



ANNUAL REPORT

2015–2016

HIVFOUNDATION.ORG.AU



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It is important that we improve our future annual reports, so your feedback is valued. Any comments you have may be made by contacting us at:

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LETTER OF COMPLIANCE



Level 1, 725 Ann Street
PO Box 766
Fortitude Valley, QLD 4006

25 August 2016
The Honourable Cameron Dick MP
Minister for Health and Minister for Ambulance Services
GPO Box 48
Brisbane, QLD, 4001

Dear Minister Dick,

I am pleased to submit for presentation to the Parliament the Annual Report 2015-2016 and financial statements for HIV Foundation Queensland.

I certify that this Annual Report complies with:

- the prescribed requirements of the *Financial Accountability Act 2009* and the *Financial and Performance Management Standard 2009*,
- the *Australian Charities and Not-for-profits Commission Act 2012* and *Regulation 2013*, and
- the detailed requirements set out in the *Annual Report requirements for Queensland Government agencies*.

A checklist outlining the annual reporting requirements can be found on pages 27 and 28 of this Annual Report.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Dr Darren Russell'.

Dr Darren Russell MBBS FRACGP DipVen FACHSHM FRCP (London)
Chair, HIV Foundation Queensland

GENERAL INFORMATION

ABOUT US

HIV Foundation Queensland (the Foundation) was established on 1 December 2013 as a statutory agency under the *Hospitals Foundations Act 1982*. The Foundation was formed to replace the *Ministerial Advisory Committee for HIV/AIDS* and provide leadership, coordination and support to Queensland's public health response to HIV (human immunodeficiency virus) and end new HIV transmissions.

We are an organisation not only for people at risk of contracting HIV, people living with HIV (PLHIV), community-based organisations, health professionals and researchers, but for the whole community.

OUR VISION

BY 2020

An end to HIV transmission, stigma and discrimination in Queensland

OUR MISSION

BY 2020

Reduce HIV transmission through achieving the United Nations 90-90-90 targets:

- 90% of all people living with HIV will know their HIV status
- 90% of all people with diagnosed HIV will receive sustained antiretroviral therapy
- 90% of all people receiving antiretroviral therapy will have viral suppression

ALIGNMENT WITH THE QUEENSLAND STRATEGIC LANDSCAPE

Queensland HIV Strategy 2013-2015

The Foundation has ensured that programs and initiatives implemented clearly align with priority action areas as detailed in the *Queensland HIV Strategy 2013-2015*:

OUTCOME 1:	Implement a comprehensive preventative approach to reducing HIV transmission
OUTCOME 2:	Increase voluntary testing for HIV
OUTCOME 3:	Increase treatment uptake by people with HIV to 90%
OUTCOME 4:	Increase awareness of HIV transmission, stigma and discrimination

A revised draft Queensland HIV Strategy 2016-2020 was prepared by the Foundation in 2015 and has in large parts been incorporated into the draft Queensland HIV Action Plan 2016-2021.

Draft Queensland HIV Action Plan 2016-2021

The Queensland Department of Health in consultation with key stakeholders has developed the draft Queensland HIV Action Plan 2016-2021. Consultation with primary healthcare providers, community-based organisations, specialised sexual health and HIV services and key stakeholder communities has identified five strategic outcome areas and priority actions:

OUTCOME 1:	Implement a comprehensive preventative approach
OUTCOME 2:	Increase voluntary testing for HIV including community based testing
OUTCOME 3:	Increase treatment uptake by people living with HIV
OUTCOME 4:	Increase awareness of HIV transmission, stigma and discrimination
OUTCOME 5:	Improve surveillance, monitoring, research and evaluation

Although the draft Queensland Action Plan is currently being finalised, the Foundation’s programs and initiatives clearly align with these outcomes.

Draft Queensland Sexual Health Strategy 2016-2021

The Queensland Department of Health in consultation with community partners has developed the draft Queensland Sexual Health Strategy 2016 - 2021 that encompasses sexual and reproductive health. The draft strategy addresses a broad range of sexual and reproductive health issues, including health promotion, prevention, clinical service provision and community education to meet the needs of all Queenslanders, including specific population groups. A public consultation was carried out in May 2016. The strategy is currently being finalised.

ALIGNMENT WITH GOVERNMENT’S OBJECTIVES AND PRIORITIES

The Foundation’s Strategic Plan 2015-2019 was informed by, aligns with and contributes to the Queensland Government’s objectives for the community through:

DELIVERING QUALITY FRONTLINE SERVICES		STRENGTHENING OUR PUBLIC HEALTH SYSTEM	
	Prevention, Testing & Treatment	Leadership & Support	
	Research & Programs	Awareness: ENDHIV Campaign	
SUPPORTING DISADVANTAGED QUEENSLANDERS		ENCOURAGING SAFER & INCLUSIVE COMMUNITIES	

MACHINERY OF GOVERNMENT CHANGES

There has been no machinery of government changes which have affected the Foundation during the reporting period.

CHIEF EXECUTIVE OFFICER'S REPORT

The 2015-2016 reporting period marks the Foundation's second full year of operation.

Our premises at Ann Street in Fortitude Valley are now at capacity housing: RAPID - Queensland's busiest HIV testing service; Diverse Voices - a peer to peer telephone and internet counselling service; as well as office accommodation for the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine and the Queensland Injectors Health Network.

A record number of applications were received during the reporting period for funding grants available through the Foundation. These opportunities have enabled organisations and services to respond proactively to changes in the HIV epidemic by facilitating research and trialling pilot programs outside of the set three year departmental funding cycles.

The ENDHIV campaign, now in its third year, has successfully delivered a consistent and targeted campaign encouraging Queenslanders at risk to get tested, know their status and take control of their health. In the reporting period, testing rates at high case load General Practice (GP) clinics in Brisbane have continued to increase over the previous year, whilst the number of rapid HIV tests performed in community sites almost doubled from 1,779 to 3,420.

New HIV notifications in the Metro North and South Hospital and Health Service areas during the first six months of 2016 have shown a reduction of 30% on the previous five-year-average at the same point in time. Whilst these results are encouraging, testing alone is not enough. The Foundation has long championed the role of HIV Treatment as Prevention (pre-exposure prophylaxis, post-exposure prophylaxis and early treatment) in reducing HIV transmission.

Support for a wide scale roll out of pre-exposure prevention medication (PrEP) received a significant boost with the Queensland Government's commitment of \$6 million in funding over four (4) years to expand the Queensland PrEP Demonstration Project (QPrEP). Whilst this state government commitment is welcomed, more needs to be done at a federal level. At the time of writing this report, it was announced that PrEP will not be listed on the Pharmaceutical Benefits Scheme (PBS) in 2016. Simply put, Queenslanders at risk of HIV should have equitable and cost effective access to PrEP.

Improving access to post-exposure prevention (PEP) without fear of judgement and stigmatisation remains a focus area for the Foundation, with significant work completed during the reporting period and planned for 2016-2017.

There is now robust scientific evidence that immediate treatment for people living with HIV improves individual health benefits and prevents the onward transmission of HIV. One of the key aims of the Foundation's 2016 Treatment as Prevention Roadshow, is to examine what can be done for our patients to support them to begin treatment comfortably, as soon as possible, in order to achieve an uninterrupted life-long treatment regimen.

Although Australia's leading researchers from the Kirby and Peter Doherty institutes and the Australian Federation of AIDS Organisations have declared the end of AIDS as a public health issue, much work remains to be done to ensure that the prevention and treatment of HIV remains a priority health issue.

There is no single approach or single agency able to END new HIV transmissions. Partnerships with people at risk of HIV, people living with HIV, community organisations, clinicians, Aboriginal Medical Services, academics and government are essential to ensure that no one is left behind.



Tony Majer
Chief Executive Officer

OPERATING ENVIRONMENT

The 2015-2016 period has seen substantial changes to the strategic framework in Queensland for HIV and sexual health generally. Additionally, change in the landscape of HIV prevention, specifically around PrEP, has provided risks, opportunities and challenges for Queensland's HIV response.

The Foundation has made substantial progress toward achieving both its statutory obligations and strategic goals during the reporting period. The Foundation's engagement and partnership with community organisations, clinicians and researchers within the HIV sector continues to grow.

In the year ahead, the Foundation looks forward to leading and working with all service providers to ensure Queensland's HIV response is as collaborative, innovative and effective as possible and leaves no one behind. Key plans and priorities for 2016-2017 are detailed in the table below.

Table 1: Key plans and priorities for 2016-2017

PREVENTION
<ul style="list-style-type: none">▪ Increase community and health professional knowledge of Post-Exposure Prophylaxis (PEP) & Pre-Exposure Prophylaxis (PrEP).▪ Support the development and implementation of the QPrEPd trial.▪ Improve access to PEP across Queensland.▪ Promotion of the personal and public benefits of HIV testing and early treatment as a prevention strategy.
TESTING
<ul style="list-style-type: none">▪ Continue to provide resources and support for the operation of the RAPID peer testing program led by Queensland Positive People.▪ Support the expansion of community based HIV and other STI rapid testing delivered by peers across Queensland and in a variety of settings including universities and festivals.▪ Work with general practices to increase routine testing in targeted GP settings in areas of high prevalence.
QUEENSLAND LED RESEARCH AND INNOVATIVE PROGRAMS
<ul style="list-style-type: none">▪ Continue to support the growth of innovative Queensland led research and pilot programs.▪ Strengthen partnerships in the research community to maximise the impact of collective work.▪ Continue to use evidence to inform programs and policy.
ACCESS TO TREATMENT
<ul style="list-style-type: none">▪ Host the statewide Queensland Treatment as Prevention Roadshow 2016.▪ Promote the individual and public benefits of universal access to HIV treatment in Queensland.▪ Coordinate the Queensland HIV Emergency Treatment Fund for both Medicare eligible and Medicare ineligible people living with HIV.▪ Provide support for Medicare ineligible people living with HIV to navigate the health system to facilitate access to services and early and ongoing HIV treatment.
HIV KNOWLEDGE AND AWARENESS
<ul style="list-style-type: none">▪ Implement Phase 6 of the ENDHIV campaign.
STIGMA AND DISCRIMINATION
<ul style="list-style-type: none">▪ Champion the meaningful involvement of people living with HIV in the response.▪ Facilitate a workshop/s focusing on HIV stigma and discrimination for community based organisations and health workers.▪ Participate in the Queensland HIV and the Law working group to address laws that criminalise and stigmatise HIV and promote public health law responses.▪ Support the Kokoda Trek for PLHIV to challenge stereotypes and facilitate development of resilience for those involved.

NON-FINANCIAL PERFORMANCE

OUR STRATEGIC OBJECTIVES

In addition to providing independent advice to the Minister for Health and Minister for Ambulance Services on HIV prevention, testing and treatment, the core objectives of the Foundation are to:

- provide leadership, coordination and support to Queensland’s public health response to HIV;
- facilitate and support the growth of Queensland led HIV & STI research and programs;
- facilitate improved access to community based testing and treatment in Queensland;
- coordinate the ENDHIV campaign; and
- actively raise funds by way of public appeals and subscriptions to support the provision of HIV prevention, education and support activities.

As a statutory agency, the Foundation is uniquely placed as it does not represent a particular community, but rather facilitates coordination of the response across the state and amongst the many key organisations and services. Annual funding grants available through the Foundation enable organisations and services to carry out research and trial pilot programs outside of the three year funding cycles provided by the Queensland Department of Health. These opportunities provide the sector with additional flexibility to respond proactively to changes in the HIV epidemic.

The Foundation further has the ability to support tailored strategies across all populations – from all Queenslanders who are at risk of HIV through to whole-of-population messages. This approach is considered essential for Queensland to maintain the most progressive and comprehensive response to HIV.

A summary of key initiatives and programs delivered, supported or initiated by the Foundation in achieving our strategic objectives is detailed below.

Table 2: Initiatives and programs delivered, supported or initiated by the Foundation 2015-2016

PREVENTION	TESTING
<ul style="list-style-type: none"> ▪ <i>PrEP: Community Forum & Sponsorship of Professor Bob Grant and Joint funding of National PrEP Forum</i> ▪ <i>PrEP Access Scheme</i> ▪ <i>QPrEPd Trial</i> ▪ <i>PEP Access Project</i> ▪ <i>National Aboriginal and Torres Strait Islander HIV, STI and Viral Hepatitis Summit</i> ▪ <i>Chemsex Film Screen & Community Forum</i> ▪ <i>CHEP - Community HIV Education and Prevention Program</i> 	<ul style="list-style-type: none"> ▪ <i>Expanding community based HIV testing</i> ▪ <i>Support RAPID Program led by QPP as per Memorandum of Understanding</i> ▪ <i>Pilot program for peer led HIV and other sexually transmissible infections (STI) rapid testing in a university setting</i>
TREATMENT	RESEARCH
<ul style="list-style-type: none"> ▪ <i>Queensland Treatment as Prevention Roadshow</i> ▪ <i>Memorandum of Understanding with British Columbia – Centre for Excellence HIV/AIDS (BC-CfE)</i> ▪ <i>Talking about Treatment led by QPP</i> ▪ <i>Peer Navigation for Medicare Ineligible PLHIV</i> ▪ <i>HIV Emergency Treatment Fund</i> 	<ul style="list-style-type: none"> ▪ <i>HIV Research Grants</i> ▪ <i>HIV STI Workshop Grants</i> ▪ <i>National Program Committee – Australasian HIV Conference 2015</i> ▪ <i>Australasian HIV Conference 2015 Scholarship Program</i>

STIGMA & DISCRIMINATION	FUNDRAISING
<ul style="list-style-type: none"> ▪ <i>Positive Leadership Development Institute sponsorship</i> ▪ <i>HIV and the Law Forum</i> ▪ <i>Queensland HIV and the Law Working Group</i> 	<ul style="list-style-type: none"> ▪ <i>Implementation of The Foundation's Fundraising Strategic Plan commenced in February 2016</i>

Further detail on selected key achievements and their contribution to the government's objectives for the community is provided below.

PREVENTION

PrEP

Increasing the accessibility and affordability of HIV PrEP is an essential component to achieving an end to new HIV transmissions in Queensland by 2020 and the Foundation is a committed advocate for PrEP.

In September 2015, the Foundation jointly sponsored Professor Bob Grant, the Chief Medical Officer at San Francisco AIDS Foundation, to attend the Australasian HIV Conference in Brisbane. During this conference, the Foundation hosted a community PrEP Forum as an affiliated event with over 150 community members and conference participants in attendance. Professor Grant and Foundation Chair, Dr Darren Russell, also participated in television and radio interviews and met with the Minister for Health and Ambulance Services on PrEP related issues.

In May 2016, the Foundation jointly funded a national forum on PrEP with the Kirby Institute and Burnett Institute/Alfred Hospital. The purpose of the forum was to share experiences of how we are implementing and researching PrEP across Australia, to seek the input of stakeholders across the national partnership, and to plan for the short and medium term future including issues such as the Therapeutic Goods Administration (TGA) approval and Pharmaceutical Benefits Scheme (PBS) funding.

PrEP Access Scheme

In consultation with key stakeholders in late 2015, the Foundation developed a proposal to establish a time limited PrEP Access Scheme. The Scheme was designed to assist up to 150 candidates in accessing PrEP, as prescribed by a licenced medical practitioner, that they would be otherwise not able to afford.

Following the Queensland Government's announcement in April 2016 to expand the existing QPrEP demonstration project to 2,000 places (QPrEPd), further work on the Foundation's PrEP Access Scheme was suspended in the reporting period.

Rapid expansion of PrEP across Queensland: QPrEPd Trial

In February 2016, the Queensland Minister for Health and Ambulance Services announced the government's support to expand the provision of free PrEP across Queensland. A Queensland PrEP Working Group was formed with representatives from the HIV Foundation Queensland, Cairns Sexual Health Service, Queensland AIDS Council and the University of Queensland. The working group was tasked with providing advice and assistance in the development and implementation of strategies to rapidly expand PrEP in Queensland.

On April 26, 2016, the Minister announced funding of \$6 million over four years for the expansion of QPrEP enabling up to 2000 people at risk of HIV to have free access to PrEP.

The Foundation has provided funding and support to the expanded QPrEPd trial enabling work to begin immediately after the Minister's announcement. The Foundation is an active participant on the QPrEPd Steering Committee and also provides essential logistic and policy support.

PEP Access Project

PEP is a preventive strategy that aims to avert the transmission of HIV to an exposed individual, particularly following non-occupational exposure including sexual contact and injecting drug use.

In response to a significant number of complaints being made regarding access to PEP, in late 2015, the Foundation carried out a community survey to understand people's experiences accessing PEP. This led to the formation of a PEP working group including representatives from community organisations, sexual health clinics, hospital emergency departments and the Department of Health to develop strategies for a more co-ordinated approach to improving access to PEP out-of-hours.

The PEP working group reviewed the results of the Foundation's PEP Community Survey and feedback from Emergency Departments across Queensland regarding the local implementation of Queensland PEP Guidelines. With this information, the group was able to clearly identify the key issues for access to PEP in a variety of settings across Queensland, and have developed strategies for a more coordinated plan that will be implemented in 2016-2017 after the release of the revised National PEP Guidelines.

National Aboriginal and Torres Strait Islander HIV, STI and Viral Hepatitis Summit

On 2-3 December 2015, Brisbane hosted the National Aboriginal and Torres Strait Islander HIV, STIs and Viral Hepatitis Summit. The summit was coordinated and funded by the South Australian Health and Medical Research Institute (SAHMRI) with the support of the HIV Foundation Queensland, Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM), Kirby Institute, University of New South Wales, AbbVie, and the Commonwealth Department of Health.

The purpose of the summit was to provide the opportunity for representatives from Australian states and territories to come together to discuss issues pertinent to the public health management of HIV, STIs and Viral Hepatitis in Aboriginal and Torres Strait Islander communities. The Foundation provided substantial support in the preparation of the program and conference logistics.

Chemsex Film Screening and Community Forum

In April 2016, the Foundation funded the film screening of Chemsex and community forum. The aim of the film and forum was to facilitate a community discussion around the use of crystal-meth in the gay and other men who have sex with men (MSM) community in Brisbane. There was a focus on the various perspectives of people in different groups and how they interact with the drug itself and with other people who use the drug. The audience primarily included gay men and other MSM, people who are using crystal meth, health professionals, academics, policy makers and drug-positive activists. Over 150 people attended the event.

Community HIV Education and Prevention Program

The Community HIV Education and Prevention (CHEP) program carried out targeted HIV prevention and awareness activities and was hosted by Queensland Positive People (QPP). The peer educators worked in tandem with the END HIV campaign with resources branded under the campaign to achieve outcomes set out in the Queensland HIV Strategy 2013-2015. The contract for the CHEP program with the Department of Health ended in December 2015.

Condom Distribution Program

In December 2015, the Foundation took over management of the online condom distribution program previously carried out by the CHEP Program. From January to June 2016, the Foundation distributed in excess of 500 online orders for condoms, internal condoms and dams.

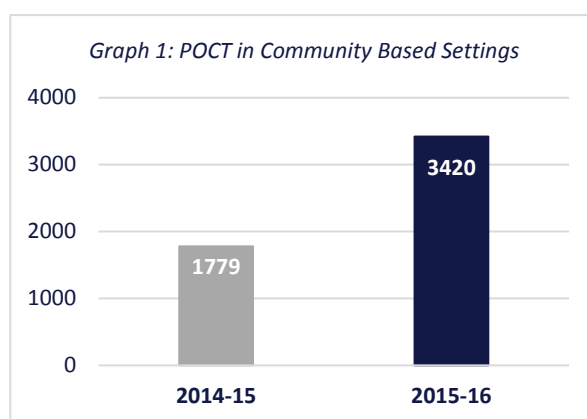
TESTING

Expansion of community based HIV testing across Queensland

The Foundation has continued a substantial and consistent investment in delivering a targeted campaign to increase testing across Queensland since 2013.

The number of HIV point of care tests (POCT) done in community based settings in 2015-2016 was almost double that of 2014-2015.

HIV testing kits provided by the Queensland Department of Health are now available at eight (8) community sites.



RAPID Program in partnership with Queensland Positive People (QPP)

RAPID is a community-based peer-led HIV and syphilis rapid testing program operated by Queensland Positive People as the lead agency, in partnership with the Foundation under the terms of an agreed Memorandum of Understanding.

The RAPID program (RAPID) consists of a range of HIV and STI rapid testing initiatives, including a main clinic in Fortitude Valley and outreach clinics on the Gold Coast and in Brisbane sex on premises venues. The clinics provide a walk-in HIV and syphilis testing service out-of-hours. RAPID was developed to provide an alternative community-based service to reach individuals from priority populations who are engaged in risk and may have delayed testing, who are not in a regular testing routine and/or have had a poor experience with traditional clinic-based testing.

RAPID employs trained community members who understand sexual diversity amongst communities of men who have sex with men and other at-risk populations. Being a peer-led clinic, the RAPID staff are able to mutually share information and experiences about HIV, the importance of an early diagnosis, undetectable viral load, PEP, PrEP and stigma.

In the reporting period, 3,000 of the 3,420 community based rapid HIV tests conducted in Queensland were carried out via the RAPID program.

Pilot program for HIV and other STI rapid testing

The Foundation has funded the RAPID Program, QPP to implement the pilot program for HIV and other STI rapid testing to be delivered by peers at the University of Queensland. The introduction of a regular rapid testing service in a university would be the first of its kind in Queensland, if not Australia.

The aims of the project are:

- Increase HIV knowledge among young people including awareness of the importance of an early diagnosis, treatment as prevention (TasP), PEP, PrEP and combination prevention.
- Normalisation of HIV and STI testing among youth and university students.
- Engage individuals naïve to sexual health testing.

This initiative presents significant opportunities for research into this at-risk population group alongside measurable outcomes in attitudes towards HIV stigma and discrimination, sexual health, and testing practices.

TREATMENT

Queensland Treatment as Prevention Roadshow

Substantial time and resources were allocated in the reporting period preparing for the 2016 Queensland Treatment as Prevention (TasP) roadshow. The Roadshow will comprise a series of professionally accredited meetings in eight locations across the state being held from 25 July to 4 August 2016. Meetings with Aboriginal Medical Services will also take place in each location. The focus of the meetings will be HIV treatment as prevention: early treatment; PEP; and PrEP.

The meeting will bring together a number of key speakers to provide state, national and international updates on developments in this rapidly evolving landscape.

Over 500 individuals have been invited from all over Queensland to attend the Roadshow meetings including: HIV/sexual health clinicians, infectious disease and emergency department clinicians, pharmacists (hospital and community), GP's, allied health care staff, community organisations, academics, Aboriginal Medical Services (AMS) staff and Hospital and Health Services (HHS) Executives.

Memorandum of Understanding (MOU) with British Columbia Centre for Excellence in HIV/AIDS (BC-CfE)

In July 2014, the Foundation and the Queensland Department of Health signed a MOU with the BC-CfE. The purpose of the MOU was to formalise collaborations in order to develop new research and HIV programs for a three-year period with a focus on TasP.

In the reporting period, plans were finalised for two representatives from the BC-CfE team to visit Queensland as key speakers for the Queensland TasP Roadshow.

Talking about Treatment

The Foundation provided funding to assist QPP with the development of "Talking about Treatment": a series of five short films that convey the real stories of people living with HIV and their journey with treatment. These stories span the lived experience of people living with HIV from the past 30+ years of the HIV response; and aim to increase understanding that treatment options have become so effective that the virus can be suppressed to levels that are below detection – enabling PLHIV to avoid ill health and live a normal life expectancy.

Following significant research findings in 2015, immediate treatment is now recommended. Starting treatment can sometimes be an overwhelming experience, and the stories highlighted in the films are designed to help people make informed decisions about their own health and wellbeing.

Peer navigation for Medicare ineligible PLHIV

This 12 month pilot program funded by the Foundation was developed in response to Medicare ineligible PLHIV experiencing significant and ongoing challenges accessing and navigating the health system.

Led by Queensland Positive People and integrated into their Life+ Program and peer navigation services, the pilot is based on an early intervention model to improve treatment uptake, adherence and health literacy. The peer navigator will assist Medicare ineligible PLHIV to access early and sustained HIV therapy.

HIV Emergency Treatment Fund

The Foundation has approved funding for the establishment of an HIV Emergency Treatment Fund. This fund has been developed in response to a small but consistent number of PLHIV (both Medicare ineligible and eligible) experiencing significant financial barriers to commencing and continuing HIV treatment.

The fund will provide payment for clinical care consultations, pathology tests and HIV medication co-payments. The fund will be available after all other avenues of support have been exhausted to participants who satisfy eligibility criteria that include:

- Medicare ineligible PLHIV with no income or income equivalent to but not greater than eligibility for a low-income health care card (HHC);
- Medicare eligible PLHIV with a low income health care card experiencing financial stress/crisis resulting in disruption or risk of cessation of HIV treatment; and
- Medicare eligible PLHIV with no HCC, experiencing an emergency financial stress/crisis resulting in disruption or risk of cessation of HIV treatment.

RESEARCH

HIV Research Grants

In June 2016, three (3) of the HIV research projects approved in the 2015 round were approved for Year 2 funding for a 12 month period.

Table 3: HIV Research Projects 2015, Year 2 of 3

AFFILIATION	RESEARCH PROJECT TITLE
Griffith University	<i>'Yes' to recreational drugs but 'no' to life-saving medications: unpacking paradoxical attitudes about treatments to improve medication adherence</i>
University of Queensland	<i>Factors influencing the HIV testing to treatment trajectory within a Queensland context</i>
University of Queensland	<i>Feasibility study of HIV self-testing and social marketing of Rapid Diagnostic Tests in Queensland</i>

In March 2016, the Foundation welcomed applications from interdisciplinary collaborative research teams to carry out collaborative research projects to support the creation of new knowledge and practice in HIV prevention, testing and treatment. Priority areas were identified through the HIV strategy gap analysis meeting hosted by the Foundation on 1 February 2016.

In June 2016, a further five (5) HIV research projects were approved and funding released for a 12 month period.

Table 4: HIV Research Projects 2016, Year 1 of 1

AFFILIATION	RESEARCH PROJECT TITLE
University of Queensland	<i>Pilot and evaluate integrated HIV self-testing service delivery in Queensland for policy and service development</i>
University of Southern Queensland	<i>Using innovative methods to Increase HIV testing among men who have sex with men in resource limited regional Queensland</i>
University of Southern Queensland	<i>Point of care HIV testing at after-hours sex on premises venues theme parties</i>
University of Queensland	<i>Co-constructing care for people living with HIV: the role of peer navigation in improving linkage to care</i>
University of Queensland	<i>Factors influencing male and transgender sex workers access to sexual health care, HIV testing and support</i>

HIV STI Workshop Grants

In March 2015, the Foundation launched a funding scheme to facilitate the establishment of collaborative research teams comprising clinicians, researchers and/or community based organisations to develop research proposals that will potentially attract significant future funding from the National Health and Medical Research Council (NHMRC), research foundations, government, industry or donors.

Applications were welcomed to convene workshops to share expertise and ideas, to design collaborative research programs and to plan competitive applications for future research funding. Workshops could have either HIV, HIV/STI or STI focus.

In June 2016, one (1) workshop was approved and funding released.

Table 5: HIV STI Workshop Grants 2016

AFFILIATION	TITLE OF RESEARCH WORKSHOP
University of Southern Queensland	<i>PrEParing to visit: HIV, Africa and the homeward traveller</i>

Australasian HIV Conference 2015

In September 2015, Brisbane hosted two conferences: the World STI Summit and the Australasian HIV Conference. The Australasian HIV & AIDS Conference is the premier annual HIV Conference in Australia and the Asia and Pacific region. These were significant conference events for Brisbane and Queensland with thousands of delegates participating. The Foundation was a silver sponsor for the World STI Summit, which included contributing to the scholarship program. The Foundation also actively participated in the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) National Program Committee.

HIV Conference Scholarship Program

The Foundation offered a scholarship program to support people to attend the Australasian HIV & AIDS Conference 2015.

A total of 31 applications received and assessed against key selection criteria: 21 scholarships were made available to 14 participants from Queensland and 7 from the Asia Pacific Region.

STIGMA & DISCRIMINATION

Positive Leadership Development Institute

The reporting period marked year 2 of the Foundation's valuable partnership with the Positive Leadership Development Institute (PLDI) Australia under the terms of an agreed 3 year MOU.

The Institute is an international collaboration based upon the principles of the greater involvement and meaningful engagement of PLHIV and has been set up as a partnership between agencies and businesses that are committed to help tackle HIV stigma by focusing upon skills and capacity development of PLHIV.

HIV and the Law Forum

In February 2016, Queensland Positive People in partnership with the Foundation hosted "*Risky Business? Perspectives of HIV in the Legal Landscape*" with approximately 40 legal representatives, clinicians, community members, policy makers and academics in attendance. The day was facilitated by Paul Kidd, Chair of the HIV Legal Working Group, and covered topics centred on criminal and public health laws regarding HIV disclosure in Queensland and HIV stigma, which stand as a barrier to disclosure.

Queensland HIV and the Law Working Group

Following on from the HIV and the Law Forum, QPP have coordinated a Queensland HIV and the Law Working Group to progress actions to promote and advocate for public health versus criminal law. The Foundation maintains representation in this working group.

FUNDRAISING

Implementation of the Foundation’s 3 year Fundraising Strategy commenced in the reporting period. During this time our first direct mail appeal was launched and significant work was completed in relation to obtaining grant funding from trusts and foundations.

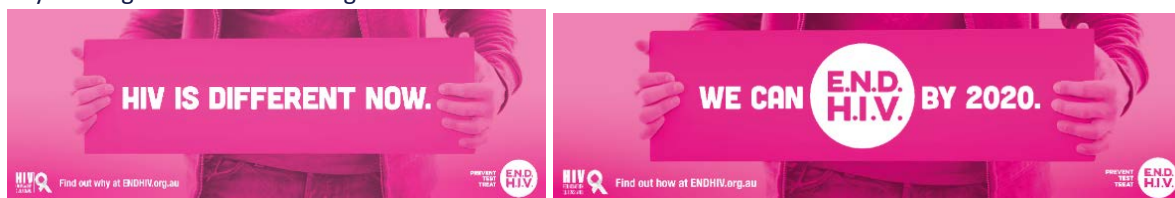
ENDHIV CAMPAIGN

PHASE 5 CAMPAIGN

Launched in September 2015, phase 5 of the END HIV campaign included a new logo, website, social media & messages around PREVENT, TEST & TREAT.

Campaign Elements:

Key Messages – Billboards & Digital:



Prevention & Testing - Digital:



ENDHIV Website:



Communication Objective:

- MSM: Increase awareness and education around preventing & testing for HIV.
- WOP: Increase awareness of HIV transmission, stigma & discrimination in targeted messages.

Target Audience:

- High at-risk groups including MSM
- Whole of population (WOP)

PHASE 5 EVALUATION

Outcomes:

www.endhiv.org.au website:

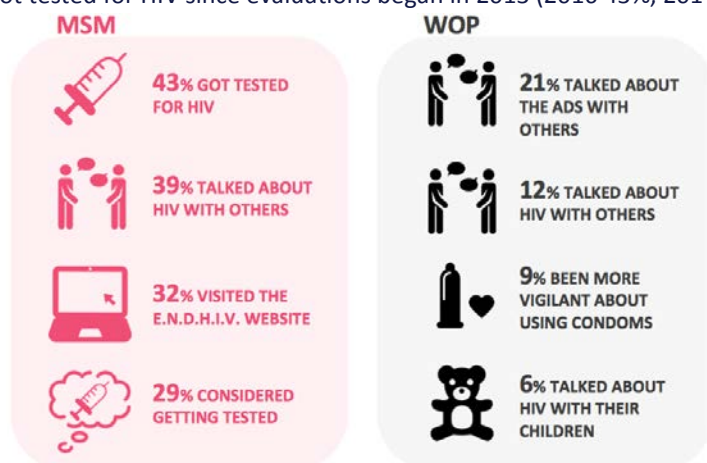
- 44,276 unique visitors for the reporting period representing an increase of 13% on the previous year.
- 67,287 page views for the reporting period representing an increase of 20% on the previous year.

Research Conducted:

Evaluative research was conducted in December 2015 and June 2016 with:

- MSM: qualitative focus groups, 24 participants across 4 locations.
- WOP: quantitative online survey, 807 respondents.
- MSM: quantitative online survey, 113 respondents.

Top actions taken as a direct result of the campaign included the highest number of MSM reporting that they got tested for HIV since evaluations began in 2013 (2016 43%, 2014 22%).



PERFORMANCE INDICATORS

The following performance indicators are extracted from the *Performance Measurement Data Report* provided by the Foundation under a Service Agreement with the Department of Health.

The performance indicators are reported by the Foundation at six monthly intervals. The actual results listed below are for the period 1 July 2015 to 30 June 2016.

Output 1: Provision of marketing and campaign materials

OUTPUT	MEASURE	2015-16 ACTUAL
Provision of marketing and campaign materials	Qualitative and quantitative evaluation: <ul style="list-style-type: none"> • Evaluation research for effectiveness and reach • Market testing of concepts – focus groups • On line tracking- surveys 	<i>Phase 5 Evaluation: Qualitative evaluation completed December 2015. Quantitative completed June 2016.</i>

Output 2: Provision of HIV rapid testing across community sites

OUTPUT	MEASURE	QUANTITY PER ANNUM	2015-16 ACTUAL
Provision of HIV rapid testing across community sites	• No. of tests performed	300 – year 2 450 – year 3	Year 2: 3,420
	• No. of community sites where HIV rapid testing available (including mobile outreach)	5 – year 2 7 – year 3	Year 2: 8 sites

Output 3: Provision of funds for innovative HIV related programs and research

OUTPUT	MEASURE	QUANTITY PER ANNUM	2015-16 ACTUAL
Provision of funds for innovative HIV related programs and research	• % of HIVFQ budget spent on program and research seed funding	25% – year 2 30% – year 3	Year 2: 32.00%

Output 4: Provision of high quality research

OUTPUT	MEASURE	2015-16 ACTUAL
Provision of high quality research	<ul style="list-style-type: none"> No. of collaborative activities with HIV STI Prof Chair Representation on the HIV Prof Chair Advisory Steering Committee 	<ul style="list-style-type: none"> 4 collaborations including: University of Queensland HIV Research Hub; Expert Reference Committee for HIV, Viral Hepatitis, Sexual Health and Harm Reduction Workforce Development ASHM; QPrEP Trial Expansion Working Group; and the QPrEPd Steering Committee. HIVFQ is represented on the HIV Professorial Chair Steering Committee. 2 meetings have been held during the reporting period.

Output 5: Provision of an annual forum for consultation

OUTPUT	MEASURE	MINIMUM NUMBER OF SERVICE USERS	2015-16 ACTUAL
Provision of an annual forum for consultation	• Annual forum	50	Queensland TasP Roadshow 25 July to 5 August and will be reported on in the 2016/2017 reporting period.

Output 6: HIV Earlier Treatment

OUTPUT	MEASURE	2015-16 ACTUAL
HIV Earlier Treatment	Provision of targeted program for earlier treatment	HIVFQ's earlier treatment activities were largely focused on preparations for the Queensland TasP Roadshow that is due to commence on 25 July 2016.

Output 7: Provision of targeted program for treatment as prevention

OUTPUT	MEASURE	2015-16 ACTUAL
Provision of targeted program for treatment as prevention	<ul style="list-style-type: none"> Concept brief to be developed No. of national and international partners 	<ul style="list-style-type: none"> Concept brief completed. The Queensland TasP Roadshow will be held in partnership with 14 organisations/services including: <ul style="list-style-type: none"> British Columbia Centre for Excellence in HIV/AIDS Queensland Positive People Positive Living Society of British Columbia Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine South Australia Health & Medical Research Institute Cairns Sexual Health Service: Lead for Queensland's QPrEPd expanded PrEP trial Queensland Aboriginal and Islander Health Council Aboriginal Medical Services: Kalwun, Carbal, North Coast Aboriginal Corporation for Community Health, Wuchopperen Health Service, Townsville Aboriginal & Torres Strait Islander Corporation for Health Services, Bidgerdii, Nhulundu Wooribah Indigenous Health Organisation Inc.

Output 8: Provision of future strategic direction for HIV in Queensland

OUTPUT	MEASURE	2015-16 ACTUAL
Provision of future strategic direction for HIV in Queensland	<ul style="list-style-type: none"> Monitoring the performance indicators on the current HIV strategy Lead evaluation of the current strategy Lead the development of the next Queensland HIV Strategy 	<ul style="list-style-type: none"> Queensland HIV Strategy Performance Indicator data submitted to the Department of Health. The revised DRAFT Queensland HIV Strategy has in large parts been incorporated into the DRAFT Queensland HIV Action Plan. HIVFQ has provided feedback on the draft Queensland Sexual Health Strategy. HIV strategy gap analysis meeting completed February 2016.

Output 9: Raising of third party budget source

OUTPUT	MEASURE	2015-16 ACTUAL
Raising of third party budget source	<ul style="list-style-type: none"> Implementation of the fundraising strategy from 2015 Fundraising target of 20% of the HIVFQ annual budget by end of year 3 (2016-2017) 	<ul style="list-style-type: none"> Implementation of Fundraising Strategy commenced

THE QUEENSLAND HIV SURVEILLANCE REPORT

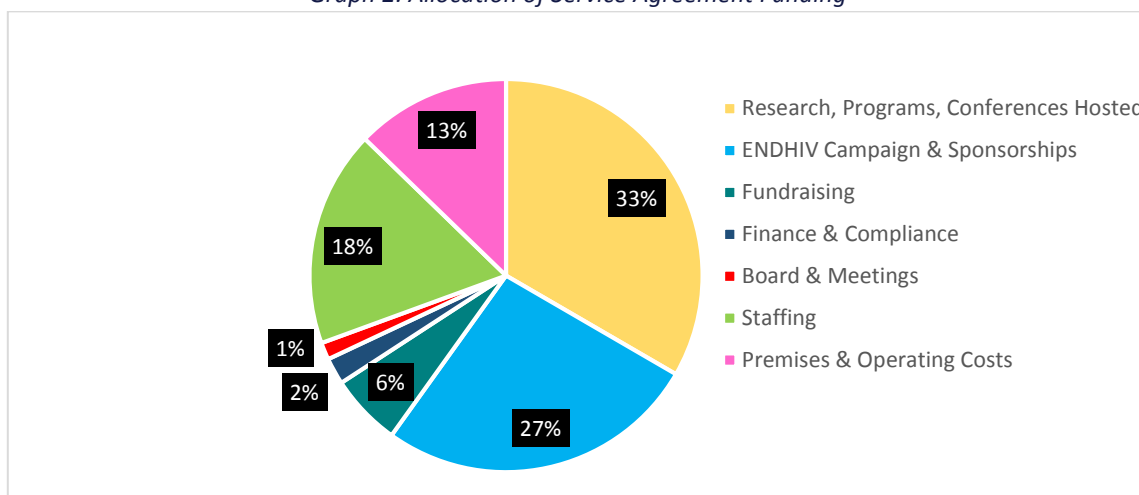
The Queensland HIV Surveillance Report is published annually. The 2014 report can be found at <https://hivfoundation.org.au/sites/default/files/Annual%20HIV%20Epidemiology%20Report%20-%20HIV%20in%20Queensland%202014.pdf>. The Queensland HIV Surveillance Report 2015 is expected to be published in late 2016.

SUMMARY OF FINANCIAL PERFORMANCE

The total income reported in the Financial Statements was \$2.557 million. Funding received under the terms of a Service Agreement with the Department of Health accounted for \$2.444 million of total income. The total expenses reported in the Financial Statements were \$2.666 million and include accounting transactions required to comply with relevant accounting standards and reporting requirements.

Graph 2 provides a breakdown of the acquittal of funding received under the Service Agreement and as such, may not fully align with expenses as listed in the Financial Statements due to accounting treatment and or transactions required to comply with relevant accounting standards and reporting requirements. This includes accounting for depreciation, incentives within lease arrangements and differences in classification.

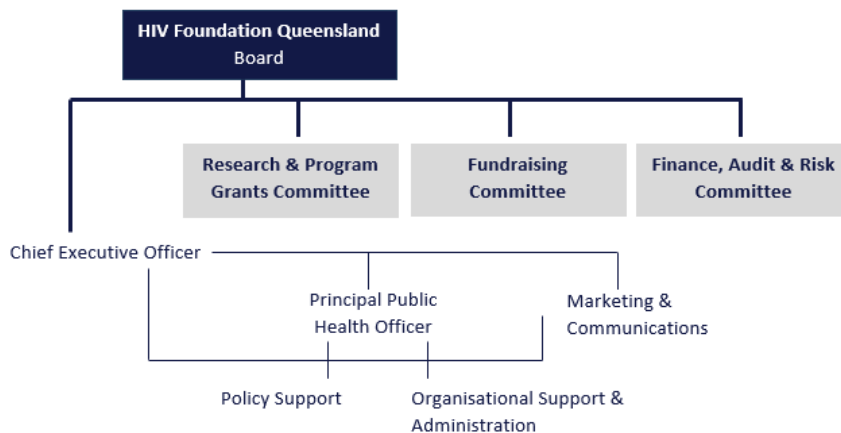
Graph 2: Allocation of Service Agreement Funding



The accumulated surplus of \$278,000 shown in the Statement of Financial Position represents equity which will be utilised in the continued operation of the Foundation.

GOVERNANCE: MANAGEMENT & STRUCTURE

ORGANISATIONAL STRUCTURE



BOARD MEETING DATES 2015–2016

3 AUGUST 2015	12 OCTOBER 2015	30 NOVEMBER 2015	4 FEBRUARY 2016	4 APRIL 2016	6 JUNE 2016
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OUR BOARD

In addition to providing governance and oversight of all Foundation activities, the role of Foundation Board members includes:

- Providing independent advice to the Minister for Health and Minister for Ambulance Services on HIV prevention, testing and treatment in Queensland.
- Promoting the delivery of the *Queensland HIV Strategy* and reporting on key strategic performance indicators.
- HIV consultation, advisory and liaison activities which influence Government policy.
- Promoting models of care to the Hospital and Health Services, the private sector and non-government sector to facilitate the best available treatments while considering value for money.
- Assuming responsibility for the implementation and coordination of HIV prevention services, training/education and treatment programs, including with the non-government sector.
- Collaborating with partner agencies.
- Leveraging additional funding to assist in the reduction of HIV rates in Queensland.
- Releasing position papers which provide expert advice for Queensland.
- Working with the Queensland HIV STI Professorial Chair to promote the growth of HIV related research led from within Queensland.
- Leading on the future development of the *Queensland HIV Strategy*.
- Leading the implementation of the Foundation's Fundraising Strategic Plan.

The following persons have been approved as current members of the Board by His Excellency the Governor, acting by and with the advice of the Executive Council, and under the provisions of the *Hospitals Foundations Act 1982*:

FOR A PERIOD OF FOUR (4) YEARS COMMENCING 1 DECEMBER, 2013

Dr Darren Russell - Foundation Chair

Dr Russell is a sexual health physician and the Director of Sexual Health at Cairns Hospital. He holds the positions of Clinical Associate Professor in the Department of Population Health at the University of Melbourne and Adjunct Associate Professor in the School of Medicine and Dentistry at James Cook University.

Dr Russell is the Chairperson of the HIV Foundation Queensland and a past-President of the Australasian Chapter of Sexual Health Medicine of the Royal Australasian College of Physicians, the Victorian AIDS Council, and the Australian Federation of AIDS Organisations.

Mr Simon O'Connor - Foundation Deputy Chair - to December 2015¹

Mr O'Connor is Executive Officer of Queensland Positive People Inc. He has held a number of community positions and provided support to people living with HIV since 1985. He is currently the Executive Officer of QPP and a current board member of the National Association of People with HIV Australia (NAPWHA) and the Anwernekenhe National HIV Alliance (ANA).

Professor Jeffrey Gow

Professor Gow has a PhD in Health Policy and Economics and works as a Professor of Health Economics with the University of Southern Queensland. He has 15 years' experience in public health research into HIV/AIDS and was principal investigator on numerous HIV research studies and programmes. He has been published more than 80 times and worked on HIV/AIDS policies and programs to international bodies and governments such as United Nations Programme on HIV/AIDS (UNAIDS), World Health Organisation (WHO), United Nations Children's Emergency Fund (UNICEF) and the South African Government.

Mr David Graham

Mr Graham is a community member and small business owner with a background in media and business. He has been an advocate for rural and remote gay and lesbian health. He has used his media presence to promote good health and HIV/AIDS awareness campaigns. Mr Graham has strong links with the gay and lesbian community.

Dr Andrew Redmond

Dr Andrew Redmond is an infectious diseases physician at the Royal Brisbane and Women's Hospital. He has a longstanding interest and practice in HIV medicine. He is a member of the Australasian Society for HIV Medicine and Australasian Society for Infectious Diseases. He teaches medical students, specialists-in-training and general practitioners about HIV medicine.

FOR A PERIOD OF TWO (2) YEARS COMMENCING 1 DECEMBER, 2013

Ms Candi Forrest²

Ms Forrest is a sex worker advocate and has worked with Queensland sex workers since 1987 when the sex industry first embraced HIV prevention strategies. She holds a Masters of Anthropology and Sociology, and has developed networks with workers from culturally and linguistically diverse backgrounds.

¹ Mr O'Connor resigned his appointment in December 2015.

² Ms Forrest has continued to contribute to Board and Committee meetings after the expiry of her appointment on 1 December 2015 in an Observer capacity.

Ms Elisha McGuiness³

Ms McGuiness is a Senior Public Health Officer specialising in Indigenous Sexual Health currently employed by the Townsville Hospital and Health Service. She travels regularly to remote Indigenous communities across the whole of North Queensland and has significant experience in community consultation, engagement and the planning, implementation and evaluation of sexual public health and health promotion strategies. She is the current Queensland President of the Australian Health Promotion Association (AHPA QLD) and is on the Board of Directors for the National Association and is also an affiliate of ASHM.

Ms Penny Kenchington⁴

Ms Kenchington is a Nurse Practitioner with Townsville Sexual Health Service, Townsville Hospital and Health Service. Penny was the first Sexual and Reproductive Health Nurse Practitioner in Queensland. She has over 17 years experience in the field of sexual health. She is a member of the Australasian Society of HIV Medicine and the College of Nurse Practitioners.

BOARD REMUNERATION & ALLOWANCES

A table detailing Board remuneration and allowances can be found in Note 5 on page 12 of the Financial Statements in Appendix 2.

BOARD COMMITTEES

Through Committees established by the Board, the Foundation can draw on the skills and expertise of Board members and other individuals to ensure that additional guidance and direction is provided in certain areas that the Board considers appropriate. Committees generally meet four times per year or additionally as the Committee or Board considers necessary.

Fundraising Committee

Role: To provide strategic oversight of the Foundation's fundraising activities and outcomes.

Members: Ms Elisha McGuiness (Chair – to 1 December 2015), Ms Penny Kenchington, Mr Simon O'Connor (to 1 December 2015), Mr David Graham (Chair - from April 2016), Tony Majer (ex-officio) & Melissa Warner (ex-officio)

Research & Program Grants Committee

Role: To provide strategic oversight and guidance of the Foundation's research and program grants activities and outcomes.

Members: Professor Jeffrey Gow (Chair), Dr Darren Russell, Dr Andrew Redmond, Tony Majer (ex-officio) & Melissa Warner (ex-officio)

Finance, Audit and Risk Management Committee

Role: To ensure high corporate governance standards in term of financial accountability and risk identification and management across all levels of the organisation.

Members: Ms Candi Forrest (Chair – to 1 December 2015), Ms Penny Kenchington, Professor Jeffrey Gow (Chair - from April 2016), Mr David Graham, Dr Andrew Redmond (from April 2016) and Tony Majer (ex-officio).

³ Ms McGuiness has continued to contribute to Board and Committee meetings after the expiry of her appointment on 1 December 2015 in an Observer capacity.

⁴ Ms Kenchington has continued to contribute to Board and Committee meetings after the expiry of her appointment on 1 December 2015 in an Observer capacity

CHIEF EXECUTIVE OFFICER

Tony Majer joined the Foundation as Interim CEO in March 2014 and was appointed permanent CEO in February 2015. Tony works alongside the Foundation's board providing strategic leadership and planning as well as overseeing the day-to-day operational activities of the Foundation. Tony has qualifications in both Law and Commerce and spent nearly two decades in the private sector.

PUBLIC SECTOR ETHICS ACT

In accordance with section 12M (2) of the *Public Sector Ethics Act 1994*, the Foundation's *Code of Conduct* was approved by the Minister for Health and Minister for Ambulance Services in the reporting period.

The Foundation is committed to upholding the values and standards of conduct outlined in the *Code of Conduct for the Queensland Public Service* and the Foundation's *Code of Conduct* reflects the principles of:

INTEGRITY AND IMPARTIALITY	PROMOTING THE PUBLIC GOOD	COMMITMENT TO THE SYSTEM OF GOVERNMENT	ACCOUNTABILITY AND TRANSPARENCY
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All Foundation employees and representatives have an obligation to comply with the Code. Failure to do so, or behaviour not supporting our values, is unacceptable and may lead to disciplinary action up to and including dismissal.

In accordance with section 12K of the *Public Sector Ethics Act 1994*, all Foundation employees are required to undertake training in the Code during orientation and to sign an acceptance upon appointment which states they will abide by the Code. Further training is scheduled by the CEO when determined necessary with the Code being reviewed by all employees at least annually.

In accordance with section 12L of the *Public Sector Ethics Act 1994*, the administrative procedures and management practices of the Foundation have proper regard to the ethics principles and values, the Code of Conduct, and any standards of practice applicable to the Foundation.

GOVERNANCE: RISK MANAGEMENT AND ACCOUNTABILITY

RISK MANAGEMENT

The Foundation's risk management philosophy is to identify, assess and control strategic and operational risks. The Foundation maintains a *Risk Framework* that is monitored and addressed by the Board, through the Finance, Audit and Risk Management Committee and CEO.

An assessment of risk, both before and after the implementation of controls, is made with reference to the Foundation's *Risk Assessment Matrix* and recorded on a *Risk Register*.

EXTERNAL SCRUTINY

An external audit was conducted by the Queensland Audit Office and the Financial Statements for 2015-2016 received an unqualified audit opinion.

AUDIT COMMITTEE

The Finance, Audit and Risk Management Committee⁵ operates under Terms of Reference that were developed in accordance with Queensland Treasury's *Audit and Committee Guidelines* for the 2015-2016 year.

The Committee provides assurance and assistance to the CEO and Board in relation to:

- Financial Oversight and Reporting;
- External Audit;
- Internal Controls and Systems and Risk Management; and
- Compliance.

During 2015-2016 the Committee reviewed financial reports monthly and quarterly, met face-to-face on two (2) occasions and provided updates to the Board at each Board meeting.

INTERNAL AUDIT

The Foundation has not considered it necessary to establish an internal audit function during the reporting period.

All financial transaction processing and reporting for the Foundation has been conducted by the Corporate Administration Agency, Department of the Premier and Cabinet, under the terms of a service agreement.

The Finance, Audit and Risk Management Committee provided internal oversight of all controls, systems and processes, including the review of budget reporting monthly and financial reporting quarterly, in line with the Foundation's service agreement reporting requirements.

INFORMATION SYSTEMS

Due to the size of the Foundation's operational team, all Information and Communications Technology services are managed under a contract with an external service provider. This service provider is contracted to ensure that Foundation staff receive reliable access to all information systems (including telephones and computers) and are responsible to resolve any information system issues identified.

The Foundation's data is stored in a fully secured data centre, physical access to which requires accompanied passage through multiple security access panels. Data is kept safe from emergencies (fire) via a system that flushes oxygen from the data storage room and power failure via multiple generators. Data access for Foundation employees is achieved via secure password protected remote log in.

The Foundation's financial reporting information system is hosted by the Corporate Administration Agency, Department of the Premier and Cabinet, with access being supplied to the Foundation by way of a secure link.

RECORD KEEPING

The Foundation has implemented recordkeeping systems, procedures and practices, endorsed by the CEO, that comply with the *Public Records Act 2002, Information Standard 40: Record keeping and Information Standard 31: Retention and Disposal of Public Records*.

⁵ Refer to page 21 for Audit Committee membership details

Roles and responsibilities for records management are communicated across the organisation via position descriptions, performance reviews, training and awareness activities. Reliability and security of the Foundation's records was achieved via a number of mechanisms including firewalls, systems security, secure paper storage and secure destruction bins and all record systems.

The CEO is informed of updated record keeping requirements via the Office of Health Statutory Agencies.

The Foundation complies with the principles as outlined in *Information Standard 31: Retention and Disposal of Public Records*. This applies to all digital and paper records and all staff are updated and informed of the requirement to comply with these principles

GOVERNANCE: HUMAN RESOURCES

The Foundation is committed to establishing a workforce comprised of staff and volunteers who are focused on achieving the Foundation's vision, mission and strategic objectives.

Full time staff range in age from 27 to 45 years of age and consist of 2 female and 3 males. Part-time administration support was provided by a female contractor for part of the reporting period.

RECRUITMENT

To support effective recruitment, the Foundation advertises across various online mediums and not for profit websites. A detailed selection process is adhered to, following the principles of equal opportunity, ensuring an excellent match between the candidate and the Foundation. Once appointed, workplace inductions are provided to all new employees to orientate them to their role and the Foundation's culture and practices.

WORKFORCE PLANNING

As the Foundation operates with a lean operational team, workforce planning has been a priority and where appropriate, focused on cross-skilling.

PERFORMANCE PLANNING AND DEVELOPMENT

The Foundation is committed to fostering a culture that focuses on performance, behaviour and accountability. Individual performance plans for each member of staff align with the Foundation's strategic plan and are reviewed annually.

A review of an individual's performance-to-plan is conducted to ensure that progress is on track, areas of success and achievement are recognised and areas for improvement are identified and acknowledged.

LEARNING AND DEVELOPMENT

Given the Foundation's lean operational structure, providing opportunities to improve the skills of employees is considered particularly important. The internal learning and development opportunities for employees comprise a mixture of on the job training, coaching and mentoring.

The Foundation also supports and provides access to external professional development opportunities for employees covering areas including public health policy and programming, marketing and media training.

The Foundation plans to continue development and implementation of a leadership development framework in 2016-2017.

FLEXIBLE WORK ARRANGEMENTS

The Foundation is conscious of the need for staff to balance work and personal commitments and has processes in place to review all reasonable requests regarding flexible work arrangements. These arrangements include altering start and finish times from time-to-time to accommodate employee needs.

SUPPORT FOR MENTAL AND PHYSICAL WELL-BEING

The Foundation supports and encourages initiatives to create a work environment that improves the mental and physical well-being of employees. Access to supported workplace counseling was introduced in the reporting period.

The Foundation plans to develop and implement additional mental and physical well-being initiatives in 2016-2017.

EARLY RETIREMENT, REDUNDANCY, RETRENCHMENT & VOLUNTARY SEPARATION

The Foundation had 4.5 full time equivalent positions for the 2015-2016 reporting period and there were no cases of early retirement, redundancy, retrenchment or voluntary separation. The permanent retention rate for the reporting period was 78%. The permanent separation rate was 22%.

OPEN DATA

Annual reporting requirements for expenditure on consultancy, overseas travel, Board fees, allowances and on costs will be published on the Queensland government's open data website, available via: www.data.qld.gov.au.

FINANCIAL STATEMENTS

The annual Financial Statements for the HIV Foundation Queensland for the 2015-2016 financial year are included in Appendix 2 of this Annual Report.

GLOSSARY

AIDS	Acquired Immune Deficiency Syndrome
AMS	Aboriginal Medical Service
ART	Anti-Retroviral Treatment/Therapy
ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
BC-CfE	British Columbia Centre for Excellence in HIV/AIDS
CALD	Culturally and Linguistically Diverse Communities
CD4+ cell count	Laboratory based measurement of immune function
CEO	Chief Executive Officer
CHEP	Community HIV Education and Prevention
DoH	Department of Health
GP	General Practitioner
HCC	Health Care Card
HHS	Hospital and Health Services
HIV	Human Immunodeficiency Virus
HIVFQ	HIV Foundation Queensland
MAC	Ministerial Advisory Committee
MOU	Memorandum of Understanding
MSM	Men who have Sex with Men
NAPWHA	National Association of People with HIV Australia
NHMRC	National Health and Medical Research Council
PBS	Pharmaceutical Benefits Scheme
PEP	Post-Exposure Prophylaxis is a month-long course of HIV medication taken after potential exposure to HIV. Studies have shown there is a window of opportunity in the first 72 hours following exposure to HIV, where PEP medications can lessen the risk of HIV infection.
PrEP	Pre-Exposure Prophylaxis is a treatment that works by interfering with HIV's ability to establish itself permanently in the body. PrEP taken daily by HIV negative people at risk of contracting HIV, is highly effective in reducing the onward transmission of HIV.
PLHIV	People living with HIV
POCT	Point of Care Testing
QAO	Queensland Audit Office
QPP	Queensland Positive People
S100 GP	A General Practitioner who is trained and licensed to prescribe ART medications
SAHMRI	South Australian Health and Medical Research Institute
SSO	Safe Sex Only
STI	Sexually Transmissible Infections
TasP	Treatment as Prevention
TGA	Therapeutic Goods Administration
TVC	Television Commercial
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Emergency Fund
WHO	World Health Organization
WOP	Whole of Population

APPENDIX 1: COMPLIANCE CHECKLIST

Summary of requirement		Basis for requirement	Annual report reference
Letter of compliance	<ul style="list-style-type: none"> A letter of compliance from the accountable officer or statutory body to the relevant Minister/s 	ARRs – section 8	Page 3
Accessibility	<ul style="list-style-type: none"> Table of contents Glossary 	ARRs – section 10.1	Page 1 Page 26
	<ul style="list-style-type: none"> Public availability 	ARRs – section 10.2	Page 2
	<ul style="list-style-type: none"> Interpreter service statement 	<i>Queensland Government Language Services Policy</i> ARRs – section 10.3	Page 2
	<ul style="list-style-type: none"> Copyright notice 	<i>Copyright Act 1968</i> ARRs – section 10.4	Page 2
	<ul style="list-style-type: none"> Information Licensing 	<i>QGEA – Information Licensing</i> ARRs – section 10.5	Page 2
	General information	<ul style="list-style-type: none"> Introductory Information 	ARRs – section 11.1
<ul style="list-style-type: none"> Agency role and main functions 		ARRs – section 11.2	Page 4
<ul style="list-style-type: none"> Operating environment 		ARRs – section 11.3	Page 7
Non-financial performance	<ul style="list-style-type: none"> Government’s objectives for the community 	ARRs – section 12.1	Pages 5, 8 - 18
	<ul style="list-style-type: none"> Other whole-of-government plans / specific initiatives 	ARRs – section 12.2	NA
	<ul style="list-style-type: none"> Agency objectives and performance indicators 	ARRs – section 12.3	Page 16 - 18
	<ul style="list-style-type: none"> Agency service areas and service standards 	ARRs – section 12.4	Pages 8 - 18
Financial performance	<ul style="list-style-type: none"> Summary of financial performance 	ARRs – section 13.1	Page 18
Governance – management and structure	<ul style="list-style-type: none"> Organisational structure 	ARRs – section 14.1	Page 19
	<ul style="list-style-type: none"> Executive management 	ARRs – section 14.2	Page 19
	<ul style="list-style-type: none"> Government bodies (statutory bodies and other entities) 	ARRs – section 14.3	NA
	<ul style="list-style-type: none"> <i>Public Sector Ethics Act 1994</i> 	<i>Public Sector Ethics Act 1994</i> ARRs – section 14.4	Pages 19 - 22
	<ul style="list-style-type: none"> Queensland public service values 	ARRs – section 14.5	NA

Summary of requirement		Basis for requirement	Annual report reference
Governance – risk management and accountability	• Risk management	ARRs – section 15.1	Page 22
	• Audit committee	ARRs – section 15.2	Page 23
	• Internal audit	ARRs – section 15.3	Page 23
	• External scrutiny	ARRs – section 15.4	Page 22
	• Information systems and recordkeeping	ARRs – section 15.5	Page 23
Governance – human resources	• Workforce planning and performance	ARRs – section 16.1	Page 24
	• Early retirement, redundancy and retrenchment	Directive No.11/12 <i>Early Retirement, Redundancy and Retrenchment</i> ARRs – section 16.2	Page 25
Open Data	• Consultancies	ARRs – section 17 ARR – section 34.1	Page 25
	• Overseas travel	ARRs – section 17 ARR – section 34.2	Page 25
	• Queensland Language Services Policy	ARRs – section 17 ARR – section 34.3	Page 25
Financial statements	• Certification of financial statements	FAA – section 62 FPMS – sections 42, 43 and 50	Appendix 2
	• Independent Auditors Report	FAA – section 62 FPMS – section 50 ARRs – section 18.2	Appendix 2

FAA Financial Accountability Act 2009

FPMS Financial and Performance Management Standard 2009

ARRs Annual report requirements for Queensland Government agencies

APPENDIX 2: FINANCIAL STATEMENTS



HIV Foundation Queensland Financial Statements

for the year ended 30 June 2016

HIV Foundation Queensland Financial Statements 2015-16

<u>Contents</u>	<u>Page No</u>
Statement of Comprehensive Income	3
Statement of Financial Position	4
Statement of Changes in Equity	5
Statement of Cash Flows	6
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Management Certificate	21
Independent Auditor's Report	22-23

HIV Foundation Queensland
Statement of Comprehensive Income
for the year ended 30 June 2016

		2016	2015
	Notes	\$'000	\$'000
Income			
Funding and other contributions	2	2,522	2,565
Interest		20	20
Rental and Other revenue	3	15	-
Total Income		2,557	2,585
Expenses			
Employee expenses	4	514	396
Supplies and services	6	1,330	1,562
Grants	7	727	480
Depreciation	11	70	22
Other expenses	8	25	10
Total Expenses		2,666	2,470
Operating Result		(109)	115
Total Comprehensive Income		(109)	115

The accompanying notes form part of these statements.

HIV Foundation Queensland

Statement of Financial Position as at 30 June 2016

		2016	2015
	Notes	\$'000	\$'000
Current Assets			
Cash and cash equivalents	9	206	132
Prepayments		10	64
Receivables	10	54	65
Total Current Assets		270	261
Non Current Assets			
Plant and equipment	11	231	279
Total Non Current Assets		231	279
Total Assets		501	540
Current Liabilities			
Payables	12	156	96
Accrued employee benefits	13	20	8
Other liabilities	14	9	9
Total Current Liabilities		185	113
Non Current Liabilities			
Other liabilities	14	38	40
Total Non Current Liabilities		38	40
Total Liabilities		223	153
Net Assets		278	387
Equity			
Accumulated surplus		278	387
Total Equity		278	387

The accompanying notes form part of these statements.

HIV Foundation Queensland

Statement of Changes in Equity for the year ended 30 June 2016

	Accumulated Surplus	TOTAL
	\$'000	\$'000
Balance as at 1st July 2014	272	272
Operating Result	115	115
Balance as at 30 June 2015	387	387
Balance as at 1 July 2015	387	387
Operating Result	(109)	(109)
Balance as at 30 June 2016	278	278

The accompanying notes form part of these statements.

HIV Foundation Queensland

Statement of Cash Flows for the year ended 30 June 2016

		2016	2015
	Notes	\$'000	\$'000
Cash flows from operating activities			
<i>Inflows:</i>			
Funding and other contributions		2,448	2,445
GST collected from customers		2	-
GST input tax credits from ATO		214	170
Interest Received		20	20
Other		15	-
<i>Outflows:</i>			
Employee expenses		(433)	(276)
Supplies and services		(1,218)	(1,540)
Grants		(727)	(480)
GST paid to suppliers		(198)	(231)
GST remitted to ATO		(2)	-
Other		(25)	(2)
Net cash provided by operating activities		96	106
Cash flows from investing activities			
<i>Outflows:</i>			
Payments for plant and equipment		(22)	(257)
Net cash used in investing activities		(22)	(257)
Net increase (decrease) in cash held		74	(151)
Cash and cash equivalents at beginning of financial year		132	283
Cash and cash equivalents at end of financial year	9	206	132

The accompanying notes form part of these statements.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

Note 1:	Basis of Financial Statement Preparation
Note 2:	Funding and Other Contributions
Note 3:	Rental and Other Income
Note 4:	Employee Expenses
Note 5:	Key Management Personnel and Remuneration Expenses
Note 6:	Supplies and Services
Note 7:	Grants
Note 8:	Other Expenses
Note 9:	Cash and Cash Equivalents
Note 10:	Receivables
Note 11:	Plant and Equipment
Note 12:	Payables
Note 13:	Accrued Employee Benefits
Note 14:	Other Liabilities
Note 15:	Commitments for Expenditure
Note 16:	Contingencies
Note 17:	Events After Balance Date
Note 18:	Financial Instruments
Note 19:	Taxation
Note 20:	Insurance

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

1. Basis of Financial Statement Preparation

(a) General Information

These financial statements cover HIV Foundation Queensland.

The HIV Foundation Queensland was established on 1 December 2013 by the Hospital Foundation Act 1982 to improve fund raising capability to address HIV and AIDS related illness.

The agency is controlled by the state of Queensland which is the ultimate parent.

The head office and principal place of business of the agency is:

Level 1, 725 Ann Street
FORTITUDE VALLEY, BRISBANE, QLD 4006

For information in relation to the Foundation's financial statements please email Tony Majer at tony.majer@hivfoundation.org.au.

Amounts shown in these financial statements may not add to the correct sub-totals or total due to rounding.

(b) Compliance with Prescribed Requirements

The financial statements have been prepared in compliance with the Financial Accountability Act 2009, the Financial and Performance Management Standard 2009 and the Australian Charities and Not-for-profits Commission Act 2012 and Regulation 2013.

These financial statements are general purpose financial statements and have been prepared on an accrual basis in accordance with Australian Accounting Standards - Reduced Disclosure Requirements and Interpretations, and Queensland Treasury Tier 2 Financial Reporting Requirements.

With respect to compliance with Australian Accounting Standards and Interpretations, the Foundation has applied those requirements applicable to not-for-profit entities, as the Foundation is a not-for-profit agency. Except where stated, the historical cost convention is used.

(c) Other Presentation Matters

Currency and Rounding

Amounts included in the financial statements are in Australian dollars and have been rounded to the nearest \$1,000 or, where that amount is \$500 or less, to zero, unless disclosure of the full amount is specifically required.

Comparatives

Comparative information reflects the audited 2014-15 financial statements unless restated where necessary to be consistent with disclosures in the current reporting period.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

1. Basis of Financial Statement Preparation (contd)

(d) New and Revised Accounting Standards (Including Early Adoption)

The Foundation did not voluntarily change any of its accounting policies during 2015-16.

There were no Australian Accounting Standard changes mandatorily applicable for the first time as from 2015-16 that had a significant impact on the Foundation's financial statements.

AASB 2015-2 Amendments to Australian Accounting Standards – Disclosure Initiative: Amendments to AASB 101 [AASB 7, AASB 101, AASB 134 & AASB 1049] has been early adopted by the Foundation for 2015-16.

This Standard amends the above Standards and seeks to improve financial reporting by providing flexibility as to the ordering of notes, the identification and location of significant accounting policies, the presentation of sub-totals and clarity on aggregating line items. It also emphasises only including material disclosures in the notes. The foundation has applied this flexibility in preparing the 2015-16 financial statements and co-located significant accounting policies with the breakdown of financial information disclosed in each note.

(e) Authorisation of Financial Statements for Issue

The financial statements are authorised for issue by the Chair and the Chief Executive Officer at the date of signing the management certificate.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

	2016 \$'000	2015 \$'000
2. Funding and Other Contributions		
Program funding	2,444	2,444
Donations	4	1
Services received at below fair value	74	120
Total	2,522	2,565

- * Employee seconded from the Department of Health for part of the financial year.

These program funds have been provided for the purpose of supporting the strategic objective of the Foundation. The accumulated surplus of \$278,000 shown in the Statement of Financial Position represents funds which have not yet been spent in 2015-16 and will be used to continue to drive the delivery of Queensland's HIV response.

Accounting Policy

Funding and contributions that are non-reciprocal in nature are recognised as revenue in the year in which the Foundation obtains control over them (control is generally obtained at the time of receipt). Where the funding received is that is reciprocal in nature, revenue is recognised over the term of the funding arrangements.

3. Rental and Other Income

Included in Rental and Other Revenue is rental income of \$14,880 received from Diverse Voices and Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine under the terms of a Licence to Occupy for part of the Foundation's leased premises.

4. Employee Expenses

Employee Benefits

Wages and salaries	342	200
Board Sitting Fees and Allowances	10	16
Employer superannuation contributions	35	20
Annual leave levy	32	17
Long service leave levy	8	4
Secondment from other Govt Agencies	74	120

Employee Related Expenses

Workers' compensation premium	-	1
Payroll tax	-	(2)
Other employee related expenses	13	20

Total	514	396
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HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

4. Employee Expenses (cont)

The number of employees as at 30 June, including both full-time and part-time employees measured on a full-time equivalent basis reflecting Minimum Obligatory Human Resource Information (MOHRI)) is:

	2016	2015
Number of employees:	5	3

Accounting Policy

Employee benefits

Employer superannuation contributions, annual leave levies and long service leave levies are regarded as employee benefits.

Payroll tax and workers' compensation insurance are a consequence of employing employees, but are not counted in an employee's total remuneration package. They are not employee benefits and are recognised separately as employee related expenses.

Wages, Salaries and Sick Leave

Wages and salaries due but unpaid at reporting date are recognised in the Statement of Financial Position at the current salary rates.

As the Foundation expects such liabilities to be wholly settled within 12 months of reporting date, the liabilities are recognised at undiscounted amounts.

Prior history to date indicates that on average, sick leave taken in each reporting period is less than the entitlement accrued. This is expected to continue in future periods. Accordingly, it is unlikely that existing accumulated entitlements will be used by employees and no liability for unused sick leave entitlements is recognised.

As sick leave is non-vesting, an expense is recognised for this leave as it is taken.

Annual Leave and Long Service Leave

Under the Queensland Government's Annual Leave Central Scheme and Long Service Leave Scheme, a levy is made on the Foundation to cover the cost of employees' annual leave (including leave loading and on-costs) and long service leave. The levies are expensed in the period in which they are payable. Amounts paid to employees for annual leave and long service leave are claimed from the scheme quarterly in arrears.

No provision for annual leave or long service leave is recognised in the foundation's financial statements as the liability is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 Whole of Government and General Government Sector Financial Reporting.

Superannuation

Unless specified otherwise by the employee, employer superannuation contributions are paid to QSuper, the superannuation scheme for Queensland Government employees, at rates determined by the Treasurer on the advice of the State Actuary. Contributions are expensed in the period in which they are paid or payable. The foundation's obligation is limited to its contribution to QSuper or other nominated fund.

The QSuper scheme has defined benefit and defined contribution categories. The liability for defined benefits is held on a whole-of-government basis and reported in those financial statements pursuant to AASB 1049 Whole of Government and General Government Sector Financial Reporting.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

5. Key Management Personnel and Remuneration Expenses

(a) Remuneration and Allowances of board members for the year ended 30 June was as follows:

Name	Appointment Authority	Appointment Date:	2016 \$'000	2015 \$'000
Dr Darren Russell (Chair)	All board members are appointed in accordance with the Hospitals Foundations Act 1982.	1 December 2013	1	1
Candi Forrest		1 December 2013	1	3
Professor Jeffrey Gow		1 December 2013	5	4
Dave Graham		1 December 2013	2	2
Penny Kenchington		1 December 2013	*	1
Elisha McGuinness		1 December 2013	-	*
Simon O'Connor		1 December 2013	1	5
Dr. Andrew Redmond		1 December 2013	-	*
Total paid:				10

* Individual remuneration and allowances to these Board members is below \$500 each.

Remuneration shown represents the fees and allowances for Board Members that are set by the Queensland Government under the Part-Time Chairs and Members of Government Boards, Committees and Statutory Authorities schedule.

Board members who are employed by the Queensland Department of Health do not receive fees or allowances where meetings are held during normal work hours. Remuneration shown does not include superannuation (2016: \$816 in total across all Board members, 2015: \$1,222 in total across all Board members).

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

5. Key Management Personnel and Remuneration Expenses (cont)

(b) Key Management Personnel

The following details for key management personnel include those positions that had authority and responsibility for planning, directing and controlling the activities of the Foundation during 2015-16.

Position	Responsibilities	Current Incumbents	
		Contract classification and appointment authority	Date appointed to position
Chief Executive Officer	Performing and/or overseeing all necessary operational tasks for the Foundation. Providing regular reporting to the Board in relation to operational tasks. Monitoring progress by the Foundation against its strategic, operational and staffing plans.	Board appointment in accordance with the <i>Hospitals Foundations Act 1982</i> .	17 March 2014

(c) Remuneration Expenses

Remuneration policy for the Foundation's key management personnel is specified in an employment contract. No motor vehicle has been provided. A car park on site is provided.

The following disclosures focus on the expenses incurred by the Foundation during the respective reporting periods, that is attributable to key management positions. Therefore, the amounts disclosed reflect expenses recognised in the Statement of Comprehensive Income.

Remuneration expenses for key executive management personnel comprise the following :-

Short term employee expenses which include:

- salaries, allowances and leave entitlements earned and expensed for the entire year or for that part of the year during which the employee occupied the specified position
- non-monetary benefits - consisting of provision of car parking.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

5. Key Management Personnel and Remuneration Expenses (cont)

(c) Remuneration Expenses (cont)

- Long term employee benefits include amounts expensed in respect of long service leave
- Post-employment benefits include amounts expensed in respect of employer superannuation obligations.
- Termination benefits are not provided for within individual contracts of employment. Contracts of employment provide only for notice periods or payment in lieu of notice on termination, regardless of the reason for termination.

1 July 2015 – 30 June 2016

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses	Non-Monetary Benefits	\$'000	\$'000	\$'000	\$'000
	\$'000	\$'000				
Chief Executive Officer	160	3	3	14		180
Total Remuneration	160	3	3	14	-	180

1 July 2014 – 30 June 2015

Position	Short Term Employee Expenses		Long Term Employee Expenses	Post-Employment Expenses	Termination Benefits	Total Expenses
	Monetary Expenses	Non-Monetary Benefits	\$'000	\$'000	\$'000	\$'000
	\$'000	\$'000				
Chief Executive Officer	157	3	3	14	-	177
Total Remuneration	157	3	3	14	-	177

(d) Performance Payments

No performance payments were made to the Key Management of the Foundation.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

		2016	2015
		\$'000	\$'000
6. Supplies and Services			
Campaign Advertising, Marketing and Promotion		619	875
Property Lease Rental	(a)	178	178
Consultants and contractors	(b)	150	100
Sponsorships	(c)	82	42
Administration costs		102	71
Corporate service charges		46	53
Travel - domestic		35	21
Property - Parking		34	34
Conferences and Workshops Hosted		30	80
Communications		19	17
Repairs and maintenance		13	3
Minor plant and equipment		9	45
Travel - overseas	(d)	5	37
Information technology		4	3
Catering		4	3
Total		1,330	1,562

- (a) A portion of the office space leased by the Foundation is provided at no charge for use by Queensland Positive People's RAPID program under the terms of a Memorandum of Understanding. The notional cost of providing this space was \$95,278 for 2015/16 (\$95,278 for 2014/15). The notional cost of providing car parking for this program was \$10,296 for 2015/16 (\$10,296 for 2014/15).
- (b) 2016 Consultants and Contractors expenditure included: Campaign Research \$47,000, Fundraising \$84,025 Legal \$935, Temporary Administration Staff \$17,681.
- (c) 2016 Sponsorship Expenditure included: Australasian HIV&AIDS Conference Scholarship Program \$33,566, Positive Leadership Development Institute \$10,000, Marketing opportunities \$38,864.
- (d) 2016 International AIDS Conference: Two Foundation Board members.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

	2016 \$'000	2015 \$'000
7. Grants		
Workshop and Program Grants	188	12
Research Project Grants	539	468
Total	727	480
8. Other Expenses		
External audit fees	7	10
Return of Funding to Department of Health	18	-
Total	25	10
• Total audit fees paid to the Queensland Audit Office as follows: 2015-16 financial statements \$7,000 accrued, 2014-15 financial statements \$7,000 paid.		
9. Cash and Cash Equivalents		
Cash at Bank	206	132
	206	132

Accounting Policy

Cash and cash equivalents include all cash and cheques receipted but not banked at 30 June as well as deposits at call with financial institutions.

10. Receivables		
GST receivable	49	65
	49	65
Annual leave reimbursements	5	-
Total	54	65

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

	2016 \$'000	2015 \$'000
11. Plant and Equipment and Depreciation Expense		
<i>Plant and Equipment</i>		
At cost	323	301
Less: Accumulated depreciation	(92)	(22)
Total	231	279

Plant and Equipment Reconciliation

Reconciliations of the carrying amounts of each class of plant and equipment at the beginning and end of the current reporting period.

	<i>Plant and Equipment</i>	<i>WIP</i>	<i>Total</i>
	2016 \$'000	2016 \$'000	2016 \$'000
Carrying amount at 1 July	279	-	279
Acquisitions	22	-	22
Disposals	-	-	-
Transfers	-	-	-
Depreciation for period	(71)	-	(71)
Carrying amount at 30 June	231	-	231

Accounting Policy

Acquisition of Assets

Actual cost is used for the initial recording of all non-current physical asset acquisitions. Cost is determined as the value given as consideration plus costs incidental to the acquisition, including all other costs incurred in getting the assets ready for use. However, any training costs are expensed as incurred.

Recognition Thresholds

Items of plant and equipment with a cost or other value equal to or in excess of \$5,000 are recognised for financial reporting purposes in the year of acquisition. Items with a lesser value are expensed in the year of acquisition.

Subsequent Measure

Plant and equipment is measured at cost in accordance with the Non-Current Asset Policies for the Queensland Public Sector. The carrying amounts for plant and equipment at cost should not materially differ from their fair value.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

11. Plant and Equipment and Depreciation Expense (cont)

Depreciation of Plant and Equipment

Plant and equipment is depreciated on a straight-line basis so as to allocate the net cost or revalued amount of each asset, less its estimated residual value, progressively over its estimated useful life to the Foundation.

For each class of depreciable asset, where held, the following depreciation rates are used:

Class	Rate %
Plant and Equipment:	
• Office Fitout - Stage 1	20
• Office Fitout - Stage 2	25
• Office Fitout - Stage 3	30.77

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

	2016 \$'000	2015 \$'000
12. Payables		
Trade creditors	104	65
Accrued expenses	52	31
Total	156	96

Accounting Policy

Trade creditors are recognised upon receipt of the goods or services ordered and are measured at the agreed purchase/contract price, gross of applicable trade and other discounts. Amounts owing are unsecured and are generally settled on 30 day terms.

13. Accrued Employee Benefits

Salary and wage related	7	2
Annual leave levy payable	10	5
Long service leave levy payable	3	1
Total	20	8

14. Other Liabilities

Current

Lease incentive	9	9
Total	9	9

Non-current

Lease incentive	18	28
Deferred lease	20	12
Total	38	40

Accounting Policy

A distinction is made in the financial statements between finance leases that effectively transfer from the lessor to the lessee substantially all risks and benefits incidental to ownership, and operating leases, under which the lessor retains substantially all risks and benefits.

Operating lease payments are recognised on a straight line basis over the lease term. The difference between the expense and the cash payment is recognised as a deferred lease liability. Incentives received on entering into operating leases are recognised as liabilities. Lease payments are allocated between rental expense and reduction of the liability.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2016

15. Commitments for Expenditure

Non-cancellable Operating Leases

Commitments under operating leases at reporting date (inclusive of non-recoverable GST input taxed credits) are payable:

Not later than one year	244	234
Later than one year and not later than five years	496	740
Total	740	974

16. Contingencies

A bank guarantee in the sum of \$63,125.33 was provided on 31 July 2014 in favour of Sunguard Availability Services QLD DC1 Pty Limited ACN 158 997 365. This bank guarantee was provided by way of a security deposit for the HIV Foundation's lease of premises in Fortitude Valley and constitutes an amount equal to four (4) months' rent (plus GST). No lease defaults have occurred and we do not expect that the guarantee will be called upon. The guarantee is therefore not recognised on the Statement of Financial Position.

17. Events After Balance Date

There were no significant events occurring after balance date.

18. Financial Instruments

The financial instruments held by the Foundation are limited to cash, trade receivables and trade creditors.

Financial assets and financial liabilities are recognised in the Statement of Financial Position when the Foundation becomes party to the contractual provisions of the financial instrument.

19. Taxation

The Foundation is exempted from income tax and other forms of Commonwealth taxation with the exception of Goods and Services tax (GST) under the Income Tax Assessment Act 1936. The Foundation is also endorsed as a Health Promotion Charity which provides it an exemption from Fringe Benefits Tax (FBT) under the Fringe Benefits Tax Assessment Act 1986. GST credits receivable from- and GST payable to the ATO- are recognised.

20. Insurance

The Foundation's risks are insured through Ansvr Insurance Ltd, premiums being paid on a risk assessment basis. In addition, the Foundation pays premiums to WorkCover Queensland in respect of its obligations for employee compensation.

**Management Certificate
for The HIV Foundation Queensland.**

These general purpose financial statements have been prepared pursuant to section 62(1)(a) of the *Financial Accountability Act 2009* (the Act), section 43 of the *Financial and Performance Management Standard 2009*, the *Australian Charities and Not-for-profits Commission Act 2012 and Regulation 2013* and other prescribed requirements. In accordance with section 62(1)(b) of the Act and 60.15 of the *Australian Charities and Not-for-profits Commission Regulation 2013* we certify that in our opinion:

- (a) the prescribed requirements for establishing and keeping the accounts have been complied with in all material respects; and
- (b) the financial statements have been drawn up to present a true and fair view, in accordance with prescribed accounting standards, and Australian Charities and Not-for-profits Commission Act 2012, of the transactions of the HIV Foundation Queensland for the year ended 30 June 2016 and of the financial position of the entity at the end of that period; and
- (c) these assertions are based on an appropriate system of internal controls and risk management processes being effective, in all material respects, with respect to financial reporting throughout the reporting period; and
- (d) there are reasonable grounds to believe that the HIV Foundation Queensland is able to pay all of its debts, as and when they become due and payable.



Dr Darren Russell
Chair

Date:

15/08/2016



Tony Majer
Chief Executive Officer

Date:

15/08/2016

AUDITOR'S INDEPENDENCE DECLARATION

To the Board of HIV Foundation Queensland

This auditor's independence declaration has been provided pursuant to section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012*.

Independence Declaration

As lead auditor for the audit of HIV Foundation Queensland for the year ended 30 June 2016, I declare that, to the best of my knowledge and belief, there have been –

- a) no contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* in relation to the audit; and
- b) no contraventions of any applicable code of professional conduct in relation to the audit.



D J OLIVE FCPA
as Delegate of the Auditor-General of Queensland



Queensland Audit Office
Brisbane

INDEPENDENT AUDITOR'S REPORT

To the Board of HIV Foundation Queensland

Report on the Financial Report

I have audited the accompanying financial report of HIV Foundation Queensland, which comprises the statement of financial position as at 30 June 2016, the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes to the financial statements including significant accounting policies and other explanatory information, and certificates given by the Chair and Chief Executive Officer.

The Board's Responsibility for the Financial Report

The Board is responsible for the preparation of the financial report that gives a true and fair view in accordance with prescribed accounting requirements identified in the *Financial Accountability Act 2009*, the *Financial and Performance Management Standard 2009* and the *Australian Charities and Not-for-profits Commission Act 2012*, including compliance with the Australian Accounting Standards – Reduced Disclosure Requirements. The Board's responsibility also includes such internal control as the Board determines is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

My responsibility is to express an opinion on the financial report based on the audit. We conducted the audit in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. Those standards require compliance with relevant ethical requirements relating to audit engagements and that the audit is planned and performed to obtain reasonable assurance about whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation 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 entity's internal control, other than in expressing an opinion on compliance with prescribed requirements. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Board, as well as evaluating the overall presentation of the financial report including any mandatory financial reporting requirements approved by the Treasurer for application in Queensland.

I believe that the audit evidence obtained is sufficient and appropriate to provide a basis for my audit opinion.

Independence

The *Auditor-General Act 2009* promotes the independence of the Auditor-General and all authorised auditors. The Auditor-General is the auditor of all Queensland public sector entities and can be removed only by Parliament.

The Auditor-General may conduct an audit in any way considered appropriate and is not subject to direction by any person about the way in which audit powers are to be exercised. The Auditor-General has for the purposes of conducting an audit, access to all documents and property and can report to Parliament matters which in the Auditor-General's opinion are significant. In conducting our audit, we have complied with the independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012*.

Opinion

In accordance with s.40 of the *Auditor-General Act 2009* and Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012* –

- (a) I have received all the information and explanations which I have required; and
- (b) in my opinion –
 - (i) the prescribed requirements in relation to the establishment and keeping of accounts have been complied with in all material respects; and
 - (ii) the financial report presents a true and fair view, in accordance with the prescribed accounting standards – Reduced Disclosure Requirements and the *Australian Charities and Not-for-profits Commission Regulation 2013*, of the transactions of HIV Foundation Queensland for the financial year 1 July 2015 to 30 June 2016 and of the financial position as at the end of that year.

Other Matters - Electronic Presentation of the Audited Financial Report

Those viewing an electronic presentation of these financial statements should note that audit does not provide assurance on the integrity of the information presented electronically and does not provide an opinion on any information which may be hyperlinked to or from the financial statements. If users of the financial statements are concerned with the inherent risks arising from electronic presentation of information, they are advised to refer to the printed copy of the audited financial statements to confirm the accuracy of this electronically presented information.



D J OLIVE FCPA
as Delegate of the Auditor-General of Queensland



Queensland Audit Office
Brisbane