ANNUAL REPORT 2024–25

napwha national association of people with HIV australia

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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.

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

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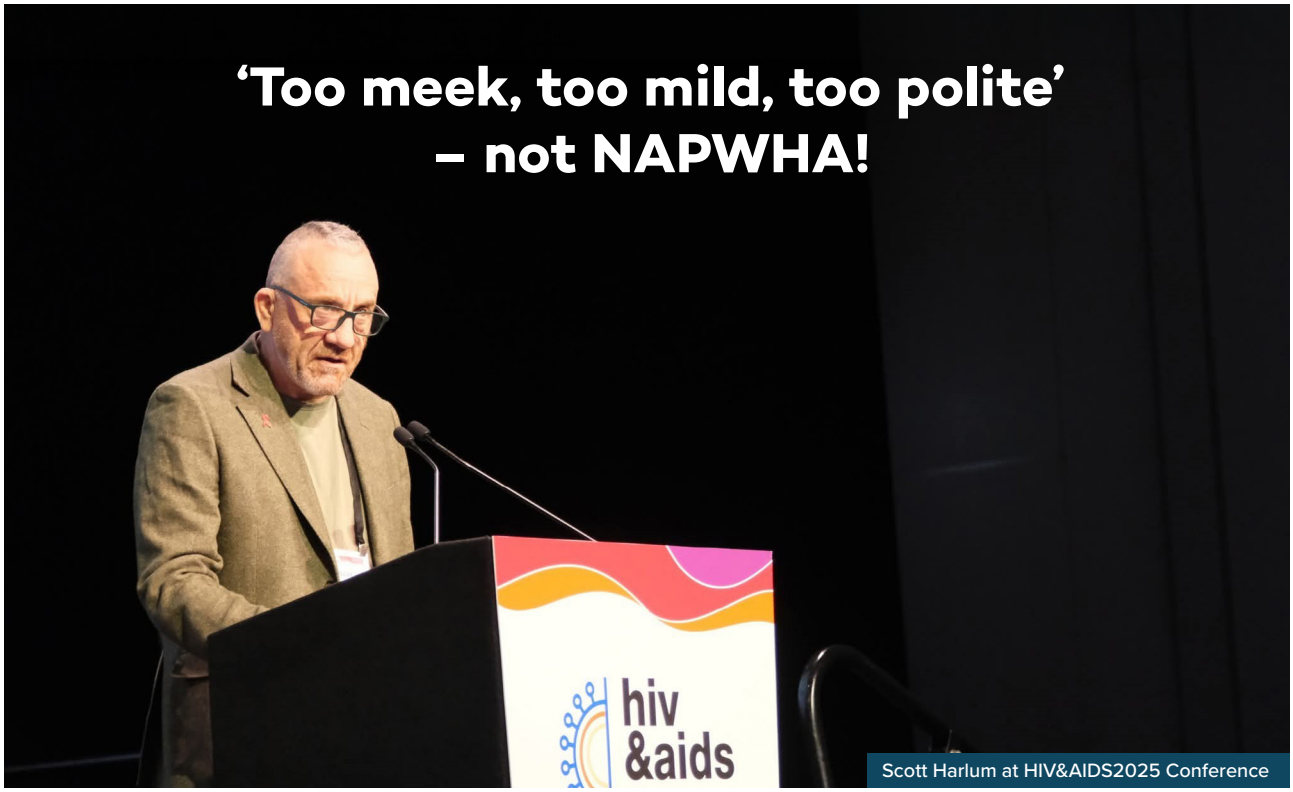
ABOUT NAPWHA

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.

PRESIDENT'S REPORT



Scott Harlum at HIV&AIDS2025 Conference

If further proof was needed that time is relative, 2025 has come and gone in the blink of an eye.

NAPWHA's year of work – demanding, full and busy – has again fully realised the centrality of people with HIV to Australia's public health response. We have strongly and successfully advocated to advance the health, wellbeing, quality of life and human rights of people with HIV in Australia.

It would not be possible to cover all that's been on the agenda for NAPWHA, our members and people with HIV for the year, but in this report, I will cover some key themes as well as some of the highlights of the year as I see them.

Scott Harlum at HIV&AIDS2025 Conference

'Virtual Elimination'

As a collective 'Body Positive', we have advocated consistently for more than a decade to firmly establish in the minds of our partners and our key stakeholders that people with HIV have a central role to fulfil in HIV prevention. Our arguments for 'poz in prevention' are based on a key idea – that every person with HIV has expert lived-experience of the reasons health systems have failed to prevent us acquiring HIV! Those years of advocacy and effort come together in our commitment to the national goal of achieving the virtual elimination of domestic HIV transmissions in Australia by 2030.

'Virtual elimination' is the scientific face of the same concept expressed previously by 'Ending HIV', first established as a north-star goal by the NSW HIV Strategy in 2012.

'Virtual elimination' will be achieved if Australia is able to drive down new domestic HIV diagnoses to 91 (or fewer) nationally per year by 2030 (that is, a 90% decrease from the 2010 baseline). At that level, the science tells us, the sustained, endemic community transmission of HIV will end.

Achieving 'virtual elimination' is an escalating undertaking. The passage of time and the imminent arrival of 2030 intensify the challenge with each moment.

At the time of writing this report, nearly two and a half years will have passed since the first meeting of the National HIV Taskforce, co-Chaired by the Minister for Health and Aged Care, Hon. Mark Butler MP, and then-Assistant Minister for Health, Hon. Ged Kearney MP, and tasked with charting a path for Australia to achieve 'virtual elimination'. It has been twelve months since the release of the *Ninth National HIV Strategy 2024-2030*, which gave effect to the vision set out by the Taskforce.

As 2030 rapidly approaches, there's every chance that, much like 2025, our remaining time will pass in what feels like the 'blink of an eye'.

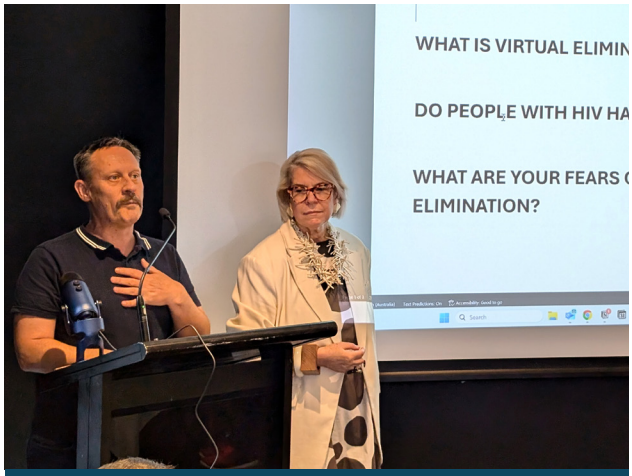
It is time, in fact it is past time, for the 'rubber to hit the road'. All the work that remains to be done must now be done. The time must be now. That work must get underway.

At the opening plenary of this year's Australasian Society of HIV and Sexual Health Medicine (ASHM) HIV&AIDS2025 Conference in Adelaide, I outlined some of the innovative work that's currently being done, such as 'break-through' new approaches to HIV testing. These new approaches have flowed directly from the work of the HIV Taskforce and the National Strategy, and will reduce HIV in the community and contribute to the 'virtual elimination' goal. There is other innovative work underway which we'll start to hear more of soon, which will also reduce HIV transmission in the community!

Becoming the first nation in the world to achieve 'virtual elimination' will not be easy. All the 'easy' work has been done – and all that's left in our national HIV response is the challenging and the difficult. As the number of new diagnoses is driven lower, those difficulties only intensify.

NAPWHA, our member organisations, and the community of people with HIV will continue to share our lived experience of HIV, of the barriers that prevent people testing, getting on treatment, achieving and maintaining undetectability, and to contribute meaningfully to our shared 'virtual elimination' goal.

In 2026, my message to the Australian HIV sector is that we must not look back with regret that we've not given our all, that we didn't seize the opportunity to prevent hundreds of people from acquiring HIV and, perhaps worst of all, that we didn't model for the world what a global benchmark HIV response can achieve when all of its parts work together toward an aspirational and common goal; that we can 'End HIV'!



Richard Keane and Jane Costello leading discussion on virtual elimination at NAPWHA's 2024 AGM

Hon. Mark Butler MP at HIV&AIDS2025 Conference

All the work that remains to be done must now be done. The time must be now. That work must get underway.

Lizzie Griggs at NSW Candlelight Memorial

Dr Graham Brown, Jane Costello, Joost Nussy and Richard Keane at PozQol panel in the Global Village of AIDS2024 in Munich

Quality of Life for People with HIV

Achieving 'virtual elimination' will be an enormous challenge, but it is only the first of many that we must meet. Sustaining 'virtual elimination' beyond 2030 for the long term will be the next.

In the absence of a cure, the 'long tail' of HIV in Australia will stretch on for decades. Good quality of life for people with HIV for the next 40, 50 or even 60 years is essential!

At an individual human level, of course, good quality of life is ideal! It is key to the collective goal of people with HIV - staying healthy, remaining connected to care, on treatment and, critically, virally suppressed.

Sustained 'virtual elimination' will rely on an undetectable *community* viral load, which is why the good quality of life for people with HIV is of critical importance. Hence, the *Ninth National HIV Strategy 2024-2030* includes a target measure, not seen previously in a national strategy, of "95% of people with HIV reporting good quality of life". Virtual elimination and good quality of life are more than merely connected – they are two sides of the same coin. We cannot achieve one without the other.

As key partners in our national HIV response, people with HIV know there are two sides to the good quality of life equation. Each of us with HIV experiencing good quality of life, and living longer and better lives, is one side of the equation. People with HIV maintaining good health, remaining connected to care, and continuing to take our ARV medications so we maintain undetectable viral loads long term, is the other side (the population health side) of the equation.

The strategic pivot to good quality of life for people with HIV is imperative in our ongoing national response and sustaining 'virtual elimination'. It will also underpin the ongoing provision of the services that people with HIV need beyond 2030 and for the 'long tail' of HIV.


PLSA's Community Pantry

2024 National Surveillance Data

National HIV surveillance data for 2024, released by the Kirby Institute in September 2025, highlights the challenge ahead.

There were 757 new diagnoses reported nationally in 2024, an increase of 35 from 2023 (total 722), which was attributed to the continuing impact of unusually low diagnoses during the COVID pandemic. The 2024 data continued the downward trend of new diagnoses (27%) over the past decade.

While the data are consistent with a decline since 2010, variations year-to-year demonstrate that success is far from a foregone conclusion. We still have much to do.

It is important we do not lose sight of the human impact of these numbers – each of the 757 newly diagnosed in 2024 are individuals. There is a face and a name behind every one of those 'data', each with lived experience of acquiring HIV and of the reasons why health systems have failed to prevent HIV transmission.

This reinforces the critical importance of people with HIV sharing our lived experience so we can build a better understanding of HIV and effectively plan a response that enables year-on-year declines in new diagnoses until we reach the virtual elimination goal.

Of concern, the 2024 data also showed:

- while new diagnoses have almost halved among Australian-born people over the past decade, for people born outside Australia there was no reduction in new diagnoses observed over the same period;
- almost one-third of new diagnoses were 'late diagnoses', where the person diagnosed had likely lived with HIV for at least four years without knowing their status. Among heterosexuals, 51% of HIV diagnoses were classified as late; and
- while HIV diagnoses among First Nations peoples declined by 43% in the past decade, the actual numbers reported for 2024 were particularly low year-on-year, suggesting likely undetected HIV in Australia's First Nations population.

It is clear there is a mountain of work remaining to be done if we are to be true to our commitment that nobody will be left behind as we strive towards our elimination goal.

There is a face and a name behind every one of those 'data', each with lived experience of acquiring HIV and of the reasons why health systems have failed to prevent HIV transmission.

National Forum 2025

FREE HIV TEST KIT

Discreet, easy to use, and highly accurate HIV self-testing kits

Test regularly for HIV in the privacy of your own home

Results in just 15 minutes

Order your HIV self-testing kit

hivtest.au webpage featuring Jimmy Yu-Hsiang Chen

Removing Barriers to HIV Testing

Nothing embodies NAPWHA's ability to deliver enhanced services through incorporating the experience of positive people in program design better than our HIV self-test service, hivtest.au, funded by the Commonwealth government and industry and delivered in partnership with Queensland Positive People.

Informed by our own lived experience of the reasons health systems have failed to prevent us from acquiring HIV, we knew that in order to test everyone who wanted to test for HIV, we needed to remove all the barriers to them doing so.

We needed anybody who had assessed themselves to be at risk of HIV to be able to access a HIV test, to know their status, to be able to seek treatment, to get on ARV medications as quickly as possible to prevent the virus doing long-term damage to their bodies, and to minimise onward transmission of the virus.

Setting up hivtest.au wasn't easy - it was difficult. We faced a lot of opposition and a lot of criticism, but we pushed on, and now more than 50,000 self-tests have gone out, free, delivered in discrete packaging, direct to the door of those who've asked us for them.

But the sheer number of tests is not the measure of our success. That measure is in the data we get back from those people who complete a survey after ordering a test kit via hivtest.au. That data tells us the number of people accessing a test kit who have never before tested for HIV is high. The number who share that they've not tested for HIV within the last two years is even higher!

I don't want to speak too soon, but our survey data may be indicating that, finally, those people the HIV Partnership used to call 'hard to reach' for HIV testing are accessing HIV test kits via HIVtest.au. Finally, we may be breaking into that persistent group of people with undiagnosed HIV in Australia.

Speaking at the opening plenary of the ASHM HIV&AIDS2025 conference, I directly challenged anybody at the conference who remained a critic of HIVtest.au and HIV self-testing to 'hunt me down' in the hallways of the conference to discuss their criticisms. But that challenge came with a warning - neither I nor NAPWHA have any intention to be 'too meek, too mild, too polite' in our pursuit of reaching 'virtual elimination' by 2030!

Beau Newham at NAPWHA's 2024 AGM

Scott Harlum at NAPWHA's 2024 AGM

The Australian Federation

Funding challenges and uncertainty have been key issues confronted by some of NAPWHA's members in 2025.

Budget-challenged State and Territory governments have looked upon increased funding at a national level as an opportunity to make budget savings.

Not only are cuts to HIV services at the State and Territory levels and to funding of NAPWHA's member organisations a threat to efforts to drive down new diagnoses of HIV nationally, they pose a fundamental threat to the representation of and advocacy for people with HIV, by people with HIV, for the long-term.

The ninth national HIV strategy outlines why the Australian HIV response is world-leading:

"The [Australian HIV] partnership is a long-standing, uniquely Australian collaboration recognised by successive national strategies that dates from the earliest days of the HIV epidemic. It is a cooperative effort between community, government, health professionals and researchers. Achievement of the goals and targets in the national strategies requires that all the partners of the response must be enabled to effectively acquit their respective roles as equal stakeholders. It is based on a commitment to consultation and joint decision-making in all aspects of the response."

My message here is clear – the structure of the HIV response makes Australia's response flexible and nimble. It is based on collaboration and not competition. All stakeholders must play their part for us to succeed. Competition for projects or funding undermines the collaborative structure of the response and diminishes us all. Ultimately, people with HIV will pay the price now and in the future.

Treatment Options

In the last couple of years, new treatment options for people with HIV have emerged, particularly in the form of long acting and injectable treatments.

While trials of new treatment options are happening, and some people with HIV (particularly those taking part in those trials) have good awareness of how those treatments work in practice, (and of what some of the potential pro's and con's might be), such treatments are not well understood by people with HIV more broadly.

People with HIV are hungry for the information they need to assess these potential new treatment options for themselves, and it is clear we need to do more to ensure information is widely available and understandable, and that people with HIV are in a position to consider and assess the full range of treatment options available to them, and to make the best informed treatment decisions, which are in the interests of their best health.

My message here is clear – the structure of the HIV response makes our response flexible and nimble. It is based on collaboration and not competition.

Craig Shrubsole at SA candlelight memorial

International Developments

It is impossible in this report not to acknowledge how international developments have wrought uncertainty and chaos upon the worldwide community of people with HIV, and on every aspect of the international HIV response.

In an article by ABC news in June 2025, Professor Sharon Lewin of the Peter Doherty Institute for Infection and Immunity, described billions of dollars in cuts to foreign aid and medical research funding by the Trump administration and US government as, "an existential crisis" for global efforts to respond to HIV.

Huge optimism to end HIV with the delivery of drugs, widespread testing, prevention strategies, and investment in science … all of that has been reduced," Professor Lewin said.

Since Donald Trump returned to the Presidency in January 2025, the US government has suspended much of its foreign aid program, dismantled the US Agency for International Development (USAID), and terminated almost 1400 medical research grants (of which an estimated 30 per cent supported research into HIV/AIDS).

The administration also froze funding (later issuing a limited waiver) for the US President's Emergency Plan for AIDS Relief (PEPFAR), a multibillion-dollar program that funded a significant proportion of HIV prevention and treatment services in low- and middle-income countries, and was considered one of the most successful global health programs in history.


Global HIV fight faces major setbacks amid funding and research cuts

By health reporter Olivia Willis

ABC Health & Wellbeing | Aids and HIV

Fri 27 Jun

Global HIV fight faces major setbacks amid funding and research cuts (Olivia Willis, ABC News, 27 June 2025)

On the back of US cuts, other nations key to the global HIV response have followed suit and announced international aid funding cuts – in addition to the US, the United Kingdom, France, Germany and the Netherlands have announced cuts of between 8% and 70% to international aid in 2025 and 2026, which together, may mean a 24% reduction in international HIV-related funding, in addition to the US cuts.

Without seeking to minimise the anxiety, fear, helplessness and potential life and death consequences of the funding cuts for people with HIV, USAID and PEPFAR funding cuts, in a globalised world, will likely significantly impact Australia's efforts to drive down new diagnoses of HIV in the coming years.

Implementation of the Australian Centre for Disease Control

The Australian Government made an election commitment in 2022 to establish a Centre for Disease Control (Australian CDC) following Australia's experience with multiple public health emergencies, including the COVID-19 pandemic, bushfires, and Japanese encephalitis outbreaks. The protracted and intensive response period pushed national response capabilities to their limits, highlighting the need for improved coordination, data sharing, and preparedness.

Legislation to establish the Australian CDC was introduced to the Australian Parliament in September 2025.

Concern has grown in the 'consumer health' advocacy space that due consideration has not been given to the meaningful engagement of health consumers in the design phase of the CDC, nor in the meaningful involvement of health consumers in governance structures planned for the Australian CDC.

NAPWHA has advocated throughout the year that, for the Australian CDC to effectively fulfill its mission of driving better health outcomes for all Australians, a more robust approach to consumer engagement will be needed. In NAPWHA's view, this should include representation in governance structures, dedicated consumer partnership functions, and a comprehensive framework for embedding consumer voices throughout the Australian CDC's work.

Australian Centre for Disease Control

Financial Management & Internal Accounting Systems and Controls

In July 2025, NAPWHA's long-serving Finance Officer departed the role. This change has given us the opportunity to refresh our financial systems and streamline workflows to minimise procedural inefficiencies, and better suit our needs and accountabilities. We have recruited a new Sydney-based Finance Officer, Rodney George, with the skills, experience and enthusiasm to perform a central role in the planning and execution of our refreshed system, and to manage it over time.

Important upgrades, particularly relating to budgeting and financial reporting, are now planned and will be welcomed by the Board and Secretariat.

Rodney George

Some Highlights

Appointment of Diane Lloyd as a NAPWHA Special Representative

In June 2025, it was my sincere pleasure to nominate Diane Lloyd for appointment as a NAPWHA Special Representative. At a meeting that month, the Board accepted the nomination and appointed Diane.

Appointment as a Special Representative is NAPWHA's highest recognition for individuals who demonstrate a long-standing commitment of service to NAPWHA and people with HIV in Australia.

In considering her nomination, the Board acknowledged Diane's commitment to NAPWHA as a Director of the Association, member representative, and in other capacities. The Board also recognised her visibility, representation, and advocacy for people with HIV — particularly women and people who use drugs — her work in harm minimisation advocacy and practice, and her many other contributions to people with HIV spanning more than 40 years.

Diane joined an esteemed list of only six others appointed as NAPWHA Special Representatives since the organisation was founded in 1989 — Jo Watson, Bill Whittaker (RIP), David Menadue, Robert Mitchell, Cipri Martinez, and Simon O'Connor.

Diane Lloyd and Sarah Feagan

HIV Peer Navigation Conference – June in Brisbane

'Peer Magic' was on clear display when NAPWHA held its first HIV Peer Navigation Conference in June 2025, with support from Gilead Sciences.

Australia's Peer Navigation workforce came together in Brisbane for the conference, which was built around a comprehensive two-day programme, touched on many aspects of peer navigation, including peer navigation service models, challenges, and best practices to inform person-centred, stigma-free, and integrated HIV care; HIV treatment skills; strengthening peer-clinician collaboration in HIV health; the potential benefits of artificial intelligence to HIV care; and, the future of HIV Peer Navigation.

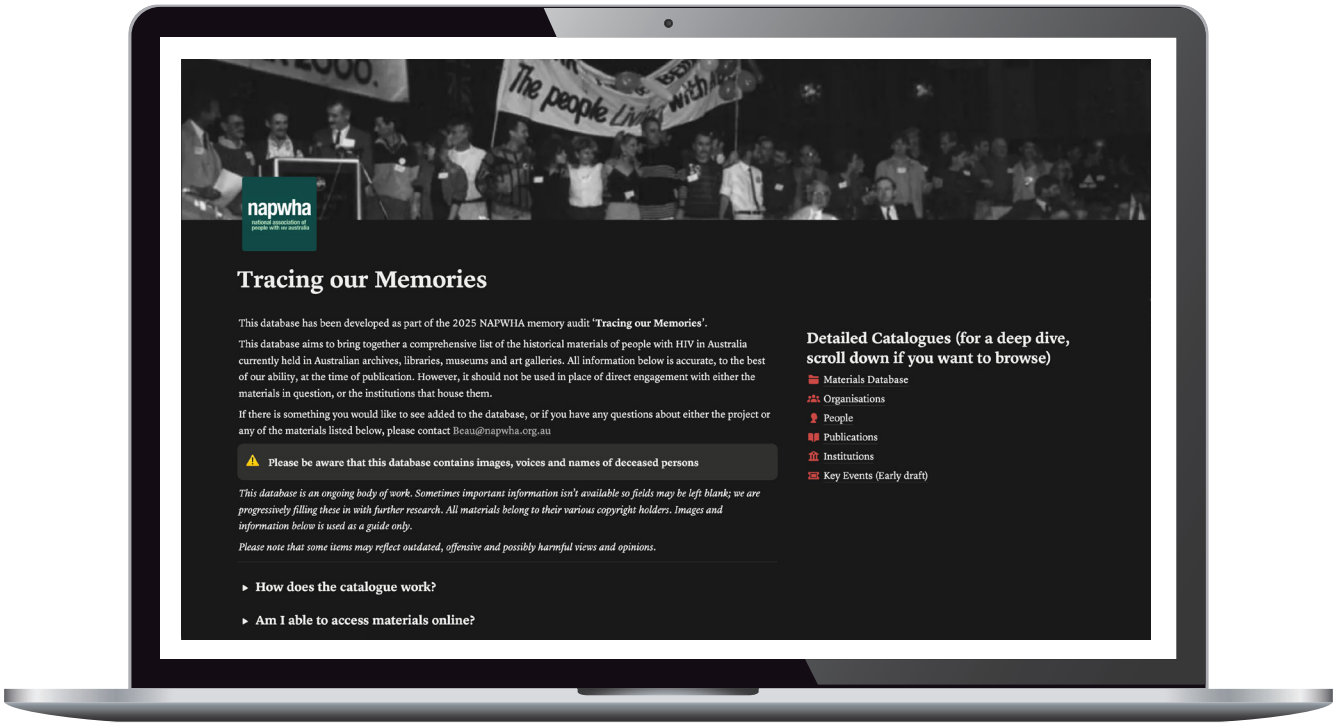
At the conclusion of the conference, Del Batton from the Northern Territory, and Diane Lloyd were jointly awarded the Terrilee Simpson Memorial Award, as judged by conference attendees and awarded to the conference participant(s) who had made the most generous contribution to the conference from their personal experience and practical wisdom.

NAPWHA National Forum

Held in May 2025 in Brisbane, NAPWHA's National Forum was another highlight of the year.

Along with witnessing the first occasion where every living NAPWHA Special Representative had been together in the same place at the same time, the Forum also served as an opportunity to bring together side-events, including one which brought together a diverse group of women living with HIV for a consultation about their needs funded by the Commonwealth, and the largest ever group of Bi+ people for a meeting of NAPWHA's BiPAN national network.

The gathering of NAPWHA's State and Territory-based members and national network representatives resulted in another vibrant, energised and engaging national forum.



'Tracing Our Memories'

In September, NAPWHA's members and the wider world were given their first glimpse of NAPWHA's new project 'Tracing Our Memories'.

'Tracing our Memories' is an online database that aims to bring together a comprehensive list of the historical materials of people with HIV in Australia that are currently held in archives, libraries, museums and art galleries around Australia. We hope that it will serve as a tool for organisations, community members, artists and researchers to be able to locate and engage with materials that reflect the incredible range of histories of people with HIV.

Whilst still in development, 'Tracing Our Memories' already lists collections from around the country, which we will expand on over time with the assistance of our members and the broader community of people with HIV as we identify and locate materials not currently held by institutions, and to allow for future planning on what should and should not be kept by these institutions into the future.

'Tracing Our Memories' is a rabbit-hole, in the very best sense. Hours will pass while you follow one link, to another, and another! While the database is still only small, you'll find yourself, as I did, laughing when you read some records, looking back with fondness thanks to others and, with a lump in your throat occasionally too!

'Tracing Our Memories' is a very special project, which I sincerely hope you will appreciate and enjoy, as much as I have this year, and as it develops over time.

Scott Harlum
President
National Association of People With HIV Australia

EXECUTIVE DIRECTOR'S REPORT

We have now arrived at a stage in Australia's HIV epidemic where the things that remain to be done are the things that have so far defied our best efforts to deliver.

By their nature, these things are controversial and hard to address. We're talking about HIV and criminalisation, HIV and immigration, opt-out testing, free access to ARVs, healthcare access for people without Medicare, and the implementation and uses of molecular epidemiology. They are all challenging issues that will require responses over the medium to long term. So too, is HIV stigma and changing the mindsets of many.

While the issues are complicated and acceptable solutions are difficult to achieve, there is one source of evidence and moral authority that can always be relied on to guide us through uncertain and treacherous waters: lived experience.

People with HIV have lived experience of the reasons why health systems fail to prevent HIV. They have lived with the stigma of HIV and know what it takes to live a life of sufficient quality, they know why prevention campaigns don't always work, the barriers to healthcare, the risk of unauthorised disclosure, or of health data insecurity. They are, in short, an HIV response's greatest resource.

Aaron Cogle presenting at ASHM Conference 2025

Dr Nathanael Wells, Dr Phillip Keen and Aaron Cogle at ASHM Conference 2024

NAPWHA's HIV self-testing service is testament to how services can be enhanced through the involvement of people with HIV at all stages of project planning and delivery. When we asked people with HIV to design the perfect testing service, they were clear: it had to be free, it had to have minimal barriers, maximum convenience and it had to be available to all.

These principles have guided the design of the project, enabled us to navigate initial opposition, the uncertainty that comes with charting a completely new direction and, now, they have also delivered impressive success. By 2025, the project had distributed over 50,000 tests nationally. The program is testing those that have previously not tested, those without access to Medicare and we are starting to see the effects of the program in Australia's HIV surveillance data. When stakeholders listen to people with HIV, the HIV response is improved.

This year, the 9th National HIV Strategy was launched with extensive input from people with HIV. We worked with the Department of Home Affairs to secure an increase to the Significant Cost Threshold, which will allow more people with HIV to come to Australia to take up study and work opportunities. NAPWHA also progressed work with BBVSS towards a definitive statement of the science behind U=U, in line with the recommendations of the National HIV Taskforce Report.

Australia has five years remaining to achieve its 'virtual elimination' target. In the face of such an extraordinary task, we should expect to see equivalent action; driving down new HIV diagnoses and driving up quality of life for people with HIV. However, this is not what we currently see.

Instead, we see some Australian States and Territories continuing to charge for ARV medications despite the demonstrated success of programs that waive that cost in NSW and QLD. We see increases in numbers of HIV transmissions in recent years, even though the surveillance shows an overall declining trend. We see the expansion of Mandatory Disease Testing laws in jurisdictions like South Australia despite extensive advocacy from NAPWHA (which achieved only modest beneficial amendments before the South Australian Bill was passed). Additionally, we see geopolitical changes exacerbating the HIV epidemics in our region and increasing regional rates of HIV.

We cannot coast on historical success. We cannot be satisfied with small increases in transmission rates. We need definitive and effective responses to these challenges that increase quality of life for people with HIV and significantly drive down transmissions year-on-year for the next five years. This will involve difficult and uncomfortable decisions. However, we must use the lived experience of Australia's body positive as our reliable guide.

2025 has been a significant year for our organisation as we continue to grow and to deliver. 2026 is already shaping up to be another enormous year; however, by bringing the lived experience of people with HIV to bear on all of the work that we do, I anticipate the HIV historians of the future will judge us well.

Finally, I want to note that this year Jae Condon, Dr John Rule and Kevin Barwick have left NAPWHA to pursue other opportunities. They have all made many years of valuable contributions to our organisation and we thank them.

Brent Clifton chairing discussion at ASHM Conference 2024

HIVTest.au - The National HIV Self-testing Update

HIVtest.au reached its two-year anniversary in 2025. We have now distributed over 50,000 testing kits and we are incredibly proud of the project's ability to enable thousands of people to access HIV testing for the first time.

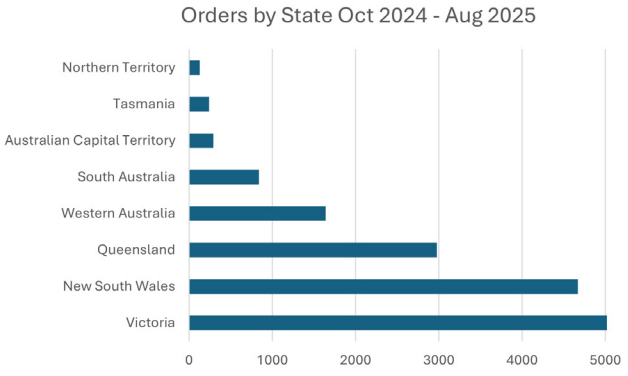
2026 will see a continued revamp of the visual language of the project, new promotional materials and a greater emphasis on ensuring the impacts of the project are more widely communicated. We also have exciting plans for building engagement with migrant and mobile populations that often face structural barriers to accessing testing in Australia.

Shivneel Singh

We welcome Shivneel Singh to the team as our new testing project officer.

With nearly 8,000 orders in the project's first year, HIVTest.au demonstrated strong national demand for free, direct-to-consumer HIV self-testing kits delivered by post. Engagement was diverse; including high proportions of overseas-born, Medicare-ineligible, suburban and regional, and first-time testers. Orders came from more than 50 different ABS defined regions, demonstrating strong demand outside major cities. Survey respondents were more likely to be under 30 years old, to be non-gay-identified and living outside of inner metropolitan areas. Around half were gay men, but the broad uptake among heterosexual and bi+ people, and among gender diverse people indicates strong interest in self-testing. One in four were first-time testers.

As shown in the recent evaluation of the program, demand continues to be high with over 17,000 individual orders over the last twelve months compared to 7,500 orders in the initial twelve months. This significant capacity increase was facilitated by support from the Commonwealth Government. Orders continue to be strongest within our metropolitan centres and highest in Victoria, followed by New South Wales. Strong demand in outer suburban areas demonstrates that HIV self-testing can be a powerful intervention in areas with limited-service availability.



We are continuing our very successful partnership with Grindr for Equality, which allows for both an app-native button link to our service and targeted campaigns for national promotion.

Filling the Gaps

The 'Gaps' project aims to probe remaining gaps in Australia's HIV response and to improve our understanding of them. Led by James Holland, the aims of the Gaps project are to:

- Increase timely treatment uptake;
- Reduce community viral load; and
- Increase confidence with emerging treatment, modalities so as to enhance quality of life.

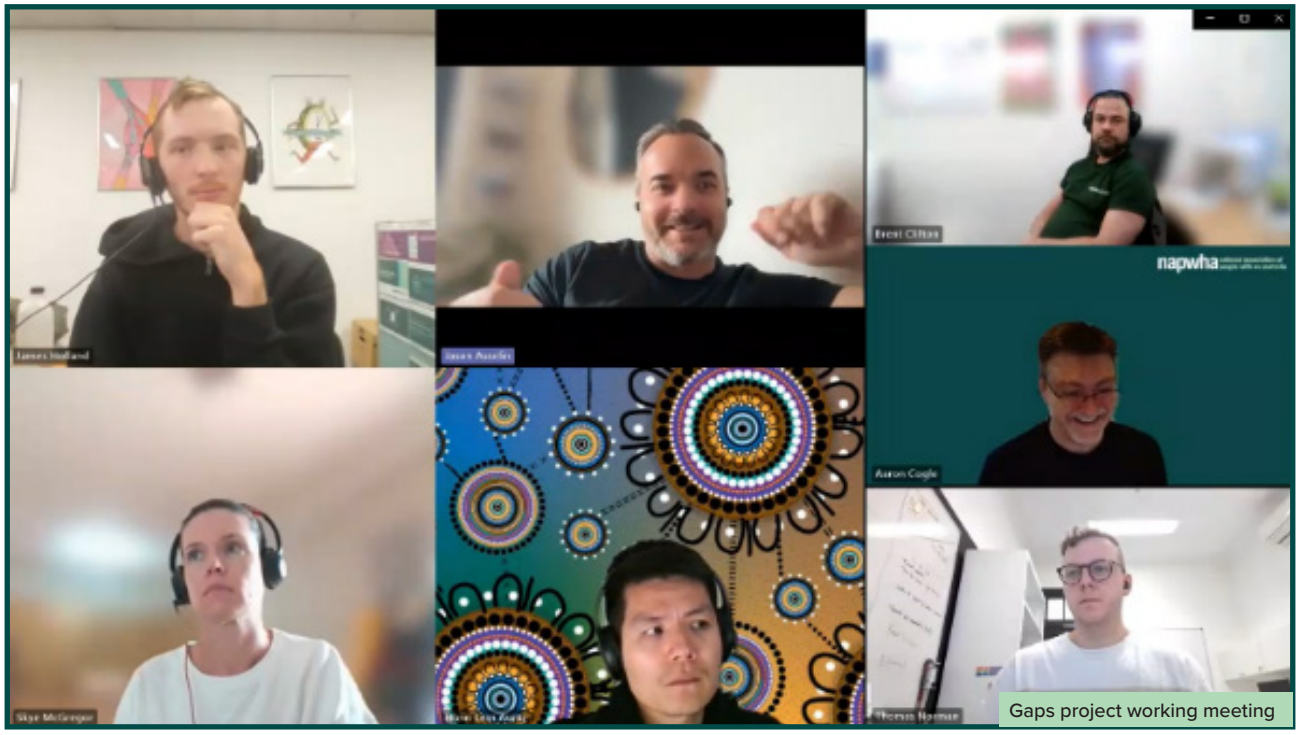
Phase One is about understanding the number of people with HIV who have a detectable viral load and the reasons why. In Phase Two, we plan to work with health professionals to develop models of care that address the reasons for detectability. In Phase Three, we will develop targeted messages to combat misinformation and support informed treatment decisions.

After almost 18 months of working with the Kirby Institute, the Burnet Institute, ARCSHS, and ASHM, NAPWHA has completed the first stage of the project, culminating in the publication of the Gaps Report.

The Report found Australia has successfully reduced the time between diagnosis and treatment initiation. Moreover, these improvements are consistent across key populations.

Among people on ARVs, the newly diagnosed dominate the cohort of those who are not virally suppressed with significant numbers of those with a detectable viral load test having been diagnosed/commenced care in the same calendar year. One in six unsuppressed people on ARV for more than a year experienced non-suppression in the previous two years. This important work couldn't have happened without the contributions of Dr. Gladymar Perez Chacon, Dr. Skye McGregor, Jason Asselin, Dr. Tom Norman, Dr. Htein Linn Aung, Brent Clifton, Aaron Cogle, Molly Stannard, Dr John Rule, Beau Newhan, Adrian Ogier, Daniel Reeders, Jae Condon and Ronald Woods and we thank them all for their support.

James Holland presenting the Gaps' interim results


Gaps project working meeting

Older people with HIV

As the population of people with HIV ages and those over the age of fifty now make up the largest group of positive people in Australia, NAPWHA's focus on the needs of older people has intensified.

This year, NAPWHA launched with Bolder Online, an online support group for older people with HIV around Australasia facilitated by Adrian Ogier and Dr John Rule. Prof Jenny Hoy debuted as our first special guest and spoke on inflammation and how it can best be managed. Themes included alcohol and other drug use, men's sexual dysfunction, the philosophy of illness, neurocognitive health, findings from HIV Futures, peer navigation and changes to aged care. All these excellent presentations are available to watch and share on YouTube.

Interspersed between these focused meetings, we held open forums where participants brought their own issues and insights. The project continues to attract new participants and has captured some important themes affecting this cohort. These have been expertly collated by Ronald Woods who, along with Michael Riches, Vic Perri, and Bernadette Roberts, have been steady supporters of this new venture.

Changes to the *Aged Care Act* are due to come into effect in late 2025 and our colleague Ronald Woods has been closely monitoring the changes and how they will affect people with HIV. His findings have been presented to various forums, circulated via the Positive Living magazine, and captured in a series of factsheets.

Dr David Wohl presenting at Qtopia event

Social media tile to encourage Mpox vaccination

Campaigns and Communications

Positive Living featured some excellent articles, this year, with David Menadue and Heather Ellis' continued support as major contributors.

Heather unpacked the recent HIV science from AIDS2024, wrote about the transformative power of exercise, and presented the breakthroughs from CROI 2025; while David researched features on gut health, anal cancer, and the history of candlelight vigils in Australia. We also heard from Jae Condon on the benefits of medicinal cannabis, and understanding weight gain; Michael Riches on sexuality and ageing, and the philosophy of illness; Stephanie Raper on long-term survival; Ronald Woods on changes to Aged Care; and Daniel Reeders on the plight of the middle children of the epidemic. Facebook and Instagram followers enjoy these articles greatly and they continue to boost followers on both platforms.

Our monthly E-newsletter, NAPWHA Digital, has been an efficient way to publicise the many webinars, events and articles produced by the organisation over the year. Our thanks to Daniel Reeders for expertly collating and distributing it each month to a growing list of subscribers.

Community Champions returned for a fourth season and again attracted a wide range of nominations in five categories. The finalists were Wayne Hornsby as Enduring Champion, Sonya Weith as First Nations Champion, Melania Mugamu as Migrant Champion, Billy Suyapmo as Young Champion and Jenny Hoy as Ally Champion. Their inspiring stories were shared widely on our social channels and celebrated at a World AIDS Day event. Thanks to Gilead Sciences Australia for their partnership on this popular project.

NAPWHA Learning

The highpoint for the NAPWHA Learning portfolio this year has been the wildly successful HIV Peer Navigation Conference that we planned and delivered as a partnership with Gilead Sciences.

Out of 40 participants, roughly 30 were people working or volunteering in HIV peer navigation and support roles and it was wonderful getting this cohort together in the same physical space for face-to-face interaction. We began with a conference session featuring peer navigators presenting on the issues that arise in their practice, followed by an engaging clinical care update presented by s100 prescriber Dr Fiona Bisshop, and a convivial conference dinner where we heard from QPP colleagues about their work and celebrated NAPWHA's newest Special Representative Diane Lloyd (WA).

Day two opened with a workshop on Inclusive AI held in partnership with researchers from the Centre of Excellence on Automated Decision-Making and Society, and conducted several interactive workshops on integrating peer navigation into clinical care pathways and extending peer navigation to small jurisdictions. In the final session, it was a delight to present the second annual Terrilee Simpson Memorial Award to joint winners Diane Lloyd (WA) and Del Batton (NT). Our thanks go to Gilead and Karl Johnson, Diana Nazemian Pour and Robert Wisniewski for their tireless creativity and enduring support for peer navigation in Australia.

This year also marks our third year of collaborating with ViiV Healthcare Australia to deliver an engaging and dynamic symposium at the at the HIV&AIDS2025 Conference. This is an exciting opportunity for NAPWHA and ViiV to reach an audience of clinicians, researchers, policy-makers, and community workers with important insights and practical opportunities to make a difference in quality of life for people with HIV. Last year, we held a panel conversation featuring luminaries such as Prof Jenny Hoy and Prof Graham Brown, Dr Olivia Hollingdrake, peer navigator Anth McCarthy (Vic) and artist-activist Riss Melanie (Qld). This year's event features keynote presentations by Prof Carla Treloar AM and A/Prof Janine Trevillyan and a panel conversation facilitated by Mx Brent Allan (QThink, Vic) and featuring GP Dr Beng Eu, navigator Mauricio Gomez (QPP), Michael Riches (NSW), and Kath Leane (SA).

It is exciting to be able to share detail of an emerging collaboration with Dr Kath Albury, Professor of Media and Communications at Swinburne University. Kath has invited NAPWHA to collaborate on two projects, one focused on Inclusive AI and the other on how we navigate and negotiate the risks inherent in social media platform engagement. NAPWHA Learning's project officer Daniel Reeders has a background in law, cultural studies and public health and is delighted to be dusting off these skills in this work.

Policy and Advocacy

This year, NAPWHA continued its strong advocacy on behalf of people with HIV in Australia through a series of targeted policy interventions and public responses. James Holland spearheaded NAPWHA's policy work and represented NAPWHA on the ACOSS Health Policy Network.

NAPWHA partnered with Positive Life South Australia, Thorne Harbour Health, Health Equity Matters and SAMESH to raise concerns about the expansion of South Australia's Mandatory Disease Testing regime. We provided a detailed response to the *Criminal Law (Forensic Procedures) (Blood Testing) Amendment Bill 2024* and met with ministerial staff and MPs across the political spectrum to advocate for an evidence-based approach to disease testing. NAPWHA advocated for:

- The review of the Bill to be delayed;
- The opportunity to be provided for consultation with groups representing affected communities; and
- Certain provisions to be amended or deleted.

NAPWHA continued its advocacy at the State and Territory level regarding the removal of co-pays for HIV antiretroviral therapy medications for people with HIV. Recommendation 14 of the 2024 National HIV Taskforce report calls for stakeholders to partner with state and territory governments to investigate options for reducing or removing co-payments for HIV medication. Building upon success in NSW and QLD, NAPWHA prepared costings for the removal of the co-pay for antiretroviral treatments in Victoria, South Australia, Tasmania and the ACT and continued to advocate for the removal of co-pays for all people with HIV in Australia.

Other key actions included supporting the removal of barriers to people with HIV serving in the defence forces, and advocating for a timely implementation of changes to ADF recruitment restrictions.

Through these actions, NAPWHA has continued to amplify the voices of people living with HIV, promote evidence-based policy, and counter stigma and discrimination in health, law, and public discourse.

Quality of Life Symposium at HIV&AIDS2025 Conference

Memory Audit and the Tracing our Memories Database

At the core of NAPWHA's work, there has always been a firm belief in the impact of our collective lived experience and the truths held in our shared stories.

This year, we began conducting a systematic review of the materials and records that hold the memories of our communities, our organising, and the HIV response. We wanted to not only document what is currently held across Australia, but also reveal what is absent or inaccessible, and to hold custodians accountable for how communities are remembered. The outcome of this work has been the Tracing our Memories Database (ToM).

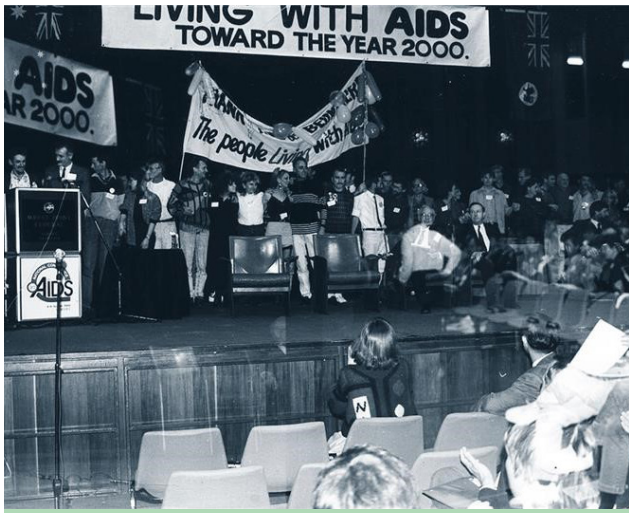
The database lists any materials created by or for people with HIV and are currently held in Australia or accessible online. This has been a massive undertaking, and we are proud to say that the database now lists over 180 different collections held at over 35 different institutions.

Items range from the small six photo collection of performer Tracey Lee to 91 episodes identified within the 'Gaywaves' Radio Archive, to over 700 panels held in the AIDS Memorial Quilt Collection.

We wanted to ensure that people could engage with the database in meaningful ways. That's why we have linked materials to organisations, people and events to help you trace their path. It has also been important to develop a sense of which organisations, groups and people are currently well-documented and which ones are missing.

2026 will see the expansion of the ToM Database as we work to discover and add existing collections to fill gaps in the record and also to establish what is not documented and should form the basis of future work for our historians.

It is worth noting that most of the collections listed are not accessible through the database or online but only through in-person visits to the holding institution. This speaks to a mismatch between contemporary public expectations of digital access to important materials and institutional policies. We recognise that not all materials are appropriate for digital access. However, 2026 will also see work with our members and institutions to identify materials that can be made digitally available and to help facilitate that.



Attendees at the third National Conference on HIV/AIDS in Hobart in August 1988 by Tom Worsnop

Finally, many things we have taken for granted about the future, access to digital tools, neutral social media and reliable communication channels have been cast into doubt by the uncertain times in which we do this work. This is what makes our histories so much more important.

"At their most useful, records can be activated ... in the present, so that community members can learn activist tactics and strategies and get inspiration to keep going... We have been here before, we have survived this before, we have resisted before...here's how."

– Michelle Caswell (Community Archivist, 2022).

Administration

NAPWHA's Administration Officer Martin Bangs is often the first point of contact for people who engage with us, including everyone who receives support to travel to a NAPWHA event. Martin keeps the office operational and supports everyone in the team to perform their roles. Without Martin, we would not be as efficient and effective as we are.

During the year, NAPWHA was able to conduct face-to-face meetings with its membership and other groups all over Australia. These meetings included, a National Forum at the Point Hotel in Brisbane, the Annual General Meeting (AGM) and a forum over two days in Sydney, Board meetings, a consultation for Culturally and Linguistically Diverse Women, auxiliary meetings in Hobart, Adelaide and Auckland NZ and the ASHM conference in Sydney. Organising travel, accommodation and venue hire for large groups of people is a complex operation and we thank Martin for his work.

Aaron Cogle
Executive Director
National Association of People With HIV Australia

DISPATCHES FROM THE POSITIVE NATION

This year, covering every state and territory in Australia, eleven of NAPWHA's full and associate members reported on their achievements, challenges, initiatives, recurring themes as well as other noteworthy events.

Biggest achievements

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

NAPWHA's members made strides in managing fiscal limitations. Living Positive Victoria's (LPV) biggest achievement was their relocation in October 2024 to levels 3 & 4, 25 Elizabeth Street, Melbourne. They prioritised ongoing co-location with Positive Women Victoria (PWV) as part of a restructure following significant funding reductions. LPV has maintained its suite of services for people with HIV in Victoria despite the challenging fiscal environment.

Meridian in the ACT has been able to maintain services during a challenging transition period of program design, aiming to develop a Peer Navigation model. Similarly, Positive Lives Tasmania's (PLT) biggest achievement has been continuing to exist with no official funding and running purely on volunteer effort.

Several organisations found ways to expand and increase access to services. Queensland Positive People (QPP) secured funding for a Nurse Practitioner as part of an election commitment, which will enable expanded hours and services for HIV and STI prevention, testing, treatment, and management at the RAPID Clinic, delivered on-site, via telehealth, and outreach. For Meridian, a significant achievement was re-signing an MOU that allows clients with HIV with a Health Care Card access to priority dental treatment at no cost. Positive Organisation Western Australia (POWA) set up a Positive Speakers Bureau through a successful joint funding bid with WAAC through the private sector. POWA is especially grateful to LPV for helping to train the trainers for the Bureau and providing other initial support.

Positive Life New South Wales (PLNSW) saw increased program enrolments across the Peer Navigation Program, many of whom had never engaged with a HIV community sector organisation previously. Clinicians have noted that having Peer Navigators on site provides an opportunity for the sexual health clinic to work in close collaboration with a positive organisation, and breaks down the barrier for clinicians and patients to engage with Peer Navigators, ensuring prompt referrals and increased accessibility for their patients. Similarly, People Living with HIV/AIDS Northern Territory (PLWHA NT) successfully sustained a peer-led Care and Support Program that provides culturally safe, confidential, and person-centred services for people with HIV across the Darwin and Alice Springs regions.

NAPWHA's members expanded into new locations and communities. QPP now has a dedicated peer case manager located within the Townsville region, a strategic decision responding to a significant increase in referrals, particularly from emerging communities of people with refugee backgrounds. Likewise, the Bobby Goldsmith Foundation (BGF) significantly broadened its reach by expanding into new and diverse locations, including South Australia, the Northern Rivers, and across regional and metropolitan NSW, and now supports clients in every Local Government Area in NSW.

Members reported multiple wins in advocating to government. Extensive advocacy by Positive Life South Australia (PLSA) resulted in significant progress in the work to have co-payments waived for all HIV antiretroviral therapies; including a section in the new South Australian HIV Strategy on improving treatment and care affordability. Furthermore, PLSA reported an exciting new collaboration with government with the formalisation of the SASBAG working group, a partnership across four key agencies (PLSA, Relationships Australia, Thorne Harbour Health, and Hepatitis SA) with a collective mission to decrease stigma across Blood Borne Viruses. The SA HIV Strategy 2025-2030 final draft was endorsed by SASBAC and was launched by the South Australian Minister for Health and Wellbeing in September 2025. A joint advocacy campaign by PLSA, NAPWHA, SHINE SA and Thorne Harbour Health successfully achieved beneficial amendments to the *Criminal Law (Forensic Procedures) (Blood Testing) Amendment Bill 2024 (SA)* as it passed through the South Australian Parliament. In partnership with NAPWHA and the HIV/AIDS Legal Centre (HALC), QPP successfully advocated for a review of the Queensland Criminal Code, regarding the transmission of serious disease, by the Queensland Law Reform Commission.

PLWHA NT led work raising awareness of the negative impact of HIV stigma and discrimination. A joint advocacy effort including NTAHC, NAPWHA, Health Equity Matters and the Scarlet Alliance fiercely advocated, in the face of difficult odds, for strengthened anti-discrimination practices that uphold protected attributes such as health status, sexual orientation, gender identity, race and cultural identity, disability, and chronic illness. Unfortunately, the current review of the NT Anti-Discrimination Act is likely to weaken these protections. PLWHA NT also noted that the NT regained the legal ability to make its own laws on voluntary assisted dying in December 2022, prompting a review of public opinion and possible legislative approaches. This is also now being reviewed. Furthermore, POWA noted that building cohesion and relationships across community, service providers and government was a major theme for the year.

A research collaboration involving NAPWHA's members will generate important findings on anal cancer among people with HIV in Australia. Following a presentation from PLNSW at the Operational Leadership Group meeting, in Hobart in March 2024, on the NHMRC community research priorities: Targeted Call for Research (TCR) opportunity on anal cancer, PLNSW set up and led a working group to progress a joint submission. This included input and support from NAPWHA, Health Equity Matters, ACON, QPP, LPV, PWV and PLSA. The TCR is a one-time request for grant proposals that address a specific health issue where there is a significant research knowledge gap or unmet need and is designed to stimulate research or build research capacity in a particular area of health and medical science to the benefit of Australians.

The submission was successful in no small part due to the contributions and support of all our partners. The project will ensure that the topic of anal cancer will now be prioritised on the research and implementation agenda. What was surprising and remarkable was that not only was the topic of anal cancer successful against a wide range of disease profiles across the spectrum, but that the NHMRC only funds one topic a year through the community TCR process to be developed into a grant opportunity; which makes this an incredibly special achievement. The TCR is worth $5 million over five years, and several anal cancer grant applications have been submitted against this TCR by researchers and research institutions.

Members redoubled efforts to recognise and deliver services for women with HIV. Providing some historical context, PWV have long observed equity issues for women with HIV including that women's experiences get buried in epidemiological patterns despite representing 12% of new diagnoses. Similarly, PLNSW noted a long-term underrepresentation of women in HIV clinical trials and policy development leading to gaps in data for women living with HIV. PLNSW also noted this trend has contributed to several adverse outcomes for women with HIV, including differing NSW public hospital-based care protocols around pregnancy, birth and postpartum care across different local health districts for women.

To help address inequalities for women with HIV, PWV ran a safe storytelling and communications project titled 'Change the Story'. This project was a direct response to growing requests for PWV to provide peer-led HIV education to healthcare worker trainees. PWV's new podcast, the final stage of the 'Change the Story' project, will focus on conversations with HIV-health related experts and women with HIV sharing lived experience. In addition to 'Change the Story', PWV's ongoing webinar series on health and wellbeing topics continues to grow, with recordings watched nationally. PWV noted the continuing growing demand for HIV education focused on women in the healthcare sector, especially for trainees and students. In August 2025, PWV (and NAPWHA) were successful in acquiring funding for the national expansion of an education tool for women with HIV.

In addition to PWV's initiatives, NAPWHA's members delivered new programs and supports for women with HIV. This year, Pozhet launched its new HIV+ Women's CALD research project. Moreover, PLWHA NT and NTAHC welcomed a new Women's Coordinator from a culturally and linguistically diverse background, which has made a significant difference in engaging women living with HIV in the Northern Territory. Based on PLSA's advocacy, women living with HIV was added as a priority population in South Australia.

In terms of bringing women with HIV together, the PWV Women's Wellbeing Retreat returned to an historic private guesthouse. The event was described as the biggest and best retreat yet by many of the 28 women with HIV attending. Similarly, Meridian have also been developing a women's group and providing access to social catch-ups.

NAPWHA's members have received recognition for its services and advocacy.

PLNSW's Peer Navigation Program was recognised at the recent NSW PRISM Partnership Scientific meeting for increasing clinicians' knowledge of Positive Life's peer-support services, and as a result of our Peer Navigators being in-clinic, clinic staff workloads have either decreased or there has been capacity to increase the number of people seen. BGF was awarded the HIV Hero Award by Positive Life NSW at the 2024 Honour Awards.

HIV organisations have also celebrated anniversaries in the last year. This year marked BGF's 40th anniversary, honouring and celebrating four decades of dedicated service to people living with HIV. PLSA noted SAMESH celebrated their 10th anniversary, coinciding with the 50th anniversary of the decriminalisation of homosexuality in South Australia. The celebratory event was attended by a wide range of stakeholders including NAPWHA and PLSA.

Challenges faced

Organisations observed several considerable challenges in providing effective support to clients, community and government.

Consistent with previous years, NAPWHA's members noted challenges in accessing new and ongoing funding. For PLSA, the HIV sector in South Australia faced a 10% funding cut (except for the Royal District Nursing Service) at a time when the numbers of positive people, specifically from overseas students and migrants, are increasing. This year, POWA observed a reduction in funding for case management at WAAC. As a result, some case management services have been shifted to the WA Health Department. Meridian's challenges include the ongoing commissioning process for services across ACT Government, redeveloping service delivery with reduced funding, and securing suitable office space. For PLWHA NT, a desired funding increase for another full-time worker did not happen.

Compounding the challenge of limited funding opportunities, members observed growing demands for services. QPP faces increasing demand for all services, which involves managing clients with complex needs on waiting lists and closing clinic doors to people wanting HIV and STI testing at the RAPID clinic. PLNSW reported an ever-more competitive funding environment, where resources, funding, and philanthropic support face growing demands and competing priorities.

In the last year, BGF observed additional demand for its services, with over 100 new clients welcomed in the first half of 2025. For BGF, limited funding opportunities from government, philanthropic, and corporate sources have pressured their ability to grow programs and services.

Intensifying the challenge of addressing community need, members noted growing financial insecurity among clients. For BGF, clients continue to face significant challenges, particularly the rising cost of living, which has deepened financial insecurity and increased demand for essential support services. PLNSW observed a significant housing and homelessness crisis in NSW, driven by a lack of affordable and social housing. While this is impacting all populations, increasing numbers of people living with HIV are experiencing issues around cost of living, couch surfing, homelessness and/or long waitlists for social or community housing, which are negatively impacting mental health outcomes for many in our community. For PWV, the complexity of client needs due to factors like cost of living, language, immigration status, and housing insecurity is another challenge, especially since PWV membership includes women from 56 countries.

Members reported challenges in advocating and working with government. PLT have observed people with HIV in Tasmania face challenges accessing appropriate support because of a prevailing misconception that modern antiretrovirals can solve all problems associated with living with HIV. PLNSW observed increased need for advocacy around legal and policy frameworks, particularly legislation that is not based on a modern understanding of HIV transmission and perpetuates stigma and discrimination against people with HIV, such as mandatory disease testing.

LPV noted with frustration that Victoria remains one of only two remaining states in Australia where there is a co-payment for accessing ART medications for HIV. On this topic, LPV's advocacy is ongoing. For QPP, regulatory barriers for peer delivery of STI point-of-care testing in community settings remain a challenge, requiring QPP to move testing off-site, reallocating resources and resulting in longer result times.

PLSA noted the relocation of the Infectious Diseases Clinic out of Royal Adelaide Hospital to an off-site location that is difficult to access for ageing people with HIV and those with mobility issues. Despite extensive advocacy, a tribunal ruled that the relocation may proceed. PLSA has concerns about the lack of community consultation and losing contact with clients with complex needs.

Like previous years, stigma and discrimination remains a significant barrier for people with HIV. PLNSW observed that HIV-related stigma and discrimination often intersects with racism, homophobia, transphobia, gender and intimate partner violence and/or criminalisation and has created barriers for some in our community to access healthcare where they feel safe and respected. For QPP, the increasingly toxic social media landscape is also resource-intensive to manage, prompting a need to rethink community engagement strategies.

A major concern for BGF is the persistent stigma experienced by people with HIV in healthcare settings, where discrimination and lack of understanding impact access to respectful care, affecting both physical and mental health outcomes and compounding isolation. Similarly, PWV noted the trend of multiple stigmas (racism, substance-use, sexism) operating as a cumulative barrier to health services. PWV noted there is variable quality of knowledge about HIV in health services and primary care, with myths about transmission persisting and knowledge about U=U being virtually non-existent in some services. Pozhet was surprised to receive multiple anecdotal reports from its clients of HIV-related stigma and discrimination from health care professionals. Pleasingly, Pozhet also reported that one of its biggest achievements for the year was the reach and impact of its HIV-related stigma & discrimination videos.

New Initiatives

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

Members delivered new initiatives supporting older people with HIV. Providing a summary that is relevant to most jurisdictions, PLNSW noted over 50% of people with HIV in NSW are aged 55 years and over, and there are issues for community members with not being eligible for NDIS support yet being too young to access My Aged Care. Similarly, BGF observed a significant gap: the average age of their clients is 54, yet many are not eligible for funded aged care services until they reach 65. This 11-year gap leaves a cohort underserved, despite increasing health and support needs as they age, highlighting a critical equity issue in service eligibility.

To address these challenges for older people with HIV, QPP's new initiative 'Better Connect +', a social connection and wellbeing program for people over 50 years of age, funded by the Queensland Department of Seniors, offers free and affordable opportunities to connect through shared interests. This program is steadily reaching those most at risk of isolation, and feedback affirms its value for people experiencing stigma, marginalisation, or disconnection from services. Moreover, BGF commenced the aged care accreditation process through the Aged Care Quality and Safety Commission, an initiative representing a vital opportunity to extend progressive, person-centred care to older Australians, particularly those within the LGBTQIA+ and HIV communities who often face compounded stigma and barriers to accessing respectful aged care. Their fee-for-service model is designed for sustainability and directly funds HIV-specific programs. For PLWHA NT, with an aging population of positive people living in the Northern Territory, the needs of some individuals who have never accessed support are now engaging with the Peer Navigator Program.

Though not a new initiative, QPP's Aged Care Navigator role, funded through the national Care Finder Program, has received ongoing funding through to 2029, allowing them to continue providing in-person support for older people living with HIV to navigate and access aged care.

Positive organisations launched a suite of new peer-based initiatives. LPV added an online peer support group for people with HIV working in the Victorian health, disability, and aged care sectors. POWA noted the ongoing success of its community brunch with regular attendance of 10-15 persons per month. PLWHA NT established a Positive Men's social inclusion group that continues to meet regularly. PLT's new initiative is the regular distribution of a newsletter and meetings with regional members to establish better community networks across Tasmania.

QPP delivered the 'Positive AOD Life Support Project', funded by the Queensland Mental Health Commission, which aims to enhance alcohol and other drugs health literacy for people with HIV by integrating their lived experiences into the co-design of resources.

PLSA delivered and noted four new initiatives in South Australia to facilitate peer networking and bolster social connection:

- the 'Positive Lounge Gathering'- a monthly peer lunch;
- 'Positive Adelaide' - a multimedia project that amplifies the diverse lived experiences of people living with HIV in South Australia;
- 'Sustainable Style' - a program to empower people with HIV to learn to sew, make clothes, and recycle; and
- 'Writing Ourselves In' - an oral history project focusing on HIV in South Australia. This project commenced in August 2025.

More work on peer-based initiatives is incoming. Meridian highlighted ongoing work to develop what a Peer Navigator program should look like for their organisation. Furthermore, PLWHA NT has discussed holding a forum for people with HIV over the last few months. This forum will enable supportive agencies who engage with positive people to have a clearer understanding of the needs of people with HIV in the Northern Territory.

Members also delivered programs focused on culturally and linguistically diverse communities. Over the year, PLNSW observed increased migration inquiries, visa issues including for international students, and medication queries from overseas-born people living with HIV. PWV also noted immigration challenges for people with HIV as a recurring theme.

To address this, LPV highlighted their 'Know Your Rights' visa and residency workshop for Victorian people with HIV that were born overseas. PLNSW delivered the Positive Impact Prevention Workshop to build and develop a range of HIV prevention strategies for heterosexual and bisexual people. Attendees came from diverse cultural and ethnic backgrounds, with the majority born overseas and residing currently in the Greater Western Sydney area. The workshop enabled discussions related to preventing HIV transmission in the broader community and gave all attendees an opportunity to share life experiences and personal strategies. Attendees provided deep insights on prevention and testing, generating initiatives and discussions that were analysed to produce a report to document the outcomes of the day.

Recurring themes

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

The cost of living and the housing crisis were recurring themes for several members. While not a housing service, QPP provide increasing levels of housing support for clients, and QPP's Emergency Fund is providing increasing emergency financial support for accommodation and food.

PLSA, PWV, Meridian and PLWHA NT also referenced difficulties relating to the cost of living and housing. For PLWHA NT, equity issues include socioeconomic disadvantage, housing instability and homelessness (including long grass living) impacting treatment adherence, income insecurity and reliance on Centrelink affecting the ability to prioritise health needs, and limited access to nutritious food and transport.

Geography remains an issue for many members and their clients. QPP identified the 'Postcode Lottery' as an equity issue for its clients, where localised funding opportunities mean QPP can only deliver some services within specific postcodes. Despite efforts to address inequities with warm referrals, it is essentially a postcode lottery for people with HIV across Queensland, with programs like 'Better Connect +' only funded for the Brisbane region. Similarly, PLSA's consultations reveal many people with HIV in South Australia face geographic barriers to participation, such as transport and mobility issues.

Several positive organisations also noted other challenges connected to social determinants and cultural safety for key populations. Pozhet noted the biomedical model of HIV prevention fails to acknowledge the cultural nuances of many communities, including First Nations. PLSA noted growing challenges relating to social isolation, financial burdens, and a lack of access to IT, including difficulties accessing websites and information about treatments, PEP, and PrEP.

In the Northern Territory, PLWHA NT observed consistent challenges regarding mental health and loneliness for some with HIV who live alone. For Meridian, recurring themes for people with HIV in the Australian Capital Territory include barriers to accessing the NDIS and bulk-billing GPs as well as maintaining clients' connection to medical services. PWV noted mental health is a challenge for many clients.

Something surprising

NAPWHA's members were surprised by certain trends and developments during the year.

LPV noted they are working with key stakeholders regarding the potential implementation of phylogenetic tracing proposals at both state and national levels. LPV also saw significant generational change across their staff team in 2024/25, with the retirements of David Westlake, Brenton Geyer, and Vic Perri, who collectively had 51 years of lived experience working for LPV. They have welcomed Sharon Casey, James Seow, and Tom Herbert into new roles.

For QPP, a disruption in the supply of Abbott Determine HIV Early Detect POCTs for eight weeks led to purchasing Atomo self-tests, which provided a positive opportunity to normalise and destigmatise self-testing and was incredibly well-received by clients. Furthermore, QPP also received an increase in referrals from people living with HIV from Papua New Guinea and Fiji who are part of the PALM (Pacific Australia Labour Mobility) scheme, often seeking support for complex needs like diagnosis during pregnancy, family and domestic violence, and isolation.

For PLSA, another surprising event was the huge World AIDS Day BBQ on 1 December 2024, attended by 100 people across the sector, with excellent speeches of lived experience that reflected the diversity of communities in South Australia.

NETWORKS

PATSIN (Positive Aboriginal and Torres Strait Islander Network)

PATSIN works within Aboriginal and Torres Strait Islander communities and service providers to represent the interests of Indigenous Australians with HIV. It exists to provide an outlet for exchanging experiences and knowledge about HIV, and to advocate for change at the community level. PATSIN is committed to increasing education and addressing the high-level of HIV stigma within Indigenous communities.

Recently, PATSIN welcomed new members from MOB+ Victoria (Thorne Harbour Health support group) and began producing its 21st-anniversary video, directed by Jacob Boehme and filmed by Tim Standing. This project includes personal portraits and stories celebrating PATSIN's history. Collaboration with nurse Naomi Hoffman continues to improve care connections in New South Wales. Planning has begun for the PATSIN retreat and ANA 7th Conference in 2026. Other achievements include completing the work plan, contributing to NAPWHA's strategy, and presenting at the Peer Navigation Conference on breaking stigma and improving access to healthcare.

Looking ahead, PATSIN is developing a culturally appropriate Peer Navigation training module with Daniel Reeders. Work will continue through the Retreat and ANA 7th Conference steering committee to strengthen Indigenous leadership and representation.

PATSIN members hold influential roles across national and international organisations, including NAPWHA, ANWERKENHE, and the Health Equity Matters Indigenous Projects Reference Group. This year they also contributed to research through the Kirby Institute and participated in advisory and planning groups focused on Indigenous health and HIV care, ensuring that Aboriginal and Torres Strait Islander voices guide future advocacy research, and policy.

Jacob, Jaimee, Shaun, Micheal & Michelle with Uncle Matty Doyle

Michelle Tobin and Scott Harlum

Michelle Tobin at 2024 World AIDS Day Parliamentary Breakfast panel

PANA (Positive Asian Network Australia)

Daniel Petra-Jaya Sudarto

This year, PANA continued to provide a safe and supportive space for HIV-positive Asian people in Australia. PANA's focus has been on peer support, visibility, education, and advocacy, ensuring that members feel connected and represented in the broader HIV community.

Throughout the year, PANA hosted regular peer support gatherings, both online and in person. These meetings gave members a chance to share lived experiences, reduce isolation, and build trust within the community. Beyond emotional support, these gatherings also created opportunities for social connection and friendship, which remain at the heart of PANA's mission.

Education was another key area of their work. In April 2025, PANA hosted a webinar on navigating the migration process, which addressed challenges around visas and healthcare access. Building on this, they plan to increase the number of webinars they offer, focusing particularly on mental health strategies for members who are waiting for visa applications to be processed. They are also in discussion with a potential collaborator who may be able to provide starting points and practical guidance around migration issues for their members.

Visibility and representation have been central to their efforts this year. PANA has worked to strengthen the voice of Asian-born people living with HIV at a national level. One of the key lessons they have recognised is that many members feel more comfortable discussing HIV in the context of their cultural identity, rather than directly with HIV organisations. This highlights the importance of working more closely with Asian-focused LGBTIQA+ groups, ensuring that community leaders in those spaces have accurate information to either share with their members or refer them to appropriate support. By building these partnerships, PANA can help create safe and culturally relevant pathways for people to access HIV-related information and support.

Advocacy has continued to be an important part of their role. PANA raised awareness about the barriers Asian-born people face in areas such as migration, stigma, and healthcare access. By working with NAPWHA and other networks, PANA ensured that the needs of their members are considered in national strategies and service planning.

Looking ahead, PANA plans to continue hosting safe peer support spaces, and develop partnerships with Asian organisations. They will also keep advocating for stronger recognition of Asian-born people in HIV research and services, ensuring their voices remain visible and valued.

Positive Latinx Australian Network (PLAN)

Miguel Valencia

PLAN represents Latin American and Hispanic people living with HIV in Australia. The network exists to create a culturally safe space where members can share lived experiences, support one another, and strengthen visibility and advocacy for Latinx people within the HIV sector. PLAN is committed to promoting inclusion, improving access to culturally appropriate services, and addressing the unique challenges faced by our community, particularly those navigating migration, healthcare, and language barriers.

Building on the success of its first ever project, the *Positive Voices* podcast, PLAN has focused this year on strengthening its internal structure and preparing for sustainable growth. Regular monthly meetings, minute-taking, and follow-up systems have been established to support consistency and accountability.

A major achievement this year has been the development of a bilingual registration process to boost PLAN's membership. This process includes a secure form that protects privacy and creates an accessible pathway for new members to engage with the network. This new approach will support recruitment for the upcoming season of *Positive Voices*, helping to amplify diverse Latinx experiences of living with HIV across Australia.

As a volunteer-led network, PLAN continues to navigate challenges related to limited time and resources. The shift from project delivery to broader network development has been essential to ensuring long-term sustainability and meaningful community representation.

Looking ahead, PLAN aims to expand its membership base and strengthen collaboration with partner organisations and Latinx community groups. Latinx people with HIV still face systemic barriers in healthcare, migration, and access to culturally appropriate services in Australia. The network will continue advocating for culturally safe pathways to care and for resources that reflect the realities of Spanish- and Portuguese-speaking people living with HIV. By building stronger structures and deeper community connections, PLAN continues to grow as a vital voice for Latinx representation and empowerment within the Australian HIV landscape.

National Forum 2025

National Network of Women Living with HIV

The National Network of Women Living with HIV (NNWLHIV) was established in 2006 by women living with HIV to advocate for positive women, influence policy and practice, and contribute to research by and for women. The Network addresses issues and challenges affecting the diverse community of women living with HIV across Australia.

In 2016, the National Day of Women Living with HIV was launched to highlight the diversity and lived experiences of women living with HIV, guided by the principles "leaving no-one behind" and "nothing about us without us." The annual day continues to promote awareness and equitable access to prevention, diagnosis, and treatment for all women in Australia.

In 2025, the NNWLHIV celebrated ten years of the National Day of Women Living with HIV with an online forum entitled 'A Decade of Progress and Challenges: Celebrating our Journeys as Women Living with HIV'. The event honoured the contributions of women over the decade and reaffirmed the Network's commitment to improving health and wellbeing for all women living with HIV. Alongside state and territory events, the forum brought together women nationwide to hear from HIV specialists and researchers, share experiences, and discuss emerging issues. It was both a celebration and a call to action; urging continued collaboration, innovation, and resilience for the decade ahead.

The NNWLHIV have significantly raised the national profile of women living with HIV. Media coverage featured members such as Kath Leane from South Australia, who was awarded Life Membership of Thorne Harbour Health and used her platform to advocate for better support for women and families affected by HIV. Del Batton, co-convenor of the NNWLHIV, and Jane Costello contributed to an ABC Stateline report, produced with Dr Skye McGregor from the Kirby Institute, highlighting late HIV diagnoses among women and the underrepresentation of women in HIV research; both factors that affect access to accurate health information and outcomes.

Online forum for National Day of Women Living with HIV (March 2025)

Heather Ellis, Scott Harlum and Kirsty Machon

In 2026, the Network aims to broaden representation, particularly among women in Tasmania, the ACT, and regional and remote areas, while improving access to HIV-related information, treatment, and research. Working with NAPWHA, the NNWLHIV is updating the Women's Community page on the NAPWHA website to create a central, evidence-based information hub for women living with HIV nationwide.

Plans are also underway for a media campaign to promote inclusive awareness of HIV, communicate Treatment as Prevention (TasP) in clear, accessible language, and encourage regular HIV testing across the broader community.

The NNWLHIV continues to benefit from the contributions of founding member Diane Lloyd, recently appointed as a NAPWHA Special Representative. Her ongoing dedication exemplifies the spirit of the Network and its commitment to the health and wellbeing of women living with HIV.

Despite challenges in securing sufficient funding and resources, the NNWLHIV looks forward to continued growth, greater national recognition, and advancing the goal of improved health and wellbeing for all women living with HIV in Australia.

Despite challenges in securing sufficient funding and resources, the NNWLHIV looks forward to continued growth, greater national recognition, and advancing the goal of improved health and wellbeing for all women living with HIV in Australia.

PLSA's National Day for Women with HIV

Anth McCarthy at NAPWHA's 2024 AGM

BiPAN at 2025 National Forum

HetMAN (Heterosexual Men's Advocacy Network)

Our network enjoyed two fantastic highlights in 2024/25. In November we celebrated Wayne Hornsby receiving the NAPWHA/Gilead 'enduring' community champion award. Wayne is a member of HetMAN's steering group, and it was inspiring to see a fellow heterosexual man recognised for long term commitment, not just to heterosexual men but *all* people living with HIV in Tasmania and Victoria. Another very significant and joyful milestone for us, was having a heterosexual man of colour, living with HIV in Aotearoa New Zealand, join our steering group. We're grateful to our friends at Positive Women Inc Aotearoa New Zealand for collaborating so closely with us in the last couple of years. With their assistance, we continue to support work towards founding, one day, a network of positive heterosexual men based in Aotearoa NZ.

One challenge we continue to face relates to capacity. We would love to be more active, embarking on more projects to advocate and provide peer support for straight men. As volunteers, we are limited by capacity. Some of our steering group members are already highly involved in their state/territory jurisdictions. Some have their hands full raising families, breadwinning and being carers while others are managing the prolonged stress and uncertainty that comes with migrating with HIV. For that reason, it is paramount that we proceed gently, mindful of the load placed on the men leading our network. Aware that our presence contradicts the traditionally low participation of heterosexual men in the HIV response in Australia, continuing to exist as a functioning network is an achievement we are very proud of.


HetMAN meeting

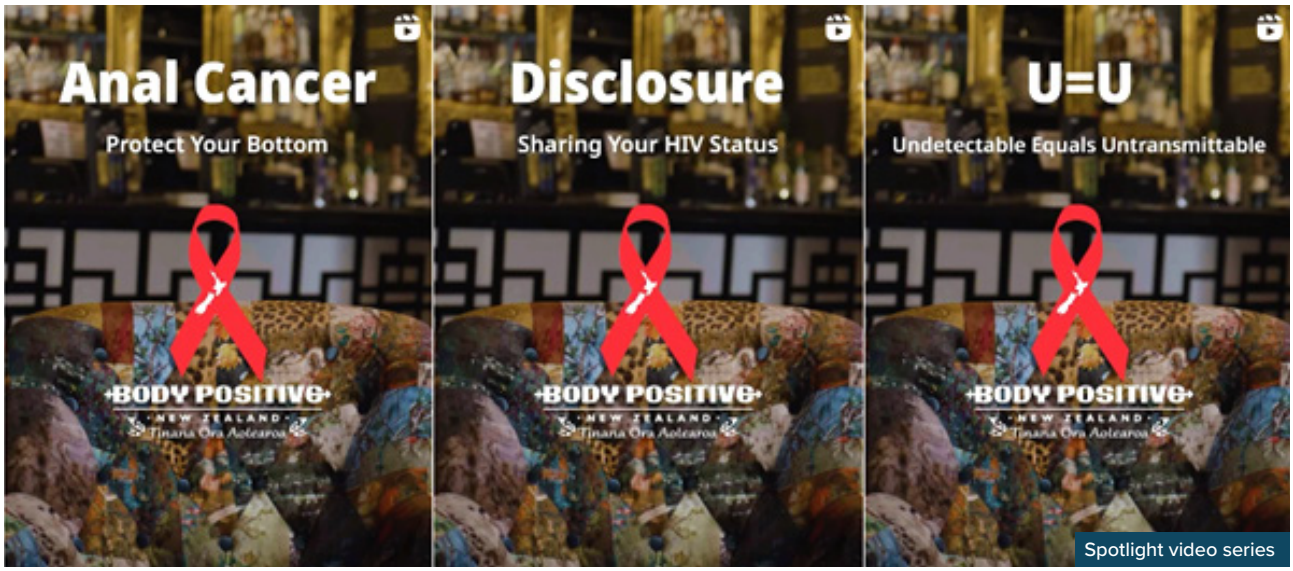
BiPAN (Bi+ Positive Advocacy Network)

The NAPWHA National Members Forum in Brisbane (May 2025) marked a historic moment for bi+ people in Australia's HIV response, with BiPAN hosting the first ever national meeting of bi+ people living with HIV. This milestone echoes the 1st National Bisexual Conference of 1992 held in Perth, which called for stronger inclusion of bi+ people in Australia's HIV/AIDS response. Thanks to the warm support of NAPWHA, its member organisations, and sector partners, bi+ people living with HIV are now speaking with their own voice, building community, and addressing long-standing health inequities, but there remains a long road ahead. This progress reflects the core values of meaningful involvement that unite all people living with HIV, something we can all celebrate.

The BiPAN National Meeting brought together members from across the country, focusing on two goals: establishing strong governance and operations, and defining the values that will shape our advocacy. We recognise the diversity of our community – there is no single way to be bi+ and positive – and we embrace everyone with open hearts. Joey Talison spoke in Brisbane about building trust with bi+ positive people who have often felt disconnected from both the LGBTIQ+ community and the HIV sector. Visibility, we know, is a powerful antidote to alienation.

Looking ahead, BiPAN is entering a phase of growth and consolidation. With a core leadership group in place, they are building the capacity of bi+ positive people and finalising our 2025–26 Workplan. In 2025–26, BiPAN will collaborate with NAPWHA and members to mark Bi Visibility Month (September 2025) and Bi+ Health Awareness Month (March 2026), advancing workforce capacity and community education. The upcoming Bi+ Sexual Health and HIV Needs (BiSHH) Study by the Kirby Institute will also offer critical insights and opportunities to enhance and even create robust programs and services for bi+ people. It is an exciting time for BiPAN as we strengthen our network, amplify our voices, and drive change.

POSITIVE REPORTS FROM NEW ZEALAND AND TIMOR LESTE



Spotlight video series

This section outlines the activities of three of NAPWHA's associate member organisations (Body Positive New Zealand, Positive Women Inc and Estrela+ Timor-Leste) that provide services and support for people with HIV in countries other than Australia.

Body Positive New Zealand

In 2024/25, Body Positive New Zealand (Body Positive) continued to lead innovative and community-driven initiatives to improve the health, wellbeing, and rights of people living with HIV in Aotearoa New Zealand.

One of Body Positive's flagship projects, Welcome to New Zealand, supports the growing number of people living with HIV who are migrating to New Zealand following the removal of HIV-related travel restrictions in 2021. This comprehensive, multilingual guide provides essential information on healthcare access, local regulations, and community support. Available in eight languages and promoted through targeted social marketing, it ensures newcomers are empowered to engage in care, stay adherent to treatment, and feel welcomed into our communities.

Body Positive expanded its educational offering through its Spotlight Video Series - ten concise, accessible videos covering key topics such as PrEP, DoxyPEP, U=U, HIV treatment, ageing with HIV, and mental health. Designed to be engaging and relatable, these videos make complex information digestible while linking viewers to in-depth resources on Body Positive's webpage. Launched in August 2024, they have been widely shared during World AIDS Day 2024 and Pride Month 2025.

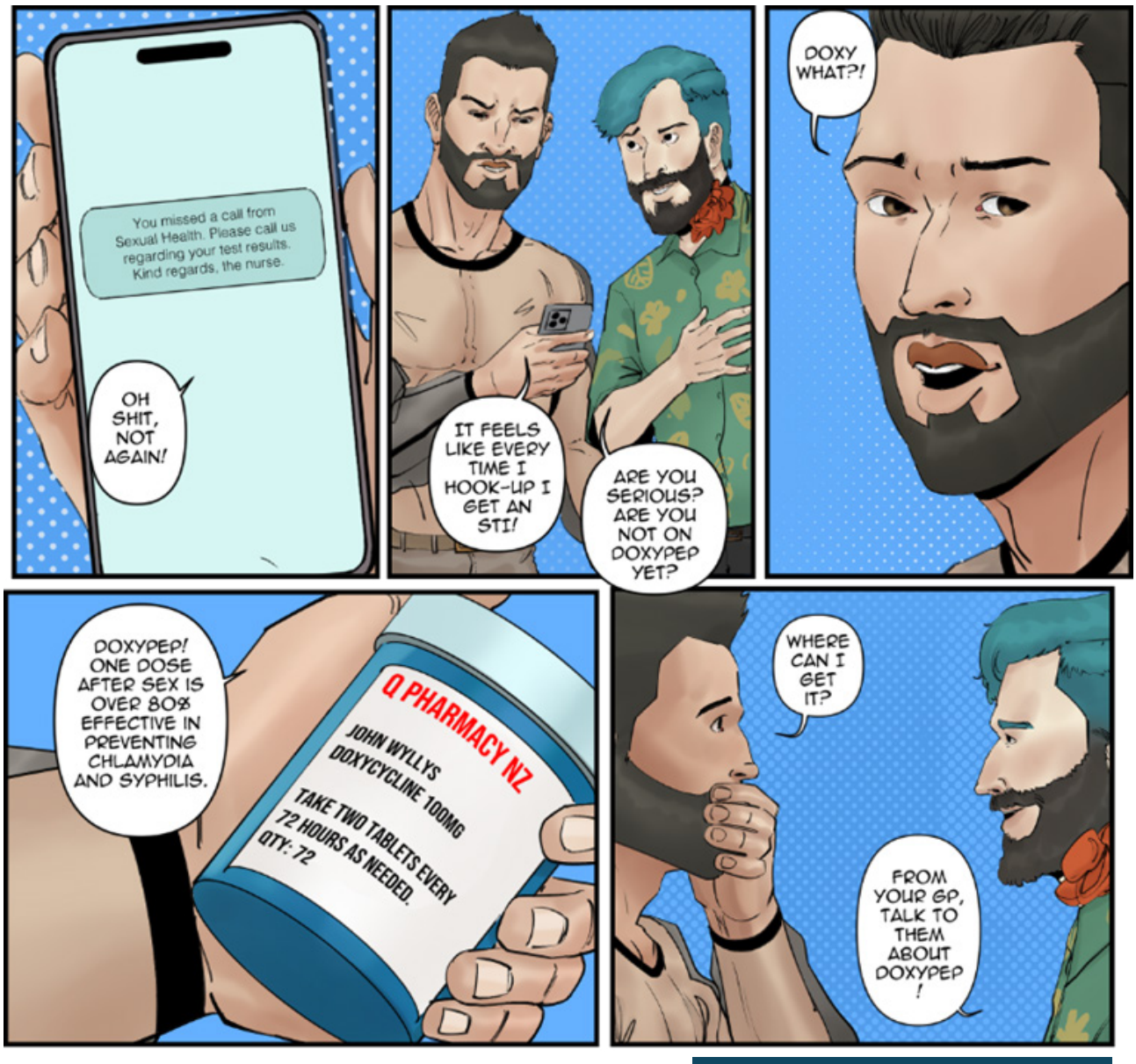
Body Positive's advocacy for DoxyPEP - an antibiotic-based prevention strategy for chlamydia and syphilis - achieved a significant milestone this year. Through sustained engagement with clinicians, policymakers, and the community, Body Positive helped secure the endorsement of DoxyPEP by the NZ Sexual Health Society. This has led to an increasing number of sexual health clinics and GPs prescribing it, marking a step forward in reducing bacterial STI rates among key populations.

A major development on the horizon is Body Positive's forthcoming Test'n'Treat clinic, funded under New Zealand's National HIV Action Plan. Delivered with clinical oversight in partnership with Auckland Sexual Health Services, this peer-led model will provide free, comprehensive sexual health checks and, where possible, same-day treatment for bacterial STIs. The clinic is a core part of Body Positive's broader strategy to reach priority populations who face barriers to care. Alongside the new service, Body Positive will continue delivering off-site testing at venues such as sex-on-premises venues and rolling out its training modules to upskill community members and organisations to offer testing within their own networks, in ways that are culturally and contextually appropriate. By reducing barriers to both testing and treatment, Body Positive aims to tackle inequities in access and help close critical gaps in the HIV and STI care continuum.

To enhance user engagement and streamline access to accurate information, Body Positive has also integrated AI chatbot technology into its website. This tool provides immediate, confidential answers to a broad range of HIV-related questions, guiding users to relevant resources and services.

These initiatives reflect Body Positive's ongoing commitment to innovation, accessibility, and equity.

Whether by welcoming new arrivals, advancing prevention options, or harnessing technology for health promotion, our work remains grounded in the voices and needs of people living with HIV.



Body Positive New Zealand's Spotlight video series

Positive Women Inc.

Positive Women Inc. (PWI) is New Zealand's only national organisation specifically providing support, education, and advocacy for women living with HIV, as well as their whānau (families). This includes heterosexual men, trans and bi women living with HIV. PWI is committed to reducing stigma, improving quality of life, and ensuring people living with HIV are empowered and connected to community.

PWI partnered with HetMAN Australia to establish a dedicated peer support group for heterosexual men living with HIV in Aotearoa. The goal of this project was to:

- Address the unique challenges faced by heterosexual men living with HIV, including social isolation, stigma, and a lack of targeted resources.
- Facilitate trans-Tasman knowledge sharing and peer leadership development.
- Build awareness within the HIV sector of the needs of heterosexual men, ensuring they are included in health promotion and service planning.

In collaboration with Toitū te Ao, the Burnett Foundation and Body Positive, PWI adapted the Australian Peer Support Standards to develop the Aotearoa Peer Support Framework. This framework ensures peer support services are culturally relevant, grounded in lived experience, and responsive to the unique needs of people living with HIV in Aotearoa. The next phase is for the organisations to find funding to enable a Peer Support Programme.

A major highlight for PWI this year has been the development of the Te Taenga Mai programme, a national initiative targeting migrants, refugees, and asylum seekers living in Aotearoa. Features of the programme include:

- A dedicated website written in plain English to provide accessible information on HIV prevention and support. The website was developed with input from the community of refugees, migrants and asylum seekers.
- Online Services including facilities to order condoms, request HIV home test kits, and book an HIV test.
- HIV Rapid testing and Train-the-Trainer Package, consisting of two modules focused on HIV and Syphilis rapid testing, designed to build community capacity for peer-led testing initiatives.

Over the past year, PWI has expanded its HIV and syphilis rapid testing programme. Service delivery includes:

- Office-based testing available from PWI's central Auckland location.
- University clinics delivered in collaboration with the Burnett Foundation, offering monthly testing days at three major universities in the Auckland region

Judith from PWI administering a rapid HIV test

- Community Health Days run in partnership with local community groups at key venues such as churches and cultural events. These have enabled PWI to engage people who may not otherwise access mainstream health services.

PWI's Positive Speakers Bureau (PSB) has gone from strength to strength, delivering around 90 talks over the past year. These sessions provide powerful, first-hand accounts of living with HIV, challenging stigma and misconceptions while enhancing professional understanding and empathy. Key audiences include:

- Medical students at major training institutions.
- Midwifery Training: All midwives in training in the Auckland region are now required to attend a PSB session with a positive speaker as part of their education.
- Police Training: We are very pleased that the PSB is now included in the induction programme for all new Police recruits.

Te Taenga Mai resources

Estrela+ Timor-Leste

Estrela+ is the association for people with HIV in Timor-Leste. Estrela+ works to improve the quality of life of people with HIV in Timor-Leste by advocating for the elimination of stigma and discrimination, and promoting rights, gender equality and offering education on the prevention of HIV and other sexually transmitted diseases. Estrela+ works across Timor-Leste with services and programs including Dili, Baucau, Covalima, Bobonaro and Oecusse.

Estrela+ notes that more work is urgently required to reduce the impact of HIV in Timor-Leste. Timor-Leste's Ministry of Health reported 93 new instances of HIV during the first quarter of 2025, including children under five and several adolescent people that were unaware of their status. In Timor-Leste, the Ministry reports there:

- have been a total of 2,316 cases of HIV recorded since 2003.
- are currently 1,299 people with HIV receiving treatment, including 49 children under the age of 14.
- have been 399 deaths from HIV-related illness since 2003.

In 2025, Timor Leste's Head of the National Unit for HIV/AIDS, Hepatitis and Communicable Diseases, Bernardino da Cruz, highlighted challenges in retaining people with HIV in Timor-Leste on treatment: "Some people with HIV dropped out of care due to long distances to health facilities, poverty, stigma and fatigue of managing other illnesses." He raised concern that some pregnant women refuse HIV testing, making it harder to prevent mother-to-child transmission.

The programs that Estrela+ has carried out during this period. Estrela+:

- Provided training to youth, community and other leaders including the National Police of Timor-Leste and healthcare workers on the impact of stigma and discrimination;
- Dialogued with religion leaders;
- Provided training to peer-support groups and people with HIV on case management, ARV treatment, nutrition and human rights;
- Identified key barriers to HIV testing, prevention, treatment, care and support (and reported them to the Ministry of Health) and provided a base of evidence for improving services, policies and programs through documents like the Stigma Index Report;
- Completed home visits and ART drops for people with HIV as well as following up people with HIV for viral load testing;
- Built relationships with partners across government, health and community sectors; and
- Provided training to youth, health care worker and community groups on healthy relationships to reduce violence against women and children. The training focused on building participants skills around effective communication and conflict resolution within the family and broader community.

The problems Estrela+ are facing:

- Estrela+ has limited resources and funding, which prevents it from including more people with HIV in programs and advocacy to communities, healthcare workers, police and religious leaders in all municipalities;
- Estrela+ notes there is a lack of understanding from people with HIV in Timor Leste about the importance of adherence on ARV, nutrition and sexual health, reproductive health and human rights;
- Stigma and discrimination against people with HIV continues to persist; and
- A sizeable proportion of people with HIV in Timor Leste cannot consistently collect their ARVs or do VL/CD4 testing due to lack of transportation options connecting regions to cities.

Recommendation:

- Estrela+ needs further funding to implement interventions to broaden consistent access to ARVs, follow-up VL testing and ensure people diagnosed with HIV are engaged in care.
- Estrela+ needs more support for advocacy training, especially on stigma and discrimination reduction.
- Estrela+ needs more women with HIV to provide peer support at the ART Centre as well as an increase to payments for peer support volunteers.
- Estrela+ needs more funding to create a shelter managed and controlled by people with HIV and create standard operating procedures for the referral system from ART centres to Estrela+.

Estrela+ consultation

TREASURER'S REPORT

It is with great pleasure that I present the Treasurer's Report and the audited financial statements for the National Association of People with HIV Australia Inc for the financial year ended 30 June 2025.


Joshua Borja

Having been appointed to the role of Treasurer on 8 July 2025, my first and most pleasant duty is to acknowledge the outstanding financial stewardship of the Board, the executive team, and all secretariat staff during the 2025 financial year.

I am privileged to take up as Treasurer at a time of such financial strength and stability for the association.

Independent Audit Opinion

I draw members' attention to the Independent Audit Report of our auditors, Portman Newton.

I am pleased to confirm that NAPWHA has received an unmodified audit opinion, which is the highest level of assurance an auditor can provide. It affirms that the financial statements "give a true and fair view" of NAPWHA's financial position as of 30 June 2025, and of our financial performance for the year.

This clean bill of good audit health is a source of confidence in the integrity of our financial management and reporting.

Analysis of Financial Performance (Statement of Profit or Loss)

A broadly positive funding environment in financial year 2025 has enabled NAPWHA to record another stellar financial result. The year-end performance greatly exceeded budget expectations, and has further strengthened NAPWHA's financial foundation and our capacity to deliver on our core mission to improve the health, wellbeing, human rights and quality of life of people with HIV in Australia.

While greatly exceeding expectations, the year-end result remains consistent with NAPWHA's long term financial strategy, born out of the existential funding threats of 2016 and 2022, to build the organisation's reserves to mitigate against funding risk and ensure the long-term sustainability of the organisation.

The Operating Surplus

The headline achievement for the year is the outstanding operating surplus of $561,234.

To put this result into context, it is an improvement of $495,058 on the $66,176 surplus achieved in the 2024 financial year. This surplus provides a further and powerful strategic resource that will allow the association to invest, innovate, and ensure its long-term resilience.

Revenue Analysis

The increased surplus for the year was driven by revenue growth (but possibly more by constrained spending – see below). Total revenue from all sources grew to $3,399,126, which included:

- **Grants Income** – grew from $2,171,998 in 2024 to $3,259,090 in 2025, an increase of nearly $1.1 million. This reflects our success in securing and delivering on significant, large-scale projects subject to funding agreements, and including our HIV self-test project HIVtest.au delivered in partnership with Queensland Positive People.
- **Interest Income on our Invested Reserves** – nearly doubled to $103,194 in 2025. This is a particularly pleasing aspect of the revenue story in 2025, and is a direct and positive consequence of prudent cash management and our cash reserves from prior years being put to work and earning a safe and significant return for the association.
- **Other Income** – of $36,842 which is the total of speaking and representation fees earned in the year by NAPWHA's staff (primarily the Executive Director), as well as a smaller amount earned by the President, who is precluded from receiving speaking and representation fees by NAPWHA Board policy.

Prudent Expense Management

While revenue growth was a significant part of the story of 2025, the end of year surplus result is as much a story of disciplined financial control – the Association's management of expenses continued as exemplary in 2025, which again was consistent with our long-term financial strategy.

While our "Project & program expenses" appropriately grew to $2,065,256 (up from $1,445,949 in 2024) to support the delivery of our expanded contractual obligations, our core operational costs were held remarkably steady.

Analysis of Financial Position (Statement of Financial Position/ Balance Sheet)

As significant as our surplus is, the true measure of our association's long-term health is our Statement of Financial Position, or Balance Sheet.

As of 30 June 2025, NAPWHA is in its strongest and most resilient financial position in recent history, and that is most certainly not as a result of good luck – rather, a product of the Board and Executive Director establishing a long-term financial strategy in response to the 2016 and 2022 funding threats and seeing that through!

Net Asset (Equity) Position

Our Net Asset Position, which represents the total net worth of the association, now stands at $2,748,341. This foundation provides an essential buffer against future uncertainties and gives the board the confidence to engage in long-term strategic planning.

Assets: Security and Stability

Our asset base is defined by two key strengths: liquidity and stability:

Liquidity (Cash)

Our Cash and Cash Equivalent assets (liquid funds) stand at $2,452,709 which provides significant operational flexibility, ensures we can meet all our commitments as and when they fall due, and gives us the "dry powder" we will need to seize strategic opportunities and meet future challenges.

Stability (Property)

Our Newtown office space dominates our non-current assets and was independently valued in August 2024 at $1,310,000. This asset is fundamental to our long-term security – it has appreciated in value in the time NAPWHA has owned it, and it protects our core operations from the volatility of the commercial rental market.

Liabilities

Total Liabilities were recorded at $1,110,484 in 2025, the most significant portion of which was "Contract liabilities", which are advance payments on work to be performed in FY2026 or revenue against those advance payments deferred to FY2026, in accordance with accrual accounting standards.

Strategic Priorities

This $561,234 surplus and $2.75 million equity position are not an end goal; they are a starting point, and this financial strength is a strategic resource that must be governed with wisdom and foresight.

My immediate priority as Treasurer is to work with the board and executive team to formalise a Capital Management Strategy to ensure the fulfilment of our current long term financial strategy translates into a permanent legacy of resilience and capability.

This strategy will be built on two pillars:

- **Resilience** – a formal Operating Reserve which will quarantine a portion of our cash (e.g. 12 months of operating expenses) to guarantee the continuity of our core administration and advocacy work, protecting our staff and mission from any future funding shocks.
- **Capacity** – a Strategic Investment Fund which will enable us to make one-off and strategic investments in our future with cash reserves in excess of the Operating Reserve.

Acknowledgements and Conclusion

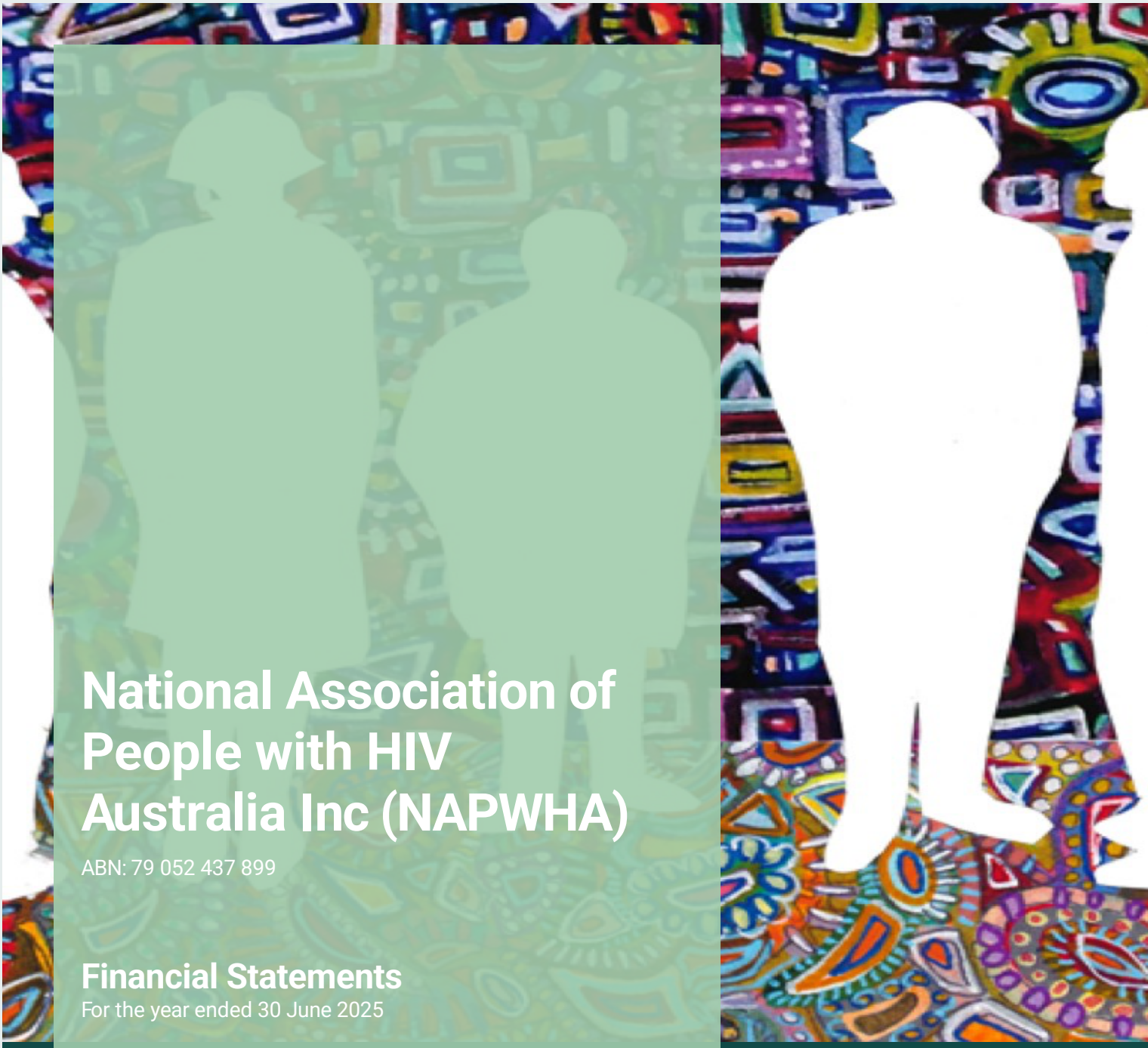
I would like to extend my sincere thanks to our Board for their diligent financial governance, our Executive Director, Aaron Cogle, and the entire NAPWHA staff. This outstanding 2025 result is a direct consequence of their hard work, dedication, and disciplined management.

The association is in a robust, secure, and promising financial position, and I look forward to working to build on this strength in the period ahead.

Authorised by:

Joshua Borja
Treasurer
31 October 2025

Steve Spencer and Joshua Borja



National Association of People with HIV Australia Inc (NAPWHA)

ABN: 79 052 437 899

Financial Statements

For the year ended 30 June 2025

National Association of People with HIV Australia Inc (NAPWHA)

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For the year ended 30 June 2025

National Association of People with HIV Australia Inc
Director's Report for the Financial Year ended 30 June 2025

The directors present their report on National Association of People with HIV Australia Inc (NAPWHA) for the financial year ended 30 June 2025.

Information on directors

The names of each person who has been a director 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 – 1/11/2024)
Steven Spencer – Vice President (appointed 1/11/2024)
Joshua Borja – Treasurer/Secretary (appointed 8/7/2025)
Justin Xiao (appointed 17/02/2024 – 24/9/2024)
Diane Lloyd (appointed 18/11/2022 – 1/11/2024)
Ryan Oliver (appointed 18/11/2022)
Mark Halton (appointed 03/11/2023)
Daniel Petra-Jaya Sudarto (appointed 03/11/2023)
Michelle Tobin (appointed 1/11/2024)
Akumu Deborah Leticia (appointed 1/11/2024)

Aaron Cogle – Executive Director (21/11/2012 - current)
Beau Newham - Staff Representative (24/09/2022 - current)

Directors 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 surplus/(deficit) of the Association amounted to $561,234 (2024: $66,176).

Dividends paid or recommended

No dividends were paid or declared since the start of the financial year. No recommendation for payment of dividends has been made.

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.

Future developments and results

Likely developments in the operations of the Association and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the Association.

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 2025 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.

Sincerely,

Scott Harlum
President

Joshua Borja
Treasurer

Dated 31 October 2025

portman
newton

Level 17, 123 Pitt Street
Sydney NSW 2000
Ph: 02 4340 2643
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 2025 there have been:

1. No contraventions of the auditor independence requirements of the Australian Charities and Not

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

Portman Newton

Wei Chong CA

Signed this 31st day of October 2025, in Sydney.

National Association of People with HIV Australia Inc (NAPWHA)

Statement of profit or loss and other comprehensive incom

For the year ended 30 June 2025

	Note	2025 $	2024 $
Revenue	5	3,259,090	2,171,998
Finance income	6	103,194	57,757
Other income	5	36,842	43,684
Administrative expenses		(449,295)	(440,113)
Depreciation expenses		(10,570)	(12,725)
Project & program expenses		(2,065,256)	(1,445,949)
Property expenses		(16,020)	(18,187)
Conference and meeting expenses		(252,282)	(218,237)
Website & IT		(44,469)	(72,052)
Profit (loss) before income taxes		561,234	66,176
Income tax		-	-
Profit (loss) from continuing operations		561,234	66,176
Profit (loss) for the year		561,234	66,176
Other comprehensive income, net of income tax			
Items that will not be classified subsequently to profit or loss			
Gain on property revaluation		-	39,500
Other comprehensive income for the year, net of tax		-	39,500
Total comprehensive income for the year		561,234	105,676

The accompanying notes form part of these financial statements.

National Association of People with HIV Australia Inc (NAPWHA)

Statement of financial positior

As at 30 June 2025

	Note	2025 $	2024 $
Assets			
Current assets			
Cash and cash equivalents	9	2,452,709	2,119,456
Trade and other receivables	10	50,679	24,107
Other assets	11	21,723	77,949
Total current assets		2,525,111	2,221,512
Non-current assets			
Property, plant and equipment	12	1,333,714	1,331,564
Total assets		3,858,825	3,553,076
Liabilities			
Current liabilities			
Trade and other payables	13	162,362	133,754
Employee benefits	14	139,970	153,256
Contract liabilities	15	765,048	1,062,897
Total current liabilities		1,067,380	1,349,907
Non-current liabilities			
Employee benefits	14	43,104	16,062
Total liabilities		1,110,484	1,365,969
Net assets		2,748,341	2,187,107
Equity			
Retained earnings		2,271,871	1,710,637
Reserves	18	476,470	476,470
Total equity		2,748,341	2,187,107

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 2025

2024	Retained earnings $	Revaluation surplus $	Total equity $
Opening balance	1,644,461	436,970	2,081,431
Surplus for the year	66,176	-	66,176
Gain on revaluation of buildings	-	39,500	39,500
Closing balance	1,710,637	476,470	2,187,107

2025	Retained earnings $	Revaluation surplus $	Total equity $
Opening balance	1,710,637	476,470	2,187,107
Surplus for the year	561,234	-	561,234
Closing balance	2,271,871	476,470	2,748,341

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 2025

	2025 $	2024 $
Cash flows from operating activities:		
Receipts from customers	3,574,082	2,518,592
Payments to suppliers and employees	(3,331,303)	(2,171,140)
Interest received	103,194	57,757
Net cash flows from/(used in) operating activities	345,973	405,209
Cash flows from investing activities:		
Purchase of property, plant and equipment	(12,720)	(3,074)
Net increase/(decrease) in cash and cash equivalents	333,253	402,135
Cash and cash equivalents at beginning of year	2,119,456	1,717,321
Cash and cash equivalents at end of financial year	2,452,709	2,119,456

The accompanying notes form part of these financial statements.

National Association of People with HIV Australia Inc (NAPWHA)

Notes to the financial statements
For the year ended 30 June 2025

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 2025 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 30 October 2025.

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 is 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 2025, 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.

4. Critical accounting estimates and judgements

The directors 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 August 2024. The directors 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.

d. Key estimates - receivables

The receivables at the reporting date have been reviewed to specifically provide for any debts which are considered irrecoverable. The remaining debts have been subject to expected credit loss testing based on the history of the association with the counterparty, the current economic climate and any future expectations relating to the industry and circumstances of the counterparty.

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

1) 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.

2) Contract cost assets

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.

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

	2025 $	2024 $
Revenue from contracts with customers (AASB 15)		
Provision of services	706,878	812,766
Other revenue from contracts with customers	2,552,212	1,359,232
	3,259,090	2,171,998
	3,259,090	2,171,998

c. Other income

	2025 $	2024 $
Other income	36,371	42,625
Donations	471	1,059
	36,842	43,684

6. Finance income and expenses

Finance income	2025 $	2024 $
Interest income		
Other interest income	103,194	57,757
	103,194	57,757

7. Result for the year

The result for the year includes the following specific expenses:

	2025 $	2024 $
Donation	-	23,383
Bad debts	239	39

8. Auditor's remuneration

	2025 $	2024 $
Remuneration of the auditor of the Association, Portman Newton, for:		
Fees for assurance services required under legislation to be performed by the auditor	9,360	8,680
Fees for assurance services and agreed upon procedures not required by legislation to be provided by the auditor	-	1,280
	9,360	9,960

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

	2025 $	2024 $
Cash at bank	669,583	536,272
Cash on hand	-	58
Short-term deposits	1,783,126	1,583,126
	2,452,709	2,119,456

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:

	2025 $	2024 $
Cash and cash equivalents	2,452,709	2,119,456

10. Trade and other receivables

Current	2025	2024
	$	$
Trade receivables	28,059	12,028
GST receivable	22,620	12,079
	50,679	24,107

The maximum exposure to credit risk at the reporting date is the fair value of each class of receivable in the financial statements.

11. Other assets

Current	2025	2024
	$	$
Prepayments	21,068	71,724
Other assets	655	6,225
	21,723	77,949

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

	2025 $	2024 $
Buildings - independent valuation 2024	1,310,000	1,310,000
Plant & equipment - at Cost	57,640	206,001
Less: accumulated depreciation	(33,926)	(184,437)
	23,714	21,564
Total property, plant & equipment	1,333,714	1,331,564

2025	Buildings $	Furniture, fixtures and fittings $	Total $
Opening balance	1,310,000	21,564	1,331,564
Additions	-	12,720	12,720
Depreciation	-	(10,570)	(10,570)
Closing balance	1,310,000	23,714	1,333,714

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	2025 $	2024 $
Trade payables	98,467	79,463
Accrued expenses	39,262	38,258
Payroll liabilities	24,633	16,033
	162,362	133,754

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. 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	2025 $	2024 $
Long service leave	79,568	74,729
Annual leave	60,402	78,527
	139,970	153,256

Non-current	2025 $	2024 $
Long service leave	43,104	16,062

15. Contract balances

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

Current contract liabilities	2025 $	2024 $
Grant in advance and unexpended	765,048	1,062,897

16. Financial risk management

Financial assets	2025 $	2024 $
Held at amortised cost		
Cash and cash equivalents	2,452,709	2,119,456
Trade and other receivables	50,679	24,107
	2,503,388	2,143,563

Financial liabilities	2025 $	2024 $
Trade and other payables	162,362	133,754
Contract liabilities	765,048	1,062,897
	927,410	1,196,651

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:

	2025 $	2024 $
Short-term employee benefits	319,720	363,611
Long-term benefits	36,116	23,110
Post-employment benefits	(28,528)	31,110
	327,308	417,831

18. Reserves

	2025 $	2024 $
Revaluation surplus	476,470	476,470

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 2025 (2024: 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:

	2025 $	2024 $
Profit for the year	561,234	66,176
Add / (less) non-cash items:		
Depreciation and amortisation	10,570	12,725
Changes in assets and liabilities:		
(increase) / decrease in receivables	(26,572)	321,244
(increase) / decrease in other assets	56,226	(24,009)
increase / (decrease) in payables	28,608	(49,099)
increase / (decrease) in employee benefits	13,756	26,825
increase / (decrease) in contract liabilities	(297,849)	51,347
Cash flows from operations	345,973	405,209

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,
Newtown NSW 2042

napwha national association of people with HIV australia

National Association of People with HIV Australia Inc
Director's Declaration for the Financial Year ended 30 June 2025

The directors declare that in the directors' 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 Australian Charities and Not-for-profit Commission Regulation 2022.

Scott Harlum
President

Joshua Borja
Treasurer

Dated 31 October 2025

Suite G5, 1 Erskineville Road, Newtown NSW 2042
Email: info@napwha.org.au
ABN: 79 052 437 899

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 4340 2643
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 2025, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, 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 2025 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 2025, 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 : 31-Oct-25

THANKS AND ACKNOWLEDGEMENTS

IN MEMORIAM

Commemorating advocates and leaders who died in 2024-2025


Dr Nick Medland


David Polson AM


Tuisina Ymania Brown


Isikeli Vulavou

NAPWHA Board

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

PRESIDENT
Scott Harlum

VICE-PRESIDENT
Steve Spencer

SECRETARY/TREASURER
Joshua Borja

DIRECTORS
Michelle Tobin
Ryan Oliver
Mark Halton
Daniel Petra-Jaya Sudarto
Deborah Akumu

EXECUTIVE DIRECTOR
Aaron Cogle (ex-officio)

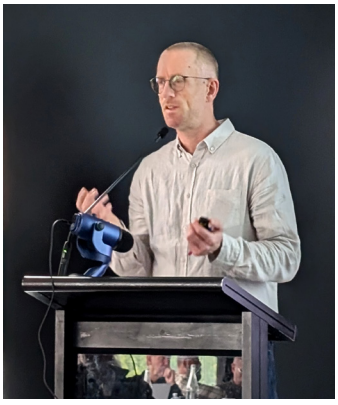
STAFF REPRESENTATIVE
Beau Newham


Scott Harlum at 2025 National Forum

NAPWHA Networks

Emily Parsons

Paul Dugan



Anth McCarthy

Steve Spencer

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

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
Francisco Ortiz Lozano (from Feb 2025)

CONVENOR
Mauricio Gomez Mejia (until Feb 2025)

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
Steve 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 (until July 2025)

SENIOR PROJECT OFFICER, NAPWHA LEARNING
Daniel Reeders

SENIOR ADVISOR
James Holland

TREATMENTS OFFICER
Jae Condon (until Feb 2025)

HIV TESTING LEAD
Beau Newham

HIV TESTING PROJECT OFFICER
Shivneel Singh (from Aug 2025)

NETWORKS PROJECT OFFICER
Jimmy Yu-Hsiang Chen

ADMINISTRATION OFFICER
Martin Bangs

FINANCE OFFICER
Kevin Barwick (until July 2025)

Aaron Cogle at NAPWHA's 2024 AGM


Brent Clifton at 2025 National Forum

Dr John Rule at 2025 National Forum

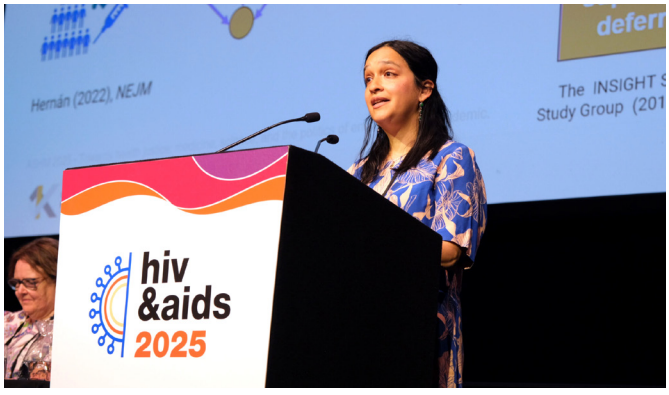
Beau Newham at 2025 National Forum

Other Groups

Michelle Tobin, Ryan Oliver, Deborah Akumu, Mark Halton & Steve Spencer

Deborah Akumu at NAPWHA's 2024 AGM

Dr Curtis Chan, Diego Salcedo and James Holland



Dr Gladymar Perez Chacon at HIV&AIDS2025 Conference

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), Meridian (ACT), 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).

FILLING THE 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), Dr 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
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POSITIVE LIVING REFERENCE GROUP

MEMBERS
Heather Ellis, Scott Harlum, David Menadue, Adrian Ogier

STIGMA CAMPAIGN ADVISORY GROUP

MEMBERS
Prof. Kath Albury, Aaron Cogle (NAPWHA), Adrian Ogier (NAPWHA), Prof. Carla Treloar AM

NAPWHA LEARNING PROJECTS

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

CONVENOR Daniel Reeders

CONTRIBUTORS Brent Allan (QThink), Dr Lisa Wojciechowski (QPP), Sara Graham (LPV), Ann Maccarone (ViiV), Karl Johnson (Gilead), Prof Kath Albury (Swinburne), A/Prof Olivia Hollingdrake (La Trobe), all the members of the Peer Practice Network, and all participants in the HIV Peer Navigation Conference 2025.

Alexandra Stratigos at 2025 National Forum


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Brent Allan at 2025 National Forum

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