

napwha national association of
people with HIV australia

Annual Report



2018-2019

Mission Statement

NAPWHA is the national peak organisation representing people living with HIV in Australia. Through leadership in advocacy, policy, education and prevention, NAPWHA strives to minimise the adverse personal and social effects of HIV. By championing the participation of HIV-positive people at all levels of the national response we aim to build a positive future for all people living with HIV.

Acknowledgement

NAPWHA pays respect to the traditional custodians of this land and acknowledges Aboriginal and Torres Strait Islander elders, past and present, and those who have partnered with us in the response to HIV in Australia.

WARNING: Aboriginal and Torres Strait Islander readers are advised that this document contains images and names of deceased persons.

NAPWHA National Association of People With HIV Australia

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PRESIDENT – Cipriano Martinez

A Journey of Love

There is renewed confidence in the HIV sector and the Australian Partnership Response to HIV. This period has delivered a record number of people with HIV being on treatment and achieving an undetectable viral load. This means they can maximise the benefits to their own health and protect their partners as well. U = U (undetectable equals untransmittable) has contributed significantly to improvements in health, intimacy and reductions in stigma and discrimination. U=U, coupled with another record number – that of people on PrEP - has produced the largest decline in decades of new HIV transmissions. All partners in the response can be proud of Australia's world leading efforts.

However, the Kirby National Surveillance report (2019) estimates that there are 27,545 people living with HIV in Australia. 20,412 of these have an undetectable viral load. This means that many thousands are not yet receiving the quality of life improvements or the prevention and cure advantages of fully suppressive HIV treatment. Listening, supporting and valuing the lived experience of each individual is partly how, as peers, we will come to virtually end HIV. When we meaningfully engage with each positive person, we can fully assist in resolving the problematic social determinants of health that operate as a barrier to access and equity. In the past year NAPWHA has released four substantial pieces of work that directly address some of this; a report on HIV and Ageing in Australia, a Stigma & Resilience Framework, an Audit of Australia's Mandatory Disease Testing Laws, and a report on Medicare Ineligible PLHIV in Australia.

Still, more must be done to implement the opportunities provided by the eighth National HIV strategy. Guided by the great work of our HIV Peer Networks – the National Network of Women Living with HIV (Femfatales), the Positive Aboriginal and Torres Strait Islander Network (PATSIN) - and our highly professional and effective member organisations across the country, we have the ability to meet the challenges of a technologically integrated health system and shape its

form for our optimum benefit. We also have it within our power to make real progress towards universal health care by eliminating co-payments for HIV medications for all. Futures 9 reported that “7.8% of respondents indicated they had not taken HIV medication at least once in the last 12 months due to financial reasons”. This like other poor social determinants of health is unacceptable if we are to virtually end HIV transmissions in Australia.

As this is my last report as President of NAPWHA I would like to take this opportunity to reflect on how in early 2016, NAPWHA provided hope to people with HIV by supporting efforts to find a classical cure to HIV. The website HIVcure.com.au is a loving collaboration amongst many. However I would, in particular, like to personally thank Professor Sharon Lewin for her efforts. Her unwavering belief in people and her inspirational vision of what is possible are truly life-giving. Although there may be steps along the way towards a cure, like “HIV remission” or potentially a “functional HIV cure”, news like that of the London Patient in March 2019 as the second person to be cured of HIV continues to deliver on the promise, that eventually an HIV cure will be discovered. Perhaps this will even be within the lifetime of many people alive with HIV today. When this happens, a most grand celebration will occur.

This has been a dynamic year of change for NAPWHA, and the Board has played a particularly active role in steering the organisation through this period. We seized on the publication of the 8th National HIV Strategy as an opportunity for NAPWHA to undertake a review of its own strategic plan, so that we might bring the two documents into close alignment of timeframes, targets and bold goals. To this end the board organised an additional face to face planning day and engaged a consultant to begin the process of shaping and developing this important work. The Board has also commenced a review of the Rules of the Association.

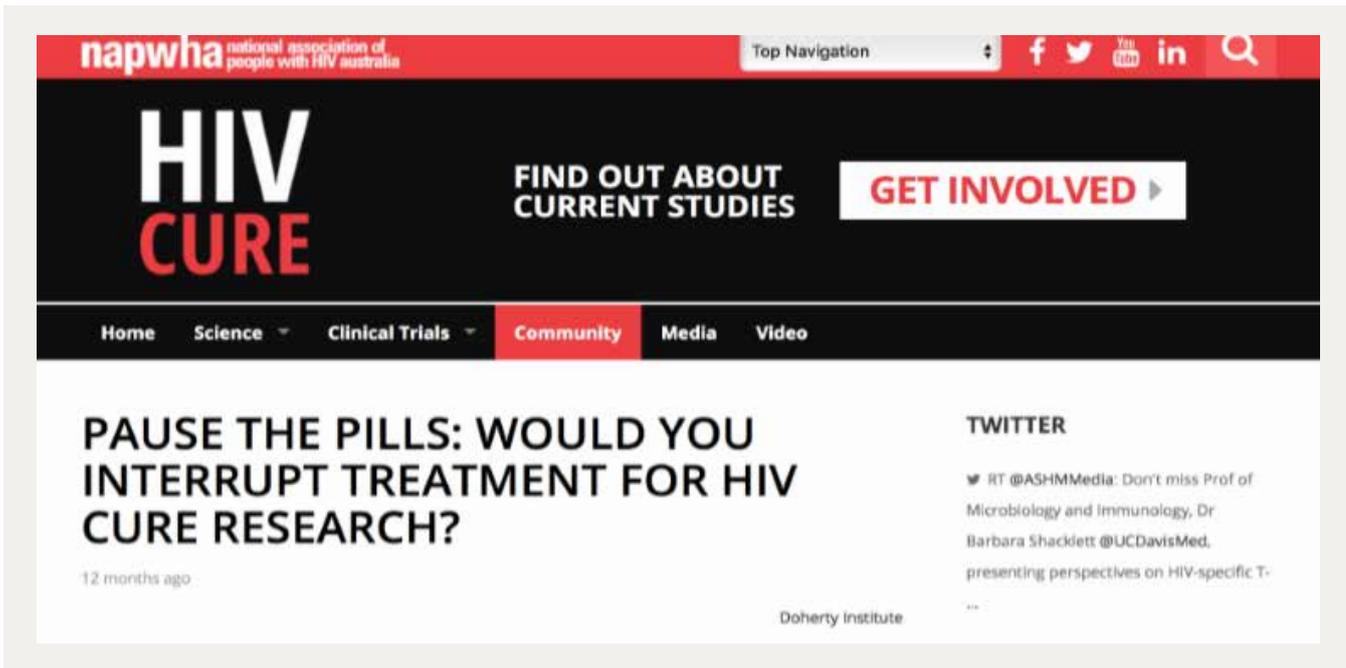


Image: Developed by NAPWHA in association with Doherty Institute and The Alfred Hospital, the HIV Cure website collates the latest news and scientific developments to inform people living with HIV in Australia of the successes being made as they happen — www.hivcure.com.au

In December 2018 Sarah Feagan, David Menadue, John Rule, Katy Roy and I attended the joint NAPWHA/AFAO World AIDS DAY event in Canberra. Important meetings were held with both the Department of Health and the Department of Aged Care Services. It was a privilege to deliver NAPWHA's address, where I spoke about the positive achievements of the Federal Government in 2019, notably the publication of the 8th Strategy and solid financial commitments toward the future HIV response. This was followed by a panel where David was the star contributor to a discussion about the diverse and nuanced experience of what it means to live with HIV at this moment in time and over the long term.

The NAPWHA Board has also undergone some changes, with Lance Feeney stepping down from his position earlier this year. We thank Lance for bringing his skill, knowledge and extensive organisational memory to bear on the work of governance.

Lance has been a long time NAPWHA advocate and representative and he was a stabilising and inspirational force on the NAPWHA Board. We thank him sincerely for his significant efforts to improve the lives of people living with HIV.

After Lance's departure the NAPWHA Board and membership seized the opportunity to increase NAPWHA's diversity and better develop its connection to the African HIV positive

community. After sharing the powerful story of her diagnosis, immigration to Australia as a refugee and being an HIV positive African woman in Australia at the NAPWHA National Forum in May this year, Precious Mapfumo was co-opted onto the NAPWHA Board for the remainder of 2019.

As I sign off as the President of NAPWHA for the last time I would like to thank everyone for being part of this journey with me. I wholeheartedly thank the members of Board. It has been an honour to serve the community with you. I would also like to thank our Executive Director, our wonderful NAPWHA staff and all who partner with us as we empower positive people to live their lives to their full potential; in good health, with love and free from fear, stigma and criminalisation.



Ciperi Martinez

EXECUTIVE DIRECTOR – Aaron Cogle

Continuing Renewal

NAPWHA's process of renewal continued this year. While some long-standing projects came to fruition, other new ones began, giving the organisation both a sense of momentum and an increased visibility.

A rebrand and new website has rejuvenated NAPWHA's public face. Our site is now simpler, clearer and easier to navigate. The focus is on current work while older content can still be sourced from an archived database. Dedicated staff working on social media has also increased the quantity and quality of our posts. More information about NAPWHA is promoted online, better informing our communities. 2020 will see further media enhancements including a new format for Positive Living magazine.

A new customer relationship management system will also help us better manage our connection to community members. More flexible and cheaper communication and increased information security are all benefits of us moving into 'the cloud'. Plus, all this modernisation is anticipated to give us long-term savings.

The NAPWHA staff team continues to grow. In February, Saysana Sirimanotham left ASHM to become our Health Literacy Project Officer; and in May, Charlie Treadway came on board as the new Media Officer. 2019 also saw a revitalisation of our volunteer program. Special thanks to Steven Turner for sifting through decades of important documentation to create a historical archive; and to Suzie Solomon for her time helping NAPWHA identify corporate sources for donations to support our international work.

Our work would not be possible without the time and expertise of all our contractors and collaborators, and I thank them all for their efforts in 2019.

We also performed in the area of research and policy development this year by publishing two policy papers, both showcasing brand new research.

Medicare ineligibility remains an issue for many temporary residents with HIV in Australia. The report: Medicare Ineligible PLHIV in Australia delivered on NAPWHA's commitment to find better ways of measuring this population. As the numbers continue to rise, we were able to produce the most accurate data on PLHIV who are connected to care in Australia but without Medicare access. We hope this report informs an improved system of monitoring and managing this group.

In partnership with the HIV Justice Network, NAPWHA published the results of an audit into the use of mandatory testing laws in five Australian States. We found a concerning lack of monitoring and oversight of how these laws are being deployed and great inconsistency across jurisdictions. As a result, these laws are particularly vulnerable to misuse and are being deployed in situations where no possibility of HIV transmission exists.

NAPWHA made several submissions to various inquiries this year. We fed into the Commonwealth Government's Royal Commission into Aged Care Quality and Safety. Two submissions went to NSW Justice - one on mandatory testing and the other regarding the use of non-disclosure orders for PLHIV. We submitted to the International Commission of Jurists on HIV transmission using criminal law in Australia. And we made two supporting statements; one to an AFAO submission arguing against the proposed ban on amyl nitrates and another to an ASHM submission to change guidelines so that nurse practitioners can prescribe ARVs.



This year's Australasian HIV & AIDS Conference was a tour de force for the organisation. We were honoured to host keynote speaker, Edwin Bernard from the HIV Justice Network. NAPWHA's Vice President Sarah Feagan gave the opening address. A NAPWHA team of thirteen people presented on a diverse range of topics including community concerns about molecular testing, PrEP, mandatory testing, sex working with HIV and the law and Medicare ineligibility. Two symposia were delivered: Heads together we can transform the region and Not Guilty! Living with HIV and the law. Interviews with high profile speakers and up-to-the minute coverage of the most relevant sessions were also shared on social media.

NAPWHA continues to work against HIV criminalisation, and this year we submitted our second amicus curae to a court case involving HIV transmission. Although progress via this avenue is slow, acting as an impartial adviser to a court of law in these particular cases could emerge as an important tool in our fight.

We delivered three PozAction meetings this year: Brisbane in December 2018, Adelaide in February 2019, and in Hobart in June we bid farewell to PozAction. During its tenure, the group has served an important purpose: coordinating campaigns, collaborating on anti-HIV stigma and discrimination efforts, supporting work on ART co-payments, and ensuring that input from PLHIV



organisations feeds into the national strategy development process. PozAction has now been replaced by the NAPWHA Operational Leadership Group. Through this network we will support a clearer division between the representative and governance roles of the PLHIV boards and the implementation role of operational leadership. This should allow for optimal use of operational resources across States/Territories and nationally.

NAPWHA's partnership work with Igat Hope in PNG continues. This year, Dr John Rule and Dr Ruth Hennessey were joined by Tim Leach and Suzie Solomon to deliver a women's workshop on self-esteem and dental health in Port Moresby, a number of NGO stakeholder meetings and training to peer counsellors.

John Rule and Kath Leane (NAPWHA's Femfatales Convenor) authored the forward to this year's Futures 9 report that focuses on PLHIV quality of life. Despite advances in HIV treatment and care, the number of people reporting poor-to-fair health remains stubbornly high. While, for women particularly, the average length of time living with undiagnosed HIV is more than double that of their male counterparts. We need to understand more about why we haven't made more headway in these areas.

NAPWHA was particularly active this year through its membership of the Commonwealth Government Blood



Borne Viruses and STIs Subcommittee. We consulted widely with our membership to inform the development of the implementation plans to the National Strategies. We contributed extensively to the redraft of the new *Guidelines for Managing HIV Risk Behaviours*. And we progressed work on ARV access for Medicare ineligible temporary residents in Australia and on mandatory testing laws. This year also saw the belated launch of the new *Australian National Guidelines for the Management of Healthcare Workers Living with a BBV and Healthcare Workers who Perform Exposure Prone Procedures*. NAPWHA made considerable contributions to the development process of this document in previous years.

Our new Treatments Literacy project is well underway. This national program aims to connect NAPWHA to PLHIV who may not be benefiting from Australia's HIV response as well as other groups. Women living with HIV are the first focus of this important project.

Our work around the My Health Record (MHR) database continues. Education materials are being distributed to assist PLHIV with an MHR to optimise the security settings of the system.

As part of a strategy designed to educate Australian PLHIV about the changing landscape of HIV treatments, NAPWHA released a suite of literacy messages in 2018. While promotion of early treatment commencement and

maintaining good adherence remain as relevant as ever, new drug types, new methods of administration and new ARV regimens mean that it's time to supplement existing knowledge with a range of new messages. These fact sheets dealt with treatment optimisation, drug resistance, treatment clashes and U=U/TasP. The educational series will continue in 2020.

All of the internal WH&S policies were reviewed this year and updated where necessary to ensure NAPWHA remains compliant with current legislative requirements.

Finally, I would like to praise the board for displaying exceptional strategic foresight in deciding to pay down NAPWHA's mortgage. By owning this a valuable asset, the organisation now has increased stability and flexibility

As ever, I thank board members and staff alike for their unrelenting commitment over the past year to ensure that NAPWHA continues to deliver — beyond expectations — its remit for PLHIV throughout Australia and beyond



NATIONAL POLICY MANAGER – Katy Roy

Preparing for a more agile NAPWHA Workforce



Major investment in a new look-and-feel NAPWHA website; the development of our internal operational policies – as well as, introducing new web-based IT systems has been a major focus in NAPWHA's work in 2019. This focus has been made with the objectives of strengthening our organisational practices, addressing privacy and security of data, and to allow for staff being able to work remotely from a mobile and the *paperless* office.

Further to that, many interior changes have been made to the NAPWHA office based in Newtown, Sydney, to beautify and liven up the space!

IT investment

The introduction of new IT and Cloud-based Software-as-a-Solution systems has been a major cultural shift for the organisation, preparing NAPWHA to become a more agile workforce:

- **Investment in new hardware** – all staff were newly equipped with laptops and equipment to support video conference
- **Migration from to Gmail to Microsoft Office 365** – now allows staff to access emails, create documents in the Office suite, and store/shared files remotely
- **Moving from a paper-based system and towards an online contact database (CRM) solution** – this major project involved four months of scoping and identifying our business needs with a Business Analysis, tendering with potential suppliers, and now migrating our contacts into secure web-based solution which will be operating in later-2019.
- **Digitising our historical files** with the efforts of our tireless volunteer, Stephen Turner
- **Scoping web-based systems to streamline processes** – the online *Serko* system allows for ease in making travel booking; and *Xero* for our accounting needs.



New website

Our fresh new-look website, launched at the NAPWHA SGM in April 2019, marks the first website revamp and overhaul since 2013. The website navigation and user experience are now optimised with responsive design allowing for correct display on a range of desktop and mobile devices. All website content pre-dating 2016, showcasing our history and legacy, remains searchable on the website in an archived section.

Strengthening internal policy

Following an internal policy audit NAPWHA is working towards a full suite of organisational policies to mitigate our operational risks – these include: Workplace Health and Safety compliance, Human Resources policies and Travel Policy to cover NAPWHA staff and travelers.

Staffing recruitment

The recruitment of Saysana Sirimatham and Charlie Tredway (in February and May 2019, respectively) were welcomed staffing additions and have provided NAPWHA with the workforce capacity to deliver on our many KPIs across NAPWHA contracts – now bringing our staffing capacity from 3.5 FTE in 2018 to 5.5 FTE in 2019.

Contract management, reporting and tendering

Contract management continues to be a priority in the role of National Policy Manager given NAPWHA hold two Commonwealth contracts with KPI deliverables across the NAPWHA workforce.

Furthermore, the smaller project funding from pharmaceutical sources are time intensive through the entire grant submission process – from proposal writing and applying, through to contract management and reporting.



SENIOR RESEARCH MANAGER – Dr John Rule

The Power of Representation & Collaboration

Research & Representation for People Living with HIV

The NAPWHA research and representation day was held prior to the Special General Meeting in April 2019. The workshop was attended by representatives nominated from each NAPWHA jurisdiction, network and member organisation as well as several researchers intimately involved in working with HIV-positive people and communities. The aim of the day was to provide a space for reflection on recent research developments and to assist member organisations and their representatives to build their capacity to engage in future research development. A series of questions were explored: What are the various research activities currently being undertaken? What does meaningful involvement for PLHIV look like? What is agreed upon as ethical? Are all communities involved? How are current HIV research programs and activities tracking? Is there anything that needs to be considered for the future?

Delegates evaluated the day as achieving the right balance, there were recommendations about improving the event in the future e.g. more break-out discussions and/or panel

presentations. Most respondents thought that the next steps would be to move forward by focusing on specific topics or outcomes. The researchers attending the day noted their thanks with comments like; *“As a researcher from out of Sydney – it’s wonderful to be involved in the conversation. I would really like to continue the conversation. Thank you!”*, *“Congrats to NAPWHA for initiating the research day! Another field NAPWHA can show positive leadership in.”*

Write ups of the day from Dr Kirsten Machon, Research Consultant Ronald Woods, Dr Jen Powers from ARCSHS and with the support of Dr Jeanne Ellard from AFAO will be compiled into a report on ‘involvement of HIV positive people in research and representation’. There were calls to have a similar day in the future – this would depend on funding and finding a specific focus for drawing people together. HIV positive engagement in the national HIV research agenda is alive and vital!

NAPWHA: Stigma & Resilience Framework

A substantive consultation process underpinned the development of the National Strategic framework to address

HIV stigma and build resilience capacity for people living with HIV. NAPWHA recognises that despite advances in HIV treatment, prevention, care and support, many people living with HIV continue to face potentially significant issues that prevent them living the full-some life they desire. Impediments to leading this life include: the continuing impact of HIV-related stigma and discrimination, the effects of varying levels of knowledge about HIV, social isolation, cultural and language barriers and the effects of living long term with HIV. There are also specific needs in relation to particular communities and the effect of HIV including: gender-related issues, geographical isolation, or issues in relation to the use of injecting drugs. The framework is designed for use by: people with responsibilities for planning, evaluating or delivering services, and for people who design, lead, and facilitate peer-led HIV interventions. The framework could also be used as a reference point for those with responsibilities for funding services and HIV social researchers.

The framework provides a checklist or reference point e.g. building resilience – what can you do? or building resilience for women: what are some of the key themes? The document describes a series of objectives which constitute a national framework and includes strategies to meet those objectives.

NAPWHA owes a special thank you to Brent Allan and Dr Kirsten Machon who wrote the framework.

HIV & Ageing in Australia: The New Frontier

Written by Ronald Woods and launched by David Menadue the HIV and ageing report provides a detailed account of the relevant national and international literature on the topic of HIV and ageing. Drawing on evidence from a comprehensive literature review the report notes that is an increasingly solid evidence base upon which all stakeholders can base their decision-making and activities. There is no doubt now that vulnerability to develop physical and mental health problems, as well as the distress caused by symptoms and their impacts on daily function, is increased among those who have been living with HIV for many years. There is also no doubt now that this is being experienced by an increasing number of those living long term with HIV.

The report recommends four initiatives that NAPWHA could pursue with the information at hand. Firstly, a nation-wide outreach and health promotion campaign. Secondly, promoting healthy ageing peer support through the development of training materials. Thirdly, collaboration on promoting models of HIV geriatric care. Fourthly, reaching out to long-term survivors.





NAPWHA has completed a combined submission with AFAO to the Royal Commission into Aged Care Quality and Safety and contributed to the NSW Positive Life submission. NAPWHA has contributed to submissions being made to the Commission by Positive Life NSW, ASHM and Seniors Rights Services. NAPWHA has ASHMs work on the development of training materials for an Online Learning Module: HIV for Aged Care and Community Nurses. NAPWHA was invited by Gilead to present information on HIV and ageing and patient centered care at the Gilead sponsored HIV New Frontiers Meeting in August 2019. NAPWHA has contributed along with a range of research partners to put forward an NHMRC grant proposal to conduct and evaluate a 'model' geriatric HIV clinic at St Vincent's Hospital Darlinghurst, (this would be a potential 'model' for other jurisdictions); NAPWHA is listed as an industry investigator and awaits feedback on the proposal.

Collaboration & Engagement

NAPWHA has been invited to be part of a number of research programs and activities at the Kirby Institute, the Centre for Social Research in Health and the Australian Research Centre in Sex Health and Society. These have included but not been limited to: participation in the Molecular Epidemiology Workshop, participation in HIV Care Cascades Workshop, participation at the National Stigma Indicators Consultation Meeting and the writing and launching of HIV Futures 9 Report.

Timor-Leste

At the request of Estrela +, NAPWHA has lodged a submission for funding support to assist in the design of a 'services referral checklist' for their HIV positive peer support workers. NAPWHA previously assisted Estrela + in the training of HIV positive peers to conduct the Stigma Audit in Timor-Leste and a comprehensive report on the project has now been released.

Papua New Guinea

Under partnership activities supported by the Collaboration for Health in Papua New, NAPWHA has supported Igat Hope, the national PLHIV organisation in PNG. NAPWHA recently conducted a HIV, health, nutrition and self-esteem workshop for women with HIV in Port Moresby by a skills evaluation audit for HIV positive peer counsellors in Goroka. Igat Hope have also requested that NAPWHA assist in evaluating the peer counsellors in clinical settings project.



COMMUNICATION & COMMUNITY ENGAGEMENT – Saysana Sirimanotham

Health Literacy Matters

NAPWHA has embarked on a three-year initiative (2019-2021) – HIV Health Literacy Framework (HLF) project – that focuses on the role health literacy can play in contributing to these goals. The assumption is that the organisation can do more to improve its HIV-related health messaging to all people living with HIV, and that improved HIV health

literacy at all levels (individual, community, organisational, sectoral and policy) can be achieved. In addition to strengthening NAPWHA as a more health literate organisation, an outcome for the HLF project is increased HIV health literacy among individuals and communities. Find out more: napwha.org.au/health-literacy-framework

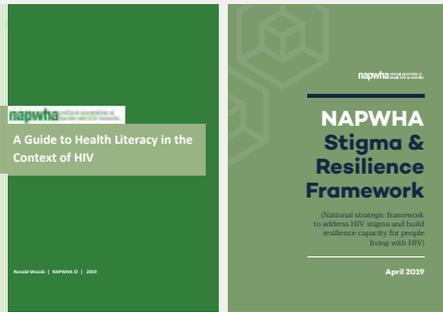
Supporting an improved conversation with women

In addition to strengthening NAPWHA as a more health literate organisation, an outcome for the HLF project is increased HIV health literacy among individuals and communities. The cohort within the body positive that will be focused upon over the three years of the project is women living with HIV. Working in partnership with women from the community who have been appointed in the project to become research co-investigators,

project advocates and co-designers, NAPWHA will draft a HIV Health Literacy Framework in 2019 to support an improved conversation with women. The emerging health literacy framework aims to support the development of specific health communication, initiatives or interventions for women – which will be produced and evaluated in 2020.



Image: Sarah Feagan, Emma Sheldon-Collins, Giovanna Webb (via video conferencing webcam) and Precious – appointed as Community Advocates to co-design the project and to co-investigate the research process – at a one-day training day in Melbourne, August 2019.



Training was provided by Dr Graham Brown (from the Australian Research Centre in Sex, Health and Society, La Trobe University – who is providing key research support for the life of the project); Ronald Woods, a research consultant that NAPWHA commissioned to identify, describe, analyse and synthesize existing literature on health literacy; and Kirsty Machon (not pictured), the co-author of NAPWHA’s Stigma and Resilience Framework.

napwha national association of people with hiv australia

Let Women Talk!

Come and be part of the first ever national focus group run for and by women living with HIV

Wed 23 Oct 2019
6PM - 9PM
Living Positive
Victoria
Southbank VIC



Your voice will contribute towards women's health literacy initiatives that can inform future health practices.

We want to better understand how and where you currently access prevention and treatment health information and support.

A \$50 EFTPOS card and Cabcharge voucher (for travel from the event) will be provided to focus group participants

Register your interest with Sarah & Emma, our Community Advocates
Call 0490 132 604
Email emma@positivewomen.org.au



Let Women Talk

Images: Let Women Talk – has become the working title for two focus groups, one in Melbourne and the other in Darwin, run for and by women living with HIV (pictured left).

(Pictured right) The name was also adopted for a series of video podcasts where community advocate, Sarah Feagan, interviewed 14 women from the 2019 Australasian HIV&AIDS Conference, held in Perth WA, September 2019. Each of the guests had presented either new medical research, innovations in clinical models of care, or issues regarding women’s health. The video series aimed to translate research back into community practice.

See more: <http://bit.ly/LWT>

Establishing linkages to clinical community, peer navigators and treatment officers

Integrating any health literacy initiatives and community health research back into the clinical community, peer navigators and treatment officers is an integral part of the project's development.



Pictured top: Dr John Rule with peer navigators and treatment officers from all Australian States and Territories at the annual Treatment Officer Network held in Melbourne in April 2019.

Pictured bottom left: Project manager, Saysana Sirimanotham is pictured with staff from ASHM – the peak body representing the HIV workforce and who provide continuing medical education and accreditation to HIV S100 community prescribers.

Pictured bottom right: A consultation with health care providers at Cairns Sexual Health Centre with 14 participants (including Aboriginal Health Workers, community pharmacists, nurse and general practitioners) was conducted in August 2019 to better understand systemic gaps and enablers in health systems.



SOCIAL MEDIA & COMMUNITY ENGAGEMENT – Charlie Tredway

The power of engagement in the digital age

Social Media

Social Media is an integral part of any forward-looking organisation. It is a way of disseminating the high-level, vital work NAPWHA and its member and affiliate organisations do within Australia's HIV response. I was recruited by NAPWHA in April of this year to manage the social media pages and chart a new path forward in how we engage with people through social media.

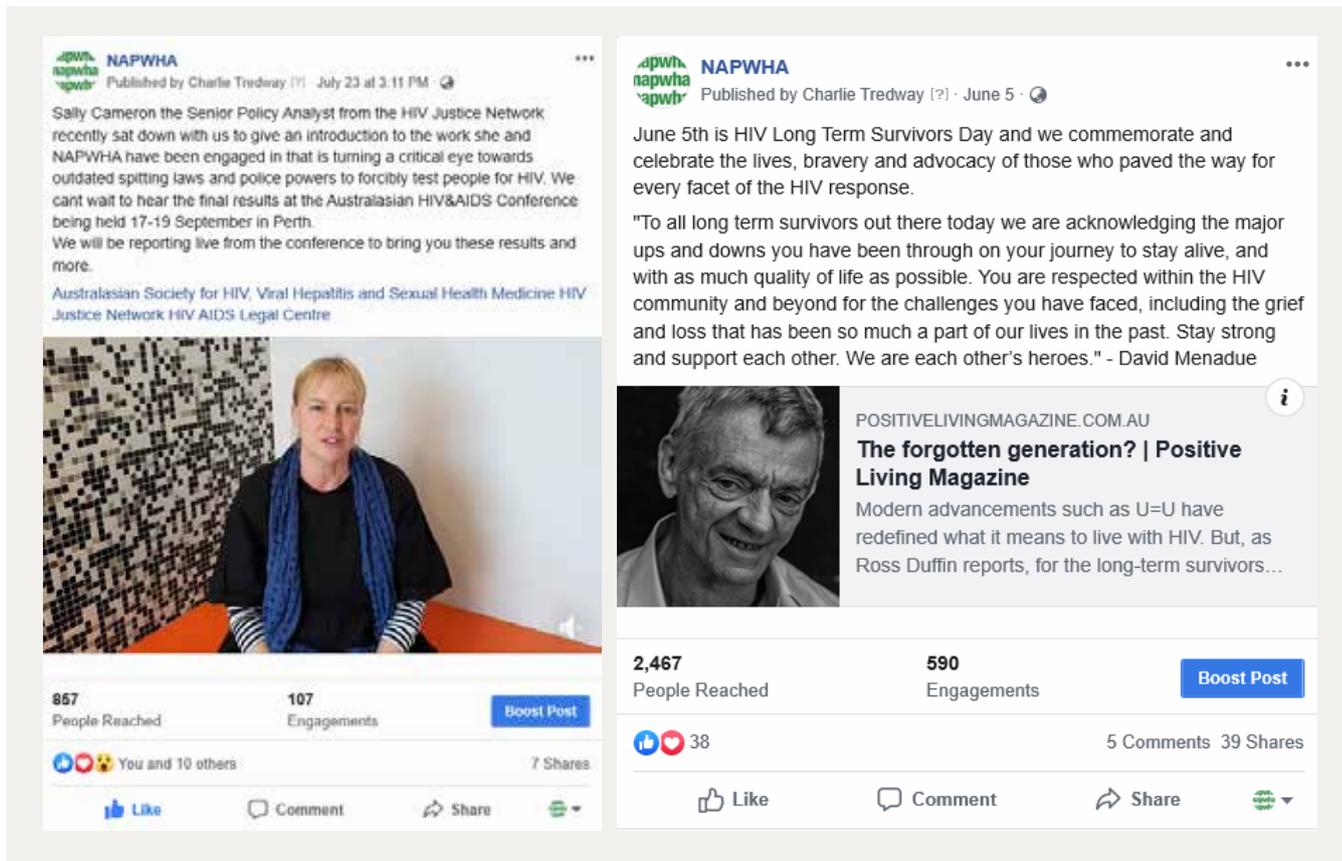
Initially it was a matter of removing the spam that floods so many of our pages across the sector and then when I started full time I was able to look back at what sort of posts gain the most traction and work at building up our personal style of communicating and the people who engage with what we post.

Within the first month we doubled the amount of people who follow NAPWHA's facebook page and to keep that trajectory going we have been looking at establishing a cohesive voice and visual style. The posts that have the most put people at the heart of the messaging, whether that be a poignant message from David Menadue on Long Term Survivors Day or a vox-pop from Sally Cameron

talking about the work she has undertaken with NAPWHA turning a critical eye at criminalization and spitting laws. The benefit of this fresh approach has paid dividends for NAPWHA with our posts averaging at 600 engagements, this reached its pinnacle with our coverage at the Australasian Sexual Health & HIV Conference with people viewing and interacting upwards of 2,000 times with each post of our content.

Going forward we will continue to grow and think creatively. We aim to do more video work and really challenge ourselves to make high level information accessible, understandable and personal because it has had a demonstrated effect on how much traction our messaging has.

We also understand that the work being done by our PLHIV member organisations is substantial and powerful and so we intend to keep amplifying all your initiatives and look for even more ways that we can meaningfully support and collaborate with each other to really make an impact.



Secretariat Support

Another core component of my work at NAPWHA is supporting networks such as Poz Action, Femfatales, TON and PATSIN in the organisation of their meetings. Early in my role at NAPWHA I had the privilege of attending the Poz Action meeting in Hobart, Tasmania to serve as the minute taker on what was a robust and fascinating meeting of leadership. Having the opportunity to link this capacity with my work in social media has been a valuable way of connecting what we and our networks do with the broader body positive.

I look forward to continuing to engage with our members and leverage these meetings and new initiatives in accessible and creative ways in order to grow the reach and impact and engagement with all our work in the sector.



NETWORKS

FEMFATALES

Kath Leane – Convenor



Image: Femfatales members and Kirsty Machon at the NAPWHA AGM 2018

This report cover is work undertaken by the Femfatales membership over the past 12 months. We aim to increase the national understanding of our work and vision to enable women from all States and Territories to view what we do and how we work as a national advisory group to raise issues of national concern for WLHIV in Australia.

Advocacy Work

Femfatale members have been in consultation with the Australasian Society of Infectious Diseases (ASID) around breastfeeding for WLHIV. This information has been included in the review of the ASHM ARV guidelines. It is anticipated that this important paper will then be launched around AIDS Awareness Week (AAW)

We have ensured the Femfatales' work on the breastfeeding guidelines are included in The Cure website and the members of our network thank and acknowledge Jane Costello for this contribution.

Femfatales members provided input and feedback into the *On Human Papillomavirus (HPV) - related cancer among women and, trans and gender diverse people: A Community Perspective* Report which was a successful partnership with Positive Life NSW.

Femfatales were well represented on the Positive Life NSW (HPV) - related cancer among women and, trans and gender diverse people Report 'Next Steps' teleconference to discuss the implications and significance of the key findings of the report and a preliminary discussion around an action plan going forward. Femfatales have nominated to remain a part of this committee and process in the hope of increasing HPV related cancer awareness among women and trans and gender diverse people, particularly those who are living with HIV as well as an increased awareness among the health clinicians.

Femfatales supported the circulation of Positive Life NSW and The Gender Centre's *Trans and Gender Diverse Survey* to our networks for onward circulation to support wider participation.

The initial early planning for the National Day of Women Living with HIV 2020 is under way and our agreed tagline is "No woman left behind". As a national women's network, we are excited by this inclusive message which sits under our key themes of-Celebrate, Advocate, Inspire, Empower.

2020 will be the fifth year of this successful day and we are aiming for a national focus again to increase the visibility of WLHIV.

New and Emerging Issues Related to WLHIV

The Femfatales network strongly promoted the ARCSHS *HIV Futures 9* survey and encouraged women to participate to ensure that data specific to WLHIV in Australia was captured.

Data from the preliminary results of the HPV in women survey was presented at the NAPWHA SGM particularly around lack of awareness of changes to the National Cervical Screening Guidelines and awareness of other HPV-related cancers for WLHIV e.g. anal cancer.

Femfatales members were encouraged to complete and promote the PLNSW *Current and future Aged Care needs of PLHIV* survey which will provide important information to advise on the current and future aged Care support needs of older Australian people living with HIV.

Provide input into NAPWHA's response to broader national health policy debates that particularly impact on women living with HIV

The Femfatales network circulated a newly published research paper by Dr Michelle Giles et al titled *A national study of the clinical management of HIV-positive women in Australia: what are the successes and where are the gaps?* to our members for onward circulation and to create a discussion on further work that needs to be done around identifying solutions to the gaps in clinical management outlined in the paper. Furthering Femfatales focus on highlighting the Sexual and Reproductive Health and wellbeing needs and human rights of WLHIV.

Looking forward, Femfatales will be recommending that sexual function needs to be incorporated into the routine care of all WLHIV. Our members have noted a gap in knowledge on sexual wellbeing of midlife WLHIV and a greater understanding of menopausal women and the effects and impact of HIV is increasingly an important issue requiring urgent attention and more research to improve the understanding of this issue. We know there is a difference between men and women's immune systems and how they respond to HIV. Femfatales will be highlighting this issue on the national agenda.



Femfatales look forward to providing consultation on the new NAPWHA Strategic Plan currently being developed and will update our existing workplan to incorporate emerging issues.

Provide a forum for state issues to be raised at a national level

Discussions are ongoing with smaller networks in NT, Canberra and Tasmania about submitting an expression of interest for membership of Femfatales, increasing the visibility of women's issues from the smaller organisations and particularly around culturally and linguistically diverse backgrounds and in places where HIV stigma can unfortunately deter WLHIV from involvement in community events and participation in groups.

As Femfatales' Chair I was invited to participate in NTAHC's annual women's retreat in Darwin in September. This was a wonderful opportunity to network with the NT woman, and present sessions on stigma, empowerment and the functions and role of Femfatales as a national women's network that can advocate and raise issues that are important to the diversity across WLHIV. The opportunity to meet both the new Women's Care and Support Coordinator, Rebekah Lamb and the new ED of NTAHC Genevieve Dally led to interesting discussions around issues specific to women.

Femfatales would like to acknowledge and thank all our supporters throughout the year including the NAPWHA team of Board, Staff and Volunteers whose commitment to HIV has assisted Femfatales in raising the profile and visibility of Women Living With HIV. Finally, to the sisterhood of past, current and future Femfatales members who all understand that:

"More than 50% of people with HIV in the world are women, We can't end HIV without women."

PATSIN

Michelle Tobin – Convenor



Image: Health & Wellbeing Retreat participants & facilitators at Genazzano, Lake Tinaroo, Cairns.

PATSIN Committee

Arone Meeks
Gavin Cannon
Bev Greet
Michael Brown
John 'Ella' Fitzgerald
Jaimee Hobbs
Founding Member: Wilo Muwadda

Increased our core committee.

We have now increased our committee to 9, and we welcome Michael Brown and Sheppy from QLD and Jaimee Hobbs from SA. You may have heard their stories on Insight recently, and our membership is building. We also report an increase in our membership to 31 nationally.

QPP & PATSIN Health and wellbeing Workshop.

'Increasing Engagement of QLD Aboriginal and Torres Strait Islander PLHIV in HIV treatment'

Queensland Positive People (QPP) were funded by ViiV Healthcare to undertake a project aimed at increasing the engagement of Aboriginal and Torres Strait Islander people living with HIV in HIV treatment. Part of this project was to host a residential workshop for Aboriginal and Torres Strait Islander PLHIV. The retreat was open to all Aboriginal and Torres Strait Islander people living with HIV, straight, gay, male or female in Far north Queensland.

The aim of the 3 day retreat was to provide a safe environment away from home for participants to share their personal journeys, interact with other participants, take part in educational and cultural activities to strengthen body, mind and spirit and to have a break from the challenges and responsibility of their daily lives and to recharge themselves.

The Steering Group comprised of representatives from QPP, QuAC, PATSIN, ANA and QAIHC. The project was organised by QPP and funded by ViiV Healthcare.

Workshop discussions were around HIV education that touched on many issues that were of concern to participants and their communities.

- Disclosure
- Stigma/Discrimination
- Injectables
- Increasing engagement
- Barriers to support
- Barriers to treatment

Issues and barriers raised;

- Isolation.
- Suicide.
- Lack of connection with positive community.
- Incarceration.
- Updated resources which are outdated.
- Co-morbidity.
- Ageing.
- Little knowledge with CD4 & Viral loads.
- U=U.

Participant's feedback;

- No bullying.
- Gender different.
- Sharing of skills & learning.
- Felt very comfortable.
- Issues not so big anymore.
- Newfound family.
- Rejuvenated, safe space supporting one another.
- No judgement.
- Sharing of stories made us stronger and not so alone.

We were fortunate to have 12 participants attend, of which six were women, including one heterosexual couple. I'd like to thank Chris Howard of QPP and our facilitator Damien Martin, the steering committee, Arone Meeks for his teaching



of Art and bringing us out of our comfort zone, Bev Greet and Micheal Brown. On the back of the success of the QLD retreat PATSIN hope to organise future gatherings to include more states and territories.

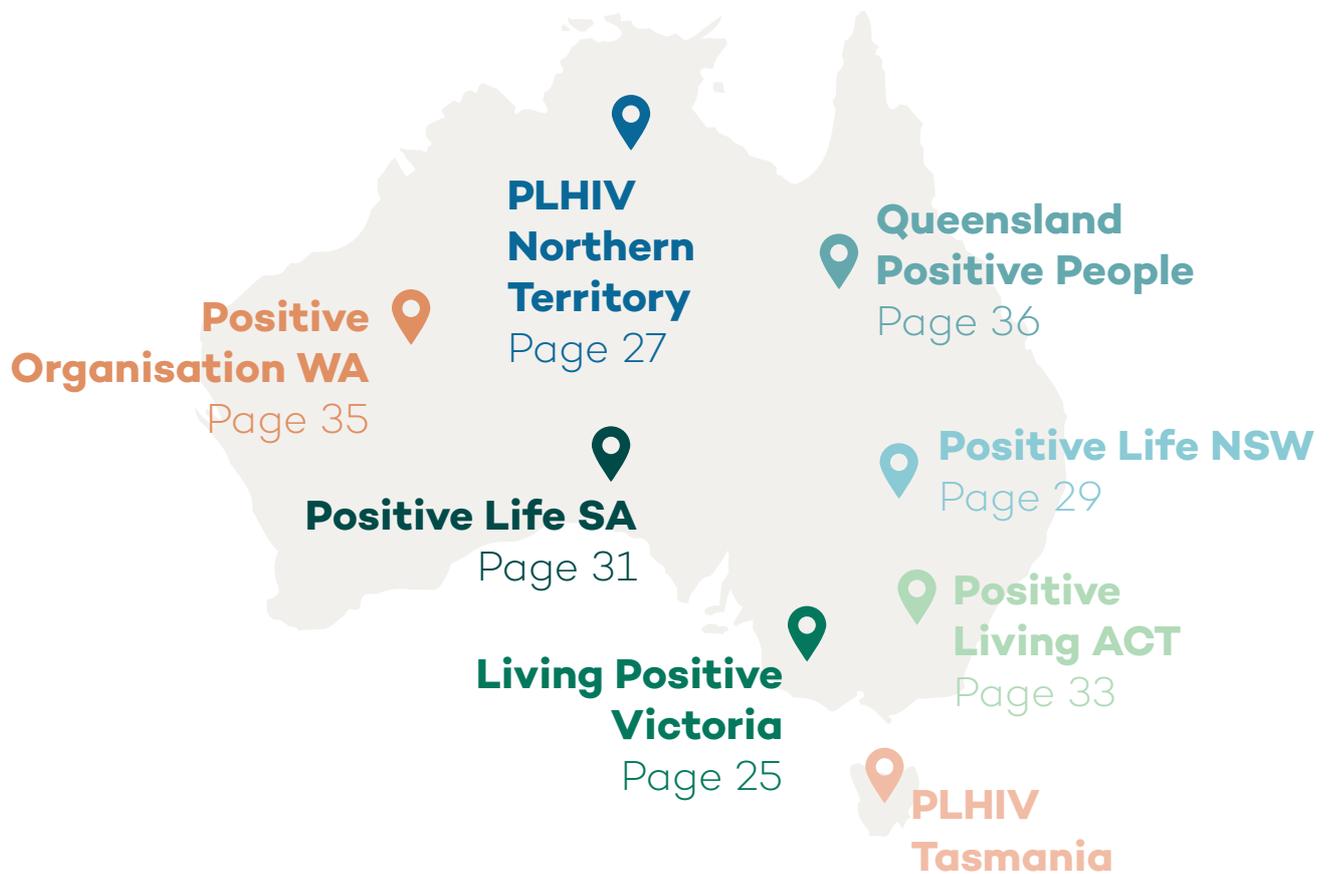
Future Planning/ Workplan

- PATSIN will come together for a 2 day face to face in coming months to discuss further developments of PATSIN moving forward.
- Future collaborations with the ANA and other Stakeholders in how we as Peer Educators can best work together to support newly diagnosed Aboriginal & Torres Strait Islander Peoples.
- Where to from here in the current funding climate.

Thank you

To NAPWHA and its Members for your ongoing support of PATSIN

STATE OF THE POSITIVE NATION





LIVING POSITIVE VICTORIA

A year of reflection, growth & change

The 2018/19 year was defined largely by activities and promotions directed towards our member base focussed upon our 30th anniversary – that’s 30 years of advocacy, support and empowerment that has helped countless people living with HIV/AIDS build resilience through challenging stigma via the sharing of lived experience within peer led programs. For newly appointed CEO, Richard Keane, it was important for the organisation to recognise that “each person living with HIV has a unique individual experience that is valued, valid and intersects with identities, genders, age, ethnicity and agency, that is now intergenerational. It has taken an entire community led response to get us to where we are today.” In reflecting upon the achievements of the past 30 years, the challenge was set for Living Positive Victoria to continue to remain as important to a successful HIV response as it was 30 years ago, and to drive the insight, the empathy, the people, culture and community connection that will continue to inform the work the organisation does and ensure our relevance and capacity to adapt to change.

At the 2018 AGM in November, the Board of Living Positive Victoria announced Adam Ehm as the new President of the organisation. Adam’s first-hand knowledge of the value of innovative programs, workshops, and approaches to advocacy, along with an established diverse engagement with the HIV sector, has allowed Adam to continue the organisation’s sector-wide influence in the best interests of all people living with HIV in Victoria.

In addition to the appointment of a new President and CEO to lead the organisation, 18/19 saw changes in direction for the organisation’s approach to media and communications with the recruitment of communications, marketing and

creative industries professional, Brenton Geyer, to the role of Senior Communications Officer in November 2018. In April 2019, taking over the role of Senior Policy and Research Officer was Craig Burnett who has long been a strong advocate for the meaningful involvement of young people and diverse communities living with and affected by HIV and has strong community links and a history of engagement across a diverse range of roles in the Victorian HIV response.

Living Positive Victoria’s new established Peer Navigator program began to hit its stride in 2018 and now offers three peer support workers who provide one-on-one support to either newly diagnosed or those living long-term with HIV about issues such as disclosure, prevention and treatments.

Over summer 18/19 the *Share My Love* campaign was created to convey the message that we can freely share



our fantasies, share our touch and share our dreams, along with our bodies. The *Share My Love* message looked deeper into the meaning of U=U going beyond the science and examining the many ways that having an undetectable status can improve our lives. U=U has benefits for the heart and soul, through our need to love ourselves and others, through our need to express and share our thoughts and our need for meaningful intimacy.

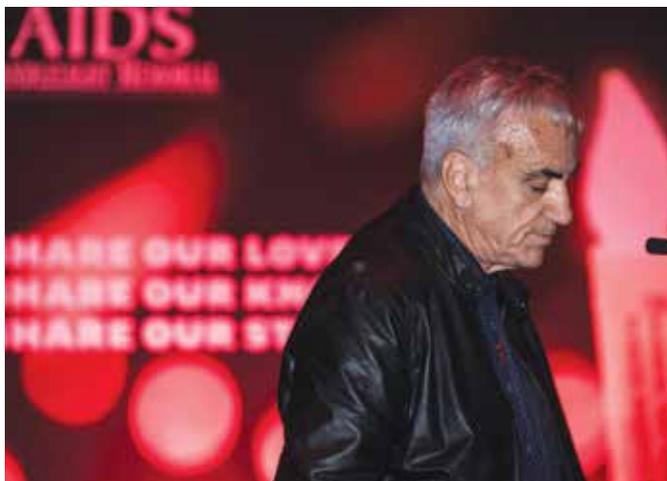


June 2019 saw the publication of the findings of an independently commissioned review of the ENUF Program 2012 – 2018. ENUF was conceived as a vehicle to challenge the stigma and discrimination that has become a part of our daily lives as people living with HIV. This program provided opportunities for people living with HIV to share stories of stigma and the impact that has on the way others see us and the way that we see ourselves. A series of innovative community cultural engagement activities helped share these messages through a range of mediums to engage the broader community and challenge perceptions, prompting new ways to tackle HIV stigma.

World AIDS Day in December 2018 and the International AIDS Candlelight Memorial in May 2019 provided an opportunity to further give voice to the lived experiences of people living with HIV from all backgrounds, ages, sexualities and gender-identities.

Ross Duffin, HIV educator, activist, advocate and writer was the keynote speaker at Melbourne's 2019 International AIDS Candlelight Memorial. At the event he pledged "to set a challenge for ourselves not just to remember the people we've lost but to make life better for the living." It is this approach that must underpin the work of Living Positive Victoria as we increased focus more and more on HIV and ageing through the actions of the Taking Charge project (in partnership with Thorne Harbour Health) during the 18/19 period.

Likewise, in summing up the overarching message delivered by Living Positive Victoria's 2018 World AIDS Day presentation on Living and Ageing with HIV, LPV President Adam Ehm, said that "we must stand in solidarity with people who are living long term with HIV and work to bridge the generational divide within our communities. More recently diagnosed individuals often subscribe to the mantra 'one pill a day and get on with life', sometimes forgetting those who worked tirelessly to get them to this incredible place where they can consider HIV a minor part of their lives. We must never forget people living long term with HIV; their supreme efforts, the challenges they still face, and how we need to support everyone".





PLHIV – NORTHERN TERRITORY

Rebekah Lamb & Mark Halton

Care & Support Program



The Care & Support program offers a range of support services targeted towards NTAHC's PLHIV; including one on one case management & referrals, peer support groups, education & training and advocacy & awareness. Our goal is a positive outcome for all who access the Care & Support Program. The number of people we support is expanding and as a result the Care & Support program is changing to support this shift. Looking ahead Care & Support will continue to deliver a service that reflects the needs of PLHIV first and foremost.

Case Management

Our Care & Support team use a collaborative process of assessment, planning, facilitation and advocacy to empower

individuals to meet their needs through communication and one on one support. We will also link in other service providers depending on the client's requirements at the time of the intake. The intake is the initial meeting between Care & Support staff and a new client. This time is used to gather information about the client through a needs assessment, identify any immediate needs & challenges, and begin to establish trust and build a relationship. If their needs fall outside our organisation, Care & Support will identify the need and refer the client to an outside Community Service or stakeholder. From here a case management plan is developed identifying clients' goals which should be both achievable and measurable. Obtaining feedback through evaluations identifies areas of improvement and ensures client success is quantified and qualified.

Peer Support

Group Sessions

EIC – Social Inclusion is one of the key components for this Group gathering. It's an opportunity for HIV positive individuals to connect with each other in an informal setting. To provide our client group with a safe confidential space to learn about healthy living which also provides the opportunity to build strong supportive relations and networks with other positive people.

Women's Group

Our Women's Group met at various social events this year. In March a gathering was held to commemorate The National Day for Women Living with HIV, where the attendees shared breakfast and heard from some inspirational guest speakers.

Positive Women's Retreat

In September the Northern Territory hosted the Positive Women's Retreat. This event was a great success, with 6 participants, many of whom come from CALD backgrounds. The Chair of the Femfatales, Kath Leane attended the retreat to deliver a valuable insight into the network's commitment to advocating for Women living with HIV in Australia. The event was incredibly well received, with positive evaluations and we expect to repeat it again in 2020.

What's around the corner?

- Attend national conferences to acquire sector updates: Australasian Eliminate Viral Hepatitis & Sexual Health & HIV/AIDS
- Collaborative research with peaks and other jurisdictional sector organisations: NAPWHA Health Literacy Project & AFAO Asian born Gay & Bisexual Men in Australia and HIV
- Positive Women's Retreat September 2019



POSITIVE LIFE NEW SOUTH WALES

Throughout 2018-2019, Positive Life NSW (PLNSW) provided a range of services to and on behalf of people living with HIV (PLHIV), including policy advice; research;

housing, treatments and other peer support services; social inclusion; and health promotion.

Advocacy and Representation

- 67 submissions and presentations including: submissions to the Commonwealth and State Government, feedback on research proposals, discussion, options and position papers, presentations at various symposia, workshops, and conferences, and briefings to the PLNSW Board and other members of the NSW HIV response partnership.
- In the second half of 2018 we ran an HPV-related cancer among women, and trans and gender diverse (TGD) people survey, with the survey report published in April 2018. Recommendations are currently being progressed by an HPV-Cancers Working Group.
- In the first half of 2019 we promoted both a HIV and Ageing survey, and a TGD survey conducted in partnership with The Gender Centre, focusing on the health care and social needs of TGD people living with and without HIV.
- Participation in a range of NSW Health and sector advisory groups and committees including the NSW HIV Prevention Revolution Project Steering Committee and Pillar Working Groups, the NSW HIV and STI Strategies Implementation Committee and Expert Data Report Working Groups.

Ageing and Complex Health Conditions

In partnership with ViiV Healthcare, we are developing *Silver Warriors*, a peer support and navigation program for ageing PLHIV to navigate the complex Aged Care, NDIS, health and other HIV specialist services system. We are also conducting a national survey in collaboration with NAPWHA to determine the needs of PLHIV, their carers, family and friends as we age. This survey, also aimed at service providers, will help gather information for our upcoming submission to the Australian government's Royal Commission into Aged Care Quality and Safety. Additionally, we continue to advocate for PLHIV living with complex health conditions in addition to HIV, including anal, and other HPV-related cancers, HIV Associated Neurocognitive Disorder (HAND) and heart disease through conducting surveys, and providing support, information and referrals. Our regional and rural consultations continue to identify emerging service and access issues for PLHIV state-wide.

Social Determinants of Health

Our Housing Support program, in partnership with MAC AIDS Fund, continues to support PLHIV across NSW to access, achieve and maintain stable accommodation. We achieve this through a range of referral pathways and service partner networks, supporting PLHIV to negotiate the range of Housing NSW and accommodation related activities.

Our Peer Navigation Program, in partnership with ViiV Healthcare and operated by peers with lived experience and training, guides, refers, educates and connects PLHIV to navigate health and social services systems. This program also encapsulates our HIV Work Ready program, supporting PLHIV to return to paid and volunteer work.

Our Peer-Led Partner Notification (PLPN) program supports PLHIV and newly diagnosed peers as we inform our sexual and injecting partners, in partnership with NSW Sexual

Health Information Link and the HIV Support Program. The PLPN app and website were launched in September 2018, offering a road-map for peers to self-direct, build individual agency, and increase testing for people potentially exposed to HIV.

Social Inclusion and Events

A range of our services challenge stigma and discrimination, including health promotion information and various community events. We delivered education programs through Genesis (partnering with ACON), Peer2Peer, +Connect, In the Know, and the Positive Speakers Bureau to clients and community members. We also held community events throughout the year, including National Day of Women Living with HIV Australia, Sydney Candlelight Vigil, World AIDS Day, Healing our Spirits Worldwide, NAIDOC Week, Mardi Gras Fair Day and Parade, and PLNSW's 30th Anniversary.





POSITIVE LIFE SOUTH AUSTRALIA

As PLSA enter our third year of no external funding this obviously impacts on our capacity as an organisation. While we cannot report on periods of growth or expansion, we are excited to report that we continue to represent an advocacy voice for PLHIV in SA.

PLSA have had an increase in membership which continues to reflect the diversity of the current demographic of People Living with HIV in SA.

For the 2018-2019 reporting period there have been several ongoing key pieces of work we have undertaken. One such piece is the Needs Assessment which has included consultation with SAMESH, PLNSW and NAPWHA.

In partnership with SAMESH we see the monthly Friday Positive Lounge Gathering (PLG) continue to grow as people attend looking for much needed face to face peer support, networking opportunities and HIV treatments information.

Another successful partnership with SAMESH has been the Candlelight Memorial event which is a small, very intimate and emotionally charged evening. It provides positive people time to reflect on the past, their lives and HIV journey, and is also a time to acknowledge and remember those champions who led the way in our early day history.

In terms of Community engagement PLSA have been invited to sit on Community Advisory Group the SA HIV and STI Collaborative Action Group and contribute to discussion at a sector level to improve the sexual health and wellbeing of all communities named in the current SA HIV, STI and Aboriginal BBV and STI Implementation Plans. PLSA decided to join this group when invited to ensure that issues relevant or impacting on the lives of PLHIV or any gaps in service delivery or unmet needs are identified, discussed and noted for action.



PLSA have been fortunate to again participate in PRIDE March in November in Adelaide. We received an amazing welcome and acknowledgement from the street supporters which was greatly appreciated. We led the community section of the street parade and our vehicle was colourful and filled with families and supporters from everywhere along with loud music and followed by our enormous PLSA community banner.

PLSA was again grateful to have support from PLNSW which enabled our SA membership to participate in several important national surveys:

- *HIV Futures 9* survey
- PLNSW HIV and Ageing Survey, and
- Trans and Gender Diverse Community Survey for People Living with HIV

The PLSA Facebook page is our main form of communication with our membership now. While our last post had over 160 views, we are well aware that many of the older PLHIV are not connected to digital IT and this is a definite barrier to social and emotional connectedness.

PLSA are confident that based on the information we receive back from the various surveys as well as peer conversations we will be updated with what are the current needs of PLHIV in SA in 2019-20.

Our recent increasing collaboration with SAMESH will hopefully see some increased opportunities for PLHIV to re connect and influence future services and their delivery. The opportunity to increase peer support has been flagged as well as discussion to reinvigorate a Speakers Bureau which was reported as a priority back in 2017 by members at a community forum.

We remain driven by a passion to ensure positive change to the HIV sector and mainstream health that will improve our lived experience and reduce HIV stigma. PLSA will continue to advocate so that the voices of PLHIV are appropriately loud, heard, listened to and considered for action that will continue to improve the quality of life for the diversity of our PLHIV community in South Australia.



POSITIVE LIVING ACT

This year has been busy with much community and sector involvement.

Genesis

The Council's Genesis program has continued this year in its new peer to peer format. Genesis supports gay and bisexual men coming to terms with living a long and healthy life with a new diagnosis of HIV.

Over the past 12 months the men who have completed the program had reported a significant shift in their sense of confidence for their future. Even in the current era with information available about undetectable viral load and PrEP, there remains significant concern about rejection, stigma and self-worth to be overcome.

The program also acts as a gateway to the Council and the services we offer in peer support, counselling, and case management. Several of the Genesis participants continue to be engaged with the Council.

Peer Support Network (PSN)

The PSN is a monthly gathering of Canberra's HIV positive community members, for the purpose of genuine social engagement in non-judgmental atmosphere. The PSN offers its members the chance to come together and share their stories, often while enjoying a meal prepared and served by our generous volunteers. PSN events also provide an opportunity for the council to communicate about new programs and services including current sexual health and mental health strategies. In light of our evidence for the positive health and wellbeing effects of these social activities, they remain extremely important for members of our HIV positive community.

Not only dinners, there are social gatherings at various locations monthly on different evenings to provide options for community members to attend and meet old and new friends and gave the opportunity to communicate what is happening on a local and national level. This engagement is increasing in numbers.

MAGNET

Whilst MAGNET is not specifically an HIV positive group, it is a welcoming space for PLHIV, with great social connections occurring between the attendees. Numbers of participation is increasing, and we are seeing positive outcomes to all involved.

Amsterdam

Danny Ryding had the opportunity to attend the AIDS 2018 International Conference in Amsterdam. He brought back and disseminated what was discussed, social initiatives, research, peer lead activism and much more. Danny has spoken at various gatherings in the ACT and surrounds disseminating what was mentioned above and also a presentation to the ACT Health and Canberra Hospital medical staff information update.

Health Ministers Budget Breakfast

Marcus Bogie and Danny Ryding attended the Health Ministers Budget Breakfast as the ACT representatives for NAPWHA. This was a great morning to meet and talk to many members of industry and government alike.

APS

A continued engagement with the Australian Public Service staff networks have led to speaking engagements on broad topics and specifically HIV related education and coming initiatives.

World AIDS Day and International AIDS Memorial ceremonies have been well attended and we have had the

pleasure of having Michelle Tobin speak to the gathering and various international Embassy representatives.

On National Day of Women with HIV we had the pleasure of holding a morning tea and lunch where important connections were made and informal networks have since been formed for Women Living With HIV.





POSITIVE ORGANISATION WESTERN AUSTRALIA

The past year has seen some great achievements in WA. The ongoing struggle of limited capacity and limited engagement has not seemed to hinder the output and results of POWA as a small start-up positive organisation in its early years.

POWA and the WA AIDS Council are working towards a new MOU to foster a closer and more productive working relationship together. A meeting has occurred to enhance collaboration between the organisations.

Last year we successfully saw the reversal of a co-payment policy by RPH. Through the advocacy and successful lobbying by POWA treasurer Cipri Martinez and POWA member Neil Buckley the introduction of charging a co-payment for medication was reversed and refunds offered. This was extremely important to ensure HIV treatment is free and accessible.

Decriminalisation has been high on the agenda in WA. Discussions began towards this end with a meeting between the Health Department, Police and Department of Justice.

The Health Department reviewed its HIV Integrated case management policy guidelines and POWA represented the peer voice on the working group along with being an active part of the community consultation.

Most recently has POWA provided Public health advocacy to the community. As a means of empowering community and building capacity and engagement.

QUEENSLAND POSITIVE PEOPLE

Queensland Positive People Achievements 2018/2019

QPP's HIV and STI point of care testing program, peer navigation and case management programs have continued to grow, adapt, and innovate service delivery in response to the changing needs of people with HIV.

RAPID HIV and STI Testing Program (prevention and awareness)

- The RAPID community-based peer-led point of care HIV and STI testing program is premised upon dismantling traditional barriers to testing and seeking to support early diagnosis in people living with HIV who are unaware of their status. The RAPID team have tested over 3500 people for HIV and STIs in the last six months through the Fortitude Valley clinic and six outreach sites.
- In partnership with Brisbane Sexual Health Clinic, QPP/ RAPID have been successful in obtaining a grant from Metro North Hospital and Health Service for a Clinical Nurse Consultant to provide STI treatment services at the Fortitude Valley clinic. This pilot project is an exciting opportunity to demonstrate the benefits of community and clinical service partnerships.

Life + Program (treatment and management, stigma and discrimination)

- The peer navigation and case management programs work with people living with HIV to improve their self-management and HIV health and legal literacy.
- An exciting development this past year was the trialling and subsequent appointment of integrated Peer Navigation and case management positions. These positions are people living with HIV who possess a broad range of skills and qualifications providing peer navigation and/or case management support. QPP peer navigators and case managers have provided support to over 250 clients in the last six months in areas such as treatment, physical and mental health and well-being, disclosure, stigma and resilience, legal rights and responsibilities, navigating the health and community services systems, Medicare ineligibility and housing.
- Stigma and discrimination continues to be a significant challenge for our community with high numbers of people being provided with case management support for HIV related stigma and discrimination. To further



address the issues QPP launched the 'Disclosing you HIV status guide' in partnership with HIV AIDS Legal Centre (HALC). The program also works to improve legal literacy and raising awareness and understanding of HIV related legal issues, rights and obligations with PLHIV, police and the legal system.

- People with HIV experiencing financial hardship across Queensland have continued to benefit from the Hope and Emergency Treatment Funds for HIV treatment, health services, accommodation and food etc.

Grants/Research

- QPP successfully secured a ViiV Healthcare grant to facilitate a three-day residential workshop for Aboriginal and Torres Strait Islander people with HIV in north Queensland to support connection with community, engagement with HIV treatment and care, development of peer and social networks and improve quality of life.
- QPP recognises the importance of social connection for PLHIV and in particular older people living long term with HIV. We secured a small grant from the Brisbane City Council to consult with the community and develop a framework for a volunteer social visiting scheme for PLHIV over 50 years of age.
- On the research front, QPP has continued its very strong presence with effective collaborative partnerships with a number of Queensland and national research centres. QPP values participating in research to better understand the needs of our communities inform the development and evaluation of our services and build capacity as a community research partner. QPP was successful with a number of published co-authored research articles and conference presentations.
- QPP is a peer-led service delivery organisation that supports people across the whole continuum of care -from people unaware of their HIV status to long term engagement with care.
- QPP is committed to the meaningful involvement of people living with HIV (MIPA) and we recognise the importance of employing people with lived experience. We embrace diversity and put specific strategies in place to ensure that no-one is left behind.
- QPP prides itself on being innovative to respond to community needs across the large geographical state of Queensland.
- QPP advocates for individual and systemic change.
- QPP was established in 1989 and is celebrating its 30th anniversary in November 2019. We are still growing and pushing boundaries.

PLHIV TASMANIA

TASCAHRD – Grahame Foster

The wellbeing of people living with HIV (PLHIV) is core to the DNA of TasCAHRD, and in line with our organisational focus on continuous quality improvement, over the past year we have invested heavily in professional development and recruitment into our TasPPL team to ensure the people who need us the most receive contemporary best-practice support.

During this year we have worked with 89 PLHIV including 16 females, a 25% increase on last year. TasCAHRD registered 18 new clients this year. Regrettably this is far above our average intake. Fortunately, we have responded well with the introduction of invigorated practices and a focussed team. Over the past year we have introduced a task centred approach to case management and have provided referral and support services for PLHIV affected by alcohol and drug dependency, homelessness, poor nutrition, domestic and family violence, and general and acute health care needs.

Our Red Thread health promotion activities have continued to grow in recognition and number over the past year. We have forged many new partnerships and have delivered our message to thousands of Tasmanians at BloodWise Blood Borne Virus (BBV) awareness sessions, community events and forums throughout the state.

We have developed connections with the University of Tasmania and Tas Tafe promoting our activities in sexual health promotion and linkage to clinical services. We have further developed our visibility to the youth cohort through the delivery of sexual health information and products at the Falls Festival in partnership with Red Cross, by promoting better sexual health awareness to Medical Students as an exhibitor and plenary speaker at the Australian Medical Students Association convention,

and by delivering BBV stigma and discrimination awareness workshops at High Schools across Tasmania.

We have worked in partnership with many organisations to deliver local and national projects over this year, and we continue our efforts as one of only two Australian partners with Green Cross Pharmacy to deliver free access to Pre-Exposure Prophylaxis to Medicare-ineligible participants, and TasCAHRD are the only Tasmanian organisation to be approved by the Therapeutic Goods Authority to dispense the HIV self-test kit.

TasCAHRD have broadcast 50 Bent Air radio programs on Edge Radio this year; the program is now also syndicated weekly on JOYFM Melbourne. We have circulated 16,000 hard copies of our Red Thread magazine throughout Tasmania, and many more online. Our Instagram #weareredthread and our Facebook profiles continue to grow and have seen our *Got Lucky? Get Tested!* campaign replicated in several other parts of the world as a result.

The Nigel Mallett Housing Programme (NMHP) continues to offer social housing for people living with HIV who have encountered difficulties with securing ongoing accommodation on account of stigma and discrimination. The NMHP was launched in 1998 as part of the Good Housing for Good Health Program report on HIV related poverty. The project was named in honour of Nigel Mallett, a Tasmanian man who died of an AIDS related illness in 1995. NMHP is designed to assist people living with HIV relieve the burden of finding appropriate and affordable housing. TasCAHRD currently manages four NMHP properties in Tasmania, three homes in Hobart and one in Launceston.

TasCAHRD administer the Andrew Shaw Foundation (ASF) which is funded through various community activities



including Condom Sales, Red Ribbon sales, and private donations. ASF offers financial assistance to people living with or directly affected by HIV who are experiencing economic hardship.

Through our fundraising and benevolent activities this financial year, the fund directly supported 26 individuals across more than 70 separate transactions and totalling in excess of \$5700.

Positive Lives Tasmania – Iain McPhee

It is exciting to provide the first report for the new peer-led and peer-driven organisation for our HIV community in Tasmania. We became incorporated in October 2018 and officially launched ourselves at Parliament House, Tasmania in April this year. As many of you know, it was well attended from many supporters across Australia as well as services here. Since the launch, Positive Lives Tasmania have gained charitable status and DGR status for donations.

It has been pleasing to see our membership consistently grow throughout the year with increasing referrals through word-of-mouth and other agencies.

Our membership is growing quickly, increasing our demand for services, delivering networking events, outreach and support across the State. Initial fund raising has covered our setup costs and it is now time to look for financial support for the increasing demand for services.

It has been rewarding to see so many members actively involved in Positive Lives Tasmania, using their previous skills to support people living with HIV in a state where our health system is failing many with complex issues.

We look forward to continued work with NAPWHA and being supported through the Treatment Officer Network.



ASSOCIATE MEMBERS

BODY POSITIVE NEW ZEALAND

A highlight for Body Positive was CAFÉ+ - our HIV positive Café that was held at the Big Gay Out during Pride. This event was created to challenge the stigma identified through a recent survey which showed that 42% of people surveyed were not comfortable eating food prepared by someone living with HIV. Café+ challenged that myth with over 15000 people in attendance at the Big Gay Out seeing Café+ and our messages and a lot of people eating the food including Jacinda Ardern and other notable figures. The Big Gay Out survey highlighted the importance of our visibility at this event for PLHIV and our allies. One challenge when organizing the event was that people in the hospitality sector would not get involved for fear of their employment. Our board and volunteers stepped up to make the café a huge success.

We have partnered with other agencies to bring the stigma index of New Zealand which will assess the stigma the PLHIV are experiencing. This includes POZQOL to assess quality of life in addition to stigma. Peer researchers are conducting the interviewing across the country with a target of 200 interviews.

World AIDS Day saw the Puawai festival engage with a week of activities including the whakapapa oral history event which commemorated the 30th anniversary of the AIDS Quilts. Our Gala musical event at the town hall attracts a diverse audience and raises the awareness of HIV through celebration and song.

We continue to provide support to our members including peer navigation and support. Our Social groups across the country have varied attendance and we continue to have these evolve to increase engagement.

Our testing clinic has dropped in numbers as people transition to PrEP clinics for the sexual health checkups. We have added a PrEP clinic with limited appointments to increase access.

UNAIDS highlighted that New Zealand maintains a travel ban on PLHIV seeking long term stays despite a commitment to remove this in 2016.

The HIV justice Network ranked New Zealand 3rd highest criminalization hotspot based on recent rates.





POSITIVE WOMEN VICTORIA

Positive Women Victoria continues to be the only community-based organisation specifically funded to support and advocate for women with HIV. This is an important service, particularly while it remains the case that meaningful reductions in new HIV diagnoses are being achieved for men who have sex with men, due to opportunities such as PrEP and effective treatment, but notifications among women have remained stable.

That a service with a specific focus on women is needed is evidenced by the fact that Positive Women Victoria had 59 new clients referred to our membership services over the 12 months to June 2019, many of whom had only recently received a diagnosis or were accessing services for the first time. We offer one on one peer support as well as a variety of peer-led events and activities as part of our annual program.

An important part of our work, however, is the advocacy that we undertake on behalf of all women with HIV. Positive Women Victoria is funded by the Department of Health and Human Services in Victoria, and supports the work of an ambitious state HIV strategy that specifically recognises women as a population needing priority in the task of bring about an end to HIV transmission and ensuring that all people living with HIV get the care and support they need. This funding also recognises that tackling the stigma that still exists as an impediment to women testing and accessing treatment and services is crucial.

We have continued to be an active member of NAPWHA over the past 12 months, sharing many of our key concerns and issues in common with Femfatales, NAPWHA's national leadership group for women, as well as pursuing these in the Victorian context. Our advocacy work has encompassed:

- Breast-feeding
- HIV research, and specifically, the need to understand barriers to women's participation in the research agenda
- Changes in Victoria to facilitate greater HIV testing in the community
- Sexual and mental health

- HIV and aged care
- The need to ensure that there are specific and visible measures to demonstrate that the national HIV strategy, launched in September 2018, is meeting the needs of women
- Advocacy for a national program of outreach and campaign to address HIV-related stigma
- New developments in HIV epidemiology and surveillance
- Women in the Australian PrEP guidelines
- Health literacy for women
- The Victorian state election.

Over the next 12 months, we will continue to work with NAPWHA to progress national guidelines on breast-feeding, to secure funding and support for a national campaign to reduce stigma and increase the community-wide understanding of HIV, and to provide guidance for NAPWHA about the needs of women with the goal of improving health literacy and so health outcomes.

Our other partners in this sector work include Living Positive Victoria, Thorne Harbour Health, AFAO, ASHM and ARCSHS, and we thank these organisations for their support for our work. It was particularly great that this year, we were able to celebrate International Women's Day and the National Day of Women Living with HIV in partnership, with NAPWHA representation from National Policy Manager Katy Roy on behalf of Femfatales. PWV acknowledges the leadership of Kath Leane and Diane Lloyd of Femfatales, and the energetic representation on the NAPWHA Board of Sarah Feagan, amazing women who continue to work tirelessly on behalf of all women with HIV.

POZHET

Pozhet is a NSW state wide service that works with heterosexuals living with and at risk of HIV, as well as working with services to ensure they have a good understanding of issues relevant to heterosexual living with HIV. As a small service, many of our activities are in partnerships with services such as Positive Life NSW, Multicultural HIV and Hepatitis Service (MHAHS) and Local Health Districts across NSW.

In 2018, we held an annual retreat in partnership with HIV and Related Programs Unit, South Eastern Sydney Local Health District. The retreat was held in Myuna Bay, the Hunter area NSW with 28 clients, 2 Pozhet staff as well as 2 social workers attended. The ages of participants ranged from 24 to 70 with 16 identifying as male and 12 female. Eleven had never attended a retreat before and people came from diverse backgrounds including people born in Africa, Asia, Europe and Australia. Over the weekend there were many opportunities for peer to peer conversations and support, and for conversations which led to information being provided about ART, disclosure, legal issues, disclosure, health, relationships and staying mentally upbeat or positive, and referral and advice about local services. The sessions facilitated by workers were seen as valuable and were favourably evaluated. Even though it was a bigger group, people were respectful and engaged and everyone had a chance to speak.

There were some relatively recently diagnosed people in the group and some longer term peers, who were able to offer their perspectives on living with HIV. As always at Pozhet events, connecting with peers was seen as one of the most valuable parts of the weekend. Many expressed a sense of community, which was a sharp contrast to living life with HIV as a secret as many participants avoided talking about their HIV status in their everyday lives.

Pozhet continues to hold a monthly drop-in on the first Wednesday of each month. We also trialled partnering with Positive Life NSW on some of their + Connect client events in metro and South Western Sydney.

Pozhet publishes an e-newsletter for services and a PLHIV newsletter which can be viewed as a hardcopy or on-line. Both newsletters were published twice a year and included

relevant news items and updates about Pozhet activities and projects.

In order to raise awareness of HIV and HIV testing options in the general community, Pozhet implemented 3 social media campaigns in partnership with MHAHS which focussed on heterosexuals and people from culturally and linguistically diverse (CALD) backgrounds. Audiences included people who travel to South East Asia, international students and the general community. All campaigns except the travel campaign were published in different languages.

The travel campaign consisted of 2 short animated videos with the key messages of “take condoms when you travel” and “have a HIV test” when you return. The campaign for international students had a message about HIV testing being “safe and private” as not all students would have access to free testing. The campaigns were very effective at increasing traffic to the Pozhet web pages about *HIV testing* and *Travel and HIV*.

Pozhet is currently in the process of planning new promotional activities including launching a new service brochure and the nearly finished new website. We are also planning exciting ways to better engage with positive heterosexual people across the state.



FINANCIAL REPORT

Scott Harlum – TREASURER

I am pleased to present NAPWHA's financial report for the year ended 30 June 2019. The audited financial statements prepared by Wei Chong of auditors, Portman Newton, can be found directly after this section in the Annual Report.

The organisation recorded an operating cash surplus of \$21,447 for the year on total income of \$936,241 against expenses of \$914,794. The bottom-line result, however, was boosted by a \$58,530 adjustment, recorded as income for audit purposes, which increased the net year surplus to \$79,977. The adjustment was the result of an increased valuation of the Association's Newtown office, a proportion of which was recorded as income to offset a write-down of the asset, recorded as a loss in a previous year.

The result was significantly better than budget and is testament to our Executive Director's capacity to manage income and contain costs of the organisation. The result is particularly impressive in the context of the significant expansion of NAPWHA's staff profile and capacity in the past 12 to 18 months. On behalf of the Board, I acknowledge and thank Aaron Cogle for his ongoing commitment to serving people living with HIV in Australia.

As this is my final report as NAPWHA's Treasurer, I take this opportunity to reflect on the organisation's financial performance in recent years. NAPWHA was challenged in that period, faced difficult decisions, and weathered a funding storm. Shaken, but with an unwavering commitment to the positive people we serve, your Board responded to those events with a strategy which stabilised our organisation, and which laid the foundation on which a reinvigorated NAPWHA has been built.

Integral to our current solid financial foundation was the decision by a previous Board, under Robert Mitchell as President and Craig Cooper as Treasurer, to purchase the organisation's office at Newtown. That property was

recently revalued at \$1 million, which was discounted to exclude GST in this year's accounts.

NAPWHA's Newtown property remains the major asset on the organisation's balance sheet. In the last 12 months, cash reserves were utilised to further pay down the mortgage on the property, the balance of which is recorded as \$52,261.

The organisation's equity, comprising property, deposits and cash reserves, improved from \$827,854 at end 2018 to \$983,392 at end 2019. Overall, the organisation's equity foundation has improved by \$662,012 since end of the 2014 financial year.

Looking to the future, NAPWHA has signed off on a contract for additional national peak funding from the Federal Government of \$1,237,500 over the next three years, or about \$375,000 per annum. We also have a current two-year activity contract with the Federal Government worth \$500,000, or about \$225,000 per annum. These contracts give NAPWHA funding certainty for the next two to three years.

Further, in July the Federal Government announced additional funding to support national peak organisations in implementation of the Eighth National HIV Strategy. The announced additional \$5 million over two years will be split between seven peak organisations and should deliver an extra about \$300,000 income per year to NAPWHA.

NAPWHA has emerged reinvigorated from the difficulties of 2015/16 and is financially strong. Difficult decisions of the past have enabled a significant reinvestment in our human resources and the rapid re-expansion of our organisation's capacity.

With an impressive team now settled into our Newtown office, a solid financial foundation and income certainty, I'm excited by what NAPWHA might achieve in the years ahead.

**NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA)
INCORPORATED
ABN 79 052 437 899**

FOR THE YEAR ENDED 30 JUNE 2019

DIRECTORS' REPORT

Your Board members submit the financial report of National Association of People With HIV Australia (NAPWHA) Incorporated, for the financial year ended 30 June 2019.

Board Members

The names of Board members throughout the year and at the date of this report are:

Cipri Martinez – President
Sarah Feagan – Vice President
Scott Harlum – Secretary/Treasurer
Robert Mitchell
Danny Ryding
Diane Lloyd
Precious Mapfumo (commenced 15/07/2019)
Simon O'connor (commenced 23/11/2018)
Lance Feeney (commenced 23/11/2018 - ceased 05/05/2019)
Peter Fenoglio (ceased 23/11/2018)
David Menadue (ceased 23/11/2018)

Aaron Cogle – Executive Director
Katy Roy - Staff Representative (commenced 24/10/2018 – ceased 20/07/2019)
Bill Paterson – Staff Representative (ceased 27/07/2018)
Charlie Tredway - Staff Representative (commenced 20/07/2019)

Principal Activities

The principal activities of the Association during the financial year were:

1. Advancing the human rights and dignity of people with HIV/AIDS, including their right to participate in the Australian Community without discrimination and their right to comprehensive and appropriate treatment, care support and education;
2. Advocacy on national issues concerning people with HIV/AIDS;
3. Provision of assistance to people affected by HIV/AIDS, including the provision of material, emotional and social support;
4. Encouragement, assistance, monitoring and promotion of medical and scientific research into the causes, prevention and cure of HIV/AIDS;
5. Formulation of policies for member organisations on matters concerning HIV/AIDS at a national and international level;
6. Representation of member organisations on all matters concerning HIV/AIDS at a national and international level; and
7. Collection and dissemination of information and resources for distribution to member organisations.

**NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA)
INCORPORATED
ABN 79 052 437 899**

FOR THE YEAR ENDED 30 JUNE 2019

Significant Changes

No significant change in the nature of these activities occurred during the year.

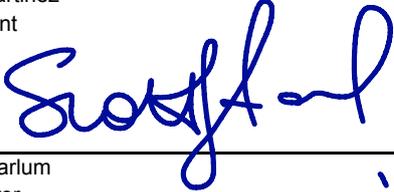
Operating Result

The surplus from ordinary activities after providing for income tax amounted to \$79,977 (2018 deficit: \$10,285).

Signed in accordance with a resolution of the members of the Board.



Cipri Martinez
President



Scott Harlum
Treasurer

Dated this 25th day of October 2019

**NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA)
INCORPORATED**

ABN 79 052 437 899

**STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME FOR THE
YEAR ENDED 30 JUNE 2019**

	Note	2019 \$	2018 \$
INCOME			
Grant Income		602,270	647,073
Donations		500	3,698
Interest received		1,786	5,333
Pharmaceutical & Sponsorships		153,612	108,617
Projects income		158,543	136,716
Other Income		19,530	13,354
		<u>936,241</u>	<u>914,791</u>
EXPENDITURE			
Administration expenses		(370,270)	(441,629)
Depreciation and amortisation expenses		(8,939)	(5,257)
Project & Program expenses		(316,719)	(244,308)
Property Expenses		(26,863)	(35,220)
Conference and meeting expenses		(99,188)	(113,616)
Website & IT		(33,610)	(19,554)
Other operating expenses		(59,205)	(65,492)
		<u> </u>	<u> </u>
Current year surplus / (deficit) before income tax		21,447	(10,285)
Income tax expense	1	-	-
		<u> </u>	<u> </u>
Net current year surplus / (deficit)		21,447	(10,285)
Other comprehensive income			
Gains on revaluation of buildings		58,530	-
		<u> </u>	<u> </u>
Net current year surplus/ (deficit) attributable to members of the entity		79,977	(10,285)
		<u> </u>	<u> </u>

NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA)
INCORPORATED
ABN 79 052 437 899
STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2019

	Note	2019 \$	2018 \$
CURRENT ASSETS			
Cash and cash equivalents	4	341,405	489,472
Trade and other receivables	5	35,386	7,796
Other current assets	6	11,641	20,167
TOTAL CURRENT ASSETS		<u>388,432</u>	<u>517,435</u>
NON-CURRENT ASSETS			
Property, plant and equipment	7	934,740	797,343
TOTAL NON-CURRENT ASSETS		<u>934,740</u>	<u>797,343</u>
TOTAL ASSETS		<u>1,323,172</u>	<u>1,314,778</u>
CURRENT LIABILITIES			
Trade and other payables	8	53,547	51,179
Financial Liabilities	9	52,261	59,088
Provisions	10	77,816	70,940
Other Liabilities	11	155,758	173,334
TOTAL CURRENT LIABILITIES		<u>339,382</u>	<u>354,541</u>
NON-CURRENT LIABILITIES			
Financial Liabilities	9	-	122,851
Provisions	10	398	9,532
TOTAL NON-CURRENT LIABILITIES		<u>398</u>	<u>132,383</u>
TOTAL LIABILITIES		<u>339,780</u>	<u>486,924</u>
NET ASSETS		<u>983,392</u>	<u>827,854</u>
EQUITY			
Retained Earnings		907,831	827,854
Assets Revaluation Reserve		75,561	-
TOTAL EQUITY		<u>983,392</u>	<u>827,854</u>

**NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA)
INCORPORATED
ABN 79 052 437 899
STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2019**

	ASSETS REVALUATION RESERVE	RETAINED EARNINGS	TOTAL
	\$	\$	\$
Balance at 1 July 2017	-	838,139	838,139
Net deficit for the year		(10,285)	(10,285)
Balance at 30 June 2018	-	827,854	827,854
Net surplus for the year	-	21,447	21,447
Gains on revaluation of buildings	134,091	-	134,091
Prior years adjustment	- 58,530	58,530	-
Balance at 30 June 2019	75,561	907,831	983,392

**NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA)
INCORPORATED
ABN 79 052 437 899
STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2019**

	Note	2019 \$	2018 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Cash Receipts from operating activities		1,025,897	998,698
Payments to suppliers and employees		(1,027,859)	(950,922)
Interest received		1,786	5,333
NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES		<u>(176)</u>	<u>53,109</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Purchase of property, plant and equipment		(12,244)	(10,629)
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES		<u>(12,244)</u>	<u>(10,629)</u>
CASH FLOWS FROM FINANCING ACTIVITIES			
Repayment of borrowings		(135,647)	(154,727)
NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES		<u>(135,647)</u>	<u>(154,727)</u>
NET INCREASE/(DECREASE) IN CASH HELD		(148,067)	(112,247)
CASH AT THE BEGINNING OF THE FINANCIAL YEAR		489,472	601,719
CASH AT THE END OF THE FINANCIAL YEAR	4	<u><u>341,405</u></u>	<u><u>489,472</u></u>

NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA) INCORPORATED

ABN 79 052 437 899

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

NOTE 1: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Financial Reporting Framework

These financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the Australian Charities and Not-for-profits Commission Act 2012, and the Associations Incorporation Act 1991 (ACT). The Association is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Statement of Compliance

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the Australian Charities and Not-for-profits Commission Act 2012, the basis of accounting specified by all Australian Accounting Standards and Interpretations, and the disclosure requirements of Accounting Standards AASB 101: Presentation of Financial Statements, AASB 107: Cash Flow Statements, AASB 108: Accounting Policies, Changes in Accounting Estimates and Errors, AASB 1031: Materiality and AASB 1054: Australian Additional Disclosures.

Basis of Preparation

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs unless otherwise stated in the notes. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise. The amounts presented in the financial statements have been rounded to the nearest dollar.

Income Tax

As a Public Benevolent Institution for the purposes of Subdivision 30-B of the Income Tax Assessment Act 1997, the Association is exempt from income tax.

Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment losses.

Freehold land and buildings are carried at their fair value (being the amount for which an asset could be exchanged between knowledgeable willing parties in an arm's length transaction), based on periodic, but at least triennial, valuations by external independent valuers, less accumulated depreciation for buildings.

Increases in the carrying amount arising on revaluation of land and buildings are credited to a revaluation reserve in equity. Decreases that offset previous increases of the same asset are recognised against revaluation reserve directly in equity; all other decreases are recognised in profit or loss.

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of property, plant and equipment is reviewed annually by the Association to ensure it is not in excess of the recoverable amount from those assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets' employment and subsequent disposal. The expected net cash flows have not been discounted to their present values in determining recoverable amounts.

Depreciation

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a diminishing value and straight line basis over their useful lives to the Association commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable asset are:

CLASS OF FIXED ASSET	DEPRECIATION RATE
Plant and Equipment	10% - 20%

NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA) INCORPORATED
ABN 79 052 437 899
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1- STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Impairment of Assets

At the end of each reporting period, the committee reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs of disposal and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in the income and expenditure statement.

Employee Benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee provisions have been measured at the amounts expected to be paid when the liability is settled.

Provisions

Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

Revenue

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Grant and donation income is recognised when the entity obtains control over the funds, which is generally at the time of receipt.

If conditions are attached to the grant that must be satisfied before the association is eligible to receive the contribution, recognition of the grant as revenue will be deferred until those conditions are satisfied. All revenue is stated net of the amount of goods and services tax.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian tax office. In these circumstances the GST is recognised as part of the cost acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks and other short-term highly liquid investments with original maturities of three months or less.

NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA) INCORPORATED
ABN 79 052 437 899
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019

NOTE 1- STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES (CONT'D)

Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from donors. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Accounts Payable and Other Payables

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability

Critical Accounting Estimates and Judgments

The Board's members evaluate estimates and judgments incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the association.

Key Estimates - Impairment

The Association assesses impairment at each reporting date by evaluating conditions specific to the Association that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the asset is determined. Value-in-use calculations performed in assessing recoverable amounts incorporate a number of key

Comparative Figures

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

NOTE 2- NET CURRENT YEAR SURPLUS

	2019	2018
	\$	\$
Expenses		
Donation	1,075	1,537
Interest paid	5,969	15,374

NOTE 3- REMUNERATION OF AUDITORS

Remuneration of the Auditor of the Association for:

Auditing the Financial Report

Ashby & Co

Portman Newton

-	8,500
6,300	-
<u>6,300</u>	<u>8,500</u>

NOTE 4- CASH AND CASH EQUIVALENTS

Cash at bank	41,099	489,238
Term deposit	300,000	-
Cash on hand	306	234
	<u>341,405</u>	<u>489,472</u>

NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA) INCORPORATED

ABN 79 052 437 899

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

NOTE 5- TRADE AND OTHER RECEIVABLES	2019	2018
	\$	\$
Trade Receivable	29,371	6,260
Accrued Income	4,960	-
GST receivable	1,055	1,536
	<u>35,386</u>	<u>7,796</u>

NOTE 6- OTHER CURRENT ASSETS

Prepayments	10,986	19,512
Key Deposits	655	655
	<u>11,641</u>	<u>20,167</u>

NOTE 7 -PROPERTY PLANT AND EQUIPMENT

Buildings - independent valuation 2016	-	775,000
- independent valuation 2019	<u>909,091</u>	<u>-</u>
Plant & Equipment - at cost	154,302	143,256
Less: Accumulated Depreciation	(128,653)	(120,913)
	<u>25,649</u>	<u>22,343</u>
Total property, plant & equipment	<u>934,740</u>	<u>797,343</u>

The buildings held by the Association were valued by independent valuer Meadow Real Estate Pty Ltd, Mr Adrian Staltari associate member of Australian Property Institute member number 69020 dated 10 September 2019. The fair value of the buildings was determined to be \$909,091.

NOTE 8 -TRADE AND OTHER PAYABLES

Unsecured Liabilities

Trade Creditors	18,847	19,700
Accrued Charges	9,443	25,076
PAYG withholding	8,451	6,145
Superannuation Payable	11,745	-
Other payables	5,061	258
	<u>53,547</u>	<u>51,179</u>

NOTE 9 -FINANCIAL LIABILITIES

Current

Secured Liabilities

Bank loan	52,261	59,088
	<u>52,261</u>	<u>59,088</u>

Non-Current

Secured Liabilities

Bank loan	-	122,851
	<u>-</u>	<u>122,851</u>
Total Bank Loan	<u>52,261</u>	<u>181,939</u>

NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA) INCORPORATED

ABN 79 052 437 899

**NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2019**

	2019	2018
	\$	\$
NOTE 10 -PROVISIONS		
Current		
Provision for Annual Leave	37,872	36,848
Provision for Long Service Leave	39,944	34,092
	<u>77,816</u>	<u>70,940</u>
Non-Current		
Provision for Long Service Leave	398	9,532
	<u>398</u>	<u>9,532</u>
NOTE 11 -OTHER LIABILITIES		
Current		
Income in Advance	155,758	173,334
	<u>155,758</u>	<u>173,334</u>
NOTE 12 -CAPITAL & LEASING COMMITMENTS		
A. Operating Lease Commitments		
Operating lease expenditure contracted for at balance date that is not cancellable and is not provided for in the accounts:		
Payable – minimum lease payments:		
not later than 12 months	1,980	9,162
between 12 months and five years	4,125	6,313
later than five years	-	-
	<u>6,105</u>	<u>15,475</u>
B. Mortgage Repayments expenditure contracted		
Payable		
not later than 12 months	52,261	59,088
between 12 months and five years	-	122,851
later than five years	-	-
	<u>52,261</u>	<u>181,939</u>

**NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA)
INCORPORATED
ABN 79 052 437 899**

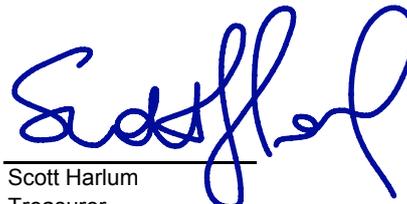
STATEMENT BY MEMBERS OF THE BOARD

In accordance with a resolution of the directors of National Association of People With HIV Australia (NAPWHA) Incorporated, the directors have determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies described in Note 1 to the financial statements.

1. The financial statements and notes complying with Australian Accounting Standards to the extent described in Note 1 and give a true and fair view of the financial position of the registered entity as at 30 June 2019 and of its performance for the year ended on that date.
2. This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2013.
3. There are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable.

This statement is made in accordance with a resolution of the Board and is signed for and on behalf of the Board by:


Cipri Martinez
President


Scott Harlum
Treasurer

Dated this 25th day of October 2019

**AUDITOR'S INDEPENDENCE DECLARATION TO THE MEMBERS OF
NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA) INCORPORATED**

In accordance with the requirements of section 60-40 of the Australian Charities and Not for Profits Commission Act 2012, I declare that to the best of my knowledge and belief, during the financial year ended 30 June 2019 there have been:

1. No contraventions of the auditor independence requirements of the Australian Charities and Not for Profits Commission Act 2012 in relation to the audit; and
2. no contravention of any applicable code of professional conduct in relation to the audit.

Portman Newton



Wei Chong CA

Signed this 25th day of October 2019, in Sydney.

**INDEPENDENT AUDITOR'S REPORT
TO THE MEMBERS OF
NATIONAL ASSOCIATION OF PEOPLE WITH
HIV AUSTRALIA (NAPWHA) INCORPORATED**



ABN 79 052 437 899

Report on the Financial Report

Opinion:

Level 14, 309 Kent Street
Sydney NSW 2000
Ph: 02 9994 8991
www.portmannewton.com
ABN 51 131 458 118

We have audited the financial report of National Association of People With HIV Australia (NAPWHA) Incorporated, which comprises the statement of financial position as at 30 June 2019, 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, notes comprising a summary of significant accounting policies and other explanatory information, and the statement by members of the Board.

In our opinion, except the comparative of previous year financial report which was not audited by us, the accompanying financial report presents fairly, in all material respects gives a true and fair view of the Associations Incorporation Act 1991 (ACT), the financial position of the association as at 30 June 2019 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements and the requirements of the Associations Incorporation Act 1991 (ACT) and Div 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: Code of Ethics for Professional Accountants (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.

Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the association to meet the requirements of the Associations Incorporation Act 1991 (ACT) and Australian Charities and Not-for-profits Commission Act 2012. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of The Members of the Board for the Financial Report

The Board is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the Associations Incorporation Act 1991 (ACT), and Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the Board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Board is responsible for assessing the association's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the Board either intends to liquidate the association or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

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

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

Portman Newton



Wei Chong CA
Reg. Auditor no: 383585

Sydney
Date : 25-Oct-19

REPRESENTATIVES & SECRETARIAT

NAPWHA BOARD

President Cipri Martinez

Vice-president Sarah Feagan

Secretary/treasurer Scott Harlum

Directors Aaron Cogle (*ex-officio*), Diane Lloyd, Danny Ryding, Precious Mapfumo, Robert Mitchell, Simon O'Connor

Staff Representative Katy Roy

NATIONAL NETWORK OF WOMEN LIVING WITH HIV (FEMFATALES)

Chair Katherine Leane

POSITIVE ABORIGINAL AND TORRES STRAIT ISLANDERS (PATSIIN)

Chair Michelle Tobin

TREATAWARE OUTREACH NETWORK (TON)

Chair Neil McKellar Stewart

POZ ACTION GROUP

National Association of People with HIV Australia (NAPWHA), Living Positive Victoria (LPV), Positive Life New South Wales (PLNSW), Queensland Positive People (QPP), Positive Life South Australia (PLSA)

MEDIA STRATEGY REFERENCE GROUP

Chair David Menadue

Christopher Kelly (editor), Stevie Bee (design),

NAPWHA SECRETARIAT

Executive Director Aaron Cogle

National Policy Manager Katy Roy

Senior Research Manager Dr John Rule

Communications & Community Engagement Officer Saysana Sirimanotham

Social Media & Community Engagement Project Officer Charlie Tredway

Administration Officer/Reception Gladys Jimenez

Corporate Systems Officer Stephen Watkins

Finance Officer Kevin Barwick

NAPWHA REPRESENTATIVES

ACH2 SCIENTIFIC ADVISORY COMMITTEE

John Rule

AFAO (AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS) BOARD

David Menadue

APN+

Sarah Feagan

ARCSHS SCIENTIFIC ADVISORY COMMITTEE

David Menadue

ASHM CONFERENCE ADVISORY GROUP

Robert Mitchell

ASHM HIV GUIDELINES SUBCOMMITTEE

Bill Whittaker

AUSTRALIAN MOLECULAR EPIDEMIOLOGY NETWORK

Aaron Cogle, John Rule

**BLOOD BORNE VIRUS AND SEXUALLY TRANSMISSIBLE
INFECTIONS SURVEILLANCE SUBCOMMITTEE (BBVSS)**

Aaron Cogle

**CENTRE FOR SOCIAL RESEARCH IN HEALTH
SCIENTIFIC ADVISORY COMMITTEE**

Aaron Cogle

**CENTRE FOR SOCIAL RESEARCH IN HEALTH STIGMA
INDICATOR STEERING COMMITTEE**

John Rule

**CONTROL AND ELIMINATION WITHIN AUSTRALIA OF
HEPATITIS C FROM PLHIV (CEASE)**

John Rule

HIV CURE COMMUNITY PARTNERSHIP GROUP

Cipri Martinez

HIV CURE DIGITAL THINK TANK

Cipri Martinez

IMMUNOVIROLOGY RESEARCH NETWORK

Aaron Cogle

**INTERNATIONAL NETWORK FOR STRATEGIC
INITIATIVES IN GLOBAL HIV TRIALS (INSIGHT)
COMMUNITY ADVISORY BOARD**

John Rule

**KIRBY AUSTRALIAN HIV OBSERVATIONAL DATABASE
(AHOD) STEERING COMMITTEE**

Aaron Cogle

**KIRBY AUSTRALIAN COLLABORATION FOR
COORDINATED ENHANCED SENTINEL SURVEILLANCE
(ACCESS)**

Aaron Cogle

**KIRBY PREDICTORS OF ADHERENCE TO ART (PAART)
STUDY**

John Rule

**MINISTERIAL ADVISORY COMMITTEE ON BLOOD
BORNE VIRUSES AND SEXUALLY TRANSMISSIBLE
INFECTIONS**

Robert Mitchell

VIIV PHARMACEUTICALS ADVISORY BOARD

Aaron Cogle

**World AIDS DAY- COMMONWEALTH COORDINATION
COMMITTEE**

Christopher Kelly, Charlie Tredway



ACKNOWLEDGMENTS

Volunteers:

Stephen Turner & Suzy Solomon

Contractors & Consultants:

Stephen Watkins, Wilo Muwadda, Adrian Ogier, David Menadue, Christopher Kelly, Bill Whittaker, Lealah Dow, Kristin Sinclair, Kate Doherty, John McRae, Roy Wilkins, Stevie Bee

Collaborators:

Ronald Woods, Kathy Petoumenos, Sally Cameron, Joel Murray, Jules Kim, Kristy Machon, Brent Allan, Jo Watson, Lisa Bastian, Dr Graham Brown, Dr Fraser Drummond, Dr Paul Slade, Joel Murray, Jules Kim, Dr Jeanne Ellard, Lance Feeney

Sponsors:







napwha national association of
people with HIV australia