

AIDS ACTION COUNCIL OF THE ACT
ANNUAL REPORT 2010



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.

Board

The Council Board is made up of the following elected members.

Scott Malcolm, President

John Davey, Vice President

Andrew Grimm, Secretary/Treasurer

Alexander Hood, Ordinary Member

Mark Sulikowski, Ordinary Member

Alan Verhagen, Ordinary Member

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Our vision

Leading the world beyond HIV/AIDS

Our mission

...to minimise the social and personal impacts,
and transmission of HIV/AIDS

Our core values

We:

- Strive for excellence;
- Empower individuals and communities;
- Commit to shared responsibility; and
- Promote equity of access, dignity and respect



ORGANISATION



WESTLUND HOUSE
RESOURCE CENTRE



SUPPORT WORKER:
Mick Doring



COUNSELLOR:
Stephanie Buckle

MANAGER:
Nada Ratcliffe

LIVING WELL CO-ORDINATOR:
Marcus Bogie



BOARD

COMMUNITY SUPPORT SERVICES UNIT

STAFF REP TO THE BOARD

GENERALMANAGER:
Andrew Burry

FINANCE AND ADMINISTRATION UNIT

PRESIDENT:
Scott Malcolm

SECRETARY/TREASURER:
Andrew Grimm

BOARD MEMBERS

FINANCE AND ADMINISTRATION OFFICER:
Lynn Parry

MANAGER:
Andrew McLeod

RECEPTIONIST:
Mandi Collins

COMMUNITY DEVELOPMENT UNIT

SOCIAL MARKETING OFFICER:
Keiran Rossteuscher

MANAGER:
David Mills

ADMINISTRATION OFFICER CDU:
Nick Nguyen



SWOP EDUCATION OFFICER:
Lexxie Jury

SWOP OUTREACH WORKERS



PRESIDENT'S REPORT

Welcome to the Annual Report of the AIDS Action Council activities for 2009 – 2010. It has been some years since we have reported on such an active year; one where so much has been accomplished.

We participated actively in the development of the new National Strategies. Our particular focus was in that relating to HIV. Both independently and through the Ministerial Advisory Committee on Sexual Health, HIV, STIs, Hepatitis C and Related Diseases (SHAHRD), we made a number of submissions. We welcome the new strategies as a significant step forward from the previous ones, although we are disappointed that greater priority isn't given to women and younger homosexually active men. It is true that the infection rate remains relatively stable both nationally and in the ACT, but we see some trends emerging where we think more needs to be done to avoid putting otherwise good results at risk.

We participated actively in the development of the National Syphilis Action Plan, and more recently in new work developing strategies to confront the challenges for a growing number of older people living long term with the virus. At a local level, we responded directly to these with a number of initiatives detailed elsewhere in this report.

At last year's annual general meeting, our membership approved a number of important changes to our constitution, which were designed to provide a greater level of governance in line with best practice as well as creating a higher level of sustainability at management and Board level. Board members will now be elected for two-year terms, with half retiring at each annual meeting (although eligible for re-election). The office bearers of President, Vice President and Secretary/Treasurer will from this year be chosen by the elected Board members rather than directly by the membership. Board members committing for a longer time frame means it makes more sense than ever that we invest in professional development. We believe that this will assist us in attracting potential Board and Committee members that can better meet specific skill requirements as we look to manage our work within the changing landscape in which we operate. Already we have invested in a Governance Masterclass program in which five of our existing Board members have participated, and we have been able to undertake some changes in processes and procedures that have made the Board more effective, and have increased the support that the Board is able to offer to the General Manager and the Council staff.

There were two other major strategic undertakings this year. We embarked on the development of a new Strategic Plan and we successfully negotiated a new three-year funding arrangement with ACT Health. The opportunity to work on these at the same time means that for the first time, three of the four main documents that guide our work share a similar ethos and language and when combined provide a very clear direction for our future.

We decided that our Strategic Plan should be a fresh start, rather than a revision of previous plans for three very important reasons. Firstly, the needs of our clients have



significantly changed in recent years and old models of service are of questionable value as we look towards the future. Secondly, the range of partnerships that we need to further develop and new ones we have to create provides a major opportunity to improve the quality of service and delivery that can be achieved across all of our client groups. The third, and in my view the most significant reason lies in our recognition of the increased capacity of our organisation in terms of our Board, staff and volunteers. We believe that this makes it important that we lift our horizons in determining the level of support and services that should be expected by those we serve.

From the outset the Board was determined that the strategic planning process should involve as many of our stakeholders as possible, and we were delighted with the extent of the enthusiasm that so many offered. Our stakeholder consultation included representation from our funders, clinicians, client groups, the community sector and staff. The result is, we believe, a plan that reflects our role in the community and a set of strategies that respond in a realistic way to the future needs of all of our constituencies. Our plan is true to our mission of minimising the personal and social impacts, and the transmission of HIV. We are determined that we are accountable and transparent now and in the future, and our plan involves an annual external evaluation.

Our relationship with the ACT Government and in particular ACT Health has been critical to our development over many years, and the benefits of this strong and cooperative partnership were demonstrated as we negotiated a new funding agreement. The opportunity to propose new wording was a chance to reflect the changing nature of the Council's work, redefine priority groups and develop greater transparency and accountability. It was also an opportunity to enshrine some key foundation principles of the partnership between the Council and ACT Health as our primary stakeholder. This includes ensuring that the involvement of affected individuals and communities in the design and development of programs and services is maximised. The contract recognises that as well as maintaining a prevention approach based on condom use and testing, there is a need to respond to broader risk reduction strategies adopted by some homosexually active men. We are now contractually obliged to pay more attention to generating local evidence and providing evaluations for all our campaign work.

Our financial position remains sound and we have added a modest surplus again this year to our members' funds. This was possible because we have consistently been able to generate funds in addition to the receipts from our government contract. This year's lower rates resulted in reduced interest income from invested funds; however we were able to maintain our unfunded services. We have no doubt, though, that fundraising activity must increase over coming years in order to provide better long term security for our organisation. We do not receive specific funding for our work with the sexuality and gender diverse communities, except where it relates directly to reducing the impacts of HIV. Nonetheless, we remain aware that the community expects us to play a role in this poorly resourced sector and facilitating a supportive environment for lesbian, gay, bisexual and transgender individuals and communities is one of the five focus areas in our strategic plan. Our strategies include identifying sources and securing funding streams either directly to support our own provision of services or to other emerging groups that work specifically in this area.

Pic A

2009 – 2010 President Scott Malcolm. This is his fourth year on the Board. He was previously Vice President before taking on the Presidency this year

Pic B

Wayne Morgan from the ANU Law School delivered the 2009 Peter Rowland Memorial Address



Nearly everything we do is dependent on the quality of our human resources, including both paid staff and volunteers. Our quality and productive capacity has been enhanced over recent years through low staff turnover and their commitment and dedication in helping our clients get where they want to be. We have also been able to offer leadership through the stability of the Board and our General Manager. We know that our staff must be supported by more opportunities for professional development and a new program has been implemented that is designed to benefit the Council as well as the individual. In addition, we strongly believe that our staff must be equipped with resources that reflect their quality and potential to achieve a continuous improvement. It is clear that technology plays an increasing role, and we made significant financial investments in this area. A new database was purchased and implemented which, for the first time, brings all datasets within a single domain. With the assistance of an asset upgrade grant from the ACT Government, new computers were purchased for all staff, together with a migration across to the latest operating systems and Office software.

For 25 years, our volunteers have played an essential part in who and what the Council is. In the early days, volunteers played a pivotal role in providing care and support to those who were succumbing to HIV and who, in many cases had been abandoned by friends and family. Fortunately, the urgency of that role has diminished and today our volunteers fulfil a much more diverse range of activities including facilitating workshops, fundraising, sexual health outreach and helping with key events. It is clear to us that over coming years an outreach and volunteer based care and support capacity must be redeveloped and expanded. We have begun to invest resources in re-energising our volunteer program and redesigning training programs. It is slightly ironic that the future look of our organisation involves reinventing some of our strengths from the late 1980s and early 90s.

As we have always been, we remain a grassroots community organisation and seek to serve the interests of our clients and members as best we can. We have had a year of solid achievement, and we are grateful for the willingness of hundreds of people to get involved with us. Our connection to the community remains our most important foundation.

Finally, I would like to thank my fellow Board members for their outstanding support throughout this busy year, and I commend this annual report to you.

Scott Malcolm
President



MINIMISING THE IMPACT OF HIV

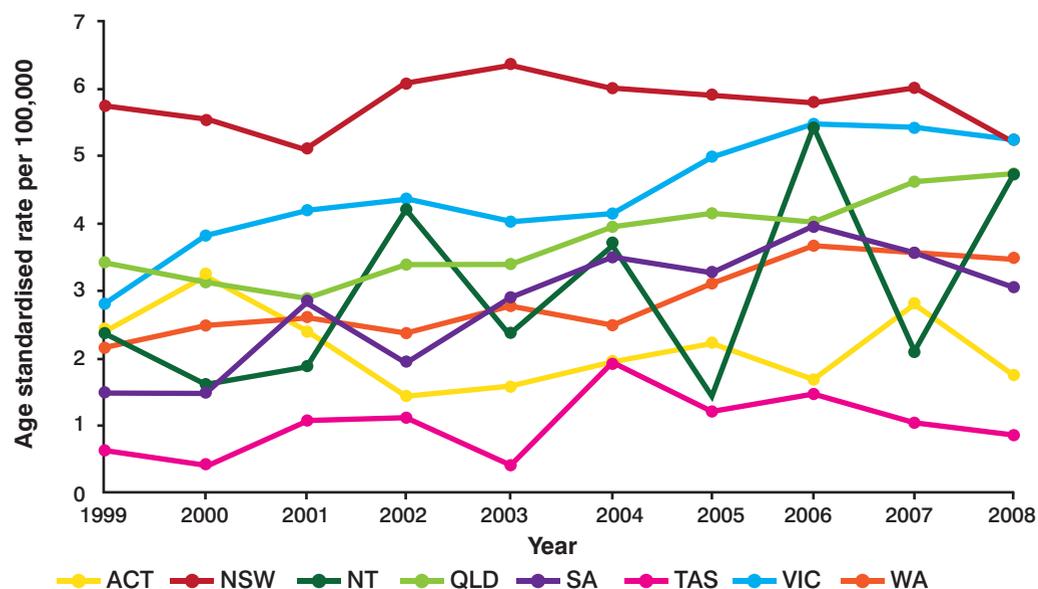
The impact of HIV can be very significant in the lives it touches, including both those living with the virus as well as for all those people connected to them. Our mission is to reduce the personal and social impacts and the transmission of HIV, and our work is conducted within three broad groups of programs; prevention, education, training and outreach, and through providing empowering support.

PREVENTION

TRENDS

Evidence points increasingly towards a diversity in risk strategies employed by gay men and other men who have sex with men. Whilst some of these may be partially effective, we continue to promote barrier protection (condoms) together with regular testing as a fully effective means of avoiding HIV infection. Nonetheless, like others in the sector, we have to recognise that some men are taking a more sophisticated view and making their own decisions to minimise risk to a level they are comfortable with.

HIV Diagnosis Rate – By State and Territory



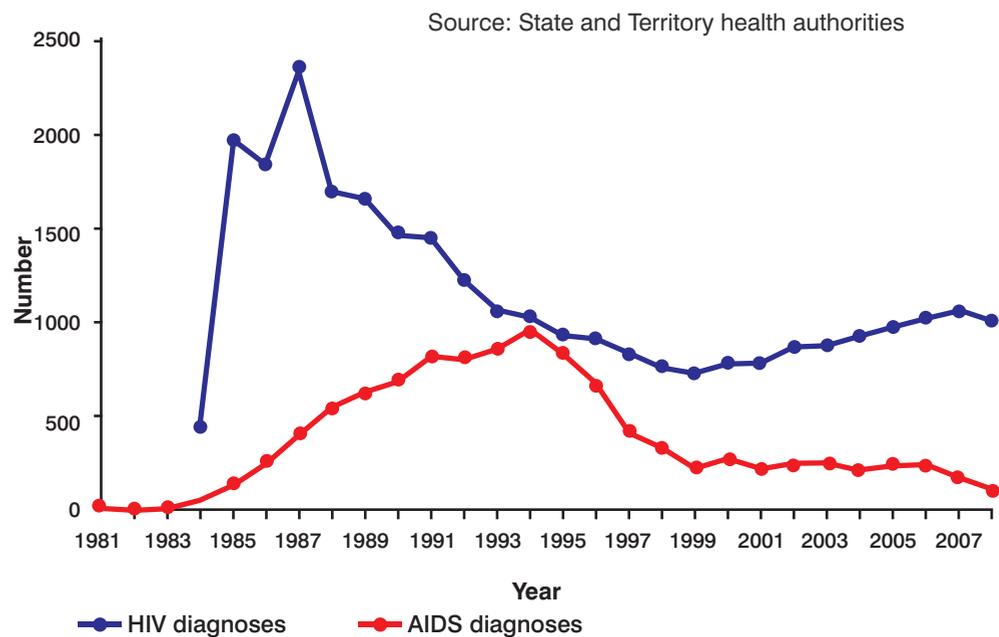
Pic A

General Manager Andrew Burry makes a point at the Stakeholders' Forum. We made a significant effort to involve many more individuals and groups we work with this year

Pic B

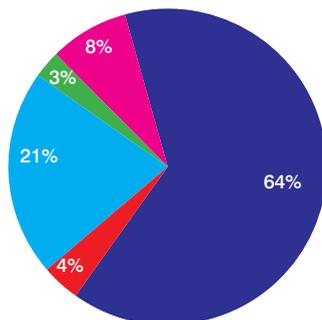
Communities gather at Westlund House for a number of events throughout each year. We have made the building and its resources more easily available and it now hosts more than 20 groups and organisations

Diagnoses of HIV infection and AIDS in Australia

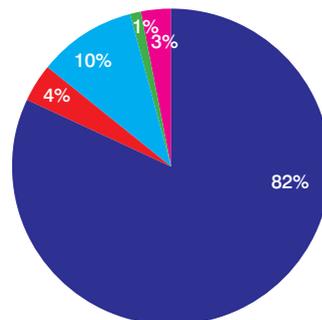


HIV infection, 2004 - 2008, by HIV exposure category

Newly diagnosed HIV infection

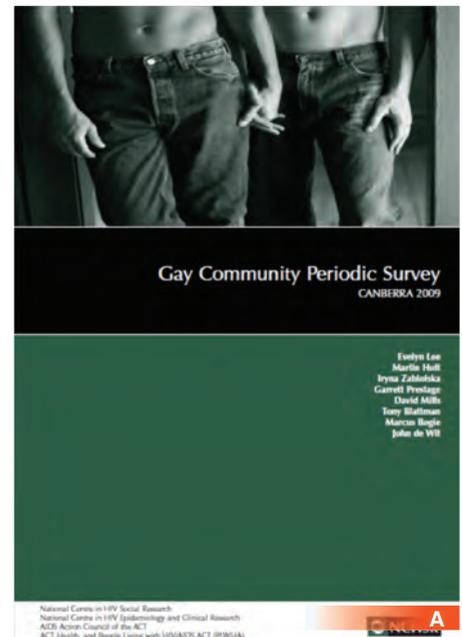


Newly acquired HIV infection



- Men who have sex with men
- Heterosexual contact
- Other/undetermined
- Men who have sex with man and injecting drug use
- Injecting drug use

Source: State and Territory health authorities



Although the overall rate of infections in Australia and the ACT remain stable, there continues to be evidence that younger homosexually active men are at a higher level of vulnerability and we can see some increases in infection amongst this demographic. It is tempting to link a decision by some gay men not to use condoms all of the time with a rise in infections, but it's not quite so straightforward. We know from research that gay men in particular have a high awareness of HIV. They know how it transmits from one person to another and they certainly know how to avoid that transmission. They know of the consequences of an HIV infection too. In other words, by and large, gay men know that if a condom is worn during anal intercourse, they are well protected from acquiring this incurable virus. There is a gap in our understanding of why this knowledge fails to produce consistent behaviour and closing this gap remains a priority for us and others.

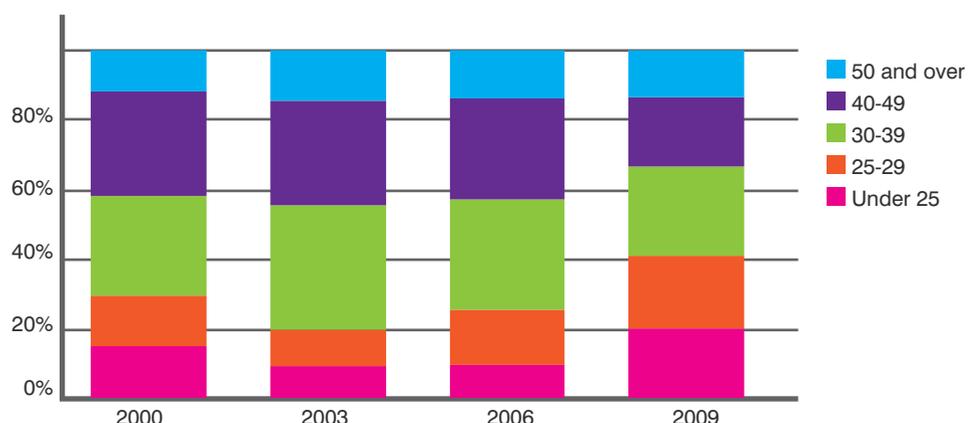
CANBERRA GAY COMMUNITY PERIODIC SURVEY 2009

The Canberra Gay Community Periodic Survey has been carried out every three years for the past 9 years, and the latest report provides the fourth snapshot. We use the results to inform our HIV prevention and sexual health services. In 2009, men were recruited from 5 venues: SpringOut Fairday, Pink Tennis Bushdance, a nightclub, a sex on premises venue and a sexual health clinic. These included two additional recruitment sites from previous surveys. A total of 310 men were recruited, which is the highest number since the first survey in 2000.

The research is funded by ACT Health and conducted by the National Centre in HIV Social Research at the University of NSW, in association with the National Centre in HIV Epidemiology and Clinical Research and the AIDS Action Council of the ACT.

It was noticeable that the age distribution for this survey was quite different from before, and was quite heavily skewed towards those aged less than 29 years (41%). There is a risk that higher numbers of younger men and fewer older men had an impact on the results, if we were to believe that attitudes and behaviour are not consistent across all age groups.

Age Range of Survey Participants



Pic A
Canberra's Gay Community Periodic Survey will become more frequent from 2011 and provide a snapshot every two years instead of the present three



Of men having anal intercourse with casual partners, 56% reported always using a condom which is lower than in previous surveys. Those reporting that they inconsistently do amounted to 44% which is higher. Consistency in condom use is clearly important.

By way of contrast, we were pleased to note that the proportion of respondents that have ever been tested remains high at 88% while nearly 70% of those had been tested within the previous 12 months.

With three years between surveys, it is difficult to react to such indicators confidently, because trends need more than one measure to be clear. A reduction in condom use has a strong causal link with increasing HIV infections and we take this seriously. We have successfully negotiated with ACT Health for the Canberra Gay Community Periodic Survey to be conducted more frequently and commencing in 2011 will be every two years.

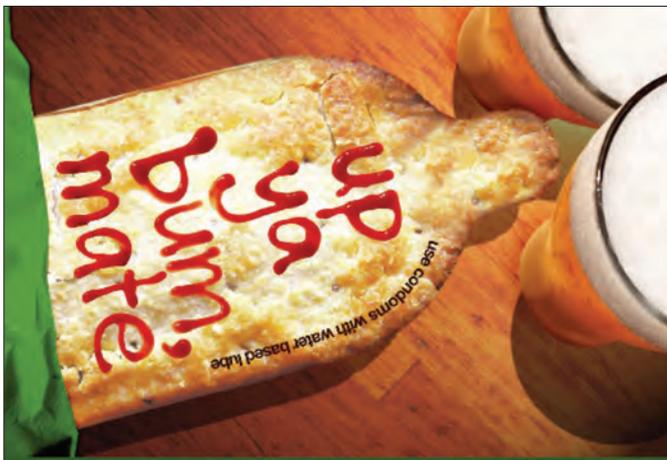
CAMPAIGNS

Condom Use Reinforcement

A fresh new condom reinforcement campaign known as I ♥ Sex, I ♥ Condoms was launched at SpringOut Fairday 2009. Aimed at normalising condom use, it reinforces the fact that most gay men use condoms most of the time and focuses on positive aspects of this choice. With a modern and fresh look, it is designed to appeal to younger men in particular.

The campaign uses local people, each well known in different sections of the community, to reinforce the local relevance of the campaign and act as informal ambassadors for the campaign. The campaign was post tested using a series of focus groups.





If you're not too drunk to get it up,
you're sober enough to get
a condom on.



Original concept by ACON
acon

B



Pic A

Jon Daniels won our 2009 David Widdup Award for his outstanding contribution to our volunteer program. He participated in the condom use reinforcement campaign

Pic B

We are always grateful to our interstate colleagues for the generous way in which they give advice and allow us to adapt their material. Up Ya Bum was a concept devised by ACON which we used to support an extensive campaign targeting a rise in syphilis notifications

Pic C

This was the first time we have used local identities to support a health promotion message. Focus testing demonstrated that this was an effective approach that can be extended

Pic D

The first 'Annual' AIDS Action Council Trivia Extravaganza served as launch platform for this component of Up Ya Bum and as a fundraising event. It was successful in both and is now a solid part of our annual activities

Pic E

Post Exposure Prophylaxis, or PEP, is a key element in prevention. Provided within a maximum of 72 hours, it can be effective in stopping HIV following an exposure event

Up Ya Bum

The fourth stage of the Up Ya Bum campaign was launched at a community Trivia Night with around 100 people attending. Materials used for promoting the campaign included: men's condom packs, posters (A4 and A2), pens, bar mats, and beer coaster mats

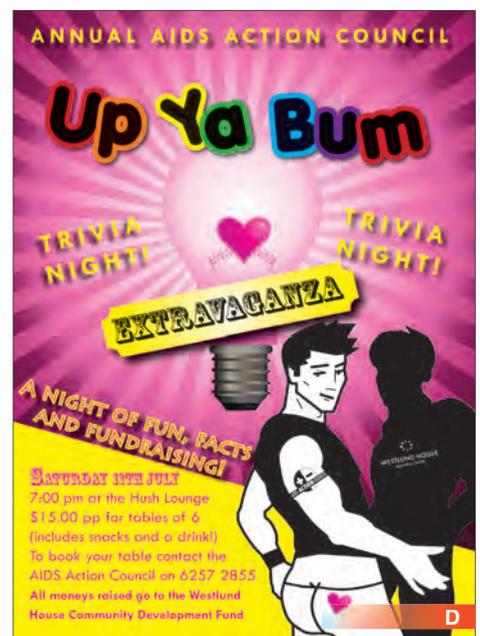
This campaign is based on a program by ACON and was initiated in response to what seemed to be threats of a spike in syphilis notifications. Although these have now reduced, Up Ya Bum will continue as a current strategy, with the collateral still available.

National Condom Day

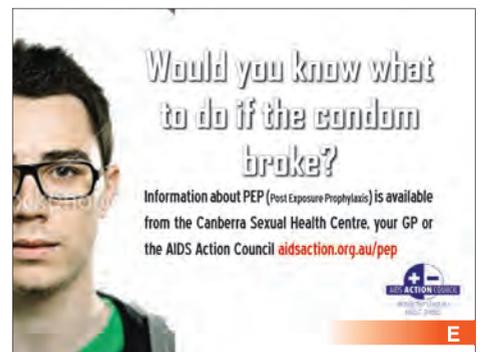
We remain concerned with the extent of communication directed specifically at young people around sexual health and testing for STIs. Valentine's Day is also known as National Condom Day, and again this year we formed a partnership with Sexual Health and Family Planning ACT (SHFPACT) to distribute suitably themed safe sex packs to venues popular with young people, including to Cube Nightclub, Mooseheads and Uni Pub.

PEP Awareness

A new campaign was released in January 2010 in Fuse Magazine to raise the profile of post-exposure prophylaxis amongst gay and bisexual men, detailing its existence, availability and how to seek information in the event of a possible exposure. We think that a lot more emphasis needs to go into this program in order to ensure that PEP is effectively a more significant component of HIV prevention strategies.



D



E



NATIONAL CAMPAIGNS AND PROJECTS

The AIDS Action Council of the ACT is an active participant in the Australian Federation of AIDS Organisations (AFAO) and National Association of People with HIV/AIDS (NAPWA) Education Team and now the LGBT Health Alliance. Our participation involves us in the development of national campaigns and resources, as well as implementing and distributing them locally.

Drama Downunder 2

The largest national campaign has been the Drama Downunder 2, a continuation of the high-profile sexual health testing campaign which has evaluated very strongly. This phase has expanded the range of imagery and resources, with a special focus on testing for syphilis.

Research from the first phase of the Drama Downunder campaign supported the effectiveness of targeting gay and bisexual men through public mainstream media. Based on this, the campaign was shown locally through inner-city bus shelter advertising as well as press ads.

In the ACT, we also utilised bus shelter advertising in the inner-city

Wear it with Pride

The first campaign of the recently formed National LGBT Health Alliance, Wear it with Pride, raises awareness and understanding of the July 2009 same-sex law reform. It features 85 unique t-shirts representing the 85 individual pieces of legislation changed. Each t-shirt is worn by influencers and sometimes their partners, including 9 Canberra-based influencers. The campaign was launched in Canberra by Andrew Barr MLA (one of our influencers) at Hush Lounge in June. The launch included a public forum on the effect legislative changes.

The National STI Campaign

The national STI campaign released by the Commonwealth Department of Health and Ageing in 2009 was not run in Canberra media and the AIDS Action Council received limited resources. We are grateful for the support of the Greater Southern Area Health Service in enabling access for us to the NSW STI campaign, which we considered better targeted and more consistent with our own strategies.





EDUCATION, TRAINING AND OUTREACH

This year, we provided 338 hours of education and training to the Canberra community, targeted at reducing HIV transmission, reducing HIV-related stigma and in improving services for people affected by HIV. We provided training to service providers including ACT Corrections staff at the Alexander Maconochie Centre and the Australian Federal Police Gay and Lesbian Liaisons Officers' network. We provided education to tertiary students at the ANU (medical students and science communication students) and at the Queer Collaborations conference held in Canberra in July 2009. Education was also provided to students at Lanyon High School, who have continued to support our work and events.

Pic A

When the Federal Government changed 85 pieces of legislation that discriminated against same-sex couples, it was generally welcomed. Wear it with Pride is a campaign funded by the Commonwealth Dept. of Health and Ageing and executed by the National LGBT Health Alliance and ACON that seeks to inform the community of these legislative changes

Pic B

We still have to remind people that HIV is not an obvious condition and assuming a person's serostatus by appearance is not an effective way to manage risk. This is a national campaign

Pic C

Produced by AFAO, NAPWA and ACON, "Ahead of Time" provides tips and advice for those who want to continue to get the most out of life while living with HIV and dealing with the issues that ageing brings

Pic D

The image we used on inner city bus shelter advertisements for Drama Downunder 2

Pic E

Wear it with Pride was successfully launched in June at Hush Lounge in Woden



SEX WORKER OUTREACH PROJECT (SWOP)

Our Sex Worker Outreach Project has been in high demand from service providers for training on sensitivity and awareness of issues faced by sex workers. The project gained a high profile at the Australian Women's Health Conference when invited to run well-attended sessions. In addition to clinicians, the project's sex worker awareness seminars have been presented to police and community organisations. Organisations with staff who have attended an awareness seminar are endorsed as 'sex worker friendly' in order to break down the service barriers felt by many sex workers.

Brothel Outreach

Brothel outreach is central to our sex worker project. Our outreach team continue to access all operating brothels, delivering health promotion training, resources and listening to current concerns in the community. Although recruiting and retaining qualified staff is generally quite difficult for this peer-based project, we were fully staffed and visited all brothels at least monthly throughout the year.

Specific attention was given to Summernats where additional outreach was delivered.

The Scarlet Alliance annual forum was held in Canberra this year. As a large conference for sex workers from all over Australia, it coincided with a public symposium held at Old Parliament House. The symposium discussed the legal and regulatory situation for sex workers around the country. Our outreach team worked to encourage local sex workers to attend the conference to encourage the building of sex worker advocacy and community locally.

Alcohol and other drug use, and injecting drug use in particular, continue to be key issues for sex workers in brothels. Injecting drug use presents, almost certainly, the greatest risk of transmission of blood-borne viruses including HIV. As well as providing an NSP service, SWOP provides a peer-



out there!
gay? bi?
under 26?

a free workshop for guys under 26 attracted to other guys

January 21st - February 11th
6:00 pm - 9:00 pm

we discuss relationships, sex, coming out, and getting involved in the community...

looking out
gay? bi?

a free workshop for gay and bi men in Canberra aged over 25

February 4th - 25th
6:00 pm - 9:00 pm

we discuss relationships, sex, coming out, and getting involved in the community...

more info: david@aidsaction.org.au
or 6257 2855

support and referral service to Directions ACT and CAHMA. Anecdotal experience of SWOP suggests an increase of alcoholism and working while under the influence of alcohol amongst sex workers. This adversely affects the health of workers, their safety and their ability to stay in control during a booking. This will be our priority in the coming year.

Health Promotion with Asian Language Speaking Sex Workers

Asian Language Speaking Sex Workers are a significant part of the sex worker community in Canberra, and SWOP work hard to ensure that our services are culturally sensitive and that resources are available in the most common community languages.

A significant difficulty for CALD sex workers is in understanding their legal rights and responsibilities; particularly around the Prostitution ACT and the regulatory framework in the ACT. We are developing easy to understand resources in the most common community languages outlining the basics, and pointing to places for further legal advice. Asian language speaking sex workers sometimes have limited English skills and a distrust of government institutions, which leads to underreporting of crime and other negative outcomes. These resources will be a valuable tool for building our profile with Asian language speaking sex workers and empowering more of them to access services and support from health services and the police.

PEER EDUCATION WORKSHOPS

We run these workshops to provide gay, lesbian, bisexual, transgender and intersex communities with a safe, fun and structured environment to talk about a range of issues such as sexuality, relationships, self-esteem and safe sex as well as networking opportunities. Our ability to deliver is heavily dependent on the number of trained peer facilitators we have, and this year we were particularly fortunate. From a total of eight, we offered two workshops for same-sex attracted men under 26, two workshops for older same-sex attracted men as well as three workshops for same-sex attracted women.

We also piloted 'Together' a new workshop on relationships.

'Together' was developed in response to research arising out of the NCHSR sero-conversion study which suggests that critical points in relationships are associated with a risk of HIV transmission. Our aim is to build relationship skills, and particularly a capacity to manage these critical points. This capacity includes a self-awareness about desires of sex and relationships and an ability to communicate these, the ability to negotiate and protect one's own emotional well-being, and creating an environment where it is safe to discuss relationship agreements and dealing with those which are broken. Focus group testing was employed to determine the most effective content and structure for the program, and the pilot was subsequently evaluated.

The pilot workshop had a remarkable response. We invited participants from previous workshop programs and within 24 hours the workshop was full, confirming the high demand that the focus groups had suggested.



SEXUAL HEALTH CHECKS PUT YOU IN CONTROL

B

We are committed to expanding our work around relationships and relationship issues and recognise that we need to offer this in a variety of formats and to a variety of different target groups.

PARTNERSHIP APPROACH TO COMPREHENSIVE TESTING (PACT)

PACT is a partnership between ACT Health (Canberra Sexual Health Centre), the ACT Division of General Practice and us. It promotes sexual health testing and reduces some barriers to testing. Clinics are held at community venues, after-hours, to suit the community members, and actively target communities at high risk of HIV and other STIs.

The PACT team held 43 clinics during the year comprised of 'STRIP' (Sexual testing, referral and information program) clinics at Westlund House, Champions Mustang Ranch and the Bit Bent same-sex attracted youth group as well as 'SWOP SHOP' clinics at brothels in Fyshwick and Mitchell.

A priority this year was an evaluation of participants' experience of the 'STRIP' program and to what extent it meets their needs, with the goal of informing decisions around how the program is run. This will provide an opportunity to consider the content of consultations and their length, venues, the 'pulse' approach as opposed to regular clinics and the desirability of rapid testing.

The vast majority of STRIP clinics are supported by our volunteers. As well as assisting clinical staff with recruitment and appointment management, volunteers provide an important peer education and outreach role, talking to clients about us, sexual health testing, safe sex and sexuality.

THE ACT PRISON: ALEXANDER MACONOCHIE CENTRE (AMC)

As members of the Mental Health Community Coalition (MHCC), we attended a sector development forum hosted by this Coalition. Mental health concerns, particularly depression and anxiety are well documented. The forum focussed on the criminal justice system and services available for people with mental health problems after they have been released into the community. We support the policy initiative of equivalence in health services in the AMC, particularly if HIV positive people are incarcerated. Other specific areas of concern for PLHIV are the regular and timely access to specific antiretroviral medications, tattooing in prisons and an urgent need for a regulated Needle and Syringe Program to replace the unauthorised one, now known to exist. By maintaining relationships with key stakeholders through attendance at meetings and forums, we are able to influence and advise on policy areas and procedures relating to HIV and other blood borne viruses as well as encourage the overall health and wellbeing of prisoners.



C

Pic A

We continue to find workshops an effective means of empowerment within the context of risk management for our target groups. Participation this year has been higher than ever and we have increased our capacity to deliver more workshop types more frequently

Pic B

Regular testing is important and we actively participate in a partnership approach with Canberra Sexual Health Service, Sexual Health and Family Planning ACT and the ACT Division of General Practice. The Westlund House STRIP testing program has seen increasing participation this year

Pic C

For all its innovation, the Alexander Maconochie Centre is still a prison and we continue to fight for prisoners' access to health services that are equivalent to those offered in community as a whole. We are concerned that the needle syringe 'program' currently in place is unauthorised and unregulated. This is a risk to both prisoners and staff



WEBSITES AND ELECTRONIC MEDIA

This was the year that we began seriously engaging with new social media and to seek innovations in our message distribution.

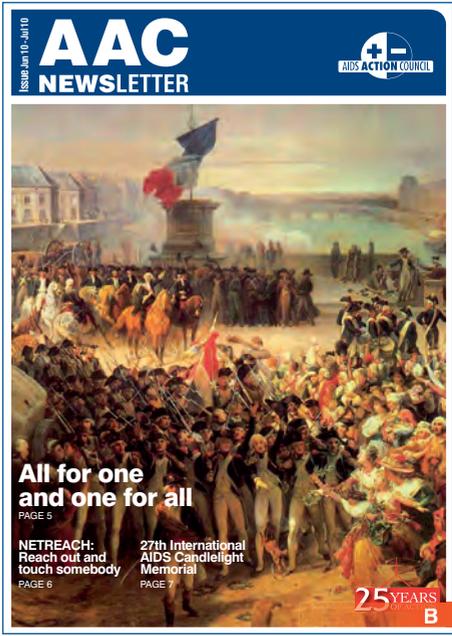
The numbers might seem small ... 50 messages on Facebook and 74 'tweets'. This was, however, up from 16 and 7 respectively during the previous year. There has been a clear building of community support and engagement of both the AIDS Action Council and Westlund House. We have also increased accessibility of our main websites for mobile users with special features available for devices including iPhones. The work during this year is a foundation for the planned expansion of programs using social media and mobile technology into peer support for target communities.

The Internet is the most commonly used venue in Canberra where men look for male sexual partners, and a majority of periodic survey participants report using it for this purpose. We are currently developing 'Netreach' which targets same sex attracted young people and adult men who have sex with men. We plan to trial the provision of mental and sexual health promotion to marginalised groups whilst developing guidelines for conducting Internet-based outreach. Volunteers will be recruited to be available on gay male websites to provide an information and referral service in these venues. We are grateful for the assistance of the WA AIDS Council for their generosity in sharing resources to assist our development and for their advice.

We have continued to enhance our website, and now include a section featuring resources for health care providers. The website received 64,549 visits and 121,202 page this year; an increase of 8.3% and 4.1% over the previous year. Our website is reaching its technical limits, and the obsolete technology behind the website limits regular updating and maintenance. Given the size and substantial content and features on the website, migrating the website to a new system will be a time-consuming and potentially costly task, planned for the coming year.

Despite being decidedly pre-'Web 2.0' the Qnet website continues to have an active community of same-sex attracted young people. The website received 37,457 visits and 110,811 page views in financial year 2009/2010, a remarkable increase of 20.0% and 24.2% respectively over the previous year. Similarly to our main website, Qnet needs to be migrated to a new system in order to support and build the existing community and maintain the information resources.





SUPPORTING THOSE AFFECTED BY HIV

AGING WITH HIV



A topic that would barely have been thought possible in the eighties, let alone a reality, issues around aging with HIV have become both critical and urgent. Currently there are more people than ever before living with the virus and approximately 30% of all PLHIV are over the age of 50 years. This proportion will grow to 50% over the next decade.

As a result of long-term inflammation, a situation of premature or accelerated ageing has come about. This involves multiple conditions that are mainly seen in much older people including but not limited to osteoporosis, mild neurocognitive disorders, early menopause, cardiovascular disease, cancers (HIV & non HIV related) and renal conditions.

Just as HIV affects the whole person, issues pertaining to growing older with HIV are all encompassing. One of the areas of most concern for PLHIV is the loss of independence and ageism combining with the continuing stigma of living with HIV. Many would argue that the sector has been slow in recognising what now seems fairly obvious, and if this is true then we are unprepared. New partnerships and workforce development are required to ensure that the dignity and independence of all those affected by HIV is maintained as much as possible.

We have been approaching this need on various levels.

We have firstly recognised that we must lift our game in terms of the quality of service we are able to provide both directly and indirectly to our clients and particularly those that are now coping with a range of conditions that would on their own be challenging. Although the principles of case management are finding favour across the country and we have incorporated some into our own work, we are reluctant to allow any client to be considered a 'case'. We are therefore evolving our own model of agreed service planning that helps our clients get where they want to be.

Pic A

We made our website accessible to mobile devices including iPhones this year. There has been an increase in the use of our internet access points and we recognise that we need to continue our innovation in this area

Pic B

This year has seen the first genuine attempt to develop strategies that specifically address what many describe as the most extensive challenge since new treatments in the mid 90s. The impact of age on people living with HIV definitely needs a serious national response

Glass half empty?

Sometimes life can be a little much, and that's why it's great to know that the AIDS Action Council is there to help in all sorts of ways.

Need a sympathetic ear?

Want to learn new skills?

Maybe you just need some information?

Call the nice folk at Westlund House on 02 6257 2855 or check us out at

www.aidsaction.org.au

The AIDS Action Council... Here for you



At the same time, we are fully engaged with national HIV agencies, other service providers and the Peak bodies AFAO and NAPWA to represent the interests of our clients in the national action plan for aging and HIV.

The most important thing we must do, and do much better, is to engage more fully with those affected by HIV in the design and delivery of services that respond to their needs. This includes the many PLHIV who do not currently access our organisation or our services.

HIV TODAY

This is a program aimed at all service providers where PLHIV may interact. These presentations are targeted and educate practitioners about current issues in living with HIV and include both physiological and psychosocial information.

Groups targeted so far include psychologists, clinicians, community-based mainstream agencies and aged care providers. HIV Today is intended to provide a realistic view of PLHIV and it is an ideal way to focus on the issues specific to older positive women and men.

WOMEN

In the ACT, our smaller population base and the community's notion that HIV is a "gay man's disease", has made it challenging to engage women living with HIV who have a range of physiological and psycho-social issues that are not shared by other demographic groups. Indeed, women with HIV are extremely diverse, are of all ages and come from a variety of cultures and backgrounds. Historically, our positive women have and do continue to utilise counselling, financial support, dietician consultations, our legal service, treatments information and vitamins and supplements assistance.

With a client base of almost 30, positive women are an important constituency and we need to work harder in ensuring that we are relevant and accessible. A small number continue to attend the social group that has been operating for some years. This number is growing and with assistance from Canberra Sexual Health and the Interchange General Practice includes women new to the Canberra region.

For us, if not apparently in the national strategy for HIV, positive women are a priority group and we will continue to work hard to ensure that the quality of service available to them is at least equal to that available for gay men – while seeking to improve the latter too.

During the year we successfully applied for an ACT Women's Grant for capacity building. The project entails a group of women travelling interstate to meet with others connected with women specific services such as Positive Women in Victoria. The two primary aims of the project are to provide a confidential and non-threatening opportunity for women living with HIV to meet with other positive women and share mutual experience and secondly; to explore the ways that agency engages with positive women particularly in regional areas of similar size to the ACT.



COUNSELLING

Professional counselling forms the heart of the services which we offer to clients. It is the door through which most of our clients enter our world. Many people form a significantly close relationship with us through their initial experience of counselling, and go on to become volunteers, Board members, staff members, or lobbyists for our cause in the wider community. For many others, the counselling experience becomes a positive and supportive influence in their lives, as evidenced by the many new clients who are referred to counselling by a friend who has previously used the service; and by the continued use of the service, at times of crisis, by “old” clients, some of whom may have had their first counselling session here ten or fifteen years ago.

For twenty years, our clients have been brilliantly served by Stephanie Buckle. Her quiet and unfailingly consistent and unequivocal support of the right to self-determination, the right to live in a world without discrimination, and the central importance of valuing sexuality and gender difference, has provided a basso continuo to the growth of our Canberra communities. Her work with the Council has spanned the years between the news headline calling for the quarantining of all “AIDS victims”, and the recent passing of legislation equalising the rights of same sex partners. For many people in our communities who may otherwise be invisible, Stephanie’s is the face of our “diversity friendly” agency.

Over these last two decades, the demand for counselling has changed significantly. From being almost exclusively HIV-centric, much of our work now lies in helping people manage issues around sexuality and gender. Stephanie’s interest and training in Narrative Therapy, with its emphasis on seeing people’s problems in a broad social/political/economic context, rather than as products of their own personal failings, has been particularly suited to our agency’s commitment to empowering our clients and their communities, and is one which we intend to extend to other areas of the agency’s operations. Counselling has evolved to provide outreach, and the development of different modalities, including telephone and email support for those in isolated areas or who are restricted from attending Westlund House for other reasons. We are keen to further enhance these aspects of the service.

Stephanie will leave us at the end of this year, and we are conscious of the large hole that will be left for us and for all our communities by her departure. It is an opportunity, as all endings are, and Stephanie has been working closely with the agency to identify ways in which we can continue to enhance and develop our counselling service. Demand for counselling services is increasing, and in seeking a replacement for Stephanie, we will be expanding our service capacity, introducing group work, increasing the use of technology for supportive contacts, and introducing a separate intake process for all new clients.

The National Counselling Alliance of AIDS Councils (Australia & New Zealand)

This Alliance was originally convened by a senior counsellor from the Victorian AIDS Council (VAC), because AIDS Council Counsellors have few professional forums or networks in which to share unique professional experience. Counselling work in AIDS Councils, as opposed to HIV and sexuality counselling taking place in other agencies have commonalities as well as a significant shared heritage. As many AIDS Councils evolve into organisations with a greater focus on gender and sexuality issues, we also experience increasing demand in these areas.

Pic A

While we are always available to support our clients experiencing a crisis, we also encourage people to consider accessing our services before this point. We are extending our range of therapeutic options for those whose ‘glass feels half empty’

Pic B

For twenty years, our clients have been brilliantly served by Stephanie Buckle. Her quiet and unfailingly consistent and unequivocal support of the right to self-determination



The AIDS Action Council hosted the fifth meeting of the National Alliance of AIDS Counsellors on 27th and 28th May, 2010. Counsellors from ACON, QAHC, ACSA, WAAC, NTAHC, and VAC attended. The meeting was successful, with feedback emphasising the value of counsellors networking and sharing professional experience, and of the professional development opportunities provided. Sessions included Management of Clients Knowingly Infecting with HIV, and HIV and Ageing. There was productive discussion around the direction of the group in terms of future organisation and funding, with a number of key decisions made, including the separation of the roles of host counsellor, and meeting coordinator.

Playback Theatre provided a powerful and enjoyable experience for participants, encouraging some insightful reflection on our experience as counsellors.

ASSERT – Australasian Society of Sex Educators, Researchers and Therapists

An ACT chapter of ASSERT has been established in which we are involved. ASSERT is a multi-disciplinary professional society founded in 1977 to provide opportunities for people working in the field of sexology. The group meets monthly, usually here at Westlund House with lively discussions relevant to counselling on sex and sexuality.

LIVING WELL

Two years ago, we aligned all our activities to a philosophy called ‘Living Well’. This is an approach that puts the interests of all clients we serve as a central focus in determining what we do, and more importantly, how we do it. It is premised on a need to move upstream and work more actively on mitigating those factors that encourage negative outcomes, such as lifestyle decisions, discrimination and broader environmental factors. In fact, Living Well is a reflection of the crucial importance of the social determinants of health. This approach is now very strongly integrated into our work from initial planning, stakeholder involvement, service design and delivery modes.

Reflecting Living Well are the following projects.

The AAC Legal Advice Clinic

This service is provided in partnership with John Davey from Herm Legal Services and provides one-off consultations to our members, and HIV positive men and women. This has operated for over a year now with excellent feedback. This highlights our approach of incorporating social determinants and delivering services to PLHIV and their communities.

Housing Program

Our Housing Program is an important area in service provision for individuals, couples and families who are living with HIV and are homeless, living in inappropriate accommodation or are at risk of homelessness. Through our partnership with Havelock Housing we have a small number of properties for positive people that provide sustainable affordable housing. All the properties have maintained long term tenancies with little turnover. Other elements of the housing program included individual advocacy on housing issues and advocacy for PLHIV as a group that may have special needs. We also provide information and referral to relevant housing providers.

HIV Dental Health Program

This is a priority access program for PLHIV who are on Centrelink pensions or benefits. This is another public/community sector partnership that has been delivered under the umbrella of a memorandum of understanding. Through three years of operation, we have been able to provide assistance to a number of clients and the program is due to be evaluated to support arguments for its continuation.

Smoking Cessation programs

We hosted a 'Fresh Start' Smoking Cessation Project at Westlund House. This is an important area for us as many HIV positive men and women have a higher risk of cardiovascular conditions due to antiretroviral therapies, the ongoing inflammatory response, HIV itself, normal ageing and extraneous risk factors – particularly tobacco smoking. This is compounded by the fact that 50% of PLHIV are smokers compared to approximately 18% of the general population. We were successful in obtaining a grant to fund a greatly expanded program through the current year.

HIV Specialist Dietician's/Treatments Clinic

We are grateful to NAPWA and the TreatAware Project which partially funds the four times per year Dietician and Treatment Clinic. The consultations are delivered by Jenny McDonald, who has worked in the field of HIV Nutrition and Treatments for many years. Many of our referrals come from medical practitioners and allied health professionals, and this has brought a number of PLHIV into Westlund House who have not previously utilised our services or connected with us in the past. This is a sensitive and flexible service and Jenny provides outreach visits when appropriate. We are unsure of funding after the end of the 2010 calendar year, but the demand dictates that we find a way to provide continuation of this important service.

Health and Treatments

For years PLHIV have battled on with multiple medications with multiple dosing requirements. While the introduction of combination therapies in the mid 1990's made a huge difference in the life expectancy of PLHIV, the strict medication regimes themselves became a significant barrier to compliance. This year, the much awaited 'one pill a day' medication, 'Atripla' was listed on the Pharmaceutical Benefits Scheme. A number of our clients are currently using this new formula and anecdotal feedback reflects a positive impact, primarily due to the ease of adherence.

We are the ACT representative agency on TON; the TreatAware Outreach Network. Care and support staff from HIV specific agencies meet 2 to 3 times per year to discuss HIV treatments and emerging issues for PLHIV. Given the changed nature of the lived experience of HIV, these meetings have taken on a more holistic framework rather than just focussing on the clinical side of HIV. It is an opportunity to network with other agencies and professionals from around Australia and New Zealand, particularly those from the smaller jurisdictions such as Tasmania and the Northern Territory. The TON email network also provides real time advice and information on health and treatments issues

Pic A

Former President Mikey Wight became a Fabulous Member at the 2009 AGM. Fabulous Membership is given to those members who serve the Council over an extended period and usually in a variety of ways. In addition to Mikey's work on the Board, he has continued to facilitate peer support workshops and other events



WORKING IN PARTNERSHIP

As a non-government community sector entity, we continue to build on our range of partnerships, because it is the strength of these that allow us to achieve more than a small organisation could otherwise contemplate. The idea of “partnership” is usually taken to mean the relationship we have with another organisation that has aims, values and objectives that intersect with our own. We, however, view partnership in a broader sense and include all those definable groups that make a meaningful (and in some instances critical) contribution to the delivery of our mission.

OUR BOARD

Our membership elects six Board members at each Annual General Meeting. From this year members will be elected for a term of two years. The Board also comprises two other members representing the paid staff and the volunteer service. The General Manager is a member of the Board ‘ex officio’, but under new rules adopted this year, does not have a deliberative vote at Board meetings. The Board may also co-opt a person to represent the positive community if it thinks there is a lack of representation and does so in consultation with PLWHA ACT.

The Board has devoted a considerable amount of time and energy into providing excellent governance for our organisation whilst representing the interests of members and all other stakeholders. We have invested in professional development this year to increase our effectiveness in decision making and in improving our strategic focus. We believe that this will make Board experience more enriching and that our Board will be more attractive to those who may wish to contribute in this way. We have studied our processes, and have developed a very workable and efficient committee structure that allows the group to get more done.

The major item on the Board’s work plan this year was the development of our new Strategic Plan. The communities and stakeholders of the AIDS Action Council were closely involved in the development of our Plan which takes a paradigm shift from previous processes, and is focussed on transparency and accountability. The resultant Strategic Plan is responsive to the local and national environment whilst maintaining a focus on priority needs within the ACT.

HUMAN RESOURCES

Staff

We were again fortunate this year to retain almost all of our staff, bringing the benefits of stability and increased experience into the work of our whole organisation.

Megan Munro left to take a position with ACTCOSS, but has continued to provide great support through her volunteer commitments. Meanwhile, we welcomed Nick Nguyen who joined us in a new position of Administration Officer in the Community Development Unit.

Recognising the continuing difficulty in both attracting and retaining staff in the community



sector – particularly difficult in the ACT – we have searched for ways to enrich the employment experience for our staff by providing an interesting and dynamic workplace and by encouraging their involvement in national activities, conferences and seminars. Whilst we have traditionally allocated funds for professional development opportunities, the Board felt that a greater commitment was possible. Consequently, we have decided that all staff will from this year onwards receive a personal allocation and that this would be available to meet personal development goals. Initially we have allocated 4% of gross salary to each staff member, and in accordance with our new Strategic Plan, this will increase to 5% within three years.

Volunteers

Our organisation was founded and initially developed by a volunteer workforce. Over the years, the contribution of our volunteer service has been immense and even with secure government funding in place, we could not function as we do without the army of people that donate their time and energy so generously.

In recent years, the volunteer roles have changed. There has been much less demand for care and support and the engagement of volunteers in education, health promotion and outreach has increased. We are of the view, however, that this balance is likely to swing back as the impact of aging becomes more apparent.

We came to the view during the year that we need to undertake a full review of the Volunteer Service and ensure that a sustainable structure is in place that over time will increase our capacity to serve clients in the community (outreach) and also ensures that the contribution of volunteers is better recognised through a rewarding experience. This review will include examining all policies and procedures, core and specialist training programs and most importantly, in ensuring that the interests of volunteers are better reflected back to the Board and Management by effective volunteer representation.

ACT GOVERNMENT

ACT Health

At a Government level, our relationship with ACT Health is a critical one. Not only through the funding we receive, but also with establishing excellent collaborative relationships with key individuals and departments.

Our main relationship has historically been with the Population Health Division and Canberra Hospital (Canberra Sexual Health Service), but we recognised that our relationships need to become broader as we seek to take and encourage action on a number of new fronts in meeting the needs of our constituencies.

We have therefore worked hard to establish and/or strengthen relationships with a number of other key departments within the health portfolio. These include the Policy Department where we provided input into the new Alcohol, Tobacco and other Drug Strategy. We were successful in including specific strategies for the particular needs of gay, lesbian, transgender and bisexual people, as well as those living with HIV. We have also worked more actively with Aged Care Services, Community

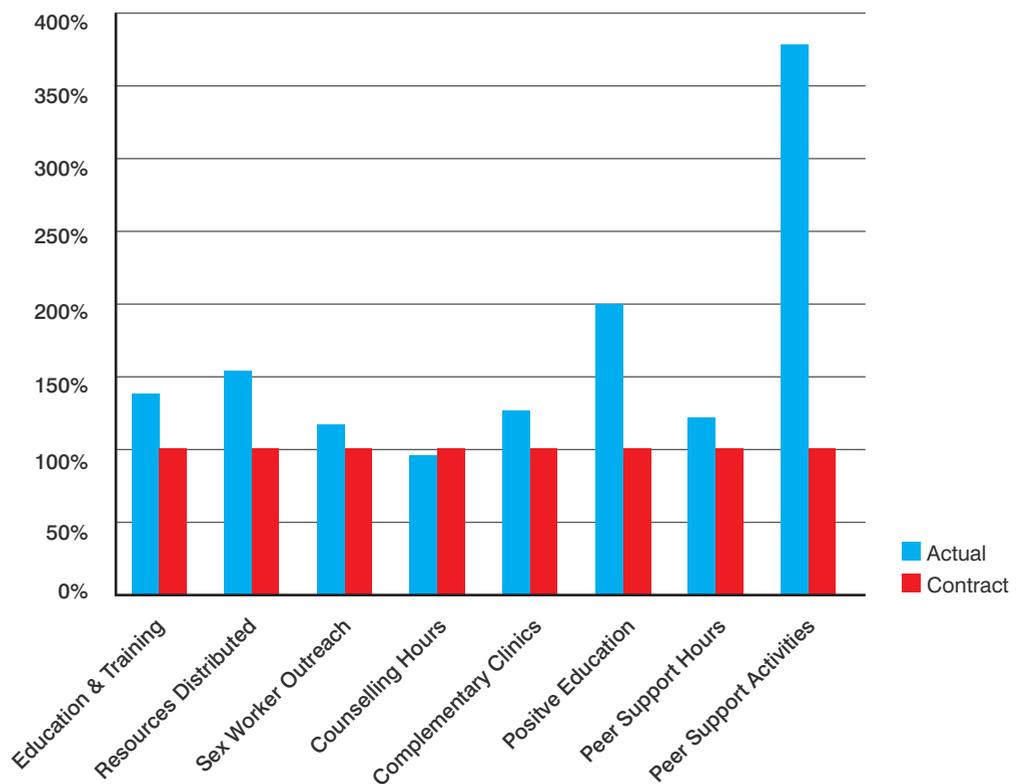
Pic A

Elected at the 2009 AGM, the new Board (from left to right) comprised John Davey, Mark Sulikowski, Scott Malcolm, Alex Hood, Alan Verhagen and Andrew Grimm. Achieving something closer to a gender balance was addressed through co-opting other members

Pic B

We are committed to addressing a lack of information young people receive about HIV and its impact. We are pleased with the ongoing support of Lanyon High School, who were presented with a Community Award this year

Government Contract - Performance to Indicators 2009/10



Health (particularly Corrections Health) and Mental Health ACT. Our primary goal is to ensure that we are able to be more effective when advocating for current and future needs of PLHIV and our membership generally.

In addition to widening relationships within ACT Health, we have also worked this year on building our contact with Education and the Human Rights Commissioner. In the case of Education, we feel that this is a priority area for attention around sexual health generally. Human rights are at the core of our approach and we want to be able to promote the rights for all those that access the health system to be treated equitably and this applies particularly to the communities we represent.

SHAHRD

The Ministerial Advisory Council on Sexual Health, HIV/AIDS, Hepatitis C and Related Diseases, otherwise known as SHAHRD, is an important and influential body that advises the Health Minister on policy related to the management of blood borne viruses within the ACT. Appointed by the Minister,



each council member represents expertise covering a wide range of fields.

SHAHRD arranges forums to generate public input in important policy areas, and we are always active in our participation and assist in an organisational sense from time to time. The development of the new national strategies was one such forum this year, and was naturally of vital interest to us. With more than 45 persons attending representing 20 organisations, this was a great opportunity for both the government and community sector to provide a strong representation from the ACT into the various strategies' writing groups. We were pleased to note that much of what the forum put forward was taken up, although as noted elsewhere, we were disappointed with how the priority groups were ultimately determined.

SHAHRD also convened a mid-term review of the ACT Strategic Framework, which resulted in some amendments in priority. This forum was made more important in light of a decision of the Federal Department of Health and Aging for the implementation of the National Strategies to occur through individual state and territory plans, rather than a national implementation plan itself. Given the national effort that went into developing these strategies, we found this a somewhat surprising proposition since it relieves the Federal Government of any direct responsibility for outcomes, however there is no direct commonwealth funding in any case. Conversely, the SHAHRD forum allowed us the opportunity of promoting the priority of groups we considered had been overlooked in the National Strategies.

Members of the Legislative Assembly

We have always enjoyed support from members of the Legislative Assembly from all parties, and as a consequence have a beneficial level of access to discuss directly any matters with which we are particularly concerned. We are also grateful that so many attend our functions, including our Annual General Meeting.

One area this year where we have been actively communicating with members is the need for a supervised and regulated needle syringe program in the Alexander Maconochie Centre. It is now accepted that both drugs and injecting equipment have made their way into the prison and we welcomed the review of drug policies established by the Government and being undertaken by the Burnet Institute as consultants.

We kept members informed on the progress of the development of our Strategic Plan, and received some supportive and encouraging feedback.

In May, it was proposed by the Opposition that a review be undertaken into the Prostitution Act 1992 and this was supported by the Government. This is expected to occur early in 2011. We welcome this review as an opportunity of improving the legislative environment for sex workers and their clients, although we are concerned that some may take this as an opportunity to promote regressive ideas that would be counter-productive in terms of public health. We look forward to the opportunity of being an active participant together with SWOP.

Pic A

Andrew Barr MLA, ACT Minister of Education was an active participant in the Wear it with Pride campaign and hosted the launch of our local event at Hush Lounge



PLWHA ACT



People Living with HIV/AIDS ACT is a peer based service within Westlund House. We maintain it as far as possible as an independent activity from the Council itself, and its programs are developed by a member liaison group. We have always been committed to providing as full a range of peer based opportunities throughout all of our activities and programs and we rely substantially on PLWHA ACT to deliver these to the positive community. We are equally committed to the involvement of individuals and communities in the development of programs and services designed for the needs, and here again PLWHA ACT is an important resource for us.

We are pleased that insofar as treatments and their access allow, the majority of PLHIV in our territory are living reasonably well and have little current need for specific services and support from us. However, issues around aging and our preparedness, as well as that of community service providers at large, means that the situation could change quickly and significantly. For this reason we believe that we should support the strengthening of PLWHA ACT as the community voice of PLHIV and peer advocates for their interests. Led by the Board, we have examined the means by which this might occur and the first major initiative will be to map priority needs for PLHIV against the ability of service providers (including the AIDS Action Council) to address them.

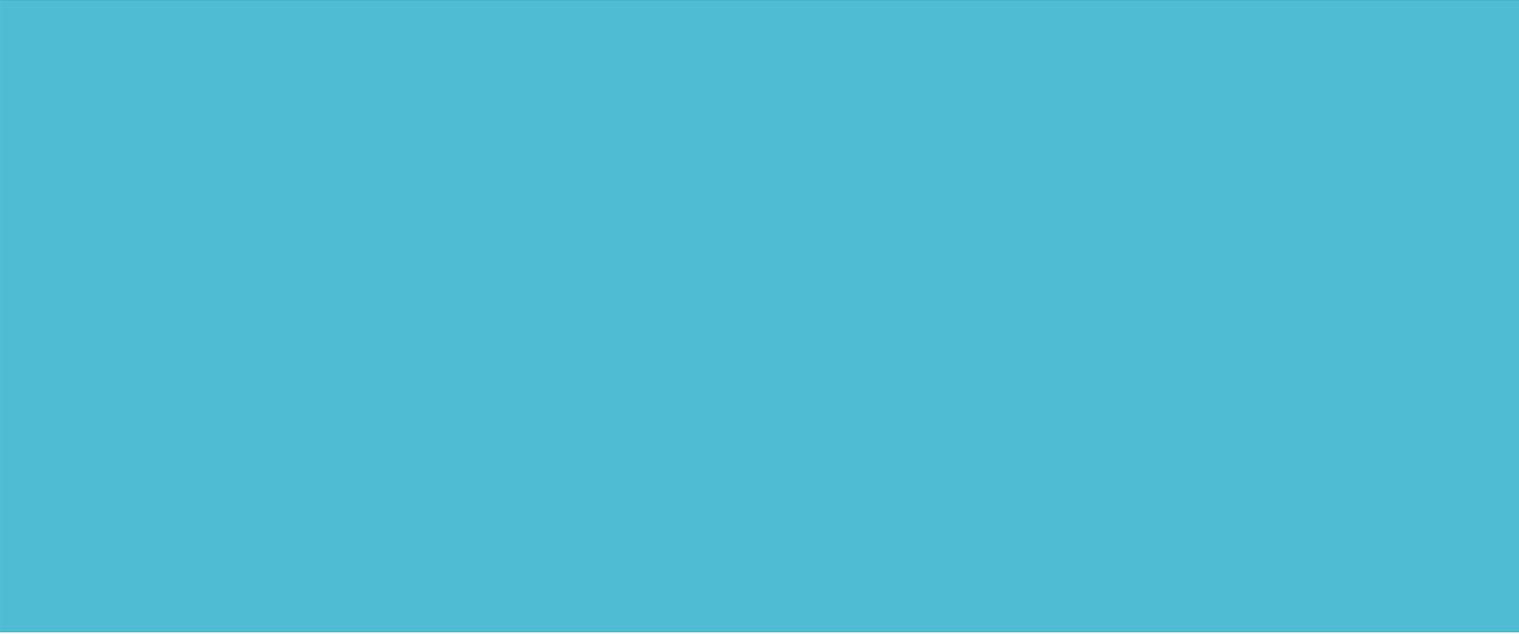
In conjunction with PLWHA ACT, we have also initiated a review of the Trevor Daley Fund. The purpose will be to see how it can be leveraged to deliver more relevant and active assistance in light of current circumstances.

Strategic Plan

When we set out to develop a new strategic plan, we decided from the outset that we would take an entirely new approach rather than simply updating or adapting the one now expired. In so-doing, we identified six core principles that would be its foundation. These were; human rights, participation, health promotion, transparency and accountability, community development, and expert knowledge and evidence based practice.

The Board examined every aspect of the organisation and generated a draft plan, which was circulated to almost 100 groups and individuals for comment and feedback. After considering and where appropriate incorporating this input, we established a stakeholders' forum to generate open discussion and give us insight into how we are perceived and how we could better meet the needs of those with whom we work.

The resulting document has come from a transparent process and is the clearest and most accountable statement yet of our strategic priorities. Crucially, the Strategic Plan is subject to an annual external review providing all those who contributed, a clear understanding of our commitment and performance against our objectives.



Unlike any previous plan, the one launched at our 2010 Annual General Meeting identifies five focus areas with each having an overarching goal and specific objectives. The focus areas and goals are;

SUPPORT:

To resource affected communities by providing support and education opportunities, with a particular emphasis on peer-based programs

PREVENTION:

To equip people with information and resources to make decisions that keep themselves safe

SEXUALITY AND GENDER DIVERSE COMMUNITIES:

To facilitate a supportive environment for sexuality and gender diverse communities in the ACT

CONNECTION:

To establish and improve connections with clients (current and prospective), stakeholders and other organisations by being a leading community organisation

SUSTAINABILITY

To ensure sustainability and succession planning

Pic A

Our new Strategic Plan maps the road ahead for the next three years



WORKING WITH COMMUNITY

We believe strongly in the concept of community capital and particularly in those things that contribute to human and social capital. This belief is reflected in our commitment to community development as the foundation of our program design and delivery. Empowered individuals and communities live more securely and with a greater sense of fulfilment. Our work involves us in working in areas where stigma, discrimination and social marginalisation are quite evident, and we therefore invest resources in facilitating community events that help break down these barriers. We see this as an essential component of our contribution to community capital.

INTERNATIONAL AIDS CANDLELIGHT MEMORIAL

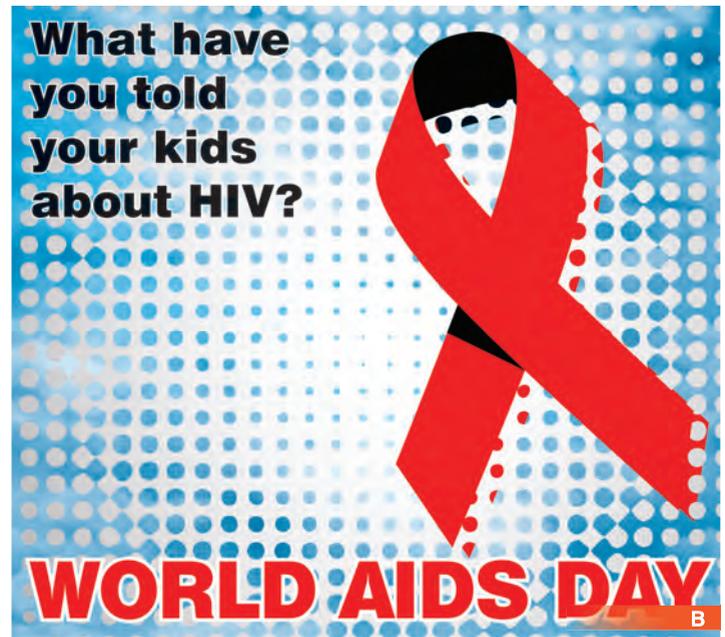
The International AIDS Candlelight Memorial is one of our largest public events and we aim to honour the memory of all people affected by HIV, and also to reignite community activism in our collective response to HIV. The international theme for the 2010 Candlelight Memorial was “Many Lights for Human Rights” promoting global solidarity and the need for collective action around HIV and human rights.

We are the only territory or state that continues to recognise the International Candlelight Memorial on its designated day, rather than to incorporate it amongst World AIDS Day activities. Keeping constantly refreshed and with a continuing relevance to the world today is something we try hard to achieve each year.

We partnered this time with Amnesty International ACT Branch, All Saints’ Church Ainslie and the National Museum of Australia to hold the Memorial on Sunday 16 May, beginning with an Ecumenical Service at All Saints’ followed by a ceremony at the National Museum of Australia. 120 people, the largest for some years, attended the memorial to hear the keynote address by Brady, Principal Solicitor at the HIV/AIDS Legal Centre in Sydney. Participants floated lanterns in the Garden of Australian Dreams before signing the Canberra Declaration on HIV and Human Rights. The declaration calls for the rights of people living with HIV be respected in Australia and globally, including the right to treatment and the right to travel.



C



B

The Canberra Declaration on HIV and Human Rights

Presented at the 27th International AIDS Candlelight Memorial Sunday 16 May 2009 at the National Museum of Australia, Canberra

As we approach three decades of living with HIV in our community, effective treatments for HIV were first approved almost two decades ago and the International Guidelines on HIV/AIDS and Human Rights has been in existence for half of the HIV pandemic. Yet discrimination and inequalities continue to impact on the lives of people living with HIV.

We, members of the ACT community, affirm the rights of people living with, and affected by, HIV to be free and equal in dignity and rights.

We urge governments, organisations and individuals to ensure the human rights of people affected by HIV through the following measures:

1. To fulfil the international commitment to universal access to anti-retroviral treatment by 2010

Access to essential health care is not a luxury exclusive to those that can afford it. Despite the Millennium Development Goals, and G8 and G20 commitments to ensure universal access to HIV treatment, by the end of 2008 only 42% of individuals needing treatment were receiving it.

Governments must be held to fulfil their international obligations, and to ensure all economic, political and technical barriers to treatment are eradicated.

2. To respect the right to move freely and to seek asylum regardless of HIV status

With the United States removing HIV as a barrier to entry, a milestone has passed, yet many more countries still restrict entry based on HIV status or *a priori* refuse permanent residence to people living with HIV.

These laws and regulations violate the right of freedom of movement for people living with HIV, and propagate the myth that people living with HIV are a threat to the health and safety of the public.

Despite international human rights obligations, 52 countries globally including Australia have unnecessary and discriminatory travel restrictions on people with HIV. These countries must be held to fulfil their obligations.

3. End all discrimination against people living with HIV

Many people face discrimination in their daily lives due to real or perceived HIV status, from colleagues, neighbours, administrators, service providers, governments and family members. Many fear discrimination or violence if their HIV status is disclosed.

We commit to stand up for the rights of people living with HIV and demand an end to discrimination.

Pic A

We are committed to remembering that it was activism that got our response started in the earliest days of the epidemic. The International Candlelight Memorial is a time to remember this to honour of all those we have lost over a quarter century

Pic B

For World AIDS Day 2009 we decided not to use the national campaign, but chose instead to draw attention to letting our kids down by failing to educate them sufficiently about the impact of HIV

Pic C

With Amnesty International ACT, we presented the Canberra Declaration to the people attending Candlelight Memorial to sign ...



WORLD AIDS AWARENESS WEEK AND WORLD AIDS DAY

World AIDS Day and World AIDS Awareness Week is our main opportunity each year to communicate with the whole community. Partly because of rising youth diagnoses of HIV, our primary objective was to challenge teachers and parents to talk with kids about HIV. Our theme differed from the national theme; “What Have you told your Kids about HIV” was supported by the involvement of young people from Lanyon High School and Girl Guides.

World AIDS Day was launched at the Legislative Assembly with a key note address by our General Manager Andrew Burry and followed by performance art in Civic Square.

Responding to feedback from World AIDS Day 2008, a new event this year that provided a greater opportunity for community involvement was a community breakfast at Westlund House. This was on World AIDS Day itself and generated a good crowd for an event that will become now a regular one.

A Multi-faith Service was held on the evening of World AIDS Day in conjunction with All Saints Church in Ainslie. This year the ABC Community Choir was invited to participate and this provided additional opportunities for publicity for the event, reflected by increased attendance over previous years.

We remain committed to the recognition of World AIDS Day, but we recognise that we need to better define our goals for the activities we undertake. In the sense of preaching to the converted, our evaluation of this year’s activity suggests that we are directing our efforts too much within the sector, and missing opportunities to find a larger mainstream audience. We were satisfied with the theme we adopted this year and will repeat it in the year or years ahead. Whilst we did receive some media attention this year, we are confident that with a more proactive media and communication strategy, World AIDS Day can garner much greater publicity across the territory and thereby build greater awareness of HIV and its impact.

WESTLUND HOUSE

Westlund House is named in memory of John Westlund who was a foundation member of the AIDS Action Council and its first employee. John Died with AIDS in 1994, but not before he had shone a light on the opportunity for ordinary people to make extraordinary difference.

Our Westlund House project is one where we seek to create a genuine community space that facilitates other groups’ activities and provides a safe place to meet. As of this year, there are now approximately 20 groups or organisations that use Westlund House on a regular or semi-regular basis. SHAHRD held one of its meetings there recently.

Westlund House, complete with our public liability insurance cover has proved an ideal location for community celebrations and other significant events.



Our ongoing tenancy has been clouded for some years by the prospect of an expansion of the Australian National University (ANU), since the site of the present Westlund House forms part of the ANU Exchange. There are agreements in place that will facilitate our relocation to suitable alternative accommodation when this occurs and this also includes a provision of new premises being to the 'satisfaction' of us and our clients. The question arises as to whether we are best served by waiting until that time, or whether there are good reasons for us to act proactively and seek a new site before we are forced to.

As the use of Westlund House continues to expand and as the range and number of our own services grows, the extent of dislocation to individuals and communities becomes greater. Considering alternative strategies will be an important challenge for the new Board.

SPRINGOUT 2009 AND FAIRDAY

500 people attended SpringOut Fairday at Westlund House on Saturday 31 October. It was one of the bigger Fairdays in recent years, both in terms of attendance and in terms of stallholders: There were twice the number stalls this year compared to two years ago.

As well as an activity which builds community capital, Fairday this year was a vehicle for three important health promotion projects: The promotion of STRIP sexual health clinics, the new condom reinforcement campaign and recruitment for the Canberra Gay Community Periodic Survey.

Keen to build community representation at Fairday, we offered support to community groups who do not usually attend. Community groups were invited to attend for information about showcasing their group at Fairday and share hints and tips. Many stall holders on the day had never had a stall at previous Fairdays.

Preparations have begun for Fairday 2010 which will launch SpringOut 2010 on 30 October, and will further increase community involvement in the event.

Pic A

The number of people and groups that use Westlund House is growing, which means that our future accommodation is an important issue

Pic B

Participating in Fairday is an important way that we demonstrate our community participation



FINANCIAL REPORTS AND AUDITOR STATEMENT

FINANCIAL ACCOUNTS:

We achieved a modest surplus this financial year which as in recent years has increased the total value of members' funds. We controlled our expenditures despite some pressures and maintained our level of self-generated income (i.e. income in addition to that coming from the Service Funding Agreement) at much the same level as last year. Managing our financial affairs has been greatly assisted this year by the excellent working of the Board's Finance Committee, which has met monthly to review accounts and be in a position to satisfy the Board as a whole that monthly accounts are accurate and satisfactory. This committee also has the task of monitoring and managing our investments.

The Board believes that we must give greater focus and attention to diversifying income sources in the years ahead to build our sustainability and security as an independent member-based organisation. Indeed, our strategic plan has specifically recognised that we have to set specific targets for improving the balance of self-generated and Service Funding Agreement income, so that within three years the former increases to 40% of total income from its current level of 15%. To achieve an ambitious target means that we must give attention to fundraising, additional project income and encouraging community giving and bequests.



INDEPENDENT AUDITORS REPORT

To the members of the AIDS Action Council of the ACT Inc

Report on the Financial Statements

We have audited the accompanying financial statements of the AIDS Action Council of the ACT Inc (the association), which comprises the statement of financial position as at 30 June 2010, and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, a summary of significant accounting policies, other explanatory notes and the statement by the members of the Board.

Committee Members' Responsibility for the Financial Statements

The committee members of the association are responsible for the preparation and fair presentation of the financial statements in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act 1991 (ACT). This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial statements that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgement, including the assessment of risks of material misstatements of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an

Pic A

AIDS Action Council
General Manager
Andrew Burry

opinion on the effectiveness of the association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board members, as well as evaluating the overall presentation of the financial statements.

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

Independence

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

Auditors Opinion

In our opinion the financial statements of the AIDS Action Council of the ACT Inc are in accordance with the Associations Incorporation Act 1991 (ACT), including;

- (a) giving a fair and true view of the association's financial position as at 30 June 2010 and of its performance for the year ended on that date; and
- (b) complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act 1991 (ACT)

Hardwicke's

Chartered Accountants

Hardwicke's
R Johnson 8/10/10

Robert Johnson FCA

Partner

Canberra

COMMITTEE MEMBERS

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

Office Bearers

President Scott Malcolm (from Sep 09) Ross Wilson (ended Sep 09)
Vice President – John Davey (from Sep 09) Scott Malcolm (ended Sep 09)
Secretary/Treasurer – Andrew Grimm (from Sep 09) David Bengler (ended Sep 09)

Ordinary Members

Alan Verhagen (from Sept 09)
Andrew Grimm (ended Sep 09)
Mark Sulikowski (from Sep 09)
Vijaya Ratnam-Raman (Ended Sept 09)

Co-opted

Maria Neil (from Sept 09)
Mark Sulikowski (from Nov 08)
Michael Beck (ended Sep 09)

Staff Representative

Lynn Parry

PLHIV Representative

Kenn Basham

General Manager

Andrew Burry

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.

STATEMENT OF FINANCIAL POSITION

30 June 2010

	2010 (\$)	2009 (\$)
ASSETS		
Current assets		
Cash and cash equivalents	482,849	410,404
Trade and other receivables	6,186	7,838
Inventories	6,839	7,768
Other current assets	21,836	13,303
Total current assets	517,710	439,313
Noncurrent assets		
Property, plant and equipment	70,405	70,942
Financial asset	5,000	5,000
Total noncurrent assets	75,405	75,942
TOTAL ASSETS	593,115	515,255
LIABILITIES		
Current liabilities		
Trade and other payables	85,417	66,592
Provisions	81,812	55,998
Total current liabilities	167,229	122,590
Noncurrent liabilities		
Provisions	21,530	18,573
Total noncurrent liabilities	21,530	18,573
TOTAL LIABILITIES	188,759	141,163
NET ASSETS	404,356	374,092
EQUITY		
Retained earnings	404,356	374,092
TOTAL EQUITY	404,356	374,092

**AIDS ACTION COUNCIL OF THE ACT INC
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2010**

	2010 (\$)	2009 (\$)
REVENUE		
Govt contract	878,160	851,343
Other Grants	18,910	2,808
Donations	5,427	1,277
Sponsorships	6,173	2,216
Fundraising	240	184
Interest	20,501	20,861
Membership	1,442	1,100
Massage Income	-	489
Safe Sex Products	22,728	15,623
Other Income	5,073	535
Profit on sale of assets	-	4,501
TOTAL REVENUE	958,654	900,937

**AIDS ACTION COUNCIL OF THE ACT INC
INCOME AND EXPENDITURE STATEMENT
FOR THE YEAR ENDED 30 JUNE 2010**

EXPENDITURE

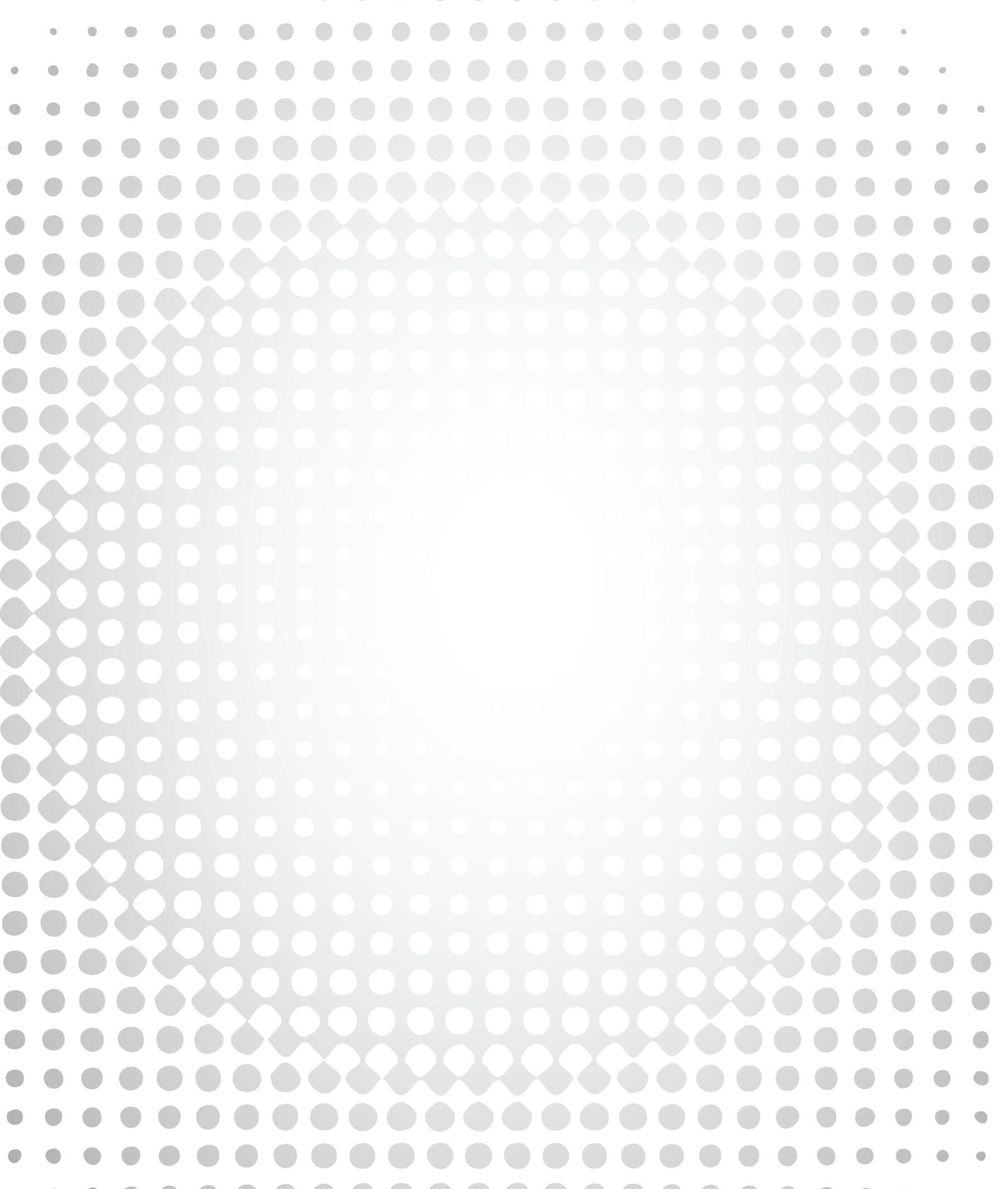
Building	6,953	16,357
Cleaning & Waste	8,658	8,404
Electricity	7,145	8,425
Rent	32,000	32,000
Client Services	4,389	1,093
Massage Expenses	-	5,544
PSN Expenses	3,040	1,702
Internet & e-mail	1,610	1,646
Postage	4,013	4,414
Telephone	8,014	8,930
Audit & Accounting	6,394	5,568
Bank Charges	1,289	1,060
Advertising/Promotion	1,691	7,880
Affiliation Levies	6,955	1,271
Board/Council	1,631	1,083
Catering	641	5,698
Consultancy	5,070	3,725
Insurances	19,614	21,626
Motor Vehicle expenses	5,039	5,383
Staff/Volunteer amenities	2,638	2,417
Stationery	3,862	4,983
Venue Hire/Events	-	11,061
Volunteer reimbursements	264	231
Salaries (inc superannuation)	595,383	565,640
First Aid Allowance	640	541
Travel (kilometre allowance)	31	138
FBT Payable	-	1,709
Staff development	12,803	17,375
Workers Compensation insurance	7,289	7,162
Leave Provisions	28,771	17,754
Computer (Software/Accessories)	3,813	3,868
IT Support	1,000	950
Depreciation	19,040	19,958
Equipment Maintenance	1,485	705
Equipment Purchased	1,062	4,214
Library/Resource Centre	-	29
Photocopying	-	1,067
Printing	14,463	20,705
Project Resources	51,393	16,222
Subscriptions	1,612	2,511
Safe Sex Products	25,147	17,045
Travel & Accommodation	32,274	14,593
TOTAL EXPENDITURE	927,116	872,688
Surplus from ordinary activities	31,538	28,249

**AIDS ACTION COUNCIL OF THE ACT INC
INCOME AND EXPENDITURE STATEMENT FOR
TREVOR DALEY FUND FOR THE YEAR ENDED 30 JUNE 2010**

	2010 (\$)	2009 (\$)
REVENUE		
Donations	2,797	1,846
Interest	893	2,182
Vitamin Service	2,533	3,026
Fundraising	-	51
Red Ribbon	-	257
TOTAL REVENUE	6,223	7,362
EXPENDITURE		
Client Services	1,531	1,097
Client Electricity & Gas	857	819
Client Telephone	-	227
Client Transport	654	171
Client Vitamin Service	4,145	5,009
Client Other Treatments	292	20
Bank Charges	20	94
Red Ribbons	-	82
TOTAL EXPENDITURE	7,499	7,519
Surplus from ordinary activities	-1,276	-157

ACKNOWLEDGEMENTS

ACON
A Gender Agenda
ACT Cancer Council
ACT Department of Disability, Housing and Community Services
ACT Division of General Practice
ACT Health
ACT Hepatitis Resource Centre
ACT Legislative Assembly
ACT Office for Women
ACT Outdoors Group
ACTCOSS
ACTQueer
Alive Health and Fitness
All Saints Anglican Church, Ainslie
Alzheimer's Australia ACT
Amanda Bresnan
AMF Bowling Belconnen
Amnesty International ACT
Andrew Barr MLA
Ansell International
ANU Medical School
ANUSA Sexuality Department
AON Risk Services Australia Ltd
Ashley Flynn
ATODA
Australian Federal Police
Australian Federal Police Gay and Lesbian Liaison Officers
Australian Federation of AIDS Organisations
Australian Health Promotion ACT Branch
Barlens Hire
Bears Canberra
Bent Lenses
Billy Tonkin
Bit Bent
Black Magic Coffee
BrandNet
Canberra Gay and Lesbian Tennis Club
Canberra Men's Centre
Canberra Rape Crisis Centre
Canberra Sexual Health Centre
Canberra Transgender Network
Champions Mustang Ranch
Charani Ranasignhe
Chrisindy's
Cocksox
Corrections ACT
Cube Nightclub
DB idea
Dee Quigley
Design A Bunch
Directions ACT
DNA Magazine
Douglas Robinson
Dowlings Canberra Pty Ltd
Electric Shadows Bookshop
Equal Love Canberra
Fauxtografix
Fuse Magazine
Gaydar.com.au
Gel Works Pty Ltd
Glyde Health
Greater Southern Area Health Service
Hardwicke's Chartered Accountants
Herm Legal and Migration Services
High Country Meats
HIV/AIDS Legal Centre
Hush Nightclub
Impact Comics
inhouse.org
Interchange General Practice
International AIDS Society
JBHIFI
Jenny McDonald
John Davey
Johnathan Davis
Jon Daniels
Kwik Kopy Canberra
Lanyon High School
Leo Reden
Liaison Officers Network (GLLO)
MAC1
Manhunt
Manuka Traders' Association
Mathew Warren
Matt Schmidt
Melissa Tetley
Merck Sharp & Dohme Australia
MIEACT
Mimi Club
Mind Games Canberra
Money Mechanics
Morgan Fuary
NAPWA
National Capital Authority
National LGBT Health Alliance
National Museum of Australia
NCHECR
NCHSR
New Canberra Transgender Network
Nik Studio
Northside Studios
Photoaccess
Positive Life NSW
Pretty Women
Queanbeyan Indigenous Coordination Centre
Rainbow Warehouse
Scarlet Alliance
SCOPE Youth Service
Sexual Health and Family Planning ACT
Siobhán Leyne
SOC: Stamp Out Chlamydia
SpringOut
Sue Driscoll
Sue Webeck
Teatro Vivaldi Restaurant
The Bookshop Darlinghurst
The Q Queanbeyan Performing Arts Centre
TheContactGroup
Victorian AIDS Council
Wayne Morgan
W.A. AIDS Council
Woden Youth Centre
Wolf Sverak Photography
Youth Coalition of the ACT
YWCA Canberra



aidsaction.org.au



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