napwha national association of people with HIV australia

ANNUAL REPORT 2023–24

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About NAPWHA

Founded in 1989, the National Association of People with HIV Australia (NAPWHA) is Australia's peak non-government organisation representing community-based groups of people with HIV. Through leadership in policy, health promotion, representation, education, and prevention, NAPWHA strives to minimise the adverse personal and social effects of HIV. By championing the participation of people living with HIV at all levels of the national response, we aim to build a positive future for all in our communities.

NAPWHA strengthens the national response to the HIV epidemic by ensuring the meaningful involvement of all people with HIV and plays an active role in realising a partnership approach in all aspects of Australia's HIV response.

Acknowledgement

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

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

NAPWHA National Association of People With HIV Australia

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This NAPWHA Annual Report can be downloaded from our website: napwha.org.au/annual-reports/

Table of Contents

PRESIDENT'S REPORT

'Stability', 'professionalism', 'performance' – they're not big-bang attention-grabbers, but as a Member or person represented by a national health peak organisation, they're the flavour of descriptors you want to read to sum up the year that was for your organisation.

2024 has been another such year for our National Association of People With HIV Australia (NAPWHA):

'Stability' – in our governance; in our operations; in our financial performance; and as a marker of the extent to which our Strategic Plan 2022-2030 is now embedded in our strategic thinking and operational planning and delivery.

'Professionalism' – to describe our influence; the maturity of relationships we enjoy with government, industry, the research and scientific communities, and with our blood-borne virus sector and broader partners; to describe the progress of the yearslong work of the Board on our good-governance framework; and, to describe the maturity of the working relationships established between our governance and operational arms.

Figure 1 | Scott Harlum and Hon Mark Butler MP

'Performance' – (otherwise known as 'delivery') for our Members and all people with HIV in Australia in policy advocacy and advice, health promotion, representation, and the meaningful involvement of people with HIV and our centrality in all aspects of our national HIV response.

2024 HIGHLIGHTS

In some more detail, some of the highlights (from my perspective) of the year that was 2024 included:

1. Strategic Plan 2022-2030 – Strategic and Operational Alignment

Few indicators better demonstrate an organisation's strategic and operational alignment—and, consequently, its performance—than the active implementation of its high-level strategic plan. This plan should not merely collect dust on a shelf; it must have a clear, direct impact on the organisation's priorities, scope, focus, and outcomes.

In 2024, we marked the second year of implementing NAPWHA's long-term Strategic Plan 2022-2030, which received unanimous approval from our Full (voting) Members at the Annual General Meeting in November 2022.

1. NAPWHA (2022), *Strategic Plan* 2022-2030. Available at: https://napwha.org.au/wp-content/uploads/2023/03/Strategic-plan-2022-2030.pdf

Figure 2 | NAPWHA's Strategic Plan 2022-2030

The evidence that our Strategic Plan is now embedded strategically and operationally is compelling. It informs our formal reporting and is reflected in my interactions with staff. I frequently see the plan in action through our initiatives, such as NAPWHA's leadership in developing models of care for people with HIV, enhancing quality of life, and combating stigma.

I extend my sincere gratitude to Executive Director Aaron Cogle and Deputy Director Brent Clifton for their commitment and responsiveness in executing this new Strategic Plan, which has certainly posed some challenges. My thanks also go to the entire secretariat team for their continued engagement and support.

As promised upon its approval, the Strategic Plan 2022-2030 will be reviewed and updated twice during its eight-year duration. The first review is scheduled for the first half of 2025. We have already identified some opportunities for refinement, and I welcome feedback from our Members on additional improvements.

Figure 3 | Hon Mark Butler MP

2. Health Minister's 'HIV Taskforce' – From Deliberation to First Steps Delivery

While representing NAPWHA at ASHM's HIV&AIDS2024 conference at Sydney's International Convention and Exhibition Centre in mid-September, I frequently heard the terms 'HIV Taskforce' and 'virtual elimination' in session presentations and casual conversations.

In my own conversations, the concept of 'virtual elimination' — and our goal of achieving this milestone by 2030 in Australia — came up often, with many attendees eager to learn more about its implications and our strategies for reaching the target.

These conversations underscored a key shift: while 2023 focused on deliberations within the Health Minister's HIV Taskforce, 2024 marked the beginning of implementing the Taskforce's recommendations. Notably, the government's initial investment of $43.9 million in the May budget for these recommendations has garnered significant attention as the largest government investment in HIV this century.

To recap, the National HIV Taskforce was established in 2023 to outline a path for virtually eliminating domestic HIV transmission by 2030, defined as a 90% reduction in new infections compared to a 2010 baseline' (or specifically, fewer than 91 new infections annually by 2030).

Led by Minister for Health and Aged Care, Hon Mark Butler MP and Assistant Minister, Hon Ged Kearney MP, the Taskforce included bipartisan political representation and members from research, clinical, and government sectors. I was honoured to represent people living with HIV on the Taskforce alongside Executive Director Aaron Cogle, who represented NAPWHA.

Released on World AIDS Day 2023, the final HIV Taskforce report included several key recommendations aimed at:

- Increasing the availability and use of pre-exposure prophylaxis (PrEP)
- Expanding HIV testing
- Improving access to effective antiretroviral (ARV) treatment for all individuals living with HIV
- Raising awareness of HIV and reducing associated stigma
- Decriminalising HIV
- Continuing Australia's partnership-based response to HIV.

For people living with HIV, the Taskforce presented numerous opportunities, some of which are already benefiting our community while others will require ongoing advocacy. These opportunities include improved access to treatments, broader availability of HIV testing (including home and point-of-care options), efforts to combat the criminalisation of HIV, initiatives to raise awareness and reduce stigma, and a reaffirmed commitment to a partnership approach that values the centrality of people living with HIV.

Crucially, the Taskforce report acknowledges that the quality of life for all individuals living with HIV is foundational to Australia achieving its 'virtual elimination by 2030' goal.

For NAPWHA, the implementation of the Taskforce report has resulted in increased and more secure core funding, an extension of our HIV home testing service, shared funding for HIV Online Learning Australia, and more. Additionally, our representation on the HIV Taskforce has strengthened our relationships with key decision-makers in federal health policy.

3. Our National Forum in Canberra in May – a 'best yet'

All reports from our representatives were that our National Forum in Canberra in May was the best they'd attended. The program was interesting and engaging, the venue worked, and most significantly, the event was filled with a sense of cooperation, goodwill and collegiality.

For me, one of the highlights was the diversity of attendees. Older - and newer - hands in our national movement of people with HIV representing our Members were joined by convenors and Members of our National Networks. Attendees provided a range of perspectives and a vibrancy, which really did make the event one to remember.

I look forward to seeing everybody (and more) again at our next National Forum in Brisbane in May 2025.

Figure 4 | HIV Taskforce Report

Figure 5 | NAPWHA's 2024 National Forum in Canberra

Figure 6 | AIDS2024 in Munich

Figure 7 | Scott Harlum at NAPWHA's 2023 AGM in Sydney

4. 2024 in Munich – Evidence, if we needed it, that Australia's HIV response leads the world

NAPWHA was able to send a large contingent of representatives to AIDS2024 in Munich. For making some of that possible we give thanks to industry partners who made grant funds available to support our representation.

To summarise the feedback I've received about the conference, it has been that AIDS2024 provided very direct evidence that Australia's HIV response really does lead the world, as we often claim.

While that's wonderful and reassuring news for us, the flip side is the deep concern those who attended Munich reported on progress for the rest of the world. For me, it reinforces that we must share the tools, knowledge, and structures that have worked well in Australia with the rest of the world so the greatest number might benefit – we must do all we can to ensure 'nobody is left behind'.

5. Our Governance Improvement and Maturity

A couple of years ago, I committed to NAPWHA's Members that we would develop and implement a Governance Standards Improvement Plan to guide incremental improvements in our governance framework over the following years. This plan was to be based on an assessment of our governance against the Australian Charities and Not-for-Profits Commission (ACNC) Governance Standards.

I am pleased to report that a recent audit conducted by the Board against the ACNC Governance Standards showed broad compliance. Any identified gaps can be addressed through ongoing policy development or during our upcoming Constitutional reforms. As a result, we no longer need to produce a separate governance improvement plan.

This encouraging outcome reflects the dedicated efforts of the Board, which has committed to governance improvement over the past several years.

While enhancement and improvement are always possible — and essential — the maturity of our current governance framework positions NAPWHA to effectively meet future challenges.

6. Peer Navigator's

The national Peer Navigation workforce continues to amaze with their commitment to their roles and the professionalism they display.

7. The Embrace and Uptake of New Evidence to Support our Best Long-Term Health – the REPRIEVE Statin Story

Findings from the seven-year REPRIEVE global trial on the use of statins for cardiovascular disease prevention in people with HIV at low to moderate risk revealed that statins not only reduce cholesterol levels but also lower low-grade inflammation, which can persist even when viral loads are undetectable.

This important but relatively straightforward science, presented at the IAS Scientific Conference in Brisbane in 2023, highlighted the benefits of daily statin use for people with HIV. It truly represented a "lightbulb moment" of the year!

In 2024, I've been delighted to witness how well people with HIV and our healthcare providers have embraced this evidence, incorporating statins into daily medication regimens.

As I mentioned in my 2023 report, I have long been concerned about how people with HIV can maintain a good quality of life as we age, especially given the increasing burden of chronic conditions. The rapid dissemination of the evidence from REPRIEVE and the swift uptake of daily statin medication among people with HIV demonstrate that, when provided with the necessary information, we are capable of addressing the long-term risks associated with HIV and taking proactive steps for our health as we grow older.

8. NAPWHA Learning Online – Quality Short Courses for the HIV and Peer Workforce

Led by Learning Projects Officer, Daniel Reeders, with whole-of-secretariat input and support, the expansion of offerings through our online learning portal NAPWHA Learning and, in partnership with Health Equity Matters, through *HIV Online Learning Australia* (HOLA), have happened without great fanfare or wide publicity. They deserve more fanfare because the quality of the work is outstanding!

I would heartily recommend you join the learners, including some of our national Peer Navigation workforce, and discover for yourself how valuable these newly developed resources are.

9. More HIV Tests to More People – Our Home Testing Project

Figure 8 | Dr James MacGibbon presenting at HIV&AIDS2024

I'm pleased to report that the Commonwealth Government has extended our initial twelve-month trial of the HIV Home Testing project for an additional two years.

We've all heard it said that there are no remaining 'low hanging fruit' in efforts to ensure all people who have HIV know their status.

To date, close to 13,000 test kits have been ordered via hivtest.au and despatched directly so more people are able to test for HIV when previously they may not have due to privacy, criminalisation, identity or a myriad of other concerns.

The success of this project is testimony to the effectiveness of the GIPA principles. Positive people have lived experience of the reasons why testing services don't always work for everyone. When positive people develop and deliver services, those services exceed expectations, as HIVtest.au continues to do.

SOME ONGOING CHALLENGES

1. In Pursuit of 'Virtual Elimination' and Quality of Life for People With HIV

In my opening plenary welcome speech to the ASHM HIV&AIDS2024 Conference, I challenged delegates to consider some of the 'difficult' tasks that remain outstanding if we are to build quality of life for all Australians with HIV, and if we are to truly embrace our national potential and meet our goal of 'virtual elimination' of domestic HIV transmission by 2030.

Acknowledging that the latest national surveillance data, recently released by the Kirby Institute at UNSW, confirmed what we already knew – that there is no more 'low hanging fruit' that might rapidly reduce our national notification numbers – I challenged our HIV response to:

a. Provide rapid connection to care and community for recent arrivals

We must do better to support new arrivals to Australia who might be at risk of HIV by doing what we can to ensure they are connected to care and community as soon as possible after they arrive. Too many, unfamiliar with the Australian health system and lacking the social networks they can go to for information and advice, are contracting HIV during this period of heightened susceptibility.

The expansion of the peer navigation model, particularly where peer navigators are equipped to supply small quantities of PrEP, is one option on the table. Getting information in the hands of people before they arrive is another.

b. Remove the disincentives to testing and disclosure in our immigration and legal systems

Get tested – if you are HIV-positive, get on treatment – that's the best practice approach we support! We do so because that approach works. It is one of the cornerstones of our 'gold standard' national response to HIV! We know it's the approach that best serves both the person with HIV who initiates treatment before advanced infection and also because it's the best protection against HIV transmission at a population level.

Yet, our immigration and legal systems continue to disincentivise testing and open disclosure. There are challenging legal and policy issues involved, but we simply have to act. We must be able to work through the issues because every person who is in Australia must be able to access testing to know their status and, if they are HIV-positive, receive effective treatment as soon as possible.

Expanding access to anti-retroviral medications for people who are Medicare-ineligible goes some way to ensuring access to treatment for all. However, as long as there are barriers to rapid connection to care for recently arrived migrants, gaps in our response will remain.

Figure 9 | Scott Harlum at HIV&AIDS2024's plenary welcome

Figure 10 | Aaron Cogle facilitating panel at ACT NOW forum at IAS2023

Figure 11 | Scott Harlum presenting at NAPWHA's 2024 National Forum

Figure 12 | Scott Harlum keynote at World AIDS Day dinner in Melbourne

c. Reverse the bewildering creep of mandatory disease testing laws in some States and Territories and threatened in others

Mandatory disease testing for HIV is a clear example of how stigma still thrives in the face of scientific fact and common sense.

Those States and Territories that have mandatory disease testing laws on their books are not, as they argue, providing protection for their 'first responders'. They are, in fact, misleading their Police, Ambo's, prison officers and others about non-existent transmission risk which makes them less competent to deal with an actual transmission risk, at work, or in their personal lives, should they (in the exceedingly rare circumstances they might) encounter it.

Unfortunately, the pursuit of long overdue reform on this key advocacy issue has become increasingly challenging for NAPWHA. Despite all the research we've done, briefings and statements we've prepared and provided, and high-level conversations we've had to advocate for people with HIV (and for an evidence-based population health approach to prevail) we've made little headway where it really matters. Unfortunately, at this time, the equation appears starkly simple – there are votes for State and Territory governments who appear 'tough on crime' (read 'tough on perceived deviant behaviours') and who support their 'first responders' (when they are, in fact, doing the opposite through mandatory disease testing).

There is no scientific evidence to support a mandatory disease testing approach, and if we are to achieve 'virtual elimination', the further stigmatisation of people with HIV via mandatory disease testing must end.

d. Realise the full benefits of U=U, and clearly articulate what U=U means for people with HIV in our daily lives

All people with HIV must be empowered to advocate U=U for ourselves and our peers across government, healthcare and general society.

At a minimum, we need consensus among people with HIV, the affected community, the health and scientific workforce, and governments about the definition of U=U and the applicability of the 200 CD4 cutoff. We also need to address how U=U is expressed in pathology results and understood and communicated by treating physicians who lack the specific HIV knowledge to know a CD4 less than 200 is U=U. We also need to better understand the application of U=U in clinical settings, in which high rates of HIV-related stigma continue to be reported by people with HIV.

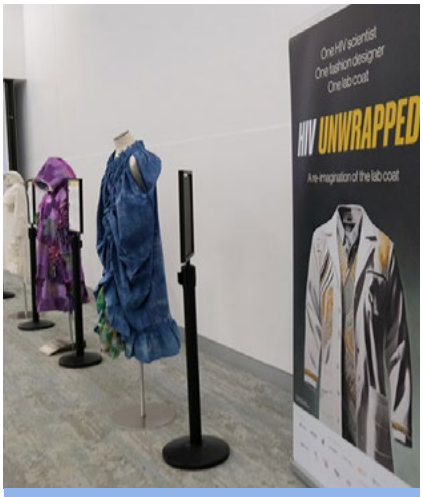


Figure 13 | HIV Unwrapped at HIV&AIDS2024

Figure 14 | Sarah Feagan and Diane Lloyd

Figure 15 | Bill Whittaker

Moreover, to unlock the stigma-challenging potential of U=U, clinicians must ensure everyone to whom they prescribe PrEP also understands viral suppression and U=U.

e. Address HIV-related stigma in a meaningful way

We will never challenge stigma against people with HIV in a meaningful way if our interventions only target people with HIV and never the people who actually perpetrate stigma.

Stigma does not happen in a vacuum, and while it is hard, we cannot ignore it and hope it will go away. In the last 40 years, stigma has proved to be one of the most intransigent and pernicious aspects of the virus, undermining all our efforts.

Let us embrace the fact that having sex with someone with HIV on successful treatment is not only safe but probably your safest bet out there.

6. Thank You, Sarah Feagan, NAPWHA Vice-President

NAPWHA's steadfast Vice-President for the past six years, Sarah Feagan, has chosen to step away from the position at the 2024 Annual General Meeting.

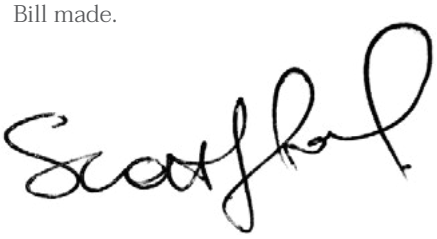
Sarah has been a great support to me in the five years we've been a team, always questioning, always enquiring, and always encouraging. Her contributions to NAPWHA and all people living with HIV deserve every accolade I could give.

From me personally, and on behalf of NAPWHA and our Members, thank you Sarah for your dedication to NAPWHA and for your contribution to advancing the health, wellbeing and quality of life of all people living with HIV in Australia.

7. Vale Bill Whittaker

It was with a heavy heart that I spoke at the opening plenary of HIV&AIDS2024 in Sydney in memory of Bill Whittaker, a visionary leader and tireless advocate in Australia's community-led response to HIV.

Bill's passing was a profound loss to our community, but his legacy of compassion, advocacy, and unwavering commitment to health equity will continue to inspire and guide our work, particularly as we chart a path for the virtual elimination of HIV in Australia, a goal and a milestone simply unimaginable without the contribution Bill made.



Scott Harlum
President
National Association of People With HIV Australia

EXECUTIVE DIRECTOR'S REPORT

Figure 16 | Aaron Cogle and Brent Clifton at AIDS2024 in Munich

Figure 17 | Aaron Cogle presenting at World AIDS Day dinner in Melbourne

This year has been an exceptional year for NAPWHA. Our ability to attract increased grants and government income has allowed us to deliver and expand important projects that are having a material impact on the Australian HIV response as we implement NAPWHA's Strategic Plan.

There is momentum in the HIV response, galvanised by the work of the National HIV Taskforce and driven forward by the commitment of stakeholders across the four pillars of the response: government, community, research and clinicians. The elimination target is just six years away, and there is a palpable sense of it informing our work.

However, we mustn't underestimate the magnitude of the challenge we have undertaken. We stand at a moment in our response when we are called upon now to do the things that have been impossible to achieve so far. We must provide improved access to testing, treatment (ARVs and PrEP) and care for those without Medicare. We must decriminalise HIV transmission, exposure, non-disclosure and misrepresentations of HIV status. And we must reform our immigration rules for people with HIV. Now is when things that were once unthinkable must become possible.

In the work of our organisation this past year, this sense of what is possible has taken hold. HIVtest.au outperformed our expectations. More test kits delivered into the hands of more undiagnosed people with HIV has provided the best chance of an earlier diagnosis. That means improved health, wellbeing and quality of life outcomes for more people with HIV, and it means fewer onward transmissions as well.

The National HIV Taskforce was the vehicle through which NAPWHA delivered on its commitments to embed meaningful HIV positive leadership and representation across the HIV partnership. This year, the Taskforce completed its work and published its final report containing twenty-five recommendations. The effect of positive

Figure 18 | No Medicare, No Problem campaign material

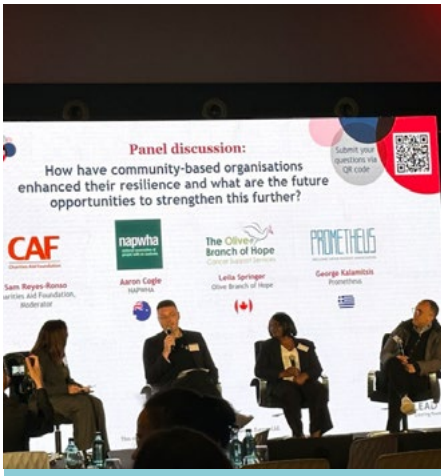


Figure 19 | Aaron Cogle presenting at Gilead ACE Community Awards Conference in Madrid

Figure 20 | Brent Mackie, Curtis Chan and Aaron Cogle at AIDS2024

leadership is evidenced by recommendations to increase HIV self-testing, remove copays for ARV medications, and promote the U=U message.

Our work through the National HIV Taskforce also gave us the chance to shine a much-needed spotlight on Stigma and HIV Criminalisation. We worked with the HIV/AIDS Legal Centre to audit Australia's laws and identify those that criminalise or discriminate against people with HIV. We also presented our findings to the Commonwealth Government Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) and the Australian Health Protection Committee (AHPC). Harnessing the momentum in this area, NAPWHA will continue to work with our government colleagues to argue for the creation of an enabling environment in which HIV positive people are no longer criminalised.

We delivered several projects to achieve better health equity in Australia this year. The 'No Medicare, No Problem!' campaign stands out as a particular success. It has resulted in a doubling of the number of Medicare-ineligible people receiving much-needed ARVs. This, in turn, has increased the percentage of people on ART treatment in Australia to 98% and has taken us closer to our elimination targets. NAPWHA can be justifiably proud of this incredible work, and it was a great pleasure for me to present this success with Riss Melanie from Watipa at the World AIDS conference in Munich.

We worked closely with our State and Territory members to advocate the case for the removal of the copay for HIV medications. Queensland joined New South Wales as the second State to waive the copay in community and hospital pharmacies. Thanks to our work, copay removal is now being actively considered in other States as well.

The Operational Leadership Group facilitated collaboration across the NAPWHA membership this year, allowing us to coordinate responses to the emerging MPOX epidemic, the IAS Conference in Brisbane and the World AIDS Conference in Munich, World AIDS Day, resource development, HIV Campaigns and the training of Peer Navigators.

I was honoured to be invited to the Gilead ACE Community Awards Conference in Madrid to share best practices and present on running charities through austere times. I was able to reflect on the challenges of difficult times long past, the importance of Australia's multi-partisan support for our HIV response, the need for good governance, a well-balanced Board, as well as the need to maintain good relationships with government and industry stakeholders.

Our future work in the coming year will focus on expanding HIV testing further, developing effective stigma interventions by harnessing the lived experience of people with HIV and research to understand more about the gaps in our response, including why some people are still not on treatment.

NAPWHA's impressive growth over this last period is a pleasing reward for many years of hard work by the Board and the NAPWHA staff. I want to thank them and the NAPWHA membership for their support over another year. With our coordinated focus on improving the quality of life for people with HIV, the elimination of HIV by 2030 is a challenge that we have every chance of achieving.

Secretariat

Figure 21 | NAPWHA's Secretariat (as of December 2023)

1. NAPWHA Staff Achievements and Updates

The dedicated team at NAPWHA has continued its tireless work over the past year. This year, we welcomed James Holland as Senior Advisor. James brings valuable policy experience and is spearheading NAPWHA's "Gaps Project," which seeks to address gaps in treatment uptake and misinformation. Beau Newham continued to lead and expand our self-testing project, transitioning it from a pilot initiative into a core NAPWHA program. Beau has also been instrumental in forging a partnership between NAPWHA and Grindr, broadening the project's reach.

Jimmy Yu-Hsiang Chen has expanded his role to include digital content creation and managing HIV self-testing orders while supporting the implementation of NAPWHA networks' workplans.

Daniel Reeders, Senior Project Officer for NAPWHA Learning, played a key role in workforce development

Figure 22 | Brent Clifton presenting at AIDS2024

through HIV Peer Navigation training, the creation of a Peer Navigation Community of Practice, and the development of an aged care learning module. Daniel also leads our efforts in advancing HIV quality of life, including the implementation of the Australian Community Accord on Quality of Life for people living with HIV. Their webinars continue to engage a wide audience across the Australian HIV response, and in

October, Daniel will deliver HIV Peer Navigation training in New Zealand for the first time.

NAPWHA veterans Dr John Rule, Adrian Ogier, and Jae Condon have made significant contributions to our work with older people living with HIV, alongside the NAPWHA Older PLHIV engagement group. Together, John and Adrian have launched the BOLDER (Better Older) online support group series, addressing key issues related to aging with HIV. Jae Condon represented NAPWHA at the National Aged Care Alliance (NACA) and contributed to NAPWHA's involvement with the findings of the Aged Care Royal Commission and the development of the new Aged Care Act.

Rose Kunjip from IGAT Hope in Papua New Guinea and Dr John Rule continued their collaboration, supporting the work of IGAT Hope locally and contributing to the future direction of the CHPNG partnership—an ongoing collaboration between NAPWHA, ASHM, and industry partners.

Martin Bangs provided invaluable support to the NAPWHA Secretariat and membership. Martin was a key point of contact for individuals engaging with NAPWHA's activities, including those attending our events.

NAPWHA also acknowledges the skills and expertise of the contractors and consultants who have contributed to our work across the year. These include Lucy Stackpool-Moore and Larissa "Riss" Melanie (Watipa), Brent Allan and Hiero Badge (Qthink), Ronald Woods, Kristin Sinclair (WebGirl), Shaun Polidano (Shaun Polidano Consulting), David Menadue, Heather Ellis, Joel Murray, Surej Sidhu, Susie Solomon, Jason Rostant, and Daniel Cordner.

Over the past 12 months, NAPWHA bid farewell to two valued team members, Emma Oxenburgh (Senior Communications Officer) and Phillippa Venn-Brown (Policy Officer). We extend our heartfelt thanks to both Emma and Phillippa for their significant contributions to NAPWHA and the positive community.

2. Board Leadership and Governance

The NAPWHA Board has continued to provide strong and strategic leadership, positioning the organisation for long-term success and sustainability. This year, the Board welcomed three new members: Steven Spencer from New

Figure 23 | Simon O'Connor and Bo (Justin) Xiao at NAPWHA's 2023 AGM

Figure 24 | AIDS2024

South Wales, Mark Halton from the Northern Territory and Daniel Putra-Jaya Sudarto from the ACT. Beau Newham continued in his role as staff representative to the NAPWHA Board.

The Board extends its sincere gratitude to Simon O'Connor and Stephen Lunny for their significant contributions over the years. At the 2023 Annual General Meeting, NAPWHA recognised Simon O'Connor's outstanding commitment by appointing him as a Special Representative, an honour reserved for individuals who have made significant contributions to NAPWHA and the broader Australian HIV response.

3. Campaigns and Communications

NAPWHA's 'Pass It On!' videos made a significant impact in late 2023, achieving 3.2 million impressions while succinctly delivering the U=U message. A carefully crafted media plan utilised Google Ads to target members of the public most likely to benefit from seeing and hearing the messages.

Figure 25 | 'Pass It On!' campaign material

Figure 26 | 2023 Community Champions – Morgan Dempsey, Geoff Harrison, Andrew Buggie, Judith Frecker and Vikas Parwani

The Gilead Sciences and NAPWHA Community Champions awards were celebrated again in 2023 with another deserving group of unsung heroes being recognised, culminating in an Awards dinner and World AIDS Day event. This collaboration continues to inspire and delight.

The HIV Treatment For All campaign launched this year with lots of important information for those without Medicare. The NAPWHA page detailing how people can access treatment received the most hits over this period.

A refreshed NAPWHA website was relaunched at the end of 2023. The new site is simpler to navigate and features current activities profiled more effectively. Thanks to Emma Oxenburgh and Kristin Sinclair (Webgirl) for making this happen.

The National Day of Women Living with HIV was celebrated in March with the theme "Yes, women get HIV, too". Seven members of the Women's Network shared inspiring stories and encouraged others to include HIV testing in their regular health checks.

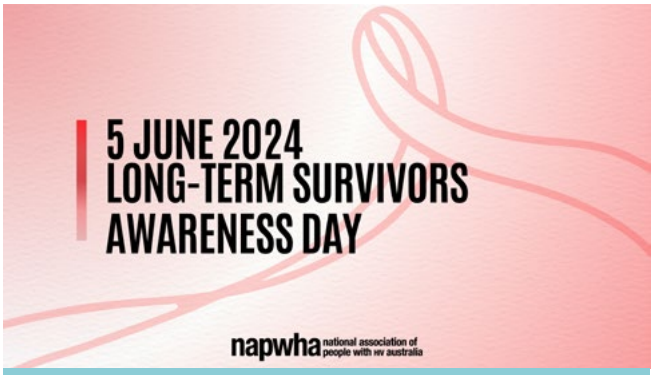


Figure 27 | Long-Term Survivors Awareness Day material

We recognised Long-Term Survivors Awareness Day in June by sharing tributes from NAPWHA members who were diagnosed in the early years.

Positive Living magazine keeps on circulating articles by a core of talented HIV positive journalists, including Heather Ellis and David Menadue. This period saw a total of 10 quality pieces exploring topics such as talking about sex, creativity, managing older age, and the scientific findings from the IAS conference in Brisbane.

Our social media profile continues to grow as we regularly share articles, events and news on Facebook, Instagram and Linkedin. The monthly NAPWHA E-Newsletter kept our members and colleagues abreast of NAPWHA's projects throughout the year.

Senior Communications Officer Emma Oxenburgh left us in early 2024, leaving behind a legacy of impeccable organisation and warm professionalism. She will be sorely missed and the team wishes her all the best in her future endeavours.

Figure 28 | Emma Oxenburgh

4. Research

In the past twelve months, NAPWHA's engagement in HIV-related research projects across Australia has ramped up. We welcomed an increased number of early approaches from our research partners with important research ideas to pursue as we move from being objects of research to being part of shaping research activities and programs. For example, NAPWHA was approached to contribute to ARC Linkage Grant applications, Medical Research Future Fund Grant applications and research projects that will enhance the quality of life for people living with HIV.

Figure 29 | Brent Clifton discussing HIV research priorities at the Kirby Institute

This year, NAPWHA's representations in the research space included Brent Clifton presenting at the Kirby Institute Seminar Series on HIV community research needs; Jae Condon's participation in the HIV Peer Navigator/Nurse Partnership research program; Daniel Reeders contributes to various Quality of Life research projects; James Holland's work on The Gaps Project and Jimmy Yu-Hsian Chen support for research on quality of life for HIV-positive Asian-born gay and bisexual men.

NAPWHA was represented on over thirty different research projects that are of significance to HIV positive people around Australia. Noteworthy examples include our work on the National Surveillance Program, COVID-19 and immunocompromised people, Mpox and the Trax study (all from the Kirby Institute), stigma research and the periodic survey (from CSRH), HIV Futures and the newly diagnosed study (from ARCSHS) and the HIV+Law research project (from UTS, UNSW and UQ).

NAPWHA was also represented in international collaborations for research into ageing and neurological health and on the Community Advisory Boards of the INSIGHT (HIV Clinical Trial Network) and STRIVE (Strategies and Treatments for Respiratory Infections & Viral Emergencies) networks.

By far the most important thing to happen in the research space this year was that NAPWHA began the development of a Strategic Research Agenda. The agenda will guide all of NAPWHA's meaningful involvement in research into the future.

Finally, this year thanks go to Ronald Woods and Dr Jeanne Ellard for helping us to think through our research engagement processes.

Figure 30 | HIV research framework

5. Policy and law reform

This year, NAPWHA continued our advocacy efforts on behalf of people with HIV in Australia by making policy submissions in the following areas:

- Changes in the way the law deals with consent in sexual offences (in QLD and NT)
- Sex work decriminalisation
- Proposed amendments to a South Australian Mandatory Disease Testing Bill
- Access to the Shingles vaccine and Long-Acting Cabotegravir for people with HIV
- Changes to the migration rules to support more freedom of movement for people with HIV.

Joining with members of the National Aged Care Alliance, NAPWHA also submitted feedback to the Federal Government on their exposure draft for the new Aged Care Act. The submission advocates for the lowering of the age at which people with HIV can access Government-funded Aged Care Services should they need it.

NAPWHA also provided a submission to the Commonwealth Standing Committee on Health, Aged Care And Sport's Inquiry on Diabetes outlining why people with HIV are more likely to develop type 2 diabetes than people without. Pleasingly, NAPWHA's submission was referenced in the Committee's final report.

Early in 2024, NAPWHA President Scott Harlum and Senior Advisor James Holland attended the Medicare: A Forty Year Health Check forum that analysed Medicare's first 40 years of operation and identified reforms needed to safeguard its future.

Figure 31 | Scott Harlum and James Holland at Medicare: A Forty Year Health Check

The Forum was attended by leaders from the clinical, policy and research sectors. The federal Health and Aged Care Minister, the Hon Mark Butler MP, reflected on the nation-shaping legacy of Medicare and the importance of universal health insurance for the health and welfare of all Australians.

6. NAPWHA Learning initiative

Figure 32 | Daniel Reeders and HPN trainees in New Zealand

This year was one of celebration and consolidation for the NAPWHA Learning initiative. In May, 28 participants graduated from two rounds of the HIV Peer Navigation Training Program at a national dinner held in Sydney. The training was delivered during the pandemic, and for many of our participants, the dinner was their first time meeting other members of their cohort face-to-face. We followed the dinner with a full day of training and consultation activities. Participants unanimously agreed they felt part of a community of practice that reflected the diversity of positive communities in Australia.

Figure 33 | HOLA event - Time to test and treat

The NAPWHA Learning initiative also contributed to the national HIV Online Learning Australia (HOLA) program, which is delivered by Health Equity Matters in partnership with NAPWHA. Daniel Reeders facilitated a dynamic and engaging webinar on the emerging science, public health strategy, and health promotion practice involved in using DoxyPEP to reduce the risk of sexually transmissible infections (STI) like syphilis.

Daniel Reeders also contributed to the development of a webinar on ethical AI featuring a long-time friend of NAPWHA, Professor Kath Albury from Swinburne University.

NAPWHA Learning facilitated two webinars for people without Medicare access, as well as the clinicians and organisations that work with this community. Each webinar attracted about 60 participants, with a strong representation from community organisations working to promote the new availability of HIV treatment for all, regardless of Medicare eligibility. Panellists included Dr Jason Ong, Dr Nick Medland, Professor Limin Mao, Dr Michael Camit, and former international students like NAPWHA's Jimmy Yu-Hsiang Chen. They highlighted NAPWHA's 'No Medicare, No Problem!' campaign and HIV self-testing initiatives.

This year, the NAPWHA Learning initiative is working to consolidate and expand our offering. The online learning platform will be improved to make it easier to access and use. Participants will also be able to connect instantly with a real human for learning support.

We have also opened enrolments for new learning opportunities. The first is a Certificate in Supporting

Positive Ageing for HIV Peer Navigators. The second is a 1.5-day training course on Peer Support Essentials that can be delivered in partnership with small organisations that offer volunteer-based peer support programs. Finally, we are very excited to be offering a demonstration of the HIV Peer Navigation Training Program in New Zealand, in partnership with Body Positive NZ.

7. HIV Testing

HIVtest.au is the first national service that allows anyone in Australia to access HIV self-testing kits free of charge, delivered to any address of their choosing. This year marks one year since the pilot started. We are proud that through engaging the HIV positive community we have been able to develop a program that targets the priority populations that need increased access to testing, whilst also ensuring that everyone who is seeking a HIV test is able to access one free-of-charge.

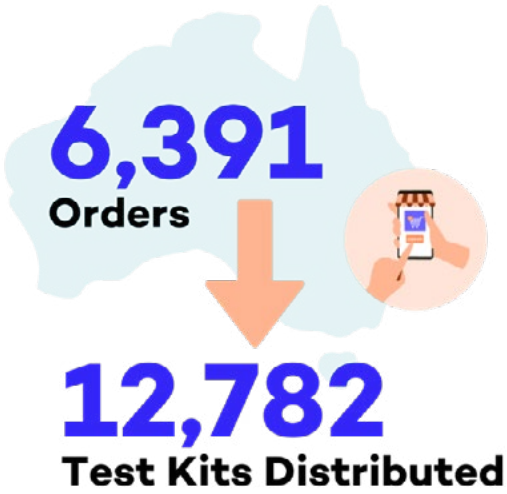


Figure 34 | Number of orders and distributed kits

The program has exceeded expectations, distributing more than the initial goal of 12,000 tests over twelve months. One particular strength of this project is its ability to bring cost-free testing into any part of Australia. This is reflected in the wide geographical spread of orders from across the country. Pleasingly, over 60% of orders were sent to outer-metro or regional/remote areas, showing that the service is improving testing access beyond city centres.

HIVtest.au takes a 'lowest possible barriers' approach to testing, which maximises opportunities to test. As of September 2024, 21% of people completed the optional survey. From this data, we can see that almost half of the respondents are overseas-born, and over one-quarter do not

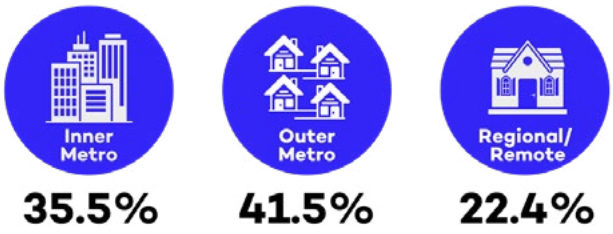


Figure 35 | Hivtest.au orders by regionality

have access to Medicare. We also see that 1 in 5 people who used the service have never before tested for HIV, and over 1 in 3 people have not tested for HIV within the last two years. This is a great indication that HIVtest.au is bringing HIV testing to those who need it the most.

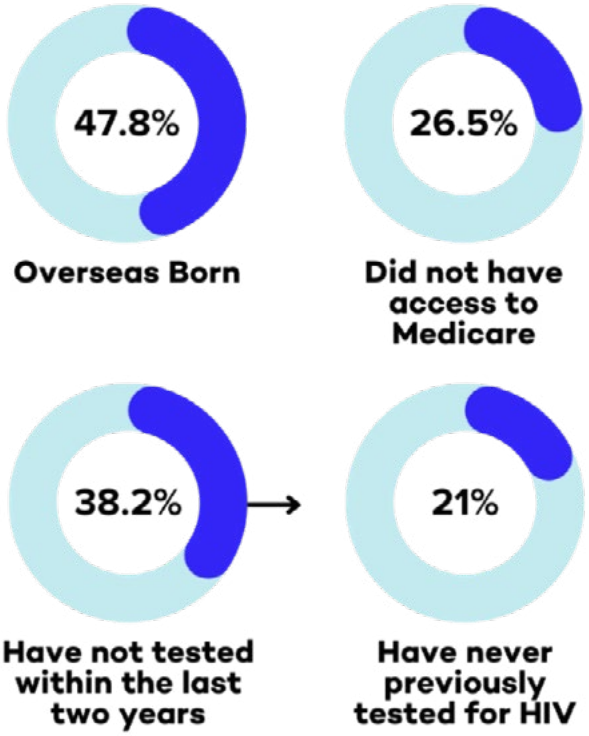


Figure 36 | Hivtest.au survey results

From the pilot period, we have learned that the demand for HIV self-testing is much higher than expected. We are happy to announce that the project has received additional funding, which will allow it to continue for another two years with twice the capacity; we now aim to distribute 25,000 testing kits a year. This is an incredible achievement and a testament to the hard work of everyone involved in the project. NAPWHA would like to express thanks to all of our partners on this project, especially QPP, and for the skills, knowledge and generosity of the HIV positive community, which has helped make this project a success.

8. Filling the Gaps

The 'Gaps' project aims to explore some of the significant gaps in Australia's HIV response and to improve our understanding of them.

In the first phase, which is now underway, NAPWHA, the Kirby Institute, the Burnet Institute and ARCSHS are investigating the cohort of people with HIV who have a detectable viral load and why this might be the case. Notably, the project seeks to examine cohorts:

- presumed lost to follow-up;
- connected to care but not on HIV treatments; and
- taking ARVs but who have an undetectable viral load.

Figure 37 | Gaps Steering Committee working meeting

In the second phase, NAPWHA will work with ASHM and clinicians to develop models of care that address these reasons, combat stigma and contribute directly to increasing the number of people with an undetectable viral load. In the third phase, we will develop targeted messages in up-to-date media formats that will combat online treatment misinformation and support informed treatment decisions by HIV positive people to sustain long-term treatment adherence in a complex treatment environment.

9. Treatments, HIV health and aging

NAPWHA produced several online resources and articles on the topics relating to treatments, HIV health and aging. Representatives from NAPWHA attended quarterly meetings of the National Aged Care Alliance (NACA). NAPWHA maintains the Older People with HIV online service directory.

Figure 38 | The Silver Zone at AIDS2024

Figure 39 | TIM handover at NAPWHA's 2024 National Forum in Canberra

NAPWHA has responded to over 250 individual enquiries via info@napwha.org.au. Most of these enquiries relate to immigration and visa information, access to antiretroviral treatments and care for people who do not have Medicare. Other topics of enquiry include starting statin medications, weight and metabolic health, long-acting injectable treatments, and connecting HIV-positive community members with NAPWHA's networks. NAPWHA staff also respond to enquiries on The Institute of Many (TIM) Facebook page.

Aaron Cogle
Executive Director
National Association of People With HIV Australia

DISPATCHES FROM THE POSITIVE NATION

This year, NAPWHA's members reported on their achievements, challenges, initiatives, recurring themes, and other noteworthy events.

Biggest Achievements

Organisations from across Australia reported wins in health promotion, advocacy and service delivery.

NAPWHA's members enhanced existing services and delivered new ones. Queensland Positive People (QPP) implemented the first PLHIV Aged Care Navigation Program funded under the Primary Health Network Commonwealth Care Finder Program. QPP's peer-led RAPID HIV and STI point-of-care testing program delivered over 8,000 instances of service, while their HIV test vending machines and online testing programs continued to provide access to HIV self-tests. Positive Life NSW (PLNSW) hosted Teen Camp 2024 and inaugurated its first Positive Minds program. Meridian secured ongoing funding for BBV/STI work through an ACT Government commissioning process, which was a result of an extensive and multi-year consultation. As a result, Meridian has been funded for seven years to deliver a range of services, including those for PLHIV, such as case management and health promotion.

Bobby Goldsmith Foundation (BGF) achieved a significant milestone with the successful expansion of its services through National Disability Insurance Scheme (NDIS) accreditation. NDIS registration not only allows BGF to extend its reach to broader communities but also reinforces its ongoing commitment to providing comprehensive care to PLHIV in need. Similarly, through its new NDIS program, Meridian helps meet the needs of PLHIV in-house by making referrals and working with clients through their service providers.

Several organisations redoubled their efforts to support underserved, culturally diverse communities of PLHIV. Living Positive Victoria (LPV) began its multicultural engagement strategy, which is due to be delivered by the end of 2024. This strategy will work to ensure LPV can accommodate the ever-increasing referrals of PLHIV born overseas to its organisation, ensuring LPV is a culturally and psychologically safe place for individuals from culturally diverse communities. LPV is reviewing its policies and programs, consulting community members and providing a framework for stronger networking and partnerships with multicultural experts across Victoria. PLNSW re-introduced in-clinic peer navigation services in Greater Western Sydney post-COVID. BGF opened a new Parramatta office, which allows it to reach more people in Western Sydney and provide vital services where needed.

Positive organisations made advancements regarding representation and collaboration. For LPV, the initiation this year of the Bi+ and South Asian peer support groups as well as Victorian chapters of the Positive Latinx Australia Network, the Positive Asian Network Australia, Het Men, Women's Day, Adult Retreats, Family Days, Taking Charge over 50's support networks and quarterly Planet Positive events continue to provide diverse opportunities for in-

person community connection. The Northern Territory AIDS and Hepatitis Council (NTAHC) noted that a person with HIV has become a member of the Northern Territory's BBV & Sexual Health Advisory Board. This is an important development for the NT as there will now be a positive voice at the table when Public Health Orders are considered for individuals with HIV.

Positive Women Victoria (PWV) saw an uptick in requests for the organisation to provide education and HIV updates to the health workforce. Trainee health workers, including sexual health nurses, sexual and reproductive health workers, refugee health workers and obstetrics and gynaecology medical students were all able to take part.

Positive Life South Australia (PLSA) reported that its biggest achievement of the year was building a stronger and united positive voice that is recognised and respected across the HIV sector. PLSA noted that SA has many HIV services and organisations that provide services, and the landscape has shifted to a more collaborative approach. PLSA noted the genuine way the organisations all respectfully worked together for the benefit of PLHIV in SA. Similarly, Positive Organisation Western Australia (POWA) reported a new era of collaboration between itself and WA's former AIDS council, WAAC. POWA has regular monthly meetings with WAAC and is represented on WAACIFY, a committee comprised of PLHIV that provides WAAC with input into the design of new services. POWA provided feedback on existing services and strategic advice on the service priorities of people living with HIV. POWA was an integral part of the "Nothing For Us, Without Us" Community Forum, put on in collaboration with WAAC in March 2024.

Challenges faced

Consistent with previous years, positive organisations reported funding limitations and funder hesitancy as significant barriers to delivery. QPP noted ongoing unmet needs within Queensland's PLHIV community; however, it indicated that funding for education, prevention and testing was not following emerging populations. QPP also indicated its funders were hesitant to fund volunteering or programs that strengthen social connection. This phenomenon was felt across jurisdictions. In the post-COVID environment, financial and structural changes have shaped much of LPV's priorities over the past year. PLSA continues to exist without Government funding and relies on the generosity of its positive volunteers to enable its survival. Whilst the final outcome was positive, Meridian's sustained advocacy throughout the recent commissioning process consumed significant resources, which adversely impacted service delivery.

Organisations innovated to accommodate these financial constraints. To increase capacity in the short term, Meridian had to look to other programs within the organisation to assist with ongoing case management for clients. LPV decided to take advantage of the post-COVID hybrid working environment to downsize its office footprint and save on rental costs. This will ensure LPV can continue to offer a diverse range of peer-led programs and initiatives that connect Victoria's positive community and increase their quality of life.

Members reported more PLHIV were struggling with cost-of-living challenges. Along with its HIV sector partners in NSW, PLNSW observed an increased number of people seeking HIV-related services that had previously never engaged or needed assistance in the past. BGF noted economic pressures have intensified the needs of those they support, requiring BGF to adapt the way they work so they can better meet the unique needs of their clients. BGF indicated that people are struggling with food insecurity and lack of access to affordable housing, especially during the winter months. Similarly, QPP, Meridian and PLSA indicated increased community needs brought about by the cost of living and housing crisis.

Despite some good news, migration issues for people with HIV continued to be a concern for many. After sustained advocacy from the HIV/AIDS Legal Centre (HALC), Health Equity Matters, and NAPWHA, the Department of Home Affairs raised the significant cost threshold for people with a health condition migrating to Australia. This will likely mean that more people with HIV will be able to come to Australia to work, live and study. Unfortunately, the increase was modest, and benefits will be limited, while the disincentives

for testing for people already in Australia on temporary visas remain. In NSW, immigration issues were a major focus of work for peer navigation. PLNSW noted the machinations of the Federal Government's immigration system were a tangible force of stigma and discrimination that functionally diminished the health, mental health, and quality of life for people living with HIV in NSW who arrived in Australia to study and work. PLSA also noted that migration criteria and visa complexities posed barriers to PLHIV within SA. QPP observed emerging communities of overseas-born PLHIV across regional QLD through both formal migration settlement programs, migrant skilled worker programs as well as the visa lottery for Pacific Islanders and PNG, demonstrating an urgent need for further reform of Australia's migration system to improve its treatment of people with HIV.

LPV developed the Know Your Rights workshops, which were presented in partnership with Q+Law. These workshops teach Victorian migrant communities how to navigate HIV related legal and migration frameworks in Australia. They build on LPV's guide to legal issues and the HIV/AIDS Legal Centre's Positive Migration Guide to:

- teach migrants about anti-discrimination laws related to HIV, disclosure and transmission in Victoria;
- deliver practical information about Australian visas and the migration system;
- demonstrate how to access legal support and services; and
- provide helpful experiences for other people living with HIV.

NAPWHA's members advocated for decriminalisation at the state and territory levels. In conjunction with NAPWHA, SHINE SA, Thorne Harbour Health and other state and national bodies, PLSA strongly opposed the SA Government's recently circulated Criminal Law (Forensic Procedures) (Blood Testing) Amendment Bill 2024, which would greatly broaden powers under the State's Mandatory Disease Testing regime. PLSA noted that state-based laws that discriminate against PLHIV cause unnecessary stigma and discrimination and violate privacy rights. Within Queensland, QPP continues to advocate for the removal of 'transmission of serious disease' from the criminal code.

Members noted that insufficient access to healthcare remained a challenge for PLHIV, especially in regional and remote areas. For PLNSW, the continuing decline of GPs offering bulk-billing coupled with retiring s100 prescribers, together with the dearth of primary care GPs and s100 prescribers in regional areas, has resulted in adverse impacts for their members and communities. In Western Sydney, PLNSW noted numerous missed opportunities resulting in late and advanced diagnosis through general, primary and emergency/hospital care. PLNSW worked collaboratively across a broad range of programs, services, and Government Departments to ensure doctors, primary care specialists, emergency departments, and clinical hospital departments in Western Sydney recognise HIV as an ongoing public health concern. In the NT, the loss of NTAHC's S100 Prescribing Nurse was a disappointment. Working within NTAHC's Darwin Clinic, the S100 prescribing Nurse had great success in assessing and monitoring clients. For example, the nurse identified the need for long overdue ARV treatment reviews for several NTAHC clients and facilitated a move to two-drug ARV regimens for many people with HIV. QPP has seen encouraging growth in HIV peer social support across regional Queensland.

New initiatives

NAPWHA's members have implemented a range of new initiatives for people with HIV and associated communities over the last year.

People with HIV organisations implemented programs to identify and address HIV related stigma. PLSA, NTAHC, QPP and POWA identified stigma, including stigma within healthcare settings, as a substantial and growing issue for people with HIV. QPP received funding to develop an online training module on HIV stigma and discrimination for health, police, corrections and public prosecutions staff. Over the same period, QPP also launched the HIV Stigma Campaign across regional Queensland. In the coming year, NTAHC hopes to develop a workshop that addresses internalised stigma through mindfulness and other reflective practices.

In addition to programs that explicitly address stigma, NAPWHA's members also sought to undermine stigma, especially within healthcare, education and family settings. On behalf of POWA, Ryan Oliver presented to a Sexology class at Curtin University again this year. The uptake of the course was popular and led to Ryan's appearance on a men's health podcast called "The Penis Project". LPV peer staff co-created a resource for people living with HIV to talk about their HIV status with friends, family and lover(s). In this work, LPV will host Let Them Know workshops nationwide and engage in a consultation process to develop a digital resource that will be available towards the end of 2024. The resource will explore how to talk about HIV with others from the perspective of people with lived experience and provide people with tools and resources to support people should they choose to talk about their HIV status.

LPV's success in securing ViiV community grants led to the development of the Translating the Facts project. LPV has now translated six HIV information sheets into eight key language groups. These have been distributed through LPV's peer navigation teams and are in the process of being shared across clinical and sector partners in Victoria. They are also being adapted, shared and co-branded across NSW, Queensland, South Australia and the ACT, responding to the needs of emerging communities with a national reach and focus.

Members launched new initiatives focused on positive ageing. PLSA experienced great success with its 12-month Positive Ageing Workshop (in collaboration with SAMESH). Through the Positive Ageing Workshop, a group of 10 to 12 people with HIV completed sessions on a range of topics to improve quality of life. Activities included journal writing, arts and crafts, screen printing t-shirts and bags and social media advocacy.

Member organisations implemented programs to support positive people as they age. For example, PLNSW engaged with younger people living with HIV, transitioning from paediatric to adult healthcare. Alongside its new NDIS program, Meridian also hired staff to support Aged Care navigation.

Recurring themes

NAPWHA's member organisations recognised several emerging trends in the last year.

PLHIV organisations from smaller jurisdictions observed that demand for S100 providers and other healthcare services was outstripping supply. NTAHC noted the NT region was struggling to retain and maintain experienced HIV healthcare workers. Meridian in the ACT observed that several S100 GPs recently retired, leading to an absence of bulk billing options for new clients. Excluding the publicly funded Canberra Sexual Health Centre, Meridian noted that unless clients already have an established relationship with a GP, practices taking on new clients are not offering bulk billing.

Members noted growing demand for programs that support women, trans and gender-diverse people living with HIV. PWV observed recurring themes arising out of their work with women with HIV. They report varying quality of knowledge about HIV in health services and primary care. Many myths about HIV transmission remain.

In the ACT, Meridian noted that more women were accessing its services. Providing an overview that is likely relevant to other states and territories, both NTAHC and PWV outlined several areas of unmet need for women living with HIV:

1. Multiple stigmas are functioning as a barrier to health services;
2. Financial dependency;
3. Obstetric, reproductive/contraceptive and gynaecological health care shortage;
4. Insufficient peer support for positive women;
5. Insufficient community education for positive women;
6. Wage disparity;
7. Limited bulk billing GP practices;
8. Increased rates of cervical cancer; and
9. Lack of culturally appropriate care for women during pregnancy, childbirth and breastfeeding.

The increase in demand for services among women living with HIV was reflected in attendance at events. In WA, Diane Lloyd hosted a High Tea event for the National Day of Women Living with HIV. The event was attended by eight attendees, a high watermark for the attendance of women living with HIV in WA.

LPV has begun laying the groundwork for a research partnership led by Professor Graham Brown of ARCSHS at La Trobe University to investigate the lived experiences of trans and gender-diverse individuals living with HIV in Victoria. This novel and long-overdue research partnership will be delivered in 2025.

Housing was identified as another emerging challenge for PLHIV. Meridian, QPP, BGF, and PLNSW all noted that PLHIV had no access to affordable housing. Whilst housing challenges appeared connected to cost of living challenges, it was also observed that a lack of affordable housing supply within metropolitan regions was pushing some people with HIV to return to regional and remote areas, where appropriate healthcare support (including S100 providers) may be lacking.

Something surprising

NAPWHA's members also detected some surprising trends.

In good news for positive people in Queensland, QPP celebrated Queensland Health's decision to provide free HIV ART to all Queenslanders with HIV from October 2023. Queensland has also committed to the delivery of free HIV-related treatment and care to Medicare-ineligible people residing in Queensland since July 2023. Fifteen years of continued advocacy culminated in a welcome surprise announcement to this effect at IAS2023.

PWV noted an increased recognition of the importance of positive women's lived experiences. Across testing, clinical care and service provision, the healthcare sector seems to be absorbing messaging around leaving no cohort behind in the HIV epidemic.

PLNSW noted that the highly visible 'virtual elimination of HIV' from 'gay postcodes' appears to have provided an impetus for some health-based services and local health districts to de-prioritise HIV service models and to 'mainstream' HIV service delivery, to the detriment of the sizeable PLHIV populations that still reside in these inner-city areas. However, the news is not all bad. PLNSW's advocacy in addressing these shortfalls has been relentless and, in some instances, has led to better outcomes than before. For BGF, the decline in HIV public discourse continues to be a challenge for the organisation in maintaining awareness and support for those living with HIV. Moving forward, PWV aims to ensure communities are not rendered invisible by the goal of virtual elimination.

NETWORKS

PATSIN (Positive Aboriginal and Torres Strait Islander Network)

Figure 40 | Michelle Tobin at NAPWHA's 2023 AGM

PATSIN has engaged in several important initiatives, highlighting its commitment to addressing the unique needs of Aboriginal and Torres Strait Islander people living with HIV. Convenor Michelle Tobin presented PATSIN's work to federal politicians and other stakeholders during a panel at the World AIDS Day breakfast in the Australian Parliament, followed by discussions with the Department of Foreign Affairs and Trade. This engagement reinforced PATSIN's role in advocating for First Nations people with HIV across Australia.

PATSIN's involvement in various research and governance committees, partnerships and projects underscores its dedication to advancing knowledge and resources for the community. PATSIN contributed to research through the Kirby Institute's H2Seq and Cohort of AustraLIan wOmen with HIV (CLIO) studies and collaborated with NAPWHA to develop a microsite for Indigenous Australians as part of the Home HIV Testing Project: https://free.hivtest.au/.

PATSIN is extremely happy that Michelle Tobin's health has improved rapidly in the last 12 months, and she is well-placed to continue her advocacy. In the next year, Michelle looks forward to supporting new members to join PATSIN, contributing fresh perspectives and ideas.

The past 12 months have been particularly challenging for Aboriginal and Torres Strait Islander people, including PATSIN members, with the success of the NO vote in the Indigenous Voice to Parliament referendum in October 2023. This referendum presented an opportunity to empower Aboriginal and Torres Strait Islander peoples to make representations to Parliament and the Executive Government. While PATSIN recognises the diversity of opinion on this issue among Aboriginal and Torres Strait Islander people, we supported NAPWHA in their Statement of Support for the Aboriginal and Torres Strait Islander Constitutionally Enshrined National Voice to Parliament. PATSIN stands in solidarity with all Indigenous Australians and remains committed to advocating for equity in all aspects of our lives.

PANA (Positive Asian Network Australia)

Figure 41 | Joshua Borja, Jimmy Yu-Hsiang Chen and Professor Limin Mao

PANA is steadily growing, with efforts focused on refining outputs to align with the evolving needs and priorities of our members. One of the key emerging concerns is related to visa and residency information, which has remained a critical area of focus.

Given the significant demand for accurate and comprehensive information on how HIV impacts visa and permanent residency pathways, this area is central to PANA's future work. In response, we are actively organising webinars that feature individuals living with HIV who have successfully navigated the visa-to-permanent residency process. These sessions aim to present a diverse range of migration experiences, ensuring representation from across the community.

Recognising the prolonged and often complex nature of the residency process, PANA is also committed to addressing the mental health challenges associated with the uncertainty faced by individuals during this journey, with the goal of supporting their overall well-being and quality of life. To meet these challenges, we have organised informal meetups, bringing together Asian-born peers to share knowledge and experiences. These meetings have provided an encouraging platform where multiple languages can be heard around the table, discussing issues specific to PANA members. We will continue to look for opportunities to work with NAPWHA members to create more opportunities to hold such events.

The outputs from PANA would not have been possible without the invaluable contributions of the highly knowledgeable advisory group, whose expertise in the community sector has been instrumental. PANA commends our members for their ability to balance the demands of their current roles within the sector while effectively fulfilling their responsibilities as advisory group members.

Positive Latinx Australian Network (PLAN)

PLAN's members face numerous equity challenges, including language barriers that limit access to vital information on healthcare, immigration, and social services. Stigma and discrimination further complicate their ability to seek support and feel a sense of belonging. These challenges are especially pronounced for migrants from Latin America, who often encounter systemic barriers when accessing healthcare and navigating Australia's complex legal and healthcare systems. Cultural differences and the lack of resources in their native language contribute to isolation, delaying access to treatment and crucial information about their rights. Addressing these intersecting barriers is essential to promoting inclusion and ensuring equitable access to services and support.

Figure 42 | PLAN campaign material

To address these challenges, PLAN began developing the Positive Voices podcast, which aims to reduce the information gap by providing access to information in their own language, on topics that are relevant to their lives. We will be interviewing experts and community leaders on a range of topics, including immigration, healthcare, social services, and Australian culture and society. In addition to providing information, our podcast also aims to build a sense of community and belonging among positive migrants from a Latin American background. We want to create a space where people can share their stories, learn from each other, and support each other.

PLAN members also played a key role in creating resources and messaging for the "No Medicare, No Problem" campaign. In collaboration with NAPWHA, PLAN helped develop Spanish-language resources and identify target locations for distributing campaign materials. Additionally, a PLAN member participated in the community advisory group, which guided the campaign's development.

PLAN was thrilled to have members attend the International AIDS conference in Munich 2024, as part of the Australian delegation. Two members received scholarships to attend, volunteer and contribute to panels in the Global Village.

This year, PLAN welcomed a new convenor to guide the work of the network, continuing the great work of previous PLAN convenors. PLAN looks forward to continuing our advocacy for LatinX people with HIV into the future.

National Network of Women Living with HIV (NNWLHIV)

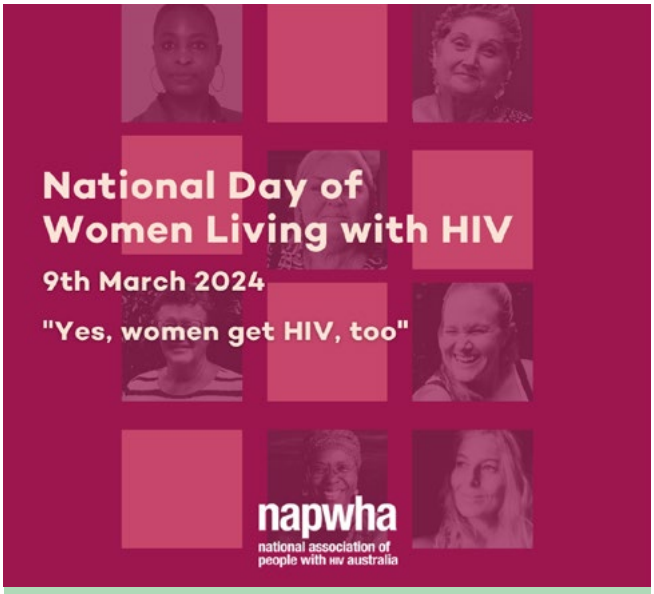


Figure 43 | 'Yes, Women Get HIV Too' campaign material

The National Day of Women Living with HIV in Australia, celebrated annually across Australia, raises awareness of women living with HIV and celebrates their resilience. The theme of the 9th National Day in 2024 was 'Yes, Women Get HIV Too'. The focus of the day was to celebrate women living with HIV while highlighting that HIV does not discriminate. Members of the network shared stories to illustrate the range of women who find themselves HIV positive and to encourage all women who are sexually active to include a HIV test in regular health checks.

The NNWLHIV has become aware of the impacts of stigma and discrimination on the ability of women to access peer support and participate in events. Some women in larger metropolitan areas have been successful in developing trust over time, but it is a major challenge in smaller metro areas and regional and remote areas. In these areas, the HIV population is relatively small, and funding for peer support is limited. The challenge for the network is to identify ways

that enable positive women across Australia to access the information they need to maintain both their physical and mental health and to share experiences.

Involvement from members in regional and remote areas has highlighted a persistent reluctance among women, especially those from culturally diverse backgrounds, to publicly disclose their status and engage in peer support activities.

The NNWLHIV is also focused on improving access to treatment information for women and advocating for the elimination of co-payment contributions for HIV medications in some regions. Information about PrEP, PEP, and injectables is rarely shared with women, raising concerns about inequities in access, particularly for those travelling to high-prevalence countries.

Furthermore, the network is concerned about the lack of research on women, particularly regarding aging and menopause, as well as the inequities in access to sexual and reproductive healthcare. Women from culturally and linguistically diverse backgrounds, as well as those in regional and remote areas, are especially impacted by inadequate healthcare access, contributing to late HIV diagnoses in these communities. The network will continue to work with NAPWHA to address these persistent issues into the future.

HetMAN (Heterosexual Men's Advocacy Network)

Figure 44 | Nathan Butler and Anth McCarthy

HetMAN is comprised of a dedicated team of community advocates spread across Australia. Its members balance their commitment to HetMAN with active involvement in our local area. This year, we met online six times and participated in several national activities.

While HIV stigma has an adverse effect on everyone, heterosexual men face unique risks. Social conditioning often leads them to equate independence with strength, resulting in a tendency to address HIV issues in solitude, which can exacerbate internalised stigma and isolation. Over time, this can adversely affect mental health and quality of life. HetMAN seeks to challenge this in a supportive way.

Our biggest achievement has been maintaining a healthy, functioning network, which is no small feat. Understanding the barriers that impede and prevent positive heterosexual men from engaging in the community response highlights the importance of this accomplishment. One of our primary challenges is capacity; being volunteer-based and time-constrained limits our initiatives. We carefully balance our actions with sustainability.

Recruitment remains a top priority for HetMAN, and we urge your support. To our knowledge, only straight men living with HIV in Victoria have access to a heterosexual male peer navigator. The positive community and workforce can help us by gently sowing the seeds of advocacy and directly encouraging heterosexual men living with HIV to get involved. Let them know that HetMAN welcomes their input, values their lived experience, and aims to make advocacy enjoyable. Importantly, participation can occur without compromising confidentiality.

We were encouraged to see heterosexual men explicitly named and included in the draft of the Ninth National HIV Strategy. This acknowledgment gives us hope that our experiences and needs will be addressed as we work towards the virtual elimination of HIV transmission. We extend our gratitude to everyone who supported our voices and advocated for our inclusion.

BiPAN (Bi+ Positive Advocacy Network)

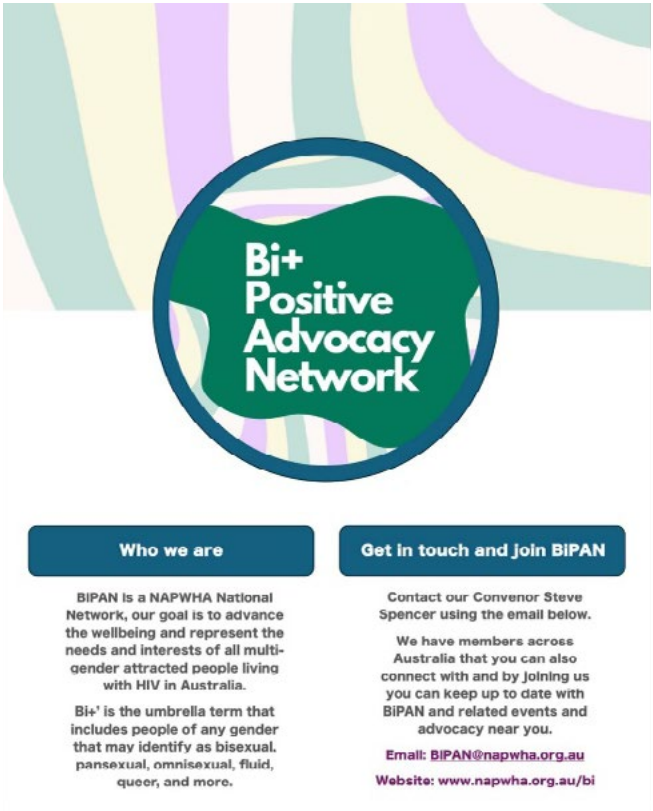


Figure 45 | BiPAN material

BiPAN was thrilled to introduce itself as NAPWHA's newest National Network at the National Members Forum in Canberra this year. In recent months, we have focused on building and supporting a nationwide membership base.

We proudly assist NAPWHA member organisations and sector partners working with bi+ individuals living with HIV. Notably, we support Living Positive Victoria's bi+ peer navigation program, which has achieved remarkable engagement with bi+ PLHIV. Our contributions to the PREPARE Study have also led to significant improvements in bi+ representation, enhancing national data collection.

The community faces serious issues, with reports indicating that poor social and health outcomes for bi+ PLHIV remain significantly higher than other populations. Key areas for improvement include stigma reduction, lessening negative biases and erasure related to sexuality, increasing community connectedness, stopping late diagnoses, and improving mental health outcomes. There is a palpable excitement within the bi+ PLHIV community and the broader body positive that the HIV sector has increased the visibility of bi+ people and is taking concrete actions to address the challenges listed above.

One challenge for the network is maintaining active engagement among our members while projects are being established. We are excited about our upcoming Bi+ Visibility Day Virtual Cuppa, a virtual gathering for bi+ PLHIV to celebrate Bi+ Visibility Day and foster rapport, community cohesion, and well-being.

We have seen a notable increase in the number of bi+ PLHIV within the HIV workforce who have recently come out, as well as bi+ PLHIV accessing services who now feel safe to be open about their identity. This positive trend reflects the increased visibility generated over the past year, allowing many bi+ individuals to live authentically and feel secure among their peers.

TREASURER'S REPORT

The 2023/24 financial year was another good year for NAPWHA in which we sustained the higher levels of income achieved in the previous year. The 2023/24 period saw an increase in NAPWHA's core funding from the government, which combined with the extension of the HIVtest.au project for another two years, has provided the foundations for another excellent financial outcome for our organisation.

The audited Financial Statements included with this Annual Report record annual income for the Association as $2,273,439. This is a record-high annual income for NAPWHA, the second year in a row that such a record has been achieved. The total expenditure for the organisation is $2,207,263, resulting in a healthy annual surplus of $66,176 - compared to a surplus in the previous financial year of $244,092.00.

In my first term as Treasurer of NAPWHA, we adhered strictly to the Board's existing financial strategy. Close control of costs and taking advantage of the favourable financial environment has again allowed us to sure-up our strategic reserves and has allowed for significantly higher output in key project areas such as HIV self-testing. This has not been by chance. This welcome financial result is due to exceptional advocacy efforts by our organisation that have positioned NAPWHA to deliver on key projects tightly calibrated to achieve the goals and targets set out in the National HIV Strategy, Ministerial HIV Taskforce Report and NAPWHA Strategic Plan 2022-2030. The Board has ensured that NAPWHA is the community organisation of choice for our government, clinical and research partners, and this has been reflected in a number of agreements with our funders to deliver new projects such as campaigns, events, research and services.

While these audited figures for the financial year are cause for confidence, the Board remains aware that there are a number of caveats to be considered alongside the result for 2023/24 in order to fully understand the financial position of the organisation and the outlook into the coming year.

Support from Government

As noted, changes in project funding from the Commonwealth Government have been favourable to NAPWHA over the past year. While current contracts will preserve this situation until 2026, it should be noted that ongoing funding will depend on NAPWHA's success in future funding negotiations and our ability to attract income to support projects relevant to people with HIV that deliver on the targets in the National HIV Strategy and the HIV Taskforce recommendations.

NAPWHA's core funding in 2023/24 of $927,273 will increase to $1,500,273 for the 2024/25 and 2025/26 financial years. This completes the restoration of NAPWHA's core funding to levels broadly equivalent to the pre-2016 era.

Support for the HIV self-testing project will also improve the bottom line for the next two financial years. In 2023/24, contract variations also provided additional income for one-off projects, including a campaign for ARV access for people without Medicare ($277,200) and a research project into the gaps in the HIV response ($300,000).

Support from Industry

Support from our industry partners remains strong. However, it should be noted that opportunities for large grants have been less frequent than in previous years. This means that while overall income from industry is down, our partners remain ready to work with us on important issues that we identify as beneficial to people with HIV and aligned with NAPWHA's Strategic Plan 2022-2030. Our ability to secure increased levels of industry support in the future will be dependent on a number of factors, including project suitability and the business outlook of our industry partners.

HIV Home Testing

Income for this project will remain broadly consistent over this current year and the next. Despite the relatively high level of income this project will attract, it must be remembered that the majority will be spent on purchasing HIV self-tests. Any savings generated from bulk purchasing or contract negotiations will be ploughed back into further test purchases to expand the capacity of the project. Large cash inflows will be matched by large cash outflows, and except for a modest admin charge, this project will not substantially affect NAPWHA core funding or reserves. Further, the project will artificially inflate NAPWHA's Balance Sheet for parts of the year as we hold large cash amounts pending expenditure, followed by equivalent deflations of the Balance Sheet in later periods.

Property Market Stability and Building Condition

The property market has remained firm despite a sustained period of higher interest rates. Property re-evaluation of the NAPWHA office space undertaken for the purpose of the 23/24 accounts shows a modest increase in value to $1,310,000, which represents a $40,000 increase from the previous valuation. I credit previous NAPWHA Boards for their foresight in deciding to purchase the Newtown property. It continues to provide the organisation with increased financial stability as both an appreciating asset and, especially now that the mortgage has long since been paid off, an affordable office space in a prime location. However, the Board will need to remain alert to the condition of the building and the cost of the associated levies in the future. The building is significantly aged with substantial wear and tear that is now translating into higher repair and restoration costs.

Over this period, the Association has demonstrated an impressive ability to continue to build financial stability within changing strategic and economic environments. I would like to thank my Board colleagues for their support over the last twelve months. In particular I'd like to thank the NAPWHA President and Vice President for their exemplary strategic leadership and the secretariat staff for their diligence in managing the day-to-day costs of the organisation.

Steven Spencer
Treasurer
National Association of People With HIV Australia

AUDITED FINANCIAL STATEMENTS

National Association of People with HIV Australia Inc (NAPWHA)

ABN: 79 052 437 899

Financial Statements

For the year ended 30 June 2024

National Association of People with HIV Australia Inc (NAPWHA)

Table of contents

For the year ended 30 June 2024

National Association of People with HIV Australia Inc (NAPWHA)

Responsible persons' report
30 June 2024

The responsible persons present their report on National Association of People with HIV Australia Inc (NAPWHA) for the financial year ended 30 June 2024.

Information on responsible persons

The names of each person who has been a responsible person during the year and to date of the report are:

Scott Harlum - President (appointed 26/11/2021)

Sarah Feagan – Vice President (appointed 18/11/2022)

Danny Ryding – Secretary/Treasurer (26/11/2021-3/11/2023)

Steven Spencer - Secretary/Treasurer (appointed 3/11/2023)

Steven Lunny (appointed 18/11/2022 - 7/12/2023)

Justic Xiao (26/11/2021-3/11/2023 then re-appointed 17/02/2024)

Diane Lloyd (appointed 18/11/2022)

Ryan Oliver (appointed 18/11/2022)

Simon O'Connor (26/11/2021-03/11/2023)

Mark Halton (appointed 03/11/2023)

Daniel Petra-Jaya Sudarto (appointed 03/11/2023)

Aaron Cogle – Executive Director (21/11/2012 - current)

Beau Newham - Staff Representative (24/09/2022 - current)

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

Principal activities

The principal activity of National Association of People with HIV Australia Inc (NAPWHA) during the financial year was advocacy on national issues concerning people with HIV/AIDS.

No significant changes in the nature of the Association's activity occurred during the financial year.

Operating results

The profit/(loss) of the Association after providing for income tax amounted to $66,176 (2023: $244,092)

Significant changes in state of affairs

There have been no significant changes in the state of affairs of the Association during the year.

Events after the reporting date

No matters or circumstances have arisen since the end of the financial year which significantly affected 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.

Environmental issues

The Association's operations are not regulated by any significant environmental regulations under a law of the Commonwealth or of a state or territory of Australia.

Indemnification and insurance of officers and auditors

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of National Association of People with HIV Australia Inc (NAPWHA).

Auditor's Independence Declaration

The lead auditor's independence declaration in accordance with section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*, for the year ended 30 June 2024 has been received and can be found on page 4 of the financial report.

Signed in accordance with a resolution of those charged with governance.

Scott Harlum
President

Steven Spencer
Treasurer

Dated: 15 October 2024

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newton
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Sydney NSW 2000
Ph: 02 9090 4772
www.portmannewton.com
ABN 51 131 458 118

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

In accordance with the requirements of section 60-40 of the Australian Charities and Not for Profits Commission Act 2012, I declare that to the best of my knowledge and belief, during the financial year ended 30 June 2024 there have been:

1. No contraventions of the auditor independence requirements of the Australian Charities and Not for Profits Commission Act 2012 in relation to the audit; and

2. no contravention of any applicable code of professional conduct in relation to the audit.

Portman Newton

Wei Chong CA

Signed this 15th day of October 2024, in Sydney.

National Association of People with HIV Australia Inc (NAPWHA)

Statement of profit or loss and other comprehensive income

For the year ended 30 June 2024

	Note	2024 $	2023 $
Revenue	5	2,171,998	2,058,200
Finance income	6	57,757	22,909
Other income	5	43,684	65,104
Administrative expenses		(418,113)	(414,113)
Depreciation expenses		(12,725)	(9,011)
Project & program expenses		(1,467,949)	(1,116,712)
Property expenses		(18,187)	(128,641)
Conference and meeting expenses		(218,237)	(186,227)
Website & IT		(72,052)	(44,657)
Other operating expenses		-	(2,760)
Profit (loss) before income taxes		66,176	244,092
Income tax		-	-
Profit (loss) from continuing operations		66,176	244,092
Profit (loss) for the year		66,176	244,092
Other comprehensive income, net of income tax			
Items that will not be classified subsequently to profit or loss			
Gain on property revaluation		39,500	115,500
Other comprehensive income for the year, net of tax		39,500	115,500
Total comprehensive income for the year		105,676	359,592

The accompanying notes form part of these financial statements.

National Association of People with HIV Australia Inc (NAPWHA)

Statement of financial position

As at 30 June 2024

	Note	2024 $	2023 $
Assets			
Current assets			
Cash and cash equivalents	9	2,119,456	1,717,321
Trade and other receivables	10	24,107	345,351
Other assets	11	77,949	53,940
Total current assets		2,221,512	2,116,612
Non-current assets			
Property, plant and equipment	12	1,331,564	1,301,715
Total assets		3,553,076	3,418,327
Liabilities			
Current liabilities			
Trade and other payables	13	133,754	182,853
Employee benefits	15	153,256	127,917
Contract liabilities	14	1,062,897	1,011,550
Total current liabilities		1,349,907	1,322,320
Non-current liabilities			
Employee benefits	15	16,062	14,576
Total liabilities		1,365,969	1,336,896
Net assets		2,187,107	2,081,431
Equity			
Retained earnings		1,710,637	1,644,461
Reserves	18	476,470	436,970
Total equity		2,187,107	2,081,431

The accompanying notes form part of these financial statements.

National Association of People with HIV Australia Inc (NAPWHA)

Statement of changes in equity

For the year ended 30 June 2024

	Retained earnings $	Revaluation surplus $	Total $	Total equity $
Balance at 1 July 2022	1,400,369	321,470	1,721,839	1,721,839
Profit for the year	244,092	-	244,092	244,092
Gain on revaluation of buildings	-	115,500	115,500	115,500
Closing balance	1,644,461	436,970	2,081,431	2,081,431
Balance at 1 July 2023	1,644,461	436,970	2,081,431	2,081,431
Gain on revaluation of buildings	-	39,500	39,500	39,500
Profit for the year	66,176	-	66,176	66,176
Closing balance	1,710,637	476,470	2,187,107	2,187,107

The accompanying notes form part of these financial statements.

National Association of People with HIV Australia Inc (NAPWHA)

Statement of cash flows

For the year ended 30 June 2024

	2024 $	2023 $
Cash flows from operating activities:		
Receipts from customers	2,518,592	1,967,886
Payments to suppliers and employees	(2,171,140)	(2,321,447)
Interest received	57,757	22,909
Net cash flows from/(used in) operating activities	405,209	(330,652)
Cash flows from investing activities:		
Purchase of property, plant and equipment	(3,074)	(21,579)
Net increase/(decrease) in cash and cash equivalents	402,135	(352,231)
Cash and cash equivalents at beginning of year	1,717,321	2,069,552
Cash and cash equivalents at end of financial year	2,119,456	1,717,321

The accompanying notes form part of these financial statements.

Notes to the financial statements
For the year ended 30 June 2024

1. Introduction

The financial report covers National Association of People with HIV Australia Inc (NAPWHA) as an individual entity. National Association of People with HIV Australia Inc (NAPWHA) is a not-for-profit Company, registered and domiciled in Australia.

The principal activities of the Company for the year ended 30 June 2024 were Advocacy on national issues concerning people with HIV/AIDS.

The functional and presentation currency of National Association of People with HIV Australia Inc (NAPWHA) is Australian dollars.

The financial report was authorised for issue by those charged with governance on 14 October 2024.

Comparatives are consistent with prior years, unless otherwise stated.

2. Basis of preparation

The financial statements are general purpose financial statements that have been prepared in accordance with the Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Act 2012*.

The financial statements have been prepared on an accruals basis and are based on historical costs modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

Material accounting policy information adopted in the preparation of these financial statements are presented below and are consistent with prior reporting periods unless otherwise stated.

3. Material accounting policy information

a. Income tax

The Association is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

b. Borrowing costs

All borrowing costs are recognised as an expense in the period in which they are incurred.

c. Goods and services tax (GST)

Revenue, expenses and assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payable are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

3. Material accounting policy information (continued)

d. Impairment of non-financial assets

At the end of each reporting period the Association determines whether there is evidence of an impairment indicator for non-financial assets.

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Where assets do not operate independently of other assets, the recoverable amount of the relevant cash-generating unit (CGU) is estimated.

The recoverable amount of an asset or CGU is the higher of the fair value less costs of disposal and the value in use. Value in use is the present value of the future cash flows expected to be derived from an asset or cash-generating unit.

Where the recoverable amount is less than the carrying amount, an impairment loss is recognised in profit or loss.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss.

e. Financial instruments

Financial instruments are recognised initially on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

i. Financial liabilities

The Association measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Association comprise trade payables, bank and other loans and lease liabilities.

f. Adoption of new and revised accounting standards

The Association has adopted all standards which became effective for the first time at 30 June 2024, refer to the Change in accounting policy note, for details of the changes due to standards adopted.

g. New accounting standards and interpretations

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Association has decided not to early adopt these Standards.

3. Material accounting policy information (continued)

g. New accounting standards and interpretations (continued)

4. Critical accounting estimates and judgements

The responsible persons make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

a. Key estimates - impairment of property, plant and equipment

The Association assesses impairment at the end of each reporting period by evaluating conditions specific to the Association that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

b. Key estimates - revenue recognition - long term contracts

The Association undertakes long term contracts which span a number of reporting periods. Recognition of revenue in relation to these contracts involves estimation of future costs of completing the contract and the expected outcome of the contract. The assumptions are based on the information available to management at the reporting date, however future changes or additional information may mean the expected revenue recognition pattern has to be amended.

c. Key estimates - property held at fair value

An independent valuation of property (land and buildings) carried at fair value was obtained on 29 September 2024. The responsible persons have reviewed this valuation and updated it based on valuation indexes for the area in which the property is located. The valuation is an estimation which would only be realised if the property is sold.

Note provides information on inputs and techniques to determine valuation.

d. Key estimates - receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An impairment provision is included for any receivable where the entire balance is not considered collectible. The impairment provision is based on the best information at the reporting date.

5. Revenue and other income

a. Accounting policy

i. Revenue from contracts with customers

Revenue is recognised on a basis that reflects the transfer of control of promised goods or services to customers at an amount that reflects the consideration the Association expects to receive in exchange for those goods or services.

Generally, the timing of the payment for sale of goods and rendering of services corresponds closely to the timing of satisfaction of the performance obligations, however where there is a difference, it will result in the recognition of a receivable, contract asset or contract liability.

None of the revenue streams of the Association have any significant financing terms as there is less than 12 months between receipt of funds and satisfaction of performance obligations.

ii. Statement of financial position balances relating to revenue recognition

Contract assets and liabilities

Where the amounts billed to customers are based on the achievement of various milestones established in the contract, the amounts recognised as revenue in a given period do not necessarily coincide with the amounts billed to or certified by the customer.

When a performance obligation is satisfied by transferring a promised good or service to the customer before the customer pays consideration or the before payment is due, the Association presents the contract as a contract asset, unless the Association's rights to that amount of consideration are unconditional, in which case the Association recognises a receivable.

When an amount of consideration is received from a customer prior to the entity transferring a good or service to the customer, the Association presents the contract as a contract liability.

The Association recognises assets relating to the costs of obtaining a contract and the costs incurred to fulfil a contract or set up / mobilisation costs that are directly related to the contract provided they will be recovered through performance of the contract.

Costs required to set up the contract, including mobilisation costs, are capitalised provided that it is probable that they will be recovered in the future and that they do not include expenses that would normally have been incurred by the Association if the contract had not been obtained. They are recognised as an expense on the basis of the proportion of actual output to estimated output under each contract. If the above conditions are not met, these costs are taken directly to profit or loss as incurred.

iii. Other income

Other income is recognised on an accruals basis when the Association is entitled to it.

iv. Volunteer services

No amounts are included in the financial statements for services donated by volunteers.

5. Revenue and other income (continued)

b. Revenue from continuing operations

	2024 $	2023 $
Revenue from contracts with customers (AASB 15)		
Provision of services	812,766	626,287
Other revenue from contracts with customers	1,359,232	1,431,913
	2,171,998	2,058,200
	2,171,998	2,058,200

c. Other income

	2024 $	2023 $
Other income	42,625	62,054
Donations	1,059	3,050
	43,684	65,104

6. Finance income and expenses

Finance income	2024 $	2023 $
Interest income		
Other interest income	57,757	22,909
	57,757	22,909

7. Result for the year

The result for the year includes the following specific expenses:

	2024 $	2023 $
Donation	23,383	300
Bad debts	39	1,096

8. Auditor's remuneration

	2024 $	2023 $
Remuneration of the auditor of the Association, Portman Newton, for:		
Fees for assurance services required under legislation to be performed by the auditor	8,680	8,680
Fees for assurance services and agreed upon procedures not required by legislation to be provided by the auditor	1,280	-
	9,960	8,680

9. Cash and cash equivalents

a. Accounting policy

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and subject to an insignificant risk of change in value.

b. Cash and cash equivalent details

	2024 $	2023 $
Cash at bank	536,272	533,695
Cash on hand	58	500
Short-term deposits	1,583,126	1,183,126
	2,119,456	1,717,321

c. Reconciliation of cash

Cash at the end of the financial year as shown in the statement of cash flows is reconciled to items in the statement of financial position as follows:

	2024 $	2023 $
Cash and cash equivalents	2,119,456	1,717,321

10. Trade and other receivables

Current	2024	2023
	$	$
Trade receivables	12,028	36,401
GST receivable	12,079	14,910
Other trade and other receivables	-	294,040
	24,107	345,351

11. Other assets

Current	2024	2023
	$	$
Other assets		
Prepayments	71,724	52,987
Other assets	6,225	953
	77,949	53,940

12. Property, plant and equipment

a. Accounting policy

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

i. Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the Association, commencing when the asset is ready for use.

Leased assets and leasehold improvements are amortised over the shorter of either the unexpired period of the lease or their estimated useful life.

The estimated useful lives used for each class of depreciable asset are shown below:

Fixed asset class	Useful life
Plant & equipment	0-7 years

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

When an asset is disposed, the gain or loss is calculated by comparing proceeds received with its carrying amount and is taken to profit or loss.

12. Property, plant and equipment (continued)

b. Property, plant and equipment details

	2024 $	2023 $
Buildings - independent valuation 2024	1,310,000	1,270,500
Plant & equipment - at Cost	206,001	202,926
Less: accumulated depreciation	(184,437)	(171,711)
	21,564	31,215
Total property, plant & equipment	1,331,564	1,301,715

2024	Buildings $	Plant & equipment $	Total $
Balance at 1 July 2023	1,270,500	31,215	1,301,715
Gains on valuation	39,500	-	39,500
Additions	-	3,074	3,074
Depreciation	-	(12,725)	(12,725)
Balance at 30 June 2024	1,310,000	21,564	1,331,564

The buildings held by the Association were valued by independent valuer Meadow Real Estate Pty Ltd, Mr Adrian Staltari associate member of Australian Property Institute member number 69020 dated 29 August 2024. The fair value of the buildings was determined to be $1,310,000

13. Trade and other payables

Current	2024 $	2023 $
Trade payables	79,463	70,973
Accrued expenses	38,258	95,787
Payroll liabilities	16,033	16,093
	133,754	182,853

Trade and other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

14. Contract balances

The Association has recognised the following contract assets and liabilities from contracts with customers:

Current contract liabilities	2024	2023
	$	$
Grant in advance and unexpended	1,062,897	1,011,550

15. Employee benefits

a. Accounting policy

Provision is made for the Association's liability for employee benefits, those benefits that are expected to be wholly settled within one year have been measured at the amounts expected to be paid when the liability is settled, plus related on-costs.

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on high quality corporate bond rates incorporating bonds rated AAA or AA by credit agencies, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

i. Defined contribution schemes

Obligations for contributions to defined contribution superannuation plans are recognised as an employee benefit expense in profit or loss in the periods in which services are provided by employees.

b. Employee benefit details

Current	2024	2023
	$	$
Long service leave	74,729	57,356
Annual leave	78,527	70,561
	153,256	127,917

Non-current	2024	2023
	$	$
Long service leave	16,062	14,576

16. Financial risk management

Financial assets	2024	2023
	$	$
Held at amortised cost		
Cash and cash equivalents	2,119,456	1,717,321
Trade and other receivables	24,107	345,351
	2,143,563	2,062,672

Financial liabilities	2024	2023
	$	$
Trade and other payables	133,754	182,853
Contract liabilities	1,062,897	1,011,550
	1,196,651	1,194,403

17. Key management personnel remuneration

The remuneration paid to key management personnel of National Association of People with HIV Australia Inc (NAPWHA) during the year is as follows:

	2024	2023
	$	$
Short-term employee benefits	363,611	309,661
Long-term benefits	23,110	19,525
Post-employment benefits	31,110	24,811
	417,831	353,997

18. Reserves

	2024	2023
	$	$
Revaluation surplus	476,470	436,970

a. Revaluation surplus

The asset revaluation reserve records fair value movements on property, plant and equipment held under the revaluation model.

19. Contingencies

In the opinion of the Directors, the Association did not have any contingencies at 2024 (2023: None).

20. Related parties

a. Key management personnel

Disclosures relating to key management personnel are set out in note 17.

b. Transactions with related parties

There were no transactions with related parties during the current and previous financial year.

21. Cash flow information

Reconciliation of net income to net cash provided by operating activities:

	2024 $	2023 $
Profit for the year	66,176	244,092
Add / (less) non-cash items:		
Depreciation and amortisation	12,725	9,011
Changes in assets and liabilities:		
(increase) / decrease in receivables	321,244	(331,706)
(increase) / decrease in other assets	(24,009)	(19,417)
increase / (decrease) in payables	(49,099)	57,006
increase / (decrease) in employee benefits	26,825	12,656
increase / (decrease) in contract liabilities	51,347	(302,294)
Cash flows from operations	405,209	(330,652)

22. Events occurring after the reporting date

No matters or circumstances have arisen since the end of the financial year which significantly affected 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.

23. Statutory information

The registered office and principal place of business of the Association is:

National Association of People with HIV Australia Inc (NAPWHA)

Suite G5, 1 Erskineville Road,
Newton NSW 2042

National Association of People with HIV Australia Inc (NAPWHA)

Responsible persons' declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Signed in accordance with subsection 60.15(2) of the A*ustralian Charities and Not-for-profit Commission Regulation 2022*.

Scott Harlum

Steven Spencer
Responsible person

Dated: 15 October 2024

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

portman newton

Level 17, 123 Pitt Street
Sydney NSW 2000
Ph: 02 9090 4772
www.portmannewton.com
ABN 51 131 458 118

ABN 79 052 437 899

Report on the Financial Report

Opinion:

We have audited the financial report of National Association of People With HIV Australia (NAPWHA) Incorporated,which comprises the statement of financial position as at 30 June 2024, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and responsible persons' declaration.

In our opinion, the accompanying financial report of In our opinion, the accompanying financial report of National Association of People With HIV Australia (NAPWHA) has been prepared in accordance with Div 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

(i) giving a true and fair view of the registered entity's financial position as at 30 June 2024 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards – Simplified Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Report section of our report. We are independent of the association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Information Other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the registered entity's annual report for the year ended 30 June 2024, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of The Members of the Board for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Simplified Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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

Portman Newton

Wei Chong CA

Sydney
Date : 15-Oct-24

THANKS AND ACKNOWLEDGEMENTS

NAPWHA Board

https://napwha.org.au/board-staff/

President
Scott Harlum

Vice-President
Sarah Feagan

Secretary/Treasurer – Danny Ryding, Steven Spencer

Directors – Diane Lloyd, Ryan Oliver, Mark Halton, Daniel Petra-Jaya Sudarto, Bo (Justin) Xiao, Simon O'Connor, Stephen Lunny

Executive Director
Aaron Cogle (ex-officio)

Staff Representative
Beau Newman

NAPWHA Networks

NATIONAL NETWORK OF WOMEN LIVING WITH HIV

https://napwha.org.au/women-with-hiv/

Co-Convenors – Del Batton, Emily Parsons

With thanks to all members of the Network

POSITIVE ABORIGINAL AND TORRES STRAIT ISLANDER NETWORK (PATSIN)

https://napwha.org.au/patsin/

Convenor – Michelle Tobin

With thanks to all members of the Network

Figure 46 | Scott Harlum at 2023 World AIDS Day dinner

Figure 47 | Beau Newman and Daniel Cordner at 2023 World AIDS Day dinner

Figure 48 | 2023 World AIDS Day dinner

POSITIVE ASIAN NETWORK AUSTRALIA (PANA)

https://napwha.org.au/pana/

Convenor – Joshua Borja

With thanks to all members of the Network

POSITIVE LATINX AUSTRALIA NETWORK (PLAN)

https://napwha.org.au/plan/

Convenor – Mauricio Gomez Mejia

With thanks to all members of the Network

HETMAN AUSTRALIA AND AOTEAROA

https://napwha.org.au/hetman/

Convenor – Anth McCarthy

With thanks to all members of the Network

BiPAN – Bi+ Positive Advocacy Network

https://napwha.org.au/bi/

Convenor – Steven Spencer

With thanks to all members of the Network

NAPWHA Secretariat

Executive Director – Aaron Cogle

Deputy Director – Brent Clifton

Director of Campaigns and Communications – Adrian Ogier

Senior Research Manager – Dr John Rule

Senior Project Officer, NAPWHA Learning – Daniel Reeders

Senior Communications Officer – Emma Oxenburgh (until June 2024)

Senior Advisor – James Holland (from Jan 2024)

HIV Health Project Officer – Jae Condon

Policy Officer – Phillippa Venn-Brown (until June 2024)

Projects Officer and Executive Support – Beau Newham

Networks Project Officer – Jimmy Yu-Hsiang Chen

Administration Officer – Martin Bangs

Finance Officer – Kevin Barwick

Figure 49 | Brent Clifton at AIDS2024

Figure 50 | AIDS2024

Figure 51 | Attendees at NAPWHA's 2023 AGM

Other groups

OPERATIONAL LEADERSHIP GROUP (OLG)

National Association of People with HIV Australia (NAPWHA), Living Positive Victoria (LPV), Positive Life New South Wales (PLNSW), and Queensland Positive People (QPP). Also, representation from Northern Territory AIDS & Hepatitis Council (NTAHC), Positive Life South Australia (PLSA), Positive Organisation Western Australia (POWA), Positive Living ACT, and Positive Women Victoria (PWV).

TREATMENT OUTREACH NETWORK (TON)

Chairs – Jae Condon, Brent Clifton and Dr John Rule

Representatives from the National Association of People with HIV Australia (NAPWHA), Living Positive Victoria (LPV), Positive Life New South Wales (PLNSW), and Queensland Positive People (QPP). Also, representation from Positive Life South Australia (PLSA), Positive Organisation Western Australia (POWA), Positive Living ACT, Positive Women Victoria (PWV), Bobby Goldsmith Foundation (BGF), ACON, Thorne Harbour Health, Meridian ACT, and Western Australia AIDS Council (WAAC).

GAPS RESEARCH

Convenor – James Holland

Members – Aaron Cogle, Brent Clifton, Jason Asselin, Dr Skye McGregor, Dr Htein Linn Aung, Dr Gladymar Perez Chacon, Dr Thomas Norman, Molly Stannard

OLDER PEOPLE WITH HIV ENGAGEMENT AND WORKING GROUP

Members – Jae Condon (NAPWHA) Bernard Gardiner, Lloyd Grosse, Andy Heslop (PLNSW), Chris Howard (QPP), Kath Leane (Positive Life SA), Diane Lloyd (POWA), Leslie Macedo, David Menadue, Adrian Ogier (NAPWHA), Vic Perri (Living Positive Vic), John Rule (NAPWHA), Russell Westacott, Ronald Woods

NAPWHA HIV RESEARCH PARTNERSHIPS ADVISORY GROUP

Convenor – Dr John Rule

Advisors – Dr Jeanne Ellard, Ronald Woods

Members – Dr Michael Doyle, Prof. Martin Holt, Chris Howard, Dr Kirsty Machon, Prof. Jenny Hoy, Dr Chad Hughes, Dr Jillian Lau, Dr Skye McGregor, Dr Dean Murphy, Dr Jennifer Power, Prof. Edwina Wright

Contributors – Dr Thomas Norman, Kristy Gardner, Dr James McGibbon, Prof. Allyson Mutch, Prof. Lisa Fitzgerald, Prof. Graham Brown

COLLABORATION FOR HEALTH IN PAPUA NEW GUINEA

Project Management – John Rule (NAPWHA)

Advisors – Ms Rose Kunjip, Susie Solomon, Dr Tim Leach, Lou McCallum

POSITIVE LIVING REFERENCE GROUP

Members – Heather Ellis, Scott Harlum, David Menadue, Adrian Ogier

STIGMA CAMPAIGN ADVISORY GROUP

Members – Prof. Kath Albury, Aaron Cogle (NAPWHA), Nic Holas (TIM), Adrian Ogier (NAPWHA), Emma Oxenburgh (NAPWHA), Prof. Carla Treloar

NAPWHA LEARNING PROJECTS

https://www.napwhalearning.org.au/

Convenor - Daniel Reeders

Contributors – Brent Allan (QThink), Daniel Cordner, Andy Heslop (PLNSW), Dr Virginia Furner, Sara Graham (LPV), Chris Howard (QPP), Dr Chris Lemoh, Ann Maccarone (ViiV), Dr Darren Russell, all the members of the HIV Peer Navigation Network, and panellists and audience members of events in the NAPWHA Learning webinar series.

REPRESENTATION

Boards

Health Equity Matters (HEM) Board

Scott Harlum

Government committees and groups

National HIV Taskforce (Commonwealth)

Aaron Cogle and Scott Harlum

Blood Borne Virus and Sexually Transmissible Infections Surveillance Subcommittee (BBVSS)

Aaron Cogle

National MPOX Taskforce

Brent Clifton and Aaron Cogle

Research committees

Australian Centre for HIV and Hepatitis Virology Research (ACH4) Scientific Advisory Committee

Dr John Rule

Immuno Virology Research Network (IVRN) Steering Committee

Aaron Cogle

ARCSHS Futures Study and PozQOL Study Collaborator

Dr John Rule, Brent Clifton, and Jimmy Yu-Hsiang Chen

Figure 52 | Scientia Professor Carla Treloar presenting at NAPWHA's 2023 AGM

Figure 53 | Professor Edwina Wright AM presenting at 2023 World AIDS Day Dinner

Figure 54 | Professor Graham Brown and Karl Johnson at 2023 World AIDS Day Dinner

GBQ+ Community Periodic Survey

Dr John Rule

Health+Law: Partnership to Identify and Eliminate Legal Barriers to Testing and Treatment Expert Advisory Panel

Dr John Rule

Kirby Australian HIV Observational Database (AHOD) Steering Committee

Aaron Cogle

Kirby Annual Surveillance Report HIV and STI Cascades Reference Committee

Aaron Cogle

Other committees and groups

HIV Online Learning (HOLA) Advisory Group

Aaron Cogle and Daniel Reeders

ACCESS: The Australian Collaboration for Coordination Enhanced Sentinel Surveillance of Sexually Transmitted Infections and Blood-Bourne Viruses Reference Committee

Aaron Cogle

ASHM Anal Cancer Screening Guidelines

Brent Clifton

ASHM ARV Guidelines Committee

Brent Clifton

Asia Pacific Network of PLHIV (APN+)

Sarah Feagan and Beau Newham

International Community of Women Living with HIV Asia & Pacific (ICWAP)

Sarah Feagan

ASHM Conference Advisory Group

Robert Mitchell and Dr John Rule

ASHM Health Screening and Management Guidelines Advisory Committee

Daniel Reeders

International Coalition of Older People with HIV (iCOPe HIV)

Jae Condon

Figure 55 | Professor James Ward presenting at 2023 World AIDS Day Dinner

Figure 56 | Bill Whittaker and Jo Watson

Figure 57 | Midnight Poonkasetwatana and Jimmy Yu-Hsiang Chen at IAS2023

International NeuroHIV and Ageing Advocacy Group

Dr John Rule

International Network for Strategic Initiatives in Global HIV Trials (INSIGHT) Community Advisory Board

Dr John Rule

International Aids Society (IAS) Centred Care Working Group

Brent Clifton

National Aged Care Alliance (NACA)

Jae Condon

Positive Perspectives

Brent Allan and Brent Clifton

Strategies and Treatments for Respiratory Infections and Viral Emergencies (STRIVE) Community Advisory Board

Dr John Rule

ViiV Pharmaceuticals Advisory Boards

Sarah Feagan, Joel Murray, and Brent Clifton

Gilead HIV Advisory Council Selection Panel

Robert Mitchell

World AIDS Day – Commonwealth Coordination Committee

Beau Newham

NAPWHA websites maintenance

Erin Costigan, Kristin Sinclair (WebGirl Services), and Miranda Smith

https://napwha.org.au/

https://goodqualityoflife.com.au/

https://hivcure.com.au/

https://www.womenlivingwell.org.au/

https://www.igathope.org/

Sponsors

Australian Government
Department of Health and Aged Care

GILEAD

ViiV Healthcare

Figure 58 | Adrian Ogier, Damien Fagan and Jeanne Ellard

Figure 59 | Jane Costello and Professor Sorana Segal-Maurer

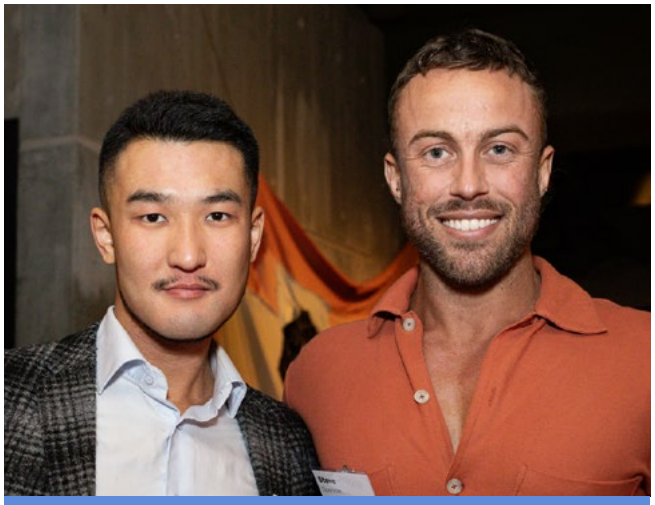

Figure 60 | Bo (Justin) Xiao and Steven Spencer

Figure 61 | Professor Jürgen Rockstroh and Aaron Cogle

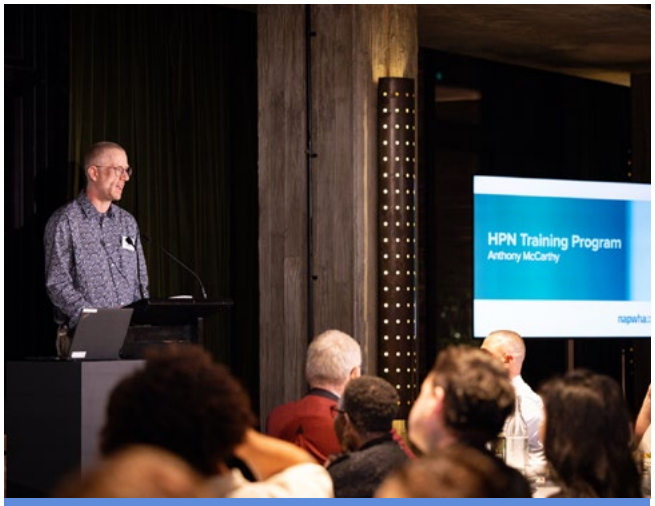

Figure 62 | Anth McCarthy

Figure 63 | Adrian Ogier and Senator Louise Pratt

Figure 64 | Professor Sorana Segal-Maurer and Brent Clifton

Figure 65 | Brent Clifton

Figure 66 | Vic Perri

Figure 67 | Shaun Jones and Sarah Feagan

Figure 68 | James Holland, Dr Daniel Vujcich and Dr John Rule

Figure 69 | Karl Johnson and Karen Price

napwha national association of people with HIV australia