



ashm

Annual Report

2024–
2025

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Progress towards our strategic targets



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.



These statistics from the financial year are leading measures for how we are progressing against our Strategic Plan.

You can read our Strategic Plan 2023 – 2027 here

https://ashm.org.au/wp-content/uploads/2025/06/WEB_May-2025-Update_ASHM-Strategic-plan-2023-2027_FA.pdf

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

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

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

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

What we do

- PROFESSIONAL DEVELOPMENT
- RESOURCE DEVELOPMENT
- ADVOCACY
- POLICY DEVELOPMENT
- CONFERENCE & EVENT MANAGEMENT
- SCHOLARSHIP PROGRAM
- HEALTH SYSTEM STRENGTHENING
- CROSS COUNTRY SHARING AND LEARNING

Our purpose

Supporting the health workforce optimise person-centred care.

Our vision

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

Our mission

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

Our values

- Collaborative
- Inclusive
- Trustworthy
- Respectful
- Dynamic

Our Commitments

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

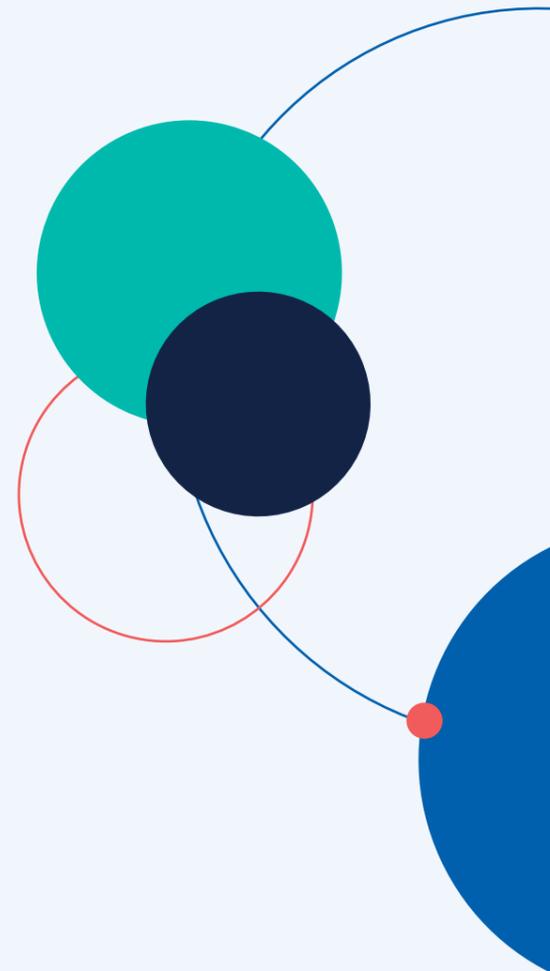
- support collaboration, partnership and cooperation
- reflect best practice in management and service delivery, and are informed by the latest scientific, clinical, health, and policy research
- maintain transparency, industrial fairness, and democratic decision-making
- strengthen ties with affected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

MORE INFORMATION
Our Commitments

<https://ashm.org.au/about/what-we-do/>

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President Report

Prof James McMahon



This year – my second year as ASHM President – has been incredibly rewarding, to witness the changes in our sector and expansion of the work that ASHM is doing in Australia and the region. It is clear that ASHM's work remains as important as ever, providing the leadership, tools and opportunities for our collaboration that are so vital to our sector's workforce.

I am pleased to share that ASHM has seen demonstrated strong financial performance this year, due in large part to strong financial planning and management by the ASHM team. This means we are well positioned to continue building our education offering, resources, conferences and importantly, supporting our neighbours in the Asia and Pacific regions.

This year, ASHM gained full accreditation through the Australian Government Department of Foreign Affairs and Trade (DFAT) Australian NGO Cooperation Program (ANCP). This is an enormous achievement, led by the ASHM Global division and formally recognises ASHM as a highly effective NGO meeting high standards of performance and governance. This accreditation will lead to ASHM being able to obtain further opportunities to work with our partners and unlock further funding to support our global work – in particular our current Supporting Triple Elimination of HIV, Hepatitis B and Syphilis in Papua New Guinea and Timor Leste (STEPT) project.

This project is vital. As you will read in this report, it has resulted in over 1,340 HIV and syphilis tests in women receiving antenatal care this year to reduce parent-to-child transmission. In the Timor Leste STEPT clinics, almost every newborn is receiving a birth dose of hepatitis B vaccine within 24 hours, and almost every woman who tests positive for syphilis receives treatment.

This work is made possible by the ANCP, and with the new accreditation, will only continue to grow. It is also thanks in large part to our ASHM members, whose membership fees also go directly to the STEPT project and enable ASHM to receive matched funding via the ANCP – effectively doubling every members' contribution to this important work.

These achievements and work in this area are more important than ever amidst the current environment of global funding cuts for aid and projects working in sexual health and the treatment and prevention of blood borne viruses. So again, a thank you to all ASHM members and other people who have contributed to this work.

Once again, ASHM's landmark conferences have provided the perfect opportunity to come together in response to challenges like these. From the Viral Hepatitis Conference in Darwin, to the HIV&AIDS Conference combined with the International Union Against Sexually Transmitted Infection (IUSTI) World Congress, and the Point of Care Testing Conference in Thailand, it has been an outstanding year for ASHM's Conference and Events Division. As anyone who has attended these conference can attest, they are the best opportunity for our sector to come together and collaborate - and energise our workforce and broad collaborative network in Australia and the region. If you are yet to attend an ASHM conference, I highly recommend joining us in 2026 for the Viral Hepatitis Conference in Perth,

or the HIV&AIDS and Sexual and Reproductive Health Conferences in Melbourne.

Our domestic programs have also performed exceptionally well this year. We've hosted more than 80 educational activities this year including over 10,000 enrolments. Beyond our education offering, the National Policy and Education Division (NPED) has kick-started a large project to scale up PrEP in Primary Care. As we near closer to 2030 and the goals for virtual elimination of HIV transmission it is clear that we need to continue innovating and collaborating in order to reach these ambitious targets. In addition, work is well underway to spearhead education and awareness activities to curb the worrying increase in syphilis notifications across the country, and the highly concerning reemergence of congenital syphilis.

I would also like to acknowledge the passing this year of former ASHM president, colleague and friend Dr Nicholas Medland. Nick, as many of us knew him, had a long association with ASHM and was a key figure in Australia's HIV and sexual health response known for his endless drive to improve healthcare access and quality, and ultimately better health outcomes for people living with HIV and other STIs. He will be dearly missed by his colleagues, his patients and friends who knew him through his long career working in Australia, Asia and the United Kingdom. His tribute at the recent ASHM conference was a wonderful way to celebrate Nick's life with his family and

the whole ASHM community. He will not be forgotten, and I know ASHM will continue to work to the example Nick set to build our workforce to achieve the highest quality and equitable care for all people in our sector.

Lastly, thank you to my fellow ASHM Board Members, the ASHM staff, and ASHM members - it is through all of our combined efforts that ASHM continues to grow and deliver the outstanding results outlined in this annual report.

CEO Report

Alexis Apostolellis



This year brought with it unexpected challenges for global public health. Internationally, aid for health – including in HIV, blood-borne viruses (BBVs) and sexual and reproductive health – has stalled, and many have expressed concern over what this means for the future.

While these global changes mean that much is uncertain in achieving 2030 elimination targets around HIV and viral hepatitis, at ASHM our commitment to the sector remains unwavering as we strengthen and expand our work in Australia and the Asia Pacific.

I am incredibly proud of all our teams for their achievements this year. Firstly, our global team received full accreditation through the Australian Government Department of Foreign Affairs and Trade (DFAT) Australian NGO Cooperation Program (ANCP). This is a huge milestone, and the work that went into this cannot be understated. To achieve this accreditation demonstrates the extraordinary impact of the global division, and their ability to work collaboratively with in-country partners to deliver real impact.

In Australia, our National Policy and Education Division has seen similar significant success. I'm glad to say this year we've had more than 10,000 attendees to our education activities, which again demonstrates the drive and commitment of our sector.

Our education team also commenced a massive campaign to deliver HIV pre-exposure prophylaxis (PrEP) education to health practitioners outside our usual audience. This has allowed us to connect directly with GPs and nurses who may not have engaged deeply with sexual health before and inform them about how they can help end HIV transmission in Australia through HIV PrEP.

Our conferences this year – highlights in the calendar for many of our sector – have been some of our best since the pandemic, or indeed ever. In August, we travelled to Garramilla (Darwin) for the 14th Australasian Viral Hepatitis Conference, where the work presented was nothing short of excellent, providing a timely and energising reminder of the impact of community and clinical work on-the-ground. In

September, the Australasian HIV&AIDS Conference came to ICC Sydney on Gadigal Country, which was this year back-to-back with the International Union Against Sexually Transmitted Infection (IUSTI) World Congress. Again, it was inspiring to see the incredible advancements in sexual health happening across the world. This year also saw ASHM take the Asia Pacific Conference on Point of Care Testing for Infectious Disease (POC25) outside of Australia for the first time. Held in Bangkok shortly after the announcement of global funding cuts, POC25 was a shining example the resilience and innovation of our sector.

Across all of these conferences, one thing was remarkably clear: the passion and dedication of the people doing this work. Despite the challenges we face – which seem to grow greater as time goes on – our sector and the people behind the work remain as passionate and steadfast as ever.

Delivering all of the above – plus much more – could not be possible without our incredibly dedicated ASHM team, as well as our many advisers and committee members. Their expertise allows us to remain at the leading edge of HIV, blood-borne viruses, and sexual and reproductive health education, events, and advocacy

Vital to our operations is the leadership of our Board, and our President Professor James McMahon. On behalf of all of us at ASHM, thank you for your endless support, guidance and commitment.

On behalf of ASHM, I would also like to acknowledge the passing of Dr Nicholas Medland this year. Nick was a constant source of inspiration and leadership to ASHM, and his contributions over the years are immeasurable. Just some of his involvement with ASHM has been as our President from 2020 until 2023, a Board Member for more than a decade, chair of the Australian Sexually Transmissible Infections Management Guidelines for Use in Primary Care, and roles in countless other committees. His passion, drive and commitment to inclusion will be greatly missed by all of us who knew him and had the pleasure of working alongside him.

Lastly, I want to sincerely thank each and every ASHM member. You are the lifeblood that keeps this organisation running. Every dollar collected from from ASHM membership goes directly to our global programs, which focuses on supporting our neighbours in the Pacific region. As you will read in this report, the work of our global division has made tangible impacts this year towards eliminating mother-to-child transmission of HIV, hepatitis B and syphilis – and without you, this wouldn't be possible. We remain incredibly grateful for your support.

Leadership and Governance



ASHM is an Australian Public Company limited by guarantee and an Australian Charities and Not-for-profits Commission (ACNC) registered Health Promotion Charity. ASHM staff and Board are committed to achieving the highest standards of corporate governance through regular reviews of our governance arrangements in line with best practice, stakeholder expectations, and regulations.

Our corporate governance framework rests on the foundation of our values and principles, ensuring transparency and safeguarding the interests of our stakeholders. ASHM's Senior Management Team (SMT) is responsible for the day-to-day operations of the organisation. These operations are overseen by a Board comprising 11 Directors in 2024/25.

The work of the Board is supplemented by the Finance, Risk Management and Audit (FRMA) Committee (a subcommittee of the Board), which was chaired in 2024/25 by independent finance and governance expert, Hilary Crilly. This Committee structure allows the Board to monitor the financials and areas of operational risks and governance efficiently so that Board meetings can be used for more strategic discussions.

The Board is governed by a Charter that outlines its purpose, scope, key duties, and responsibilities in accordance with the Constitution. The FRMA operates under a Terms of Reference (TOR), which similarly defines its role, scope, and responsibilities. ASHM is committed to upholding the highest ethical standards across all areas of its work. We have established policies and training procedures covering child protection; prevention of sexual exploitation, abuse, and harassment; anti-bribery, fraud, and corruption; disability inclusion; gender equality; environmental sustainability; and modern slavery. These frameworks ensure our practices align with our values and

obligations. The Board reviews and approves ASHM's key policies on a regular basis. We adhere to all applicable legislation, including the standards set by the Australian Charities and Not-for-profits Commission (ACNC), the Australian Council for International Development (ACFID) Code of Conduct, and the contractual obligations of the Australian Government Department of Foreign Affairs and Trade (DFAT), as well as those of other funding bodies. We seek independent assurance from our external auditors and demonstrate our commitment to transparency and integrity by publishing our detailed financial reports in our annual report via our website.

Our Commitment to Reconciliation

ASHM remains committed to Reconciliation, and this year saw us reach a new milestone in our journey by completing our Innovate RAP. We plan to create another Innovate RAP to continue this journey and ensure our work is actively contributing to closing the gap.

ASHM also aligns our practice to the National Agreement on Closing the Gap, focusing on priority reforms that align with our role as a health educator and collaborator in the sector.

We are committed to walking alongside Aboriginal and Torres Strait Islander communities, listening deeply and embedding change that is measurable, meaningful, and sustained.

Find out more about our RAP



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

<https://ashm.org.au/about/reconciliation-action/>



Vale Dr Nicholas Medland

This year, the HIV and sexual health sectors mourned the loss of Dr Nicholas Medland. A gifted, passionate and effective leader, Nick played a pivotal role in shaping HIV and sexual health clinical and public health practice in Australia.

He served as ASHM President from 2020 to 2023, and prior to that was a board member for more than a decade. Nick

was the chair of the Australian Sexually Transmissible Infections Management Guidelines for Use in Primary Care and led the update to include tests for HIV and syphilis with all STI testing in Australia. He was also pivotal in developing the highly effective primary healthcare response to mpox playing a critical role in development of clinical guidelines and training programs.

Nick was known for his endless drive to improve health access and quality and, ultimately, better health outcomes for people living with HIV and sexually transmissible infections.

He will be greatly missed, however his legacy will live on and remain an inspiration for all at ASHM and in our sector.

Policy and Advocacy

Advocacy is a vital part of ASHM's work. We collaborate with partners in the sector and the community, pushing for change that will make a genuine difference for people living with HIV, viral hepatitis and other BBVs, while advancing sexual and reproductive health access.



In this financial year, our efforts to influence public policy included at least 20 advocacy activities, including policy submissions, position statements and letters to government. Our approach to policy is centred on collaboration – working closely alongside organisations and people from across Australia, including health professionals, community organisations, government and people with lived experience.



U=U Roundtable 2025: Reviewing Australia's Progress on U=U

In June 2025, ASHM and the National Association of People with HIV Australia (NAPWHA) convened a roundtable to review Australia's progress on 'Undetectable = Untransmittable' (U=U). U=U is a HIV prevention strategy based on evidence that people living with HIV with an 'undetectable' viral load (defined as less than 200 copies of virus per mL of blood) – the outcome of ongoing antiretroviral treatment – are unable to pass on HIV to sexual partners. U=U is a core component of Australia's Ninth National HIV Strategy 2024-2030.

Bringing together clinicians and community representatives, the roundtable examined strategies for communicating U=U in clinical settings. Discussion focused on the complexities of talking about 'undetectable' in instances where a person might have a detectable viral load but still fall under the U=U threshold for 'untransmittable', or <200 copies/mL. While most attendees agreed that the U=U message had the potential to destigmatise HIV and reduce onward transmission, clarification was required around how exactly 'undetectable' should be defined.

The strategies developed within the workshop will inform future guidance to healthcare workers and community for how to navigate this complex topic in clinical settings, and ensure that the benefits of U=U are available to as many people as possible.

Membership



An engaged community of practice making a real impact

Coming from across research, clinical care, education, and community, ASHM's membership base is diverse in specialty but united in purpose – to drive progress in the HIV, BBV and sexual and reproductive health sectors to improve wellbeing for all.

ASHM members engage with the global healthcare sector through exclusive access to discounts for landmark ASHM conferences and

accommodation, priority access to scholarships, and more.

Membership fees go towards making a difference on-the-ground through ASHM's Supporting Triple Elimination in Papua New Guinea and Timor-Leste (STEPT) project. Working with in-country partners, STEPT provides clinical mentoring and co-designed training for local healthcare workers to support efforts to eliminate parent-

to-child transmission of HIV, syphilis, and hepatitis B. STEPT is supported by the Australian Government through the Australian NGO Cooperation Program (ANCP), with membership fees playing a pivotal role in ASHM's required fund matching principle to obtain DFAT funding.

Levinia Crooks Emerging Leader Award 2024

Each year, the Levinia Crooks Emerging Leader Award honours the legacy of the late Levinia Crooks AM, former ASHM CEO and inspirational leader in the HIV sector, by uplifting early-to-mid career professionals making a difference in their fields.

The 2024 Levinia Crooks Emerging Leader Award in blood-borne viruses (BBV), sexually transmissible infections, and sexual and reproductive health was awarded to Dr Tiffany Phillips and Marcus Shaw. The award recognises their outstanding leadership in research, community outreach, and advocacy.

Shaw and Dr Phillips shared more about their respective impacts at the Australasian HIV&AIDS Conference 2024, where they were given a platform to present their work to hundreds of global delegates and key figures in the HIV and BBV sector.



MORE INFORMATION
Levinia Crooks Emerging Leader Award 2024 Winners Announced

<https://ashm.org.au/initiatives/levinia-crooks-emerging-leader-award-2024-winners-announced/>

National Policy and Education Division

This year, ASHM's National Policy and Education Division (NPED) has continued to provide exceptional training across HIV, viral hepatitis, sexual and reproductive health, while also implementing innovative new projects to engage and upskill Australia's healthcare workforce.



We've delivered training to more than 10,000 people this year through a mix of facilitated courses and on-demand offerings. We know that people are busy – particularly health professionals – and have different learning styles, so we've made sure to provide a variety of education options. We're pleased to report that 96% of our course attendees were satisfied with their learning experience through ASHM.

In addition to our training, we're working hard to implement innovative projects that address the sector's unmet needs. As we learned from this year's Viral Hepatitis Mapping Project, which we run in collaboration with the WHO Collaborating Centre for Viral Hepatitis at the Doherty Institute, we're more than ten years behind our elimination targets for hepatitis B – demonstrating there is still plenty of work to do. That's why many of our hepatitis projects are focused on case-finding, so that people living with viral hepatitis can be connected to the treatment and care.

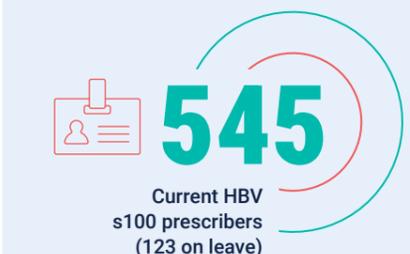
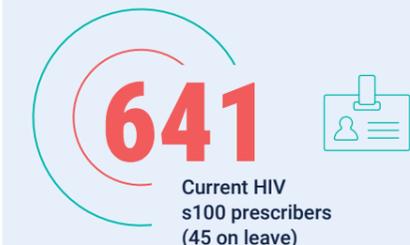
Our resource offerings have diversified too this year, again reflecting the needs of the workforce. This year we've launched a number of new tools and resources, such as the Australian-first Anal Cancer Screening Guidelines for People Living with HIV. We've also updated resources to reflect new developments and the

latest in best practice, as seen in the third edition of ASHM and Health+Law's HIV Legal resource outlining the legal responsibilities of clinicians in relation to people living with HIV.

We've also further solidified our work in reproductive health. While this is still a relatively new area for ASHM, we've been able to deliver courses and develop resources to support the workforce, particularly around contraception – and have achieved fantastic feedback so far.

A big focus for NPED this year – and going forward – is HIV pre-exposure prophylaxis (PrEP), taken before exposure to reduce the risk of contracting HIV. PrEP is a key prevention method noted in Australia's Ninth National HIV Strategy 2024-2030. While our HIV PrEP awareness campaign is set to officially launch in the 25/26 financial year, our HIV PrEP education sessions are already underway, engaging and educating workers in primary care who are not already familiar with PrEP.

As we look forward, syphilis will also remain a key priority. In Australia, syphilis cases have increased significantly in the last decade, and, sadly, and congenital syphilis has reemerged as a public health concern. This has already led to completely preventable infant death. In the next year, we are preparing to launch a program to provide more education on syphilis, and ensure the workforce is empowered to prevent any further unnecessary tragedy from this condition.



National PrEP Workforce Development Pilot Project

Guided by recommendations from the HIV Taskforce, the National PrEP Workforce Development Pilot Project is aimed at increasing awareness, knowledge and confidence among clinicians to prescribe HIV pre-exposure prophylaxis (PrEP). PrEP is a gamechanger for HIV prevention – and this project is about ensuring as many clinicians as possible are aware and knowledgeable about PrEP, to in turn make sure that any client who needs access can get it.

As of FY24/25 the National PrEP Workforce Development Pilot Project has:

- Partnered with the Royal Australian College of General Practitioners (RACGP) to deliver a national webinar
- Partnered with Australian Primary Health Care Nurses Association to deliver nursing education

- Engaged directly with the workforce through activations at the Preventative Health Conference 2025 and General Practice Conference & Exhibition, attended by a combined total of more than 1,500 delegates
- Worked closely with several PHNs to plan face-to-face PrEP training

Updates to important PrEP clinical guidelines and resources are planned for July 2025, while a national communications campaign is scheduled to commence in August 2025 to increase awareness of PrEP and the role of primary healthcare professionals in prescribing it. The project will continue in 2026.



Beyond the C

Beyond the C is a national program in collaboration with General Practice working towards the elimination of hepatitis C as a public health threat by identifying people who may be undiagnosed, underdiagnosed or untreated for hepatitis C and re-engaging them with appropriate care.

Practices who join Beyond the C are linked with an ASHM Clinical Nurse Advisor, who directly guides the practice through clinical auditing and case finding activities and reviews existing quality improvement processes and workflows. The practices are offered additional hepatitis C resources and education, and receive a monetary incentive once all project requirements are completed.

As of June 30 2025:

- 40 practices have completed the Beyond the C project, with another 58 currently enrolled
- So far, more than 3,000 additional hepatitis C virus (HCV) tests were identified as requiring further investigation for hepatitis C.
- From these tests, 125 people were determined to be HCV RNA positive and of these, 116 commenced treatment
- For people identified as living with hepatitis C through Beyond the C, the conversion to treatment rate was 92.8%.

Contraception Education

In 2022, a needs assessment of 119 course participants identified significant gaps in knowledge and confidence around counselling and providing contraception options. There was particular gaps around long-acting reversible contraceptives (LARCS).

To address this, ASHM developed a comprehensive learning framework to build primary care providers' skills in evidence-based, patient-centred contraceptive

consultations. Resources developed under this framework from 2022 onwards included a Decision Making in Contraception clinical tool, a national course for primary care workers, and roleplay videos. In 2025, the Contraception Essentials project was completed with the launch of the Contraception Essentials Online Learning Module, allowing attendees the flexibility to complete on-demand training when and where it suits them.

Since launching, the Contraception Essentials framework has reached thousands through its resources and training, with more than 4,900 downloads of the Decision Making in Contraception clinical tool alone.

ASHM recently won an award at the World Association of Sexual Health Congress for this work.

Seek B

Seek B is a hepatitis B case finding and clinical auditing project, which we piloted this year. Launching at the start of 2025 and running until early 2026, the project aims to increase the number of people identified for hepatitis B screening, testing, linkage to care, and management in primary care. The ultimate goal is to reduce the prevalence and mortality rate of hepatitis B in Australia.

Seek B supports practices through quarterly quality improvement modules, including: data cleaning, screening, linkage to care, and prevention for specific populations. The project focuses on upskilling clinicians and practice staff to navigate clinical software, perform effective clinical audits, and ensure all patients are appropriately screened, linked to care, and managed according to best practice.

In the first half of the pilot, five practices across Australia have been onboarded and completed the first module, and are currently undertaking the second module now.

ASHM Global



This year has proved the importance of rallying together across borders to strengthen the global health response.

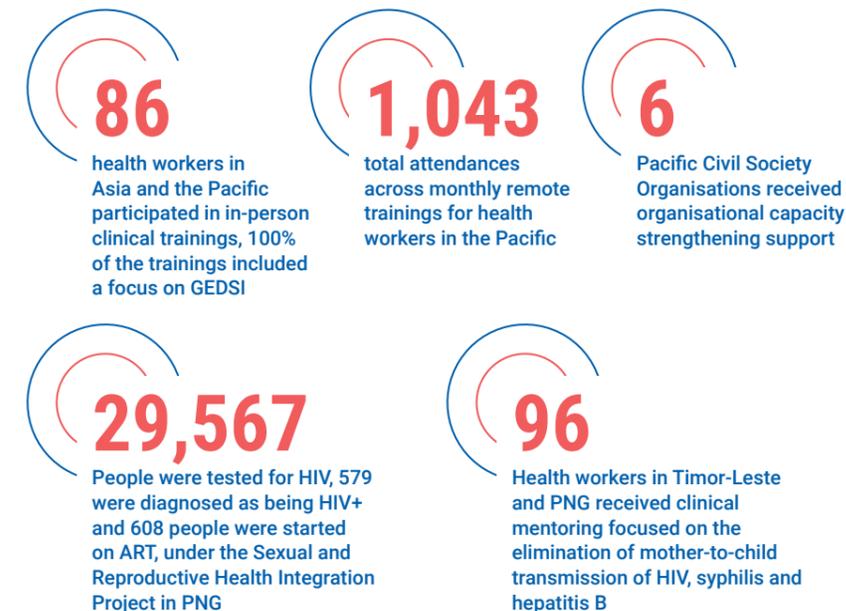
Amidst global funding cuts, we've seen worrying rises in HIV cases across the Pacific. Earlier this year, Fiji declared a national HIV outbreak with a 124% increase in HIV cases between 2023 and 2024. Similarly, in June 2025 Papua New Guinea (PNG) declared a national HIV crisis – with an estimated 30 people contracting HIV daily in 2024. The situation is similarly urgent for other countries across the region – where many are not seeing reductions in the number of new HIV cases.

Without support, the future of the HIV response across the Pacific hangs in the balance. It's why the work of our global division is more important now than ever before.

Thankfully, this year has seen our global division go from strength to strength.

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 mother-to-child 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.

ASHM Global 2024/25



While the ANCP accreditation marks a new beginning for STEPT, this year also marked the end of our 20 year-long Collaboration for Health in Papua New Guinea Project, supported by ViiV and Gilead as well as other private consortium donors. This longstanding project has enabled us to work closely with Catholic Church Health Services (CCHS) in Papua New Guinea to build a substantial HIV prescriber and mentor workforce across the country, and we couldn't be prouder of what we have been able to achieve.

This year, we've also been able to provide technical assistance to the Fiji HIV Outbreak Response Taskforce with support from DFAT and more broadly across the Pacific with support from the UNDP Global Fund Multi-country Western Pacific Grant. We are in the process of updating Fiji National HIV Guidelines and training packages. We launched a Pacific online learning module

on HIV basics co designed with community organisations which has been completed by more than 200 individuals. We've also launched a community-led monitoring pilot program in Fiji to better understand how health services are responding across the country. We value our public private partnerships and thank Abbott for supporting ASHM to run the Pacific HIV Testing Innovations Workshop in Fiji which enables cross country knowledge exchange and solution planning to scale up HIV testing in Fiji, Vanuatu, Solomon Islands and Papua New Guinea. Meanwhile, in Papua New Guinea, we've seen a measurable increase in HIV testing and treatment rates from our projects such as the Sexual and Reproductive Health Integration Project, which takes a localised approach building a cadre of national clinical trainers and mentors. This project is led by the PNG Catholic Church Health Services.

In Timor-Leste and Papua New Guinea, we've also seen a measurable increase in the pregnant women tested and treated for HIV and syphilis, preventing possible mother-to-child transmission.

This tangible impact is made possible thanks to the contribution of ASHM members. All ASHM membership fees go towards the STEPT project and have a multiplier effect which allows us to secure DFAT funding for our global programs – so a sincere thank you to all of our members and everyone who has chosen to donate. Thank you for enabling us to continue this work, and for helping make a real difference for our neighbours in the region.



Supporting Triple Elimination in Papua New Guinea and Timor-Leste

The Supporting Triple Elimination in Papua New Guinea and Timor-Leste (STEPT) project works closely to strengthen the capacity of health workers and systems to increase prevention of mother-to-child transmission of HIV, syphilis and hepatitis B (known as 'triple elimination'). Triple elimination is a key priority for the region, as mother-to-child transmission is preventable.

The STEPT project is primarily funded by the Australian Government Department of Foreign Affairs and Trade (DFAT) through the ANCP. This year, ASHM achieved full accreditation with ANCP – enabling us to greatly increase our impact. Importantly, this project is also funded by ASHM members – whose membership fees also go towards this project.

This year through STEPT:

- 1,340 pregnant women tested for HIV and syphilis in Timor-Leste – each representing a potential case of prevented transmission
- 99%+ of women who test positive for syphilis received treatment in Timor-Leste STEPT clinics
- 99%+ of babies received hepatitis B birth dose vaccination within 24 hours



“Before the project I thought that if a mother tested positive for HIV we could just try and decrease the viral load for her, but that that was all we could do... but after being a part of this project I now know that we can reduce the chance of HIV being transmitted during the pregnancy, during delivery and during breastfeeding. And now we can hope to completely stop transmission of HIV to the baby.”

– DOCTOR FROM HIV/STI TEAM, TIMOR-LESTE

“If the project hadn't come we wouldn't have followed up with discussion between all the different parties. 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, MILNE BAY PROVINCIAL HOSPITAL



From the webinars:

96%

Of survey respondents found the webinars to be very or extremely useful to their work

97%

Reported increases awareness of HIV related stigma and discrimination

68%

Reported the webinars had encouraged them to think about changing their clinical practice, with a further 25% considering changing their clinical practice.

Pacific Sexual Health Systems Strengthening Project

In July 2024, 21 representatives from 15 community-based organisations (CBOs) from nine different countries participated in focus group discussions to understand the role CBOs play in linking the community to HIV services. The CBOs represented a mix of priority communities, including men who have sex with men, female sex workers, LGBTIQ+ people, people living with HIV, and young people. Findings from the focus group suggested that the participating CBOs could be further supported with more training on the fundamentals of HIV to facilitate community-clinical linkages.

- Co-creation of an online learning module on the basics of HIV for community organisations to use, the first of its kind for the Pacific
- Eight webinars on key blood-borne viruses and STI topics relevant for Pacific health workers.

The project is in partnership with the Pacific Sexual and Gender Diversity Network and is supported by the UNDP Global Fund Western Pacific Multi-Country Grant.

So far the project has delivered:

- Capacity building with six organisations, strengthening policies, processes and financial management
- Leadership training conducted with 25 leaders from these organisations



Conference and Events



This past year has once again shown the power of conferences and events in uniting the global health sector.

The year kicked off with the Australasian Viral Hepatitis Conference on the beautiful Larrakia country, Garamilla (Darwin), which saw delegates energised and excited to put what they learned into practice.

September 2024 saw the Australasian HIV&AIDS Conference running back-to-back with the 25th IUSTI World Congress (incorporating the Australasian Sexual & Reproductive Health Conference) from the 15-20 September. More than 1,100 delegates attended over five days at ICC Sydney to discuss the latest advancements in HIV and sexual and reproductive health.

Entering into 2025, turbulent global politics have seen every aspect of international healthcare impacted, including conferences and events. Despite these challenges, our team continues to work as hard as ever to deliver events which unite the sector in uncertain times.

This power of connection was no more apparent than at the 2nd Asia Pacific Conference on Point of Care Testing for Infectious Diseases (POC 2025), held in Bangkok, Thailand from 19 – 21 June 2025. Bringing together hundreds of delegates from across the Asia Pacific, we were incredibly proud to see cross-country connections formed and insights shared around closing health equity gaps through the implementation of point-of-care testing. This would not have been possible without our dedicated committees, supporting partners and sponsors, and speakers, many of whom are being directly impacted by recent global policy changes and funding cuts.

Also in June 2025 was the 27th Congress of the World Association for Sexual Health (WAS 2025), which ASHM facilitated delivery of in Meanjin (Brisbane). WAS 2025 welcomed international delegates from 52 different countries who engaged in a diverse program of 100 sessions, over 250 speakers and 127 posters, all focused on a shared vision of advancing sexual health, rights, justice and pleasure for all.

To ensure that as many people can attend our event as possible, we are also preparing to launch our inaugural round of Community and Allied Health Scholarships in the 25/26 financial year. In acknowledgement of the immense value the allied health workforce and people with lived experience bring to our conferences, this new scholarship type is offered exclusively to these groups, with the first set of recipients to attend the 2025 Australasian HIV&AIDS and Australasian Sexual & Reproductive Health Conferences.



14th Australasian Viral Hepatitis Conference (VH 2024)

The 14th Australasian Viral Hepatitis Conference (VH 2024) brought together the region’s viral hepatitis sector and community to explore ways to harness collective efforts to eliminate viral hepatitis, demonstrating the conference’s theme of ‘strength in unity’.



“Positioning Aboriginal and Torres Strait Islander health at the forefront of this conference was a highlight, and it was wonderful to see so many mob in attendance and everyone meaningfully following local protocols. VH2024 was a gold standard and I hope to see this followed at all future conferences.”

– PROFESSOR JAMES WARD, DIRECTOR, UQ POCHE CENTRE FOR INDIGENOUS HEALTH AT THE UNIVERSITY OF QUEENSLAND.

Australasian HIV&AIDS Conference and 25th IUSTI World Congress (incorporating the Australasian Sexual & Reproductive Health Conference) 2024

From 16 – 20 September 2024, the Australasian HIV&AIDS Conference ran back-to-back with the 25th IUSTI World Congress (incorporating the Australasian Sexual & Reproductive Health Conference) at ICC Sydney on Gadigal Country.

The Australasian HIV&AIDS Conference showcased cutting-edge research and work happening towards the elimination and treatment of HIV from across the globe. It also marked the launch of HIV Unwrapped, a globe-trotting collaboration between HIV researchers and fashion students.

Meanwhile, the 25th IUSTI World Congress (a collaboration between ASHM and International Union Against Sexually Transmitted Infection) brought together over 900 delegates from 35 countries for a diverse program of 200 speakers covering the latest clinical, research, and community-led innovations in sexual and reproductive health.



The Australasian HIV&AIDS Conference



25th IUSTI World Congress



2nd Asia Pacific Conference on Point of Care Testing for Infectious Diseases (POC 2025)

Held in Bangkok, Thailand from 19 – 21 June 2025, the 2nd Asia Pacific Conference on Point of Care Testing for Infectious Diseases (POC 2025) brought together global leaders in healthcare to explore innovations in point-of-care testing. Focused on improving access, equity, and outcomes, the event covered advancements

in rapid diagnostics for diseases like HIV, tuberculosis, malaria, and cervical cancer. The conference provided a platform for collaboration, exchanging ideas, and exploring strategies to improve access to this revolutionary testing technology, particularly in the Asia-Pacific region.



Full list of conferences and events this year

Conference	Dates held	Location	Number of attendees	Facilitated for
14th Australasian Viral Hepatitis Conference	1 – 3 August 2024	Darwin	324	ASHM
Australasian HIV&AIDS Conference and 25th IUSTI World Congress (incorporating the Australasian Sexual & Reproductive Health Conference) 2024	16 – 20 September 2024	Sydney	1,118 combined registrations, 442 attended both, 461 IUSTI only and 218 HIV&AIDS only.	ASHM, in collaboration with the International Union Against Sexually Transmitted Infection
HIV Paediatric Day (as part of HIV&AIDS 2024)	17 September 2024	Sydney	230	ASHM
International Conference on Health and Hepatitis Care in Substance Users 2024 (INHSU 2024)	8 – 11 October 2024	Athens	675	International Network on Health and Hepatitis in Substance Users (INHSU)
APSAD Conference 2024	30 October – 2 November 2024	Canberra	601	Australasian Professional Society on Alcohol and other Drugs (APSAD)
AAAH Youth Health Conference 2024	11 – 13 November 2024	Brisbane	266	Australian Association for Adolescent Health
ASID Annual Scientific Meeting 2025	3 – 5 April 2025	Canberra	450	Australasian Society for Infectious Diseases (ASID)
Congress of the World Association for Sexual Health 2025	16 – 19 June 2025	Brisbane	596	World Association for Sexual Health (WAS)
2nd Asia Pacific Conference on Point of Care Testing for Infectious Diseases	19 – 21 June 2025	Bangkok	280	ASHM



Financials



ASHM Health

ABN 48 264 545 457

Annual Report - 30 June 2025

**ASHM Health
Directors' report
30 June 2025**

The directors present their report, together with the financial statements, on the company for the year ended 30 June 2025.

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:

Prof. Charles Gilks	Dr. Jacqueline Richmond
Dr. Rupert Handy (resigned on 26/11/2024)	Benjamin Cowie
Penny Kenchington	Dr. Sam Elliott
Dr. James McMahon	Troy Combo (resigned on 26/11/2024)
Robert Monaghan	Hilary Crilly (appointed on 16/07/2024)
Pro. Dr. Jason Ong	

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 \$1,172,587(2024: \$690,743).

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 2025 ASHM's total income was \$13,039,423 (2024: \$11,011,813) and its total expenditure was \$11,866,836 (2024: \$10,321,070), resulting in an operating surplus (including other comprehensive income) of \$1,172,587 (2024: surplus of \$690,743).

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 2025.

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 2025**

Information on directors

Name:
Title:
Qualifications:
Experience and expertise:

Prof. Charles Gilks
Board Member
MA; MBBS w/Hons; DPhil, FRCP
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:
Title:
Qualifications:
Experience and expertise:

Dr. Rupert Handy
Board Member
MB ChB 1993 Otago; FRACP 2005
Rupert is a New Zealand trained Infectious Diseases Physician. After undergraduate training at the University of Otago Medical School, he completed post- graduate training in Medicine and Infectious Diseases in Auckland. He also worked in the United Kingdom prior to his appointment as a Consultant Physician at Auckland City Hospital in 2006. His current practice interests include HIV medicine, infections of the immunocompromised host and antimicrobial stewardship.

He is a member of the Australasian Society for Infectious Diseases, ASHM Health and the HIV Medicine Association. Rupert is a current member of ASHM's HIV Guidelines Committee.

Name:
Title:
Qualifications:
Experience and expertise:

Penny Kenchington
Vice President
MNsg (NP); Grad Dip PH; Grad Dip Hth Man; Grad Cert Forensic Nsg; Dip app Sc (Nsg).
Memberships: ACNP, FAMSACA; ASHM; QNU
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 ASHM's Finance, Risk Management and Audit Sub-committee, the ASHM Nursing National Advisory Group as well as the Australian STI Management Guidelines committee. Penny has represented ASHM on the Commonwealth HIV ministerial taskforce since 2023.

**ASHM Health
Directors' report
30 June 2025**

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 his major research interests are conducting clinical trials to identify agents that can lead to an HIV cure, trials of antiretroviral therapy, and trials of therapeutics for COVID-19 prevention and treatment. 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 flexibility and proficiency in communication, innovation, management, research and technical expertise.

Name: Pro. 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. He is an academic with joint appointments at Monash University and the London School of Hygiene and Tropical Medicine. His passion is to ensure access to comprehensive sexual health services to all who need it (in Australia and through his research in China and sub-Saharan Africa).

He is a board director of Health Equity Matters.

He is the Editor-in-Chief for Sexual Health.

**ASHM Health
Directors' report
30 June 2025**

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 Technical Lead 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. Over the past two decades, 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.

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 33 years, with 26 years working in HIV, Viral Hepatitis & sexual health medicine. He is a committed educator and actively participates in primary care research.

Sam sits on the Hep C & HIV National advisory groups. He is a member of the Doxy-PEP, Anal Carcinoma Screening Guidelines, HBVCSAP and South Australian STI and BBV Advisory Committee (SASBAC).

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.

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 an independent director and chairs the board's Finance, Risk Management and Audit Sub-Committee.

**ASHM Health
Directors' report
30 June 2025**

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 2025, and the number of meetings attended by each director were:

	Full Board	
	Attended	Held
Prof. Charles Gilks	4	5
Dr. Rupert Handy	1	3
Penny Kenchington	4	5
Dr. James McMahon	5	5
Robert Monaghan	1	5
Dr. Jason Ong	5	5
Dr. Jacqueline Richmond	5	5
Dr. Sam Elliott	5	5
Benjamin Cowie	4	5
Troy Combo	-	3
Hilary Crilly	5	5

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 may 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 \$577, based on 577 current ordinary members.

**ASHM Health
Directors' report
30 June 2025**

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



Pro. Dr. Jason Ong

9 October 2025



Nexia Sydney Audit Pty Ltd
Level 22, 2 Market Street
Sydney NSW 2000
PO Box Q776
QVB NSW 1230
E: info@nexiasydney.com.au
P: +61 2 9251 4600
F: +61 2 9251 7138

nexia.com.au

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 2025, 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

Erin Tanyag
Director

Date: 9 October 2025

**ASHM Health
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30 June 2025**

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General information

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

ASHM Health is a not-for-profit 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 9 October 2025. 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 2025

	Note	2025 \$	2024 \$
Revenue			
Grants			
- DFAT	3	305,502	349,903
- Other Australian	3	6,644,126	4,741,855
- Other overseas	3	1,017,274	1,126,296
Monetary donations and gifts		11,976	12,979
Non-monetary donations and gifts		75,818	-
Investment income	4	1,021,812	828,118
Other income	3	3,962,915	3,952,662
		13,039,423	11,011,813
Expenses			
International Aid and Development Program Expenditure			
International programs			
- Program support costs		(716,661)	(913,214)
- Funds to international programs		(230,527)	(244,774)
Fundraising costs			
- Government, multilateral and private		(257,941)	(200,246)
- Public		(524)	(1,204)
Community education		(175,215)	(167,498)
Accountability and administration		(119,857)	(145,709)
Non-monetary expenditure		(75,818)	(9,561)
Total International Aid and Development Program Expenditure		(1,576,543)	(1,682,206)
Domestic Programs Expenditure			
General office and administration expenses		(91,104)	(102,120)
Occupancy expenses		(25,938)	(28,814)
Education programs/resources		(1,400,573)	(624,190)
Professional fees		(181,006)	(148,388)
Personnel expenses		(5,650,945)	(5,592,262)
Depreciation and amortisation	5	(324,981)	(311,264)
IT costs		(173,950)	(187,931)
Finance fee	5	(107,472)	(112,536)
Conference expenses		(1,725,091)	(994,303)
Foreign currency losses		(5,861)	(10,482)
Loss on disposal of assets		(2,038)	(266)
Total Domestic Programs Expenditure		(9,688,959)	(8,112,556)
Other International Non-Development Program Expenditure		(601,334)	(526,308)
Total expenditure		(11,866,836)	(10,321,070)
Excess of revenue over expenditure before income tax expense		1,172,587	690,743
Income tax expense		-	-
Excess of revenue over expenditure after income tax expense for the year attributable to the members of ASHM Health	20	1,172,587	690,743
Other comprehensive income for the year, net of tax		-	-
Total comprehensive income for the year attributable to the members of ASHM Health		1,172,587	690,743

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 2025

	Note	2025 \$	2024 \$
Assets			
Current assets			
Cash and cash equivalents	6	10,166,309	7,750,993
Trade and other receivables	7	2,261,393	1,173,007
Contract assets	8	893,077	822,686
Other assets	9	217,552	156,002
Total current assets		13,538,331	9,902,688
Non-current assets			
Financial assets	10	5,696,284	4,794,695
Property, plant and equipment	11	190,871	206,573
Right-of-use assets	12	795,271	1,046,511
Total non-current assets		6,682,426	6,047,779
Total assets		20,220,757	15,950,467
Liabilities			
Current liabilities			
Trade and other payables	13	1,899,525	1,562,800
Deferred income	14	7,304,705	4,346,064
Employee benefits	15	546,849	498,487
Lease liabilities	16	260,710	239,269
Total current liabilities		10,011,789	6,646,620
Non-current liabilities			
Lease liabilities	17	640,342	906,075
Employee benefits	18	135,212	136,945
Total non-current liabilities		775,554	1,043,020
Total liabilities		10,787,343	7,689,640
Net assets		9,433,414	8,260,827
Equity			
Reserves	19	350,000	350,000
Retained surpluses	20	9,083,414	7,910,827
Total equity		9,433,414	8,260,827

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 2025

	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	<u>350,000</u>	<u>7,910,827</u>	<u>8,260,827</u>
	Essential guidelines and resources reserve \$	Retained profits \$	Total equity \$
Balance at 1 July 2024	350,000	7,910,827	8,260,827
Excess of revenue over expenditure after income tax expense for the year	-	1,172,587	1,172,587
Other comprehensive income for the year, net of tax	-	-	-
Total comprehensive income for the year	-	1,172,587	1,172,587
Balance at 30 June 2025	<u>350,000</u>	<u>9,083,414</u>	<u>9,433,414</u>

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.

ASHM Health
Statement of cash flows
For the year ended 30 June 2025

	Note	2025 \$	2024 \$
Cash flows from operating activities			
Receipts from customers (inclusive of GST)		14,396,562	13,811,085
Payments to suppliers and employees (inclusive of GST)		<u>(11,743,916)</u>	<u>(14,068,328)</u>
Interest received		2,652,646	(257,243)
Interest and other finance costs paid		401,936	366,585
Dividend and distribution income		(53,184)	(63,707)
		<u>281,753</u>	<u>162,705</u>
Net cash from operating activities		<u>3,283,151</u>	<u>208,340</u>
Cash flows from investing activities			
Payments for property, plant and equipment	11	(60,077)	(26,909)
Proceeds from disposal of investments		713,510	667,895
Payments for financial assets		<u>(1,276,976)</u>	<u>(1,172,630)</u>
Net cash used in investing activities		<u>(623,543)</u>	<u>(531,644)</u>
Cash flows from financing activities			
Repayment of lease liabilities		<u>(244,292)</u>	<u>(212,071)</u>
Net cash used in financing activities		<u>(244,292)</u>	<u>(212,071)</u>
Net increase/(decrease) in cash and cash equivalents		2,415,316	(535,375)
Cash and cash equivalents at the beginning of the financial year		<u>7,750,993</u>	<u>8,286,368</u>
Cash and cash equivalents at the end of the financial year	6	<u>10,166,309</u>	<u>7,750,993</u>

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

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

ASHM Health
Notes to the financial statements
30 June 2025

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.

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.

Other revenue

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

ASHM Health
Notes to the financial statements
30 June 2025

Note 1. Material accounting policy information (continued)

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 right at the end of the reporting period 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.

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.

Note 1. Material accounting policy information (continued)

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.

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.

Note 1. Material accounting policy information (continued)

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.

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.

ASHM Health
Notes to the financial statements
30 June 2025

Note 1. Material accounting policy information (continued)

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.

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.

ASHM Health
Notes to the financial statements
30 June 2025

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

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. Revenue

Disaggregation of revenue

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

	2025 \$	2024 \$
<i>Major revenue streams (grants and other income)</i>		
Operating grants	7,966,902	6,218,054
Conference	3,031,458	2,537,197
Sponsorship	433,755	247,383
Service fee	393,775	1,061,468
Memberships	103,927	106,614
	<u>11,929,817</u>	<u>10,170,716</u>
<i>Geographical regions</i>		
Australia	10,912,543	9,044,420
Overseas	1,017,274	1,126,296
	<u>11,929,817</u>	<u>10,170,716</u>

Note 4. Investment income

	2025 \$	2024 \$
Interest income	401,936	366,585
Dividend and distribution income	281,753	162,705
Fair value movements	338,123	298,828
	<u>1,021,812</u>	<u>828,118</u>

ASHM Health
Notes to the financial statements
30 June 2025

Note 5. Expenses

	2025 \$	2024 \$
Excess of revenue over expenditure before income tax includes the following specific expenses:		
<i>Depreciation</i>		
Property, plant and equipment	73,741	60,024
Right-of-use assets	251,240	251,240
Total depreciation	<u>324,981</u>	<u>311,264</u>
<i>Finance fee</i>		
Interest and finance charges paid/payable on lease liabilities	53,184	63,904
Bank and other charges paid/payable	54,288	48,633
Finance fee expensed	<u>107,472</u>	<u>112,537</u>

Note 6. Current assets - cash and cash equivalents

	2025 \$	2024 \$
Cash on hand	200	200
Cash at bank	3,154,905	2,550,793
Short-term bank deposits*	7,011,204	5,200,000
	<u>10,166,309</u>	<u>7,750,993</u>

*The interest rate on short-term bank deposits ranges between 4.17% to 5.25%; these deposits are at call. These short-term bank deposits will mature on period ranging from July 2025 to January 2026.

Note 7. Current assets - trade and other receivables

	2025 \$	2024 \$
Trade receivables	1,994,410	754,014
Other receivables	266,983	418,993
	<u>2,261,393</u>	<u>1,173,007</u>

Note 8. Current assets - contract assets

	2025 \$	2024 \$
Work in progress - conference	<u>893,077</u>	<u>822,686</u>

ASHM Health
Notes to the financial statements
30 June 2025

Note 9. Current assets - other assets

	2025 \$	2024 \$
Prepayments	72,142	39,027
Security deposits	116,975	116,975
Advance to international partners	28,435	-
	<u>217,552</u>	<u>156,002</u>

Note 10. Non-current assets - financial assets

	2025 \$	2024 \$
Financial assets	<u>5,696,284</u>	<u>4,794,695</u>

The company holds long to medium term investment fund of \$5,696,284 as at 30 June 2025 in accordance with the Investment Policy dated February 2022.

Note 11. Non-current assets - property, plant and equipment

	2025 \$	2024 \$
Leasehold improvements - at cost	254,606	254,606
Less: Accumulated depreciation	(158,057)	(128,239)
	<u>96,549</u>	<u>126,367</u>
Furnitures and fixtures - at cost	101,964	101,964
Less: Accumulated depreciation	(76,473)	(67,976)
	<u>25,491</u>	<u>33,988</u>
Computer equipment - at cost	132,282	84,059
Less: Accumulated depreciation	(64,297)	(39,251)
	<u>67,985</u>	<u>44,808</u>
Office equipment - at cost	18,131	18,131
Less: Accumulated depreciation	(17,285)	(16,721)
	<u>846</u>	<u>1,410</u>
	<u>190,871</u>	<u>206,573</u>

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 2024	126,367	33,988	44,808	1,410	206,573
Additions	-	-	60,077	-	60,077
Write off of assets	-	-	(2,038)	-	(2,038)
Depreciation expense	(29,818)	(8,497)	(34,862)	(564)	(73,741)
Balance at 30 June 2025	<u>96,549</u>	<u>25,491</u>	<u>67,985</u>	<u>846</u>	<u>190,871</u>

ASHM Health
Notes to the financial statements
30 June 2025

Note 12. Non-current assets - right-of-use assets

	2025 \$	2024 \$
Right-of-use asset - Clarence St. office	1,331,450	1,331,450
Less: Accumulated depreciation	<u>(665,724)</u>	<u>(443,816)</u>
	665,726	887,634
Right-of-use asset - Brisbane office	234,651	234,651
Less: Accumulated depreciation	<u>(105,106)</u>	<u>(75,774)</u>
	129,545	158,877
	<u>795,271</u>	<u>1,046,511</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 2024	887,634	158,877	1,046,511
Depreciation expense	<u>(221,908)</u>	<u>(29,332)</u>	<u>(251,240)</u>
Balance at 30 June 2025	<u>665,726</u>	<u>129,545</u>	<u>795,271</u>

Note 13. Current liabilities - trade and other payables

	2025 \$	2024 \$
Trade payables	488,211	317,831
Sundry creditors	726,497	583,951
External conferences receipts collected	<u>684,817</u>	<u>661,018</u>
	<u>1,899,525</u>	<u>1,562,800</u>

Note 14. Current liabilities - deferred income

	2025 \$	2024 \$
Grants received in advance	6,077,155	2,544,462
Income received in advance - conferences	1,182,156	1,603,105
Income received in advance - general	-	162,528
Membership received in advance	<u>45,394</u>	<u>35,969</u>
	<u>7,304,705</u>	<u>4,346,064</u>

ASHM Health
Notes to the financial statements
30 June 2025

Note 15. Current liabilities - provisions

	2025 \$	2024 \$
Annual leave	432,145	382,309
Long service leave	<u>114,704</u>	<u>116,178</u>
	<u>546,849</u>	<u>498,487</u>

Note 16. Current liabilities - lease liabilities

	2025 \$	2024 \$
Lease liability - Clarence St. office	231,487	212,559
Lease liability - Brisbane office	<u>29,223</u>	<u>26,710</u>
	<u>260,710</u>	<u>239,269</u>

Note 17. Non-current liabilities - lease liabilities

	2025 \$	2024 \$
Lease liability - Clarence St. office	550,787	756,099
Lease liability - Brisbane office	<u>89,555</u>	<u>149,976</u>
	<u>640,342</u>	<u>906,075</u>

Note 18. Non-current liabilities - provisions

	2025 \$	2024 \$
Long service leave	<u>135,212</u>	<u>136,945</u>

Note 19. Equity - reserves

	2025 \$	2024 \$
Essential guidelines and resources reserve	<u>350,000</u>	<u>350,000</u>

Note 20. Equity - retained surpluses

	2025 \$	2024 \$
Retained surpluses at the beginning of the financial year	7,910,827	7,570,084
Excess of revenue over expenditure after income tax expense for the year	1,172,587	690,743
Transfer to reserve	<u>-</u>	<u>(350,000)</u>
Retained surpluses at the end of the financial year	<u>9,083,414</u>	<u>7,910,827</u>

ASHM Health
Notes to the financial statements
30 June 2025

Note 21. 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:

	2025 \$	2024 \$
Aggregate compensation	<u>1,022,717</u>	<u>983,853</u>

Note 22. 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:

	2025 \$	2024 \$
<i>Audit services - Nexia Sydney Audit Pty Ltd</i>		
Audit of the financial statements	<u>31,500</u>	<u>30,000</u>
<i>Other services - Nexia Sydney Audit Pty Ltd</i>		
Preparation of financial statements	3,150	3,000
Grant acquittal services	<u>5,600</u>	<u>8,250</u>
	<u>8,750</u>	<u>11,250</u>
	<u>40,250</u>	<u>41,250</u>

Note 23. Contingent liabilities

To the Directors' knowledge, the company has no known contingent assets and liabilities as at 30 June 2025 (2024: nil).

Note 24. Commitments

To the Directors' knowledge, the company has no capital commitments as at 30 June 2025 (2024: nil).

Note 25. Related party transactions

Key management personnel

Disclosures relating to key management personnel are set out in note 21.

ASHM Health
Notes to the financial statements
30 June 2025

Note 25. Related party transactions (continued)

Transactions with related parties

The following transactions occurred with related parties:

	2025 \$	2024 \$
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	4,500	900
Dr. Sam Elliott	5,687	2,463
Penny Kenchington	800	1,325
Dr. Jason Ong	<u>1,100</u>	<u>1,700</u>
	12,087	6,388

The directors donated the following compensation to the ASHM Gift Fund:

Penny Kenchington	400	435
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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 26. Events after the reporting period

No matter or circumstance has arisen since 30 June 2025 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 27. 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 2025 the number of members is 577 (2024: 557) therefore the total amount that members of the company are liable to contribute if the company is wound up is \$577 (2024 \$557).

**ASHM Health
Directors' declaration
30 June 2025**

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 2025 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



Prof. Dr. Jason Ong

9 October 2025



Nexia Sydney Audit Pty Ltd
Level 22, 2 Market Street
Sydney NSW 2000
PO Box Q776
QVB NSW 1230
E: info@nexiasydney.com.au
P: +61 2 9251 4600
F: +61 2 9251 7138

nexia.com.au

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 2025, 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:

- giving a true and fair view of the Company's financial position as at 30 June 2025 and of its financial performance for the year then ended; and
- complying with Australian Accounting Standards - Simplified Disclosures 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 2025, 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-

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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.

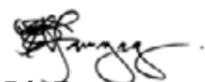
Auditor's responsibility for the audit of the financial report

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: https://auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.



Nexia Sydney Audit Pty Ltd



Erin Tanyag

Director

Dated: 9 October 2025

Sydney

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 Not-for-profits Commission.

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



ACFID
MEMBER



ashm

