“WA AIDS Council Report 2014

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WAAC
WA AIDS Council

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“INTRODUCTION

The WA AIDS Council Inc. (WAAC) is a community-based, health promotion and preventi
which works to promote optimal health and well-being of those living with or at risk of cor
transmissible infections (STIs) and blood borne viruses (BBVs).

WAAC was officially incorporated in October 1985 under the Associations Incorporation Act and is an independent non-government charity primarily funded
WAAC also raises unencumbered funds through fundraising ventures.

We Aim To Improve The Health And Quality Of Life Of Our Priority Communities By:

- Minimising the impact and further transmission of HIV, sexually transmissible infections and blood borne viruses; and,
- Reducing social, legal and policy barriers that prevent access to health information and effective support and prevention services.

Our Work Is Informed By The Following Strategies:

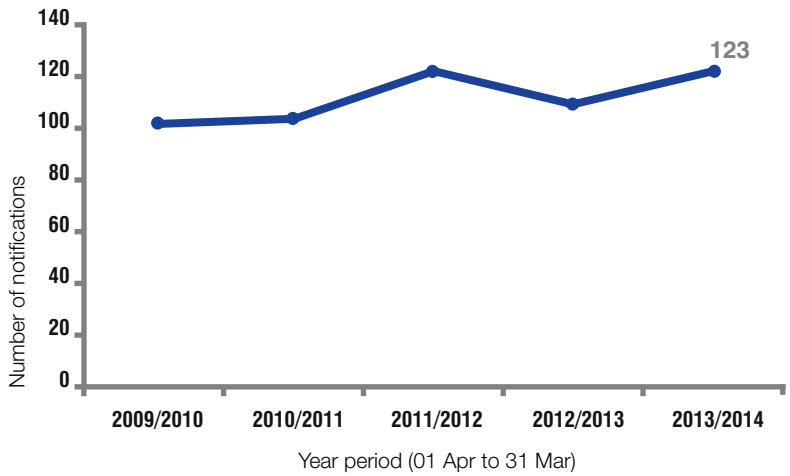
- 2011 United Nations Political Declaration on HIV/AIDS,
- Seventh National HIV/AIDS Strategy 2014-2017;
- Third National Sexually Transmissible Infections Strategy 2014-2017;
- Fourth National Hepatitis C Strategy 2014-2017;
- Fourth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Action Plan; and
- The WA Models of Care for HIV and STIs.

WAAC adheres to the principles of the Ottawa Charter, the philosophy of harm reduction and quality care delivery.

The Epidemiology Of HIV/AIDS In WA

The HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2013 (Kirby Institute) reported that by the end of 201
in Western Australian.

In the 2013 calendar year, there were 111 new HIV notifications compared with 122 new notifications in 2012.

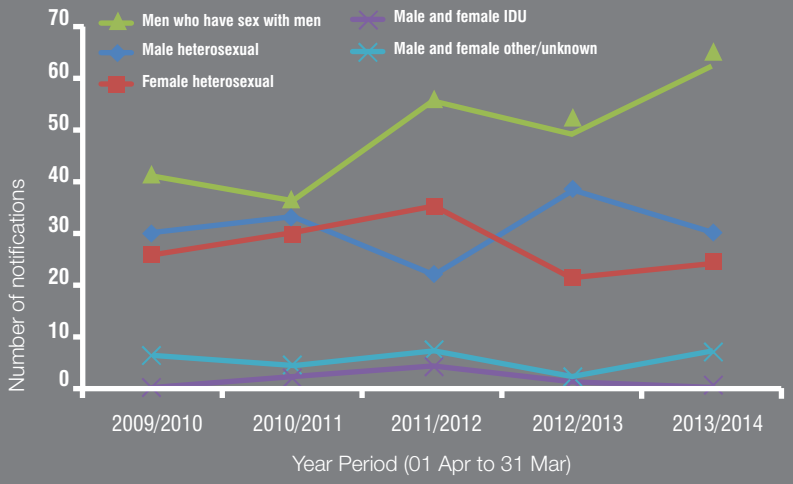


Number of HIV notifications in WA by time period

on organisation
ntracting HIV, sexually

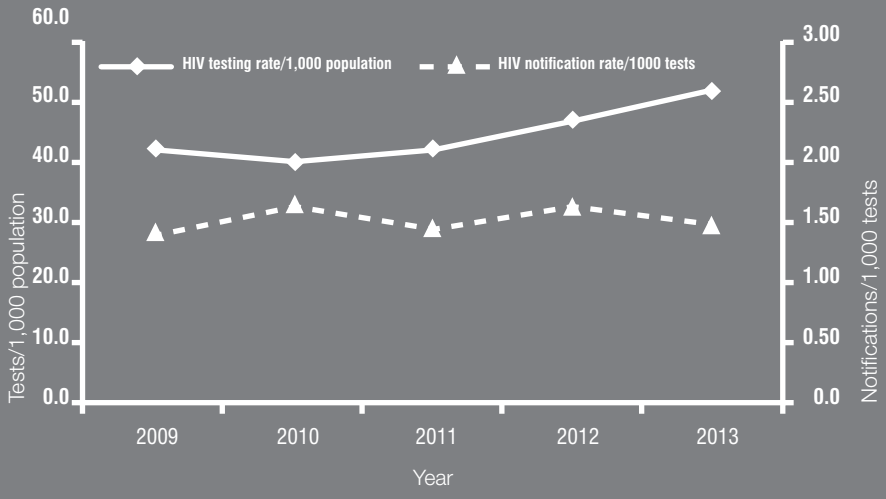
by the Western Australian Department of Health.

13, 2,143 people have been diagnosed with HIV



Number of HIV notifications in WA by exposure category

There is a consistent rise in the rate of new notifications amongst men who have sex with men since 2010/2011. During that period, M Clinic opened and offered highly demanded services for gay and other homosexually active men.



Male HIV testing and notification data WA 2009 to 2013

Since 2010 the rate of HIV testing of males in W.A. has increased by around 25% from 40 per 1,000 population to just above 50 per 1,000 population. During the same period, the number of notifications per 1,000 tests has remained relatively stable at 1.5. It is therefore possible that the rise in homosexual notifications is at least in part attributable to increased testing rates, although it should be noted that there is not yet conclusive evidence to this effect.

Other categories of notification have remained stable over time, and notifications resulting from injecting drug use remain very low.

Data: Kirby Institute Annual Surveillance Report 2014 and WA Committee for BBVs and STIs STI, BBV & HIV Epidemiology Update Period Ending 1st Quarter 2014

BOARD OF MANAGEMENT

JUNE 2014

Jonathan Hallett **(Chairperson)**

Jonathan is a health promotion lecturer in the School of Public Health at Curtin University teaching program evaluation and public health politics. His research focuses on community-based evaluation processes, evidence-based policy, intervention development and translational research in the areas of alcohol, mental health and sexual health. Jonathan is on the management team of the Sexual Health and Blood-borne Virus Applied Research and Evaluation Network (SiREN) and coordinates graduate and Aboriginal scholarship programs for the Australian Health Promotion Association (WA Branch). Jonathan previously worked and volunteered at the WA AIDS Council in a number of outreach, peer education and health promotion programs from 2001 to 2006 and joined the Board of the WA AIDS Council in September 2006.

Asanka Gunasekera **(Deputy Chairperson)**

Asanka is a Barrister and Solicitor who was admitted to practice in 2009. Asanka owns and operates the firm Personal Injury Law Services and specializes in work place injury law. Asanka is a member of the Law Society of Western Australia and sits on its Personal Injury & Workers' Compensation sub-committee and its Employment Law sub-committee. Asanka is an active Member of Australian Lawyers for Human Rights and is the spokesperson for the Australian Lawyers Alliance. Asanka is also a sessional lecturer in Occupational Health and Safety (Industrial Relations) at Curtin University. Asanka has been a the WA AIDS Council volunteer and has sat on the WA AIDS Council Board since September 2013.

Samuel Cutt **(Treasurer)**

Sam is currently employed as a Legal Counsel by Chevron Australia Pty Ltd, primarily working on the Wheatstone Project. He volunteered at the WA AIDS Council, assisting with fundraising and events, from 2001 to 2005 and joined the Board of the WA AIDS Council in September 2005.

Mark Woodman **(Secretary)**

Mark trained in neuropsychology and worked in that area for some years before moving to his current position as ethics coordinator at RPH. Mark is a former Chairperson of Gay and Lesbian Community Services and volunteer at the WA AIDS Council. He joined the Board of the WA AIDS Council in 2008.

Darren Vernede **(Openly HIV Positive Person)**

Darren acquired HIV and hepatitis C in the early 1980s through blood products. Darren is married with 3 children and he has served on the Haemophilia Foundation of WA for 12 years during the late 1980's and early 1990's and represented WA in national forums. Darren was involved in several successful campaigns to gain better treatments for people living with HIV and Heamophilia. He has a Medical Technology Certificate IV (TAFE) and a degree in Mediation from Curtin University. He has just written and published a book based on his life story and dealing with HIV and Hep C and is currently working as an executive coach and motivational speaker. Darren has served on the Board since 2010.

Ruth Sims **(Community Representative)**

Ruth has worked in many capacities since her arrival in Australia in 2001. She presently works at Ishar Multicultural Women's Health Centre as Senior Social Worker. She is also Project Coordinator for the Perinatal Mental Health – CaLD Women Home Visiting Services. She engages in a wide scope of community activities within the African and wider community. Ruth joined the Board of the WA AIDS Council in 2012. She has a wide scope of education/training including a Master degree in Social Work from Curtin University.

Kath Snell **(Community Representative)**

Kath is Interim CEO at Volunteer Task Force (VTF) where she has worked for over eight years. VTF provides services in support of frail elderly and younger people with a disability to live independently. Kath moved to Perth in 2006 from Wales where she held the position of Marketing Manager for a commercial radio station for over four years. Kath's previous board experience was with Volunteering Western Australia from 2007 – 2012, holding the position of deputy chair in the final two years of her term. Kath joined the Board of the WA AIDS Council in Dec 2013.

Tony Bober **(Staff Representative)**

Tony is the Community Development and Advocacy officer for gay men and men who have sex with men. Previously to this position, Tony was a peer educator at the M Clinic (sexual health testing clinic for men who have sex with men). Tony came to Perth in 2010 from Canada where previously he worked for a national youth volunteer-service program. Tony joined the Board of the WA AIDS Council in December, 2012.

Andrew Burry **(Chief Executive Officer)**

Andrew was appointed to the position of Chief Executive Officer in September 2012. He was formally General Manager of the AIDS Action Council of the ACT from 2007 having previously worked at the Victorian AIDS Council. Andrew has a Business degree (Marketing and Finance) and is Treasurer of the Australian Federation of AIDS Organisations (AFAO). He is a member of the W.A. Advisory Council on Blood Borne Viruses and Sexual Health, Health Partnership Council and the Infections and Immunology Health Network Executive Advisory Group.

STAFF AT 30 JUNE 2014

Andrew Burry	Chief Executive Officer
Vincenzo Rigoli	Accountant
Tania McGuinness	Admin Finance Officer
Lisa Tomney	Manager, Clinical Services
Danielle Roberts	Support Officer
Sinéad Glackin	Support Officer
Ben Bradstreet	Counsellor
Suzanne Calver	Counsellor
Kurt Sales	MCLINIC - Coordinator
Tony Bober	Gay/MSM Community Development Officer
Garry Kuchel	MCLINIC – Clinic Nurse
Matthew Jones	MCLINIC – Clinic Nurse
Justin Manuel	MCLINIC – Peer Educator
Yannick Benoit	MCLINIC – Peer Educator
Daniel Jessup	SHAPE Outreach/Support Officer/Team Leader
Beck Sherman	SHAPE Outreach Officer
Allison Paterson	SHAPE Outreach Liaison Officer
Liz Walker	Peer Educator Officer
Steve Fragomeni	Manager, Community Engagement and Advocacy Services
Ruth Wernham	Team Leader, Community Development and Advocacy
Bethwyn Hodge	Community Development and Advocacy Officer (CALD, Travellers)
Gavin Tsai	Community Development and Advocacy Officer (GAY/MSM)
Dennis Beros	Community Development and Advocacy Officer (ATSI)
Carley Robbins	Community Development and Advocacy Officer (Youth)
Dani Wright	Freedom Centre Coordinator
Tyrone Atter	Freedom Centre – Peer Educator
Sophia Rasmussen	Freedom Centre – Peer Educator
Jaini Shah	Freedom Centre – Peer Educator
Don Strahan	NSEP Outreach
Gavin Brunini	NSEP Outreach/Client Services Officer
Samuel Gibbings	NSEP Outreach
Simon Yam	Manager, Organisational Development
Matt Ranford	Communications Coordinator
Sarah Collins	Volunteer Program Coordinator
Mark Reid	Communications, Media and Events Officer/STYLEAIDCoordinator
Nicholas Bovell	Policy Development and Advisory Officer
Reena D'Souza	Training & Development Officer
Reno Furfaro	Client Services Officer

"STAYING THE COURSE

■ Jonathan Hallett

Next year heralds 30 years for the Western Australian AIDS Council. This is no mean feat, with a slew of non-government organisations coming and going during that time. It says something for the tenacity of the organisation that it has weathered the storm of funding and political changes as well as changes in community norms and values over the past three decades. It is therefore opportune to reflect on our dynamic and innovative response as well as the strong leadership role WA has played to date in the Australian HIV landscape more broadly.

Although the 20th International AIDS Conference was held after the reporting period for this annual report it is important to acknowledge the significant emphasis that AIDS 2014 placed on the difficulties in ensuring access to effective treatments for millions of people and challenging the literally deadly effects of a new wave of discriminatory laws and policies which are excluding people from treatment and care. These are times when we can be very grateful that the Australian response has been so effective in the way it has not only engaged individuals, but mobilised communities, confronted stigma, implemented innovative policy reforms and embraced a range of technologies in its prevention efforts. There are lessons to be learned from our response but of course we cannot afford to be complacent, there are still many challenges ahead.

"Every day those of us living with HIV have to contend with fear and the irrational, often cruel reactions it incites. But…I have realised an undeniable truth: we are more powerful than we know…" ■ **John Manwaring at AIDS 2014**

Unhealthy Politics

People's wellbeing is affected by policy decisions that affect the conditions in which they live, love, work and play. Political headwinds change and right now we face significant challenges not just for the HIV response but the broader health and prevention agenda. We have seen disinvestment in health promotion in many states, although WA seems to have coped better than some others. We continue to monitor the impact on the national community response from the defunding of the Queensland AIDS Council and revised model in South Australia.

The recent Federal budget proposed a $8.6 billion cut to health over four years further diminishing the already poor 2.2% of the health budget that is invested in public health and prevention. A raft of proposals risk undermining primary health care in Australia including co-payments for GPs and medicines and defunding national agencies that coordinate prevention such as the National Preventive Health Agency. The $7 GP co-payment has raised particular concern. With an Australian target of reducing new HIV transmissions by 50 per cent by next year we require a vigorous testing agenda. Any policy that creates barriers to testing needs to be reconsidered.

Many of the drivers of health for those affected by HIV represent a complex interrelationship of political, social and environmental determinants of health. Other cuts and changes that will affect people with HIV include cuts to dental health programs, cuts to Indigenous Affairs programs, and changes to age and disability support pensions. Increases in inequality will have long term impacts on social cohesion and may undermine many of the inroads that have been made.

National Directions

It is also worth noting the recent release of the Seventh National HIV Strategy. It is useful that targets have been included for the first time in this strategy and these align with the United Nations Political Declaration on HIV and AIDS although some might consider a strategy seeking a 50% reduction in sexual transmission of HIV one year from its release somewhat ambitious.

The strategy does have a new focus on mobile populations as an 'emerging' epidemic particularly in Western Australia. These are not emerging. They have emerged and require a meaningful response that goes beyond the motherhood statements in the Strategy. Whilst these issues have been acknowledged in WA for some years, they have also emerged in other jurisdictions; albeit so far largely ignored. HIV and mobility does not simply mean the complexities in responding to those who come from or who travel to high prevalence countries. The groups of vulnerable communities are far more diverse and they are mobile within Australia, and we see increasing numbers of those who are Australian born acquiring HIV internationally.

Given stigma has been an enduring and debilitating component of the HIV epidemic it is important that a commitment to its reduction is a priority in the Strategy along with addressing issues related to ageing. However there remain no indicators for measuring the negative impacts of stigma, discrimination, and legal and human rights issues on people's health despite sector calls for greater specificity. The matter of resourcing is also not adequately addressed. It is important that the Strategy link to and inspire political commitment at all levels to ensure we can achieve the results that are now technically available. It is crucial that we determine ways to measure the strength of public health leadership and the depth of the strategy implementation.

Leading From Within

I am pleased to report that we are in a stronger financial position, maintaining a strong and supportive relationship with the SHBBV program at WA Health and building influence within the broader health and social services sector. Our efforts to reduce social, legal and policy barriers to health information and effective support and prevention services have been reinvigorated through a range of strategies. Of particular pride is the development of our Reconciliation Action Plan which continues to strengthen the agency's foundation of respect and relationship building with Aboriginal and Torres Strait Islander people and organisations.

It has been a privilege to step into the role of Chairperson and pursue a number of new initiatives. I'd like to acknowledge former Chairperson Samantha Dowling who stepped down from the role in February this year to pursue external commitments. Samantha has been involved with WAAC for over a decade and made substantial contributions over these years. The Board would like to congratulate Samantha for her achievements and wish her well in her future endeavours.

Over this reporting period we have welcomed two new faces to the WAAC Board. Asanka Gunasekera joined us in September and subsequently took on the role of Deputy Chairperson. We also welcomed Kath Snell in December. Thank you to Mark Woodman, Samuel Cutt, Darren Vernede, Ruth Sims and Tony Bober along with Asanka and Kath for their commitment, contribution and support.

The Board has restructured the focus of our activities with the development of new subcommittees in the areas of governance and finance. These committees have played an important role in driving Board activity and provided leadership opportunities for Board members. Through these subcommittees we have developed new processes for evaluating CEO performance, establishing a financial strategy for the organisation to diversify our income streams and a new work plan for the second half of our current contract.

I would like to thank the WAAC management team, staff and volunteers for their hard work over the past year that has continued to see high quality services delivered, new programs developed and partnerships invigorated. Thank you in particular to Andrew Burry who has continued to ensure that WAAC maintains a unique and respected role in Western Australia and nationally.

Finally, I would like to share a small note on courage and leadership in the face of adversity. Speaking at AIDS 2014 on behalf of people living with HIV, John Manwaring urged people from communities affected by HIV to be fearless advocates. "Every day, those of us living with HIV have to contend with fear, and the irrational, often cruel, reactions it incites. But…I have realised an undeniable truth: we are more powerful than we know…" This is the strength of our sector and the legacy of 30 years of action by the Western Australian AIDS Council. ■

"NOW MORE THAN EVER

■ Andrew Burry

The Western Australian AIDS Council has evolved, innovated and adapted throughout the past 30 years and continues a transformation that sees us leveraging our decades of experience, expertise, reputation, knowledge and credibility in ways that will help us deliver our mission more broadly across our community and further out into the region beyond.

Becoming PrEPARED

There has been a range of complex discussions occurring throughout the year on issues related to sexual health and blood-borne viruses. Chief amongst these and at times clouding other discussions has been the matter of bio-medical prevention. Treatment as Prevention (TasP), Pre-exposure Prophylaxis (PrEP) and how undetectable viral load (UVL) feeds into broader prevention strategies are all somewhat fraught areas and are interrelated.

There is no doubting the growing body of evidence that supports the proposition that a person maintaining an undetectable viral load has a very significantly reduced chance of onward transmission of HIV to someone else. The idea that PrEP is an effective barrier to HIV acquisition is also supported by increasing data. However, in both cases we believe that there are still substantial and outstanding questions and more evidence is needed before any significant change is made to the largely successful strategy we are currently employing. Our caution is supported by the Food and Drug Administration and the Centre for Disease Control; both in the United States. It is similarly supported by the World Health Organisation.

Nonetheless, we are firmly committed to the principle of an individual's right to make their own informed decisions on matters of their own health where those decisions don't put someone else's health at risk. To some it may seem that we are 'dragging the chain' because we are not publicly advocating for the immediate licencing of PrEP. In reality, we are working closely with our partners including the Australian Federation of AIDS Organisations, the health sector in W.A. and researchers to fully understand how we can best use all innovations in prevention to achieve the best epidemiological outcomes.

It has to be said that PrEP has a capacity for polarising opinions and it is important that this creates neither community nor sector divisions. Our overriding perspective at an organisational level has to be about population health, whilst always continuing to have frank, open and factual conversations as we deliver human services at an individual and group level.

Testing Times

Much easier for us has been our advocacy for rapid testing and more recently home-based testing. Indeed we have for some years been advocating for urgency in adding these into our testing, diagnosing and treatment mix. Even though we believe that bio-medical prevention will play a future role in reducing the number of new HIV notifications, it will be slow compared to what can be achieved by a significant ramping up of testing and ensuring early access to treatment. It seems obvious that without a big reduction in undiagnosed HIV, the community viral load will stay at levels that drive epidemiology in a direction that won't see the United Nations Political Declaration or even the recently released 7th National HIV Strategy targets achieved. Aiming to increase testing rates without a commensurate increase in testing capacity would be nonsense, but in reality is what the latest strategy is almost seeking to do. The most efficient way to provide new testing capacity is to move more of it out into the community and into people's homes. In our submissions for the draft 7th National Strategy we argued strongly for the removal of restrictions to HIV self-testing (HST) and were rewarded

Now more than ever is a time to believe in the elimination of HIV in Australia. Never before have we had access to science, technology and tools for this goal to be realistic and achievable.

with the Federal Health Minister, the Hon Peter Dutton lifting the remaining barriers in advance of the AIDS 2014 International Conference.

M Clinic remains the national benchmark in large-scale community HIV testing. With more than 3,000 clients, its reach and impact in social and sexual networks of homosexually active men continues to grow. We have been very fortunate to recruit Dr. Kurt Sales to manage the clinic this year. With a strong background in clinical research, Kurt has been able to take a much more forensic approach with the data we collect and is helping us understand the dynamics of the loyalty and patronage that M Clinic enjoys. There is also an evidence base building suggesting that M Clinic is contributing to a sustained behaviour change amongst enough of the clients to deliver much lower rates of STIs in returning clients than in new clients. We plan that this becomes a peer-reviewed paper in due course. One thing that remains solid from feedback is the importance of the relationships that our nurses, peer educators and doctors build with the users of the service.

Diaspora

The reputation of M Clinic has provided a focal point for our prevention efforts for homosexually active men both gay and not gay. We work with a diverse range of communities and generally without the benefit of easily identified access points. Nor is it solely about HIV, but about our continuing diversity into a more broadly based sexual health and blood-borne virus organisation. We have had a long-term commitment to the African Diaspora and this has continued even more vigorously over the last year. We have long had successful involvement in youth programs. Often these are in partnership, but increasingly we are working to build capacity in the community and to advocate for systemic change that will lead to a safer sexual environment for young people. In the last year we have engaged with more young people than ever before, including a big rise in our school speaking program, increasingly successful KISS program and training and development initiatives.

Mobility

We refocussed our attention on those people who have sex whilst travelling. In the past, it was easy to conflate the rise in male heterosexual STI and HIV diagnoses with the rise in Fly in Fly out (FIFO) workers operating in Western Australia. We don't think it is quite so straightforward. The truth is that overseas destinations have never been closer or greater served by low cost airfares. Whilst mining industry wealth and working practices provide cash and opportunity, it may simply be the opportunity to do more of what would be done anyway. With that in mind, we have completely revamped the Sex in Other Cities project and been much more explicit in the content and in the target. The program is now predominantly aimed at young (and young-thinking) heterosexual travellers and early signs of engagement suggest that this approach is the correct one.

We remain committed to developing Freedom Centre as an independent and autonomous entity. Despite our commitment, moving this forward has proved more difficult than expected. Without identifying new and additional sources of funding, it is hard to see how Freedom Centre can be of sufficient scale to stand-alone. The importance of Freedom Centre independence is the need for a more integrated response to the needs of young people of diverse gender and sexuality, and this integration must support direct service delivery with research and advocacy that makes specific environmental improvements so that diversity for a young person does not heighten risk or vulnerability. The Council and Freedom Centre have been heavily engaged with the Equal Opportunity Commissioner driven program to develop state wide guidelines around homophobic and transphobic bullying in schools launched this year.

The theme of transformation is strong in our report this year. As Simon Yam notes, this is a natural process of evolving into the organisation we need to be to deliver relevant community outcomes in the years ahead. Our ability to adapt to change, take hold of opportunities and be a strong voice of advocacy ultimately depends on our people and our financial sustainability.

After recording deficits in the previous two financial years, we have been able to record a modest surplus in the year just completed. This was the result of financial discipline, efficiencies and giving attention to our priorities. There remains work to be done to build our finances to a level that provides security for those unexpected shocks or to provide an ability to respond to issues for which we do not receive other funding.

Human Services

If transformation is a theme, it has never overshadowed our identity as a human services organisation. We provided well over 10,000 direct occasions of service last year, including almost 6,000 face-to-face interactions. Interacting with this number of clients in an individualised and tailored way is a tribute to the quality of our staff and management. Naturally, given the types of services we offer, our human resource costs are a very significant proportion of our total budget – and so it should be. Because our budget is relatively fixed and static, to provide greater impact means we have to develop new access points as well as new ways of sharing information and other resources. Through this year we have continued to develop our online presence and are heading to the 'blogosphere' very soon. We are also continuing to develop the human resources strategy that will ensure that our transformation is supported by our human resource development, but also that our human resources are supported by our transformation.

Governance

Much of what we deliver to the community is hidden from public view, and what is often neither seen nor sufficiently appreciated is the contribution made by our Board under its Chairperson. The Board has worked very hard this year under a new governance structure and we have benefited by strong leadership from our Chairpersons – Samantha Dowling until February and Jonathan Hallett since Samantha stood down.

The importance of having a Board that, in addition to overseeing the health and wellbeing of the organisation, is also focussed on the strategic needs of future demands cannot be overstated. For this to be effective requires that the Board is highly engaged in issues that arise and those that we anticipate. In this regard, our organisation is particularly blessed.

Over the last year we have had some challenges and have managed them well. More importantly, we have recognised and taken hold of opportunities to broaden and strengthen our organisation so that we may better serve our communities. ■

TRANSFORMATION

When we think of 'transformation' we think of 'change'. Yet transformation is an evolution based on experiential learning and embraces the positive changes in our internal and external environments.

■ Simon Yam

We have continued on this journey of transformation over the past twelve months. We have embraced the changes from the 2012 restructure, whilst continuing to work towards our mission of minimising the impact and further transmission of HIV, other BBVs and STIs. We continue our work of reducing the social, legal and policy barriers preventing access to health information and effective support and prevention services. As always, we recognise our role as a human services organisation and are building our human resources infrastructure in order to maximise access to the services we offer.

Transforming Our Capacity

Our biggest investment is in our people, and so central to developing our capacity this year has been the development of a new Human Resources Strategy that takes a longer-term view of who we are and what we need to deliver to be effective and relevant in the years ahead. It also incorporates the important issues of sustainability.

Whilst we can't accurately predict what the landscape will look like three to five years ahead, we can confidently predict that it will be different. This gives our new strategy an important priority in ensuring that we have greater flexibility to adapt and innovate as changes occur. We have identified the kinds of skills, knowledge and experience we will need to develop and have reinforced our commitment to professional development for our staff, our volunteers and our Board.

Transforming Our Evidence Base

In our report last year, we noted our need to be more accountable for the public money we invest in delivering the outcomes we are contracted for. This has involved us providing greater openness and transparency in our work and we have developed more robust project planning and evaluation processes. This has enabled us to have a greater and more contributory relationship with the Sexual Health and Blood Borne Virus Research and Evaluation Network (SiREN). It has also enabled us to participate more actively in leading national sector conferences and symposia, including the Australasian HIV & AIDS Conference and the Australasian Sexual Health Conference in Darwin. We also attended the International Congress on AIDS in Asia and the Pacific in Bangkok, the National Gay Men's HIV Health Promotion Conference in Manly and the WA SiREN Symposium in Perth. Active participation serves two purposes; to interact with and learn from others and to share the knowledge and experience we are accumulating through new approaches. Building our evidence base is essential in this process.

Transforming Our Partnerships

Recognising that HIV lies in an intersection of sexual health and blood-borne viruses responses, we have critically examined our existing partnerships and looked for new partnerships that we will need to expand the community outcomes in the years ahead. The health sector in W.A. is in a process of reform and we have chosen to actively and positively engage with it. During the year we increased our engagement more broadly across health, education, justice and human rights. We have supported an increased focus in the health sector from the Western Australian Council for Social Services (WACOSS). We have shown leadership in a variety of advisory bodies, including the W.A. Committee on Blood-borne Viruses and Sexually Transmissible Infections, the Health Partnership Council, the W.A. Overdose Strategy Group and the Infections and Immunology Network Executive Advisory Group. In developing new partnerships, we learn to see our work from different perspectives and this provides valuable insight into our planning.

Transforming Our Community Contribution

During the year, our CEO commented on our moral obligation to share our resources more widely. After 30 years of leadership in the W.A. community response, we have built knowledge, skills, experience, reputation and credibility, and the question is; to what greater community good can we bring these assets to bear? In one sense, this is something we have been actively doing for some time through our training and development programs delivered to a diverse set of audiences. In 2013/14 we saw the first full year of implementation of the Training and Development Strategy developed in the prior year. The strategy embraces and affirms our expertise in the field of HIV and seeks to build multi-sector capacity to effect environmental change that will ultimately reduce the vulnerability of priority populations to STIs and BBVs. Over the past twelve months, we delivered training and development opportunities to both the commercial and NGO sectors. These included Blood Borne Virus Informed Consent Training and HIV/Sexual Health training with key new and ongoing partners, including amongst others the Department of Corrective Services, the Next Step Drug and Alcohol Service, the Humanitarian Entrants Interagency Network (HEIN), Outcare, Wanslea Family Services, Decmil Australia, the Council of Official Visitors, and the Royal Perth Hospital Interpreters.

Transforming Our Voice

Never before in our history have we had so many different audiences. As challenging as that proves to be, the increasing diversity in the means of communication is also a rapidly changing landscape. Recognising the opportunities inherent in diverse audiences and media underpinned the development of our new Communications Strategy during the year. Positioning our brands and services to better generate improved client outcomes has involved some repackaging along with some more radical new approaches. Already we have launched a much more targeted and revitalized Sex in Other Cities project. This much more explicit approach has seen early success, and we will continue to build it further. We have given significant attention towards leveraging the 3,000 and more loyal M Clinic clients and are increasing the utilisation of social media to engage this 'audience' in contributing to peer-based social and sexual change. Through the development of various strategies (human resources, communications and training and development), it became apparent that we engage with key audiences such as people living with HIV, migrants, gay and

other homosexually active men, travellers and so on right across our organisation. Developing and launching An End to HIV in W.A. provided a chance to collate a number of different activities from different parts of our organisation and integrate them with new initiatives into a single project comprising four distinct segments. This was enhanced with some additional funding from the Department of Health and launched late in 2013 by Perth Lord Mayor Lisa Scaffidi. In addition to ramping up our social media investment, this year we also recognised the ongoing importance of traditional media. In association with Edith Cowan University we developed a media research program that incorporates media training to a broad cross-section of our staff. We intend to have more staff talking to more media more often on subjects that reflect their own and unique expertise.

Maintaining Our Independence

Our heritage and identity remains as a community-based organisation, and yet nearly everything that we do is predicated by a service agreement that provides almost all of the financial resources we have available. We acknowledged in the previous year that for us to remain independent and adaptable requires that we seek greater diversity in our funding sources. Our main fundraising activity is STYLEAID, and in 2013 we delivered an acclaimed and successful event for the sixteenth year in succession. Notable for STYLEAID – CONNECT was a much greater effort to ensure that the cause it supports is more widely acknowledged. Sixteen successful STYLEAIDs have given us a legacy of a legion of supporters, wonderful sponsors and connections across the realms of fashion, photography, design, arts and entertainment. STYLEAID also generates our highest social media and Internet traffic and we see great opportunities to harness all of these things as we develop a more robust fundraising strategy. The generating of untied funds through fundraising will allow us to respond to community issues as they arise without necessarily being restricted to the outcomes specified in our Government contracts.

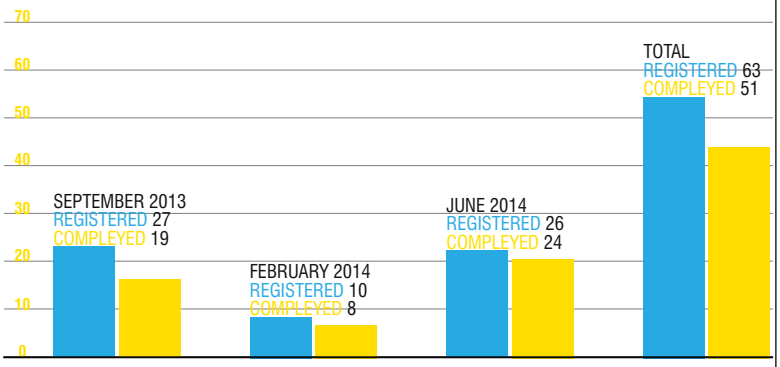
Developing our organisation over the last twelve months has been exciting, yet focussed and disciplined. All of our people, paid and unpaid, have actively contributed thoughts and ideas. So too have our many stakeholders. Continuing to transform our organisation to be sustainable and relevant through the second half of this decade will throw up a variety of opportunities. Building our capacity, staying true to the communities that support us, keeping our voice heard and strengthening our independence are all important. Working with evidence is crucial. ■

STYLEAID 'CONNECT' 2013

2013 marked the 16th year of **STYLEAID,** our premier fashion fundraising event, with close to 750 tickets sold. The event was held on the 9th August 2013 at Crown Perth. The number of sponsors increased by 83.3% this year, despite the resignation of 8 sponsors from the previous year. There was more media exposure than 2012, including a CTV by Network 10 for the tenth year, 4-week on-air series of CSA's on MIX94.5 and an increased exposure online with various social media platform.

STYLEAID as a structured and fully functional entity – an engine –has an incredible presence on the external face of the organisation. We need to identify the potential of further investing in this real estate we have built for the past 17 years. If **STYLEAID** is to be regarded as a power engine that drives the real estate of the organisation, then we certainly need to discover several other 'doorways' to diversify this entity so that its function is broadened and integrated into other facets of our service delivery.

Volunteer Program Intakes And Completion F14



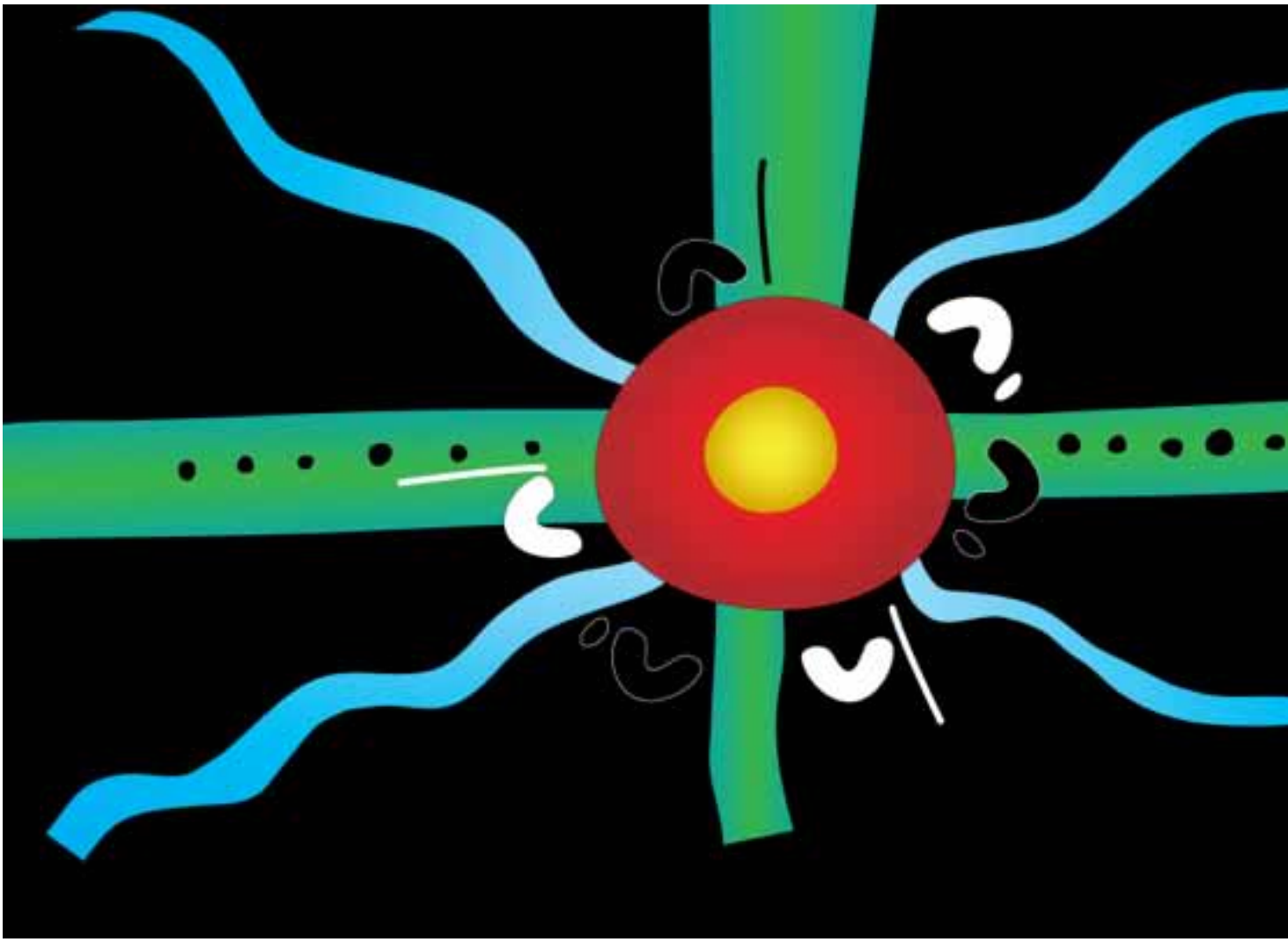
VOLUNTEER PROGRAM Volunteers at the WA AIDS Council contribute substantially to the heart and soul of our organisation. The program has always been run airtight, has form and function, and continues to evolve into a highly operational and dynamic entity.

This year has seen significant benefits derived from the involvement of skilled volunteers, which are volunteers recruited for short-term projects based on their existing skills and experience.

We have also seen an increase in volunteers' involvement at the WA AIDS Council outside of our pre-defined volunteer roles. Such increased involvement has been possible through the engaging of some staff in reviewing their roles to identify further areas of volunteer involvement and also through more centralisation of volunteer management/deployment through the Volunteer Program Coordinator, allowing for more effective engagement of individual volunteers.

It is also vital to note that STYLEAID relies mainly on one-off volunteers, with 72 volunteers utilised in 2013. One-off volunteers are given the opportunity to pursue further volunteering at the WA AIDS Council but only 1-2 per year take this up.

RECONCILIATIO
OUR JOURNEY F



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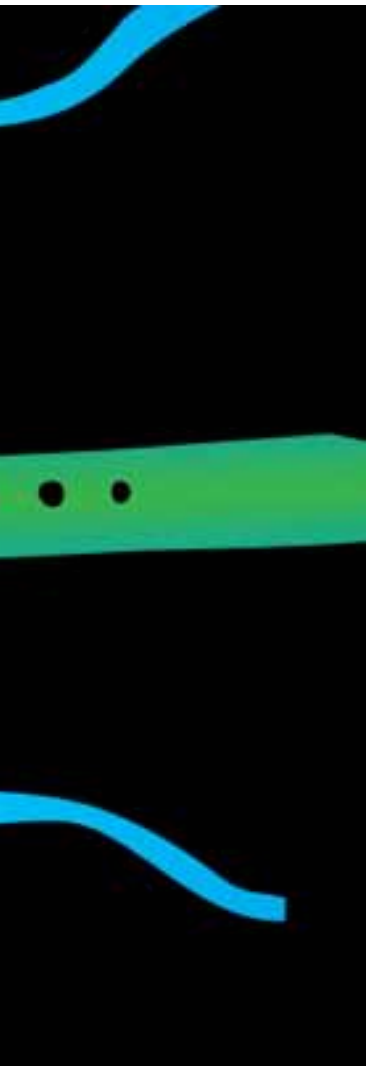
BEGINS



"Being from a British background with parents born in Australia certainly has its advantages. I haven't needed to ask much about where I've come from, how I got here or what I'm doing here. The financial, social and land rights and resources were bestowed upon me the day I was born. The culture, which I tend to be a part of, is widely considered the most correct culture for Australia. I take these privileges for granted so much that I call these things my reality.

As children becoming more aware of the nature of my world, I started to see something unequal about this reality. Of course this came into sharper focus when I realised I was not part of the most powerful social group of white, heterosexual males who identify as men. Being on the outer taught me a very basic lesson as a young person: You cannot and should not judge another person unless you have walked in their shoes.

Reconciliation between Aboriginal and Torres Straight Islander and non-Aboriginal Australians is about so much more than not judging someone, although that was my starting point, my open door to embracing this process. As a second generation Australian, I refuse to stand by and watch the oldest living culture in the world, passed down through one or two thousand generations, disappear in front of my eyes.

A Reconciliation Action Plan is a critical step that our organisation is taking to enable all of us to benefit from the healing and opportunities created when reconciliation is prioritised. Within our community the WA AIDS Council has always been committed to building respect and relationships between Aboriginal and non-Aboriginal people on an individual basis. Today we are beginning to see reconciliation as a core process; one that defines who we are and what we want our community to look like in the future.

In our organisation, the journey starts by reflecting on our workplace culture, our human resources practices and how we deliver our programs. More than this, we are a grass roots community organisation with the ability to impact future generations. I've realised that grass roots reconciliation is just as important as government policy. Governments will never gain full support of the population because of party politics and our frequently biased media with its divisive tactics. So we must, at the individual and community level, lead by example in working towards equity for Aboriginal people.

I want to live in a community where Aboriginal people and culture is thriving, where non-Aboriginal people are listening and learning, and where we make the very best of what we need to start sharing."

■■ Nicholas Bovell

"DELIVERING QUALITY OUTC

■ Lisa Tomney

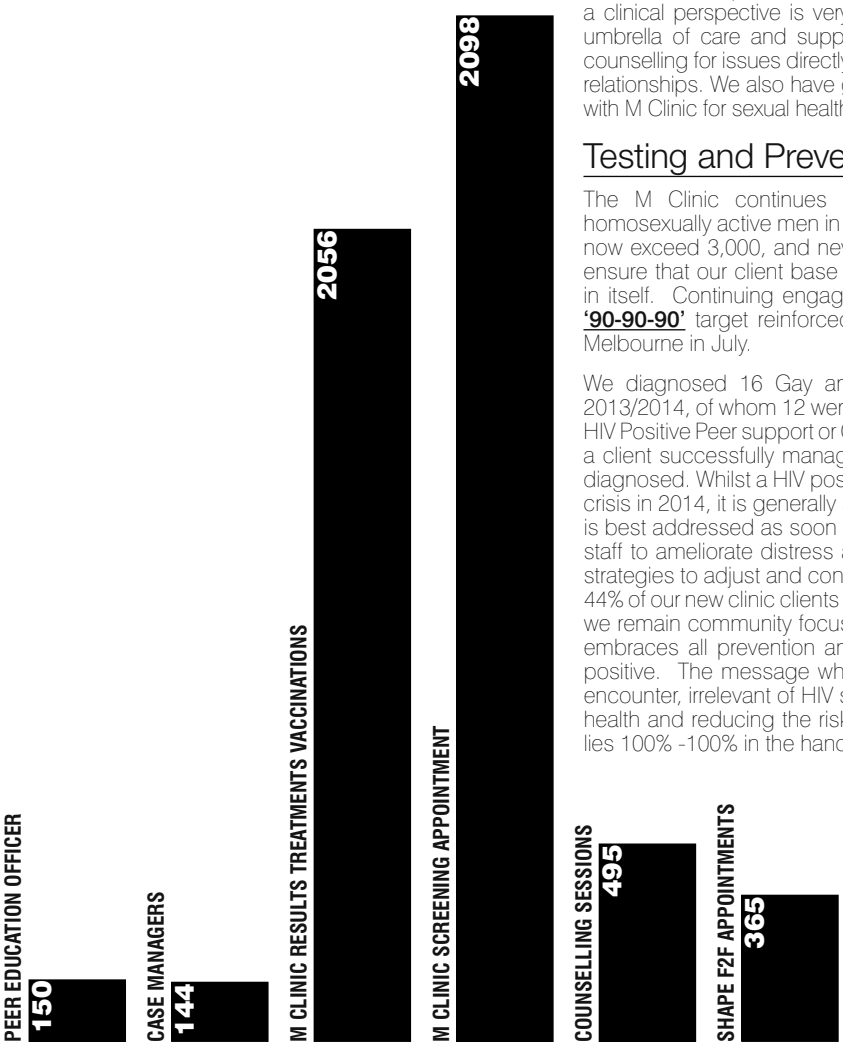
The international target is that 90% of all people living with HIV should know their status, 90% of people living with HIV should be on treatment and 90% of people on treatment maintain suppressed viral loads by 2020. (UNAIDS global target). We must reach these targets in Australia and more.

Our numbers speak for themselves; the continuing need for support from a clinical perspective is very strong. Clinical services are arranged under an umbrella of care and support for people living with HIV, people accessing counselling for issues directly and indirectly related to HIV, gender, sexuality and relationships. We also have gay and other homosexually active men engaging with M Clinic for sexual health screening and peer education and support.

Testing and Prevention

The M Clinic continues to very successfully engage Gay and other homosexually active men in improving their sexual health. Our client numbers now exceed 3,000, and never before has there been greater momentum to ensure that our client base becomes a mobile health promotion community in itself. Continuing engagement and education is crucial in achieving the **'90-90-90'** target reinforced by UN AIDS at the AIDS 2014 Conference in Melbourne in July.

We diagnosed 16 Gay and other homosexually active men with HIV in 2013/2014, of whom 12 were referred to and engaged immediately with either HIV Positive Peer support or Counselling. This support is crucial in ensuring that a client successfully manages their immediate concerns about being newly diagnosed. Whilst a HIV positive diagnosis is no longer an immediate medical crisis in 2014, it is generally still a time of at least some emotional trauma, and is best addressed as soon as possible. This provides an opportunity for our staff to ameliorate distress and for the newly diagnosed person to consider strategies to adjust and continue to manage their health and well-being. With 44% of our new clinic clients coming from word-of-mouth referral, it is important we remain community focused and develop a culture of sexual health which embraces all prevention and risk reduction strategies, while remaining sex positive. The message which needs to be embraced is that in any sexual encounter, irrelevant of HIV status, the responsibility for ensuring good sexual health and reducing the risk of transmission or contraction of STI's and HIV, lies 100% -100% in the hands of each sexual partner.



Clinical Services Appoinments
Total 2013-2014 : n = 5808

COMES

We launched HIV Rapid Testing at the M Clinic via a trial facilitated by the Kirby Institute. Between commencing the trial on 1st May 2014 until 30th June 2014, 233 rapid tests have been conducted. Three of our clients in this period received a reactive test, which were confirmed by follow-up blood tests conducted at the same appointment where the rapid test was done. Gay and other homosexually active men's willingness to engage and access rapid HIV testing has contributed in part to the 36% rise in the number of screening appointments conducted in the second half of this financial year. There has also been a strong result from our concerted efforts to increase access to new potential clients through social media, our web site and our Facebook presence.

Sustaining Change

In some ways, what started as a relatively straightforward sexual health service has become something much more complex and positive than originally envisaged. The extent to which M Clinic has become a broader community health promotion program has been slightly unexpected, but we now recognise its potential to provide a broader impetus for sustained community behaviour change. The loyalty of our clients, their commitment to regular screening and most significantly their willingness to recommend M Clinic through their social and sexual networks are powerful influencing factors. Many of our clients are – or indeed have become – champions of sexual health and are delivering genuine on the ground peer education. They are willing to promote sex-positive messages through their communities. We place great significance in initiating, nurturing and sustaining community conversation about a range of tools that encourage preventative behaviours using a whole range of risk reducing strategies without compromising sexual pleasure. It is crucial that these community conversations are based on accurate and factual information and this is where interaction with M Clinic is particularly important. Our principles include being non-judgemental and non-discriminatory and this plays a further important role in reducing stigmatising language in social and sexual interactions. M Clinic is proud to have well in excess of 100 clients who are living with HIV and we continue to ensure that services offered are fully inclusive.

Living With HIV

Our clients living with HIV are markedly different than a decade ago in terms of who they are, why they seek support and how they want to access our services. We continue to provide a range of intensive services through our SHAPE (Supporting Health and Personal Empowerment) program. We address needs that are often complex and challenging as well as being needed over the longer-term. On the other hand, many clients require briefer interventions, and these may involve advocacy with Government agencies or other service providers, assisting with sudden financial impairment through the distribution of bequest funds and just 'touching base'. We are a non-statutory organisation and our clients voluntarily choose the extent to which they make use of our services.

Such is the diversity of the 600 clients on our database, we have had to work particularly hard over the last year to respect and deliver to an equally diverse range of needs. We have made a particular effort to develop stronger relationships with other agencies with whom our clients may come into contact to ensure that there is a high level of sensitivity to HIV. This capacity development, supported by our training and development programs, will need to continually increase in the years ahead. Our model is centred on empowerment rather than welfare and with a clear commitment to being a human services organisation; we have increased our own capacity for delivering tailored individual services. We understand that empowerment is demonstrated through renewed capacity for individuals to engage with life on their own terms.

We have never been an organisation that speaks or purports to speak on behalf of people living with HIV. Our role is to address structural issues that cause HIV to be a barrier to enjoying all that life has to offer. The importance of addressing these environmental or upstream issues has never been more apparent and over the last year we have begun the development of a systemic advocacy program that will help take HIV out of the headlights for as many of our clients as possible.

Unlike most other jurisdictions, W.A. does not have a peer-based organisation speaking on behalf of PLHIV. It is not appropriate that we fill this vacuum, but it is appropriate that we continue to advocate with the National Association for People with HIV Australia (NAPWHA) to ensure that the interests of our communities living with HIV are recognised in the development of national policies and programs, national areas of advocacy and in the development of national strategies. Over the last year we have continued to fund local NAPWHA community forums and supported the W.A. NAPWHA representatives.

Clinical Services acknowledges that now more than ever we need to continue in the development and forging of excellent working relationships with external service providers, organisations and governing bodies. As we continue to strive for the full re-engagement of PLHIV into broader/mainstream community and services, we need to ensure those services are inclusive, empowering, non-judgemental, and non-stigmatising.

Increasing Dignity

During the last year we have further increased our work to ensure that the increasing number of older people living with HIV receive excellence in regard to aged care needs and facilities. Our active client list includes 37% of the estimated 1,600 people living with HIV in Western Australia. As at June 30, 15% are more than 55 years of age and this proportion will double over the next five years.

We have increased the amount of both training and consultancy to the aged care sector and we recognised that this needs to be a more collaborative program. We further recognised and consequently increased our direct advocacy for all employers and employees to fulfil their responsibilities in this area of service delivery.

There are times each year when the sometimes harsh realities of our work come down heavily upon us. There have been people closely linked to our care and support teams who have passed away during recent months. We express our sincere condolences to their families and friends.

Our organisation has lived with death and dying for three decades, and gratefully the horrific days of crisis are behind us. This doesn't diminish our own sense of loss when a client passes on and it doesn't diminish our commitment to try and always be where we are needed most and when. ■

"FUTURES

Cohesive empowered communities are inherently healthier. Our belief in the importance of the social determinants of health and our embrace of the Ottawa Charter continue to guide our community development and advocacy programs.

■ Steve Fragomeni

We work with principles of **Empower** (enable, invest, encourage), **Inspire** (stimulate, motivate, instigate, nurture), **Enable** (empower, support, facilitate) and **Advocate** (encourage, support, promote) at our core. These are not linear but form a matrix.

Building Capacity

Increasing the capacity of young people to make and take decisions that support improved sexual health outcomes is a primary goal, and it is no surprise that the last year has seen a further expansion in a variety of programs aimed at youth.

KISS (Keep It Safe Summer) in late 2013 was the most ambitious of the 13 annual programs delivered to date and the level of engagement very significant. KISS is peer based and supported by volunteers, who received a total of 410 hours of training prior to the main activities.

The KISS Project employs the use of harm reduction strategies and peer education principles to provide support, information and education to young people, focusing on safer sex, as well as the impact of alcohol and other drug use on their decision-making. The KISS Project was conducted in Dunsborough and on Rottnest Island.

Often young adults are reluctant to seek sexual health information or services from professionals due to concerns of confidentiality and potential embarrassment, Whereas peer educators are more approachable, may have shared experiences, and can offer information, services, and care in a culturally friendly manner.

15 high schools and senior colleges received KISS talks before leavers' celebrations, involving nearly 2,000 students. Nearly 2,500 KISS booklets were distributed in advance and more than 5,000 safer sex packs were distributed during the official celebrations.

The modifications made to the KISS Project for 2013 positively demonstrate the high quality peer-education provided, the outstanding level of outreach conducted and the high standard of holistic sexual health education delivered to Leavers. These changes will be further strengthened in the future. We will continue to strengthen the KISS Project internally with our staff supported by developing a more robust project and media plan. We will also further strengthen our focus on evidence, data collection and evaluation of this project.

As with much of our work, strong partnerships are fundamental and KISS has 13 such relationships.

Freedom Centre continues to fulfil a vital role in providing a safe social space for young people who are lesbian, gay, bisexual, transgender, intersex, queer, questioning or who are otherwise diverse in their sexuality or gender (LGBTIQ). The Freedom Centre also delivers training to professionals providing them with a framework for supporting LGBTIQ young people. Over the last 12 months, there were 151 drop in sessions involving1,651 visits amounting to 534 hours of service. This was made possible by 1,614 volunteer hours generously provided.

Cultural Diversity

Launching our Reconciliation Action Plan has provided momentum for increasing our commitment to expanding our reach in culturally sensitive ways. In undertaking a review of our current initiatives it became evident that there was an insufficient programmatic approach as an alternative to a reactive activity focus. From this we have developed the Aboriginal Sexual Health Program (ASH) that is leading us towards a whole-of-organisation strategic framework.

Here again we are finding it important to develop existing partnership and actively seek new ones. For example, during the year we increased our engagement with the Aboriginal Health Council of W.A. (AHCWA), including Collaborating on culturally appropriate radio capsules for ATSI communities on Noongar Radio. We also designed a Getting the Facts talk for ATSI Health Workers as part of the AHCWA training plan, which is supported by us. In partnership with the David Wirrpanda Foundation we investigated opportunities to collaborate with men's and boy's groups and to mitigate some reluctance to discuss sexual health issues. We continue to seek opportunities to expand our engagement with the Deadly Sista Girlz program in a culturally appropriate way. In partnership with Debarl Yerrigan Health Services we designed a Healthy Relationships & Sexuality Education Program for at-risk Aboriginal and Torres Strait Islander primary school students over three weeks. We supported an addition of the talks to the Metropolitan Health Promotion program.

We recorded an increased reach with a variety of culturally and linguistically diverse communities (CaLD) through 2013 and 2014. We are an active participant in the Australian Federation of AIDS Organisations' (AFAO) African Diaspora project, and together with the Metropolitan Migrant Resource Centre (MMRC) we made a significant commitment to a range of programs including involvement with the African Diaspora Zone at AIDS 2014.

A specific stream within the End to HIV in W.A. project is directly targeted at young African men and has an objective of removing barriers to their access to sexual health services. Increasing STI screening is very important and we need to understand and be sensitive to cultural barriers that make conversations about sex and sexual health difficult to initiate and sustain.

One out of every four M Clinic clients was born outside of Australia, and nearly one in five was born in Asia. We continue to monitor this service to ensure that it is sensitive and accessible to all gay and other homosexually active men, regardless of cultural background.

PEERS

All AIDS Councils are built from a heritage of peer education and support and this is true of us. However we work with the greatest diversity of communities in the country and this brings particular demands. This is also a time when the meaning of the word "peer" needs to be re-examined. We need to avoid the risk of defining peer groups by labels we attribute to them, which may be at odds with individuals' self identification. The strongest peer linkages are those that are defined by individuals within groups of shared experience, attitudes, interests, opinions and lifestyles.

Throughout the year we have continued to provide a high volume of peer-based programs, including education in workshops and retreats, peer support for those living with HIV (amongst which there is considerable diversity), peer-based clinical services including M Clinic and a peer-based suite of programs for youth including KISS and Freedom Centre.

During the year we commenced a detailed analysis of the effectiveness of our programs recognising that we need, to put it crudely, to get more bang for our buck. We are examining whether we are where we need to be with what our constituents need from us. Clearly we need to respond to the growth in electronic communication and the expansion of social media as a preferred means of interaction between peers and for the delivery of services and resources. An early outcome of this review has been a direct linking of the gay men's program of community development with M Clinic. We believe that we need to move faster in our development of social media and build upon the platforms already under development, such as the HIV peer-support blogging initiative, Sex in Other Cities and Ending HIV.

Critical to our continued sustainability and relevance is taking a longer term view of who we are now, who we need to be in the future, what we offer our communities and how and where we are seen. For us to continue to be an important element in the health of Western Australians, responding to their sexual health and blood-borne virus needs means we must continue to develop a greater understanding of where society with all its rich tapestry is going. ■

FINANCIAL REPORT

STATEMENT OF THE BOARD OF MANAGEMENT

The Board has determined that the Association is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in note 1 to the fiancial statements.

In the opinion of the Board of management of the Western Australian AIDS Council Inc the financial report as set out on pages 21 to 25:

1. Presents a true and fair view of the financial position of the Western Australian AIDS Council Inc as at 30 June 2014 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that the Western Australian AIDS Council Inc will be able to pay its debts as and when they fall due.

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

Board Chair Treasurer

Dated at Perth this 25th day of August 2014

Statement of Comprehensive Income
Statement of Financial Position
Notes to the Financial Statements

STATEMENT OF COMPREHENSIVE INCOME
For the year ending 30th June 2014

	Note	2014 $	2013 $
GRANT INCOME			
Government Grants Income	2	3,114,633	2,984,627
OTHER INCOME			
StyleAid Income		240,961	214,246
Other Income	3	203,673	183,283
Donation Income		102,611	110,318
TOTAL REVENUE		**3,661,878**	**3,492,474**
EXPENDITURE			
Employee Expenses	4	2,515,660	2,517,051
Facilities Expenses	5	218,642	238,366
Administration Expenses	6	147,110	158,400
StyleAid Expenses	7	158,208	113,495
Advertising Expenses	8	119,187	110,347
Other Expenses	9	105,374	97,005
IT Expenses	10	82,028	95,606
Operating Expenses	11	66,676	97,743
Depreciation Expenses		66,203	62,093
Bequest Expenses	12	58,728	42,369
TOTAL EXPENDITURE		**3,537,816**	**3,532,475**
TOTAL COMPREHENSIVE SURPLUS / (DEFICIT)		**124,062**	**(40,001)**

STATEMENT OF FINANCIAL POSITION
As at 30th June 2014

	Note	2014 $	2013 $
CURRENT ASSETS			
Cash Assets	13	697,509	555,291
Receivables		85,330	27,335
Deposits & Bond Monies		64,502	32,025
Inventory		14,600	10,208
Prepayments		72,301	35,694
Work in progress (Website Development)		7,767	-
TOTAL CURRENT ASSETS		**942,009**	**660,553**
NON – CURRENT ASSETS			
Property Plant and Equipment	14	2,717,280	2,981,454
TOTAL NON – CURRENT ASSETS		**2,717,280**	**2,981,454**
TOTAL ASSETS		**3,659,289**	**3,642,007**
CURRENT LIABILITIES			
Payables	15	264,556	215,394
Grants in Advance	16	44,295	13,739
Income in Advance	17	90,462	64,532
Annual Leave		129,398	115,189
Long Service Leave		9,659	15,666
TOTAL CURRENT LIABILITIES		**538,370**	**424,520**
NON - CURRENT LIABILITIES			
Long Service Leave		54,828	65,451
TOTAL NON - CURRENT LIABILITIES		**54,828**	**65,451**
TOTAL LIABLITIES		**593,198**	**489,971**
NET ASSETS		**3,066,091**	**3,152,036**
MEMBERS FUNDS			
Accumulated Funds		1,066,314	1,106,372
Asset Revaluation Reserve		1,875,715	2,085,665
Current Year Surplus / (Deficit)		124,062	(40,001)
TOTAL MEMBERS FUNDS		**3,066,091**	**3,152,036**

NOTE 1: STATEMENT OF ACCOUNTING POLICIES

These financial statements are special purpose financial reports for distribution to the members in accordance with the constitution of the WA AIDS Council Inc and the requirements of the Associations Incorporations Act 1987. No Australian Accounting Standards Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been used in the preparation of this financial report.

These statements are also prepared on an accrual basis. They are based on historic cost and do not take into account changing money values or except where specifically stated current valuations of non-current assets.

The following specific accounting policies that are consistent with the previous period unless otherwise stated have been adopted in the preparation of the statements:

(A) INCOME TAX

No provision has been made for the payment of income tax as the Association is exempt from payment of income tax under the Income Tax Assessment Act 1936.

(B) PROPERTY PLANT AND EQUIPMENT

Property plant and equipment are included at cost or at valuation. All assets excluding freehold land and buildings are depreciated using the diminishing value method commencing from the time the asset is held ready for use at depreciation rates set by the Board of Management.

(C) GRANTS

Where grant monies have been received but relate to services that will be provided in subsequent financial years then these amounts are carried forward as "Grants Received in Advance". Any amounts received in excess of expenditure but for services relating to the current reporting period are treated as income or profits for that year.

(D) RESTRICTED CASH

The Watson Brown Bequest Funds are held to provide assistance to homosexual persons who are suffereing from HIV or AIDS. The funds associated with the Bequest can not be used to pay for WAAC expenditure and have been categorised as RESTRICTED FUNDS.

(E) FUNDRAISED MONIES

All fundraising income is recognised when received. All related expenses are recognised when incurred.

(F) EMPLOYEE ENTITLEMENTS

Provision is made for the Association's liability for employee entitlements arising from services rendered by employees to balance date. Employee entitlements together with entitlements arising from wages and salaries, annual leave and superannuation have been calculated to meet the Association's legal obligations. Contributions are made by the Association to an employee superannuation fund and are charged as expenses when incurred.

(G) GOODS AND SERVICES TAX (GST)

WA AIDS Council Inc is registered for GST. All revenue and expenditure is stated net of GST.

	Note	2014 $	2013 $
NOTE 2:REVENUE - GOVERNMENT GRANTS			
Department of Health - Sexual Health and Blood-Borne VirusProgram		2,554,446	2,471,526
Department of Health - Support Services for People Living With HIV/AIDS		315,143	240,865
Department of Health - Mental Health Commission		181,521	124,003
Department of Family and Community Services - Emergency Relief Grants		4,328	-
Department of Health - Industry Development Project/HetrosexualTraveller		2,182	75,518
Department of Health - ENDHIV Funding		45,455	-
AFAO - Top Tips Implementation Funds		7,735	-
Multimedia		3,823	4,065
REVENUE- GRANT INCOME CAPITAL			
Department of Health - Support Services for People Living With HIV/AIDS		-	45,650
Department of Health - Communicable Disease		-	23,000
TOTAL GRANT INCOME		**3,114,633**	**2,984,627**

NOTE 3: REVENUE - OTHER INCOME		
Sales	69,615	76,259
Sale of assets	44	3,802
Training Fees - External	6,525	9,834
Client Fees	11,217	11,233
Interest Received	7,634	9,919
Interest Received - Bequest WB	3,025	4,412
Interest Received - Bequest PH	1,323	2,099
Interest Received - Fundraising	7,689	11,409
Interest Received - ILMF	132	-
Memberships	1,354	1,454
Other Income	95,115	52,862
TOTAL OTHER INCOME	**203,673**	**183,283**

NOTE 4: EXPENDITURE - EMPLOYEE EXPENSES		
Salaries & Wages	2,253,081	2,225,032

	Note	2014 $	2013 $
Superannuation		202,948	199,853
Employee Wellness Program		6,285	5,460
Recruitment Costs		1,180	23,729
Temp/Casual Staff		8,439	8,054
Provision - Leave Entitlements		(2,421)	5,631
Conferences Courses Seminars		13,654	16,173
Travel & Accommodation		32,494	33,119
TOTAL EMPLOYEE EXPENSE		**2,515,660**	**2,517,051**

NOTE 5: EXPENDITURE - FACILITIES EXPENSES

Building Expenses /Maintenance	12,321	14,894
Parking Costs	8,650	9,811
Cleaning	25,690	27,818
Electricity & Gas	20,455	18,869
Rates & Charges	11,484	9,407
Rent & Outgoings	138,735	155,342
Security	1,307	2,225
TOTAL FACILITIES EXPENSE	**218,642**	**238,366**

NOTE 6: EXPENDITURE - ADMINISTRATION EXPENSES

Assets Write Offs	-	373
Accounting	6,750	5,000
Bank/Credit Card Fees	3,364	3,883
Consulting & Prof. Fees	62,531	48,371
Insurance	47,290	54,271
Printing - Design & Graphics	4,302	303
Printing - External Providers	13,890	31,747
Stationery	8,572	14,452
Administration Expense	411	-
TOTAL ADMINISTRATION EXPENSE	**147,110**	**158,400**

	Note	2014 $	2013 $

NOTE 7: EXPENDITURE - STYLEAID EXPENSES

Catering - Fundraising	80,716	38,924
Equipment Expenses	1,733	5,880
Equip./ Venue Hire	68,659	62,366
Printing - Fundraising	7,100	6,325
TOTAL STYLEAID EXPENSE	**158,208**	**113,495**

NOTE 8: EXPENDITURE - ADVERTISING EXPENSES

Advertising expenditure includes Sex in Other Cities Gay/MSM & M Clinic Campaigns totalling $108,973	119,187	110,347

NOTE 9: EXPENDITURE - OTHER EXPENSES

Catering - Volunteers	6,439	3,619
Catering - Staff/Board	9,002	11,423
Catering - Clients/Retreats	5,198	8,964
Catering - Projects	4,245	6,430
Translation/Interp'n Costs	224	536
Courier/ Freight	2,892	1,193
Volunteer Costs	346	1,716
Legal Fees	526	9,441
M/V - Fuel & Oil	8,247	7,694
M/V - Maint/ Rego	4,018	5,390
M/V - Hire of Vehicles	2,158	1,094
Photocopier & Printer Supplies	18,432	18,584
Postage	4,865	5,888
Speaker Fees	743	1,823
Special Projects	8,560	528
Sponsorship	11,318	5,000
Subscriptions/ Memberships	12,519	7,682
Furniture and Fittings	5,642	-
TOTAL OTHER EXPENSE	**105,374**	**97,005**

	Note	2014 $	2013 $
NOTE 10: EXPENDITURE - IT EXPENSES			
Computer Expenses		33,866	49,745
Internet Access		9,365	3,734
Telephone		31,042	31,631
Sundry Expenses		2,168	1,111
Tel/Fax maintenance		1,100	2,610
Website Design Connection		4,487	6,775
TOTAL IT EXPENSE		**82,028**	**95,606**
NOTE 11: EXPENDITURE - OPERATING EXPENSES			
Condoms Dams Lubricant		26,795	32,849
Resource Materials		12,873	11,755
IDU - Disposal & Buckets		7,817	8,492
IDU - Other (H/Cream Spoons)		9,063	12,298
Med/ Pharm Supplies		8,792	21,001
Inventory Adjustments		804	9,954
Pathology Charges		497	1,394
Late Payment Fee		35	-
TOTAL OPERATING EXPENSE		**66,676**	**97,743**
NOTE 12: EXPENDITURE - BEQUEST EXPENSES			
Bequest Expenditure		41,102	27,223
Emergency Relief Grants		17,626	15,146
TOTAL BEQUEST EXPENSE		**58,728**	**42,369**

	Note	2014 $	2013 $
NOTE 13: CURRENT ASSETS – CASH ASSETS			
ANZ Trading Account		104,948	67,015
ANZ Trust Account		1,516	1,546
ANZ Accounts (Other)		7,681	14,609
ING Cash Management (Watson-Browne Bequest) - Restricted Cash	18	105,047	132,041
ING Cash Management (Phyllis Hill Bequest) - Restricted Cash	19	45,496	62,829
ING Cash Management (Isabelle Lake Memorial Fund) - Restricted Cash	20	15,132	-
ING Cash Management Account		104,311	8,704
ING Cash Management (Fundraising)		311,775	266,586
Cash on Hand		1,603	1,961
TOTAL		**697,509**	**555,291**
NOTE 14: PROPERTY PLANT & EQUIPMENT			
Land and Buildings (664 Murray Street)		2,500,000	2,709,950
TOTAL		**2,500,000**	**2,709,950**
During 2013/2014 the WA AIDS Council engaged Colliers International to provide a current valuation on its building. This resulted in a decrease of $209,950 in the value of the premises at 664 Murray Street. Also noted is a covenant held by Lottery West who hold a beneficial interest in fifteen (15) undivided twenty-eighth shares in the building.			
Motor Vehicles (at Cost)		142,296	142,296
Less: Accumulated Depreciation		(63,656)	(38,222)
TOTAL		**78,640**	**104,074**
Furniture and Equipment (at Cost)		555,311	545,079
Less: Accumulated Depreciation		(430,327)	(396,284)
TOTAL		**124,984**	**148,795**
Leasehold Improvements (at Cost)		41,828	40,094
Less: Accumulated Depreciation		(28,172)	(21,459)
TOTAL		**13,656**	**18,635**
Total Written Down Value of Property Plant and Equipment		**2,717,280**	**2,981,454**

	Note	2014 $	2013 $
NOTE 15: CURRENT LIABILITIES - PAYABLES			
Creditors		137,538	165,845
GST Payable		70,096	(15,535)
PAYG Payable		24,361	27,163
Visa Card		10,247	9,475
Provision for Variable Outgoings		2,387	2,386
Accrued Expenses		2,923	-
Superannuation		17,004	26,060
TOTAL		**264,556**	**215,394**

NOTE 16: CURRENT LIABLITIES – GRANTS IN ADVANCE			
Department of Health - Core Grant		44,295	-
Department of Health - Travel Safe Evaluation		-	3,823
Department of Health - Industry Development Project		-	2,181
AFAO - Syphilis Stigma & Discrimination Campaign		-	5,000
AFAO - HIV STIGMA Campaign		-	2,735
TOTAL		**44,295**	**13,739**

NOTE 17: CURRENT LIABILITIES – INCOME IN ADVANCE			
Pre-sold Ticket Sales		59,280	50,550
Sponsorships in Advance		31,182	9,682
Other Income in Advance		-	4,300
TOTAL		**90,462**	**64,532**

	Note	2014 $	2013 $
NOTE 18: WATSON – BROWNE BEQUEST FUNDS			
Opening Balance		132,041	127,629
Transfer of FY2013 Expenses to Trading Account in July 2013		(16,939)	-
Expenditure paid July 13 to January 14		(13,080)	-
Interest Earned		3,025	4,412
TOTAL		**105,047**	**132,041**

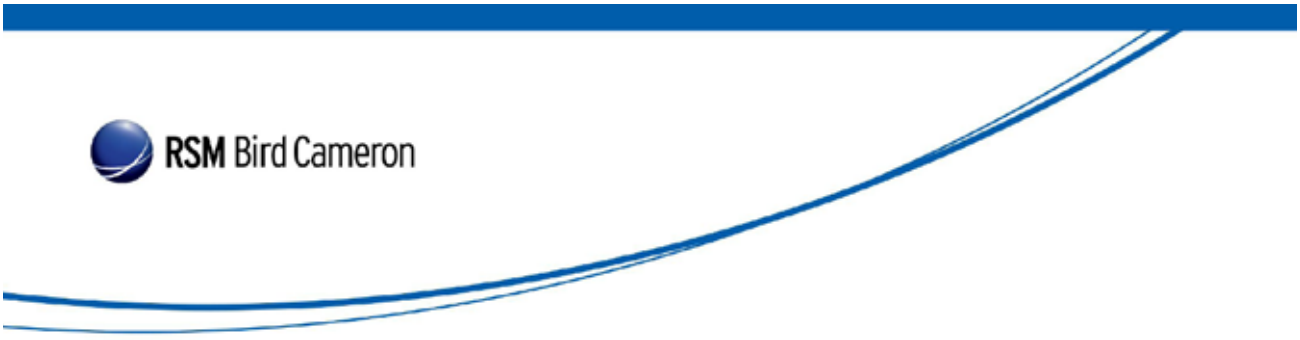
$14,129 was transfered after the 30th June 2014. This amount represents WATSON-BROWN bequest payments made during the remainder of the 2013-2014 year.

NOTE 19: PHYLLIS HILL BEQUEST FUNDS			
Opening Balance		62,829	60,730
Transfer of FY2013 Expenses to Trading Account in July 2013		(10,283)	-
Expenditure paid July 13 to January 14		(8,373)	-
Interest Earned		1,323	2,099
TOTAL		**45,496**	**62,829**

$5,159 was transfered after the 30th June 2014. This amount represents PHYLLIS HILL bequest payments made during the remainder of the 2013-2014 year.

NOTE 20: ISABELLE LAKE MEMORIAL FUND			
Received		15,000	-
Bequest Disbursements		-	-
Interest Earned		132	-
TOTAL		**15,132**	

$361 was transfered after the 30th June 2014. This amount represents ISABELLE LAKE bequest payments made during the remainder of the 2013-2014 year.



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INDEPENDENT AUDITOR'S REPORT

TO THE MEMBERS OF

WA AIDS COUNCIL INC

We have audited the accompanying financial report, being a special purpose financial report, of WA Aids Council Inc ("the registered entity"), which comprises the statement of financial position as at *30 June 2014*, the statement of comprehensive income for the year then ended, notes comprising a summary of significant accounting policies and other explanatory notes and the Statement by the Board of Management.

Board of Management's Responsibility for the Financial Report

The Board of Management of the registered entity is responsible for the preparation of the financial report and have determined that the basis of preparation described in Note1 to the financial report is appropriate to meet the requirements of the *Australian Charities and Not-for-profits Commissions Act 2012* and is appropriate to meet the needs of the members.

The Board of Management's responsibility also includes such internal control as the Board of Management determine is necessary to enable the preparation of a 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 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 registered entity's preparation of the financial report that gives a true and fair view 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 registered entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the responsible persons, 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.

Liability limited by a scheme approved under Professional Standards Legislation

Birdanco Nominees Pty Ltd
ABN 33 009 321 377
Practising as
RSM Bird Cameron
ABN 65 319 382 479

Major Offices in:
Perth, Sydney, Melbourne, Adelaide and Canberra

RSM Bird Cameron is a member of the RSM network. Each member of the RSM network is an independent accounting and advisory firm which practises in its own right. The RSM network is not itself a separate legal entity in any jurisdiction.

RSM Bird Cameron

Independence

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

Opinion

In our opinion the financial report of WA Aids Council Inc is in accordance with the *Australian Charities and Not-for-profits Commissions Act 2012*, including:

(a) giving a true and fair view of the registered entity's financial position as at 30 June 2014 and of its performance for the year ended on that date; and

(b) complying with Australian Accounting Standards to the extent described in Note 1 and the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Board of Management's financial reporting responsibilities under the *Australian Charities and Not-for-profits Commissions Act 2012*. As a result, the financial report may not be suitable for another purpose.

RSM Bird Cameron

RSM BIRD CAMERON

Perth, WA
Dated: 26 August 2014

J A KOMNINOS
Director

SERVICE AWARDS

VOLUNTEER AWARDS

RECIPIENTS 2013 – 2014

Chairperson's Award

- **Eric Yu**

CEO's Award

- **Tracy Lee**

- Marlon Nikolas (Office Support)
- Laura Remus Short (Freedom Centre)
- Natasha Kaweme (Events Outreach)
- Oskar Lim (Freedom Centre)
- Sam Franz (Events Outreach)
- Sarah Lorrimar (Office Support & Events Outreach)
- Tina Stanton (Needle Exchange)

WORLD AIDS DAY 2013 AWARDS

Chairperson's Award

- **Eric Yu**

Eric Yu has been a volunteer with the Living Well complementary therapies program since 2010, delivering his services in a friendly and professional manner. Eric has a faithful following that sing his praises and those of the results they get from his acupuncture sessions. His unwavering dedication to living well and our clients over the past few years is so appreciated, making him most deserving of this award.

CEO's Award

- **Tracy Lee**

Tracy is one of the WA AIDS Council's longest serving volunteers, having been with us since July 1993, and has been providing one-on-one support to her current HIV Positive buddy since early 2002. Tracy is an enthusiastic and reliable volunteer whose commitment to the WA AIDS Council and our clients is second to none. The many years of service given, and the helpful and friendly nature she possesses, is why Tracy is receiving this award.

Individual Award

- **Ms Trish Langdon**

For an individual who has made a significant personal contribution in the fight against AIDS.

Trish has had a long and varied association over more than two decades with HIV/AIDS, not just here in Perth but also on a national and international level. Originally her involvement was with the National HIV Family Camps in Sydney. As a social worker at PMH Trish was involved with a number of families that had been affected by HIV and worked closely with them with a real sense of compassion and care. In 1989 she became a volunteer with the WA AIDS Council, which was the beginning of her long association and dedication to HIV/AIDS in WA. Trish then joined the board of the WA AIDS Council, eventually moving to be the Chair, representing the organisation at the Australian Federation of AIDS Organisations and advocating strongly for HIV/AIDS issues here in WA. From there she moved to the position of Executive Director where for 12 years she led the organisation through a number of iterations and built it up to be the strong effective organisation that it is today.

Aboriginal and Torres Strait Islander Award

- **The David Wirrpanda Foundation**

For an ATSI individual or group who has made a significant contribution in raising HIV/AIDS awareness in their community.

The Foundation is committed to improving the life of Aboriginal people by promoting strong role models and healthy life choices through training and mentor programs. Since operations commenced in 2005, the David Wirrpanda Foundation has established successful programs, both in Perth and in regional areas, with a focus on encouraging young Aboriginal people to stay at school, pursue study and enter the workforce.

The Foundation has been working closely with the WA AIDS Council to address issues of sexual health and HIV awareness through the Deadly Sister Girlz Mentoring Program that engages, inspires and empowers Aboriginal and Torres Strait Islander girls between the ages of 8 and 17 years.

Rural and Remote Award

- **Associate Professor Dr Marisa Gilles**

For a group which has made a significant contribution to the fight against AIDS.

Dr Marisa Gilles is a public health physician with 20 years experience in Aboriginal, rural and remote health. She holds a Masters in Public Health, a Masters in Applied Epidemiology and is a Fellow of The Australian Faculty of Public Health Medicine. Since 1998 Marisa has been managing a small cohort of HIV positive Aboriginal people in rural and remote Australia. Over this time she has developed a close relationship with the cohort. She has faced many highs with success in obtaining excellent HIV control in half of the cohort, despite challenging personal conditions and lows experiencing the frustration of being unable to improve compliance issues.

Youth Award

- **Nicole Vallenten**

An individual or group who have made a significant contribution to awareness, education and prevention efforts, particularly related to youth.

When Nicolle came to volunteer with us she was a fairly quiet and reserved person. Over the past few years we have seen her grow into a dedicated, passionate and outstanding volunteer. She has worked for the past three years on KISS, culminating in being team leader for Dunsborough this year, recognised and respected by volunteers, peers and sector representatives alike.

Health Services Award

- **Leah Williams**

For an individual or group who have provided essential health or clinical services in the prevention and treatment of HIV.

Leah Williams is a HIV Nurse Practitioner working at the Immunology Department at Royal Perth Hospital. Her passion is about helping patients make positive health decisions for themselves. Leah is also passionate about working with more vulnerable patients, in helping them to adapt to a HIV diagnosis, so that HIV becomes a more manageable part of their lives. It is Leah's empathy, her ability to be a sounding board, a cheer squad for patients starting therapy and a signpost for referral to other support networks that sees Leah as a remarkably worthy recipient of this years WAD Health Services Award.

Media Award

- **Glitz Multimedia**

For an individual or media group who contributed in a positive manner to the education and awareness of the general public through the media.

Glitz Multimedia was formed in late 2012, by Mel Amour and Melanie Pool, two ladies from WA with a passion for all things media. Driven by today's crazy online world of social media, the girls are capturing a growing audience base. With many years of media experience between them, their multimedia productions are modern and edgy with of course "a touch of glitz." There's also a serious side to the work they produce including working with organisations such as the WA AIDS Council and promoting the launch of the WA Firemen's Calendar for Princess Margaret Hospital. They hope that their contribution, dedication and focus can inspire and make a difference to people's lives.

The WA AIDS Council "THANK YOU!

COMPANIES AND ASSOCIATIONS ■ Abbott, Aboriginal Health Council of WA, ae'lkemi, AIDS Trust of Australia, Air Mauritius, Aurelio Costarella, Australian Federation of AIDS Organisations, AutoMasters, Aveling Homes, B2 Clinic Fremantle Hospital, BACI, BAM Creative, Barrick Gold, Bears Perth, Bendigo Bank – Fremantle Community Branch, Betts Shoes, Boerhinger Ingleheim, Braziliano, Bunnings Subiaco, Catering Essentials, Chadwick Models, Champagne Cannard Duchene, City Farm, City of Fremantle, City of Stirling, Club Med, Clinipath, Club X, Coles North Perth, Connections Nightclub, Conrad Bali, Corporate Computers, Cosmax, Cottesloe Civic Centre, Court Hotel, Crown Perth, CSA Models, Curtin University, Daniels Printing Craftsmen, David Wirrpanda Foundation, DB Idea, Delta Socials, Department of Communities (WA), WA Department of Health, Department of Families, Community Services and Indigenous Affairs, Derbarl Yerrigan Health Services, Diamond Lounge Limocoach, Dilettante, Direct Travel and Cruise, Empire Rose, Equilibrium, European Foods, Fenella Peacock, Fremantle Arts Centre, Fitzgerald Photo Imaging, Flannel, Foote Francis, Sexual and Reproductive Health WA (formerly known as FPWA), Funky Bunches, Gay and Lesbian Community Services (GLCS), Gay and Lesbian Retirement Association (GRAI), GHB, GLYDE, Goldwell, HIV/AIDS Legal Centre NSW, Harbour Town Newsagency, Healthway, HepatitisWA, Injidup Spa Retreat, Issey Miyake, Kart Koort Wiern, Ketel One Vodka, Kevin Murphy, Kimberly Aboriginal Community Controlled Health Organisation, KORO Fine Australian Jewellery, Kova Sound, Langford Aboriginal Association, Lords Sports Centre, L'Oreal, Lotterywest, Loton Park Tennis Club, LUX Events, Luxe Bar, M.A.C, Mirrabooka Multicultural Migrant Resource Centre, Mondo's Butchers, Morrison, NAIDOC, National Association of People Living with HIV Australia, Network 10, Notre Dame University, Office of Crime Prevention, OMG Events, One Fell Swoop, Out in Perth, Patties Pies, Peroni Italy, Perth Steamworks, Power Music, Preservation Framers, PRIDE WA, PURE Bar Subiaco, Rosemount Bowl, Royal Perth Hospital, Salvation Army, San Pellegrino, Schweppes, SCOOP Publishing, Scene Model Management, SiREN, Stockman Paper Merchants, Sunday Times, Swings & Roundabouts, Unicare Health, United Constructions, University of WA, Vintage Cellars, Vivien's Model Management, The West Australian, The West Australian Ballet, The West Australian Opera, Town of Vincent, WA Association of Mental Health, WACOSS, WANADA, WA Centre in Health Promotion Research, WA Police Service, WA Substance Users' Association, WAtoday.com.au, ZOMP Shoez, Zonta Club of Swan Hill, Zsadar ■

INDIVIDUALS ■ Aaron Pitt, Ali Bodycoat, Alvin Fernandez, Aly May, Andrew Gordon, Annette Hasluck, Anthony Von Leonhardi, Beau Meakins, Carol Mackie, Cameron Cole, Chelsey Wayte, Chloe Spalding, Chris Grant, Chris Van Tuinen, Christine Tomas, Dr Damian Conway, David Batty, Linda Forbes, David Trapp, Denise Cheir, Desiree Kerr, Di Bauwens, donors in memory of Isabelle Lake, Dr Paul Armstrong, Dr Paul Effler, Dr Toby Nicholls, Dr Mo Gaber, Dr Kevin O'Connor, Dr Glen Lo, Dr Donna Mak, Emma Bergmeier, Erin Larkin, Frank Farmer, Hannah McGrath, Hazel Buckley, Hendra, Holly May, Ian Lowe, Jill Sergeant, Gavin Kingsbury, Gino Premici, Graeme Watson, Grant Capriotti, Guy Gomeze, John Ferarri, John Koh, Jordan Burnham, Joseph Di Rocco, Jude Bevan, Katharine Cooper, Kathryn Sprigg, Kira Smith, Libby Edwards, Libby West, Levinia Crooks, Dr Lewis Marshall, Louise Pratt, Hon Lynn McLaren MLC, Professor Martyn French, Matthew Knight, Senator Dean Smith, Melané White, Willie Rowe, Michael Chester, Dr Michael Watson, Michele Kosky, Miles Burke, Nick Stacy, Oscar Langoulant, Pat Nolan, Paul O'Connor, R.A White, Ray Costarella, Dr Roanna Lobo, Rob Lake, Roger Jewell, Romain Duquesne, Ross Wallace, Shane McFarlane, Shirin Carter, Sue Morgan, Tamara Day, Teagan Sewell, Tijana Lilac, Tim Brown and Tony Salom ■

STAFF TRANSITIONS 2013 - 2014

WE WELCOMED ...

- Tyrone Atter
- Yannick Benoit
- Dennis Beros
- Suzanne Calver
- Sinead Glackin
- Matt Ranford
- Sophia Rasmussen
- Carley Robbins
- Danielle Roberts
- Kurt Sales
- Jaini Shah

WE SAID FAREWELL TO

- Michael Atkinson
- Amanda Crow
- Olivia Knowles
- Greta McEwan
- Daniel Newton
- Sally Rowell
- Bryan Stewart
- Nadine Wright Toussaint

WE CONGRATULATED THE FOLLOWING STAFF ON THE ARRIVAL OF THEIR NEW BORN

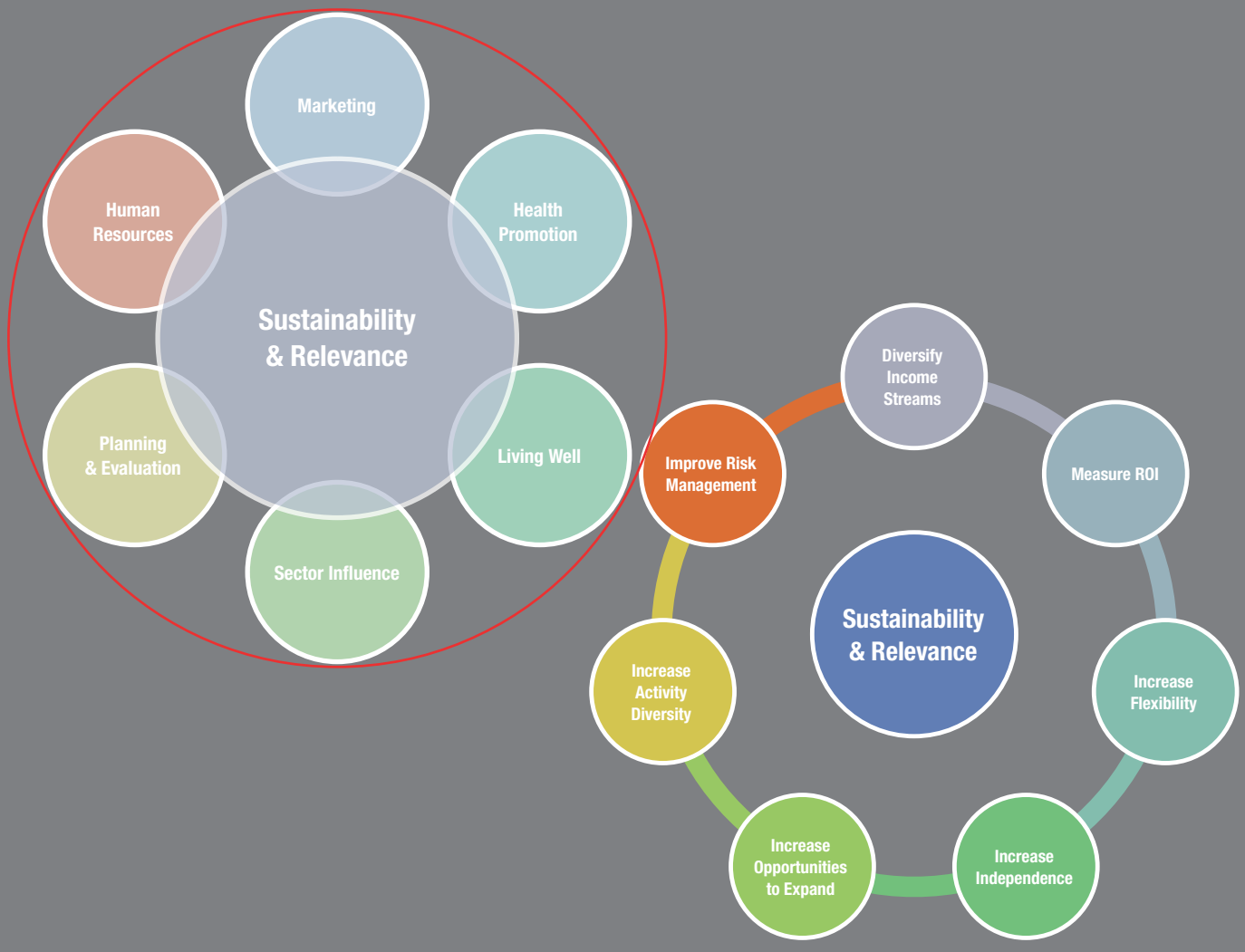
- Emma Beattie
- Rebecca Hall
- Dani Wright Toussaint

"OPERATING PLAN 2014 – 2017"

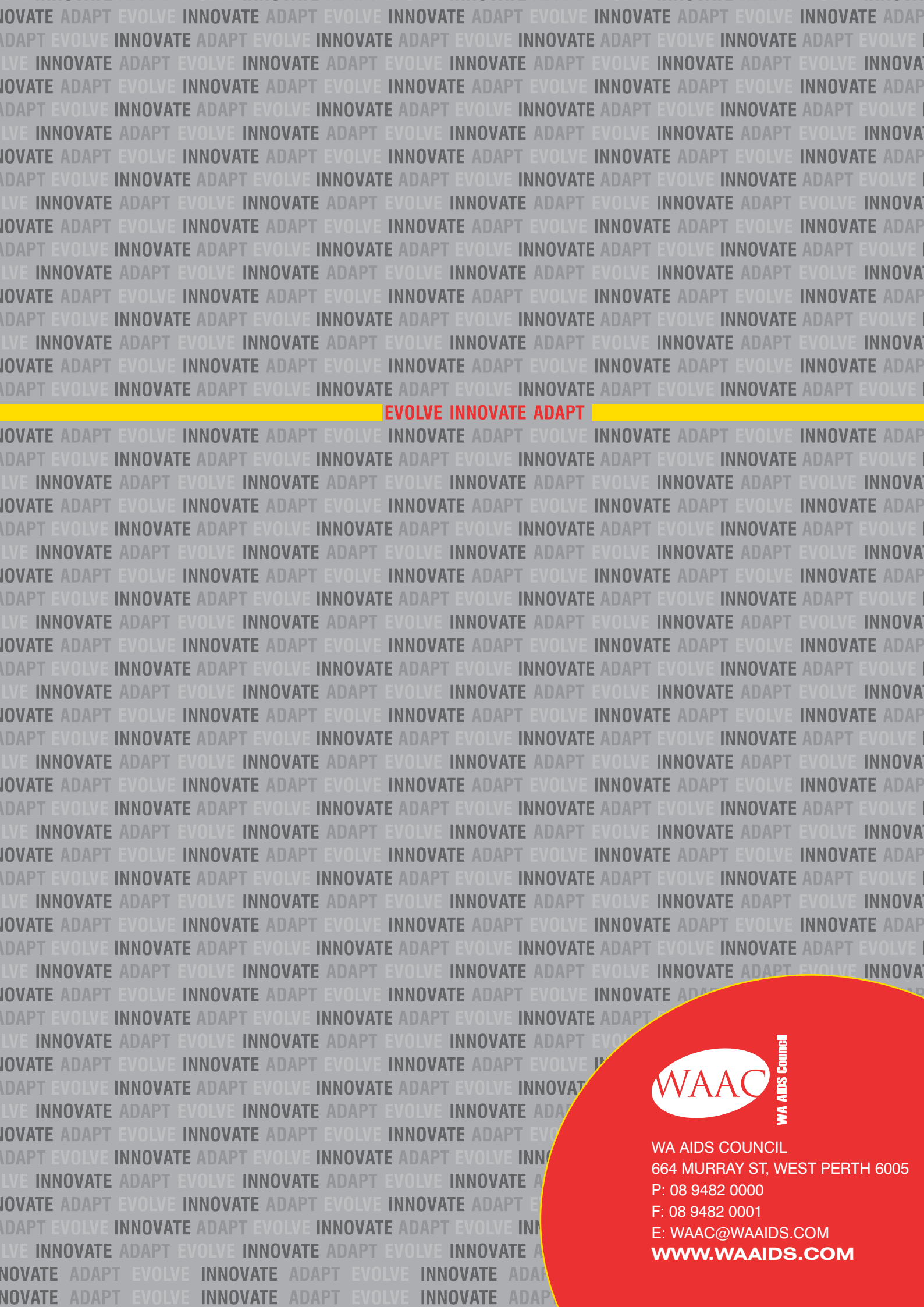
To move closer to our mission through an increase in our programmatic response and a reduction in our reliance on activity-based responses.

PRIORITIES:

- To improve our financial viability on a sustainable basis
- To become a fully integrated leader in the community response for sexual health and blood-borne viruses
- To have capacity for expansion in services and programs



EVOLVE INNOVATE ADAPT



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