

national association of
people with HIV australia

2015-2016

ANNUAL REPORT

napwha

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.

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Collaborations and innovations

by Cipri Martinez, President

With the health-funding environment continuing to be challenging on a national level and in some state jurisdictions, NAPWHA appreciates the solidarity demonstrated during the past year between member organisations — particularly the assistance and support provided by Positive Life NSW to Positive Life SA.

NAPWHA thanks everyone's efforts in maintaining representation and involvement of people with HIV across all of Australia, including the efforts of many formal and informal networks — such as [WA PLHIV](#) — as well as social media groups.

Despite the challenges we've faced, it's an exciting time for the HIV sector in Australia and even more so for HIV peer-based organisations as we continue concerted



The MyLife+ app designed to help PLHIV self-manage their healthcare

efforts to end HIV by 2030. Ending HIV in Australia can only happen with strategies such as treatment as prevention and its necessary focus on the wellbeing of people with HIV, their social determinants for health and their successful navigation of health services. We must maintain our strong focus on effective treatments, retention in care and wellbeing, building resilience in people with HIV, reducing stigma, discrimination and

criminalisation, and the effective delivery of combination prevention.

This year, with an eye to the longer-term future, NAPWHA — along with highly esteemed collaborators the Doherty Institute, the Delaney AIDS Research Enterprise and everyone involved with the Australian HIV Cure Community Partnership — successfully launched [HIVCure.com.au](#). The impact of this grand collaboration should not be underestimated: our efforts through this

internationally recognised site will play an important part in building momentum towards the discovery of a lasting cure for HIV. In particular NAPWHA extends its thanks to Professor Sharon Lewin from the Doherty Institute for helping to make this project a success and for her ongoing and unwavering support of the PLHIV community.

Another milestone of the year occurred in June 2016 when NAPWHA attended the United Nations General Assembly High Level Meeting on Ending AIDS. As part of the official Australian delegation, NAPWHA participated in the General Assembly adoption of the [Political Declaration on HIV and AIDS](#). A key theme of the High Level Meeting was the urgent call for action over the next five years to ensure that no one is left behind. Women and adolescent girls, Aboriginal and Torres Strait Islander

people, migrants, people who inject drugs, sex workers, gay men and other men who have sex with men, transgender people, and prisoners were particularly noted as vulnerable populations.

NAPWHA thanks the entire Australian delegation and, more specifically, Ms Sharon Appleyard, First Assistant Secretary, Office of Health Protection, for her conviction in delivering the Australian national statement to the UN General Assembly: "The 2016 political declaration outlines the minimum needed to end the AIDS epidemic. If we are truly to end this insidious epidemic, we all need to do more," Appleyard urged delegates.

Throughout the year the NAPWHA board was proactive in its stewardship of the organisation's strategic governance framework. NAPWHA's board guidelines, which set out the role and function of the board, standing orders and other associated procedures, including the duties and responsibilities of board members, were updated. An induction package for new NAPWHA representatives at general meetings was adopted and, in order to

increase board output between meetings, a series of subcommittees were created.

Scott Harlum chaired the work of a subcommittee to review the rules of the organisation; David Menadue chaired the media subcommittee dedicated to ensuring



consistency across NAPWHA's media channels and improving our ability to respond quickly to media events; and I chaired a subcommittee to develop a new strategic direction for 2017-2020. With extensive input from NAPWHA's member organisations, we have crafted a strategic plan, which has a strong emphasis on collaboration, innovation, effectiveness and efficiency.

I am happy to report that this new way of working has been a great success which has

enabled the board to be more effective in acquitting its strategic governance functions. Over the coming year the board intends to create a funding subcommittee to identify possible opportunities to support NAPWHA's future growth.

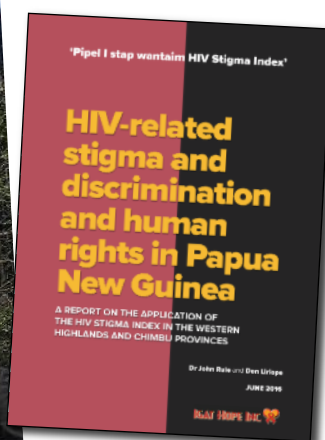
The board has also done its part in

has been challenging but is proving to be successful. In addition, this decision has enabled the preservation of the organisation's capacity to bring the entire membership together at NAPWHA's biannual national forums.

Throughout the region NAPWHA remained committed to the meaningful involvement of people with HIV via its relationship with the Asia Pacific Network of People living with HIV/AIDS, and through its ongoing commitments with IGAT Hope in Papua New Guinea.

NAPWHA is proud of its ongoing partnership with the seven pharmaceutical companies that manufacture ARVs in Australia and we thank them for their ongoing valuable support. A particular highlight of this year was the development of the Mylife+ app. This mobile software tool will greatly enhance the capacity of people with HIV to self-manage their healthcare and, in turn, to improve their quality of life.

I reserve my closing remarks to give a sincere and deep thank you to the NAPWHA board, Executive Director and staff. Your contribution and support of people living with HIV in Australia is outstanding!



LEFT Darryl O'Donnell, Sharon Lewin and Cipri Martinez in New York at the UN General Assembly High Level Meeting on Ending AIDS
ABOVE NAPWHA maintained its meaningful relationship with PLHIV throughout the region in 2015-2016

supporting the organisation's bid for increased efficiency savings. The decision was taken to reduce face-to-face board meetings to just two per year coinciding with the NAPWHA general meetings, and to conduct its other meetings by webinar. Adapting to this innovative new format

Remaining dynamic in a changing landscape

by Aaron Cogle, Executive Director

This year has been another challenging and thrilling year for NAPWHA — a year that has demanded resourcefulness and leadership at a critical time in the national response.

It gives me great pleasure to report that NAPWHA has continued to maintain a particularly high output, with visibility on national and international stages — all in the name of people with HIV.

This year, changes in the way the Commonwealth contracts national programs for priority populations presented significant challenges. Substantial resources

were utilised in advocating with the minister's office to secure additional funding support on behalf of the community-based sector. Thankfully, our efforts were successful and with the finalising of activity contracts for the financial year 2016-2017, NAPWHA made good progress towards securing medium-term sustainability.

At the ASHM conference in 2015, NAPWHA presented the final report from the ATRAS project. This project has quantified the number of Medicare ineligible HIV-positive people in Australia who are seeking HIV

treatments; demonstrated the significant advantages of providing this group with access to ARVs; and kept the issue on the agenda while we seek a permanent solution. This work will be progressed over the next year, with another report on current need and ongoing access issues across the country.

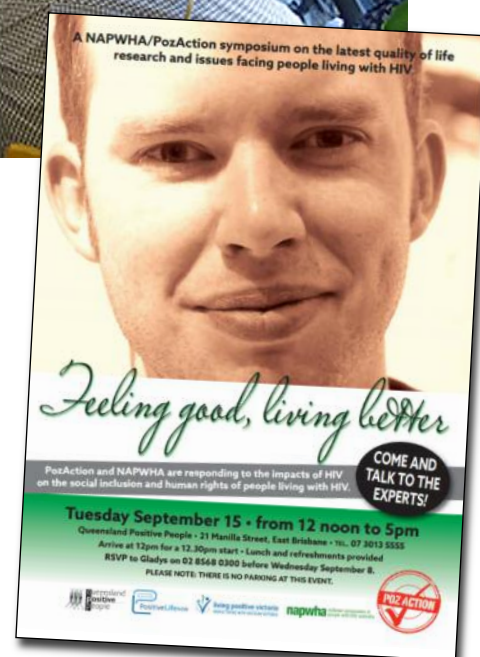
In October 2015, NAPWHA and the PozAction member-based group delivered training for the South Australian government about the importance of PLHIV community engagement in service delivery. It was an opportunity to champion peer-based services,

and the principles of GIPA and MIPA, as well as cover the topics of HIV-related stigma, ageing with HIV, and current HIV treatments.

This year NAPWHA also championed the issue of Quality of Life (QoL) for positive people, and delivered a QoL Symposium at the ASHM conference last September. The event was an important opportunity for the positive community to feed their lived experience into a process that has now influenced work to be delivered over the coming 12 months. A research project between ARCSHS and the PLHIV organisations



The year saw NAPWHA host a Quality of Life Symposium in Brisbane



— which aims to develop a better QoL measurement tool that can incorporate the experiences of living with HIV — is underway, with a new QoL campaign to be launched by NAPWHA this November at the ASHM conference.

This national campaign is another opportunity to underline our fundamental message of the centrality of the positive voice in the Australian response to HIV. NAPWHA's communities have long understood that living well with HIV requires more than just a prescription. At the NAPWHA SGM in early 2016, the entire body

positive was engaged in a process of campaign development that captured positive people's expertise in how to make life with HIV one of optimal outcomes. The campaign will run for up to 12 months, and will have multiple phases in its rollout and promotion.

This year also saw important progress in the promotion and adoption of PrEP: the ground-breaking advance which is helping transform global HIV prevention efforts. People with HIV and HIV-positive organisations are critical partners in HIV prevention, and are

committed to seeing the uptake of PrEP initiatives around the country. NAPWHA remains at the forefront of advocacy efforts to make PrEP (using HIV drugs to prevent HIV infection in HIV-negative people) available in Australia. NAPWHA and its members are working closely with state/territory partners to help provide temporary access to PrEP through clinical studies and other measures pending availability of PrEP through Australia's Pharmaceutical Benefits

Scheme (PBS). NAPWHA continues to work with our key partners AFAO and ASHM in urging the Australian drug regulatory and funding system to approve PrEP without delay and, especially, advocating for PrEP access for the

negative partners of HIV-positive individuals.

NAPWHA maintained its representation across the research partnership and this year saw a number of studies in which we were involved bear fruit, including: the ATRAS work (Kirby); the W3 project (ARCSHS); the ART use and non-use study (CSRH); and a number of community surveys undertaken in partnership with NAPWHA's member organisations to measure the experience of PLHIV accessing ARVs through the new community pharmacy dispensing arrangements.

Due to funding restraints, NAPWHA's two networks—the Femfatales and PATSIN—were not able to meet as often face-to-face this year. Despite this, both networks performed admirably. The Femfatales organised the hugely successful National Day of Women Living with HIV Australia in March and on that day launched the new national resource Living Well Women with HIV. Meanwhile, PATSIN revisited their terms of reference and work plan, stayed closely linked to ANA, and began discussions with SAMHRI about how best to work together.

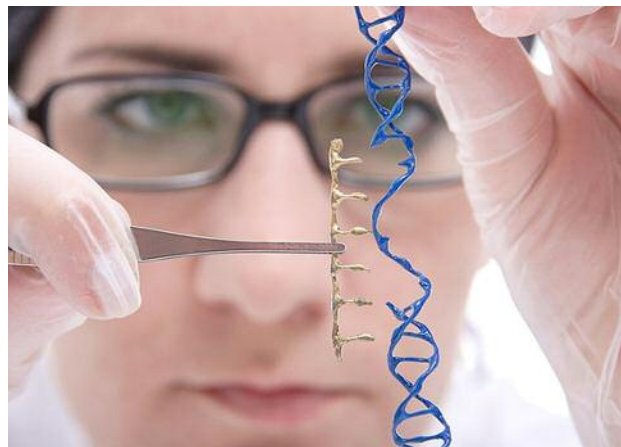
The HIV Cure website was another significant piece of work delivered by NAPWHA in this reporting period. It is the first of its kind in Australia: a single online home for all of the ground-breaking developments in cure research collated by researchers and PLHIV. It is a significant collaboration between NAWPHA, the Doherty institute, the Delany

to have Professor Sharon Lewin (Doherty Institute) attend our SGM to officially launch HIVcure.com.au in April. It is an achievement of which NAPWHA, and all the partners involved, can be justifiably proud.

Empowering people with HIV to make the best choices about their health and wellbeing is at the core of NAPWHA's work. NAPWHA continues to play an

early treatment—including the findings of the international START study, which concluded that the benefits of starting HIV treatment immediately, irrespective of CD4 cell count, outweigh the risks. NAPWHA also continues to work closely with communities, clinicians and researchers to ensure Australia has early access to clinical trials of new HIV therapies, while advocating for important new HIV treatments to be promptly made available through the Australian health system.

NAPWHA's contribution to national policy continues as an ongoing focus of the organisation's work. This year we made a number of submissions to government of relevance to PLHIV on issues such as medical cannabis, the PBAC listing of PrEP, changes to the *NSW Public Health Act*, and the future of Australia's aged-care workforce. NAPWHA chaired the ASHM committee developing national guidelines for the psychological support for adults with HIV (to be launched at the ASHM conference in November). And NAPWHA was also represented on the BBVSS drafting committee reviewing the



The HIV Cure website helps PLHIV engage with the progress made so far

AIDS Research Enterprise, the Australian HIV Cure Community partnership, the Kirby Institute, and soon the Alfred Hospital as well.

The site aims to enable PLHIV to engage with and understand the science behind cure research, prepare for the realisation of an HIV cure, and to stay up to date or to get involved through clinical trials. NAPWHA was honoured

important role in helping develop HIV clinical treatment guidelines and other information resources for people with HIV and health professionals. The aim of such documents is to reflect the latest scientific evidence about HIV treatment and care. We are maintaining a focus on ensuring that all people with HIV are aware of the conclusive research supporting

national guidelines for the management of PLHIV who place others at risk. Finally, we consulted on the Commonwealth Department of Health's draft changes to the national guidelines for the management of healthcare workers (HCW) with a BBV in which we advocated for positive HCW with an UDVL to be able to perform exposure prone procedures.

NAPWHA was the community partner in the development of the new MyLife+ app. PLHIV from across Australia contributed their lived HIV expertise at focus groups in Sydney and Melbourne to help craft the app so as to better meet the needs of positive people. Thanks to involvement from the positive community, the app allows PLHIV to track their test results, schedule treatment reminders, and monitor their mental health for better quality of life.

NAPWHA maintained high visibility on both the national and international stages. David Menadue was the keynote speaker at the 2015 World AIDS Day breakfast with the Commonwealth Minister for Health, Sussan Ley. The NAPWHA President Cipri Martinez and I also attended a roundtable with the health minister,



Important progress made in the promotion and adoption of PrEP

organised by Senator Dean Smith — an ongoing supporter of our sector, and NAPWHA specifically. This opportunity allowed representatives from the HIV peak organisations to outline the key challenges and opportunities facing the

Meeting on Ending AIDS as part of the official Australian delegation and was able to influence and participate in the adoption of the Political Declaration on HIV and AIDS.

Sadly, in the new environment, NAPWHA

Officers' Network was maintained for the next 12 months. Similarly, NAPWHA was unable to continue its financial support of the Positive Leadership Development Institute. However, we are still intimately involved with, and supportive of, the program. We continue to look for more efficient ways of working to assist with cost saving into the future.

At the end of this year we said fond farewells to Tony Maynard, the Treatments Officer, Crhistian Munoz, Projects Officer, and Graham Stocks, Website Officer, who all made important contributions to the work of NAPWHA over the past 12 months. I thank them all for their hard work and dedication; they will be sadly missed.

This year has been challenging and eventful. My heartfelt thanks go to the board for their ongoing support, to the special representatives for their wise counsel, and to the NAPWHA staff for their steadfast commitment to the organisation. I'm proud to report that NAPWHA has emerged, yet again, as a dynamic and resilient organisation that is well placed to adapt to whatever the future may hold for Australia's PLHIV community.



David Menadue speaking at Parliament House on World AIDS Day 2015

HIV response in Australia today. Cipri also attended the United Nations General Assembly High Level

was unable to maintain all of its previous outputs. The Treatware program was scaled down, but the Treatment

Difficult decisions, fiscal flexibility

by **Scott Harlum, Secretary-Treasurer**

I am pleased to present NAPWHA's 2015-16 audited financial report as of 30 June 2016 (see pages 39-53).

The organisation recorded an operating surplus of \$176,222, down from \$285,674 last year. This is a significantly better outcome than was budgeted for. Much credit for the result must go to the secretariat. For their attention to every expense incurred and efforts to reduce operating costs wherever possible, I acknowledge and thank the Executive Director, Operations Manager and staff of NAPWHA.

The balance sheet of the organisation remains healthy: the audited reports for financial year 2015-2016 record an overall improvement in the organisation's equity position from \$607,056 to \$783,278. The ownership of NAPWHA's offices also provides a safety net against future uncertainty and the purchase of additional office space from the adjoining unit was finally completed in March 2016. Over the past year the property appreciated by \$50,227. The budget for the next year is predicted to be in surplus by a small amount (\$3,106).

However, the 2016

financial year saw NAPWHA continue to adjust to a realignment of Commonwealth priorities. This will mean a reduction in the amount of funding to be received from government sources in the future. So, some difficult but necessary decisions were required of the board in order to bring the budget into balance for financial year 2016-2017.

With a heavy heart, the staff profile was significantly reduced from six to four. This will produce a beneficial shift in salary and wage provisioning over the coming year. Program priorities were also reconsidered: the

Treataware program was restructured, and NAPWHA's contribution to the Positive Leadership Development Institute was discontinued. A range of other decisions were made to reduce costs or to stabilise cash flow, including a cessation of the President's stipend; and a reduction in the number of face-to-face meetings. Meanwhile, the organisation's mortgage facility is to be rearranged so as to become interest only.

Monies received from corporate donations and sponsorship were slightly down on the previous year, from \$140,000 in 2015 to



The board and Executive Director must continue to pay close attention to the organisation's financial position, and more difficult decisions may be required.

\$116,384 in 2016. This added to the uncertain fiscal landscape. However, over the coming 12-month period, corporate support for NAPWHA looks stable. NAPWHA's partnership with Australia's pharmaceutical companies that produce ARVs remains strong

and we thank them all for their ongoing support.

In 2017, the board and Executive Director must continue to pay close attention to the organisation's financial position, and more difficult decisions may be required. For NAPWHA, one key challenge over the coming year will be to

retain, and seek to expand, organisational capacity whilst limiting costs.

However, under the circumstances, I believe the organisation has done a commendable job in managing its finances and budget. In this regard, I'd like to acknowledge Finance Officer Kevin Barwick

for his efforts in ensuring NAPWHA remained accountable and viable. I am satisfied as to the relative health of our organisation's balance sheet. Thanks to the hard work and dedication of our staff and board, NAPWHA is well placed to face any further challenges ahead.

Education and advocacy

by Tony Maynard, Treatments Officer

Since its foundation in 2008, NAPWHA's Treataware program has been a cornerstone of the work of the organisation.

An important component of the project is the Treataware Outreach Network (TON) — a collective of HIV community workers from all states and territories in Australia, as well as New Zealand. TON members provide HIV treatment and health-related information, as well as a range of other vital supports to PLHIV.

Over the past year, there were two TON face-to-face meetings. The first was held in Brisbane at the offices of Queensland Positive People. Organised to run in conjunction with the ASHM conference, the event included presentations by Professor Darren Russell on the expansion of the PrEP demonstration projects;



TOP Surveys were held on the community dispensing rollout

LEFT Calls were received from Australia and overseas in regard to treatment access

RIGHT A submission was made to PBAC supporting reimbursement of PrEP

Andrew Jagels from Queensland Health explained the mechanisms involved in the rollout of the community dispensing of HIV medications; while Nicole Floyd from the Pharmacy Guild explained the payment arrangements for the community chemists involved.

A second TON



meeting was held in Sydney in March. Sixteen members attended the two-day event, as did two renowned international speakers: Professor Saye Khoo, who presented his work from the University of Liverpool on the latest update to the Liverpool HIV iChart app, which gives drug-drug

interactions for HIV medications; and Professor Giovanni Guaraldi from the University of Modena, who presented on quality-of-life issues that are emerging as additional concerns for PLHIV as they age. Local presenters included Professor Anthony Kelleher from the St Vincent's Centre for Applied Research, who presented his work on stopping HIV replication; Professor Andrew Grulich from the Kirby Institute, who presented an update on Sydney's PrEP trials; and the Albion Centre's Ruth Hennessy, who gave a presentation on HIV-associated neurological impairment, or HAND.

The Treatments Roadshows and Chin Wag events are important educational initiatives of the Treataware project. Over the past year, events were held in Darwin in September, Melbourne in October, Alice Springs in November, and



Vanessa Wagner and Nurse Nancy strike a pose at a Chin Wag event in Melbourne

Sydney in June. The Alice Springs Chin Wag was held in conjunction with the sixth Anwernekenhe conference of Aboriginal and Torres Strait Islander Communities on HIV education, prevention and wellness. This popular event was co-hosted by Vanessa Wagner and Starlady with a panel of local experts who fielded questions on a range of subjects from a large and enthusiastic audience.

Other hot-topic subjects covered included the community dispensing rollout, and access to PrEP — either through the various demonstration studies or personal importation.

Both the roadshows and Chin Wags evaluated very highly and were attended by around 50 people — people who otherwise would not have been engaged with treatments information.

NAPWHA also ran two national surveys of people's experiences of the community dispensing of HIV medication. The results showed widespread satisfaction with the arrangements (although in jurisdictions where co-payments are still in place, such as hospitals in Victoria, there was a greater preference for continuing with the status quo).

Client advocacy is another major focus of the Treataware project.

Over the year, there were more than 40 discreet enquiries for assistance. Calls came in from Australia and overseas, many seeking alternative access to HIV medications because they were not eligible for Medicare. We were able to assist most of the people who contacted us, either through compassionate supply programs or by assisting them with personal importation of generic medications from overseas. However, there are still several hundred PLHIV legally in Australia who are Medicare ineligible and for whom a permanent and a reliable solution needs to be found. Other issues raised concerned

PrEP access and various legal matters relating to immigration.

In the past year, the Treataware project made various submissions to government on issues of concern for PLHIV, including an appeal to the Pharmaceutical Benefits Advisory Committee supporting reimbursement of PrEP; the NSW submission on the medical use of cannabis; and the review of the *Public Health Act 2010*. Treataware also collaborated with AFAO in a joint submission on the future of Australia's aged-care workforce.

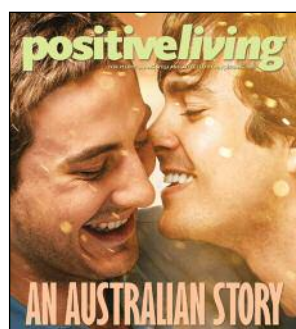


Revamps and milestones

by Christopher Kelly, Media Officer

It's been an eventful year for NAPWHA's media operations: *Positive Living* went fully digital; the Positive Living Reference Group had its remit broadened; the *Media Digest* was revamped; and — probably most exciting of all — two new affiliated websites were launched.

First, *Positive Living*. The **2015 spring issue** tackled the criminalisation of HIV in the US by reporting on the story of African-American student Michael L. Johnson who was sentenced to a staggering 30 years' jail for failing to disclose his status to sexual partners. David Menadue explained the findings of the just released START study. As the Kirby Institute's Professor Sean Emery told *PL*, "There is no clinical reason to wait until you treat anymore." With more and more people ageing with HIV,



Positive Living offered advice on how to, not just live longer with HIV, but to live well with HIV. *Holding the Man* became an Australian box office hit in spring and *PL* spoke with screenwriter Tommy Murphy, while David Menadue — who knew Tim Conigrave and John Caleo — offered a personal insight into their story.

The **summer issue** looked back at some of the burning issues of



2015 including PrEP, START and community dispensing. Off the back of the release of the annual HIV surveillance report, *PL* crunched Kirby's numbers while Bridget Haire offered reasons as to why Australia's infection rates refuse to fall. More than 2,700 women live with HIV in Australia; four of them shared their stories with *PL*. And we marked the 30th anniversary of the

death of Hollywood screen idol Rock Hudson, described by AIDS researchers as "the single most important event in the history of the epidemic".

With the number of new HIV infections in Australia static at around 1,000 a year, the **2016 autumn issue** was dedicated to the newly diagnosed. The basics were explained in an 'A to Z of HIV'; Dr Louise walked readers through the post-diagnosis clinical process; while 'The Pill Box' underlined the benefits of an undetectable viral load. As well, recent arrests of two positive people in Australia brought the issue of criminalisation of HIV back into the spotlight and Paul Kidd unravelled the legalities.

Which brings us to the **2016 winter issue** — a milestone in *PL*'s 27-year history as the magazine had now become completely electronic. The cover star was a little blue pill. Truvada as PrEP

had just been TGA approved, so *PL* traced PrEP's journey to Australia while David Menadue offered a positive perspective. "The arrival of PrEP and the removal of fear will hopefully decrease stigma," he wrote. "Let's hope that the divisions within the poz and neg communities will dissolve." This year saw the 20th anniversary of the introduction of HAART and long-term survivors shared their lived experience of the protease moment. "The impact was immediate and extraordinary," said Andrew Kirk. "The dream that I had wished for, for so many years had arrived." As well, 'Positive Voices' featured couples in sero-mixed relationships talking TasP.

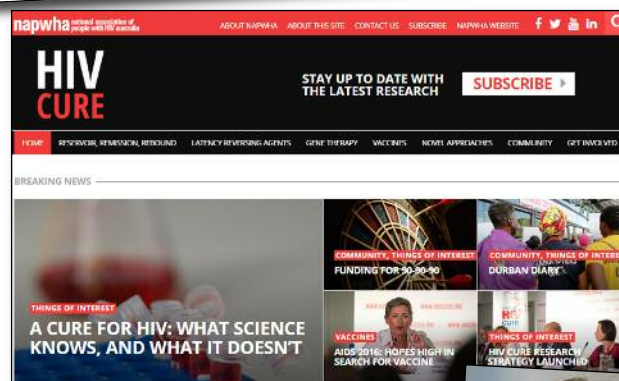
Another landmark occasion for *PL* occurred in November 2015 when a standalone website was launched — positivelivingmagazine.com.au. Conceived to provide people with an alternative platform in which to access the e-zine's contents, the website format also allows for content to be regularly updated so as to provide users with rolling HIV-related news and features.

And in April 2016, *HIV Cure* was officially launched at an event in Sydney by Professor

Sharon Lewin. Developed by NAPWHA in association with the Doherty Institute and the Australian HIV Cure Community Partnership, *HIV Cure* provides access to all the latest scientific developments so that people living with HIV in Australia can engage with the remarkable successes being made. Widely praised by members of the scientific community at home and overseas, *HIV Cure* has quickly attracted more than 2,500 unique

Now reaching more than 500 subscribers, *The Digest* features only the very best HIV stories handpicked from the web.

One of the biggest HIV-related news stories of the past year was



visitors and a growing subscriber database.

Electronic newsletter *HIV Media Digest* continued to provide a summary of HIV-related news stories collated from Australian and international media three times a week. In March, *The Digest* was renamed and redesigned.

Sharon Lewin



actor Charlie Sheen's HIV disclosure. In response to the widespread sensationalistic

reporting of the news, NAPWHA sent out a media release setting the HIV facts straight and stating: "Mr Sheen's disclosure needs to be embraced and accepted globally, without sensationalising it and potentially stigmatising people with HIV." In another media release, NAPWHA joined the call for a stigmatising condom ad campaign to be pulled — which it duly was.

The Positive Living Reference Group underwent a revamp this year. Now called the Media Strategy Reference Group, its remit has been broadened to encompass NAPWHA's media presence as a whole, including online campaigns — such as the 'Happy, Healthy, Connected' campaign that ran adjacent to Sydney's Mardi Gras — and social media messaging. And speaking of social media, NAPWHA continued to utilise

various digital platforms throughout the year to disseminate information, advertise surveys and to promote events such as the

inaugural National Day of Women Living with HIV Australia.

As I said, it's been an eventful year . . .

Assist and support

by **Bill Paterson, Operations Manager**

NAPWHA operations exist to support the essential work of the agency; without its operational framework the exciting and innovative work of the organisation could not take place. The past year has been a big one for the operations team.

Administration Officer Gladys Jimenez is known to all of our member representatives for her amazing capacity to bring us together from all corners of



NAPWHA's archive will one day contribute to the definitive history of Australia's response to HIV

Australia in one place at the same time — and to get us all home again! Gladys once again

pulled off a minor miracle by organising travel, accommodation and venue bookings for

NAPWHA's AGM held in Sydney last November, and April's SGM, which attracted a record attendance of 35 people. As Operations Manager, I do not underestimate the enormity of this task.

During the past year, Website Officer Graham Stocks's role was expanded. As well as helping maintain the NAPWHA website, Graham was also tasked with streamlining and organising the office H drive; he crunched Google Analytics so as to identify patterns and



Web-based functionality became a particular focus of the operations division this year. Teleconferencing and face-to-face meetings were replaced with video-conferencing to help reduce flights and accommodation costs.

trends regarding website usage; set up a NAPWHA Google AdWords account so that the organisation can better advertise its work to the community it serves; and also assisted in the mailout of the 2014-2015 Annual Report.

Graham has since departed the organisation and will be sorely missed. Gladys has taken over the Google Analytics brain work; is also now assisting with website maintenance; along with helping manage the many databases that NAPWHA holds for distribution of signature publications, such as *The Digest* and the *Positive Living* e-zine.

Archiving our legacy

Since its inception, NAPWHA has archived all documents, publications and resources in the belief that the national representative body for people with HIV will have an important contribution to make when the definitive story of the Australian response is told. Over the past year, the operations team has taken on the task of reviewing and cataloguing all of the accumulated records

and documentation contained in NAPWHA's archives. It is an enormous and, at times, overwhelming task, but I'm certain, in the future, the fruits of this endeavour will be realised when the hundreds of archive boxes are opened by historians and their contents eagerly explored.



Gladys, a wiz in admin and organisation



A well-fed Machus Bravo

Utilising tech

Web-based functionality became a

particular focus of the operations division this year. Teleconferencing and face-to-face meetings were replaced with video-conferencing to help reduce travel and accommodation costs. During the past year, NAPWHA network meetings were supported by Project Officer Crhistian Munoz. He is to be applauded

for providing logistical support and in helping to ensure a smooth transition from face-to-face meetings to web-based conferences.

The operations team has also undertaken major reviews of NAPWHA's contacts list during the year so as to make sure it remains relevant and up-to-date. The terms and references of our networks were also reviewed. And the team was kept busy organising NAPWHA's event to commemorate Australia's inaugural National Day of Women Living with HIV. As well, day-to-day office management duties were carried out throughout the year, such as arranging for new lighting to be

installed and ensuring the office fish — Machus Bravo — was regularly fed.

All in all, it has been a challenging year that has required NAPWHA to review all of its systems and processes so as to achieve savings and efficiencies. In spite of this, the operations team has endeavoured to provide a high level of secretariat support. And the team is committed to continue doing so into the future.

Improving the lives of positive women

by Katherine Leane, chair, National Network of Women Living with HIV

The National Network of Women Living with HIV — widely known as the Femfatales — has faced a range of challenges throughout the last financial year.

Reduced capacity meant that the group was only able to meet once face-to-face in August 2015 and since then only by teleconference. This limited what we could achieve. However, a remodelled network currently consisting of seven members places the Femfatales well for a flexible response in the future.

The Femfatales' terms of reference allows for two co-chairs.



I would like to thank Dianne Nyoni for her commitment to the role of co-chair in recent years. I would also like to commend Dianne for her vision; it was Dianne who came up with the idea of a national day for Australian women living with HIV. Introduced in 2016, the date of the event — 9 March — was chosen to follow International Women's

Day on 8 March — an already well-established event. The National Day of Women Living with HIV Australia was a huge success in 2016, with fundraising morning teas held across the states and territories. The plan is for the day to be an even bigger event next year.

Women who live with HIV in Australia unfortunately still face

Inspire.
Celebrate.
Advocate.

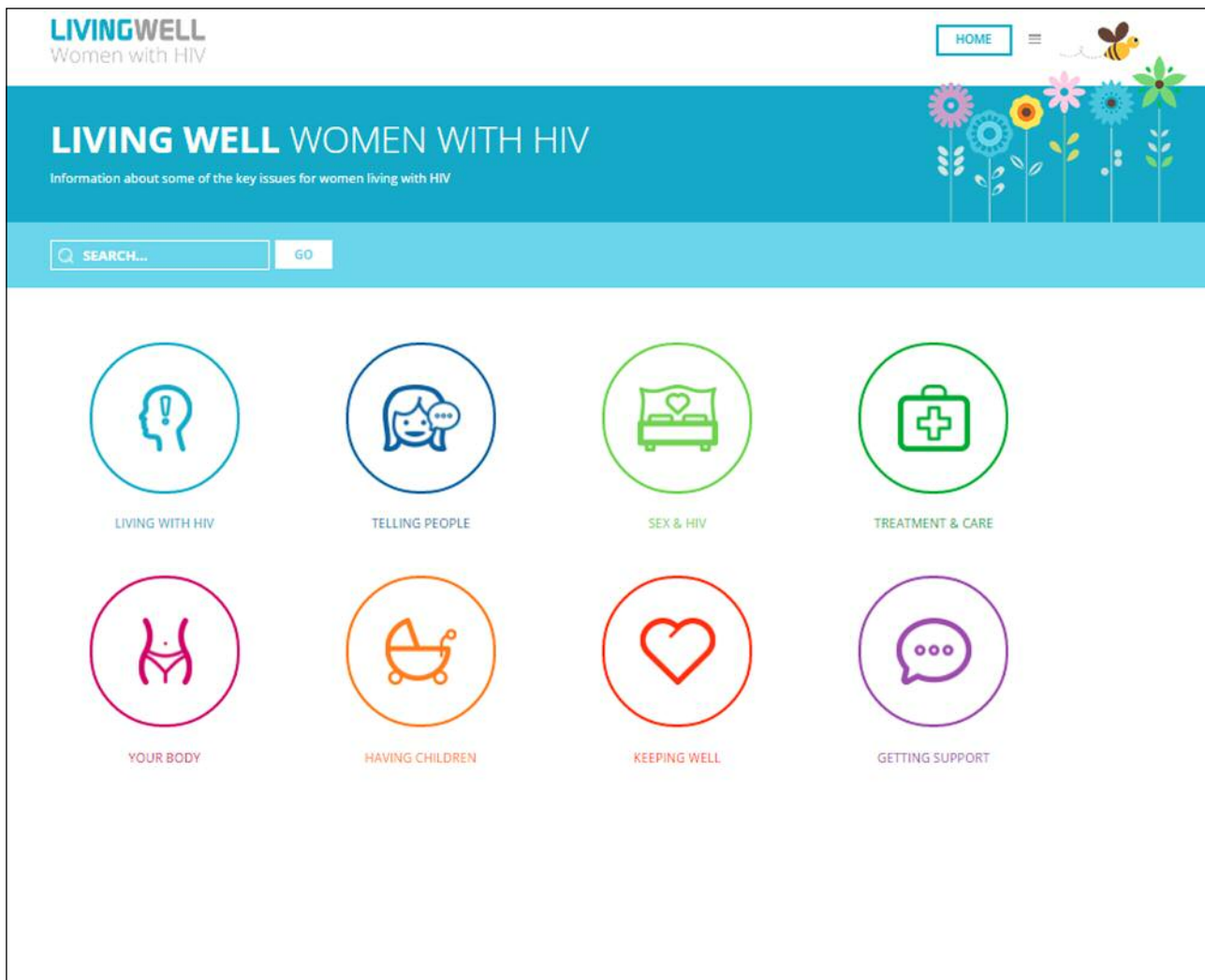
National Day of
Women Living with HIV
AUSTRALIA
Wednesday
March 9, 2016



napwha

the national association of
people with HIV australia

many challenges within healthcare settings. Issues of pregnancy and



Women who live with HIV unfortunately still face many challenges; often women are harshly judged or discriminated against due to preconceived notions about the mode of HIV transmission. This was one of the motivators for Femfatales' extensive participation in helping to update Living Well Women with HIV.

breastfeeding often arise due to negative attitudes and misinformation. Often, women are harshly judged or discriminated against due to preconceived notions about the mode of HIV transmission. This was one of the motivators for Femfatales' extensive participation in helping to update a valuable educational resource titled **Living Well Women with HIV**. Two network members were

privileged to speak and launch the resource in both NSW and in SA.

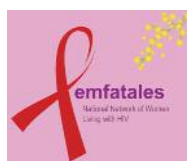
During the past year, through emails and social media, Femfatales' members proactively encouraged positive women to complete the national Futures 8 survey. The network also continued its long-term membership with the Australian Women's Health Network; the organisation's invaluable research across many

women's sexual and reproductive health needs has kept us well informed of key developments during the year.

Other work throughout the year included promoting the voices of WLHIV in the new Political Declaration on HIV/AIDS Statement; contributing to *Positive Living* magazine; supporting the WHO goal of eliminating HIV by 2030; and supporting the first

Australian Women's Health Charter so as to ensure that all women have optimal health and wellbeing.

Finally, a heartfelt thank you to all the women whose generous commitment, time and passion contribute towards improving the lives of WLHIV not only across Australia but at an international level as well.



Engaging the community

by Neville Fazulla, chair, Positive Aboriginal and Torres Strait Islander Network

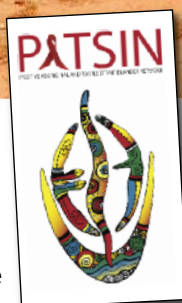


The committee of PATSIN would like to acknowledge and pay respect to the members of the positive Aboriginal and Torres Strait Islander community who have passed away in the last year. To their family and friends we offer our deepest sympathy and respect.

It has been a demanding 12 months, as we look to continue our work in an uncertain environment. There have been many changes to PATSIN's activities. However, the group was able to meet face-to-face in May 2016

in Sydney. At that meeting PATSIN ratified the new terms of reference, the new PATSIN membership application, and the new structure of the committee. The group also drafted a new work plan to better reflect PATSIN's priorities for 2016-17, which include a focus on increased involvement and membership of women.

Over the course of the year members across Australia were involved at varying levels in the promotion and running of events for the Aboriginal and Torres



Strait Islander HIV Awareness Week. Both Michelle Tobin and myself developed videos specifically targeted at the Aboriginal and Torres Strait Islander community around treatments and living with HIV.

PATSIN also provided strong leadership at the Anwernekenhe (ANA) conference in Alice Springs, leading the discussions and panels in relation to the issues for PLHIV. In a testimony to PATSIN's effective community engagement, the PATSIN Chin Wag session was the best

attended of the entire conference.

PATSIN members attended the High Level Summit held in Brisbane in early December and contributed an important voice for the positive Aboriginal and Torres Strait community.

In an environment of much change for the Aboriginal and Torres Strait Islander health sector, PATSIN also developed communication pathways with James Ward at SAHMRI to look towards resource production in the area of treatments and adherence.

REPRESENTATIVES AND SECRETARIAT

NAPWHA BOARD

President Cipri Martinez

Vice-President Robert Mitchell

Secretary/Treasurer Scott Harlum

Directors Aaron Cogle (ex-officio), Diane Lloyd, Peter Fenoglio, David Menadue, Simon O'Connor, Paul Caleo

Staff Representative Bill Paterson

NATIONAL NETWORK OF WOMEN LIVING WITH HIV (FEMFALES)

Chair Katherine Leane,

Total members including state and territory representatives: 7

POSITIVE ABORIGINAL AND TORRES STRAIT ISLANDERS (PATSIIN)

Chair Neville Fazulla

Total members including state and territory representatives: 7

TREATAWARE OUTREACH NETWORK (TON)

Chair Tony Maynard, Marcus Bogie, David Crawford, Dimitri Daskalakis, Lance Feeney, Kim Gates, Karl Johnson, Sean Kelly, Jenny McDonald, Neil McKellar-Stewart, Vic Perri, Tracey Wing, Liz Walker, Peter Watts

POZ ACTION GROUP (PAG)

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 (MSRG)

Chair David Menadue, Christopher Kelly (editor), Stevie Bee (design), Neil McKellar-Stewart, Louise Owen, Peter Watts, George Andrews, Randelle Anderson, Suzy Malhotra

NAPWHA SECRETARIAT

Executive Director Aaron Cogle

Treatments Officer Tony Maynard (until July 2016)

Media Officer Christopher Kelly

Operations Manager Bill Paterson

Projects Officer Christian Munoz (until August 2016)

Website Officer Graham Stocks (until June 2016)

Administration Officer/Reception

Gladys Jimenez

Finance Officer Kevin Barwick

NAPWHA REPRESENTATIVES

AHOD Steering Committee

Aaron Cogle

AFAO National Policy Officers' Network

Aaron Cogle

AFAO PrEP Advocacy Working Group

Aaron Cogle

APN Plus

Cipri Martinez (*Interim Representative*)

ARCSHS Scientific Advisory Committee

David Menadue

ASHM Conference National Core Program Committee

Aaron Cogle

ASHM HIV Education for the Aged Care Workforce Sub-Committee

Bill Paterson

ASHM HIV Guidance

Sub-Committee Bill Whittaker

ASHM Psychosocial Guidelines Development Committee

Chair Aaron Cogle

ATRAS Reference Group

Aaron Cogle, Jo Watson

Australian Federation of AIDS Organisations

David Menadue

Australian Centre for HIV, Hepatitis and Virology Research Scientific Advisory Board

Bill Whittaker

Calimmune Community Working Group

Cipri Martinez

CDNA Sub-Committee BBVSS Surveillance and Monitoring

Aaron Cogle

Centre for Social Research in Health ART use and non-use Advisory Group

Aaron Cogle

Centre for Social Research in Health Scientific Advisory Committee

Aaron Cogle

Centre for Social Research in Health Stigma Indicator Steering Committee

Aaron Cogle

Control and Elimination within Australia of Hepatitis C from PLHIV (CEASE)

Bill Paterson

Delaney AIDS Research Enterprise (DARE) Community Advisory Board

Cipri Martinez

HealthMap Data Safety Monitoring Board

Tony Maynard

HealthMap Protocol Steering Committee

Aaron Cogle

The HIV Cure Community

Partnership Group Cipri Martinez

ImmunoVirology Research Network Steering Committee

Aaron Cogle

INSIGHT Community Advisory Committee

Tony Maynard

Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections

Robert Mitchell

National Blood Borne Virus and Sexually Transmissible Infections Surveillance Committee

Aaron Cogle

PAART Study Protocol Management Committee

Tony Maynard

PozHets Advisory Group

Bill Paterson

SPANC Study Protocol Steering Committee


Tony Maynard

VicPrEP Study Protocol Steering Committee

Aaron Cogle

ViiV Advisory Board

Bill Whittaker



STATE OF THE POSITIVE NATION

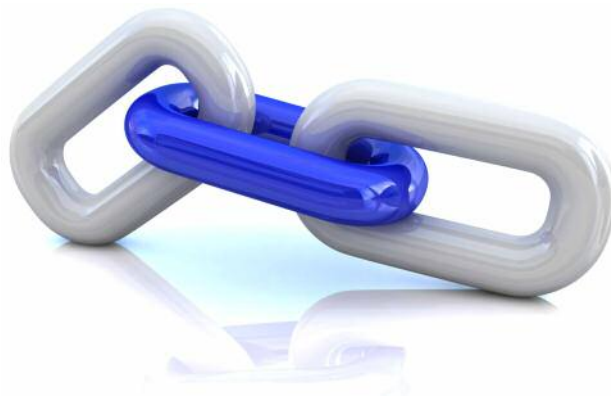
Positive Life NSW

Throughout the past year, Positive Life NSW continued to provide policy leadership and advice on behalf of people living with HIV — representing them to government, non-government, clinical and research settings.

“The aim of such work,” says Lance Feeney, acting Positive Life CEO, “is to improve the health and quality of life of PLHIV by supporting immediate treatment uptake, access and adherence; and to identify and respond to the emerging and long-standing health and service needs of PLHIV in NSW.”

Activities in this area included:

- 28 policy responses and submissions against the NSW HIV Strategy priority areas for action and targets, including: submissions to the Commonwealth and state government, feedback on research proposals, protocols and guidelines, discussion papers, options papers and position papers, and briefings to the



Positive Life NSW worked with various service partners to improve community understanding of HIV prevention initiatives by developing and implementing peer-led partner notification initiatives. For instance, it worked with PLHIV who use substances, and helped increase a community understanding of PrEP.

Positive Life Board and other members of the NSW HIV response partnership

- Implemented and reported on seven community surveys to consult with PLHIV on a range of issues

including: HAND, Community Dispensing of HIV Medication in NSW, Meth Use in PLHIV, Partner Notification, Anal Cancer Awareness, Strategic Plan 2016-2020 Consultation, and

program and communication platform evaluations

- Provided 24 presentations to health and community services on the needs of PLHIV in NSW
- Participated in a range of Ministry, NSW Health and sector advisory groups and committees including the NSW HIV Prevention Revolution Project Steering Committee and Pillar Working Groups and the NSW HIV Strategy Implementation Committee and Expert Data Report Committee.

Community dispensing and free medications

After many years of advocacy, community pharmacy dispensing of HIV treatment was finally implemented in July 2015. During this time, Positive Life monitored the transition from hospital-based dispensing to community pharmacy dispensing and addressed implementation issues with NSW Health and the

Commonwealth.
“We also trained community pharmacists in the needs of PLHIV, in particular around privacy.”

And in September 2015, NSW became the first state to abolish the \$100 co-payment. “People living with complex illnesses are suffering enough without the stress of having to fork out for essential but expensive medication,” said NSW health minister Jillian Skinner (pictured above right). In response to the move, Positive Life’s Craig Cooper said: “Free HIV medicines are a win for people living with HIV and will make it easier for some people to start HIV treatment and to stay on treatment.”

Support and education

Positive Life also provided support to improve retention and linkage to HIV treatment and care, and to reduce loss to follow-up. This



was done by working with the NSW HIV Support Program to help newly diagnosed people with HIV to start immediate treatment. Positive Life also provided information and referral to PLHIV to assist with HIV service engagement, health service navigation and treatment decision making. The organisation delivered



group HIV education programs such as Genesis and Peer2Peer to a range of clients, from people newly diagnosed through to those living long-term with the virus. As well, Positive Life provided health promotion information via electronic, print and social media platforms as well as at a range of community events.

Positive Life also undertook regional and rural consultations across the state to identify emerging service and access issues for PLHIV.

Working in partnership

During the past year, Positive Life also worked with various service partners with the intention of improving community understanding of HIV prevention strategies. This was achieved by developing and implementing peer-led partner notification initiatives.

For instance, Positive Life worked with PLHIV

who use substances, and helped increase a community understanding of PrEP. The organisation also worked to increase community understanding of HIV transmission, stigma and discrimination of PLHIV through talks provided by the Positive Speakers’ Bureau and members of staff.

Pozhet

Pozhet turned twenty in 2015. To commemorate the occasion, the organisation held an anniversary workshop in November with more than 50 people attending, including 35 PLHIV and their partners.

Representatives from more than eight external agencies presented on the day. As well as presentations, the workshop featured discussion panels, treatment information sessions and opportunities for peer support. Judging from some of the comments, the event was a much-needed lifeline. "Pozhet is the difference between social

Pozhet celebrated 20 years in operation in 2015



connectedness and absolute silence," said one attendee. Another said: "Hearing the voices of others is a real benefit to mental health."



The Berry retreat provided the opportunity for people to bond and share

Bonding with friends

As well as the workshop, two retreats were held — one in Myuna Bay, another in Berry. Again, people appeared to greatly benefit from the experience. One attendee said: "It was one of the most memorable of all the retreats for me; I had the opportunity to more closely bond with old friends and new as we shared so much of ourselves without fear of judgement."

The Western Suburbs Connections program continued to target positive people living in Sydney's west. An event in Blacktown in April

included a presentation on the latest treatment developments. The Women's Days — open to all women living with HIV as well as female partners of positive men — continued to be held every few months providing an opportunity for WLHIV to catch up and offer peer support. Meanwhile, Pozhet's New Beginnings program worked closely with newly diagnosed men and women in NSW. The program includes one-on-one meetings where peers provide support and offer information, or just sit and listen.

Engaging in care

Pozhet was also involved in ground-breaking exploratory research around heterosexually-identified men who have sex with men. As there is very little local knowledge regarding this group, the sexual practices, sexual spaces, sexual health knowledge and sexual needs

of these men were investigated so as to deliver relevant health promotion messaging. Pozhet also conducted a



The Western Suburbs Connections program continued to target positive people living in Sydney's west

needs assessment to guide appropriate service delivery to heterosexual people living with HIV in the future.

Positive Living ACT

When it comes to peer support, Positive Living ACT provides a very personal service. Newly diagnosed individuals, for example, are offered a buddy — a mentor.

"We provided day-to-day support and a shoulder on which they can rely for information, guidance and referral to services that would benefit them," says NAPWHA representative Danny Ryding. Positive Living ACT also provided an impartial ear and education to the family and friends of those newly diagnosed. "Someone newly diagnosed can often be afraid of disclosing to loved ones," says Ryding. "Stigma is very much



alive here in the ACT."

Over the past year, Positive Living ACT utilised social media to reach out to PLHIV. Dating apps were used to push out information and provide links to helpful websites. "I don't want people

feeling like I did 12 years ago," says Ryding, "that if you don't go to the AIDS Council you've nowhere to go."



Providing support

It's thanks to the generosity of the AIDS Action Council — along with NAPWHA, LGBTI organisations and private donors — that Positive Living ACT was able to provide such services. The donations also helped produce a monthly Positive Support Network (PSN) newsletter. There were also PSN dinners. "Every now and then, rather than have dinner at the Council, we'd go to a restaurant with the group," says Ryding. The past 12 months has seen a sizable increase in the numbers of positive people

attending the dinners. "We're very happy that people were engaging socially," says Ryding. Such engagement

opened up opportunities for more social functions to be held outside the AIDS Action Council's activities schedule — such as visits to the National Gallery and trips to the movies. A popular pastime is the horse therapy days. "People would go out to a farm and mix with the horses. They're all really friendly," says Ryding.

Food for thought

Food, diet and nutrition can play a major role in

managing HIV. Which is why, in the past, NAPWHA provided funding for Dietician Clinics. Unfortunately, this year, NAPWHA was no longer in a financial position to fund the clinics. But happily, the AIDS Action Council stepped in and Positive Living ACT was able to continue to provide dietary advice. "The dietician examined people's diets and worked out a plan," says Ryding.

Various workshops have been held throughout the year, including one to help people manage chronic illnesses and another to help people manage their finances. As well, Positive Living ACT co-facilitated Genesis



weekend workshops providing people with practical help on how to manage an HIV diagnosis.

Living Positive Victoria

Living Positive Victoria entered the new financial year with great expectations about what was coming up in terms of science and policy.

Living Positive Victoria (LPV) is especially proud of its collaboration with the Victorian PrEP Accord partners. The PrEP Accord is a partnership between Living Positive Victoria and the Victorian AIDS Council, alongside grassroots PrEP organisations PrEPaccessNOW, Time4PrEP, PrEP'd for Change, and researchers from VicPrEP. The accord partners work to raise the issue of access and, more specifically, address how the

availability of PrEP affects HIV-positive people. PrEP has the potential to diminish the sero divide by ensuring both parties can take an active role in the prevention of HIV.

LPV has also been really proud to work on a number of key campaigns, including one — **Stamp out Syphilis** — initiated to raise awareness of syphilis among the older HIV-positive population in Victoria.

START

Another campaign — Why wait? — urged people living with HIV to commence treatment as soon as possible. The campaign grew from the findings of the START study, which cited the undisputable benefits of

starting treatment early — including a greatly reduced risk of HIV transmission. With messages such as “This morning I was diagnosed with HIV. This afternoon I decided to start treatment”; and “I’m HIV positive. It’s time to start treatment”, the campaign had two goals: to encourage those who are HIV-negative or unaware of their status to get tested; and to reinforce the advantages of being on treatment.

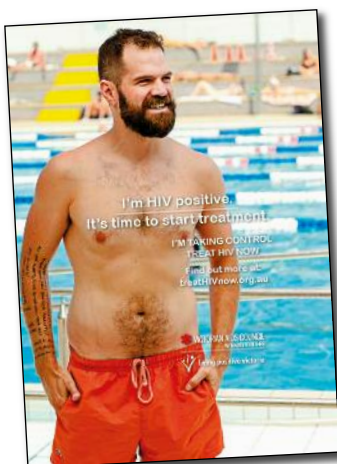
“What made this campaign so significant was that it brought a real face to the forefront of this issue and we applaud those who took part,” said Brent Allan, CEO of Living Positive Victoria. “The campaign was another step

forward in battling the silence, shame and stigma that often leaves so many people living with HIV feeling invisible.”

TASP and PrEP

Yet another campaign — **Double Happiness** (again, in collaboration with the PrEP Accord partners) — aimed to equalise the playing field in relation to HIV prevention. The campaign used Chinese symbolism for ‘double happiness’ to promote the union of the two complementary prevention strategies: TasP (Treatment as Prevention) and PrEP.

Over the course of the year, LPV also participated in a number of research projects including a review of best practices in



LEFT Why wait? campaign poster RIGHT GenNext is Australia's only specific program for young PLHIV



Shiny happy people at the Double Happiness campaign launch

supporting young adults living with HIV; an investigation into what are some of the most pressing mental health needs of PLHIV; and an examination of the organisation's community engagement strategies to help the organisation's services adapt to the changing landscape of PLHIV.

Building resilience

Programs with a focus

on building people's resilience continued to expand, such as the work of GenNext (Australia's only specific program for young adults living with HIV). As well, the Positive Leadership Development Institute — headed by LPV with 27 partners across the country — offered five workshops throughout Australia and New Zealand. A workshop

called In the Loop supported family, friends and partners of PLHIV; while a new Phoenix program began for heterosexual men.

LPV was heartened to be able to work in closer collaboration than ever before with partner orgs Straight Arrows and Positive Women, jointly supporting a peer education project that targeted women from CALD communities

around Victoria.

Speaking of Straight Arrows, 2016 saw LPV and Straight Arrows **merge into a single organisation**. The move allows the two organisations to be more efficient and to ensure that they're able to attend to an even wider diversity of PLHIV in Victoria than ever before. "All in all, it's been a big year," says Allan.

Straight Arrows

The major development for Straight Arrows over the past year was the organisation's merger with Living Positive Victoria (LPV).

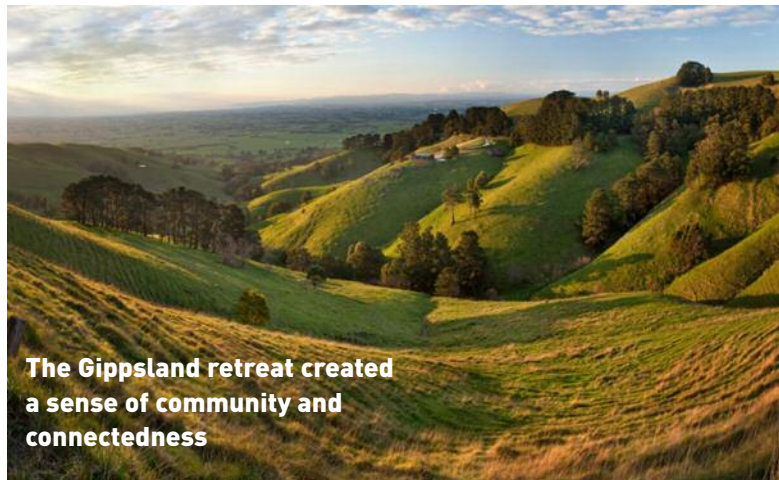
"We've formed a very good working relationship with LPV over the last couple of years. It's a natural fit," says Executive Director Sara Graham about the move.

The merger not only ensures the organisation's sustainability, but it also allows it to provide better resourced programs and events for its clients, such as

Phoenix for Women — a weekend workshop for women newly diagnosed HIV-positive. The first Phoenix for Women was held in April 2016. "It was a real success with some great outcomes," says Graham. So much so, Phoenix has become a biannual event.

Relaxing retreat

Straight Arrows was also able to reintroduce



The Gippsland retreat created a sense of community and connectedness

its adult retreat. Held in Gippsland in October 2015, the retreat provided a relaxed space for attendees to speak out about the realities of living with HIV.

"People particularly wanted to talk about disclosure to potential sexual

partners and disclosure more broadly," says Graham. "Accidental disclosure by medical practitioners was a big topic as well as was the way people are treated by medical practitioners in general — there were a lot of negative stories."

As well as group discussions, there were also some team building exercises including

physical challenges to help people gain confidence and develop resilience. "The big thing to come out of the retreat was the sense of community that developed and how important it is for positive people to be connected to other positive people," says Graham. But it wasn't only positive people at the retreat — negative partners came along, too. "They went away feeling they were better able to support their positive partner with the knowledge they gained," says Graham.

"And vice versa: positive partners came away feeling better able to support negative partners."

One-on-one

Straight Arrows was also able to expand its one-on-one peer support service.

"This can happen

without visiting the office," says Graham. "We are always happy to share a cuppa somewhere convenient away from the office, or simply over the phone — anonymously if required."

As well, the Straight Arrows Family Days continued to provide a wide variety of activities

throughout the year.

"We've been rock climbing, trampolining, and visited Werribee Zoo," says Graham. All in all, it's been a pivotal year

for Straight Arrows — a year that has seen the organisation go from strength to strength.



Positive Women Victoria

Peer support is a big component of Positive Women Victoria's strategy. This is so the organisation can provide counsel, knowledge and care to help women living with HIV meet their social, emotional and practical goals.

With that aim in mind, during the past year Positive Women Victoria partnered with Living Positive Victoria to enhance its peer support program. "It's going great guns," says Executive Director Alison Boughey. "We've really expanded our membership to target harder-to-reach communities such as refugees, newly-arrived people and newly-diagnosed women."

Connecting with peers

Also in collaboration with Living Positive Victoria (and Straight Arrows), Positive Women Victoria developed a specific workshop for women newly diagnosed HIV. Phoenix for Women provides an opportunity for WLHIV to connect in a safe and confidential



Alison Boughey (left) and friends celebrate International Women's Day



"We work to empower our members to live healthy, happy and vibrant lives."

environment. Attendees found the event beneficial. "What a confidence booster," said one. "I didn't think I needed this but I was so wrong." Another said: "Meeting and talking with others in the same situation makes all the difference."

The organisation's annual Health and



Wellbeing Weekend provided Victorian WLHIV with the space to meet and connect while accessing peer support. The weekend consisted of therapeutic activities and informative workshops.

Empowering members

As well as peer support, Positive Women Victoria

continued to deliver a wide range of health promotion services including events, educational resources, and skill-building workshops. "We work to empower our members and the wider Victorian community of WLHIV to live healthy, happy and vibrant lives," says Boughey. "We want women to obtain wellbeing in the sense that is most meaningful to them." To achieve this, an individual's lived experience, culture and goals are all considered when deciding how best to deliver health information and support. "Our focus is to support women to live their best lives," says Boughey, "but we know that is different for each person."

Positive Women Victoria also spent the past year advocating on behalf of WLHIV. On International Women's Day, for example, Boughey gave a speech in which she said: "Experiences of men and women living with HIV must be given equal weight. This would be an important step in reducing the impact of gender inequality at a systemic level."

Queensland Positive People

It's been a busy year for Queensland Positive People. The achievement Executive Officer Simon O'Connor is most proud of is the expansion of the organisation's Life+ service.

"That's probably been the most significant area of work that we focused on and have progressed quite a bit in the 12-month financial reporting period," says O'Connor. "That's really exciting for us: QPP moving into direct service provision in relation to providing services and support to PLHIV in Queensland."



Peer Navigation: an innovative way to support people newly diagnosed HIV-positive

Life+

The focus of Life+ is to advocate for early initiation of treatment, to encourage adherence

and to support people living with HIV to remain in care. Life+ is an integrated suite of services all under the

one roof. Well, actually, roofs. "We've opened new offices on the Gold Coast and Sunshine Coast and re-establishing Cairns. So we have a full state-wide coverage essentially," explains Program Manager Chris Howard.

The program is comprised of four complementary pillars that provide services for PLHIV: Treatment and Support Services; Information and Resources; Stigma and Discrimination Services; and **Peer Navigation**. "Peer Navigation is probably the one we'd like to highlight in

QPP has new Gold Coast offices





A series of short films explored the diverse experience of PLHIV and treatment

particular because it's the first of its type in Australia," says Howard. "It's an innovative way to support those newly diagnosed with HIV and normalise as much as possible living with HIV."

Peer Navigators are trained to address the psychosocial aspects of an HIV diagnosis to help reduce shame and isolation, and to help improve self-esteem and mood. So who are these Peer Navigators? "They're people who have navigated through their own positive diagnosis and who represent a diverse lived experience of HIV — including people from different gender, sexual identities, age, and ethnic and cultural backgrounds," says Howard. So far, QPP has

recruited and trained eight Peer Navigators for phase one of implementation across south-east Queensland. When the program has been fully rolled out,



RAPID manager Jime Lemoire

there will be 19 Peer Navigators geographically dispersed throughout the state of Queensland.

RAPID testing
QPP's **RAPID testing** service is also worthy of a mention as it has become the most successful peer-based HIV testing service in

Queensland. RAPID offers clients on-the-spot testing in a confidential, non-judgemental environment. It's an approach that's proved extremely popular. "People in Queensland are voting with their feet," says O'Connor. "Numbers are up, which clearly indicates it's a type of service

that people want. It's about giving people options with a view to encouraging as many people as possible to

test in a way that is acceptable to them."

Five films

The **Talking about Treatment** series of short films has been another highlight. The project consisted of five films exploring PLHIV and their relationship with treatment. "It was about supporting PLHIV to consider treatment if they hadn't already done so," says Howard. "Also, while it was pro-treatment, it also looked at the diversity of that lived experience."

In conjunction with the HIV Foundation, QPP also hosted an important forum — **Risky Business** — which provided an opportunity to explore the HIV legal landscape. Leading advocates, lawyers and researchers from around Australia gathered together to look at how criminal and public health laws impact the HIV response.

Positive Life SA

Despite ongoing challenges, such as having to reduce opening hours to just three days a week, throughout the past year Positive Life SA (PLSA) managed to continue to provide high quality assistance to people living with HIV.

The HIVE food store, for example, recorded 878 visits this financial year (an average of eight per day). While the service is primarily there to provide groceries to those impacted by the rising cost of living, the scheme also offers members peer support and friendship networks.

The year has also seen a huge increase in demand for access to the Clean Needle Program, with 113 visits over 109 days — that's more than one per day, whereas previously it was only one per week. During that time, more than 6,200 syringes were distributed.

Stopping for lunch

Attendance at the \$5 Friday lunches also increased considerably over the past year. A

collaboration between PLSA and the local council, the program has been running for almost six years. As well as attracting positive members (approximately 25 percent of attendees are PLHIV or their friends). The lunches also attract members from the wider local community. Over the past year, PLSA has

of the need for ongoing support for positive women (a population increasingly marginalised and overlooked in funding decisions), PLSA's



provided more than 1,000 meals over 28 weeks — an average of 41½ per week. “The program is an excellent model for breaking down stigma and discrimination,” says PLSA President, Kath Leane, “and for raising awareness of the issues facing PLHIV.”

With strong evidence

Women's Drop-In Zone continued to operate on the first Wednesday of each month. The program provides a space where women can talk openly and freely



about HIV with some travelling a considerable distance to attend. The group is made up of a wide cross-section of positive women: from those recently

diagnosed to others having lived with HIV for up to 30 years.

WAD and MAC

PLSA continued its World AIDS Day partnership with MAC cosmetics, with board members and positive speakers present once again in the MAC store at Westfield Marion to talk to the public about HIV/AIDS, and to distribute copies of the resource ‘HIV/AIDS Facts and Myths’. Red Ribbon donations were also gratefully received. “It is always a successful activity and rewarding for everyone who participates,” says Leane.

September 2015 saw PLSA hold its Candlelight Memorial event; all who attended read an inspiration card written by a person with HIV and shared what the day meant to them. On 9 March 2016, PLSA celebrated the

inaugural National Day of Women Living with HIV by holding a morning tea. The event was unanimously declared a great success.

Western Australia

The past year has seen the WA HIV-positive community become more active and engaged. This was, perhaps, most evident at the HIV community forum, held on 2 April 2016 at the Northbridge Piazza. “It was a delightful and encouraging turnout with more than a dozen community members present,” says NAPWHA’s WA community representative Paul Baines.

Also attending the forum was NAPWHA President Cipri Martinez who spoke about the achievements and challenges for the HIV

sector at a national level. Other topics up for discussion included HIV criminalisation as a public health issue, and the importance of educating the media about HIV.

A major win for NAPWHA’s WA community representatives (WACR) over the last 12 months was the establishment in November of the [WA PLHIV Community Contacts List](#). “It provides PLHIV in WA the opportunity to be part of a peer-based group and to receive communication about matters related to HIV both locally and nationally,” says Baines. The list is slowly



building with 27 individuals signed up so far.

Working with members of the WA positive community, NAPWHA representatives were able to gather responses from various agencies regarding concerns about ageing, aged care and HIV. In that regard, a submission by

community members was put to a senate committee inquiry into the future of Australia’s aged-care workforce.

Throughout the year, the WA positive community became more engaged with the [WA AIDS Council](#) (WAAC), with members successfully nominated as WAAC board members. NAPWHA representatives also worked with WAAC in coordinating the 2015 Candlelight Vigil. The event was well attended and considered a poignant moment of reflection of those lost, as well as a reminder of what the community still endures and needs to work on into the future.

Tasmania

Perhaps the biggest development for positive people in Tasmania during the past year was the roll out of community dispensing of HIV treatment.

The uptake has been slow, largely due to people’s fears over

privacy — particularly those living in isolated pockets of Tasmania. “Some positive people are still more comfortable travelling long distances to access their medication through the hospital pharmacy,” says NAPWHA representative Grahame Foster.

Indeed, Foster knows of people who travel to Victoria in order to pick up their medication rather than risk being outed as HIV-positive. “You’ve got small, regional areas in Tasmania that are very conservative where stigma is very high and

people have an enormous fear of having their status disclosed,” says Foster. However, there are community pharmacies in Tasmania that are prepared to go that extra mile to reassure positive customers that privacy is paramount; some

pharmacy staff communicate with their positive customers by SMS so as to ensure confidentiality.

The Tasmanian AIDS Council — TasCAHRD — celebrated its 30th anniversary in December. To commemorate the occasion, an anniversary reception was held at Government House in Hobart. The event was attended by more than 100 people, including



Des Hargraves, who was remembered at the AIDS Candlelight Memorial in Hobart in May

NAPWHA representatives and other members of Tasmania's positive community.

The past year also saw the opening of an out-of-hours outreach clinic — Clinic 319. Operating from the Hobart offices of TasCAHRD, the clinic delivers a suite of services for the positive community including regular STI screenings and treatment education. As well, a very relaxed

peer-support space has been created — it even features a very popular full-body massage chair!

On a sadder note, NAPWHA lost former board member and Tassie resident Des Hargraves during the year. A ceremony was held in May at the Candlelight Memorial on the steps of Parliament House in Hobart so that friends and colleagues could pay their respects.

Northern Territory

NAPWHA representatives in Alice Springs and Darwin were involved in delivering a range of programs to urban and remote communities in the Northern Territory during the past year.

A number of public forums were held in an effort to educate people about the rise in STIs and HIV in the indigenous population. A relationship with a remote indigenous medical provider was also forged in the hope of bringing rates of new diagnoses down.

NAPWHA representative Daniel Alderman was involved in organising a petition against an amendment to the *Police Act* in

relation to spitting. However, unfortunately, the Act did get amended meaning the police are now able to detain somebody for an indefinite period of time for spitting until a blood test is carried out to determine whether the person has a blood-borne virus.

The Northern Territory's Positive Speakers' program was broadened during the year to include — not only HIV-positive speakers — but also priority populations such as injecting drug users, sex workers and indigenous people. As well, GPs were educated in relation to HIV and



Darwin's positive community met at Parliament House to celebrate 30 years of NTHAC

comorbidities through the infectious disease department at the Royal Darwin Hospital.

The Centre for Disease Network Conference was held in Alice Springs in September. The aim of the event was to increase public health awareness to assist in reducing the impact of chronic conditions such as HIV.

And it was a landmark

year for the Northern Territory AIDS and Hepatitis Council (NTHAC) — the first regional peer-run AIDS council in Australia commemorated its 30th anniversary in May. To mark the

occasion, an event was held at Parliament House in Darwin. Hosted by NT health minister, John Elferink, the celebration featured a cross-section of the positive community. Other social events such as BBQs were also held throughout the year providing an opportunity for positive people to meet and yarn about the lived experience of HIV.

After a challenging and eventful year, NAPWHA has emerged, yet again, as a dynamic and resilient organisation that is well-placed to adapt to whatever the future may hold for Australia's PLHIV community.

Aaron Cogle





FINANCIAL REPORT

2015-2016

NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA) INCORPORATED
FINANCIAL REPORTS 2015-2016 • PAGE 1
COMMITTEE'S REPORT

Your Committee Members submit the financial report of the National Association of People With HIV Australia (NAPWHA) Incorporated for the financial year ended 30 June 2016.

Committee Members

The names of the Committee Members throughout the year and at the date of this report are:

President	Cipri Martinez
Vice President	Robert Mitchell
Secretary/Treasurer	Scott Harlum (appointed 30/11/2015)
Directors	Dianne Nyoni (appointed 30/11/2015, resigned 24/02/2016)
	Diane Lloyd (appointed 8/4/2016)
	David Menadue
	Paul Caleo (appointed 30/11/2015)
	Peter Fenoglio
	Simon O'Connor
	Craig Cooper (resigned 30/11/2015)
Staff Rep	Jane Costello (resigned 30/11/2015)
	Bill Paterson

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
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COMMITTEE'S REPORT

Significant Changes

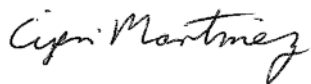
No significant change in the nature of these activities occurred during the year.

Operating Result

The surplus from ordinary activities amounted to \$176,222 (2015: surplus \$285,674).

Signed in accordance with a resolution of the Members of the Committee:

President



Cipri Martinez

Secretary/Treasurer



Scott Harlum

Dated this Friday 7th day of October 2016.

NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA (NAPWHA) INCORPORATED
FINANCIAL REPORTS 2015-2016 • PAGES 3, 4
INCOME AND EXPENDITURE STATEMENT FOR THE YEAR ENDED 30 JUNE 2016

	Note	2016 \$	2015 \$
Revenue	2	1,223,852	1,263,370
Employee expenses		510,391	393,453
Depreciation and amortisation expenses		37,818	8,235
Other expenses from ordinary activities		499,421	576,008
Surplus (Deficit) from operations		176,222	285,674

The accompanying notes form part of this Financial Report

ASSETS AND LIABILITIES STATEMENT AS AT 30 JUNE 2016

	Note	2016 \$	2015 \$
Current Assets	4	435,256	281,449
Cash Assets Receivables	5	24,398	18,005
Other	6	50,940	57,548
Total Current Assets		510,594	357,002
Non-Current Assets			
Property	7	775,000	724,773
Plant & Equipment	7	192,856	191,670
Accumulated Depreciation		(174,605)	(168,122)
Total Non-Current Assets		793,251	748,321
Current Liabilities			
Payables	8	166,349	140,598
Provisions	9	41,930	18,213
Total Current Liabilities		208,279	158,811
Non-Current Liabilities			
Payables	8	298,508	332,677
Provisions	9	13,780	6,779
Total Non-Current Liabilities		312,288	339,456
Net Assets		783,278	607,056
Equity			
Retained Earnings	10	783,278	607,056
Total Equity		783,278	607,056

The accompanying notes form part of this financial report.

Note 1: Summary of Significant Accounting Policies

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Australian Capital Territory's Associations Incorporation Act 1991 and Associations Incorporation Regulation 1991.

The Committee has determined that the Association is not a reporting entity.

The financial report has been prepared on an accruals basis and is based on historic costs and does not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

(a) 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.

(b) Property, Plant and Equipment

Plant and Equipment

Plant and Equipment is carried at cost less, where applicable any accumulated depreciation. The depreciable amount of all plant and equipment is depreciated over the useful lives of the assets to the association commencing from the time the asset is held ready for use.

Property

Freehold land and buildings are shown at their deemed cost. The actual purchase price and relevant incidentals of acquisition have been aggregated to derive the deemed cost.

(c) Employee Entitlements

Provision is made for the Association's liability for employee entitlements 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.

(d) Cash

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

(e) Revenue

All revenue is stated net of the amount of goods and services tax (GST).

Grant revenue is recognised when the entity obtains control which is typically on a cash basis, except for specific project grants. Unused specific project grants at year end are treated as "Income in Advance" for use in the following year only when approval has been received from the relevant funding bodies. These deferred grants are subsequently matched against expenditure in the following period in order to account for the full acquittal of grant monies received.

(f) Goods and Services Tax

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 Taxation Office (ATO). Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included in other receivables or creditors and sundry accruals in the assets and liabilities statement.

(g) Going Concern

This financial report has been prepared on a going concern basis, which contemplates continuity of normal operating activities and the realisation of assets and settlement of liabilities in the normal course of the Association's operations.

The continuing operations of the Association and the ability to pay its debts in the normal course is dependent upon the continued support of the funding bodies for both recurrent and program specific grant income.

(h) 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 value over its recoverable amount is expensed to the income statement.

(i) Accounts Receivable and Other Debtors

Accounts receivable and other debtors may 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.

(j) 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.

(k) Subsequent Events

There has not arisen since the end of the financial year any matter or circumstance that has or may significantly affect the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

Note 2: Revenue

	2016	2015
	\$	\$
Operating Activities		
Commonwealth DoHAC Grants	668,237	668,237
Capacity Development Funding	88,266	176,532
Healthy Peak & Advisory Bodies Funding	158,217	–
Pharmaceutical Co Sponsorship	116,384	140,000
International Aids Conference	–	180,110
Projects Funding	67,734	44,819
Travel Reimbursement and Honorariums	20,388	7,119
Course and Conference Registrations	3,600	24,200
Donations	210	–
Miscellaneous	96,312	19,993
Total	1,219,348	1,261,010
Non-Operating Activities		
Interest Received	4,504	2,360
	4,504	2,360
Total Revenue	1,223,852	1,263,370

Note 3: Profit from Ordinary Activities

	2016	2015
	\$	\$
Surplus (Deficit) from ordinary activities has been determined after:		
(a) Expenses:		
Administration	327,257	199,467
Executive Directors	190,255	187,216
Health & Treatments	53,687	26,646
Treataware	153,278	123,415
Positive Living	71,794	82,342
HIV Living Unit	38,642	211,254
Organisational Services & HIV	31,823	38,342
Meeting Expenses	48,316	41,402
Media & Communications	6,000	–
Website & IT	48,978	20,510
Portfolio Expenses	20,026	9,722
External Projects	57,574	37,380
Total	1,047,630	977,696
(b) Auditors Remuneration		
Auditing or reviewing the financial report	8,500	8,500

Note 4: Cash Assets

Cash at Bank	435,062	281,301
Cash on Deposit	–	–
Cash on Hand	194	148
	435,256	281,449

Note 5: Receivables

Sundry Debtors	24,398	18,005
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Note 6: Other Assets

Accrued Income	42,974	45,000
Deposits Paid	655	8,282
Prepayments	7,311	4,266
	50,940	57,548

Note 7: Property, Plant & Equipment

	2016	2015
	\$	\$
Property		
G5/1 Erskinvillie Road, Newtown – opening value	724,773	724,773
Current year additions	81,562	–
Less Impairment Adjustment	(31,335)	–
	775,000	724,773

On 24 July 2016 a valuation was performed by Meadow Real Estate Pty Ltd. The valuation determined a fair market value for the property to be \$775,000. As cost value was higher than fair value, during current year an impairment loss has been recorded.

Plant & Equipment

Office Equipment – at cost	192,856	191,670
Less accumulated depreciation	(174,605)	(168,122)
	18,251	23,548

(a) Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year.

Office Equipment

Balance at the beginning of year	23,548	29,929
Additions	1,186	2,530
Disposals	–	(676)
Depreciation expense	(6,483)	(8,235)
Carrying amount at the end of year	18,251	23,548

Note 8: Payables

	2016 \$	2015 \$
Current		
Trade creditors and accruals	79,995	48,177
Income received in advance	27,266	33,333
WBC – Fixed Rate Business Loan	29,748	29,748
WBC – Floating Rate Business Loan	29,340	29,340
	166,349	140,598
Non-Current		
WBC – Fixed Rate Business Loan	145,008	164,430
WBC – Floating Rate Business Loan	153,500	168,247
	298,508	332,677

Note 9: Provisions

Current		
Provision for Annual Leave	34,311	17,938
Provision for Long Service Leave	7,619	275
	41,930	18,213
Non Current		
Provision for Long Service Leave	13,780	6,779
	13,780	6,779
Number of employees at year end (FTE)	6.4	4.4

Note 10: Retained Surplus

Retained surplus at the beginning of the financial year	607,056	321,382
Net surplus/(deficit) attributable to the Association	176,222	285,674
Retained surplus at the end of the financial year	783,278	607,056

Note 11: Segment Reporting

The Association operates in the community sector providing advocacy and support to Members of the Association within Australia.

Note 12: Events After the Balance Sheet Date

There have been no events which have occurred subsequent to balance sheet date and up to the date of this report that may or are likely to significantly affect the results as presented in this financial report.

Note 13: Contingencies

There are no known contingent liabilities, nor contingent assets at balance date or at the date of this report.

Note 14: Association Details

The principal place of business of the Association is:

National Association of People With HIV Australia (NAPWHA) Inc.
Suite G5, 1 Erskineville Road
Newtown NSW 2042

Note 15: Leasing Commitments

	2016	2015
	\$	\$
Operating Leases		
– not later than one year	2,120	2,120
– later than one year but not later than five years	530	2,650
– later than five years	–	–
	2,650	4,770

There is an operating lease commitment for a Sharp MX2310U 23 CPM Photocopier. The lease expires on 13/8/2017. Quarterly rental commitment per the lease is \$530.00.

Note 16: Mortgages & Financing Commitments

There is a Fixed Rate Business Loan to fund the purchase of the Association's premises with a commitment of \$2,479 per month. Current interest rate is 6.615%.

There is a Floating Rate Business Loan to fund the purchase of the Association's premises with a commitment of \$2,445 per month. Current interest rate is 4.425%.

Note 17: Economic Dependency & Going Concern

The financial report has been prepared on a going concern basis, which contemplates continuity of normal operating activities and the realisation of assets and the settlement of liabilities in the normal course of operations.

The National Association of People With HIV Australia Incorporated's continued operation is financially dependent upon the continued support of the funding bodies for recurrent grant income. Without the continued support of the funding bodies, the Incorporation may not be able to continue as a going concern with its existing programs and structure.

Should the Incorporation be unable to continue as a going concern, it may be required to realise its assets and extinguish its liabilities other than in the normal course of business and at amounts different from those as stated in the financial report.

True and Fair Certification by Members of the Committee

In accordance with a resolution of the Committee of the National Association of People With HIV Australia (NAPWHA) Incorporated, the members of the Committee declare that the financial statements incorporating the Income and Expenditure Statement, Assets and Liabilities Statement Sheet and Notes to the Financial Statements:

1. Presents a true and fair view of the financial position of the National Association of People With HIV Australia (NAPWHA) Incorporated as at 30 June 2016 and its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements and the requirements of the Australian Capital Territory's Associations Incorporation Act 1991 and Associations Incorporation Regulation 1991.
2. At the date of this statement, there are reasonable grounds to believe that the National Association of People With HIV Australia (NAPWHA) Incorporated will be able to pay its debts as and when they fall due.

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

President



Cipri Martinez

Secretary/Treasurer



Scott Harlum

Dated this Friday 7th day of October 2016.



ASHBY & Co.
CHARTERED
ACCOUNTANTS

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA INCORPORATED

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of National Association of People with HIV Australia (NAPWHA) Incorporated for the year ended 30 June 2016, comprising the Income and Expenditure Statement, Asset and Liabilities Statement, Notes to the Financial Statements and True and Fair Certification by Members of the Committee.

Committee's Responsibility for the Financial Report

The committee of the association is responsible for the preparation and fair presentation of the financial report, and has determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of the Australian Capital Territory Associations Incorporation Act 1991 and is appropriate to meet the needs of members. The Committee's responsibility also includes such internal control the committee 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation and fair presentation of the financial report, 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the committee's financial reporting under the Australian Capital Territory Associations Incorporation Act 1991. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

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ASHBY & Co.
CHARTERED
ACCOUNTANTS

**INDEPENDENT AUDIT REPORT TO THE MEMBERS OF
NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA INCORPORATED**

Independence

In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Opinion

In our opinion the financial report of The National Association of People with HIV Australia (NAPWHA) Incorporated is in accordance with the Australian Capital Territory Associations Incorporation Act 1991, including:

- (a) giving a true and fair view of the association's financial position as at 30 June 2016 and of its performance for the year ended on that date; and
- (b) complying with the accounting policies described in Note 1 to the financial statements.

ASHBY & CO. Chartered Accountants

Anthony Ashby

Anthony Ashby
Partner

Sydney, NSW
Dated: 17th October 2016

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**INDEPENDENT AUDITOR'S DECLARATION
NATIONAL ASSOCIATION OF PEOPLE WITH HIV AUSTRALIA INCORPORATED**

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2016 there have been no:

- (i) no contraventions of the auditor independence requirements in relation to the audit; and
- (ii) no contraventions of any applicable code of professional conduct in relation to the audit.

ASHBY & CO. Chartered Accountants

Anthony Ashby
Partner

Sydney, NSW
Dated: 17th October 2016

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AR 2015-2016 ANNUAL REPORT