Timor-Leste and Papua New Guinea there has been a shift toward integrated, antenatal care-based testing for syphilis and HIV – improving continuity of care and reducing missed opportunities for prevention for example in Formosa Clinic in Timor-Leste testing of pregnant women during their first ANC visit for HIV and syphilis has increased from 44% when the project began to 80%

In antenatal care and delivery wards, antiretroviral therapy initiation for HIV+ women is now more routine.

Objective 3: Establish platforms and networks for professional development of the HIV, viral hepatitis & sexual health workforce

8

Scholarships provided to participants from Papua New Guinea, Timor-Leste, Vanuatu and Fiji to attend the 2024 International Union Against Sexually Transmitted Infection (IUSTI) World Congress and the Australasian Point of Care Testing Conference.

"From my experience at the Point of Care Testing Conference, with this knowledge, I feel more confident to advocate to my government for the adoption of point-of-care testing, as an important strategy to reduce mother-to-child transmission of HIV"

– STEPT Project Manager, Timor-Leste

4

Online case discussions for doctors across the Pacific, with 118 combined attendances

50

Completions of online training modules on monitoring and evaluation for consultants working on HIV projects

Establishing communities of practice

WhatsApp communities of practice set up by ASHM to support health workers during COVID-19 continue to be active spaces for support. These groups connect health professionals, and offer important avenues to disseminate information.

For example, in Papua New Guinea the National Department of Health uses these groups to share health updates, directives and key health information, such as a recently developed HIV fact sheet.

Case study: Strengthening HIV testing strategies through regional knowledge exchange and collaboration

In May 2025, ASHM co-facilitated the Pacific HIV Testing Innovations Workshop in Fiji, bringing together HIV practitioners, community representatives, and government program staff from Fiji, Papua New Guinea, Solomon Islands, and Vanuatu, alongside regional partners including UNAIDS, WHO, and UNDP.

The workshop created an important opportunity for countries to learn directly from each other's experiences, with cross-country knowledge exchange at the centre of the process. Point-of-care testing was a key focus, with Fiji sharing its roll-out of rapid tests in antenatal care, Papua New Guinea demonstrating the impact of community-led point-of-care screening, and Solomon Islands reflecting on the challenges of relying on offshore confirmatory testing.

Facilitated group discussions enabled participants to translate these lessons into practical, context-specific solutions. Countries identified opportunities such as expanding community services to reduce stigma, strengthening procurement systems to avoid stockouts, and building clinical capacity to provide both testing and treatment at the point of care. Fiji's recent policy approval for confirmatory testing at the point-of-care was widely recognised as an important milestone in their response to rapidly escalating HIV infections.

The exchange also fostered collaboration across sectors, bringing together HIV, TB, maternal health, laboratory, and community actors to design more integrated testing approaches. Importantly, participants left with concrete next steps rooted in peer learning and strengthened regional solidarity.

This workshop demonstrated how regional knowledge exchange accelerates innovation, reduces duplication, and builds trusted networks. By convening and facilitating these exchanges, ASHM supports locally led progress while ensuring that solutions are informed by the lived realities of practitioners across the Pacific.

"The workshop was such an enriching experience! I'm so glad I got to connect with brilliant experts from across the Pacific. The discussions were insightful, energising, and truly inspiring. Grateful to have been part of it and looking forward to more similar discussion forums."

– National Sexual Reproductive Health Laboratory and Surveillance Program Official, Fiji Ministry of Health and Medical Services

Objective 4: Promote robust HIV, viral hepatitis & sexual health responses based on high-quality strategic information

ASHM is supporting better data collection and sharing in the countries in which we work, to enable high-quality strategic information.

This year, examples have included:
Supporting the Pacific Sexual and Gender Diversity Network in Fiji to launch the country's first Community-Led Monitoring (CLM) of HIV services project, piloting an adapted methodology appropriate for a Pacific context.

The findings from 95 completed surveys and additional face-to-face discussions will inform country-level discussions and decision-making related to HIV services in Fiji.

Twenty health workers in Milne Bay participated in in-service training to improve reporting on HIV and syphilis, and are now reporting as required. This will enable better data long term, and in turn more accurate information.

In Timor-Leste, we supported an upgrade in Monitoring and Evaluation systems, ensuring M&E is embedded in the system rather than an afterthought.

Under the Sexual and Reproductive Health Integration Project (SRHIP), we introduced a data review and reflection process, with narrative reporting. This has included:

- 13 health facilities submitting monthly reporting on HIV clinical data, which is consolidated into dashboards for review and reflection, allowing identification for areas for improvement.
- Development of a new monthly narrative reporting template, strengthening accountability and planning, improving progress tracking beyond clinical numbers, and providing an opportunity to flag issues.

Objective 5: Support key partner organisations in the region to provide effective leadership and sustainable delivery of quality HIV, viral hepatitis, sexual and reproductive health services

Each of our three implementing partners have established policies addressing child protection, anti-fraud and corruption, and protection from sexual exploitation, abuse and harassment.

Every partner with identified capacity building support requirements has a capacity building support plan in place.

Case study: Embedding Gender Equality, Disability, and Social Inclusion into routine facility supervision in Papua New Guinea

A key achievement this year has been the introduction of a new Gender Equality, Disability, and Social Inclusion (GEDSI) integration toolkit to strengthen inclusion across HIV and sexual and reproductive health (SRH) service delivery in 13 facilities across 11 provinces of Papua New Guinea. Originally developed externally, the toolkit was adapted in close collaboration between ASHM, a technical consultant, and the Catholic Church Health Services (CCHS) to ensure it was relevant to local contexts and could be embedded within existing systems. Rather than being externally imposed, the toolkit was designed to be used by CCHS during their routine supervisory visits to health facilities, aligning with established practices and accountability structures.

The modification process included consultations with clinical officers from SRHIP-supported facilities and community members with lived experience of HIV, ensuring that both provider and community perspectives shaped the tool. Piloting the tool in four provinces demonstrated its value in practice: facilities were able to identify concrete gaps in staff training, community engagement, GEDSI tracking, and accessible infrastructure. The pilot also highlighted the importance of developing a tailored training package to accompany the tool, equipping staff with the skills and confidence to apply it effectively during supervision.

This collaborative and iterative process illustrates ASHM's approach to GEDSI: integrated, strategic, and locally owned. By embedding GEDSI considerations into existing supervisory structures, the project strengthens sustainability while ensuring services are more inclusive and responsive to community needs.

Lessons learned

Throughout 2024/2025, a number of lessons were learned to guide future implementation of global projects. These fall under four key themes.

Lessons learned

Clinical training and mentoring

Experience this year further confirmed that building strong local clinical mentors requires a phased, well-supported approach – beyond a single train-the-trainer event. Content knowledge alone is not enough. Mentors need time, coaching and practical experience to develop confidence and facilitation skills.

From this, we have seen that sustainable mentoring capacity develops gradually. It requires continued guidance, opportunities to co-facilitate alongside experience mentors, and supported delivery.

Safeguarding

This year, we undertook an internal review of ASHM and our partners' safeguarding processes and practices. From this, a Safeguarding Action Plan has been developed for implementation next financial year.

This process has demonstrated the importance of conducting regular reviews in areas like safeguarding, as well as the need for ongoing action and monitoring to ensure continual improvement.

Disability inclusion, working with Organisations of Persons with Disability (OPDs)

This year, working with RHTO in Timor-Leste has further highlighted the importance and value of working with local OPDs to build disability inclusive health services. We are now aiming to replicate this in other projects and countries.

For example in Milne Bay, Papua New Guinea, we are identifying how we can support the physiotherapy department of the provincial hospital, who are aiming to establish an OPD to strengthen disability inclusion in the future. This would be the first OPD in Milne Bay.

Disability inclusion, data disaggregation

Through our work this year, we have identified a gap in data disaggregation as it relates to people with disability. This is a challenge, as we work closely with national reporting systems which don't always have the ability to disaggregate by disability.

In response, we are now using Washington Group Short Set of questions to identify people living with disability among our training participants as a first step. We're working towards piloting these questions in some of the facilities we work with through our projects, to enable better data and reporting on people with disability.

Looking ahead

It has been a hugely rewarding year for ASHM Global. We have achieved great progress alongside all of our partners across every country we work in. Receiving full accreditation with the ANCP via the Department of Foreign Affairs and Trade has been a major milestone – the culmination of years of hard work, which will enable us to scale up our global work even further. We also began the Advancing Clinical Environment & Systems Strengthening for HIV Outbreak Response in Fiji (ACESS) Project providing technical assistance to the Fiji Ministry of Health to update HIV clinical guidelines, develop hepatitis C guidelines, develop national HIV training packages and support decentralisation of HIV services. We look forward to continuing this work in 2025/2026.

As we look forward to next year, the funding received through the Action for Women's Health program will allow us to contribute even further. We are looking at how we can apply the lessons we have learned in current and new contexts.

Again, this important work can only happen because our funders, collaborators and stakeholders. Thank you to everyone who has contributed to our global program.

If you would like to contribute, consider becoming an ASHM Member – all membership fees go towards our Supporting Triple Elimination in Papua New Guinea and Timor-Leste project. Or, you can make a tax-deductible donation on our website. All donations ASHM receives go towards our global programs.

Read more about ASHM Global on our website, or contact our Global Division Director Michelle O'Connor PhD at michelle.oconnor@ashm.org.au

ASHM Global Funders 2024/2025

Australian Government, Department of Foreign Affairs and Trade (DFAT)

UNDP and the Global Fund Multi-Country Western Pacific Program

Abbott Diagnostics

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-of-conduct/Complaints/

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