



NATIONAL ASSOCIATION OF PEOPLE LIVING WITH HIV/AIDS

ANNUAL REPORT

2007-2008



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ABN 79 052 437 899

TEL: +61 2 8568 0300 FAX: +61 2 9565 860

PO Box 917 Newtown NSW 2042 Australia

WEBSITE: www.napwa.org.au

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MISSION STATEMENT

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

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PRESIDENT'S REPORT

Robert Mitchell

Advocacy continues to be the cornerstone of NAPWA's mission, and this year we have continued to provide outstanding advocacy for the needs of HIV-positive people in Australia.

The major drivers of this advocacy work are the members of the NAPWA family, a diverse range of people living with HIV from around the country who have stepped up to champion the cause of positive people. This diversity of experience was highlighted at the leadership weekend held in July 2008. The leadership program was developed to identify current and future leaders not only of NAPWA but also of its member organisations. The weekend provided an opportunity for experienced advocates to pass on their experience and knowledge to positive people identified as future leaders by positive organisations.

It gives me great pleasure to acknowledge ten years of outstanding service to NAPWA by our Executive Director, Jo Watson. Also marking ten years of continuous service with the AIDS Treatment Project of Australia is Brent Beadle. Congratulations to both of them and thanks to all the staff of NAPWA who have consistently provided outstanding service to the organisation this year.

At the governance level, there have been many changes within the NAPWA Board in the course of the year – partly as a result of changes agreed at the AGM in November 2007, increasing the number of ordinary directors from three to five. I would like to thank all the past and present board members for the time and effort they have given to the organisation. There has been an extremely busy year of strategic discussion and a number of challenging leadership issues that were addressed by the board throughout the year, some of which I will highlight in the remainder of this report.

A major policy document, Communication Pathways, was completed and launched at the AGM, formalising many of the evolutionary changes that have occurred in the organisation in the past few years, and providing a clear picture of NAPWA and its structures for the benefit of its members and stakeholders. Also completed this year was the collation of a number of years of work in the care and support arena, with the release of a major audit of care and support needs which started at the 2005 NAPWA Conference. Similar work was undertaken earlier this year to bring together and publish a "Record of Documents" covering NAPWA's education work. These documents record a body of often unheralded work by the secretariat and the networks which underpin the advocacy work which is central to NAPWA.

NATIONAL PORTFOLIO

Externally, NAPWA has contributed to many reviews and policy developments, including major submissions to reviews of the Centrelink Job Capacity Assessment Program and Commonwealth Disability and Employment Services. An important new set of national guidelines for management of people putting others at risk of HIV has been developed, with extensive input from NAPWA, at a time when several high-profile criminal cases have highlighted the need for rational and just policy in this increasingly important area. NAPWA also undertook extensive work early this year to develop and seek endorsement from the whole HIV non-government sector on a joint document highlighting many issues surrounding Australia's response to the HIV epidemic.

Through the course of the year NAPWA participated in an AusAID review of HIV programs. This was especially timely for NAPWA with the completion of a three-year AusAID-funded program of international capacity development in Papua New Guinea, Timor-Leste and with the Asia-Pacific Network of People Living with HIV (APN+). As a consequence of this program nearing completion the board endorsed a set of criteria for undertaking work internationally and made decisions to strategically participate in future international work which will not detract from its mandate to advocate domestically. The AHAPI reference group finished with the completion of the project and the board endorsed the establishment of a network to facilitate positive involvement in international work within our region.

NAPWA's work in the area of treatments has seen the launch this year of Treataware, a suite of clinical trials and treatment information initiatives including a telephone information line, website and printed resource. These pilot projects address the changing needs in treatment and clinical care. In partnership with the Australasian Society for HIV Medicine, NAPWA is working on *Models of Access and Clinical Service delivery*, a project to identify the future needs and potential new models for treatment and healthcare delivery for positive people.

This year has also seen a collaborative working partnership with AFAO over many areas, and NAPWA has participated in forums on education and positive services. The two organisations continue to work on many of the broader sector issues. While it was encouraging to see some changes to Commonwealth advisory structures, it is disappointing that there are still no representatives of the positive community at the highest level of these structures. NAPWA will continue to advocate for the implementation of the UN's GIPA Principle (Greater Involvement of People with AIDS) in future structures and strategies.

The work of NAPWA's national networks continues to progress and this input will be increasingly important in the forthcoming year with the review of the current National Strategy and the development of the next Strategy. NAPWA will also be working on its own strategic plan to guide its work in the forthcoming years. I look forward to seeing the continued growth and development of the organisation in the coming year.

SECRETARY-TREASURER'S REPORT

Sonny Williams

I am pleased to present the audited reports for the 2007–2008 financial year. This year we have laid out the summary audit pages in the formal copy of this annual report, and a full copy of the audited statements can also be found on the NAPWA website.

As the organisation has entered into a new round of negotiations with the Commonwealth Department of Health and Ageing at the time of going to press, NAPWA is keen to secure some new commitments to our funding base in the coming year for national programs of activities. In the recent years the organisation has been unique in the way it has secured alternative sources of funding across a range of pharmaceutical industry grants and sponsorships, while at the same time seeing no growth in Commonwealth funding. As some of these sponsorship arrangements will expire in the next annual reporting period, the NAPWA Board and Executive Director will be focusing on the strategic targets for broadening our income base in the years ahead.

The current surplus places NAPWA in a secure position as we finalise new strategic goals and seek further funding enhancements, and I am also pleased to report that this surplus builds on the previous year's financial position.

This year NAPWA, through the appointment of Lawler Partners as our external auditor, had the services of Anthony Ashby for the first time, and I am very pleased to report that he has provided an unqualified report on our accounts, policies and reporting systems. Kevin Barwick has done another excellent job as the external NAPWA Finance Officer, and I also want to thank the NAPWA administration team for supporting this work from the office. As our work has grown, the financial management of the organisation has also become more detailed, and next year we will be looking at increasing staff hours to support the finance reporting area. I would also like to acknowledge the work of the Executive Director, Jo Watson, in ultimately managing the financial position of the organisation, and working tirelessly to secure ongoing funds across the different funding streams.

EXECUTIVE DIRECTOR'S REPORT

Jo Watson

One of the roles of an Executive Director is to 'translate' the strategic plan of their organisation into action. This can be a dynamic demonstration of the leadership and vision which a Board and its ED bring to their roles and implement on behalf of the membership, and it is through this process that I feel some of this year's highlights have come.

I will not repeat the detail of work covered in others parts of this report, but I would like to acknowledge again the high levels of representation and activity which come from many of our volunteer representatives within the Board, the networks and the Health, Treatments and Research Portfolio. The commitment to ensuring an informed and robust response of behalf of the NAPWA constituency is remarkable for the sheer hard work and time involved. This is especially so when you consider our ever-growing annual schedules and external roles within the Australian partnership.

The Australian partnership itself has been a focus of much discussion and analysis in this period. There has been a need to rethink the way the sector can work within the constraints of ongoing change to the areas of the Department of Health and Ageing under which the contracts and policy work for the national strategies operate. There has also been a need to acknowledge and adjust to the reality that significant areas of the HIV partnership have evolved and shifted, with areas of work beyond HIV, and even beyond Australia itself. While there are obvious challenges in these developments, not unlike the experiences of some other HIV responses in the international context, there are also opportunities.

The value of a partnership that is broader than historical fixtures, and that can adapt to new collaborations and strategic alliances beyond HIV itself, can be measured by the new ways of thinking and the energising it can offer those participating. The resulting efforts to ensure that HIV continues to be a focus, and that those living with HIV are necessarily central to that focus, can sharpen and enhance the collective efforts for new ways of leading the Australian effort. For NAPWA, part of the translation of the organisation's strategic plan for the future will include those actions that show the value and importance of the experiences and insights of the HIV population in Australia to how Australian responses are shaped and delivered.

Commonwealth matters in the past year have been particularly intense for NAPWA, as we have tried to assist and support a seemingly constant flow of new personnel to positions in the relevant sections of the Department. We have delivered briefings, assisted in a range of discussions and formal meetings, and helped act almost as a 'memory bank' for these colleagues. This is an important focus of work for NAPWA now, as the Department's structures are new and the personnel are also struggling under their own resource limits, but it is also a meaningful focus as we develop new relationships and trust between the respective areas. It is especially critical as we also maintain representations through structures such as BBVSS and other MACASHH forums in preparation for shaping an eventual new national HIV/AIDS strategy. Our ongoing partnerships with the other peak national organisations, including AFAO, Scarlet Alliance and AIVL, are also important to many of these activities as a united community-based response.

Funding support is an ongoing challenge for the organisation, and while the Treasurer's report reflects another year of funding stability, we are sobered by the reality that NAPWA has had more success with non-government sources of funding growth than with the Commonwealth. It is our goal to see this situation assessed and amended in the next year, and to ease NAPWA away from an over-reliance on annual grants and sponsorships secured through industry. Nevertheless, it is important to note that the Australian pharmaceutical companies acknowledged at the end of this document are strategic and vital partners to NAPWA, ensuring that our funding base can deliver the national programs in health, treatments and research, as well as the project activities undertaken through the ATPA and Treataware. So my thanks go to these partners for their ongoing support.

We have continued also to strengthen partnerships across the National Centres in HIV Research, this year marking success for these important organisations in the announcement that their respective funding allocations through the Australian Government were confirmed for a further three years. A long time of advocacy efforts and lobbying, but a welcome outcome for the sector.

Our strategic partnerships with ASHM are continuing to develop, and our joint activities over the past year have included successful negotiations and final commencement of the joint NAPWA and ASHM Models of Access and Clinical Service Delivery for HIV-positive people in Australia. This project is a long awaited development coming out of several years' work by NAPWA, dealing with HIV complexities in both ongoing HIV clinical management and also pressure points associated with deficiencies or pressures on aspects of service delivery in various areas of Australia. ASHM is a critically important partner for NAPWA and we value the depth of links with their secretariat and membership across so much of both organisations' respective programs.

'Monitor, review and adapt' has been the mantra in many areas of the programs in this reporting period, and especially important as we have had our first year of working in a new management structure that now recognises Executive Director and Deputy Director roles for the organisation. John Rule has worked across the new role of Deputy Director with admirable patience and flexibility. He has looked after many of the internal operations of NAPWA during the year, including management of many of the staff and external contract issues. He has also been a strong representative for NAPWA in many of the ongoing negotiations and activities with AusAID to continue work with our partners in Papua New Guinea and Timor-Leste, and he has provided leadership in several significant areas of work across the HIV living and social research areas on behalf of NAPWA. Finally he has been a great support to the Executive Director, and brings valued strengths to the leadership of the organisation.

This new structure has allowed us to review and adopt new staffing supervision and performance review systems for the secretariat, and allow other staff professional development and experience in staff supervision roles, an important set of activities for all of the staff team, and ultimately valuable for the organisation. By the end of 2008, several staff positions will be changing to better fit NAPWA's activity needs, and deliver more hours to some of our high demand tasks over the next twelve months.

I would like to acknowledge all of the staff team for their work and professional delivery on behalf of the organisation. NAPWA staff are expected to be passionate about their work on behalf of the membership, and responsive to a range of tasks and responsibilities that are not able to be captured in a regular job description. Paul Kidd has kept the NAPWA website and wider media tasks maintained, as well as giving us great support during the development and launch of the Treataware project; this work will be seeing even more enhancement over the next 12 months as we see the continued development of the NAPWA website.

I would also like to thank Nicola Addison for her years of work and loyalty to NAPWA, and note her departure at the end of 2007 for new challenges. Nicola was a valuable member of the NAPWA team, and really had a special way of supporting the values of the organisation.

June 2008 marked an anniversary for Brent Beadle, celebrating ten years of service at NAPWA as the ATPA Coordinator. Brent has been a remarkable colleague and worked with me since his volunteer days at PLWHA NSW – now Positive Life NSW. He has also been a major and stabilising influence on the work of the ATPA over these years, and as the ATPA name is replaced over the months to come under the Treataware 'banner', I look forward to seeing how the project's next phase develops under his steady but creative guidance.

With Kate DeMaere coming into the fold to work on the Treataware information line pilot, the Treataware brand has become an innovative and exciting framework for these outreach areas of work.

The *Positive Living* publication welcomed Serena Mawulisa, who stepped in as editor of PL during 2007 and worked with us for several issues, but who has now moved interstate. Our thanks go to Serena who took on quite a task with this specialist publication, and who worked diligently to keep the standards high. Since then David Menadue has been the acting editor and has really shone when we needed him most. I am very grateful for David's tireless efforts to keep PL under control and deliver a set of colour issues in 2008 that have been highly praised, and generated terrific distribution numbers.

This year we also welcomed Adrian Ogier to the NAPWA staff as the project officer working with Peter Canavan in the HIV Health, Treatments and Research Unit, an area of great outputs and methodical work. Under Peter's coordination the unit has worked on a range of health and treatment-related projects, including the Treataware clinical trials database and a range of information and support activities for the project. Peter and Adrian offer a high level of research and HIV treatments knowledge, and they have provided valuable additions to this unit's work.

Support by NAPWA to the various networks in the organisation is a major feature of the secretariat's work, and a major job of coordinating a varied range of network tasks, outputs, and representatives falls to Scott Lockhart as the Coordinator. Scott has provided another year of liaison and gentle guidance to these responsibilities, and I know he is well appreciated by the membership for his efforts.

Finally, the group on the staff team that are the face and reception of NAPWA to many within our ranks and beyond are the Administration Team, under the coordination of Michael Dwyer, and backed up by José Machado and Graham Stocks. Nothing happens without this team's support and forbearance. I am not sure that the unique structure of NAPWA's many groups and volunteer roles could be maintained without an administration support that can handle so much externally, on top of the usual internal systems and services of the office.

In this reporting period NAPWA's work has encompassed an impressive range of activities, some of which I highlight below:

- A comprehensive representation at and participation in the IAS Conference in Sydney in July 2007, including eight extra days of work for NAPWA treatments advocates, covering a range of satellite activities and international advisory forums for new drug research programs.
- Advocacy and representation of HIV related issues delivered throughout the Australian federal election period at the end of 2007.
- The coordination by NAPWA of a significant HIV briefing to the new Minister for Health and Ageing, calling for urgent action to rethink the national HIV/AIDS response, and ways to reshape that response. This work was significant in that the final correspondence was a major collaboration between NAPWA and the other national partners including ASHM, AFAO, AIVL, Scarlet Alliance, and each of the National Centres in HIV Research. It highlighted both the strength of the national partnership, and also the important role NAPWA plays in fostering collaborations across the sector.
- The NAPWA Communications Pathways document, including a representative Code of Conduct endorsed by and launched at the Special General Meeting in April 2008.
- Building on the previous work of NAPWA with its membership, covering the areas of HIV criminalisation and impacts of stigma and discrimination for HIV-positive people, NAPWA has embarked on a project to produce a monograph that covers HIV criminal prosecutions in Australia and how these specific cases have been presented in the media and through the community.

- The Treataware information line pilot project was launched in May 2008, with a high degree of media interest and promotion, a high-profile and resource-intensive project to finally resolve the debates about patient and health care worker support needs in this medium, and due for completion in February 2009.
- Membership of the INSIGHT Executive Committee and subsequent representation on the INSIGHT Strategic Planning Committee for 2008, a critical network for advancing major research agendas for HIV clinical management issues and changing clinical guidelines.
- The NAPWA Deputy Director attended the UNGASS high-level meeting on HIV/AIDS in June 2008, as part of the Australian government delegation to this United Nations meeting.
- The ongoing review of NAPWA's Strategic Plan, with a significant period of time allocated to ensure that the development of the new plan for the organisation defines a relevant and contemporary set of targets for NAPWA into the future. This will be especially important in ensuring that NAPWA can present a dynamic and professional structure that delivers new and innovative content on behalf of the membership in the years ahead.

I would also like to acknowledge the work that Robert Mitchell has put into this period as President, balancing an acknowledgement of the many voices that are found within the positive membership while at the same time responding appropriately on behalf of the organisation.

In summary, NAPWA has had another year that has delivered operationally and strategically. The organisation has continued to build the visibility of HIV-positive representation and advocacy; it has shown leadership and facilitation strengths across the HIV partnership; and it is in a strong position as we move toward the development of the next National HIV Strategy and the frameworks for even more robust outcomes on behalf of positive people.

This year also marked a ten-year anniversary of my time with NAPWA, and I feel very proud of the development of the organisation as I participated in that history. I commend this report to you as just the latest part of the unfolding story and the achievements still to come in the Australian HIV response.

DEPUTY DIRECTOR'S REPORT

John Rule

A new staffing structure put in place in 2007 created the new role of Deputy Director, with responsibility for NAPWA projects across the areas of HIV living policy and regional initiatives in other countries. In that role I have also continued as a liaison point for some of the HIV social research initiatives and a contact for education and health promotion matters; I was also given responsibility for the assisting with organisational administration and Commonwealth contract reporting. Additionally, when Jo Watson has been away from the office I have acted in the role of Executive Director.

HIV LIVING

NAPWA's audit of the changing care and support needs of HIV positive people, which commenced in 2005, was completed in 2007. A set of five reports from the audit was published in November last year. The NAPWA documentation sits alongside a range of other reports that analyse needs and service delivery response, including works from the National Centre in HIV Social Research (NCHSR), the Australian Research Centre in Sex, Health and Society (ARCSHS) and from the AFAO's Positive Services Forum.

NAPWA's work highlights the changing needs, issues and experiences of the HIV-positive population, together with a need for changing responses in service delivery. Population needs and issues have been described in the *Transitions* and *Pressure Points* reports; background material has been provided in a separate literature review and bibliography; and aspects of the social world of positive people have also been described in *Forced to the margins*. The reports variously identify policy platforms and items to progress into the coming years.

In December 2007, NAPWA produced a special report, *Benchmarks Towards a Better Place*. The report was based on material from a substantial survey of over 60 HIV-positive people from around the country, interviews with over 20 service providers, and consultations across NAPWA networks. The document, along with the *Transitions* and *Pressure Points* reports on which it was based, have been widely circulated and are intended as starting points for discussion. These documents have provided an evidence base for NAPWA to continue to make specific claims and provide commentary around care and support service issues and to articulate key elements of HIV living policy and advocacy work.

Under the heading of living with HIV, a number of themes emerged as those in which the experience of living with HIV is contextualised, including stigma and discrimination, the 'burden' of illness, access to services, GP and hospital care, financial pressures (including access to affordable housing and to employment that would suit persons with episodic and chronic illnesses), oral health, mental health and peer support.

In the services area the report noted that key changes in the shifting landscape of care and support included the complexity of HIV management today, coordination of care, mainstreaming, workforce development and, critically, funding and lack of leadership as the Fifth National Strategy approached its end.

In 2008, the NAPWA HIV Living Today Network developed a work plan of activities drawing on material from the reports, with the aim of receiving and circulating papers and reports that relate to HIV living and social policy; engaging with the Board and membership; maintaining contact through teleconferences and face-to-face meetings where possible; and linking into NAPWA Board and strategic directions and processes through the liaison work of the HLTN chairperson.

NAPWA's HIV living social policy interventions have included such matters as addressing the annual conference of Job Capacity Assessment providers and lodging submissions to relevant inquiries, such as the Harmer Review of Commonwealth pensions (including the Disability Support Pension).

With the federal government's new focus on social inclusion, perhaps a future task for HIV living is to document a set of principles which would enhance the social inclusion of positive people and situate positive people in 'a better place'.

SOCIAL RESEARCH AND ADVOCACY RESEARCH

It is clear that there is a plurality of experience of living with HIV in Australia today. It has also become apparent in recent years that the generational experience of someone diagnosed with HIV in 1986 is quite different that of someone diagnosed in 1996 and something again quite different to a person diagnosed in 2006. An annual report is not the place to go into all the details – and really much of the details are in the realm of what research and experience can tell. But it is worth noting that NAPWA continues to represent the interests of a diverse positive constituency in a national social research agenda for HIV.

NAPWA is represented on the Scientific Advisory Committees of the National Centre in HIV Social Research (NCHSR) by John Rule and the Australian Research Centre in Sex Health and Society (ARCSHS) by David Menadue. Additionally, over the last year there has been a fruitful exchange of information between researchers at the centres and NAPWA about the directions of particular research projects – this includes the ongoing HIV Futures research project at ARCSHS and, with the completion of the Positive Health study at NCHSR, there has been some discussion around a national online cohort study of men who have sex with men (MSM) which could also include a component for HIV-positive MSM.

Individual social researchers have engaged with NAPWA and special mention should be made of Michael Hurley and Jeffrey Grierson from ARCSHS, who have supported the organisation in very direct ways through presentations and feedback sessions at members' meetings. Limin Mao and Christy Newman have been strong advocates within the NCHSR for HIV-positive specific research studies; Henrike Korner and Asha Persson have continued their studies of the lives of people from CALD backgrounds and positive heterosexuals, and all this information assists in understanding the diverse lives of people living with HIV.

Professor Marian Pitts, as director of ARCSHS, regularly invites NAPWA input and ideas about research directions within the centre. Professor Sue Kippax has retired as the director of the NCHSR but still remains active in HIV social research and a friend of NAPWA. The new director of the NCHSR, Professor John de Wit, visited the NAPWA offices late last year after his appointment had been announced, and has recently signalled his keen interest in meeting with NAPWA and engaging in strategic thinking about the social research directions and how to align that with the interests and changing needs of positive people.

NAPWA participated in the Commonwealth review of the centres' work plans last year and contributes, at the Scientific Advisory Committee level and through various research project advisory groups, to the ongoing work of the centres.

I presented a plenary paper titled *Advocacy-driven research to support everyday lives* at the Tenth Social Research Conference held at UNSW in March 2008; Peter Canavan presented a paper on *HIV and mental health: coordination of care* and David Menadue presented a paper titled *Needs assessment for HIV health promotion in the everyday*.

EDUCATION AND HEALTH PROMOTION

Details of the work of the NAPWA Health Promotion Education Network are provided elsewhere in the annual report. From October to December 2007, education and health promotion at NAPWA was given a particular focus when Amy Bauder was employed (using grant money from AFAO) to provide a point of liaison between AFAO and NAPWA on HIV education and health promotion, to assist NAPWA's representation responsibilities on the AFAO Education Managers' Forum and the proposed Strategic Advice Group, and to provide input into the development of the AFAO Positive Health Promotion Framework. Amy's work was much appreciated by education network members and her report recommendations about the involvement of HIV-positive people in the planning, implementation and evaluation of HIV health promotion and HIV prevention education were accepted by the Board.

NAPWA input into the HIV Educators Conference in May 2008 was noted as significant with presentations on behalf of NAPWA from David Menadue (*Positive Lives: Resilience and Re-engagement*), Cipri Martinez (*closing plenary*), Paul Kidd (*The Swiss Statement, gay men and safe sexual cultures: turning challenges into opportunities*), Scott Lockhart (*NAPWA education and health promotion resource audit*) and John Rule (*A 'pedagogy of hope' – working with positive peers and building PLHIV networks in PNG and Timor-Leste*).

AusAID HIV PARTNERSHIPS INITIATIVE (AHAPI) PROJECT

The Australian Agency for International Development (AusAID) provided funding for the AHAPI project for the period from May 2005 to May 2008. AusAID has received acquittals and final reports and some recommendations contained in the sign off report have been followed through.

The overall scope of the project was to build community and counterpart organisation participation, capacity and knowledge in priority countries within the Asia-Pacific region through formal collaborations and partnerships with like-minded organisations. Partner organisations for this project were Igat Hope (based in Port Moresby, Papua New Guinea), Timor AID (based in Dili, Timor-Leste) and the Asia-Pacific Network of Positive People (APN+, based in Bangkok, Thailand).

The project aimed through collaborative partnerships to build the capacity and visibility of PLWHA organisations and groups to develop and sustain HIV-positive people in delivering representation and involvement within their country's HIV response.

The project activity schedule for 2007–2008 included providing support for the IGAT Hope coordinator, secretariat structure and board processes; provision of 'desk-based' support for Timor Aid and provision of advice on the development of health promotion and peer support programs; and support for meetings of the APN+ steering committee to secure core funding for secretariat activities and to review network and governance structures. External consultant reports (which are available for PNG and Timor-Leste) and evaluation reviews with partner organisations (including meetings with the Igat Hope board, Esperança and Timor AID and the APN+ Steering Committee) demonstrated positive outcomes for all these objectives.

In PNG, the stated aim of providing organisational capacity building for a newly established group of critical importance, has been achieved through partnership work with Igat Hope. NAPWA has recommended to AusAID that, post-IHAPI, support continues to be provided to Igat Hope in a partnership arrangement with NAPWA under the bilateral program with funding under the Sanap Waintaim project. This recommendation has been actioned.

In Timor-Leste, the stated aim of fostering positive peer responses and peer support for isolated people living with HIV has been achieved, to the extent that a group of positive people called Esperança (Portuguese for 'hope'), supported by Timor AID has been formed and meets regularly. NAPWA has recommended that Esperança and Timor AID be provided with resources to align themselves with HIV-specific support from a clinical base as well as from an appropriate HIV community base. NAPWA has brokered particular forms of technical assistance during the course of the AHAPI project and this needs to continue in some form, particularly for the Esperança, who are at a vulnerable stage in group development (currently being negotiated).

The stated aim of work with APN +, of building the group's capacity to market itself and undertake its own work, has been achieved to the extent that APN + has secured sources of funding for its work – including core funding for secretariat activities. Post-IHAPI, APN+ governance arrangements, secretariat functions and network member communications need continued refinement and documentation. There is a presumption that the network representative model effects change 'in-country'; a critical examination of this, along with a review or mapping of how the network has impacted through representatives back to country or sub-regional level is required.

REGIONAL INITIATIVES IN OTHER COUNTRIES

The work of NAPWA within the Asia-Pacific region for this reporting period has been substantial, and the contributions made by a range of volunteers, consultants and NAPWA secretariat staff has been carried out with great care. After much deliberation by the NAPWA Board in December 2007, a decision was made that this work was to be maintained at a level that does not impose on NAPWA's domestic brief and responsibilities.

Activities have included:

- Negotiating a contract with AusAID in PNG for work to continue to support Igat Hope within the Sanap Waitaim project.
- Continuing to work with the Collaboration for Health in PNG (CHPNG) to contribute to policy development with PLHIV focus and work with Igat Hope to develop links between PLHIV groups outside of Port Moresby and their health provider networks.
- Producing and distributing the NAPWA criteria for consideration of participation in regional programs to agencies who are part of the consortium.
- Preparing a response to the draft AusAID international strategy.
- Providing positive representation on the Australian delegation to the UNGASS High Level Meeting on HIV/AIDS in May 2008.
- Providing positive representation on the program coordinating committee of the AusAID consortium for capacity building initiatives within the region. NAPWA is a member of the consortium 'affected communities' working group. This group advises the consortium on proposals as they relate to affected communities. Other members include Scarlet Alliance, AIVL and AFAO.
- Preparing modules on *Engaging People Living with HIV as an essential part of an integrated national HIV strategy* for the ASHM sponsored Australian Leadership Awards Regional HIV Training Program, conducted in 2007.
- Convening a membership network group focusing on regional matters – the NAPWA Network for Regional Initiatives in Other Countries. The membership network comprises up to 15 people, some of whom come from other agencies and research interests, and some have individual experience working in the region. NAPWA has supported network members to attend international courses on monitoring and evaluation.

NAPWA has worked closely with elected parliamentary representatives to assist in the development of regional and international HIV programs.

NAPWA has engaged, where appropriate, with regional meetings e.g. ICAAP.

NAPWA nominates the country delegate to attend the APN+ meetings and supports a process of reporting back to the NAPWA Board by the APN+ representative.

HEALTH PROMOTION EDUCATION NETWORK

Convenor: Cipri Martinez

The Health Promotion Education Network was formed in 2008 from the previous Education Reference Group. The main reason for this change was to reflect the broad health promotion activities that membership organisations of NAPWA were undertaking. The network meets via teleconference approximately six times per year and currently meets face-to-face once per year.

At the face-to-face meeting in February, the network was given the opportunity to engage with the NAPWA Strategic Plan. In particular the discussions focused on developing and enhancing effective participation of people living with HIV, in a way that augments the effectiveness of HIV education programs. Another focus was health promotion and advocacy to reduce stigma and discrimination experienced by those living with and affected by HIV.

Discussion was centred on addressing the question: what would we see happening if this objective was achieved? And then, what would need to occur to achieve this? Important elements from the strategic planning day were included into the HPEN work plan. Thank you to Dr Graham Brown for his facilitation.

David Menadue presented a paper on the health promotion needs of HIV-positive people at the Social Research Conference at UNSW in March. The paper examined the findings of the *HIV-positive Education Needs Assessment*, produced by Russell Westacott for ANET in 2007. It looked at the *Positive in Prevention Principles* established by NAPWA in 2006, and the issue of where in the Australian HIV sector the expertise to do this work resides. David gave examples of successful campaign work that has been done by PLWHA organisations and AIDS councils so far, the need for improved communication between these organisations on positive education and health promotion, and the role that NAPWA plays in coordinating this response.

HPEN engages in priority-setting discussions for HIV health promotion activities in Australia. Each state jurisdiction already identifies priorities based on the local context, however, there is a need for a consolidated national view to guide and inform national mechanisms.

At the May 2008 AFAO HIV Educators Conference in Wollongong, HPEN successfully advocated for a full session workshop on stigma, which was successfully developed and implemented by Daniel Reeders (PLWHA Victoria). Advocacy efforts for a campaign to reduce stigma and discrimination are ongoing. Paul Kidd deserves applause for his plenary presentation *The Swiss Statement, gay men and safe sexual culture: turning challenges into opportunities*. His insight and easy communication style made a high impact. Mixed status relationships and the challenges of ageing with HIV have also consistently come up as a priority.

We commend AFAO for its high-quality work and collaboration during the year, in particular for its engagement with HPEN and for enlarging the Education Managers' Forum to include representation from the PLWHA organisations in Queensland, Victoria and NSW.

HPEN meetings provide a valuable opportunity for discussion of emerging issues. Some examples of the issues discussed include the Swiss Statement and drug and alcohol health promotion. To enhance cooperation between member organisations, a new document titled *HPEN Pipeline* is being prepared. This new document will describe the network's awareness of what health promotion activities for people with HIV are currently in production. HPEN looks forward to the coming year and the prospect of improving communication pathways through the implementation of an enhanced NAPWA website.

I would like to thank various people: the NAPWA secretariat staff – particularly Scott Lockhart and John Rule – for their professional and energetic support; HPEN members, who have engaged in a mutually respectful, robust and constructive manner; and finally David Menadue for his work in chairing the network before me and for inviting and forming such a talented group of health professionals.

HIV LIVING TODAY NETWORK

Board Chair: Robert Langdon

In early 2008 the NAPWA Board resolved to form a new network – the HIV Living Today Network (HLTN), to bring together the issues and expertise previously distributed between the Social Wellbeing and Policy Network, the Care and Support Portfolio and the Legal Portfolio, and drawing on material from the reports which had been prepared through the NAPWA care and support audit.

Prior to the formation of HLTN, a number of meetings and consultations were held with members of these former portfolios and networks and a comprehensive work plan was developed. In early 2008, the NAPWA Board endorsed the HLTN work plan and the network held its first face-to-face meeting in Sydney.

The HLTN work plan sits within a national HIV sector approach, which directs attention to cooperation and collaboration. As an example of this collaborative approach, NAPWA has a memorandum of understanding with the Multicultural HIV/AIDS and Hepatitis C Service (MHAHS), and NAPWA contributed to the development and evaluation of the National Cultural Competency Project.

NAPWA's HIV living social policy interventions have included addressing the annual conference of Centrelink Job Capacity Assessment providers to generate awareness of the needs of people living with HIV and the impact of these on Centrelink assessment arrangements, and lodging submissions to relevant inquiries. Some of this policy advocacy is best done in partnership and NAPWA maintains good working relationships across to the Australian Council of Social Services (ACOSS) and the Australian Federation of Disability Organisations (AFDO).

HLTN receives and circulates papers and reports that relate to HIV living and the social policy interests of the network members. The network maintains contact through email, teleconference and face-to-face meetings where possible; and links into NAPWA Board and strategic directions and processes through the liaison work of the HLTN convenor.

With the new federal government driving a comprehensive social inclusion agenda, a large number of departmental reviews have been called for, creating an opportunity to lodge organisational submissions and attend community consultations. In this reporting period NAPWA (through the HLTN membership) has been represented at many of these community consultations, and have lodged a number of submissions – with several more in the drafting process at the time of writing.

Specifically, HLTN members have contributed to the development of a submission to the Job Capacity Assessment Program and assistance for people with barriers to work, which was lodged in February 2008. NAPWA was represented at the ACOSS Social Inclusion Conference in Melbourne and continues to collaborate through representation at ACOSS members' meetings and looks forward to working with ACOSS as it develops a national not-for-profit sector compact with the federal government in the coming months.

HLTN members represent NAPWA on the Straightpoz Advisory Group, the Multicultural HIV and Hepatitis C Service Advisory Group, a number of Centrelink reference groups, a number of Australian Human Rights Commission (AHRC) public forums and, in February 2008, NAPWA signed on to the Welfare to Work Reform Group joint policy statement.

HLTN members have also been represented at regular Australian Federation of Disability Organisations (AFDO) members' meetings and see AFDO as a key ally in the development of a number of submissions in the coming year relating to disability, pensions, employment, mental health and housing.

HEALTH, TREATMENTS AND RESEARCH PORTFOLIO

Convenors: John Daye and Bill Whittaker

Bill Whittaker and John Daye, NAPWA's Health, Treatments and Research Portfolio co-convenors, have led a productive year representing the interests of this NAPWA portfolio in the work of advocating on health and treatments-related issues for the membership.

Both co-convenors were intensely involved during July 2007 at the International AIDS Society Conference on HIV Treatment, Pathogenesis and Prevention, held in Sydney. Two highlights of that period were John's closing remarks at the conference as the chair of the organising committee's Community Advisory Board, and Bill as an invited speaker at the formal NCHECR 21-year anniversary proceedings. So much of the NAPWA presence through these meetings ensured this international conference had a distinctly oceanic community focus.

The portfolio continues to maintain intense monitoring and negotiations with industry and in this reporting period this has resulted in Special Access Schemes being created for four new HIV drugs. A commitment by the portfolio to continue to try and support the Australian positive population in health maintenance and clinical service has promoted ongoing research collaborations and projects exploring options for new models of service delivery. This has occurred alongside NAPWA's ongoing work in monitoring new scientific advances and the development of new technologies for monitoring and diagnostics. The ongoing advocacy effort has been high on the agenda this year with the portfolio working to secure another MSAC review.

The ability of both John and Bill to seemingly appear in two places at once has been tested to the limit. As well as ongoing work for the portfolio with networks across the international clinical and research areas, including INSIGHT, they have provided key input on multiple working groups and advisory committees particularly with our Australian partner organisations, ASHM and NCHECR. (A list of these key advocate positions is listed at the end of this document.) As an example of this high-level work, John Daye has been NAPWA's long-standing representative through the Commonwealth MSAC processes as we advocate for the listing of HIV genotype tests for clinical use in Australia.

The two have also maintained a high profile within the NAPWA network advising on treatment policy and education. Bill Whittaker has been instrumental in developing the Treataware brand and both co-convenors have continued to provide support for the project as 1800 phone line operators.

NAPWA's Health, Treatments and Research profile continues to build, and this has much to do with John Daye and Bill Whittaker's enthusiasm, skill and the respect they enjoy from other key players in the sector. It is work that keeps the focus on better health outcomes for people living with HIV in Australia, and better ways to ensure the best service delivery for the population into the future.

POSITIVE ABORIGINAL AND TORRES STRAIT ISLANDER NETWORK (PATSIN)

Convenor: Wilo Mawudda

During the 2007–2008 reporting year, PATSIN has met three times for two-day face-to-face programs (November 2007, February and June 2008). At the first meeting of 2008, PATSIN elected a new convenor, Wilo Muwadda. The PATSIN membership thanked the previous convenor, Terrilee Simpson, for her two years of dedication to PATSIN and a handover was conducted.

Wilo has been a member of PATSIN since 2005 and is a Kalkadoon man from Mount Isa in north Queensland. He is currently working in Brisbane as the Program Manager for the Two Spirits Project of the Queensland Association for Healthy Communities (QAHC).

PATSIN currently has six core members and one affiliated member who regularly attends meetings, from a total membership of 12. This year marks the fifth year since the conception of PATSIN at the NAPWA Conference in Adelaide in 2003.

A drive for membership is currently underway within PATSIN to increase sitting members and mail-out members of the network. We have had a couple of resignations recently and also some new members. One of our new members is a young person who is interested in representing Aboriginal and Torres Strait Islander youth living with HIV.

Due to its current situation in the HIV/AIDS sector in Australia, PATSIN has re-worked its processes and guidelines to follow principles based on consensus. This follows a consultation process that saw the membership develop and adopt a new vision statement and terms of reference. The membership also developed a background statement and rationale to the network's formal guidelines and, at the last meeting in 2007, endorsed a roles and responsibilities policy that will guide the functions and activity of the membership.

These new principles, policies and agreements set a framework that will assist in identifying and prioritising issues that are supported by the whole network.

Through NAPWA, PATSIN is intending to meet with the Office for Aboriginal and Torres Strait Islander Health (OATSIH) to discuss opportunities for the network to build the members' capacity to work with community and promote the inclusiveness of meaningful participation of Indigenous people living with HIV in all aspects our communities.

Ongoing funding continues to be an issue for the network. While we acknowledge the support of NAPWA, the membership also strives to source alternative funding streams from both government and private sectors. PATSIN, through the convenor, attends the twice-yearly NAPWA general meetings, and receives all network communications through the secretariat. PATSIN is also recognised as an associate member of NAPWA.

We have developed some strong relationships with international organisations representing Indigenous people living with HIV, including Igat Hope in Papua New Guinea, Two Spirits in Canada and INA in New Zealand.

In 2007, PATSIN pursued the possibility of offering an ex-officio position to the National Aboriginal Community Controlled Health Organisation (NACCHO). The Network has also lobbied for a positive voice on the Indigenous Gay, Sistergirl and Transgender Strategic Alliance for HIV/AIDS & Sexual Health Promotion (ISA), and in the spirit of collaboration currently hosts an ISA representative to PATSIN meetings in an ex-officio role. Our ongoing work with the Indigenous Project of the Australian Federation of AIDS Organisations (AFAO) has led to PATSIN being a founding member of AFAO's new twelfth member, the Anwernekenhe National Association (ANA), a national Aboriginal and Torres Strait Islander HIV/AIDS organisation.

In the term of this annual report, PATSIN members have submitted two abstracts to the IAS Conference in Mexico City: one celebrating the development of the *Two Songs for Healing* CD launched in early 2007, and the second abstract being a performance piece that looks at traditional healing and HIV.

In early 2007, PATSIN identified a number of training areas of relevance to the membership. The network has prioritised training and education and has agreed upon a program, the PATSIN Training Agenda, which will see regular training offered to the membership at scheduled face-to-face meetings. The network acknowledges the ongoing need for training and education within a diverse membership and will continue to provide education, training and professional development as opportunities and needs arise. In coming meetings, the network aims to provide training in relation to equity, justice and advocacy, with the areas of indigenous epidemiology and public speaking also seen as important issues for future training.

The membership has identified the need for a regular PATSIN newsletter. Several steps have been taken to progress this issue and a format for the resource has been developed. At the time of writing, changes in membership and workload have frustrated the progress of this initiative, however it is hoped that a PATSIN newsletter will soon be produced and available to the membership and wider community.

WOMEN'S NETWORK

Convenor: Katherine Leane

The NAPWA Women's Network continues to flourish. It has been an exciting time to participate as the original portfolio expands into a viable network.

During the reporting period we held six teleconferences, one face-to-face meeting and a recent call for expressions of interest resulted in two new women on the advocacy and policy group. The OzPoz email loop continues to ensure that a diverse range of information relevant to positive women is broadly disseminated. Regular feedback and information exchange ensures that the network continues to identify and then prioritise the key issues for positive woman at a local, state and national level.

As indicated in our invigorated work plan, the model of utilising small working groups continues to be an effective way of working successfully. This was demonstrated by the finalisation of a NAPWA best practice position paper on support for HIV-positive parents and their children, which we highly encourage the adoption of by NAPWA members and other HIV sector organisations.

Many positive women had flagged issues around childcare and potential barriers to participation across all levels in the HIV sector as a real concern. After discussion it became a priority focus for a small working group, leading to the development of this important document.

Similarly we have an ongoing watching brief on the universal antenatal HIV testing guidelines and the active rollout and implementation of such guidelines and how we can best collate this valuable information.

The criminalisation of HIV has been a big issue and the network, in its advocacy role, continues to ensure a gender balance perspective to this topical debate.

NATIONAL PORTFOLIO

The women's network has experienced an increase in its national profile, and was invited to participate in Sydney at the 4th IAS Conference in a Women Living Positive roundtable discussion. At the important annual face-to-face meeting we supported a woman from rural NSW to attend as an observer, and many of our members attended the launch of *Treat Yourself Right*, a valuable national resource for positive women developed by the AFAO/NAPWA Education Team (ANET). The women@napwa group was consulted extensively on this revised edition and set up a digital display at the launch. The network chair spoke at the event about the experiences of women living with HIV in Australia to raise awareness and focus on the relevant issues still faced by positive women.

The federal minister for the status of women, Tanya Plibersek, launched the resource on International Women's Day, ensuring that positive women's voices and visibility were high on the national agenda.

Ongoing feedback and information exchanges ensure that the network continues to identify and then prioritise the key issues specific to positive women at a national level.

Links to the United Nations Millennium Development Goals around the issue of gender equality were a focus topic at the yearly face-to-face meeting and resulted in six key recommendations. In relation to our invigorated work plan these will guide appropriate action or discussion over the coming year.

A growth in NAPWA's roles and capacity combined with structure changes have resulted in the development of a communications pathways document. This will facilitate an improvement across communication and clarify processes within the whole organisation.

We continue to build on and increase the information and links on the women's page of the NAPWA website.

In conclusion I would like to thank all the positive women who have contributed to the network over the years including all past, present and new members, and the NAPWA secretariat staff for their ongoing support, especially the National Portfolio and Network Coordinator for ensuring smooth running. Finally the women's network would like to acknowledge Jo Watson for achieving 10 years with NAPWA and throughout that time providing such visionary and consultative leadership.

State of the positive nation

NAPWA's member organisations provide the critical link that connects our organisation to its constituents – people living with HIV. In all states and territories, NAPWA representatives provide an essential conduit of communication between the national organisation and the people we seek to represent.

For this report we asked representatives from each state and territory to discuss the key challenges faced by their organisations and by local positive people, and the ways in which those challenges were responded to in the 2007-08 year. A number of common themes emerged, and a number of innovative responses were identified.

Criminalisation of HIV transmission

A number of high-profile criminal HIV transmission cases during the year meant the issue of criminalisation was a commonly identified key area of concern.

In Victoria, the trial of a Melbourne man on multiple counts of deliberately transmitting, or attempting to transmit, HIV created national headlines and led to the sacking of the state's chief health officer and a change in health minister. As well as raising questions about the legal status of positive people who put others at risk, the case created concerns within the community about the confidentiality of medical records and the appropriateness of procedures for the management of those who put others at risk.

"Part of the reason there was so much trepidation about it was that it raised the issue of stigma," said PLWHA Victoria President David Wain. Amplifying the uncertainty that many positive people feel about their legal rights and obligations, the media interest in the case reinforced old stereotypes of gay men and those living with HIV as dangers to the community.

In the lead-up to the trial, PLWHA Victoria developed a media response plan and held a well-attended public forum on the legal rights and responsibilities of positive people. The organisation kept a watching brief on what was expected to be an event with intense media coverage, but following a decision by the presiding judge to close the court, the case was not exposed to as much media scrutiny as had been anticipated.

In South Australia, the case of a man accused of infecting multiple partners with HIV continues to create several challenges for the local community. Following highly sensationalised media coverage of the case, the SA state government publicly floated a proposal to change the law to force HIV-positive people to disclose their status before sex, regardless of whether safe sex practices were followed. This proposal was strongly opposed by PLWHA SA, who worked in collaboration with ACSA and other community sector partners to have the amendments withdrawn.

"We believe [the proposal to require disclosure] undermines basic human rights, especially when there is no evidence that this approach achieves justice or prevents transmission," PLWHA SA President Tony Minge said. With the criminal case and the government's proposals being aired almost daily in the local media, PLWHA SA acted to inform the local community about the issues, holding a public forum and providing additional information via their newsletter. In particular the organisation stressed the importance of maintaining an accused person's right to the presumption of innocence.

Overall, the criminal case and the successful intervention to prevent a highly detrimental change to public policy presented a significant challenge to HIV sector organisations in a smaller state, and required the rapid development of a politically astute coordinated response. PLWHA SA will continue to monitor the issue and respond as required in the future.

In the ACT, the trial and subsequent conviction of an HIV-positive sex worker also drew considerable media interest. The handling of the case by the ACT health department was criticised by NAPWA, local HIV organisations and the Scarlet Alliance. PLWHA ACT, along with the AIDS Action Council of the ACT, has been working with the ACT health department since the case first came to light, and advocating strongly to ensure that accepted guidelines for management of people who place others at risk of HIV are followed in the future. The strength of the two organisations' relationship with the ACT government has been a key factor in delivering a positive outcome in this important area of advocacy.

The planned opening, in February 2009, of a new detention centre has involved PLWHA ACT and the AIDS Action Council in the development of the Health Services Plan for what will be the territory's first prison. Through their involvement with the ACT Community Corrections Coalition, the two organisations are working to ensure that best-practice models for HIV prevention are followed in the new prison and that any HIV-positive inmates are appropriately supported.

Health promotion

Positive Life NSW continues to show leadership in the development of social marketing campaigns for people with HIV. The launch of *Getting on with It Again*, a significant resource dealing with long-term life planning, was a highlight of the year. The written resource is supported by a peer support workshop that has been run in Sydney and regional centres. A new campaign dealing with serodiscordant relationships has been developed and will be launched in the coming year, as will a new resource focusing on hepatitis C targeted at sexually adventurous gay men.

In the ACT, a new model for combining health promotion with social engagement has been developed. With funding from the Elton John AIDS Foundation, the organisation is planning a 'health promotion retreat' to be held in February 2009. PLWHA ACT has held regular retreats for positive people over recent years, but next year's retreat will have a new focus on health promotion, HIV prevention and healthy living in addition to providing a vital social and peer support activity for people living with HIV in the ACT.

For PLWHA Victoria, HIV health promotion is an increasingly significant part of the organisation's work, and also a challenge. The 'Down and Dirty' events for HIV-positive gay men have been a particular success, as have the Treatment Interactive events, which provide community-based treatments education in a relaxed, social environment. But this health promotion work represents a new area of endeavour for PLWHA Vic and a shift in its mission from being principally focused on advocacy and representation to a broader health promotion role. The organisation is strongly aware of the potential tension between this new work and its core mission.

Queensland Positive People (QPP) has been active in health promotion on several levels, including taking a strong position in response to the 'Swiss Statement' at the annual Sexual Health Clinicians Conference in Brisbane, and lobbying Queensland Health to fund additional places on the Sculptura Trial, ensuring that places were available for all those in the state who qualified.

QPP's campaign 'HIV: It's a Life Sentence' was launched in September 2007. The controversial safe-sex reinforcement campaign represents an important milestone for QPP. "We've worked in partnership with QAHC and others on smaller campaigns, but 'It's a Life Sentence' was our first independent major campaign," said QPP President Robert Langdon. In the coming year, QPP will launch a new smoking cessation campaign targeted at HIV-positive people.

Discrimination

PLWHA SA has dealt with a number of cases of workplace discrimination in the last year, and noted that this presents a barrier to returning to work for some positive people. Although discrimination on the basis of HIV is illegal, employers continue to find ways of dismissing people if their status becomes known, making advocacy in these cases often difficult.

QPP also identified workplace discrimination, and the need to build greater acceptance of positive people in employment, as an issue. "It goes back to invisibility and stigma and discrimination, and people needing at times special support in the workplace [if they're] too afraid of losing their jobs or being moved sideways or being bullied – particularly in larger workplaces." As well as responding on a case-by-case advocacy basis, QPP has started discussions with partner organisations about a future campaign.

Strengthening PLWHA organisations

For QPP, a long-standing challenge has been how to build relationships with, and provide services to, people living across the state. In 2007, QPP President Robert Langdon undertook a 'state tour' to meet with service providers, identify areas where the organisation was not meeting its mission to be truly statewide, and listen to the concerns of positive people directly. The tour visited eight regional centres, talking with sexual health nurses, other people working in the HIV arena, and positive people.

A key finding was that there is a real need in regional areas for reliable, authoritative information on HIV that can be accessed discretely, particularly in small towns where disclosure of HIV status may not be an option. "It was fairly problematic for people in small country towns [who] didn't want to go to groups, they didn't want to be seen to be HIV-positive in their communities, and so as a consequence of that they tended to lack current information. People didn't even want to take brochures and booklets away from their doctors in case they were found by other people."

The finding led to the development of a new QPP website, launched in February 2008. "Our philosophy with the website is that that is the front door to our office," said Langdon. "Because positive people in Queensland live all over the place, most people were going to access QPP first through the website or our 1800 number, not necessarily through the front door of the office." In addition to the educational resources, publications and other material on how to live with HIV in Queensland which are available on the website, QPP plans to add online forums and blogs.

Positive Life NSW is developing new ways to communicate with its members and stakeholders. A new email newsletter has been developed to supplement the long-standing print publication *Talkabout*, and the organisation is looking at ways of using mainstream media to reach people living in suburban and regional areas, who may not otherwise engage with HIV organisations.

In Western Australia, HAPAN has struggled to maintain and membership and member involvement at the Board level. At the time of writing, the organisation was preparing for its AGM and hopeful that there will be a level of interest and enthusiasm for becoming involved with a reinvigorated Board. NAPWA President Robert Mitchell has been invited to provide the keynote speech for the meeting.

Stigma, social isolation and exclusion

The stigma of living with HIV is especially keenly felt by people living outside the major cities. Even in the national capital, this 'country town problem' creates barriers to disclosure and participation for many people living with HIV. "A lot of people are very hesitant to come out with HIV because it's really just a small town," said ACT representative Mick Doring.

This feeds into difficulties with maintaining community engagement among people with HIV – PLWHA ACT reported difficulties in attracting members and volunteers among the local positive population. Improving health has enabled many people to return to work, however this leaves less time for participation in social and advocacy activities, creating a trend towards disengagement from the organisation. Developing activities which meet the changing needs of people with HIV and which stimulate client involvement is a key focus.

PLWHA SA noted that ageing with HIV, low self-esteem and the impact of living with HIV long-term continue to present challenges for positive people and service providers. Depression, mental health and alcohol and drug abuse often compound this problem.

In Tasmania, geographical isolation and the small size of the positive population has contributed to social isolation and hampered the development of a united HIV-positive community. Tasmania remains the only state without a formal PLWHA organisation, however a change to the constitution of PLWHA Victoria in late 2007 has meant that positive people in Tasmania are now entitled to become full members of PLWHA Vic.

The number of people from the north and north-west of the island attending social events in Hobart has, however, increased in the last couple of years. Lunches, day trips and an annual retreat have been organised during the year.

Access to treatment, care and services

Geographical isolation also affects the access of to HIV medical services in Tasmania. The state has only one S100 prescriber in private practice – for people outside Hobart, this means their only access to clinical care is via their local hospital where only part-time HIV services are available. Indeed, many positive people in northwest Tasmania find it easier to fly to Melbourne for treatment. Attempts have been made to advocate with the health department to improve the availability of HIV services in the north of the state, but without success. There is a perceived lack of engagement with HIV more broadly within the state health department, a situation that NAPWA representatives are concerned carries the very real risk of increasing HIV incidence in the future.

Working to improve access to services for people living with HIV, Positive Life NSW implemented major enhancements to its systemic advocacy program during the year. Following the development of a new strategic plan (discussed at last year's NAPWA AGM), the organisation put in place a broad-based systemic advocacy plan which seeks to influence state and federal policy in key areas affecting people with HIV, including discrimination, access to services and mainstreaming.

"It's about services for people with HIV, access to mainstream services and some of the long-term issues we've all struggled with – things like insurance discrimination and health systems advocacy," explained Positive Life CEO Rob Lake. "A big issue that we're working on is the impact of recognition of same-sex relationships for people on pensions."

Funding has been secured from the NSW government for a new staff member to support the program, which will work with other agencies (including NAPWA through the HIV Living Today Network), make submissions to government and actively engage with the broad systemic challenges facing people with HIV.

In South Australia, changes to the way S100 medications are dispensed have created problems for some positive people, especially those living in poverty. A long-standing subsidy which enabled positive people to access medications on a 'three for the price of one' basis was withdrawn during the year. The change means that people on treatments face a significant additional burden in meeting increased co-payments, and PLWHA SA is concerned that some people may be forced to choose between having their prescriptions filled or meeting the cost of food or housing.

PLWHA SA is lobbying the state government to have the subsidy reinstated, and has commenced an evidence-gathering process to support these efforts. As well as evidence of the financial burden of living with HIV, the organisation is collating reports relating to the impact of HIV treatment on reducing community viral load and the transmission of HIV.

In the Northern Territory, limited HIV-specific clinical services outside Darwin create barriers to treatment for people who do not live in the capital. Clinical staff have limited awareness of the issues affecting people living with HIV, and many medical clinics do not even have adequate supplies of HIV educational materials. Dr Cathy Pell's relocation to the territory from NSW on a two-year contract has been particularly well received. "She has a good understanding of the issues of positive people; she's extremely compassionate," said PLWHA NT's Mark Halton.

In Queensland, access to HIV clinical services outside the major cities can be problematic. While most large centres have a sexual health clinic – about 80 percent of the population lives within an hour of a sexual health clinic or an infectious diseases unit of a public hospital, "the problem is there's a lack of [S100 prescriber] doctors," said Langdon. For example, the doctor from the sexual health clinic in Townsville covers an area equivalent to 17 times the size of Europe, travelling from clinic to clinic.

In Western Australia, the closure of the Living Centre has had a significant impact on the lives of users of that facility. HAPAN has been lobbying with the centre's operator, a Catholic charity, to have the facility reopened and to agree a new client-centred model of service provision.

Living in poverty

Most states and territories highlighted the challenges of people with HIV who live in poverty. In recent years the rising cost of living, reduced access to the Disability Support Pension and problems with the Centrelink work capacity assessment process have exacerbated this problem. Increasingly, PLWHA organisations are faced with these problems on a daily basis, with those least able to cope placing the greatest demand on services. There is a shortage of supported housing and accommodation for high-needs clients, with PLWHA SA and QPP identifying this as a key tension in their states. QPP believes there has been a lack of investment by governments in this area, not just in Queensland but in all states. "Both housing and health care buy straight into the lack of investment in infrastructure over the last 10–15 years," Landon said. Attempts have been made to influence policy in this area, but with little success. Working with clients on a case-by-case basis has proven more productive, working with other agencies to place clients in need into supported housing usually with a high success rate. In spite of these challenges, PLWHA organisations continue to provide invaluable support for members of the community in need, through direct financial assistance, food programs, supported lunches and social events. In South Australia, the HIVE program, which provides free food and groceries to people in need, celebrated its fifth anniversary. At a time when demand for the service has risen by more than 20 percent, PLWHA SA was successful in raising additional funds to meet the needs of the service. With demand for the service likely to rise in coming years, PLWHA SA has developed plans to increase links to other charities and ensure the sustainability of the service. Victoria's Michael Masters Fund provides direct financial assistance to improve the quality of life of PLWHA Victoria members who face financial hardship. While limited funds have restricted the fund's capacity to provide disbursements in recent years, in 2007-08 the Fund was successful in obtaining significant financial support from a number of GLBT community organisations.

Working in partnership

In South Australia, the State HIV Action Plan has been under review, with proposals under consideration to mainstream HIV services and to implement a competitive tender process for service funding. If adopted, these proposals have the potential to place a new administrative burden on PLWHA SA, a small organisation that may have to compete with much larger and better-resourced, but non-HIV-specific, providers for funding. The lack of information and threat of sector-wide change makes long-term planning impossible and creates uncertainty, with the organisation admitting, "we just don't know how this sector is going to look in six to eight months' time."

Likewise, in Victoria, the Integrated Service Model project has presented a major area of work during the reporting period. The project seeks to outline current practice, identify gaps in service delivery, and make specific recommendations for improvements within the HIV care and treatment sector. A final report delivered in November 2007 outlines a major restructure of the delivery of HIV care services in Victoria, with specialist HIV services, HIV programs and targeted mainstream services reoriented to deliver an integrated set of HIV programs. Along with its state partner organisations (notably the Victorian AIDS Council), PLWHA Victoria had substantial input into the development of this model and will be actively engaged in monitoring and critically evaluating its implementation in coming years.

One of the priority actions identified by the Integrated Services Model report is 'Strengthening Positive Voice'. The Department and the three positive organisations in the state – PLWHA Victoria, Positive Women Victoria and Straight Arrows, are involved in ongoing negotiations to develop stronger linkages, joint priority setting and joint program delivery where appropriate. PLWHA Victoria is strongly committed to continuing to support and work collaboratively with these partner organisations, each of which represents a cornerstone of the voice of positive people in the state.

Building an effective strategic relationship with the Department of Human Services is another area where PLWHA Victoria has been active. The change in health minister and chief health officer following the outcry over the management of the Michael Neal case presented both a challenge and an opportunity for PLWHA Victoria. Strategic engagement by outgoing president Brett Hayhoe has ensured that the organisation has quickly built a strong relationship with the new health minister.

In the Northern Territory, the representation of positive people at NAPWA and in other state and national structures remains problematic, with PLWHA NT struggling to secure funding and member engagement. PLWHA NT continues to work collaboratively with NTAHC but, without ongoing core funding for the organisation, there are limits to the amount of services the group can offer. Despite these pressures, PLWHA NT has been successful in obtaining funding from local businesses and the Elton John AIDS Foundation, which has enabled it to provide a number of well received social and health promotion activities, and to provide emergency financial assistance on a limited case-by-case basis.

Positive Life NSW conducted a workshop for media representatives at the end of the year, part of a broader strategy to build an independent profile for the organisation and engage directly with the media to improve understanding of key issues and build direct relationships with reporters. A training program for positive people to act as media talent around World AIDS Day has also been developed.

A new Positive Speakers' Bureau has been established in Queensland, the product of a partnership between QPP, Hepatitis Queensland, with involvement from the Ethnic Communities Council of Queensland and the University of Queensland. An MOU has been signed by the partner organisations, a pilot event was held last year and the first round of speaker training is now being planned. Input was obtained from PLHWA Victoria in the planning stage however the Queensland PSB will be developed on a new model to reflect the inclusion of hepatitis in the bureau.

Funding for a part-time coordinator has been sought.

For PLWHA Victoria, maintaining strong and sustained collaborations with partner organisations, and particularly funders, was identified as an important issue. While this organisation has a healthy relationship with its major funder (the Victorian Department of Human Services), funding for the organisation's programs is negotiated on a year-on-year basis and the long-term security of funding is limited by the willingness of the Department to approve funding requests each year. PLWHA Victoria plans to work with the funder towards a longer-term funding arrangement in coming years.

Challenges

Several organisations acknowledged the challenge of maintaining relevance in a changing HIV environment. As the effectiveness of treatments has improved, the number of people dealing with poor health has declined, yet there remain significant sub-populations who struggle with multiple comorbidities, mental health issues, treatment side effects and – a major challenge – ageing with HIV.

Against this background, all of our member organisations are engaged in a critical review of their role in the ongoing response to HIV in Australia, asking the important question of how they can evolve alongside the epidemic, maintain engagement from their constituencies and the support of their funders – all the while ensuring that those most at risk, or living on the margins of the success story that is modern HIV medicine, are not left behind.

PLWHA NSW's decision to change its name to Positive Life NSW reflects this critical re-evaluation. While rebranding is only a small part of the process, Rob Lake says the symbolism is important. "We wanted to make a statement and that was what the rebranding was about – recognising that things were changing and we needed to change. I don't think we've made all the changes that we need to do, but this was one of them," he said. The organisation hopes to build on this process of critical reflection through a 10-year future planning exercise, looking at governance, capacity development, staffing and re-imagining the organisation's role into the next decade.

At the same time, there are increasing moves by state and territory governments towards greater mainstreaming of HIV services and the use of competitive tenders to award contracts. While this approach caused considerable angst in Queensland when it was implemented 3–4 years ago, Robert Langdon now says his organisation has come to terms with the change. "It's a long process but it actually fits in with the way positive people in Queensland live," he said. "Most people are quite happy to use mainstream services." The change in philosophy was "a struggle" for the organisation at first, Langdon said, requiring a far-reaching restructure and capacity development process that is still ongoing.

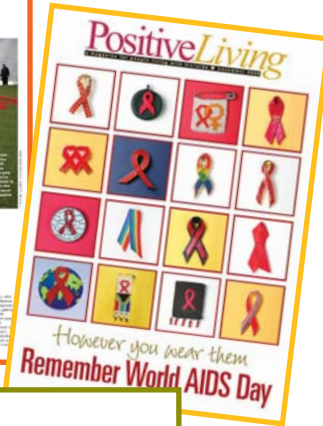
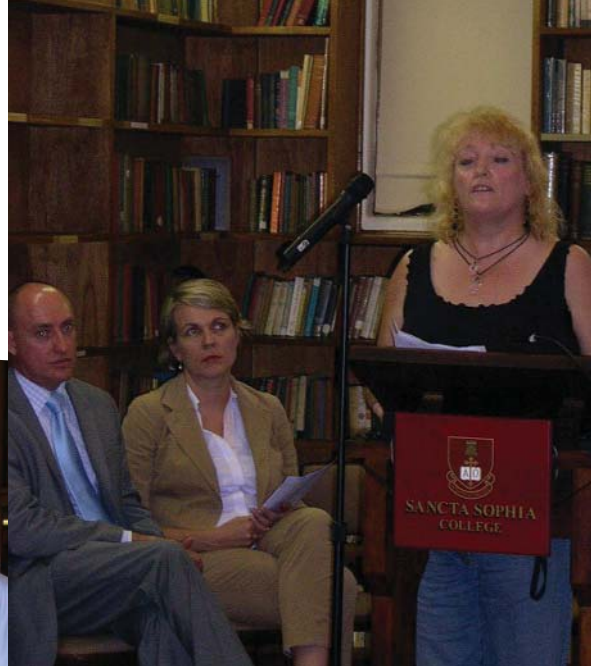
"It's all about empowerment of the individual and developing leadership within communities. It's a recognition that HIV-positive people aren't one-size-fits-all."

Celebrations

Several organisations celebrated key milestones this year. For PLWHA SA, 2008 marked the fifth anniversary of the HIVE, its successful food and grocery program. For Positive Life NSW, this was the year that saw the organisation complete a major strategic refocusing and rebranding exercise. For QPP, this was the year that marked the emergence from a four-years-long capacity development learning curve in response to radically changed HIV sector funding arrangements. In Western Australia, the reinstatement of the annual candlelight vigil in May provided an opportunity for remembrance and celebration of lives lost. And for PLWHA Victoria, the organisation's 20th anniversary was marked in 2008 with a celebration dinner.

This report was prepared by Paul Kidd based on interviews with Mark Halton (PLWHA NT), Des Hargreaves (Tasmania), Mick Doring (PLWHA ACT), Diane Forrester (HAPAN WA), Tony Minge (PLWHA SA), Robert Langdon (QPP), David Wain (PLWHA Vic) and Rob Lake (Positive Life NSW).

TREAT YOURSELF RIGHT LAUNCH



PUBLICATIONS



TREATAWARE LAUNCH AND MATERIALS



Want to talk about HIV treatment and health care over the phone?
1800 817 713
 FREE CALL MONDAY-FRIDAY 2-7pm EST
If you need an interpreter, please call the Translating and Interpreting Service (TIS National) on 131 450 and ask to speak with NAPWA.
www.treataware.info 



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AIDS TREATMENT PROJECT AUSTRALIA

ATPA Program Coordinator: Brent Beadle

For over nine years now, the AIDS Treatment Project Australia has worked across community and sector networks around the country. HIV treatment information and education in various forums and events, training courses, printed resources and worker outreach have been provided to positive people, their friends, families and carers, and to aligned health care and information support workers.

Back in 2003, *A Different Kind of Road Map*, a report on the AIDS Treatment Project Australia, was produced. Five years on, this report continues to guide the evolution of the ATPA, and the integration of its work into the broader NAPWA health and treatments framework.

Joint meetings of the ATPA Advisory Group and the Treatments Policy Advisory Group (TPAG) merge policy direction decisions and education and information initiatives, ensuring both groups work more efficiently with the available professional and financial resources. A reciprocal exchange of ideas and strategies from the membership of the two groups supports the work in both creating policy and in determining education interventions and ways of information dissemination.

These advisory groups and their volunteer members (some of whom are active on both groups) are an example of tenable resource sharing, consistently focusing on a range of stakeholders. Initiatives amalgamating the substantial work of the NAPWA Health, Treatments and Research (HTR) Unit and overarching advisory and reference groups has also occurred. The ATPA retains its own identity, but the work of the ATPA is accounted for within the overall work of the unit.

These groups drive the direction of the project. Clinical and community perspective is represented through various individuals – the ATPA Advisory Group community co-convenor is John Daye, and the medical co-convenor is Dr Brian Hughes (John Hunter Hospital, Newcastle).

Dr Nick Medland, (previously at the Centre Clinic, Melbourne, now working in Vietnam), has stepped down after almost seven years on the ATPA Advisory Group, as co-convenor for half of that time. His insights were enlightening, sometimes provocative, but always useful for ensuing work of the project; we acknowledge and miss him.

We have been fortunate to have a consistently professional representation on the group. Recently, Dr Cathy Pell, who is based at Clinic 34 in Darwin, has joined the group, which also includes Dr Virginia Furner (Albion Street Centre, Sydney), Dr Sarah Huffam (working abroad), Australian Federation of AIDS Organisations (AFAO) representatives Sally Rowell and Simon Donohoe, and Jo Watson, Peter Canavan, Adrian Ogier and Brent Beadle from NAPWA.

As co-conveners for the work of the HTR Unit, Bill Whittaker and John Daye share responsibilities for developing the scope of the objectives that guide HTR activities. They also act in the capacity of NAPWA-appointed chairs for the Treatments Policy Advisory Group (TPAG), ATPA and National Treatment Officer Network (TON) meetings.

At an activities level, a good example of this merged resourcing is well illustrated through the Treataware Project, a novel set of initiatives incorporating a pilot telephone information and referral service line, a clinical trials database that lists all the current HIV trials and studies in Australia and a resource booklet. Each of these parcels of work has involved a variety of people from all of the aforementioned groups and other dynamic individuals.

The ATPA manages this project for NAPWA through another vibrant individual, project officer Kate DeMaere. Thanks to her enthusiasm and coordination of fellow staff, the Treataware Advisory Group, and a number of volunteers (including Kate's partner), the project was well launched.

The very popular treatments and healthy HIV living forum, 'Chin Wag' – a community chat show with Tobin Saunders (Vanessa Wagner) and Kath Albury (Nurse Nancy) travelled to Adelaide and Port Macquarie this year. Repeat requests by agencies around the country demonstrate the value of this forum to communities.

Short Courses in HIV Medicine, generally organised in collaboration with ASHM, continue to be held twice a year. These courses, tailored to the needs of community workers and volunteers or HIV-focused pharmaceutical company staff, feature presenters from an established fleet of health workers across related disciplines and in particular GPs working with high HIV case loads of positive patients. Consistently evaluating very well, the demand for ATPA Short Courses in HIV Medicine continues.

The HIV Treatments Update Forum 'road show' format is up for discussion this year at the ATPA planning day, as we consider innovative formats and specifically focused content matter. The road show has always been a major component of the available human and budget resources. These forums have always evaluated well in the past, and will most likely continue in some form.

Fact sheet development and revision to ensure that information is up to date and relevant is an important ongoing area of work. The most recently rewritten or revised ATPA facts sheets are those about lipotrophy and cardiovascular disease, both still current and continuing topics of concern for many positive people. As well as national distribution in hard copy, the ATPA fact sheets can be viewed and downloaded from the NAPWA website.

Other resources on the ATPA pages of the NAPWA website include an updated version of the *Up, Up and Away* guide for positive travellers and, through the Treataware project, the checklist guide *Getting the Best HIV Care*.

The national Treatment Officers Network (TON) continues to have regular email contact. This electronic liaison is very useful for workers to discuss issues and seek assistance from one another for clarification of topics that are new or complex. Face-to-face meetings are provided through the sponsorship of individual pharmaceutical companies. Their support, and presence at the meetings is determined by new data and studies around drugs and new targets, and the progress and outcomes of phases of their drug trials.

This year sponsorship for the network members to attend and meet at the annual ASHM Conference in Perth provides further useful continuity in networking and support for workers. As in the past, representatives from each state and territory, and New Zealand, make up the network.

By the time you are reading this there will have been other changes. A decision has been made to use Treataware as the brand for the project activities previously promoted as the work of the ATPA. A new Certificate of Registration of Business Name has been issued from the Department of Fair Trading, and in coming years the ATPA will be known as Treataware.

HEALTH, TREATMENTS AND RESEARCH UNIT

Peter Canavan/Adrian Ogier

This has been a progressive year for the health, treatments and research work of NAPWA. In January, Peter Canavan stepped out of his role coordinating the HIV Living Project to become Senior Coordinator of the new Health, Treatments and Research Unit and was joined by Adrian Ogier as Project Officer.

In the same month, a work plan was developed which mapped out the tasks staff and portfolio convenors would undertake. The plan has helped focus all our roles while drawing together the many facets of NAPWA's treatment work. For example, the AIDS Treatment Project Australia (ATPA), the Treatment Officers Network (TON) and the Treatment Policy Advisory Group (TPAG) now share meetings, an initiative which has enhanced membership as well as the flow of information.

Our engagement with the pharmaceutical industry continues to strengthen, with NAPWA participating in advisory board meetings and advising on issues of drug placement, research plans and regulatory approval processes involving the Australian Drug Evaluation Committee (ADEC), the Pharmaceutical Benefits Advisory Committee (PBAC) and the Pharmaceutical Benefits Pricing Authority (PBPA).

Special access arrangements have been negotiated with Pfizer Australia for the new CCR5 antagonist drug, maraviroc, with Schering-Plough for vicriviroc and SCH 532 706, and with Gilead Sciences for elvitegravir. We engaged in discussions with GlaxoSmithKline Australia in response to the reported risk of myocardial infarction related to abacavir, and with Tibotec over the liver-related side effects of darunavir. Our negotiations have highlighted the importance of good communication within the sector and emphasised the need for more research and resources to be channelled through community organisations.

Collaborations with national centres and international networks continued this year with NAPWA encouraging many new research efforts while continuing to champion equitable treatment access. Negotiations to expand the scope of the Australian HIV Observational Database (AHOD) commenced, as did work towards a memorandum of understanding with researchers working on clinical trials. Jo Watson's participation in the INSIGHT network gave us a voice when some key strategic questions were posed by large international clinical trials. Bill Whittaker maintained our community presence on the Scientific Advisory Committee (SAC) and combined working groups of the National Centre in HIV Epidemiology and Clinical Research (NCHECR). Peter Canavan became clinical investigator on a National Health and Medical Research Council (NHMRC) study 'Investigating the capacity of the GP workforce to provide HIV care in Australia'.

NATIONAL PORTFOLIO

NAPWA's focus on addressing the growing complexities of HIV had a significant outcome this year with the Commonwealth agreeing to fund a 12-month project, overseen by NAPWA and the Australasian Society for HIV Medicine (ASHM), on Models of Access and HIV Clinical Service. Key national informants gathered early in 2008 and their input has contributed to a brief prepared for the Australian Research Centre in Sex, Health and Society (ARCSHS). This process has clarified just how much we don't know about Australia's HIV positive population. The four phases of the project include a literature review, identification of the principles and standards which underpin and should be included as part of the models of service delivery; defining desired models and finally, examining workforce capacity issues.

Considerable focus has been directed towards Treataware, our national education campaign launched in June. Each of the three components – the treatment information phone line, the checklist guide and the HIV clinical trials website – warranted significant input during development, training and launch phases, and continue to attract an ongoing commitment by all involved.

Discussions have been held with Boehringer Ingelheim, Stanford University (USA) and Positive Living (UK) on the value of NAPWA implementing the Positive Self-Management Program in Australia. The program is a peer-facilitated, goal-focused, self-help course for HIV positive people.

The unit participated in the program build for this year's ASHM conference and has been invited, among other things, to present four individual oral sessions.

Other issues in the reporting period include a significant area of focus on meeting the needs of Medicare ineligible and mechanisms to provide them with affordable access to treatment. We also looked at the ongoing access needs and arrangements for those with lipoatrophy taking into account some emerging approaches to treatment. We kept monitoring HIV subtypes and transmitted drug resistance in Australia and worked with NCHECR to ensure resistance testing is funded.

We also monitored some key Medical Services Advisory Committee (MSAC) applications including the tropism tests required for CCR5 inhibitor treatments. We developed a scoping brief for Access Economics to undertake work for NAPWA likely to include evaluations of cost of care and treatments programs and initiatives, noting long term costs and benefits and incorporating age stratifications.

Arising from the Communicable Diseases Network Australia (CDNA) process with the Blood-Borne Viruses and STI Sub-Committee (BBVSS), discussions were held around improving public health interventions through enhanced epidemiology and surveillance which highlighted the need for NAPWA to develop clear statements on the confidentiality rights of people living with HIV regarding the use of virology and phenotyping tests and the collection and storage of samples.

HIV health, treatment and research is a challenging, ever-changing area of work in which NAPWA is committed to representing the interests of the national positive community.

NATIONAL PORTFOLIO COORDINATOR

Scott Lockhart

This year has seen several significant changes to the portfolios and networks. Continuing on from the NAPWA Board's decision last year to formalise the Positive Women's and the Positive Aboriginal and Torres Strait Islander Network (PATSIIN), the Board has moved this year to re-form all portfolios (with the exception of Health, Treatments and Research) as networks – no longer requiring the positions of portfolio convenors.

Each of the formal networks – the HIV Living Today Network (HLTN), Health Promotion Education Network (HPEN) and the NAPWA Network for Regional Initiatives in Other Countries (NNRIO) – is chaired by a Board member who provides an important link from the network back to the Board.

This change has meant that each network now operates with greater flexibility, and a degree of creativity is afforded the networks, which are encouraged to fill their membership from a broad community base. The network structure provides the groups with the ability to identify and prioritise key issues for each domain and develop strategies to address advocacy and lobbying work – doing so through extended flexible networks, using the most effective community links and personnel and responsive flexible meeting schedules.

Much of the specific activity of the networks has been provided by other reports, so I will simply provide a brief overview of the status of each network as it relates to the broad thrust of their work.

In February this year the Positive Women's Network held a face-to-face meeting in Sydney – the meeting coincided with the long-awaited launch of the *Treat Yourself Right* resource. The launch (sponsored by AFAO) was well attended and very successful and being combined with the Positive Women's face-to-face provided a rare opportunity for the members to put a 'public face' to the network membership while increasing its public profile. The meeting afforded the Positive Women's Network an opportunity to re-prioritise strategies and issues included in its work plan. The network has recently completed a re-draft of its terms of reference, released a childcare position paper, and has seen a number of members representing positive women at a variety of forums around the country and overseas – each reporting their experiences back to the network.

The Positive Aboriginal and Torres Strait Islander Network (PATSIN) continues to grow and evolve. Currently the membership is a little low in numbers, however steps have been taken to increase the core membership and current members continue to professionalise and work toward national representation. PATSIN has held two face-to-face meetings during the course of the year and has prioritised training and capacity building as key areas of need for current members. Ongoing training will now be incorporated into face-to-face meetings as an important component.

In February 2008, NAPWA supported a group of interested people previously engaged with the legal, social welfare and care & support domains to meet for a face-to-face planning meeting to discuss the work of these domains and the merits of forming a new network to progress this broad and important work of the organisation. Delegates attending the two-day meeting agreed that a new network should be formed and the HIV Living Today Network (HLTN) was born – a new group for NAPWA comprising some 15 members. Since the initial meeting in February, HLTN members and secretariat have since developed and agreed upon an extensive work plan which sees members of HLTN engaged and represented at a number of important national peaks including; AFDO, ACOSS, AHRC (formerly HREOC) and various Centrelink committees and working groups. HLTN is a mechanism to inform and progress NAPWA activities around aspects of HIV living and provides a forum for interested positive people and PLWHA organisations to contribute to aspects of developing HIV living policy and advocacy.

In early 2008, the NAPWA Board and members of the previous Education Reference Group agreed that this group also be formally re-established as a network. The group has since changed its name to the Health Promotion Education Network (HPEN) and members continue to develop health promotion and education policy and advocacy. HPEN members have identified the need to develop a new work plan and terms of reference to ensure that the capacity of the network is maximized and facilitated as well as possible. The broadening of the focus of the network to incorporate health promotion sees the members necessarily engaged with a wide range of HIV sector stakeholders with members represented at a number of important and strategic forums including SAGE, EMF, ANET, ACOSS and the national research centres.

The NAPWA Network for Regional Initiatives in Other Countries (NNRIOC) is a newly formed network that held its inaugural meeting this year with 20 people in attendance, representing a broad spectrum of the international and regional advocacy peak organisations and research centres. NAPWA recognises that there is considerable focus on responding to HIV within the region by a number of organisations and structures. NNRIOC is set up to act as a mechanism for providing guidance and recommendations to the NAPWA Board on regional matters and also acts as an exchange point of information for network members. The activation of this network is consistent with NAPWA's role as the peak non-government organisation representing PLWHA community-based groups in Australia. Members attending the first NNRIOC meeting, overwhelmingly expressed satisfaction at the rationale behind the formation of NNRIOC and were very pleased with the content of the meeting and most keen to see the network continue.

ADMINISTRATION AND OCCUPATIONAL HEALTH+SAFETY

Michael Dwyer

This financial year, your administration team, under my coordination, has endeavoured to deliver a high level of commitment to administrative procedures to ensure the effective operations of the NAPWA office giving support to staff, Board members, member organisations and representatives. I believe we have, once again, achieved this aim.

The team saw the departure of Nicola Addison due to her resignation in January after five years' service at two days per week to the Association. Nicola's cheery disposition and no-nonsense attitude around the office is of course missed but as we all know nothing is forever and the show must go on. Her departure has seen José Machado move into the role of full-time 'communications conduit' at reception, attending to a multitude of tasks including handling of telephone calls, registering of incoming mail, attending to email queries, organising travel, accommodation and the like.

This year Graham Stocks has generally taken a 'behind the scenes' role in his two-day-a-week position attending diligently to the many tasks requiring sound commitment to detail including minute-taking at Board and staff meetings, data entry, contacts database management, account payment reconciliations and archiving and filing.

Thanks to you both for your continuing fine work achieved in good spirit.

NAPWA is committed to providing a safe and healthy workplace and to eliminating conditions and incidents that could result in injury or ill health. It is our policy to ensure that activities comply with relevant legislation, Australian standards and codes of practice and to this end the OHS initiatives undertaken this year include installation of non-trip rugs, overall office security assessment with procedures defined and put into place, and ergonomic workstation assessments for staff.

ATPA Advisory Group

Peter Canavan (Convenor to Feb 2008), John Daye (Convenor from Feb 2008), Dr Brian Hughes (Deputy Convenor), Simon Donohoe (AFAO), Dr Virginia Furner, Dr Sarah Huffam, Sally Rowell (AFAO), Bill Whittaker, Dr Cathy Pell (from Jan 2008) Jo Watson (ex-officio), Brent Beadle (staff)

Positive Aboriginal and Torres Strait Islander Network (PATSIN)

Terrilee Simpson (Convenor to Feb 2008); Wilo Muwadda (Convenor from Feb 2008). Total 9 members including state and territory representatives.

Women's Network

Katherine Leane (Convenor). Total 12 members including state and territory representatives.

Treatments Policy Advisory Group (TPAG)

Bill Whittaker (Chair & Co-convenor), John Daye (Co-Convenor), Trevor Cowan, Geoff Honnor, Dr Fraser Drummond, A/Prof Anne Mijch, Dr Nick Medland, Jason Appleby (AFAO), Russell Westacott, Jo Watson (ex-officio), Peter Canavan (staff)

Treatments Officers Network (TON)

John Daye (Chair), Eamonn Smythe, Jude O'Day, Jennifer McDonald, Cipri Martinez, Jae Condon, Simon Donohoe, Neil McKellar-Stewart, Peter Watts, Victoria Morton, Vic Perri, Nada Ratcliffe, Mehali Tsangaris, Paola Nadich, Peter Canavan (staff), Brent Beadle (staff)

HIV Living Today Network (HLTN)

Russell Westacott (Chair to Feb 2008), Robert Langdon (Board Chair from Feb 2008), David Menadue, Rob Lake, Jason Appleby (AFAO), Hedimo Santana, Brett Hayhoe, Wilo Muwadda, Graham Douglas Meyer, Abi Groves (AFAO), Peter Canavan (staff), John Rule (staff) Scott Lockhart (staff)

Education Reference Group (ERG)

David Menadue (Convenor to Feb 2008), Cipri Martinez (Board Chair from Feb 2008), Kathy Triffitt, Peter Watts, Jarren Heywood, Mahamati, Mark Halton, Simon Donohoe (AFAO), Suzie Malhotra, Vic Perri, Daniel Reeders, Scott Lockhart (staff) John Rule (staff)

NAPWA Networks for Regional Initiatives in Other Countries (NNRIOC)

Kenn Basham (Board Chair), Bev Greet, Robert Baldwin, Andrew Timmins, Suzanne Lau-Gooey, Susan Paxton, Bill Whittaker, Daniel Alderman, David Traynor, Des Hargreaves, Heather Worth, Jacinta Ankus, Janelle Fawkes, John Trigg, Max Niggl, Murray Couch, Tamara Speed, Wilo Muwadda, John Rule (staff), Scott Lockhart (staff)

Positive Living Publication Reference Group

David Menadue (Acting Editor/Deputy Editor), Graham Douglas-Meyer, Brett Hayhoe, Vic Perri, Kirsty Machon, Paul Baines, Bernie Slagtman, Jo Watson (ex-officio).

Treataware Advisory Group

Bill Whittaker, John Daye, Jenny McDonald, Sally Rowell, Jae Condon, Peter Watts, Peter Canavan (staff), Adrian Ogier (staff), Jo Watson (ex-officio)

NAPWA REPRESENTATIVES

Ministerial Advisory Committee on HIV/AIDS, Sexual Health and Hepatides (MACASHH) – HIV/STI subcommittee

Robert Mitchell

Australian Population Health Development Committee – Blood Borne Virus & STI Subcommittee

Jo Watson

NCHECR Antiretroviral Working Group

Bill Whittaker

NCHECR Neurology Working Group

Jo Watson, Peter Watts

NCHECR Oncology Working Group

David Menadue

NCHECR Primary Infections Working Group

Peter Canavan

NCHECR Immune Based Therapies Working Group

Jenny McDonald

NCHECR Biomedical Prevention Working Group

Bernard Kealey

NATIONAL REPRESENTATIVES AND SECRETARIAT

NCHECR Toxicology/Pharmacology Working Group

John Daye

Australian HIV Observational Database

Peter Canavan

NCHSR Scientific Advisory Committee

John Rule

ARCSHS Scientific Advisory Committee

David Menadue

NCHECR Scientific Advisory Committee

Bill Whittaker

MSAC Advisory Panel – HIV Genotypic Resistance tests

John Daye

ImmunoVirology Research Network Committee

Jo Watson

ASHM Antiretrovirals Guidelines Panel Committee

Bill Whittaker

ASHM Education Resources Advisory Group

Adrian Ogier

National BBV & STI Surveillance Committee

John Daye

INSIGHT Executive Committee

Jo Watson

AusAID HIV Consortium Programme Coordinating Committee

Bill Whittaker

AusAID HIV Consortium, Affected Communities Working Group

John Rule

ASHM Models of Care Working group

John Daye

Australian Centre for HIV and Hepatitis Virology Research – Advisory Board

Bill Whittaker

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

John Daye

AFAO Board of Directors

Robert Mitchell

World AIDS Day Committee

Katherine Leane

Australian Federation of Disability Organisations (AFDO)

Graham Douglas-Meyer

CDNA Sub-Committee – New Developments in HIV Surveillance

Jo Watson

NAPWA BOARD (AT DECEMBER 2007)

Robert Mitchell (President), Brent Allan (Vice-President), Sonny Williams (Secretary/Treasurer), Katherine Leane, Des Hargreaves, Kenn Basham, Cipri Martinez, Russell Westacott, Jo Watson (ex-officio), Scott Lockhart (staff representative).
To November 2007: Gabe McCarthy, Greg Iverson.

NATIONAL PORTFOLIO & NETWORK CONVENORS

Health, Treatments & Research Portfolio: John Daye, Bill Whittaker (co-convenors).

Education Reference Group

Cipri Martinez (Board Chair)

HIV Living Today Network

Robert Langdon (Board Chair)

Network for Regional Initiatives in Other Countries (NNRIOC)

Kenn Basham (Board Chair)

NATIONAL NETWORKS

Positive Women's Network

Convenor Katherine Leane

Positive Aboriginal and Torres Strait Islander Network (PATSIIN)

Convenor Wilo Muwadda

NAPWA SECRETARIAT

Executive Director Jo Watson

Deputy Director John Rule

ATPA Program Coordinator Brent Beadle

Treataware Project Officer Kate DeMeare (P/T)

Health, Treatments & Research Unit

Co-ordinator Peter Canavan

Health, Treatments & Research Unit Project

Officer Adrian Ogier

National Portfolio and Network Coordinator

Scott Lockhart (P/T)

Administration Coordinator

Michael Dwyer (P/T)

Administration Officers

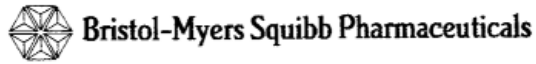
Jose Machado, Graham Stocks (P/T)

Finance Officer Kevin Barwick (P/T)

SPONSORS



Australian Government
Department of Health and Ageing



NATIONAL ASSOCIATION OF PEOPLE LIVING WITH HIV/AIDS

FINANCIAL REPORT

2007-2008

Directors' Report

Your Board of Directors submit the financial report of the National Association of People Living with HIV/AIDS (NAPWA) Incorporated for the financial year ended 30 June 2008.

Board of Directors

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

1 July 07

President: Robert Mitchell
Vice : Brent Allan
Secretary/
Treasurer: Gabe McCarthy (RESIGNED 16/11/07)
Directors: Kenneth Basham
Katherine Leane
Gregory Iverson (RESIGNED 16/11/07)

Staff Rep: Scott Lockhart

30 June 08

President: Robert Mitchell
Vice: Brent Allan
Secretary/
Treasurer: Sonny Williams (APP 16/11/07)
Directors: Kenneth Basham
Katherine Leane
Des Hargreaves (APP 16/11/07)
Russell Westacott (APP 16/11/07)
Cipri Martinez (APP 14/12/07)
Staff Rep: Scott Lockhart

Principal Activities:

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

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

Directors' Report


Significant Changes

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

Operating Result

The **surplus** from ordinary activities amounted to \$176,123 (2007 Surplus \$34,782).

Signed in accordance with a resolution of the Directors:



President , Robert Mitchell



Secretary/Treasurer , Sonny Williams

Dated this tenth day of October 2008

Income Statement for the year ended 30 June 2008

	Note	2008 \$	2007 \$
Revenue	2	1,423,309	1,301,090
Employee expenses		540,781	511,448
Depreciation and Amortisation expenses		21,816	23,960
Other expenses from ordinary activities		684,589	730,900
Surplus (Deficit) from operations		176,123	34,782

Balance Sheet as at 30 June 2008

	Note	2008 \$	2007 \$
Current Assets			
Cash Assets	4	609,429	154,125
Receivables	5	246,580	506,747
Other	6	20,853	33,681
Total Current Assets		876,862	694,553
Non-Current Assets			
Property, plant and equipment	7	121,287	88,515
Accumulated Depreciation		(86,467)	(49,129)
Refurbishment Costs		6,647	6,647
Accumulated Amortisation		(6,314)	(4,098)
Stock on Hand		1,365	1,464
Total Non-Current Assets		36,518	43,399
Current Liabilities			
Payables	8	480,915	481,172
Provisions	9	91,332	82,632
Total Current Liabilities		572,247	563,804
Non-Current Liabilities			
Provisions	9	6,699	18,276
Total Non-Current Liabilities		6,699	18,276
Net Assets		334,434	155,872
Equity			
Retained Earnings	10	334,434	155,872
Total Equity		334,434	155,872

The accompanying notes form part of this Financial Report

Statement of Recognised Income and Expenditure for the year ended 30 June 2008

	Retained Earnings \$
Balance at 1 July 2007	158,311
Surplus attributable to members	176,123
Balance at 30 June 2008	334,434

Cash Flow Statement for the year ended 30 June 2008

	Note	2008 \$	2007 \$
Cash Flows from Operating Activities			
Operating Grant Receipts		830,430	671,693
Donations & Other Income Received		960,298	656,860
Interest Received		15,649	5,060
Payments to suppliers and employees		(1,338,778)	1,245,846
Net Cash Provided by Operating Activities	15	467,599	33,102
Cash Flows from Investing Activities			
Capital Asset Purchase		(12,595)	11,941
Receipts from Disposal of Assets		300	1,762
Net Cash Provided by Investing Activities		(12,295)	(10,179)
Net Increase in Cash Held		455,304	22,923
Cash at the Beginning of the Financial Year		154,125	131,202
Cash at the end of the Financial Year	15	609,429	154,125

The accompanying notes form part of this financial report.

Note 1: Statement of Significant Accounting Policies

This financial report covers the National Association of People Living with HIV/AIDS (Reporting) Inc. as an individual entity. The National Association of People Living with HIV/AIDS (Reporting) Inc. as an association incorporated in Australian Capital Territory under the Associations Incorporations Act 1991.

(a) Basis of Preparation

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the Australian Capital Territory Associations Incorporations Act 1991.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in a financial report containing relevant and reliable information about transactions, events and conditions to which they apply. Compliance with Australian Accounting Standards ensures that the financial statements and notes also comply with International Financial Reporting Standards. Material accounting policies adopted in the preparation of this financial report are presented below. They have been consistently applied unless otherwise stated.

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

(b) Income Tax

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

(c) Property, Plant and Equipment

Property, Plant and Equipment is carried at cost or fair value less, where applicable any accumulated depreciation.

Plant and Equipment

Plant and equipment are measured at Directors Valuation.

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

Depreciation

The depreciable amount of all fixed assets are depreciated on a straight line basis over the useful lives of the assets to the Association commencing from the time the asset is held ready for use.

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

<i>Class of Fixed Asset</i>	<i>Depreciation Rate</i>
Plant and Equipment	10% – 33.33%

(d) Employee Entitlements

Provision is made for the Association's liability for employee entitlements arising from services rendered by employees to balance date. Entitlements arising from wage and salaries and annual leave which will be settled within one year have been measured at their nominal amount. Other employee entitlements payable have been measured at the present value of the estimated future cash outflows to be made for those entitlements.

(e) Cash

For the purposes of the Statement of Cash Flows, cash includes cash on hand, at banks and on deposit.

(f) Revenue

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

(g) Goods and Services Tax

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

(h) Comparative Figures

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

(i) Impairment of Assets

At each reporting date, the association reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value-in-use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

(j) Financial Instruments

Recognition and initial measurement

Financial instruments, incorporating financial assets and financial liabilities, are recognised when the association becomes a party to the contractual provisions of the instrument. Trade date accounting is adopted for financial assets that are delivered within timeframes established by marketplace convention.

Financial instruments are initially measured at fair value plus transactions costs where the instrument is not classified as at fair value through profit or loss. Transaction costs related to instruments classified as at fair value through profit or loss are expensed to profit or loss immediately. Financial instruments are classified and measured as set out below.

Derecognition

Financial assets are derecognised where the contractual rights to receipt of cash flows expires or the asset is transferred to another party whereby the association is no longer has any significant continuing involvement in the risks and benefits associated with the asset. Financial liabilities are derecognised where the related obligations are either discharged, cancelled or expire. The difference between the carrying value of the financial liability extinguished or transferred to another party and the fair value of consideration paid, including the transfer of non-cash assets or liabilities assumed is recognised in profit or loss.

Classification and subsequent measurement

(i) Financial assets at fair value through income statement

Financial assets are classified at fair value through profit or loss when they are held for trading for the purpose of short term profit taking, where they are derivatives not held for hedging purposes, or designated as such to avoid an accounting mismatch or to enable performance evaluation where a group of financial assets is managed by key management personnel on a fair value basis in accordance with a documented risk management or investment strategy. Realised and unrealised gains and losses arising from changes in fair value are included in profit or loss in the period in which they arise.

(ii) Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost using the effective interest rate method.

(iii) Held-to-maturity assets

Held-to-maturity investments are non-derivative financial assets that have fixed maturities and fixed or determinable payments, and it is the association's intention to hold these investments to maturity. They are subsequently measured at amortised cost using the effective interest rate method.

(iv) Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that are either designated as such or that are not classified in any of the other categories. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

(v) Financial liabilities

Non-derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost using the effective interest rate method.

Impairment

At each reporting date, the association assesses whether there is objective evidence that a financial instrument has been impaired. In the case of available-for-sale financial instruments, a prolonged decline in the value of the instrument is considered to determine whether an impairment has arisen. Impairment losses are recognised in the income statement.

Note 2: Revenue

	2008	2007
	\$	\$
Operating Activities		
Commonwealth DoHAC Grants	600,187	550,549
CSSS Grants	154,750	151,562
Pharmaceutical Co Sponsorship	390,537	274,198
Projects Funding	208,333	224,164
Course and Conference Registrations	49,800	69,126
CD Sales	855	1,440
AIDS Trust	-	19,344
Donations	-	204
Miscellaneous	3,198	5,164
	1,407,309	1,295,751
Non-Operating Activities		
Interest Received	15,649	5,339
	15,649	5,339
Total Revenue	<u>1,423,309</u>	<u>1,301,090</u>

Note 3: Expenses

	\$	\$
Surplus/(Deficit) from ordinary activities has been determined after:		
(a) Expenses:		
Administration	200,542	214,847
ATPA	123,061	118,810
Executive/Committee	102,236	86,657
Employment Costs	540,781	511,448
Media Monitoring	19,486	-
Portfolios	88,462	108,830
Policy	28,335	35,590
Positive Living	53,694	56,305
Projects – External	90,589	133,821
Total	1,247,186	1,414,541
(b) Auditors Remuneration:		
Auditing or reviewing the financial report	7,500	4,000
Other services	-	-
	7,500	4,000

Note 4: Cash Assets

	2008	2007
	\$	\$
Cash on Hand	33	15
Cash at Bank	609,396	154,110
	609,429	154,125

Note 5: Receivables

Sundry Debtors	246,580	506,747
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Note 6: Other Assets

Accrued Income	-	11,500
Deposits Paid	11,369	11,108
Prepayments	9,484	11,073
	20,853	33,681

Note 7: Property, Plant & Equipment

Office Equipment – at Executive Committee Valuation	121,287	110,199
Less accumulated depreciation	(86,467)	(68,374)
Fixtures and Fittings – Erskinville Road	6,647	6,647
Less accumulated amortisation	(6,314)	(4,098)
Stock on Hand	1,365	1,464
	36,518	45,838

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

Office Equipment

Balance at the beginning of year	41,825	55,506
Additions	12,595	10,855
Disposals	-	(2,791)
Depreciation expense	(19,600)	(21,745)
Carrying amount at the end of year	34,820	41,825

Refurbishment Costs

Balance at the beginning of year	2,549	4,764
Amortisation expense	(2,216)	(2,215)
Carrying amount at the end of year	333	2,549

Stock on Hand

Balance at the beginning of year	-	-
Additions	1,464	1,745
Sales	(99)	(168)
Stock Shrinkage	-	(113)
Carrying amount at the end of year	1,563	2,026

Note 8: Payables

	2008	2007
	\$	\$
Current		
Trade creditors and accruals	99,551	112,340
Income received in advance	381,364	368,832
	480,915	481,172

Note 9: Provisions

Current

Provision for Annual Leave	37,963	49,727
Provision for Long Service Leave	53,369	32,905
Retained surplus at the end of the financial year	91,332	82,632

Non Current

Provision for Long Service Leave	6,699	18,276
	6,699	18,276

Number of employees at year end	8.8	10
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Note 10: Retained Surplus

Retained surplus at the beginning of the financial year	158,311	123,529
Net surplus/(deficit) attributable to the association	176,123	34,782)
Retained surplus at the end of the financial year	334,434	121,090

Note 11: Segment Reporting

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

Note 12: Economic Dependency

The National Association of People Living with HIV/AIDS (NAPWA) Incorporated is reliant upon continuing government funding to continue as a going concern.

Note 13: Events After The Balance Sheet Date

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

Note 14: Contingencies

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

Note 15: Cash Flow Information

	2008	2007
	\$	\$
(a) Reconciliation of cash		
Cash on hand	33	15
Cash at bank	609,396	154,110
	609,429	131,202
 (b) Reconciliation of net cash provided by operating activities to <i>profit from ordinary activities</i>		
<i>Profit from ordinary activities</i>	176,123	34,782
Non-cash flows in <i>Profit from ordinary activities</i>		
Depreciation	21,816	23,960
Loss on Sale of NCA	(300)	1,279
 Changes in assets and liabilities		
Receivables	260,167	(111,585)
Accrued Income	11,500	(11,500)
Income in Advance	12,532	30,589
Inventories	99	-
Bonds Paid	(261)	(279)
Prepayments	1,589	(269)
Accruals & Payables	(12,789)	15,197
Provisions	(2,877)	28,822
Net Cash Provided by Operating Activities	467,599	33,102

(c) The Association has no credit stand-by or financing activities in place.

Note 16: Association Details

The principal place of business of the Association is:

National Association of People Living with HIV/AIDS (NAPWA) Inc.
Suite G5
1 Erskineville Road
Newtown NSW 2042

Note 17: Capital Management

The directors' control the capital of the association in order to maintain a good debt-to-equity ratio and to ensure that the association can fund its operations and continue as a going concern. The association's debt and capital includes financial liabilities, supported by financial assets. There are no externally imposed capital requirements.

The directors' effectively manage the association's capital by assessing the association's financial risks and adjusting its capital structure in response to changes in these risks and in the market. These responses include the management of debt levels.

There have been no changes in the strategy adopted by management to control the capital of the association since the prior year. This strategy is to ensure that there is sufficient cash to meet trade and sundry payables and borrowings.

As the entity has no financial debit the gearing ratio is not applicable.

Note 18: Leasing Commitments

	2008	2007
	\$	\$
Operating Leases		
- not later than one year	75,529	72,194
- later than one year but not later than five years	207,201	282,730
- later than five years	-	-
	282,730	354,924

The lease for the current business premises at Suite G5, 1 Erskineville Road Newtown expires on 31/1/09. Monthly rental commitment per the lease is \$5,558.43 per month with a 5% annual increase. There is a 3 year option which has been exercised.

There is an operating lease commitment for a Kyocera MK2550 Photocopier. The lease expires on 14/2/2011. Monthly rental commitment per the lease is \$457.71.

There are no other operating or finance leases.

Note 19: Financial Instruments

(a) Interest Rate Risk

The Association's exposure to interest rate risk, which is the risk that a financial instrument's value will fluctuate as a result of changes in market interest rates and the effective weighted average interest rates on those financial assets and financial liabilities, is as follows:

	Weighted Average Effective Interest Rate	Floating Interest Rate
Cash		
Balance \$0 – \$49,999	0.25%	0.25%
Balance \$50,000 -	3.50%	3.50%

(b) Credit Risk

The maximum exposure to credit risk, excluding the value of any collateral or other security, at balance date to recognised financial assets is the carrying amount, net of any provisions for doubtful debts, as disclosed in the Balance Sheet and notes to the financial statements.

The Association does not have any material credit risk exposure to any single debtor or group of debtors under financial instruments entered into by the Association.

(c) Foreign Currency Risk

The association is not exposed to fluctuations in foreign currencies.

(d) Liquidity Risk

The association manages liquidity risk by monitoring forecast cash flows and by maintaining sufficient cash resources.

(e) Price Risk

The association is not exposed to any material commodity price risk.

(f) Net Fair Values

Methods and assumptions used in determining net fair value.

The net fair values of listed investments have been valued at the quoted market bid price at balance date adjusted for transaction costs expected to be incurred. For other assets and other liabilities the net fair value approximates their carrying value. No financial assets and financial liabilities are readily traded on organised markets in standardised form other than listed investments. Financial assets where the carrying amount exceeds net fair values have not been written down as the economic entity intends to hold these assets to maturity.

The aggregate net fair values and carrying amounts of financial assets and financial liabilities are disclosed in the Balance Sheet and in the notes to the financial statements.

(g) Sensitivity Analysis

The association has performed a sensitivity analysis relating to its exposure to interest rate risk and has determined that any fluctuations would not have a material impact on profit or equity. The association has no borrowings and hence are not affected by changes in market interest rates. Any changes affecting cash and cash equivalents would be minimal. The association is not exposed to any other market rate fluctuations.

	Floating Interest rate \$	1 year or less \$	Fixed interest Over 1 to 5 years \$	Non- interest bearing \$	Tota \$
2008					
Financial Assets					
Cash and cash equivalents	609,429	-	-	-	609,429
Receivables	-	-	-	246,580	246,580
Other financial assets	-	-	-	20,853	20,853
	609,429	-	-	267,433	876,862
Weighted average interest rate	3.5%				
Financial Liabilities					
Payables	-	-	-	99,551	99,551
	-	-	-	99,551	99,551
Net financial assets (liabilities)	609,429	-	-	167,882	777,311
Average Interest Rate for finance leases					
2007					
Financial Assets					
Cash and cash equivalents	154,125	-	-	-	154,125
Receivables	-	-	-	506,747	506,747
Other financial assets	-	-	-	33,681	33,681
	154,125	-	-	540,428	694,553
Weighted average interest rate	3.5%				
Financial Liabilities					
Payables	-	-	-	112,340	112,340
	-	-	-	112,340	112,340
Net financial assets (liabilities)	154,125	-	-	428,088	582,213

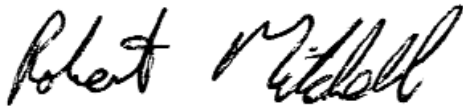
Statement by Board of Directors

In the opinion of the Directors the financial report as set out on pages 3 to 18:

Presents a true and fair view of the financial position of the National Association of People Living with HIV/AIDS (NAPWA) Incorporated as at 30 June 2008 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.

At the date of this statement, there are reasonable grounds to believe that the National Association of People Living with HIV/AIDS (NAPWA) Incorporated will be able to pay its debts as and when they fall due.

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



President , Robert Mitchell



Secretary/Treasurer , Sonny Williams

Dated this tenth day of October 2008



National Association of People Living With HIV/AIDS (NAPWA) Incorporated

ABN: 79 052 437 899

Independent Audit Report

Scope

We have audited financial report of National Association of People Living with HIV/AIDS (NAPWA) Incorporated for the financial year ended 30 June 2008 as set out on pages 3 to 19.

The financial report includes the financial statements at the year's end or from time to time during the financial year. The Association's directors are responsible for the financial report. We have conducted an independent audit of this financial report in order to express an opinion on it to the members of the Association.

Our audit has been conducted in accordance with Australian Auditing Standards to provide reasonable assurance whether the financial report is free of material misstatement. Our procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial report, and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether, in all material respects, the financial report is presented fairly in accordance with Accounting Standards and other mandatory professional reporting requirements in Australia and statutory requirements so as to present a view which is consistent with our understanding of the Associations financial position and performance as represented by the results of their operations and their cash flows.

The audit opinion expressed in this report has been formed on the above basis.

Independence

In conducting our audit, we followed the applicable independence requirements of Australian professional and ethical.

Audit Opinion

In our opinion, the financial report of National Association of People Living with HIV/AIDS (NAPWA) Incorporated is in accordance with:

- (a) the Australian Capital Territory Associations Incorporation Act 1991, including:
 - (i) giving a true and fair view of the Association's financial position as at 30 June 2008 and of their performance for the year ended on that date; and
 - (ii) complying with Accounting Standards in Australia; and
- (b) other mandatory professional reporting requirements in Australia.


Lawler Partners
Chartered Accountants


Clayton Hickey
Partner

SYDNEY
Date: 14th October 2008

Lawler Partners Pty Ltd ABN 64 090 945 681

www.lawlerpartners.com.au

Sydney
Level 9, 1 O'Connell Street
Sydney NSW 2000 Australia
GPO Box 5446 Sydney 2001
Tel 02 8346 6000 Fax 02 8346 6099
Email: info@lawlerpartners.com.au

Newcastle
763 Hunter Street
Newcastle West NSW 2302 Australia
PO BOX 2368 Dangar 2309
Tel 02 4962 2688 Fax 02 4962 3245 DX 4303
Email: mail@lawlerpartners.com.au

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National Association of People Living With HIV/AIDS (NAPWA) Incorporated

ABN: 79 052 437 899

Independent Auditors' Declaration

I declare that, to the best of my knowledge and belief, during the year ended 30 June 2008 there have been:

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


Paula Barker
Lawler Partners
Chartered Accountants


Clayton Hickey
Partner

SYDNEY

Date: 14th October 2008

Lawler Partners Pty Ltd ABN 64 090 945 681

www.lawlerpartners.com.au

Sydney

Level 9, 1 O'Connell Street
Sydney NSW 2000 Australia
GPO Box 5446 Sydney 2001
Tel 02 8346 6000 Fax 02 8346 6099
Email: info@lawlerpartners.com.au

Newcastle

763 Hunter Street
Newcastle West NSW 2302 Australia
PO BOX 2368 Dangar 2309
Tel 02 4962 2688 Fax 02 4962 3245 DX 4303
Email: mail@lawlerpartners.com.au

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