The AIDS Action Council of the ACT
Annual Report 2012

Contents

Our vision

leading the world beyond HIV

Our mission

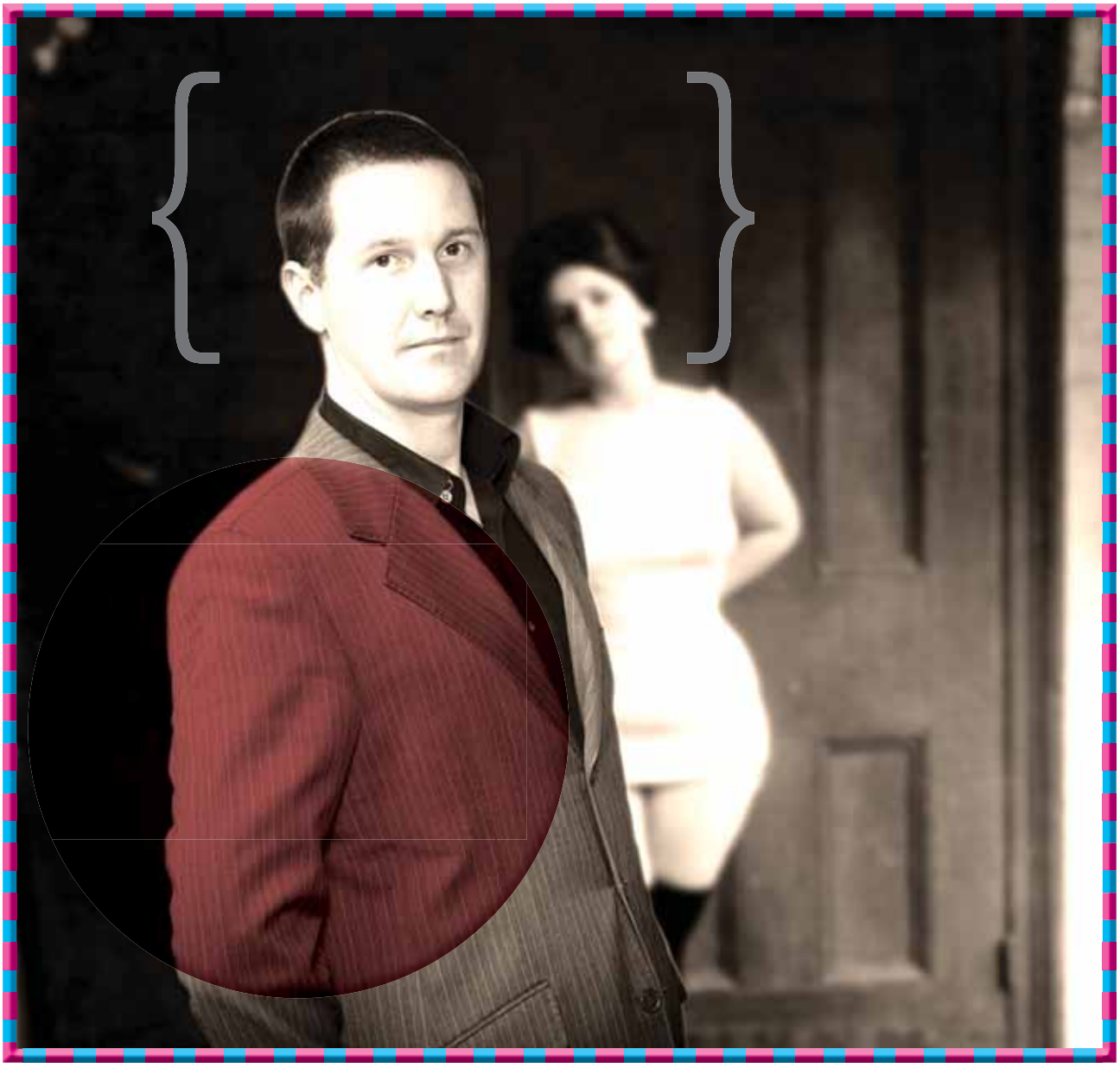
to minimise the social and personal impacts, and transmission of HIV

Our core values

we:

strive for excellence;
empower individuals and communities;
commit to shared responsibility; and
promote equity of access, dignity and respect

President's Report



As I complete my third and final year as President of the AIDS Action Council, once again I am struck by how much has happened over the last 12 months. Indeed, we have been experiencing a rapidly changing landscape.

IN September 2011, the Australian Government along with most member governments of the United Nations signed the Political Declaration on HIV/AIDS and this was significant for several reasons. This was the first time that such a document gave explicit mention of vulnerable populations on a global basis. This includes people who inject drugs, sex workers and men who have sex with men (MSM). It was also notable for its inclusion of ambitious targets for reducing future HIV transmissions and a reduction of 50% through sexual transmissions by 2015. In the ACT as in Australia generally, sexual transmission comprises the overwhelming majority of new diagnoses and of these diagnoses, the majority occur amongst men who have sex with men.

Given that we have a robust and mature response in Australia compared with much of the rest of the world it was unsurprising that there were calls for us to adopt even more aggressive targets; in particular an 80% reduction in MSM transmission within the same time frame. In principle this seems reasonable but we and other jurisdictions felt that it was more sensible to embrace targets our Federal Government had already made commitments to. To do otherwise would risk overlooking the changing nature of HIV in Australia and in particular the rising number of heterosexual transmissions.

The fact that we can even contemplate more aggressive targets is an exciting development. This has been made possible because there has been a combination of new science and evidence that encourages some changed thinking. Of course, we have known for a while that treatment has the effect of reducing onward transmission through viral suppression, however it is only in the last 18 months or so that we have had very explicit evidence. The idea of 'treatment as prevention' comes of age in informing our strategy response and this means that there needs to be a change in conversation with those who are newly diagnosed about the optimum time to commence treatment. This must remain an individual decision given that treatment requires both physical and emotional accommodation but there are growing indications that early treatment has long term advantages; especially when commenced as close to the point of infection as possible.

Treatment as prevention is no panacea and will not on its own drive down the new infections rate. Whilst there remain an estimated one third of transmissions resulting from undiagnosed HIV, little will change. This makes it very disturbing to again witness the appallingly slow progress in adopting rapid testing technology; something which has been proven effective throughout the developed world for close to a decade. In addition to this there has been a refusal to discuss the possibilities of self-administered testing, including in a home environment. The AAC has been vigorous in its advocacy for a much more energetic process, because we believe that an environment such as we enjoy in Canberra, is very disadvantaged without access to any technology which removes barriers and reduces resistance to sexual health testing.

We have been active in other policy areas that concern the communities we work with as well as with the community at large. The committee reviewing the operation of the Prostitution Act delivered its report in late 2011. Overall we are pleased to note that the majority of our recommendations have been adopted. The subsequent Government response is also favourable, however some work remains in order to avoid any dilution of this progress as new legislation is framed. We have also taken a strong interest in the management of blood borne viruses in the Alexander Maconochie Centre. In conjunction with a number of other community organisations, we lobbied the Chief Health Minister directly to progress a proposal for a minimalist exchange of contaminated injecting equipment for a sterile replacement. As I prepare this report I am pleased to note that the Chief Minister has made a commitment on her Government's behalf. We are optimistic that 2013 will see Australia's first progressive policy around minimising harm through injecting drug use in custodial settings. Naturally, management of blood borne viruses goes well beyond equipment and in partnership with the Hepatitis Resource Centre, AAC staff have been developing and delivering training and education programs for both staff and detainees.

It is perhaps this broader approach to our work, in support of services for individuals and groups that best describes the development of our organisation over the last (and perhaps several) year. We were born at a time of crisis and our early work was dictated by rapidly changing events and circumstances. Almost thirty years later there is still work to be done but we don't work with a sense of emergency. The impact of HIV is still serious but it is different. Rarely is it life threatening in Australia however the personal and social impacts continue to have serious consequences for those newly diagnosed. We must consider HIV as part of the broader context of blood borne viruses as well as being part of a population approach to sexual health and sexually transmitted infections. A consequence of this is our need to rework our range of partnerships and deliver our work in new settings such as the prison and in the commercial sexual services industry as mentioned previously.

We are in the final year of our current Strategic Plan and these issues will be closely examined during the variety of consultative stages that will be involved in the development of a revised plan later this year.

This is the last year of my term as President of the AIDS Action Council but I will continue to remain closely involved and connected. It has been an enormous honour and a privilege to serve the organisation and our broader communities within the ACT. I would like to thank all the staff and volunteers who have contributed so much to keeping the AAC true to our mission and relevant to our times. I would also like to acknowledge the passion in their work which is often above and beyond the call of duty. Additionally I would like to acknowledge the incredible support I have had from all the Board members who have shared the table with me over the years.

Finally, I would like to take this opportunity to acknowledge the work of our General Manager, Mr Andrew Burry who has left the AIDS Action Council to accept the CEO position at the Western Australia AIDS Council (WAAC). I have personally been inspired by his energy and appreciated his dedication to the work of the council over the last 5 years. I look forward to our continued work at a National Level through our membership of the Australian Federation of AIDS Organisations (AFAO).

In closing I would also like to acknowledge the amazing support we have received from Government in this year and for many years. Whether elected, employed or volunteer, the ACT is blessed with an environment that fosters a spirit of cooperation unlike anywhere else in Australia, with innovation and energy as the outcomes.

I welcome you all to this 2012 Annual Report, and the story of the year just past.

Scott Malcolm

President

Overview

WE now have reasonable optimism that the end of HIV in Australia is possible in the medium term and that AIDS can be completely eliminated. Our hope comes from a raft of new evidence that supports treatment as prevention, opportunities afforded by new HIV testing technology and the huge improvements in the lives of most of those that have access to the latest medications. Whilst these advances are real, their potential will not be realised without governments political will, community support and a renewed sense of partnership.

Even as we look towards an Australia substantially free of HIV infection there are challenges. A person diagnosed reasonably close to the actual time of infection will experience very little physical impact to none. The personal and social impacts remain as difficult as they have always been, although in some ways these impacts are magnified by the lack of an identifiable 'community' of recently diagnosed people. Thus, the tradition of peer support is no longer so viable which means that a relationship with clinical support has become relatively more significant. It is also true that we are experiencing a growing diversity in those that are diagnosed. Approximately 80% of all those currently living with HIV in Australia are gay men or other men who have sex with men (MSM). However, almost a third of annual new diagnoses over the last decade have been for people who do not identify as either. Services and support have been strong for gay men since the beginning of what was then an epidemic, but these have not adapted in recognition of the significantly changing demography of our population of people living with HIV (PLHIV). All PLHIV have equal rights in terms of being able to access resources that minimise the impact of HIV on them and we have a responsibility to ensure that they do.

The discussion about the best time to start treatment has also changed this year. There is now strong evidence of significant advantages in an early commencement. The effect of anti-retroviral medications (ARVs) in suppressing viral loads also carries a community benefit. Nonetheless, we continue to recognise the very personal nature of a decision to commence treatment and that there are both physical and emotional dimensions. We supported the campaign facilitated by the National Association of People Living with HIV (NAPWA), which ran under the theme of "Start the Conversation Today" and encouraged those people diagnosed to engage with clinical and community services to fully understand their choices and consequences.

Even with the potential of increased treatment uptake and consequent lowered community viral load, there remains the significant problem of the 20 – 25% of people who have HIV but are unaware. It is estimated that this group account for almost one third of all new infections in Australia. Clearly, the key to reducing this number lies in HIV testing and in particular the effective rolling out of rapid testing already available through the rest of the developed and developing worlds. Once again we have to report that there has been agonisingly slow progress, although at least some trials have been implemented and will report soon. We are one of only two places in Australia where community-based sexual health testing occurs (the other being Western Australia), and we need to make more effort to advocate for early adoption in the ACT. Similarly we also need to continue to push for discussion on self-administered testing including in a home setting. Reducing the number of people with undiagnosed HIV together with increased uptake of treatment following a diagnosis, are central to the beginning of declining annual HIV diagnoses.

United Nations Political Declaration

In June 2011, political leaders from around the world came together at the UN General Assembly High Level Meeting on HIV/AIDS. This resulted in a significant international agreement endorsed by ALL member states, including Australia, called the UN 2011 Political Declaration on HIV/AIDS or UNPD 2011.

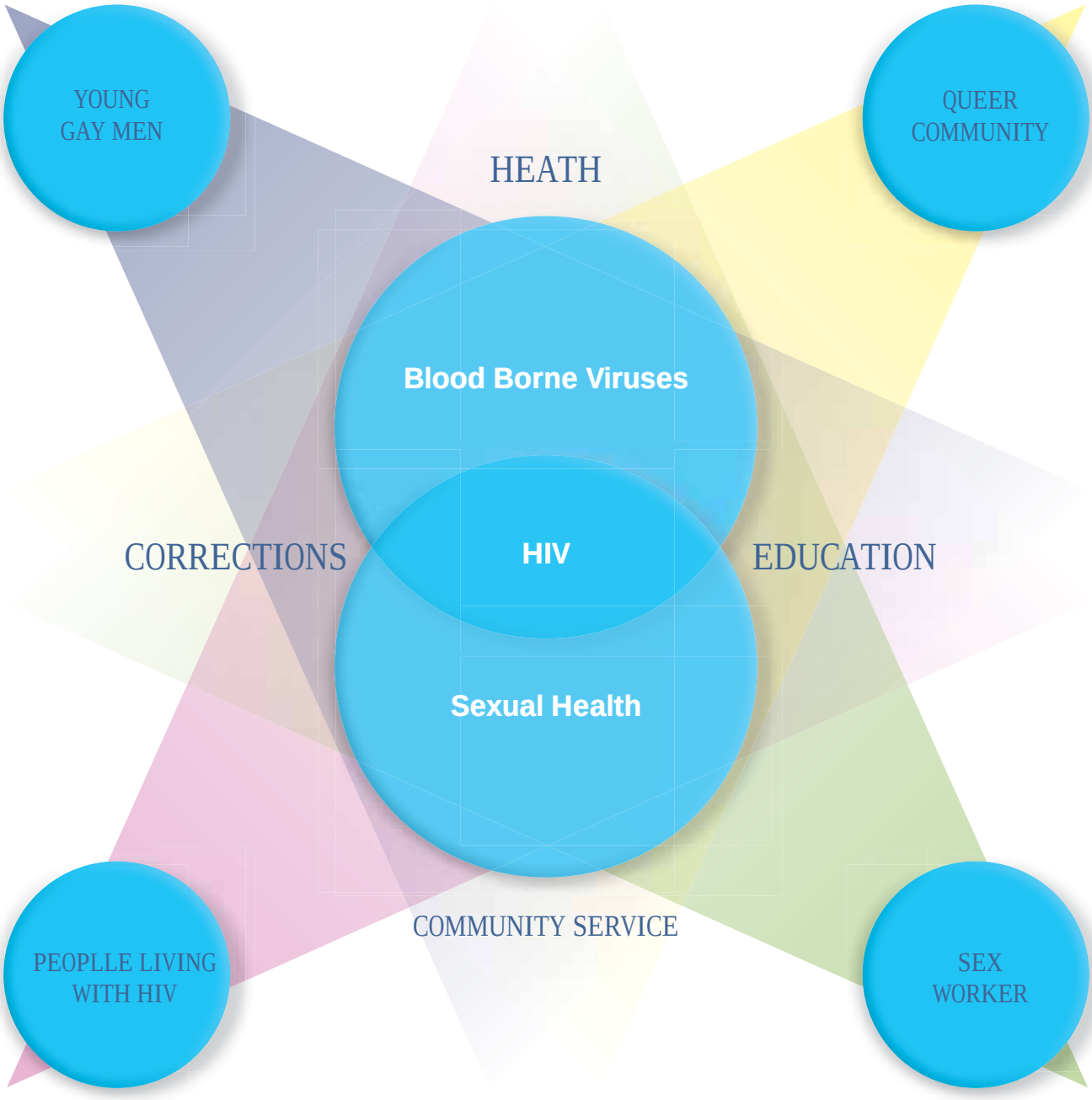
This declaration outlines the responsibilities that all signatory governments are committed to, involving 105 individual statements, more than half of which are specific commitments. As a document to address the global pandemic, individual countries must identify those issues that are directly relevant to their own HIV situation. Australia has a relatively mature response to HIV and has a favourable political and legislative framework in which to maintain pressure on reducing ongoing new transmission of the virus. The declaration makes five commitments which have specific targets:

- Commit to working towards reducing sexual transmission of HIV by 50 per cent by 2015
- Commit to working towards reducing transmission of HIV among people who inject drugs by 50 per cent by 2015
- Commit to working towards the elimination of mother-to-child transmission of HIV and substantially reducing AIDS-related maternal deaths by 2015
- Commit to accelerate efforts to achieve the goal of universal access to antiretroviral treatment for those eligible based on World Health Organization HIV treatment guidelines that indicate timely initiation of quality assured treatment for its maximum benefit, with the target of working towards having 15 million people with HIV on antiretroviral treatment by 2015
- Commit by 2015 to work towards reducing tuberculosis deaths among people with HIV by 50 per cent

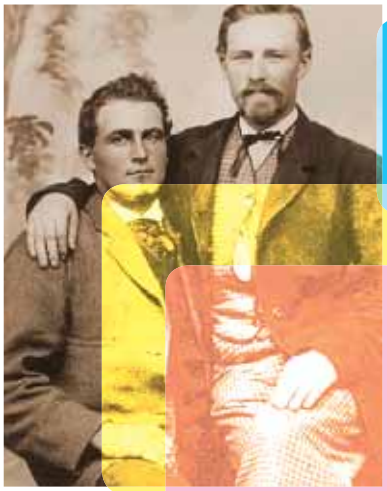
In the Australian context, turning the Declaration into action requires developing an implementation program, and we along with other AIDS Councils and national peak organisations worked together to develop a paper outlining just what needs to be done for Australia to achieve the targets we are now committed to. The 10 key elements of the implementation are:

1. Reinvigorate the partnership approach
   – opening lines of communication across the partnership (including government partners), welcoming new partners and engaging with new stakeholders, so that coordinated and timely interventions can be developed and existing interventions enhanced.
2. Strengthen the enabling environment by addressing legal and policy barriers
   – entrenching a human rights based approach and removing barriers to effective health promotion and HIV prevention while safeguarding the rights of people living with and affected by HIV.
3. Maintain a focus on evidence-based and proven HIV prevention approaches among high priority populations
   – enhancing programs that have effectively minimised HIV transmission, particularly peer-led and harm reduction based work by and for gay men, sex workers and people who inject drugs, to prevent increases in new infections.
4. Develop an Australian combination prevention approach
   – targeting specific populations with combined biomedical, behavioural and/or structural interventions based on epidemiological data and social and peer-led research.
5. Increase voluntary testing accessibility
   – improving access to HIV testing to minimise delays between seroconversion and diagnosis, improve health outcomes and reduce health impacts of late diagnosis.
6. Increase voluntary treatment uptake
   – addressing information needs of people with HIV, education of healthcare providers, and addressing issues regarding dispensing arrangements and cost, so that HIV-positive people can take advantage of improved treatment options and outcomes as soon as is practicable.
7. Address stigma and discrimination
   – decreasing stigma and discrimination experienced by people living HIV and affected communities: increasing quality of life for people with HIV and maximising the effectiveness of prevention strategies.
8. Implement targeted and broad-based HIV awareness campaigns
   – increasing awareness of HIV infection risk among key current and emerging populations, ensuring the gains of the early decades of HIV prevention practice are not lost.
9. Strengthen the focus on the intersection of HIV and sexual health
   – re-engaging key population groups, particularly gay men and men who have sex with men, in safe sexual practice: focusing on the intersection of sexually transmissible infections and HIV and a comprehensive approach to sexual health.
10. Improve monitoring and surveillance
    – ensuring high quality, community agreed surveillance is undertaken across jurisdictions and made available so that policy and programming remains evidence based.

Source: Implementing the United Nations Political Declaration on HIV/AIDS in Australia's Domestic Response: Turing Political Will into Action, July 2012 AFAO


YOUNG
GAY MEN
QUEER
COMMUNITY
HEATH
Blood Borne Viruses
HIV
CORRECTIONS
EDUCATION
Sexual Health
COMMUNITY SERVICE
PEOPLLE LIVING
WITH HIV
SEX
WORKER

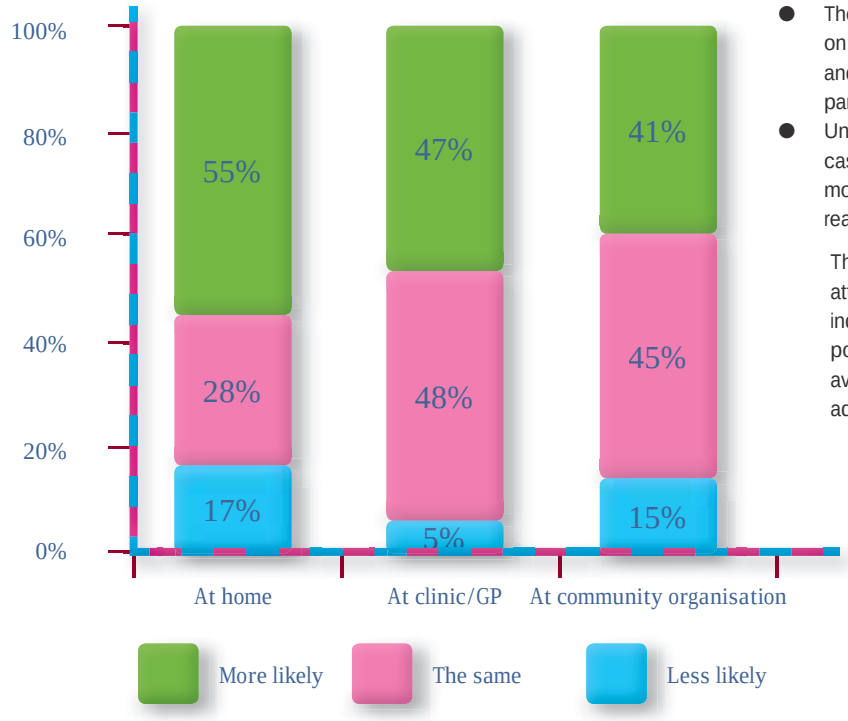
Gay Community Periodic Survey (GCPS)



The 2011 GCPS was presented in early 2012, and we acknowledge the financial support from the ACT Health Directorate for this research. In general, earlier trends have continued, including the high proportion of younger (<30 years) men participating. Key points include:

- More men in Canberra know their HIV status, but around 10% do not
- HIV testing rates have increased, but around 25% have not been tested in the previous 12 months
- There is a continuing trend towards monogamous relationships
- There is an increasing reliance on the Internet, mobile phones and travel to meet sexual partners
- Unprotected sex between casual partners has become more likely over time and reached 34% in 2011

This survey also consulted participants on their attitudes towards rapid testing. There were clear indications that testing frequency across the population would increase if rapid testing was available, with a preference for home-based self-administered testing.



Likelihood of testing if rapid testing was available (non_HIV-positive men)

Our Organisation

Our Board

Our Board is made up of six members elected by the membership for two-year terms, the General Manager (ex officio) and a staff representative. The Board can make other appointments to supplement the skills base and this is particularly critical in ensuring that adequate representation of people living with HIV is included. Three of the elected Board members retire from the Board at each Annual General Meeting (but may stand again), and this provides greater continuity and allows better succession planning.

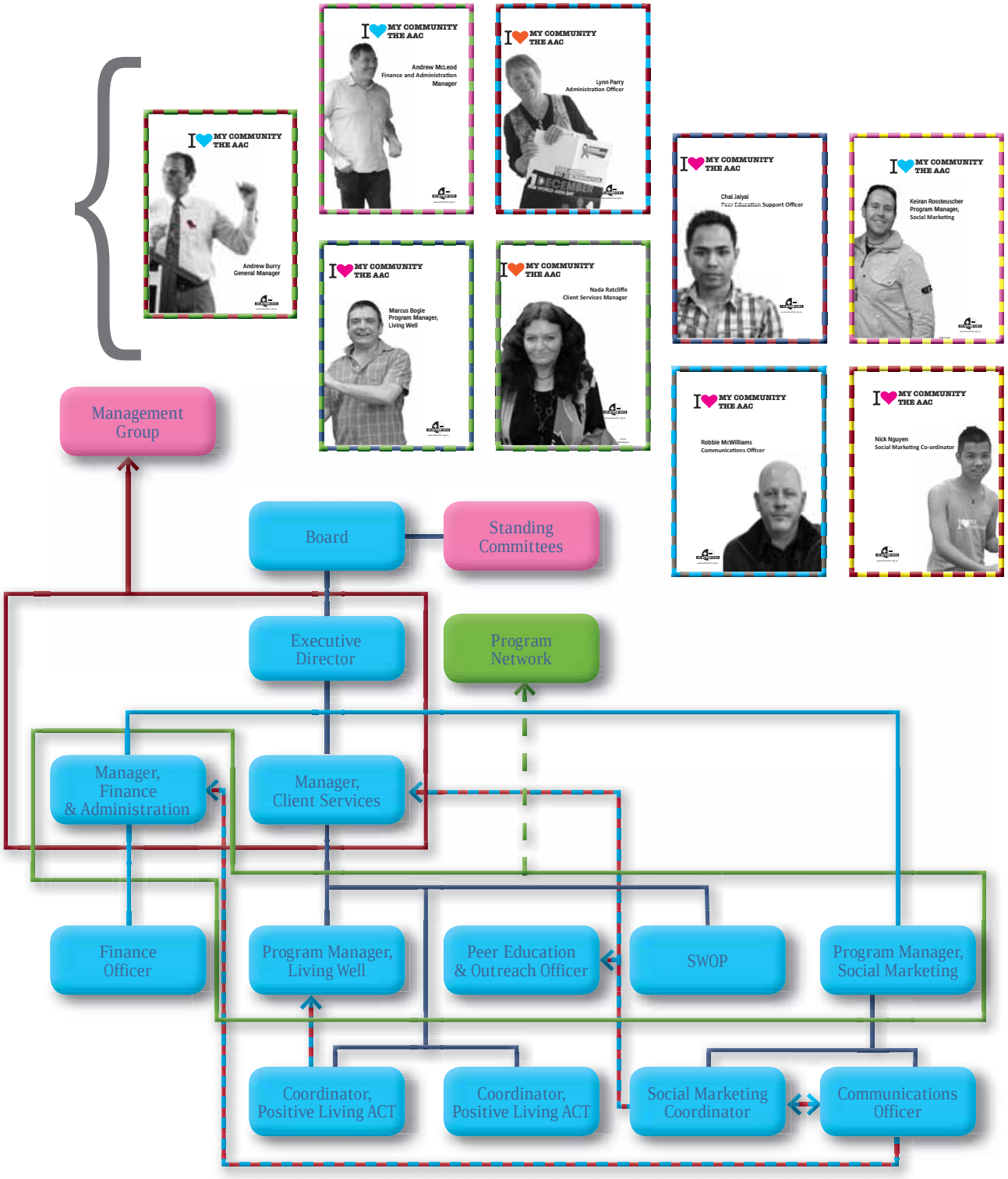
The Board is supported by three standing committees; the Finance Standing Committee, the Governance Standing Committee and the Strategic Development Committee. These committees comprise Board members, staff members and may include community members as required

Human Resources

We have continued to be advantaged by an engaged and committed group of people that include our paid staff. In recent years we have experienced a low level of staff turnover and this continues to increase our productivity and efficiency. We have also been able to ensure that we maintain good diversity, and a high representation of people living with HIV is included.

We have continued to work with a programmatic approach and ensure that all of our people are empowered to make decisions and to work with appropriate levels of autonomy and commensurate responsibility. We are currently working to include a new program area addressing issues of the commercial sex industry to the current program areas of Social Marketing, Living Well and Peer Education and Outreach.

We have maintained our commitment to professional development and continue to encourage our staff to attend a variety of national and international seminars, conferences and workshops.


I ♥ MY COMMUNITY THE AAC
Andrew Burry
General Manager
Andrew McLeod
Finance and Administration Manager
Lynn Parry
Administration Officer
Marcus Bogie
Program Manager, Living Well
Nada Ratcliffe
Client Services Manager
Chai Jaiyai
Peer Education Support Officer
Keiran Rossteuscher
Program Manager, Social Marketing
Robbie McWilliams
Communications Officer
Nick Nguyen
Social Marketing Co-ordinator
Management Group
Board
Standing Committees
Executive Director
Program Network
Manager, Finance & Administration
Manager, Client Services
Finance Officer
Program Manager, Living Well
Peer Education & Outreach Officer
SWOP
Program Manager, Social Marketing
Coordinator, Positive Living ACT
Coordinator, Positive Living ACT
Social Marketing Coordinator
Communications Officer

Programs and Activities

Qnet

www.qnet.org.au

Qnet is an online community for gay, lesbian, bi, transgendered and intersex people under the age of 25. It's also a place for their friends, family, teachers, supporters and peers to offer support, get information and make new contacts.

Qnet was officially launched on 7 February 2003 by Michael Sparks, Director of Health promotion in the ACT. It was our initiative, with financial support from Healthpact. The online space was born out of a need for young same sex attracted people to have a safe environment online to make links with similar people. We recognise the continuing difficulties experienced by young queer people in a world that still exhibits homophobia. Qnet is a non-commercial enterprise relying on the enthusiasm of our young queer community to maintain its course.

Qnet has embraced social media, which provides another avenue for reaching out to our young queer community.

Stromlo High School for the DIVERSITY UNITED Network School Launch

Diversity United is a support group at Stromlo High School, and is an initiative to ensure every student and staff member feels safe, is supported in their own identity and where abuse can be dealt with. The group meets weekly.

Inspired by the anti-homophobia poster developed by AAC and Qnet and distributed throughout the network of ACT high schools and colleges, Diversity supported the Network School Launch with an art exhibition of posters that reflected the theme of Qnet's 'Awsome' campaign.

Stromlo High School has shown outstanding support and enthusiasm in working to eliminate homophobia in their school and to educate others on acceptance, understanding, safety and respect.

Going Offline

From the beginning of 2011, Qnet has been expanding beyond the virtual world by hosting safe-space activities where young people can meet each other in the real world. Activities including movie nights and picnics create an environment where stories and experiences can be shared, and suggestions generated for solving a range of issues in school or university life. As a peer support initiative, Qnet is moderated and supported by trained youth workers.

Sex Workers and the Commercial Sex Industry

We have been progressively extending and expanding our role in matters related to the commercial sex industry in the ACT. Whilst we have maintained a strong peer-based outreach service, we are increasingly conscious of a need to address environmental issues that impact on the health and wellbeing of those employed within the industry.

We undertook a survey of the Territory's sex workers during the year and gained insight into their view of the legislative and social environment they experience.

We took a keen interest in the review of the Prostitution Act 1992 and made a strong submission. We were pleased that all of our recommendations were well received and that the large majority were included as recommendations in the report of the Review Committee.

We have also continued to provide training to individuals and organisations that sex workers access in order to encourage less stigma and more sensitivity to the real needs of these citizens. Advocacy has been strong with some important media opportunities obtained.

During this year we have been developing a new model which is currently being implemented and which will significantly expand our approach to this important priority population. We are also mindful of the need to develop innovative ways of engaging with sex workers who do not come from European backgrounds.

By recognising that sex workers are people first and foremost and not actually a population simply defined by occupation, we have developed a client focussed approach within which will sit the existing peer support activities. As our organisation chart shows, what was known as SWOP now sits within the client service area. This will mean that sex worker clients will be supported in the same way and with the same 'through care' and service delivery standards as any other client.

Sex workers are predominantly women who experience the same health issues as other women, which are at times complicated and compromised by occupation choice. Indeed, sex workers are our single biggest female client group and we must expand our services to take account of the full range of sexual health and general health needs.

Outreach is an expanded service which will ensure that sex workers are assisted in navigating and negotiating access to appropriate and sensitive services. Additional resources are being added to the existing SWOP program, including human resources. We are also building on the existing extensive framework of collaboration we have with a number of allied and related community organisations.

Living Well

Living well has often meant different things to different people and our commitment is to ensure that the client is always at the centre of the services we offer.

Everyone who accesses the services of the AAC are clients and to improve their experience of the agency we have utilised the tool 'Raising the standard' (RTS). RTS is a guide for community service organisations such as ours to review and reassess how we deliver services to communities we work with along with a consensus view on good governance and management practice. We continue to work within the RTS framework in order to continue quality of service.

Our service delivery has expanded to include working within the Alexander Maconochie Centre in partnership with the ACT Hepatitis Resource Centre (AHRC) and the Canberra Alliance for Harm Minimisation. Together we provide information sessions on HIV and Hepatitis to all inmates. Whilst working within a human rights based prison can bring its own set of challenges, we are highly committed to this program and are investigating expanding the sessions to other correctional facilities within the territory. Part of the program also includes providing training to all newly recruited prison guards.

Building this partnership with the AHRC will also provide information sessions about HIV and Hepatitis to the Gay and Lesbian Liaison Officer (GGLO) network within the Australian Federal Police.

We undertook survey recruitment for HIV Futures Seven, which is a national survey of Australian People Living with HIV (PLHIV) conducted by the Living with HIV Program at the Australian Research Centre in Sex, Health and Society, La Trobe University.

HIV Futures is an anonymous survey of PLHIV. It asks people about a range of issues including their health, treatments and work and financial situation. HIV Futures surveys have been conducted every two to three years since 1997, attracting responses from around 1000 PLHIV each time. The recruitment level within the ACT, as in other jurisdictions, was lower than for previous surveys even though the recruitment period was extended. The importance of the survey lies in providing insight into how services need to develop in order to remain relevant to the changing circumstances of those living with HIV. Whilst we can use some national data, localised analysis would be useful.

MindOUT!

MindOUT! Is a project of the Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Health Alliance which is based in Sydney and of which the AAC is a founding member. The project is a mental health and suicide prevention initiative for the LGBTI community. MindOUT! is the first national project of its kind and is funded by the Commonwealth Department of Health and Ageing to operate over 2 years.

Its purpose is to work with organisations that become involved in assisting members of the LGBTI communities presenting with issues related to mental health. We strongly and enthusiastically support this project and facilitated two community forums and one organisational forum during the year. The latter attracted 17 unique service providers and this will be followed by training opportunities for service providers to be sensitive to the specific needs of gender and sexuality diverse communities.

This is a clear reflection of our strategic plan, and we plan for it to provide us with long-lasting and sustainable pathways for referral and joint advocacy.

People Living with HIV

The changing implications for those receiving a positive diagnosis following an HIV test have been reflected in changing requirements for services and support. Whilst many do not immediately access us, those that do generally seek one-on-one consultations including counselling from our client service support staff. Although peer support opportunities continue to be available these are rarely in demand. A further factor is the increasing diversity in the cultural and demographic background of presenting clients. Overall client numbers have significantly increased over the last year, with high representation of younger homosexually active men and people coming from or travelling to high prevalence countries. Presenting issues have also been of higher complexity, involving family, housing and employment concerns.

Our commitment to peer support remains and through Positive Living ACT a number of social opportunities for positive people to interact have been maintained. In recent years numbers attending have been small but relatively stable. As noted elsewhere, those more recently diagnosed are not expressing the same need for peer support as we continue to see amongst those who have been living with HIV for some years. The positive women's group has been growing and has actively supported women-only events.

We gratefully acknowledge the support of NAPWA in assisting with the costs of the regular Dieticians Clinic. These popular clinics are offered every couple of months and offer additional support to our vitamins and supplement service.

Workshops

After consolidating peer education and outreach into a distinct program area, we have been able to continue development of our workshop series. This has included the introduction of new seminars in addition to maintaining those we have offered for more than a decade. Demand remains high and within capacity constraints we have increased the frequency where we could.

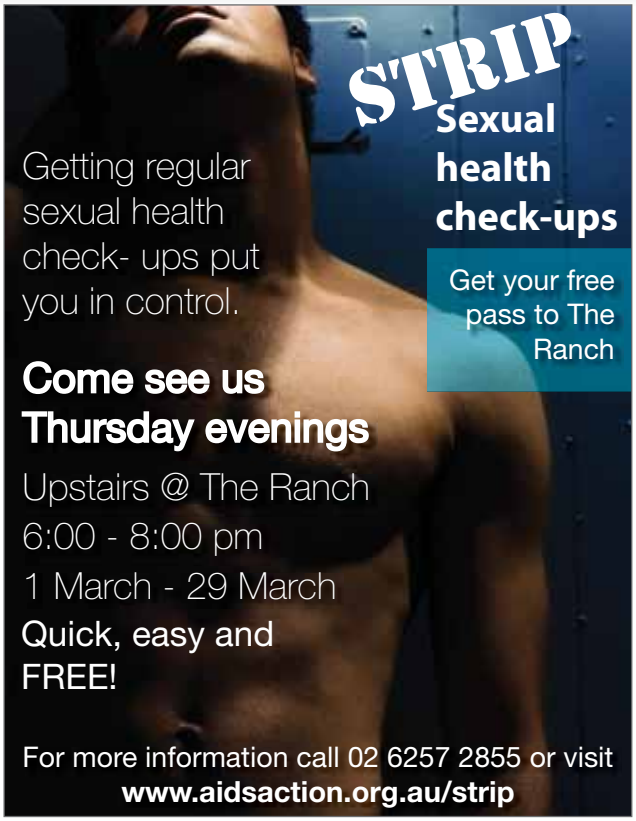
The relationships course (Together) has continued to attract participants, but we recognise that needs vary depending on the actual relationship circumstances of those attending. Given the small population size of Canberra and surrounds, we have to find a middle ground that addresses generic rather than specific needs. This tells us that we need to view a workshop as part of a broader process and not a single 'shrink-wrapped' opportunity. For all of our courses we are developing pathways that ensure the relationship between a participant and the opportunities that AAC and Westlund House offer do not start and end with the workshop itself.

Sexual Health Testing

As one of only two AIDS Councils that offer sexual health testing in community settings we are proud of the successful decade our program has enjoyed. We have a particular advantage over other jurisdictions due to the relationships we have with our partners, including Medicare Local and Canberra Sexual Health Service (CSHS).

There is growing acknowledgement that rapid testing is an important development step for the program and this is now supported by data from the most recent Gay Community Periodic Survey.

We also believe that there is an opportunity to explore more innovative ideas such as offering a regular after-hours service in conjunction with CSHS, with distinct branding that is targeted towards gay men.

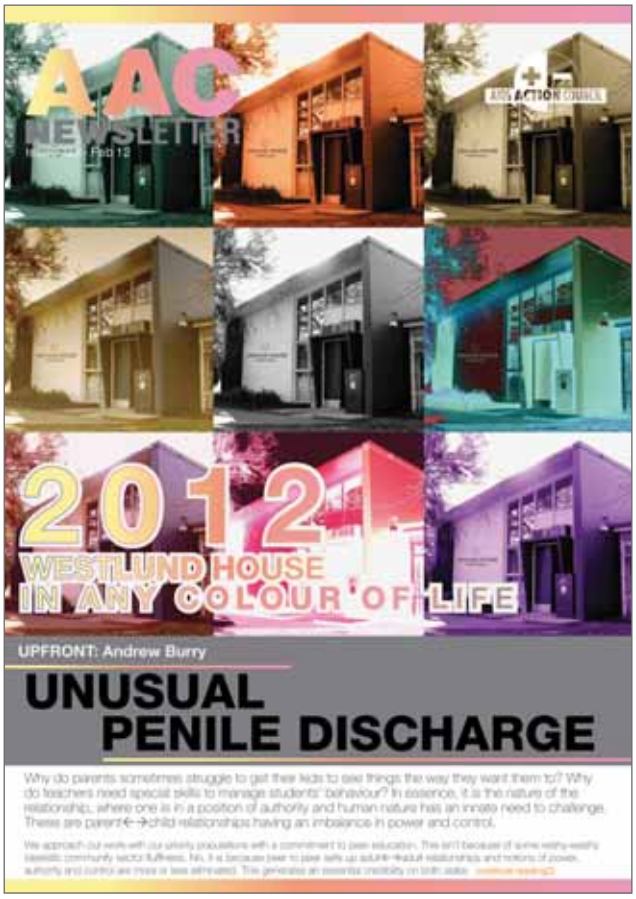


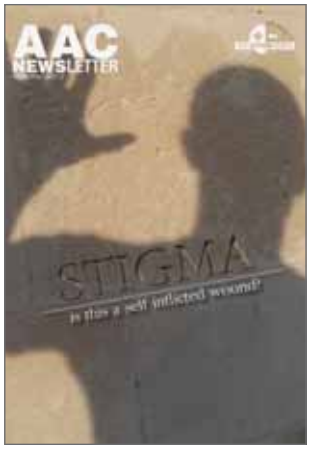
Social Marketing and Campaigns

Our increasing use of social media has enabled us to achieve a much greater reach and increased frequency in the distribution of health messages to our communities. We have used Facebook for several years but it has only been during this year that we have made a critical examination of the purpose of social media and how best we could take advantage of it. As a consequence, we invested in a consultant to help develop an integrated social media strategy that will be rolled out over the years ahead. Even whilst developing this strategy we became more adept in incorporating a variety of platforms into our more traditional media and its high level of measurability has allowed us to better understand what 'works' and more importantly what engages our key audiences.

Newsletters

We continued to produce newsletters in hard copy format, and are investigating switching to a more environmentally friendly electronic version. Feedback received this year suggests that our evolving quality and more substantial content is more attractive.



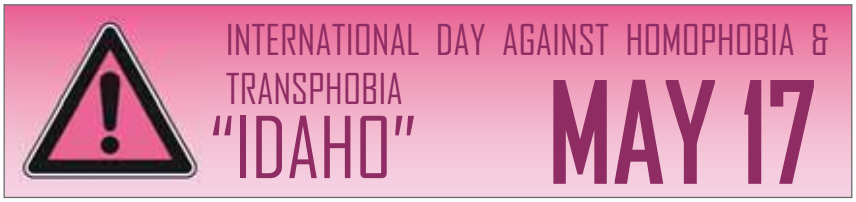


Awesome

Homophobia in schools continues to be of concern to which we responded through a Qnet branded anti-homophobia campaign called "Awesome" that not only speaks positively and reassuringly to young people who may be uncomfortable or struggling with their sexuality, but also diffuses the ability for others to use homophobia when these are displayed in schools to show that they do not share those views.

IDAHO

The AAC is positioning itself as a lead agency for International Day Against Homophobia. IDAHO is an activity we are increasing our engagement with by reaching out to more groups and individuals raising awareness of the impact of homophobia. The AAC sees this as an important issue not only because of the historical relationship to homophobia and increased risk of HIV, but the rights and dignity that all community members deserve.



I Heart Phase Three

After very successful evaluations of the two previous campaigns the third instalment was launched at Springout Fairday in November 2011 with a more provocative use of imagery and new condom boxes that contained 6 condoms and a 30ml tube of lubricant. The third phase of the campaign also evaluated well amongst the target audience.

Gonorrhoea

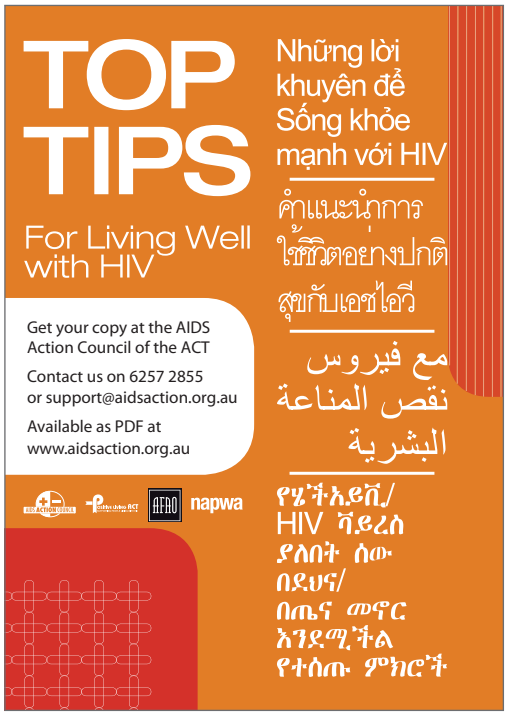
Using a special additional funding stream, we responded to a disturbing rise in infections amongst young gay men with our 'On the Rise' campaign. The purpose of the first part of our response was aimed at raising awareness whilst subsequent campaigns will be seeking to increase sexual health testing and consideration of risk choices.

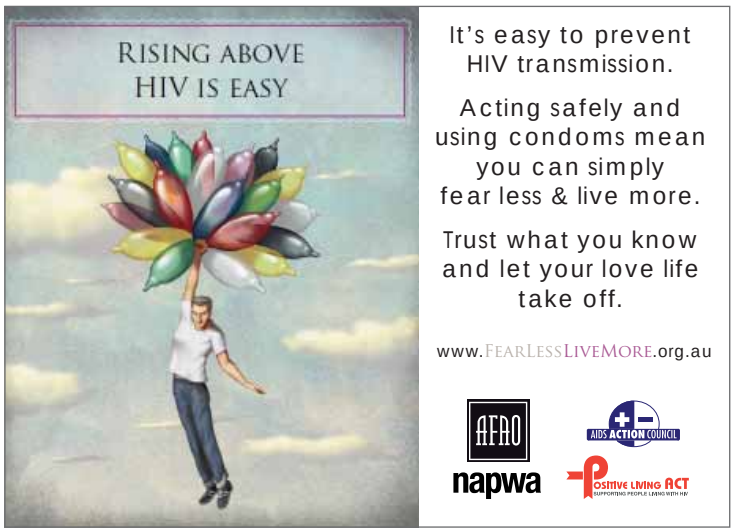
National Condom Day

Valentine's Day is combined with this national awareness campaign promoting condom use. Once again we worked with Sexual Health and Family Planning ACT to reach our target audience of the sub 30's demographics, but not limited to the GLBTI community.

National Campaigns

We continue to support national programs and health promotion campaigns from AFAO and NAPWA. These included ‘Start the Conversation’, the continuing series of ‘Drama Downunder’, ‘Top Tips’ and ‘Fear Less Live More’.





Events

The AIDS Action Council hosts a number of events through the year aimed at the various groups and communities that we work with. Some of these events are quite regular such as our monthly Community Meetings which allow us to discuss volunteering opportunities,as well as highlighting a particular topic for discussion. Some events are conducted in partnership with other organisations such as the presentation of the results of the Canberra Gay Periodic Survey by Martin Holt from the National Centre for HIV Social Research, or the results of the MindOUT study by Barry Taylor from the National LGBTI Health Alliance.

The following events are some of the cornerstone dates in the AAC calendar. They all draw on engagement from across HIV affected communities and allow the Council to showcase, celebrate and engage not only at the event but in the lead up to the event with planned communications campaigns.

Annual AIDS Action Council Trivia Night Extravaganza

The 3rd Annual AIDS Action Council Trivia Night Extravaganza was the most successful yet. More than 200 people attended the night and raised in excess of $8,000 for the Westlund House Community Development Fund. This success has ensured that the Trivia Night continues to be featured in the AIDS Action Council calendar for years to come.




SpringOUT Fairday

Perfect weather and a highly managed marketing campaign promoting Fairday had some 1,200 people cross the lawns of Westlund House in celebration of the Canberra GLBTI community.

The third phase of the I HEART Sex, I HEART Condoms campaign was launched and the 2011 Canberra Gay Community Periodic Survey had its highest ever level of participation at Fairday. The opportunity to contact and engage with so many hard-to-reach community members through our social marketing is becoming clearer.

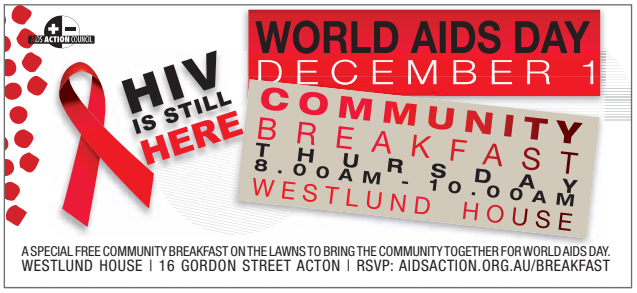




World AIDS Day Community Breakfast

The AIDS Action Council used the slogan 'HIV is still here' to remind people that nearly 30 years after the epidemic has started HIV is still a very real part of the community. The biggest community event for WAD was the Community Breakfast during which we opened the doors of Westlund House to the community who came and shared breakfast whilst reaffirming their commitment to raising awareness of HIV. MLAs from all shades of politics were in attendance.

On WAD 2011, the AAC and Anex released a joint advert for WAD calling for safe injecting facilities AT the Alexander Maconochie Centre.

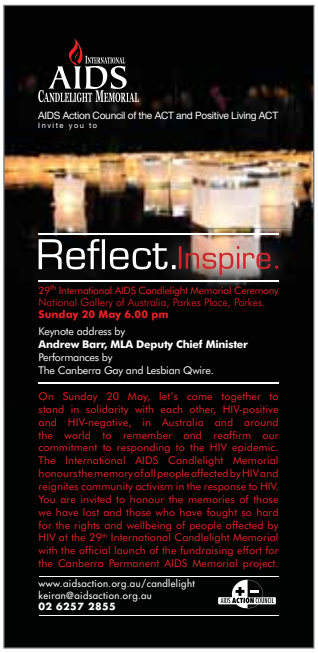


International AIDS Candlelight Memorial

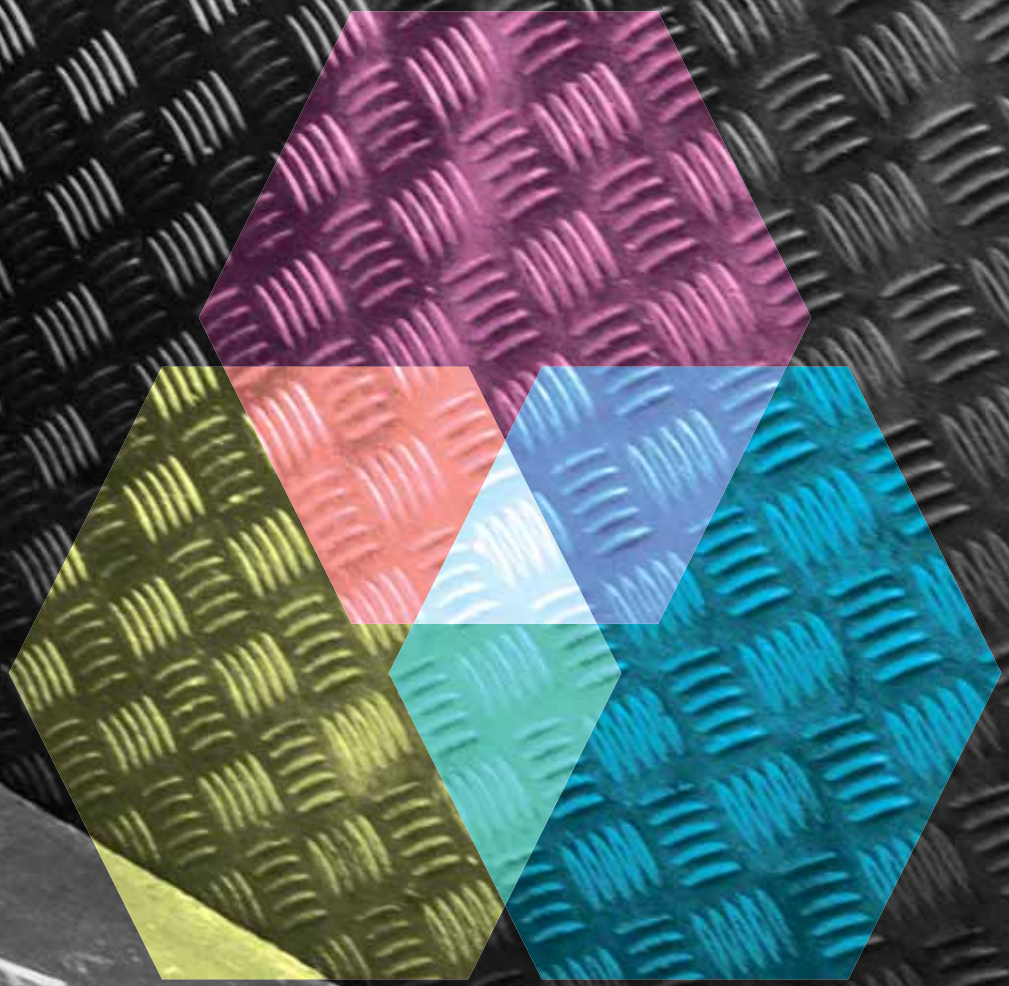
More than 120 people attended the Canberra International AIDS Candlelight Memorial to 'Reflect. Inspire.' the theme of this years' memorial. An encouraging statistic is that at least a third of those present were under the age of 30 Which demonstrates an increased understanding of HIV and the earlier epidemic.

IACM is an opportunity to remember those who we have lost over the years in the fight against HIV but also to remember that today in Australia, we are fortunate enough to not have to look upon HIV as a terminal illness and that there is still more to fight for here and beyond our borders.

The AIDS Memorial Project fundraising appeal was also launched



Financial Reports
&Auditor's Statement



General Information Committee Members

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

Office Bearers

President: Scott Malcolm

Vice President: Alan Verhagen

Secretary/Treasurer: Andrew Grimm

Ordinary Members

Daryl Evans

Nathan Boyle

Delia Quigley (Resigned January 2012)

Co opted

Robyn Davies (from January 2012)

Staff Representative

Andrew McLeod

PLWHA Representative

Geoff Porter

General Manager

Andrew Burry

Principal activities

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

To support counsel and advocate for people affected by HIV;

Using asset based community development principals, to educate Canberra communities about HIV and its implications;

To facilitate development and delivery of appropriate, targeted, prevention messages.

Significant changes

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

Auditor's Statement

Hardwickes
more than accounting

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Hardwickes
ABN 35 973 938 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

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AIDS Action Council of the ACT Incorporated
ABN 97 812 719 846

Report of Auditors to the members of AIDS Action Council of the ACT Incorporated

Report on the Financial Report

We have audited the accompanying financial report of AIDS Action Council of the ACT Incorporated, which comprises the statement of financial position as at 30 June 2012, and the statement of comprehensive income, statement of changes in equity and cash flow statement for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and statement by members of the committee.

Management's Responsibility for the Financial Report

Management is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and *the Associations Incorpotaions Act 1991, (ACT)*, and for such internal control as management determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial report.

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

Chartered Accountants
27

Auditor's Statement

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ABN 97 812 719 846

Report of Auditors to the members of AIDS Action Council of the ACT Incorporated

Opinion

In our opinion, the financial report presents fairly, in all material respects, the financial position of AIDS Action Council of the ACT Incorporated as at 30 June 2012, and its financial performance and its cash flows for the year then ended in accordance with Australian Accounting Standards and *the Associations Incorpotaions Act 1991, (ACT).*

Hardwickes

Hardwickes

R Johnson 31/9/12

Robert Johnson FCA

Canberra, ACT

Chartered Accountants

Auditor's Statement

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COMPILATION REPORT

To AIDS Action Council of the ACT Inc.

We have compiled the accompanying special purpose financial statement of AIDS Action Council of the ACT Inc. which comprises the income and expenditure statement for the year ended 30 June 2012. The specific purpose for which the special purpose financial statement has been prepared is for distribution to the members of the council. The income and expenditure statement has been prepared on an accruals basis of accounting.

The Responsibility of Committee Members

The committee members of AIDS Action Council of the ACT Inc. are solely responsible for the information contained in the special purpose financial statement and have determined that the basis of accounting used is appropriate to meet their needs and for the purpose that the financial statements were prepared

Our Responsibility

On the basis of the information provided by directors we have compiled the accompanying special purpose financial statement in accordance with the basis of accounting and APES 315 *Compilation of Financial Information*.

Our procedures use accounting expertise to collect, classify and summarise the financial information, which directors provided, in compiling the financial statement. Our procedures do not include verification or validation procedures. No audit or review has been performed and accordingly no assurance is expressed.

The special purpose financial statement was compiled exclusively for the benefit of the directors. We do not accept responsibility to any other person for the contents of the special purpose financial statement.

Hardwickes
Chartered Accountants

Robert Johnson FCA
Partner

Canberra

31 August 2012

Chartered Accountants

Statement Of Comprehensive Income

	2012 ($)	2011 ($)
Income	1,027,258	1,033,425
Administrative expenses	(78,385)	(75,389)
Buildings	(55,769)	(55,161)
Resources and projects	(128,414)	(124,295)
Purchase of stock for resale	(11,220)	(16,586)
Depreciation expense	(24,923)	(24,693)
Employee benefits expense	(682,425)	(717,114)
Surplus for the period	**46,122**	**20,187**
Other comprehensive income:		
Total comprehensive income for the period	**46,122**	**20,187**

Statement Of Changes In Equity

2012		
	Retained Earnings ($)	Total ($)
Balance at 1 July 2011	424,544	424,544
Surplus attributable to members of the entity	46,122	46,122
Sub-total	**46,122**	**46,122**
Balance at 30 June 2012	**470,666**	**470,666**

2011		
	Retained Earnings ($)	Total ($)
Balance at 1 July 2010	404,357	404,357
Surplus attributable to members of the entity	20,187	20,187
Sub-total	**20,187**	**20,187**
Balance at 30 June 2011	**424,544**	**424,544**

Statement Of Financial Position

ASSETS		
CURRENT ASSETS		
	2012 ($)	**2011 ($)**
Cash and cash equivalents	142,798	141,844
Accounts receivable and other receivables	2,440	6,582
Inventories	5,995	7,570
Other financial assets	375,870	354,966
Other assets	14,348	17,130
TOTAL CURRENT ASSETS	**541,451**	**528,092**
NON-CURRENT ASSETS		
Property, plant and equipment	96,700	76,904
TOTAL NON-CURRENT ASSETS	**96,700**	**76,904**
TOTAL ASSETS	**638,151**	**604,996**

LIABILITIES		
CURRENT LIABILITIES		
	2012 ($)	**2011 ($)**
Accounts payables and other payables	130,471	133,608
Short-term provisions	27,855	34,899
TOTAL CURRENT LIABILITIES	**158,326**	**168,507**
NON-CURRENT LIABILITIES		
Long-term provisions	9,159	11,945
TOTAL NON-CURRENT LIABILITIES	**9,159**	**11,945**
TOTAL LIABILITIES	**167,485**	**180,452**
NET ASSETS	470,666	424,544
EQUITY		
Retained earnings	**470,666**	**424,544**
TOTAL EQUITY	**470,666**	**424,544**

Cash Flow Statement

CASH FROM OPERATING ACTIVITIES:		
	2012 ($)	**2011 ($)**
Receipts from customers	$1,023,269	$1,075,187
Payments to suppliers and employees	(999,482)	(1,092,905)
Interest received	30,904	30,802
Other income received	8,999	27,069
Net cash provided by (used in) operating activities	**63,690**	**40,153**

CASH FLOWS FROM INVESTING ACTIVITIES:		
	2012 ($)	**2011 ($)**
Proceeds from sale of equipment	24,134	-
Purchase of property, plant and equipment	(65,967)	(31,191)
Net cash used by investing activities	**(41,833)**	**(31,191)**

Net increase (decrease) in cash and cash equivalents held	**21,857**	**13,962**
Cash and cash equivalents at beginning of year	**496,811**	**482,849**
Cash and cash equivalents at end of financial year	**$518,668**	**$496,811**

Income And Expenditure Statement

REVENUE		
	2012 ($)	**2011 ($)**
Govt contract	937,982	907,139
Other Grants	11,878	39,141
Donations	6,179	4,935
Sponsorships	4,167	4,236
Fundraising	11,118	8,460
Interest	30,904	30,802
Membership	1,730	780
Safe Sex Products	11,532	13,324
Other Income	8,881	24,608
Profit on sale of assets	2,887	-
TOTAL REVENUE	**1,027,258**	**1,033,425**

Income And Expenditure Statement

EXPENDITURE		
	2012 ($)	2011 ($)
Building	6,716	7,496
Cleaning & Waste	9,261	8,573
Electricity	6,832	7,093
Rent	32,960	32,000
Internet & e-mail	6,525	1,658
Postage	2,661	3,379
Telephone	7,695	7,560
Audit & Accounting	7,282	6,781
Bank Charges	1,413	1,224
Affiliation Levies	2,680	4,654
Insurances	13,634	16,260
Motor Vehicle expenses	5,706	5,098
Staff/Volunteer amenities	2,327	2,026
Stationery	2,372	5,212
Salaries (inc superannuation)	655,956	665,980
First Aid Allowance	246	246
Travel (kilometre allowance)	23	17
Staff development	16,255	15,515
Workers Compensation insurance	3,473	6,890
Leave Provisions	-4,608	18,951
Computer (Software/Accessories)	2,324	3,885
IT Support	2,330	1,235
Depreciation	24,923	24,693
Equipment Maintenance	1,579	207
Equipment Purchased	2,548	1,166
Printing/photocopying	3,455	4,181
Portable LSL Expense	10,078	9,914
Project Resources	122,605	118,429
Subscriptions	2,354	1,685
Safe Sex Products	11,220	16,555
Travel & Accommodation	17,281	14,675
TOTAL EXPENDITURE	**981,106**	**1,013,238**
Surplus from ordinary activities	**46,152**	**20,187**

We would like to thank the following for their Support

ACON
A Gender Agenda
ACT Cancer Council
ACT Department of Disability, Housing and Community Services
ACT Education Directorate
ACT Health Directorate
ACT Hepatitis Resource Centre
ACT Legislative Assembly
ACT Office for Women
ACTCOSS
ACTQueer
Alistair Coe MLA
Amanda Bresnan MLA
Amnesty International ACT
Andrew Barr MLA
Ansell International
Anthony Mabanta
ANU Medical School
ANUSA Sexuality Department
Ashley Flynn
ATODA
Australian Federal Police
Australian Federal Police Gay and Lesbian Liaison Officers
Australian Federation of AIDS Organisations
Australian Health Promotion ACT Branch
Australian National Gallery
Barlens Hire
Bears Canberra
Belconnen Youth Centre
Bent Lenses
Bit Bent
Black Magic Coffee
Braiden Dunn
Brendan Smyth MLA
Canberra Gay and Lesbian Qwire
Canberra Labor Club
Canberra Men's Centre
Canberra Pink Tennis
Canberra Rape Crisis Centre
Canberra Sexual Health Centre
Canberra Theatre
Canberra Transgender Network
Caroline Le Couteur MLA
Charani Ranasinghe
Chrisindy's
Cube Nightclub
DB idea
Dee Quigley
Department of Health and Ageing
Directions ACT
Douglas Robinson
Dr Chris Bourke MLA
Electric Shadows Bookshop
Equal Love Canberra
Fauxtografix
Fred and Maria Wensing
Fuse Magazine
Gel Works Pty Ltd
Glyde Health
Greater Southern Area Health Service
Haemophilia Foundation of the ACT
Hardwicke's Chartered Accountants
Healthcare Consumer Forum
Healthy Communities
Herm Legal and Migration Services
High Country Meats
HIV/AIDS Legal Centre
inhouse.org
Interchange General Practice
International AIDS Society
JB-HIFI
Jenny McDonald
Jeremy Hanson MLA
Jill Seargent
John Davey
John Hargreaves MLA
Johnathan Davis
Jon Daniels
Joy Burch MLA
Katy Gallagher MLA
Keith Jeffers
MAC 1 Fyshwick
Mary Porter MLA
Mathew Warren
Matt Schmidt
Melissa Tetley
Merck Sharp & Dohme Australia
Meredith Hunter MLA
MIEACT
Migration Agents
Money Mechanics
Music at Midday

National Association of People Living with HIV/AIDS
National Capital Authority
National Centre in HIV Social Research
National LGBTI Health Alliance
National Library of Australia, Commonwealth Heritage
Northside Studios
PFLAG Canberra Region
Positive Life NSW
Pretty Women
Queanbeyan Indigenous Coordination Centre
Queensland Association for Healthy Communities
Rainbow Warehouse
Royal Military College Band
Sallie Ramsay
Salvation Army
Scarlet Alliance
Sean Costello
Sexual Health and Family Planning ACT
Simon Corbell MLA
Siobhán Leyne
SOC: Stamp Out Chlamydia
SpringOut Pride Festival
Steve Doszpot MLA
Sue Driscoll
Teatro Vivaldi Restaurant
The Bookshop Darlinghurst
The Canberra Gay and Lesbian Qwire
The Kirby Institute
The Q Queanbeyan Performing Arts Centre
The Ranch at Fantasy Lane
TheContactGroup
Tilley's Devine Cafe
Touch of Class
Treataware
Tuggeranong Arts Centre
Vanita Parek
Victorian AIDS Council/Gay Men's Health Centre
Volunteer
WAAC
Woden Youth Centre
Youth Coalition of the ACT
YWCA Canberra
Zac's Place
Zed Seselja MLA

About the AAC

The AIDS Action Council of the ACT (AAC) is a not-for-profit community organisation. The AAC works to reduce HIV transmission and to minimise the personal and social impacts of HIV.

The AAC is an organisation which belongs to the community, and works to meet its goals through community development approaches. The communities of the AAC include the gay, lesbian, bisexual and transgender communities, sex workers, and people affected by HIV.

The AAC's services include social marketing, peer support, counselling, workshops, health information and training.

The AAC was founded in 1986. It receives funding through a contract with ACT Health, and through other fundraising activities.

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