

HIV
FOUNDATION
QUEENSLAND



ANNUAL REPORT 2016 | 2017

Prevention

Testing

Treatment

Research

Stigma & Discrimination

END HIV Campaign

Your feedback is valued. Any comments you have may be made by contacting us at:

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Refer to <https://data.qld.gov.au/> for additional information that the HIV Foundation is required to make available online.

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Letter of compliance

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

6 September 2017

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 2016-2017 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 (Commonwealth)* and *Regulation 2013 (Commonwealth)*, 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 page 39 of this Annual Report.

Yours sincerely,



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

General Information

Chief Executive Officer's Report

Since 2012, the landscape for Queenslanders at risk of, and living with HIV, has undergone constant change. In many ways these changes have resulted in significant improvements. The 2016-17 reporting period was no exception.

With the expanded QPrEPd study, Queenslanders now have access to a full suite of biomedical HIV prevention tools including PEP and PrEP. We have also witnessed a significant shift in community understanding of the importance of treatment to prevent onward transmission. Put simply, someone living with HIV with an undetectable viral load poses no risk of passing the virus on during sex. These treatment as prevention (TasP) strategies have been at the core of our work since December 2013 and were championed again during the *2016 Queensland TasP Roadshow*.

Our commitment to increase testing rates has delivered significant results. Data from the *Gay Community Period Survey: Queensland 2016* (GCPS) show the number of people reporting being tested at the highest level ever seen, along with an increase in the frequency of testing. Our partnership with Queensland Positive People (QPP) saw more than 3,300 rapid HIV tests conducted by the RAPID program this year, making it Queensland's busiest HIV testing service.

The GCPS also reported a record 96% of HIV-positive men taking combination antiretroviral treatment, with most also reporting an undetectable viral load.

The significant progress we have made in both stimulating and maintaining a high standard of Queensland led HIV related research was acknowledged by stakeholders in the *HIV Foundation Future Directions Report*, with our engagement also seen as critical for enabling research projects to be funded in a timely manner and in a way that is responsive to community needs.

We delivered two significant pieces of work targeting HIV stigma & discrimination: *The Real Conversations of Grindr* and *Kokoda+ Stronger Than You Think*; and supported the release of QPP's *Talking About HIV Stigma* films. Despite the success of these initiatives, we are yet to see the same progress in addressing stigma and discrimination, as we have seen in prevention, testing and treatment.

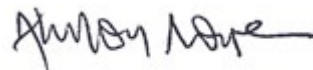
Our core values of being innovative and responsive were recognised by stakeholders in the *HIV Foundation Future Directions Report*, where it was widely thought that the level of innovation and progressiveness of the programs supported by us could not have been as quickly or effectively implemented if these programs were coordinated, managed or delivered by the Department of Health.

As outlined in this Annual Report, 2017-18 will see the Foundation's work fall under the responsibility of Queensland's new Sexual Health Ministerial Advisory Committee and the Department.

Accordingly, this 2016-17 Annual Report will mark the Foundation's third and final full year of operation.

Our achievements would not have been possible without the meaningful partnerships that have been established with clinicians, researchers, community based organisations and people living with HIV.

I would take this opportunity to thank all those who have partnered with us over the past three years.



Tony Majer, Chief Executive Officer

General Information (cont)

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

An end to HIV transmission, stigma and discrimination in Queensland by 2020

Our Mission

Reduce HIV transmission through achieving the United Nations 90-90-90 targets by 2020:

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

Our Strategic Objectives

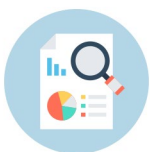
In addition to providing independent advice to the Minister for Health and Minister for Ambulance Services (the Minister) on HIV prevention, testing and treatment, the core objectives of the Foundation during the reporting period were to:



Provide leadership, coordination and support to Queensland's public health response to HIV



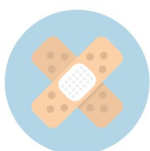
Coordinate HIV campaigns and build support for the Foundation and the HIV sector



Facilitate and support the growth of Queensland led HIV & STI research and programs



Build strong governance, management and organisational health



Facilitate improved access to community based testing and treatment in Queensland.

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 Department of Health's funding cycles. These opportunities provide 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.

General Information (cont)

Operating Environment

The 2016-17 reporting period saw the announcement of significant change for sexual health policy in Queensland affecting both the HIV sector and the future of the Foundation.

Service Agreement with Department of Health

Following the release of the *Queensland Sexual Health Strategy 2016-2021* and the associated *HIV Action Plan*, on 21 December 2016, the Minister announced that the service agreement between the Department of the Health (the Department) and the Foundation would not be renewed after its conclusion on 30 June 2017.

In response to the Minister, the Foundation provided an assurance that we would continue to deliver on the obligations contained in the service agreement and work with the Department regarding any transitional issues that may arise.

The Foundation Board and operational team have delivered on this assurance and made substantial progress toward achieving both our statutory obligations and strategic goals during the reporting period.

HIV Policy Advice

Queensland's new *Sexual Health Ministerial Advisory Committee* was established in early June 2017. This committee's role will encompass HIV policy advice previously provided by the Foundation.

On 30 June 2017, the Foundation wrote to the Minister advising that an appropriate course of action would be for the Foundation to be closed. It is anticipated that the Foundation will cease operations by 30 September 2017 and be abolished pursuant to the *Hospitals Foundations Act 1982* at an appropriate time thereafter.

Accordingly, key plans and priorities for the 2017-18 reporting period will focus on meeting all of the reporting and compliance obligations required prior to abolition.

Machinery of Government Changes

Although there were no machinery of government changes affecting the activities of the Foundation during the reporting period, the procurement of services previously undertaken by us was transferred to the Department from 1 July 2017.

Board Meeting Dates



Non-Financial Performance

Alignment with Strategic Landscape

Queensland Sexual Health Strategy 2016-2021

The Foundation's programs and initiatives align with the priority actions detailed in this strategy:

- 1 Improving community awareness, information and prevention across the lifespan.
- 2 Improving education and support for children and young people.
- 3 Respond to the needs of specific population groups.
- 4 Improving the service system.

Queensland HIV Action Plan 2016-2021

The Foundation's programs and initiatives also align with the five strategic outcome areas and priority actions as detailed in the action plan:

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

Alignment with Government's Objectives

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

Delivering quality frontline services

HIV Foundation Queensland funds Queensland led research and programs to improve Queensland's HIV public health response

Building safe, caring & connected communities

HIV Foundation Queensland provides access to emergency HIV treatment and care for Queenslanders experiencing financial hardship

Queensland HIV Surveillance Report

The Queensland HIV Surveillance Report is published annually. The 2015 report can be found at:

https://www.health.qld.gov.au/_data/assets/pdf_file/0031/465079/hiv-in-queensland-2015.pdf

The Queensland HIV Surveillance Report 2016 is expected to be published in late 2017.

Non-Financial Performance (cont)

Key Activities and Programs

The index below provides a summary of key activities and programs delivered, supported or initiated by the Foundation in achieving our strategic objectives in 2016-17.

Further details for each activity or program can be found from pages 10 to 25.

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- Universal access to HIV treatment
- Post Glasgow HIV Therapy Meeting

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END HIV Campaign

- 2016-17 Campaign
- Campaign Evaluation

Prevention

Queensland HIV Treatment as Prevention (TasP) Roadshow

In July and August 2016, the Foundation facilitated the *Queensland HIV Treatment as Prevention Roadshow 2016: A new era of HIV prevention and treatment.*

The roadshow included a series of accredited meetings alongside additional meetings with Aboriginal Medical Services in eight locations across the state. These meetings provided a unique opportunity for a wide variety of people to be updated on state, national and international



policy and clinical developments in this rapidly evolving landscape.

Key speakers from the following organisations presented at the meetings:

- BC Centre for Excellence in HIV/AIDS (BC-CfE).
- Positive Living British Columbia.
- South Australian Health and Medical Research Institute (SAHMRI).
- Royal Brisbane and Women’s Hospital.
- Queensland Positive People (QPP).
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM).
- Cairns Sexual Health Clinic.

The aim of the meetings was to increase support and facilitate the progression of TasP in Queensland (early diagnosis and treatment, PrEP and PEP) through the strengthening of regional and state wide networks.

A wide range of health, policy and community staff were engaged across the state with approximately 350 people attending the meetings. Holding the meetings in regional areas was highly valued as they facilitated the strengthening of local networks with pharmacists, psychologists and staff from Emergency Departments joining established networks.

Key outcomes of the meetings from the evaluation responses included:

- Raised awareness of TasP and links to the UN 90-90-90 targets and reducing new transmission of HIV.
- Significant increases in positive opinions about the benefits of TasP strategies.
- Significant increases in comfort levels to recommend/advocate/prescribe early treatment, PrEP and PEP.
- Increased understanding of plans for the expansion of PrEP via QPrEPd.
- Increased understanding of the role of peer navigation and case management models to improve engagement in care and support adherence.

TasP ROADSHOW 2016 LOCATIONS & DATES	
Brisbane:	25 July
Gold Coast:	26 July
Toowoomba:	27 July
Sunshine Coast:	28 July
Cairns:	1 August
Townsville:	2 August
Rockhampton:	3 August
Bundaberg:	4 August

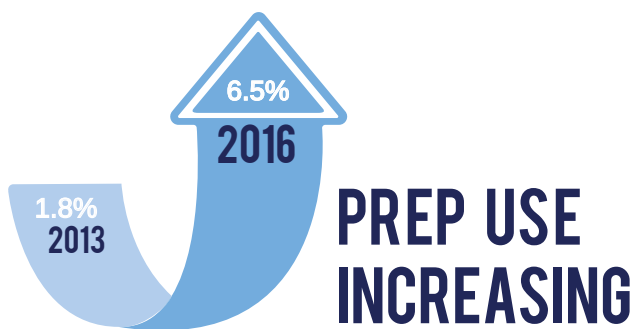
HIV Pre-exposure Prophylaxis (PrEP)

PrEP is a prevention strategy where an HIV-negative person takes a pill daily before exposure to HIV.

In November 2016 Queensland's QPrEPd Study commenced enrollment for up to 2,000 participants. The Foundation has continued to provide support to the QPrEPd Study through:

- Participation on the QPrEPd Study Implementation Committee and provision of policy support.
- Provision of updates to participants and the community through electronic direct mail.
- Support for the development of Red Cap training manuals for trial sites.
- Development of QPrEPd Participant Cards.
- Design and supply of 115 promotional t-shirts to study sites across Queensland.
- Provision of free condoms to study sites.

The Foundation funded Dr Darren Russell to attend a national meeting on PrEP in Sydney to assist Gilead with their application to the Pharmaceutical Benefits Advisory Committee.



Gay Community Periodic Survey: Queensland 2016: % of men reporting use of PrEP by non-HIV-positive men in the last six months

HIV Post-exposure Prophylaxis (PEP)

PEP is a prevention strategy where an HIV-negative person takes HIV treatment after exposure to HIV.

The Foundation has supported a number of activities to improve access to HIV PEP.

Following the release of the revised National PEP Guidelines, the Foundation worked with nursing and pharmacist champions to develop and distribute PEP resource folders to all Queensland hospitals dispensing PEP starter packs.

Considerable time and resources were directed towards investigating:

- Alternative models of care for the out-of-hours access to PEP through Queensland public hospital emergency departments.
- Development of a PEP training video for emergency department staff for in-service and medical orientation sessions to address the insatiable need for regular and ongoing training.

Unfortunately, these projects could not be progressed due to the decision not to renew the Foundation's service agreement with the Department of Health.

Condom Distribution Program

Condoms are still the most effective way to protect against HIV and other STIs, as well as unwanted pregnancies.

People living in rural and remote areas, particularly young people, often avoid purchasing condoms locally due to fear or embarrassment. Financial constraints may also influence people’s decisions whether to buy condoms or not. Many health services across the state are no longer providing access to free condoms.

The Foundation expanded its free condom distribution and outreach program during the reporting period, with a particular focus on high priority target populations and people living in rural, regional and remote Queensland.

The objectives of the condom program have been to:

- Improve access and increase distribution of condoms through postal distribution across Queensland; and
- Increase distribution and uptake of condoms at community-based events and through outreach activities, community partners, health services, universities and general practitioners.

The Foundation would like to acknowledge the generous support of the ANZ Staff Foundation toward the condom distribution program.

Condom Distribution Program Results 2016-2017



**REGULAR
CONDOMS**



**INTERNAL
CONDOMS**



**DENTAL
DAMS**

Testing

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

Community Based HIV Point of Care testing

A total of 4,109 HIV point of care tests (POCT) were conducted in community based settings in 2016-2017, representing the highest result seen since testing commenced in 2014.

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

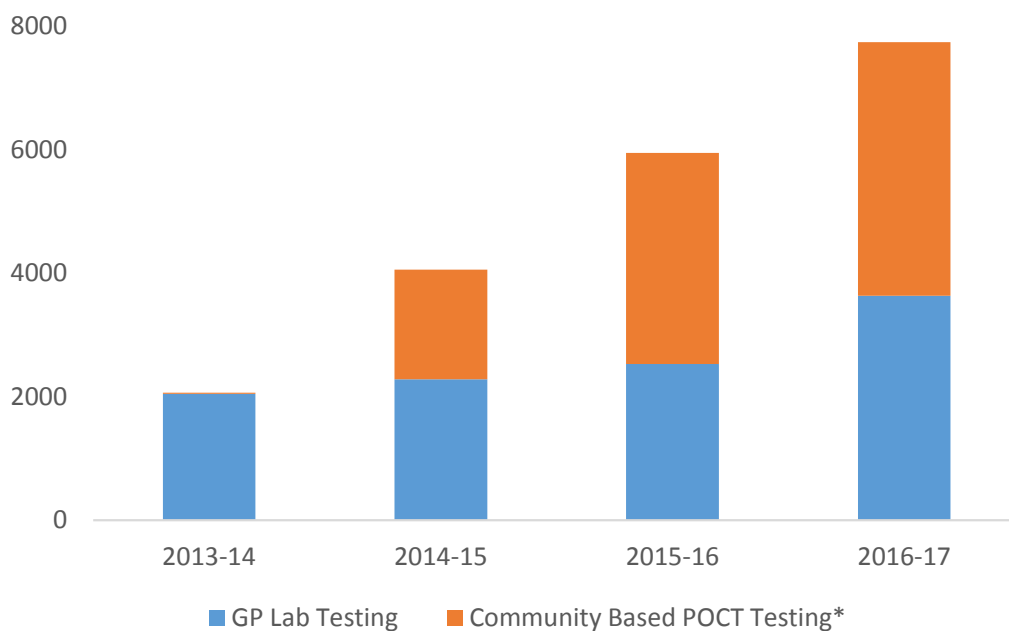
HIV Lab Testing

The Foundation has collected HIV lab testing data from three key gay friendly/high HIV case load Brisbane GP sites since 2013.

The number of tests performed at these key sites increased from 2,049 tests in 2013-14 to 3,636 tests in 2016-17.

This data is incredibly valuable given that HIV lab testing data is not reported on in Queensland and can be used to observe testing trends in combination with the Department of Health HIV POCT data.

HIV Testing: 2013-2017



*HIV POCT in Queensland - Queensland Department of Health

RAPID Program

RAPID is a community-based peer-led testing program operated by QPP, in partnership with the Foundation under the terms of an agreed Memorandum of Understanding (MOU).

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.

Under the terms of the MOU, the Foundation provided direct funding to RAPID of \$135,000 and in-kind support in excess of \$150,000 that included payments for premises, syphilis testing and marketing costs.

In a recent evaluation undertaken by Enhance Research, the RAPID marketing campaign that was designed and managed by the Foundation had the highest recall of any campaign material. This targeted and effective advertising has contributed to the success of RAPID with record numbers of people attending the service.

During the reporting period, 3,394 of the 4,109 community based rapid HIV tests conducted in Queensland (82%) were carried out via the RAPID program, making RAPID Queensland’s busiest HIV testing service.

RAPID University Testing Pilot Program

This 12 month pilot program funded by the Foundation enabled RAPID to conduct HIV and other STI testing at the University of Queensland.

Young people between the ages of 17-24 were the vast majority of clients tested, with approximately 62% of those tested being male and 39% identifying as being gay or bisexual. 46% of those tested were Medicare ineligible, with several of the countries of birth being high HIV prevalence countries.

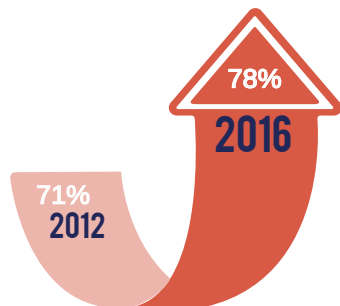
An evaluation of the pilot program has been completed and a report, including a description of the key issues and recommendations for the future, has been provided to the Department.

A key recommendation from the evaluation was that a peer testing point of care model for HIV and other STIs at university settings should be considered under the *Queensland Sexual Health Strategy 2016 - 2021*.

RAPID FREE 10 MIN HIV TESTING

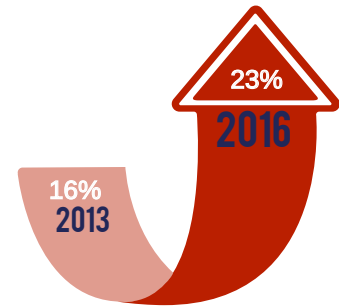
RAPID WITHOUT THE FULL Q&A

MORE PEOPLE TESTING



Gay Community Periodic Survey: Queensland 2016: % of HIV negative men who reported testing in the 12 months prior to the survey.

TESTING MORE OFTEN



Gay Community Periodic Survey: Queensland 2016: % of men who reported three or more HIV tests in the previous year.

Treatment

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 three year 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 HIV treatment as prevention (TasP).

Two representatives from the BC-CfE team visited Queensland as key speakers for the Queensland TasP Roadshow.

Peer navigation for Medicare ineligible PLHIV

This 12 month pilot program was funded by the Foundation in response to Medicare ineligible (MI) PLHIV experiencing significant and ongoing challenges accessing and navigating the health system. Led by QPP and integrated into their Life+ Program and Peer Navigation services, this pilot program enabled MI PLHIV to access early and sustained HIV therapy.

A significant outcome of this program was that 100% of all MI PLHIV supported by the peer navigators were engaged in clinical care and commenced treatment within three (3) months of their HIV diagnosis. Early treatment was facilitated with ten (10) MI PLHIV and clients were seamlessly supported with accessing the health system and HIV services.

The success of this pilot program was further validated with client feedback received from a number of PLHIV who self-identified as being at high risk of disengaging from clinical services prior to engaging in the pilot program. Individual health literacy and self-management skills of MI PLHIV clients was improved, with clients reporting improved mental and overall health and well-being, increased confidence, feeling empowered and self-sufficiency, reduced anxiety about onward transmission and feeling supported in synthesising their HIV diagnosis into their everyday lives.

An evaluation of the pilot program has been completed and an evaluation report, including a description of the key issues and recommendations for the future, has been provided to the Department.

Following a review of the recommendation in the evaluation, the Foundation has provided funding for this program to continue until June 2018.

HIV Emergency Treatment Fund

The Foundation funded the establishment of an HIV Emergency Treatment Fund (ETF) in response to a small but consistent number of PLHIV (both Medicare ineligible and eligible) experiencing significant financial stress/crisis resulting in delayed, disruption or risk of cessation of HIV treatment. The fund has provided payment for clinical care consultations, pathology tests and HIV medication co-payments.

The ETF has provided essential support during a time of financial crisis for PLHIV, many with particularly complex needs. Eight (8) PLHIV, who were at risk of delaying or interrupting their treatment regime were supported to be able to commence and continue HIV treatment. This commitment to early and ongoing treatment has supported the improvement of health outcomes for individual PLHIV, and prevented the onward transmission of HIV through PLHIV maintaining a sustained undetectable viral load.

An evaluation of the pilot program has been completed and an evaluation report, including a description of the key issues and recommendations for the future, has been provided to the Department.

Following a review of the recommendation in the evaluation, the Foundation has provided funding for this program to continue until June 2018.

Universal access to HIV treatment

The Foundation in collaboration with QPP and the Queensland HIV/STI Professorial Chair, developed and submitted a position paper and cost projections to provide universal access to treatment for all Queenslanders. The paper urged the Queensland Government to demonstrate leadership toward ending HIV-related morbidity, mortality and new HIV transmissions by:

- removing co-payments for HIV medications to provide universal access to HIV treatments in Queensland; and
- enacting a Health Service Directive where all PLHIV, regardless of Medicare eligibility, have access to HIV treatment, services and pathology tests with no out-of-pocket expenses to the patient, as is currently in place for access to Tuberculosis services in Queensland.

The Foundation engaged with the University of Southern Queensland to model the associated cost projections for the provision of universal access to treatment.

A copy of the full position paper can be found at:

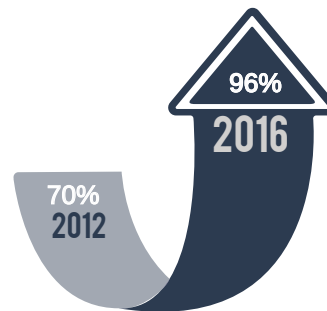
<http://hivfoundation.org.au/sites/default/files/0930%20Position%20Paper%20-%20Universal%20Access%20to%20HIV%20Treatment.pdf>

Post Glasgow HIV Therapy Meeting

The Glasgow HIV Drug Therapy meeting is an annual forum for objective scientific assessment of new drug treatments and therapeutic strategies for physicians, healthcare providers and researchers. On 5 December 2016, the Foundation in partnership with Gilead Inc. hosted a *Post Glasgow HIV Therapy Meeting* in Brisbane.

The key speaker at the meeting was Dr Jonathan Schapiro, a world renowned clinician who has devoted his career to HIV clinical care, research and education and serves as a member of the World Health Organisation Global HIV Drug Resistance Network Steering Group.

Dr Schapiro presented on new developments in HIV treatment and viral resistance. Approximately 20 HIV and sexual health specialists attended the event.



MORE PEOPLE ON TREATMENT

Gay Community Periodic Survey: Queensland 2016: % of HIV-positive men on antiretroviral treatment.

Research

HIV Research Grants: Current

In May 2017, two (2) of the HIV research projects that commenced in 2015 were approved for year 3 funding on the basis of satisfactory progression to important research findings:

Project Title	Lead Organisation	Lead Investigator	Partner Organisations
'Yes' to recreational drugs but 'no' to life-saving medications: unpacking paradoxical attitudes about treatments to improve medication adherence	Griffith University	Prof. David Plummer	Gold Coast Sexual Health Clinic
Factors influencing the HIV testing to treatment trajectory within a Queensland context	University of Queensland	Dr Lisa Fitzgerald	Metro North Public Health Unit Queensland Positive People Monash University University of New South Wales

In late October 2016, the Foundation welcomed applications from interdisciplinary 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 ongoing gap analysis of the Queensland HIV Strategy and Action Plan with stakeholders and the North Queensland Research Meeting.

From February-June 2017, a further seven (7) HIV research projects were approved and funding released for a 12 month period:

Project Title	Lead Organisation	Lead Investigator	Partner Organisations
GeneXpert Pooling Verification	University of Queensland	Dr Owain Williams	Metro North Public Health Unit Queensland Positive People
A community based intervention to increase HIV knowledge and prevention practices in gender variant and sexually diverse young people in Queensland	University of Queensland	Dr Lisa Fitzgerald	Open Doors Youth Service University of Glasgow
PoCT (Point of Care) HIV Testing at After-hours SOPV Theme Parties – Project Expansion to include additional STI screening and qualitative interviews	University of Southern Queensland	Dr Amy Mullens	Queensland Positive People
Pilot and Evaluate Integrated HIVST Service Delivery in Queensland for Policy and Service Development – Project Extension	University of Queensland	Dr Owain Williams	Metro North Public Health Unit Queensland Positive People
Improving monitoring and management of cardiovascular and renal risk factors in HIV positive clients attending the Cairns Sexual Health Service	Cairns Sexual Health Service	Dr Trent Yarwood	James Cook University
Increasing access to voluntary, culturally responsive HIV testing and PrEP for prevention for culturally and linguistically diverse community members in General Practitioner settings	University of Queensland University of Southern Queensland	Dr Jo Durham Dr Amy Mullens	Brisbane South Primary Health Network Metro North Public Health Unit Queensland AIDS Council Ethnic Communities Council of Queensland
Knowledge, attitudes and practices of transgender prisoners' sexual risk behaviour and the knowledge and attitudes of regional Queensland prison officers.	University of Southern Queensland	Dr Amy Mullens Dr Annette Bromdal	Metro North Public Health Unit Queensland Corrective Services

Non-Financial Performance (cont)

Two (2) research projects funded in the 2016 round were extended, with final reports now due in 2017-18:

Project Title	Lead Organisation	Lead Investigator	Partner Organisations
Co-constructing care for people living with HIV: the role of peer navigation in improving linkages	University of Queensland	Dr Allyson Mutch	Queensland Positive People
Factors influencing male and transgender sex workers' access to sexual health care, HIV testing and support	University of Queensland	Dr Lisa Fitzgerald	Respect Ethnic Communities Council of Queensland Scarlett Alliance

HIV Research Grants: Completed

Three (3) research projects funded in previous years were completed, with final reports received in May 2017:

Project Title	Lead Organisation	Lead Investigator	Partner Organisations
Feasibility study of HIV self-testing and social marketing of Rapid Diagnostic Tests in Queensland	University of Queensland	Dr Owain Williams	Queensland Positive People
Using innovative methods to Increase HIV testing among men who have sex with men in resource limited regional Queensland	University of Southern Queensland	Dr Amy Mullens	Queensland Positive People
Point of care HIV testing at after-hours sex on premises venues theme parties	University of Southern Queensland	Dr Amy Mullens	Queensland Positive People

HIV STI Workshop Grants

In late October 2016, 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.

In June 2017, one (1) workshop was approved and funding released.

Lead Organisation	Workshop Title
Australian Molecular Epidemiologist Network	HIV Phylogenetic Analysis - National Think Tank

HIV Research Outcomes

Lead Organisation	Research Project Title	Outcomes
Griffith University	'Yes' to recreational drugs but 'no' to life-saving medications: unpacking paradoxical attitudes about treatments to improve medication adherence	<ul style="list-style-type: none"> • Publications x 1 • Manuscripts x 2 • Conference abstract accepted x1 • Lectures / Seminars x 3
University of Queensland	Factors influencing the HIV testing to treatment trajectory within a Queensland context	<ul style="list-style-type: none"> • Publication x 2 • Manuscripts in draft / concept outline x 5 • Conference Abstracts Accepted x 2 • Lecture / Seminars x 3 • Further grant funding: HIVFQ Research Grant Round 3 • Collaborations / Partnership Building Activities <ol style="list-style-type: none"> 1. Scottish MRC Centre for Social Relationships and Health Improvement, Glasgow University 2. Usher Institute, University of Edinburgh 3. British Columbia Centre of Excellence in HIV/AIDS 4. Monash University 5. Open Doors Youth Service
University of Queensland	Feasibility study of HIV self-testing and social marketing of Rapid Diagnostic Tests in Queensland	<ul style="list-style-type: none"> • Publication x 1 • Manuscripts under review x 1 • Manuscripts in draft / concept outline x 3 • Conference Abstracts Accepted x 2 • Lecture / Seminars x 3 • Further grant funding – NHMRC Partnership Grant Proposal under development • Collaborations / Partnership Building Activities <ol style="list-style-type: none"> 1. Dean Street Express Testing Service, London UK 2. University of Southern Queensland 3. Glasgow University 4. University of Edinburgh
University of Southern Queensland	Using innovative methods to Increase HIV testing among men who have sex with men in resource limited regional Queensland	<ul style="list-style-type: none"> • Manuscript x 1 pending submission • Presentations given x 3 • Lectures / Seminars x 1
University of Southern Queensland	Point of care HIV testing at after-hours sex on premises venues theme parties	<ul style="list-style-type: none"> • Manuscript x 1 under review • Conference abstract accepted x 1 • Lectures / Seminars x 1
University of Queensland	Co-constructing care for PLHIV: The role of peer navigation in improving linkage to care	<ul style="list-style-type: none"> • Manuscripts in draft/concept outline x 1
University of Queensland	Factors influencing male and transgender sex workers access to sexual health care, HIV testing and support	<ul style="list-style-type: none"> • Manuscripts in draft / concept outline x 2 • Lecture / Seminars x 1
University of Queensland	Pilot and evaluate integrated HIV self-testing service delivery in Queensland for policy and service development	<ul style="list-style-type: none"> • Manuscripts in draft/concept outline x 1 • Conference Abstracts Accepted x 1 • Lecture/ Seminars x 2 (AFAO, NAPWA) • Further grant funding – NHMRC Partnership Grant Proposal under development • Collaborations / Partnership Building Activities <ol style="list-style-type: none"> 1. Dean Street Express Testing Service, Chelsea and Westminster Hospital, NHS London UK 2. University of Southern Queensland 3. Glasgow University 4. Usher Institute, University of Edinburgh 5. World Health Organisation HIV Department
University of Queensland	A HR trial using novel nicotine-replacement products among smokers who are living with HIV in Australia	<ul style="list-style-type: none"> • Publications x 2 • Manuscripts under review x 1 • Manuscripts in draft / concept outline x 4 • Conference Abstracts Accepted x 5 • Lecture / Seminars x 2 • Further grant funding NHMRC 2017
University of Southern Queensland	Workshop: PrEParing to visit: HIV, Africa and the homeward traveller	<ul style="list-style-type: none"> • Manuscript x 1 pending submission • Presentations given x 1 • Lecture / Seminars x 1

North Queensland Research Meeting 2016

In October 2016, the Foundation hosted the North Queensland HIV Research Meeting in Cairns. The aim of the meeting was to increase engagement with researchers from James Cook University, service providers and community-based organisations in Cairns and Townsville.

Participants were informed about the Foundation's workshop and research and program grant 2017 funding round and facilitated to identify HIV research priorities for North Queensland. 25 participants attended the meeting.

HIV Research and Programs Update Meeting 2017

In June 2017, the Foundation hosted an HIV research and program update meeting in Brisbane. The aim of the meeting was to provide a summary and update of Queensland HIV-related research projects. The objectives of the meeting included:

- Provide a summary of all completed research projects funded by the Foundation.
- Provide an outline of all ongoing and new research projects with continued funding from the Foundation into 2017/2018.
- Provide an update of other HIV-related research across Queensland.
- Inform stakeholders of research related arrangements post June 2017.

Clinicians, researchers, community-based organisations and representatives from the Minister's Office and the Department attended the event. There were 55 participants. An evaluation of the meeting highlighted the need for an annual research forum.

HIV Conference Scholarship Program

In November 2016, the Foundation offered a scholarship program to support attendance to the Australasian HIV & STI Conference in Adelaide.

A total of 7 applications were received and approved. Scholarship recipients were from community based organisations (3), Queensland Health (2), HIV PhD researchers (1) and PLHIV representatives (1).

GeneXpert Pooling Verification

QPP's RAPID Program and the University of Queensland secured funding from Metro North Hospital and Health Services Link Fund for a trial of point of care testing for chlamydia and gonorrhoea using the GeneXpert system.

The GeneXpert technology allows for self collected samples to be pooled and tested with results in ninety minutes.

Before commencing the routine use of GeneXpert at RAPID, the Foundation provided funding for verification of the pooling method which was undertaken prior to and during the first few months of the Link project.

This exciting project is a natural extension of current RAPID Program and provides a real opportunity to enhance STI and HIV testing in a community based peer-led setting.



Stigma & Discrimination

A significant area of focus for the Foundation this year was activities addressing HIV stigma and discrimination.

These activities align with the goal of reducing stigma and discrimination as featured in Australia's 7th National HIV Strategy and the *Queensland HIV Action Plan 2016-2021* priority action of taking a zero approach to stigma and discrimination.

Kokoda+ Stronger Than You Think

In an effort to break down the stigma around living with HIV, Olympic silver medallist Ji Wallace, with the support of the Foundation, organised a 10-day group hike of the Kokoda trail in Papua New Guinea (PNG) from 12 to 22 June 2017.

By completing this treacherous trail that is ingrained in the Australia psyche as tough and macho, the trekkers showed the world that people living with HIV are as capable, healthy and enduring as other members of society.

The trek team included people living with HIV, their family and friends, colleagues and those who work in the HIV sector and a PNG national representing the local PLHIV community. All 18 participants completed the trek successfully and safely.

An enabling grant of \$19,113 from the Foundation was allocated against the trek costs for all participants. Individual participants then self-funded and/or fundraised an additional \$60,000 to participate in the trek.

A closing ceremony held in Port Moresby on 22 June 2017 was organised by the Foundation, UNAIDS, Igal Hope and PNG National AIDS Council Secretariat (NACS).

The ceremony saw representations from PNG Air, USAID, AusAID, World Vision, Oil Search Foundation, PNG Constitutional Law Reform Commission as well as print & visual media.

Special guests and speakers at the ceremony included:

- His Excellency. Mr Pascal Maubert
French Ambassador to PNG
- His Excellency Mr Satoshi Nakajima
Japanese Ambassador to PNG
- Ms Jacqueline Hebert- Second Secretary
Australian High Commission
- Mr Jorge Valasco
Health Advisor- USAID
- Mr Andrew Cooper
Senior Operations Officer- World Bank
- Mr David Bridger
PNG Country Director- UNAIDS
- Dr Nick Dala
HIV/STI Manager, PNG Department of Health
- Ms Kellyanne Marie Limbiye
Miss Papua New Guinea

A feature documentary about the trek is due for release on World AIDS Day 2017.



The Real Conversations of Grindr

For the third consecutive year, the Foundation proudly partnered with the Brisbane Powerhouse and their annual MELT Queer Arts and Culture Festival (MELT) in delivering HIV awareness to the Queensland queer community.

This year, focus was directed at addressing HIV stigma and discrimination online – an area which is largely unchecked within the community.

An interactive activation was developed for patrons of the festival called *Real Conversations of Grindr*. Participants were invited into a booth and asked to read seemingly normal Grindr conversations; but as these went on, they were eventually shown the kind of unfounded hate speech that PLHIV are exposed to online. The Foundation cooperated closely with QPP in providing peer support and counselling for patrons on the days of the activation, as well as reviewing and identifying potential triggers in scripts prior to the event.



With an attendance of 6,600 guests, MELT provided an ideal environment for attracting interest from both the queer community and wider community.

The underlying goals of the campaign were to address stigma within the men who have sex with men (MSM) and LGBTIQ+ community directed at PLHIV, and to dispel common myths and misconceptions that form the basis of hate speech.

The two outputs for the campaign were a 2 minute video showing the guests experiencing and reacting to the comments, and a micro-site that provided further insight into the myths and misconceptions around HIV and AIDS.



SHOCKINGLY, A LOT OF STIGMA COMES FROM WITHIN THE GAY COMMUNITY

In June 2017, a social media campaign was launched in conjunction with an article on PedestrianTV.com. The video was overwhelmingly well received on MSM and LGBTIQ+ community platforms, with organic shares and articles on SBS Sexuality, Huffington Post, OUT Magazine and more. In July 2017, the video peaked through international interest seen on Mashable.com, Gay Times UK, Refinery29 and more.

With nearly 100,000 organic views, it is clear that the topic matter of the campaign uniquely addressed a contemporary issue of HIV stigma that ought to be further exposed within the sector.

Talking about HIV Stigma

In February 2017, the Foundation provided funding to support the release of QPP's *Talking about Stigma* campaign during the Brisbane Queer Film Festival. This series of five short films convey real stories of people living with HIV and their journey with stigma.

A key message for the project is the idea that PLHIV are not passive receptors of stigma, rather PLHIV are overwhelmingly resilient in the face of what remains a significant life challenge. The project acts as a platform for PLHIV who have experienced stigma and discrimination to have their voices heard.

Positive Leadership Development Institute

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



END HIV Campaign

Campaign 2016-17

In November 2016, the END HIV campaign was relaunched with fresh creative and key messages informed by the previous years evaluation. Key objectives of the campaign were to:

- Increase awareness & education around preventing, testing and treatment for HIV
- Increase awareness of HIV transmission, stigma & discrimination in targeted messages

A variety of channels were utilised to target men who have sex with men (MSM) and whole of population (WOP) audiences, with a significant weighting to MSM:

- Website (WOP, MSM)
- Social Media (WOP, MSM)
- Mobile dating applications (MSM)
- Convenience and poster advertising (WOP, MSM)
- Electronic direct mail newsletters (WOP, MSM)
- Community events & partnerships (WOP, MSM)

This targeted and integrated approach to marketing and communications across a variety of channels has been essential for Queensland to maintain a progressive and comprehensive response to HIV.



The campaign was broadcast via social media, with links to the Foundation's overarching programs such as seen here with the ANZ condom program targeted at MSM and WOP at risk in rural Queensland.



Animated GIF images were shown on MSM dating apps, and linked through to END HIV & RAPID testing websites resulting in record visits to the web pages.



Key messages used in the final phase of the END HIV campaign were aimed at addressing prevention, testing and treatment. The above posters were displayed on dating apps, at sexual health clinics and various locations throughout Queensland.

Campaign Evaluation

Following the delivery of the campaign to market in 2013, Enhance Research has been engaged to undertake periodic evaluations by both the Queensland Department of Health (2013, 2014) and HIV Foundation Queensland (2015, 2016, 2017).

In June 2017, the latest wave of quantitative evaluation was undertaken with both MSM and WOP audiences to track awareness of the campaign and its impact on behaviours and attitudes towards HIV.

Evaluative research was conducted with:

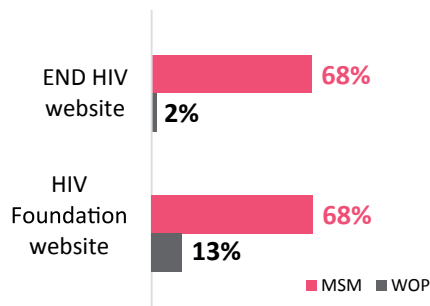
- WOP: quantitative online survey, 808 respondents
- MSM: quantitative online survey, 94 respondents

ENDHIV Website

From 1 July 2016 to 30 June 2017, the following results were recorded for the www.endhiv.org.au website:

- 124,167 unique sessions/visits, representing an increase of 180% from the previous year (44,276).
- 148,056 individual page views, representing an increase of 120% from the previous year (67,287).

Awareness of Online Presence



Top Actions Taken as a Direct Result of the Campaign

MSM

- 50% GOT TESTED FOR HIV**
- 46% CONSIDERED TAKING PrEP TO PROTECT THEMSELVES**
- 43% TALKED ABOUT HIV WITH OTHERS**
- 37% TALKED ABOUT HIV AND TESTING WITH PARTNERS WHEN NEGOTIATING SEX**

WOP

- 16% CONSIDERED TAKING PrEP TO PROTECT THEMSELVES**
- 8% TALKED ABOUT THE CAMPAIGN WITH OTHERS**
- 5% TALKED ABOUT HIV WITH OTHERS**
- 3% BEEN MORE VIGILANT ABOUT USING CONDOMS**

Evaluation - Future Directions Report

In October 2016, KPMG was engaged to conduct an independent review of the work undertaken by the Foundation since establishment. Key findings from the *HIV Foundation Future Directors Report* have been extracted below:

Leadership and Support

Based on HIVFQ's performance against key performance measures and the feedback from stakeholders, HIVFQ has largely delivered on its strategic objective to lead and support HIV related policy, research and service initiatives, although there remains room for improvement in its clarity of role as a facilitator in the system as opposed to an active service provider.

Research and Programs

HIVFQ has exceeded the research funding targets set by the Department of Health and, based on stakeholder feedback, HIVFQ grants are enabling quality research.

Stakeholders agreed that the progress that HIVFQ has made in terms of stimulating and maintaining a high standard of HIV related research has been significant. Stakeholders noted during consultations that HIVFQ's engagement has been critical for enabling research projects to be funded in a timely manner and in a way that is responsive to community needs.

Testing and Treatment

HIVFQ has achieved impressive results, which are supported by stakeholder feedback, against performance measures for testing, and demonstrate a significant contribution to Queensland's response to HIV.

Marketing and Communications

Stakeholder feedback and the recorded increase in awareness of the ENDHIV campaign, as well as the increased proportion of people who take some action after seeing the campaign, indicates that HIVFQ's work in marketing and communications has been effective.

Operations

HIVFQ has had difficulty in financial years 2014-15 and 2015-16 in establishing revenue through fundraising activities, but has demonstrated considerable improvement in the 2016-17 financial year (to date) under a new fundraising approach.

Strength and diversity of partnerships

HIVFQ has established strong relationships with a range of stakeholders in government, research, clinical service delivery and community based organisations, as well as with limited international stakeholders.

There are demonstrable community benefits from HIVFQ's strength in collaborating with community based partners and supporting Queensland Government responses to HIV prevention, testing, treatment and stigma.

Whole-of-population focus

Many stakeholders noted that before the establishment of HIVFQ there were no organisations that had a whole-of-population alongside targeted intervention focus in HIV.

It is acknowledged that there needs to be both a whole-of-population and appropriately targeted (to specific at-risk cohorts) focus to HIV prevention, treatment and testing in order to meaningfully tackle the stigma associated with HIV and People Living with HIV (PLHIV) and to reach gay men and other Men who have Sex with Men (MSM) who do not identify as gay.

Independence of the organisation

A number of stakeholders considered the independence of HIVFQ as a strength. It was widely thought that the level of innovation and progressiveness of the programs supported (e.g. on-site RAPID testing, peer-supported programs and Pre-Exposure Prophylaxis (PrEP)) could not have been as quickly or effectively implemented if these programs were coordinated, managed or delivered by the Department of Health.

The full report can be found at:

<http://hivfoundation.org.au/sites/default/files/HIVFQ%20Future%20Directions%20Review%20Final%20Report.pdf>

Non-Financial Performance (cont)

Performance Indicators

The following performance indicators are extracted from *Performance Measurement Data Reports* 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 2016 to 30 June 2017.

Output 1: Provisions of marketing and campaign materials

Output	Measure	2016-17 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 	Phase 6 & 7 Evaluation: WOP & MSM Quantitative completed June 2017.

Output 2: Provision of HIV rapid testing across community sites

Output	Measure	Quantity per Annum	2016-17 Actual
Provision of HIV rapid testing across community sites	No. of tests performed	450 - Year 3	Year 3: 4,109
	No. of community sites where HIV rapid testing available (including mobile outreach)	7 - Year 3	Year 3: 8 sites

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

Output	Measure	Quantity per Annum	2016-17 Actual
Provision of funds for innovative HIV related programs and research	% of HIVFQ budget spent on program and research seed funding	30% - Year 3	Year 3: 33%

Output 4: Provision of high quality research

Output	Measure	2016-17 Actual
Provision of high quality research	No. of collaborative activities with HIV & STI Prof Chair	6 collaborations: University of Queensland HIV Research Hub; Expert Reference Committee for HIV, Viral Hepatitis, Sexual Health and Harm Reduction Workforce Development; QPrEP Trial Expansion Working Group; QPrEPd Steering Committee; NQ HIV Research Meeting; HIV Research and Program Update Meeting.
	Representation on the HIV Prof Chair Advisory Steering Committee	HIVFQ is represented on the Steering Committee. Two meetings have been held during the reporting period.

Output 5: Provision of an annual forum for consultation

Output	Measure	Min. number of service users	2016-17 Actual
Provision of an annual forum for consultation	Annual Form	50	Annual Forum done via the Queensland TasP Roadshow: 25 July to 5 August 2016. 223 attendees.

Non-Financial Performance (cont)

Output 6: HIV Earlier Treatment

Output	Measure	2016-17 Actual
HIV Earlier Treatment	Provision of targeted program for earlier treatment	Queensland TasP Roadshow: 25 July to 5 August 2016.

Output 7: Provision of targeted program for treatment as prevention

Output	Measure	2016-17 Actual
Provision of targeted program for treatment as prevention	<ul style="list-style-type: none"> No. of national and international partners 	<p>Queensland TasP Roadshow was held in partnership with 14 organisations/services including:</p> <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 Australian 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	2016-17 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"> On 21 December 2016, the Queensland Government announced the establishment of a new Sexual Health Ministerial Advisory Committee to support the implementation of the Queensland Sexual Health Strategy 2016-2021. The new committee was formed in early June 2017. In addition to advice on the implementation of the Sexual Health Strategy and the associated Queensland HIV Action Plan 2016-2021, the role of this new committee also encompasses HIV policy advice, previously provided by the HIV Foundation Queensland.

Output 9: Raising of third party budget source

Output	Measure	2016-17 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"> In consultation with the Department of Health and following on from the decision not to renew the service agreement between the Department and HIVFQ, implementation of the Fundraising Strategy was suspended during the reporting period.

Summary of Financial Performance

Income

The total income reported in the Financial Statements was \$2.571 million. Funding received under the terms of a Service Agreement with the Department of Health accounted for \$2.444 million of total income.

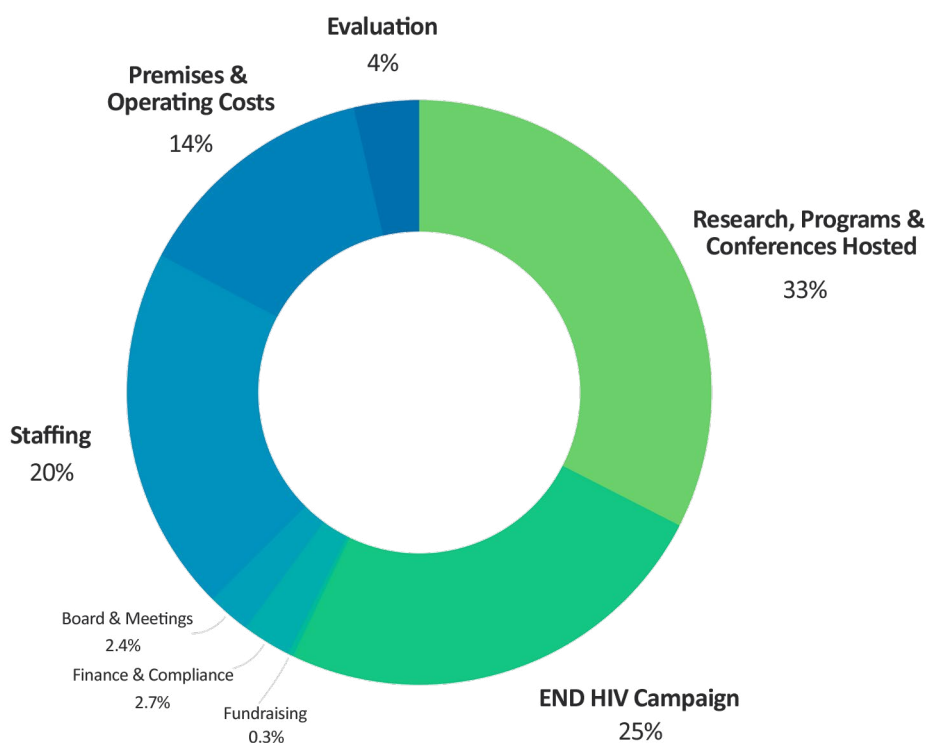
Expenditure

The total expenses reported in the Financial Statements were \$2.663 million and include accounting transactions required to comply with relevant accounting standards and reporting requirements.

Fundraising

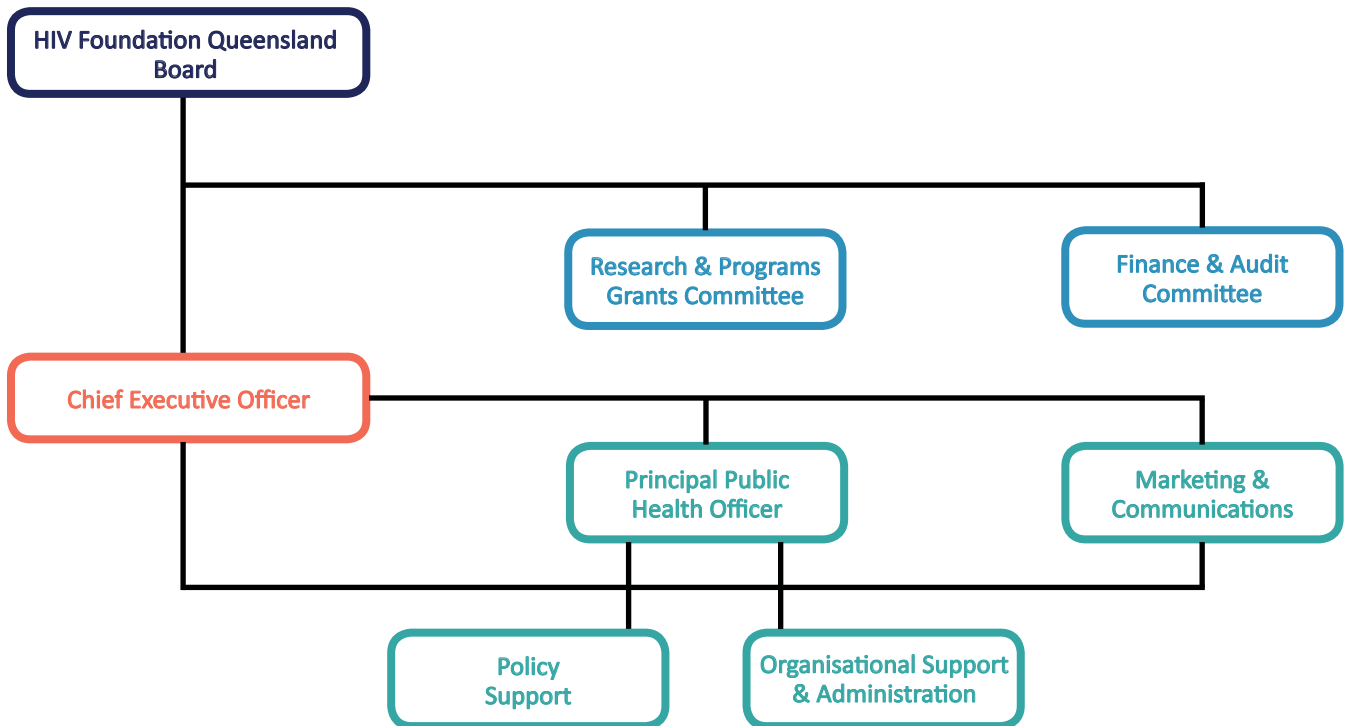
Following the decision not to renew the service agreement between the Foundation and the Department, fundraising activities were suspended during the reporting period.

The following graph 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.



Governance: Management & Structure

Organisational Structure



Our Board

In addition to providing governance and oversight of all Foundation activities, the role of Foundation Board members during the reporting period encompassed:

- 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.
- 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.

Governance: Management & Structure (cont)

Members

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. Darren is the Chair of 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 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. David has strong links with the gay and lesbian community.



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 in HIV/AIDS and was principal investigator on numerous HIV research studies and programs. Jeff 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.



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. Andrew teaches medical students, specialists-in-training and general practitioners about HIV medicine.

Governance: Management & Structure (cont)

Observers

The following persons membership expired on 30 November 2015, but have continued to attend board meetings in an observer capacity:



Ms Candi Forrest

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



Ms Penny Kenchington

Ms Kenchington is a Nurse Practitioner with Townsville Sexual Health Service, Townsville Hospital and Health Service. She was the first Sexual and Reproductive Health Nurse Practitioner in Queensland and has more than 22 years' experience in the field of sexual health. Penny is a member of the Australasian Society of HIV Medicine and the College of Nurse Practitioners.



Ms Elisha McGuinness

Ms McGuinness 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. Elisha is a past President of the Queensland branch of the Australian Health Promotion Association (AHPA) and former AHPA National Board Director.

A nomination report recommending new members was provided to the Minister's office in September 2015, however the nominations were not subsequently recommended to the Governor in Council for appointment. The Minister did offer to facilitate new memberships in December 2016 when he announced that the Foundation's service agreement with the Department would not be renewed. Given the circumstances, it was not considered appropriate for this to be pursued.

The Foundation would like to thank the following persons who applied for Board membership and contributed to several meetings in an observer capacity: Ms Jane Anderson, Mr Simon Doyle-Adams, Mr Bernard Gardiner, Dr Graham Neilsen and Ms Felicity Young.

Governance: Management & Structure (cont)

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.

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 Committee

- **Role:** To ensure high corporate governance standards in term of financial accountability and management across all levels of the organisation.
- **Members:** Professor Jeffrey Gow (Chair), Mr David Graham, Dr Andrew Redmond and Tony Majer (ex-officio).

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.

Chief Executive Officer

Tony Majer joined the Foundation as CEO in March 2014. 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 1994

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 previous 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.

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.

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.

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.

Queensland Public Service Values

The Foundation has a strong set of values that align with and reflect the Queensland public service values:



Customers first

- Know your customer
- Deliver what matters
- Make decisions with empathy



Ideas into action

- Challenge the norm and suggest solutions
- Encourage and embrace new ideas
- Work across boundaries



Unleash potential

- Expect greatness
- Lead and set clear expectations
- Seek, provide and act on feedback



Be courageous

- Own your actions, successes and mistakes
- Take calculated risks
- Act with transparency



Empower people

- Lead, empower and trust
- Play to everyone's strengths
- Develop yourself and those around you

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 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 2016-2017 received an unqualified audit opinion.

Audit Committee

The Finance and Audit Committee operates under Terms of Reference that were developed in accordance with Queensland Treasury's Audit and Committee Guidelines.

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
- Compliance

During 2016-2017 the Committee reviewed financial reports monthly and quarterly, met face-to-face on three (3) 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 and Audit 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.

Governance: Risk Management and Accountability (cont)

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 record keeping 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.

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.

Staff range in age from 24 to 46 years of age. Full time staff consist of one (1) female and two (2) males. Part-time and casual administration and marketing staff consist of two (2) females and two (2) males.

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.

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.

Early Retirement, Redundancy, Retrenchment & Voluntary Separation

The Foundation had five (5) full-time equivalent positions for the 2016-2017 reporting period.

In line with the conclusion of the Foundation's service agreement with the Department of Health, the employment contracts of two (2) full-time, one (1) part-time and one (1) casual employees ended on 30 June 2017.

The permanent separation rate for the reporting period was 60%.

No redundancy, early retirement or retrenchment packages were paid during the period.

Open Data

Additional annual report disclosures - relating to expenditure on consultancy and overseas travel - are published on the Queensland government's open data website, available via: www.data.qld.gov.au

No interpreter services were used during the reporting period.

Financial Statements

The annual Financial Statements for the HIV Foundation Queensland for the 2016-2017 financial year are included in Appendix 2 of this Annual Report.

Glossary

AFAO	Australian Federation of AIDS Organisations
AHPA	Australian Health Promotion Association
AIDS	Acquired Immune Deficiency Syndrome
ASHM	Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine
AusAID	Australian Agency for International Development
BC-CfE	British Columbia Centre for Excellence in HIV/AIDS
CEO	Chief Executive Officer
ETF	Emergency Treatment Fund
GCPS	Gay Community Periodic Survey
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HIVFQ	HIV Foundation Queensland
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Questioning, Asexual, Pansexual
MELT	MELT Queer Arts and Culture Festival
MI	Medicare Ineligible
MOU	Memorandum of Understanding
MSM	Men who have Sex with Men
NACAS	National AIDS Council Secretariat
NAPWHA	National Association of People with HIV Australia
NHMRC	National Health and Medical Research Council
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.
PLDI	Positive Leadership Development Institute
PLHIV	People living with HIV
PNG	Papua New Guinea
POCT	Point of Care Testing
QPP	Queensland Positive People
SAHMRI	South Australian Health and Medical Research Institute
STI	Sexually Transmissible Infections
TasP	Treatment as Prevention
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Emergency Fund
USAID	U.S. Agency for International Development
WHO	World Health Organization
WOP	Whole of Population

Appendix 1: Compliance Checklist

Summary of requirement		Basis for requirement	Annual report reference
Letter of Compliance	• A letter of compliance from the accountable officer or statutory body to the relevant Minister/s	ARRs – section 7	Page 4
Accessibility	• Table of contents	ARRs – section 9.1	Page 3
	• Glossary		Page 38
	• Public availability	ARRs – section 9.2	Page 2
	• Interpreter service statement	<i>Queensland Government Language Services Policy</i> ARRs – section 9.3	Page 2
	• Copyright notice	<i>Copyright Act 1968</i> ARRs – section 9.4	Page 2
Information Licensing	• Information Licensing	<i>QGEA – Information Licensing</i> ARRs – section 9.5	Page 2
	• Introductory Information	ARRs – section 10.1	Page 6
General information	• Agency role and main functions	ARRs – section 10.2	Page 6
	• Operating environment	ARRs – section 10.3	Page 7
	• Government's objectives for the community	ARRs – section 11.1	Pages 8, 9 - 26
Non-financial performance	• Other whole-of-government plans / specific initiatives	ARRs – section 11.2	NA
	• Agency objectives and performance indicators	ARRs – section 11.3	Page 27 - 28
	• Agency service areas and service standards	ARRs – section 11.4	Pages 9 - 26
	• Summary of financial performance	ARRs – section 12.1	Page 29
Financial performance	• Organisational structure	ARRs – section 13.1	Page 30
	• Executive management	ARRs – section 13.2	Page 30
	• Government bodies (statutory bodies and other entities)	ARRs – section 13.3	NA
	• <i>Public Sector Ethics Act 1994</i>	<i>Public Sector Ethics Act 1994</i> ARRs – section 13.4	Page 33
	• Queensland public service values	ARRs – section 13.5	Page 33
Governance – management and structure	• Risk Management	ARRs - section 14.1	Page 34
	• Audit Committee	ARRs - section 14.2	Page 34
	• Internal audit	ARRs - section 14.3	Page 34
	• External scrutiny	ARRs - section 14.4	Page 34
	• Information systems and record keeping	ARRs - section 14.5	Page 35
Governance - risk management and accountability	• Workforce planning and performance	ARRs - section 15.1	Page 36
	• Early retirement, redundancy and retrenchment	Directive No.11/12 <i>Early Retirement, Redundancy and Retrenchment</i> Directive No.16/16 <i>Early Retirement, Redundancy and Retrenchment</i> (from 20 May 2016) ARRs – section 15.2	Page 36
Governance - Human Resources	• Statement advising publication of information	ARRs - section 16	Page 37
	• Consultancies	ARRs - section 33.1	Page 37
	• Overseas Travel	ARRS - section 33.2	Page 37
	• Queensland Language Services Policy	ARRs - section 33.3	Page 37
Open Data	• Certification of financial statements	FAA - section 62 FPMS - sections 42, 43 and 50 ARRs - section 17.1	Appendix 2
	• Independent Auditors Report	FAA - section 62 FPMS Section 50 ARRs - section 17.2	Appendix 2
Financial Statements			

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 2017

HIV Foundation Queensland Financial Statements 2016-17

<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
Notes To and Forming Part of the Financial Statements	7-20
Management Certificate	21
Independent Auditor's Report	22-24

HIV Foundation Queensland

Statement of Comprehensive Income for the year ended 30 June 2017

		2017	2016
	Notes	\$'000	\$'000
Income			
Funding and other contributions	2	2,467	2,522
Interest		15	20
Rental and Other revenue	3	89	15
		<hr/>	<hr/>
Total Income		2,571	2,557
		<hr/>	<hr/>
Expenses			
Employee expenses	4	513	514
Supplies and services	7	1,258	1,330
Grants	8	640	727
Depreciation	12	75	70
Loss on disposal of plant and equipment	12	156	-
Other expenses	9	21	25
		<hr/>	<hr/>
Total Expenses		2,663	2,666
		<hr/>	<hr/>
Operating Result		(92)	(109)
		<hr/>	<hr/>
Total Comprehensive Income		(92)	(109)
		<hr/>	<hr/>

The accompanying notes form part of these statements.

HIV Foundation Queensland

Statement of Financial Position as at 30 June 2017

		2017	2016
	Notes	\$'000	\$'000
Current Assets			
Cash and cash equivalents	10	231	206
Prepayments		0	10
Receivables	11	35	54
Total Current Assets		266	270
Non Current Assets			
Plant and equipment	12	0	231
Total Non Current Assets		0	231
Total Assets		266	501
Current Liabilities			
Payables	13	60	156
Accrued employee benefits	14	20	20
Other liabilities	15	-	9
Total Current Liabilities		80	185
Non Current Liabilities			
Other liabilities	15	-	38
Total Non Current Liabilities		-	38
Total Liabilities		80	223
Net Assets		186	278
Equity			
Accumulated surplus		186	278
Total Equity		186	278

The accompanying notes form part of these statements.

HIV Foundation Queensland

Statement of Changes in Equity for the year ended 30 June 2017

	Accumulated Surplus	TOTAL
	\$'000	\$'000
Balance as at 1st July 2015	387	387
Operating Result	(109)	(109)
Balance as at 30 June 2016	<hr/> 278	<hr/> 278
Balance as at 1 July 2016	278	278
Operating Result	(92)	(92)
Balance as at 30 June 2017	<hr/> 186	<hr/> 187

The accompanying notes form part of these statements.

HIV Foundation Queensland

Statement of Cash Flows

for the year ended 30 June 2017

		2017	2016
	Notes	\$'000	\$'000
Cash flows from operating activities			
<i>Inflows:</i>			
Funding and other contributions		2,467	2,448
GST collected from customers		24	2
GST input tax credits from ATO		199	214
Interest Received		15	20
Other		89	15
<i>Outflows:</i>			
Employee expenses		(511)	(433)
Supplies and services		(1,391)	(1,218)
Grants		(640)	(727)
GST paid to suppliers		(189)	(198)
GST remitted to ATO		(17)	(2)
Other		(21)	(25)
Net cash provided by operating activities		25	96
Cash flows from investing activities			
<i>Outflows:</i>			
Payments for plant and equipment		-	(22)
Net cash provided by (used in) investing activities		-	(22)
Net increase in cash and cash equivalents held		25	74
Cash and cash equivalents at beginning of financial year		206	132
Cash and cash equivalents at end of financial year	10	231	206

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 2017

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 (KMP) Disclosures
Note 6:	Related Party Transactions
Note 7:	Supplies and Services
Note 8:	Grants
Note 9:	Other Expenses
Note 10:	Cash and Cash Equivalents
Note 11:	Receivables
Note 12:	Plant and Equipment
Note 13:	Payables
Note 14:	Accrued Employee Benefits
Note 15:	Other Liabilities
Note 16:	Commitments for Expenditure
Note 17:	Contingencies
Note 18:	Events After Balance Date
Note 19:	Financial Instruments

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2017

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) Expiry of funding agreement with the Department of Health

On 21 December 2016, the Queensland Minister for Health and Ambulance Services announced that a Ministerial Advisory Committee will be established to provide advice on the implementation of the Queensland Sexual Health Strategy 2016-2021 and the Queensland HIV Action Plan 2016-2021.

HIV Foundation Queensland's Service Agreement with the Department of Health expired on 30 June 2017. The provision of HIV policy advice transferred to the Sexual Health Ministerial Advisory Committee and the procurement of HIV related services transferred to the Department of Health.

The management of HIV Foundation Queensland has implemented a strategy to significantly reduce the scale of operations and retain sufficient funds to meet reporting and compliance obligations until 30 September 2017. Accordingly, these financial statements have been prepared on a going concern basis.

The strategy to scale down HIV Foundation Queensland's operations included the transfer of office accommodation lease and sale of plant and equipment to Queensland Positive People Inc. on 30 June 2017. The impact of these transactions on HIV Foundation Queensland's financial statements is disclosed in note 12, 15, 16 and 17.

On 30 June 2017, HIV Foundation Queensland submitted a formal application to the Minister for Health and Ambulance Services for deregistration and dissolution at an appropriate time after 30 September 2017. In making this application, the Board committed to fulfilling the following obligations by 30 September 2017:

- i. Meeting all of the Foundation's reporting and compliance obligations for the 2016/17 financial year;
- ii. Meeting all debts or financial obligations;
- iii. Disposing of residual assets.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2017

1. Basis of Financial Statement Preparation (contd)

(c) 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.

(d) 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 2015-16 financial statements unless restated where necessary to be consistent with disclosures in the current reporting period.

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

The Foundation did not voluntarily change any of its accounting policies during 2016-17.

No Accounting Pronouncements were early adopted in the 2016-17 financial year.

The only Australian Accounting Standard that became effective for the first time in 2016-17 is AASB 124 Related Party Disclosures. This standard requires note disclosures about key management personnel (KMP) remuneration expenses and other related party transactions, and does not impact on financial statement line items. As Queensland Treasury already required disclosure of KMP remuneration expenses, there was minimal impact for the Foundation's disclosures compared to 2015-16 (refer to Note 5). Material related party transactions for 2016-17 are disclosed in Note 6. No comparative information is required in respect of 2015-16.

(f) 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.

(g) 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 (Note 11).

(h) Insurance

The Foundation's risks are insured through Ansvar 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.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

for the year ended 30 June 2017

	2017 \$'000	2016 \$'000
2. Funding and Other Contributions		
Program funding	2,444	2,444
Donations	13	4
Grants	10	-
* Services received at below fair value	-	74
Total	2,467	2,522

- * Employee seconded from the Department of Health for part of the 2015/16 financial year was directly employed by HIV Foundation Queensland in 2016/17.

Accounting Policy

Funding received from the Department of Health is non-reciprocal in nature and recognised as revenue in the year in which the Foundation obtains control over them (control is generally obtained at the time of receipt).

3. Rental and Other Income

Included in Rental and Other Revenue is rental income of \$88,431 for 2016/17 (\$14,880 for 2015/16) received from Queensland Injectors Health Network, 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	404	342
Board Sitting Fees and Allowances	11	10
Employer superannuation contributions	42	35
Annual leave levy	29	32
Long service leave levy	9	8
Secondment from other Govt Agencies	-	74

Employee Related Expenses

Workers' compensation premium	1	-
Other employee related expenses	17	13

Total	513	514
--------------	------------	------------

	2017	2016
Number of employees:	2	5

The number of employees as at 30 June, including full-time employees, part-time employees and casual employees, is measured on a full-time equivalent basis.

HIV Foundation Queensland terminated the employment of three full time equivalents on 30 June 2017 due to the expiry of the funding agreement with the Department of Health.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

for the year ended 30 June 2017

4. Employee Expenses (cont)

Accounting Policy

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 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

Superannuation benefits are provided through defined contribution (accumulation) plans, in accordance with employees' conditions of employment and employee instructions as to superannuation plan (where applicable).

Defined Contribution Plans – Employer contributions are based on rates specified under conditions of employment. The Foundation's contributions are expensed when they become payable at each fortnightly pay period.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

for the year ended 30 June 2017

5. Key Management Personnel (KMP) Disclosures

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

Name	Appointment Authority	Appointment Date	2017 \$'000	2016 \$'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
Professor Jeffrey Gow		1 December 2013	9	5
Dave Graham		1 December 2013	1	2
Penny Kenchington **		1 December 2013	-	*
Elisha McGuinness **		1 December 2013	-	-
Simon O'Connor ***		1 December 2013	-	1
Dr. Andrew Redmond		1 December 2013	-	-
Total paid:				11

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

** Appointed for a two (2) year term that expired 30 November 2015.

*** Resigned appointment in December 2015.

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 (2017: \$796 in total across all Board members, 2016: \$816 in total across all Board members).

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2017

5. Key Management Personnel (KMP) Disclosures

(b) Details of Key Management Personnel

The following details for non-Ministerial key management personnel include those Foundation positions that had authority and responsibility for planning, directing and controlling the activities of the Foundation during 2016-17 and 2015-16. Further information about these positions can be found in the body of the Foundation's Annual Report under the section relating to Executive Management.

Position	Position Responsibility
Board of Directors	The strategic leadership, guidance and effective oversight of the management of the Foundation, including its operational and financial performance.
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.

(b) Key Remuneration Policies

The fees and allowances for Board Members 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 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.

Remuneration expenses for key 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.

Long term employee expenses include amounts expensed in respect of long service leave entitlements earned.

Post-employment expenses 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.

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.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS

for the year ended 30 June 2017

5. Key Management Personnel (KMP) Disclosures (contd)

(d) Remuneration Expenses

2016-17

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

2015-16

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

Performance Payments

No KMP remuneration packages provide for performance or bonus payments.

6. Related Party Transactions

Transactions with people/entities related to KMP

HIV Foundation Queensland has provided funding by way of research and program grants to entities that employ KMP of HIV Foundation Queensland. Details of the nature and amount of these transactions is as follows:

Entity	KMP	Nature of Transaction	\$'000
University of Southern Queensland	Professor Jeff Gow	3 Research grants	90
Cairns Sexual Health Service, Cairns and Hinterland Hospital and Health Service	Dr Darren Russell	1 Research grant	33
Queensland Positive People	Dr Andrew Redmond	1 Research grant	8
		2 Program grants	37
		*Rapid Program Funding	135

KMP receive no benefit (financial or otherwise) from the research and program grants provided to these entities.

KMP are prohibited from applying for research and program grants on behalf of these entities.

All research and program grant applications are evaluated by the Research & Program Grants Committee both individually as committee members and collectively as a committee against the following criteria: quality and innovation in approach, value for money and track record.

*Funding provided to Queensland Positive People under the terms of an agreed Memorandum of Understanding dated March 2016.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2017

		2017 \$'000	2016 \$'000
7. Supplies and Services			
Campaign Advertising, Marketing and Promotion		513	619
Property Lease Rental	(a)	140	178
Consultants and contractors	(b)	134	150
Conferences and Workshops Hosted		117	30
Administration costs		104	102
Sponsorships	(c)	65	82
Corporate service charges		43	46
Travel - domestic		40	35
Property - Parking		36	34
Communications		22	19
Travel - overseas	(d)	12	5
Catering		10	4
Repairs and maintenance		9	13
Sundry expenses		8	-
Minor plant and equipment		3	9
Information technology		2	4
Total		1,258	1,330

- (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 \$99,089 for 2016/17 (\$95,278 for 2015/16). The notional cost of providing car parking for this program was \$10,708 for 2016/17 (\$10,296 for 2015/16). Actual Property Lease rental for 2016/17 was \$186,829. A credit of \$46,913 was taken up in 2016/17 to wind back lease incentives due to the transfer of the lease for premises at 725 Ann Street to Queensland Positive People (Refer to Note 15).
- (b) 2017 Consultants and Contractors expenditure included: Campaign Research \$28,000, Fundraising \$5,950, Legal \$10,000, Evaluation \$88,555.
- (c) 2017 Sponsorship Expenditure included: Australasian HIV&AIDS Conference Scholarship Program \$10,551, Positive Leadership Development Institute \$10,000, Marketing opportunities \$25,455, Kokoda Stigma Project \$19,113.
- (d) 2017 International AIDS Conference: Two Foundation Board members and one staff member.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2017

	2017	2016
	\$'000	\$'000
8. Grants		
Workshop and Program Grants	199	188
Research Project Grants	441	539
Total	640	727

Accounting Policy

Grant payments are made in line with meeting the strategic objectives of HIV Foundation Queensland. It includes funding for research through partnerships, initiatives and projects and supporting strategies that promote HIV awareness, prevention, testing and treatment. All recipients are required to report on progress and acquittal of funds and where not fully acquitted, conditions apply for possible repayment

9. Other Expenses		
External audit fees	9	7
Return of Funding to Department of Health	12	18
Total	21	25

* Total audit fees paid to the Queensland Audit Office as follows: 2016-17 financial statements \$9,000 accrued, 2015-16 financial statements \$7,000 paid.

10. Cash and Cash Equivalents		
Cash at Bank	231	206
Total	231	206

Accounting Policy

Cash and cash equivalents include all cash and cheques received at 30 June as well as deposits held at call with financial institutions.

11. Receivables		
GST receivable	39	49
GST payable	(7)	-
	32	49
Annual leave reimbursements	3	5
Total	35	54

Accounting Policy

Receivables are recognised at the amounts due at the time control is obtained over them.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2017

	2017	2016
	\$'000	\$'000
12. Plant and Equipment and Depreciation Expense		
<i>Plant and Equipment</i>		
At cost	323	323
Less: Accumulated depreciation	(167)	(92)
Less: Disposal	(156)	-
Total	0	231

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>Total</i>
	2017	2017
	\$'000	\$'000
Carrying amount at 1 July	231	231
Disposals	(156)	(156)
Depreciation for period	(75)	(75)
Carrying amount at 30 June	0	0

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 approximate their fair value.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2017

12. 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 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

Disclosure

An Asset Sale Agreement between HIV Foundation Queensland and Queensland Positive People Inc. was executed on 23 June 2017. Under the terms of this agreement, ownership of HIV Foundation Queensland's plant and equipment passed to Queensland Positive People Inc. at midnight 30 June 2017. All plant and equipment was transferred at net book value for a consideration of \$1.

HIV Foundation Queensland

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS for the year ended 30 June 2017

	2017 \$'000	2016 \$'000
13. Payables		
Trade creditors	1	104
Accrued expenses	59	52
Total	60	156

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.

14. Accrued Employee Benefits		
Salary and wage related	10	7
Annual leave levy payable	8	10
Long service leave levy payable	2	3
Total	20	20

15. Other Liabilities		
<i>Current</i>		
Lease incentive	*	- 9
Total		- 9
<i>Non-current</i>		
Lease incentive	*	- 18
Deferred lease	*	- 20
Total	*	- 38

Accounting Policy

- * A Deed of Assignment and Transfer of Lease between HIV Foundation Queensland and Queensland Positive People Inc. was executed on 23 June 2017. Under the terms of Deed and Transfer document, HIV Foundation Queensland ceased to be the lessee of premises at 725 Ann Street at midnight 30 June 2017.

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 2017

16. Commitments for Expenditure

	2017 \$'000	2016 \$'000
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
Later than one year and not later than five years	*	496
Total	-	740

* There were no commitments for future operating lease expense as at 30 June 2017 due to the transfer of the lease for premises at 725 Ann Street to Queensland Positive People Inc (Refer to Note 15).

17. 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).

The bank guarantee was cancelled on 17 July 2017 due to the transfer of the lease to Queensland Positive People Inc. on 30 June 2017 (Refer to Note 15).

18. Events After Balance Date

There were no significant events occurring after reporting date but prior to the signing of these accounts of which management or the Board are aware.

19. 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.

**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 2017 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: 14/08/2017



Tony Majer
Chief Executive Officer

Date: 14/08/2017

INDEPENDENT AUDITOR'S REPORT

To the Board of the HIV Foundation Queensland

Report on the audit of the financial report

Opinion

I have audited the accompanying financial report of the HIV Foundation Queensland.

In my opinion, the financial report:

- a) gives a true and fair view of the entity's financial position as at 30 June 2017, and its financial performance and cash flows for the year then ended
- b) complies with the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2009, the *Australian Charities and Not-for-profit Commission Act 2012*, the Australian Charities and Not-for-profit Commission Regulation 2013 and Australian Accounting Standards – Reduced Disclosure Requirements.

The financial report comprises the statement of financial position as at 30 June 2017, 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 summaries of significant accounting policies and other explanatory information, and the management certificate.

Basis for opinion

I conducted my audit in accordance with the *Auditor-General of Queensland Auditing Standards*, which incorporate the Australian Auditing Standards. My responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of my report.

I am independent of the entity in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to my audit of the financial report in Australia. I have also fulfilled my other ethical responsibilities in accordance with the Code and the *Auditor-General of Queensland Auditing Standards*.

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

Emphasis of Matter – Dissolution of HIV Foundation Queensland

I draw attention to the "Expiry of funding agreement with the Department of Health" disclosure in the financial report which identifies that the HIV Foundation Queensland intends to dissolve as its Service Agreement with the Department of Health expired on 30 June 2017 and will not be renewed. The disclosure further identifies that all liabilities relating to the accommodation lease and plant and equipment owned by HIV Foundation Queensland was transferred to Queensland Positive People Inc. on 30 June 2017. The HIV Foundation Queensland have significantly reduced the scale of their operations and retain sufficient funds to meet future obligations. Accordingly, these financial statements have been prepared on a basis consistent with the going concern basis. My opinion is not modified in respect of this matter.

Other information

Other information comprises the information included in the HIV Foundation Queensland's annual report for the year ended 30 June 2017, but does not include the financial report and my auditor's report thereon.

The Board is responsible for the other information.

My opinion on the financial report does not cover the other information and accordingly I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial report, my responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or my knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

I have nothing to report in this regard.

Responsibilities of the entity 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 the *Financial Accountability Act 2009*, the Financial and Performance Management Standard 2009, the *Australian Charities and Not-for-profit Commission Act 2012*, the Australian Charities and Not-for-profit Commission Regulation 2013 and Australian Accounting Standards – Reduced Disclosure Requirements, and for such internal control as the Board determines is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

The Board is also responsible for assessing the entity's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless it is intended to dissolve the entity or to otherwise cease operations.

Auditor's responsibilities for the audit of the financial report

My objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes my opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, I exercise professional judgement and maintain professional scepticism throughout the audit. I also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.

- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for expressing an opinion on the effectiveness of the entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the entity.
- Conclude on the appropriateness of the entity's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify my opinion. I base my conclusions on the audit evidence obtained up to the date of my auditor's report. However, future events or conditions may cause the entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

I communicate with the Board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Report on other legal and regulatory requirements

In accordance with s.40 of the *Auditor-General Act 2009*, for the year ended 30 June 2017:

- a) I received all the information and explanations I required.
- b) In my opinion, the prescribed requirements in relation to the establishment and keeping of accounts were complied with in all material respects.



D J Olive
as delegate of the Auditor-General



Queensland Audit Office
Brisbane