

The Victorian AIDS Council was formed in 1983 as the central part of the Victorian gay community's response to HIV/AIDS. In 1986 the Gay Men's Health Centre was formed to address the broader health needs of the gay community. Together, the Victorian AIDS Council and Gay Men's Health Centre work to confront the continuing challenges of the HIV/AIDS epidemic and, increasingly, the gay community's broader health concerns. Our core mission is to preserve the independence, dignity and health of people with HIV/AIDS and to reduce the transmission of HIV. We are committed to social justice and social change. Since our inception we have been a strategic partner of government, hospitals and other service providers. Our effectiveness and inspiration come from the hard work and dedication of our volunteers and paid staff, who are men and women of many backgrounds and from the ongoing support of the communities we serve.

ORION

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Last month I was lucky enough to attend a seminar given by David Plummer, sexual health physician and one of the early presidents of VAC. David was talking about what drove the initial success of our response in Australia to curbing the number of new infections. He has been working on an historical study that links a whole range of activities—community, clinical, research and policy—to the number of new infections. Our national infection rate peaked in 1984–85 and dropped substantially after that. Like most people, I thought that things like AFAO, the Grim Reaper campaign, a nationally funded and coordinated AIDS strategy, and good research through the National Centres were the key things that marked the early success. David's graphs and timelines showed that these things all came after the real battles were already won. So what important and successful activities were happening before that entire national infrastructure was in place? Grass roots activities: gay men organising in their own communities, and local GPs and health services working with them. In those days, talking about 'the partnership' at work in HIV prevention meant gay men and local health workers. People at the seminar lamented many changes since those old days, but for me the most important change is the way that we understand partnership.

This year, I have been to two meetings of the new Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis. They were big meetings, with about fifty people sitting around the table, representing the Commonwealth Government's new idea of the HIV partnership. Only three people were there representing gay men and communities. In this new world of AIDS prevention,

treatment and care, our voices and communities are not central any more, and 'the partnership' almost completely excludes us.

Representation, inclusion and action have really troubled me this past year as president of VAC/GMHC. Social research suggests that gay men are over AIDS, and the professionalisation of AIDS over the past 15 years must take some of the blame. In 1985, HIV was very real to most of us: we were scared of catching it, our friends had it, and we were going to funerals for people who had died from it or reading their obituaries in community newspapers. Men dressed as nuns handed us condoms at bars, and three-monthly sexual health check-ups were a normal part of life. If there was a public meeting about it, or a march through the streets to protest government inaction, we went. These days, most of us are a little distant from the daily reality of AIDS unless we are HIV positive, and the political battles over it are being fought far from the centre of our communities. We expect people working at our local AIDS Council to deal with our political fights, and the politicians and doctors to sort out our medical care. If a kid with a bucket asks us for donations to the AIDS Trust at the local railway station, we give them some change. It just doesn't seem like our battle any more.

Does our indifference need to change? If it does, what can we do to change it? I think it does need to change. Gay men are taking more risks with getting infected, not just with HIV, but with a whole range of STIs—syphilis, gonorrhoea, chlamydia, herpes and genital warts are all doing the rounds. In 1985, we all took on using condoms because we were scared, and because it was

empowering—we could take back control of our lives by managing the risk of AIDS. Nowadays, with our pockets full of pink dollars and our partner's superannuation lined up for our retirement, our lives seem pretty much under control. But are they? The disgusting debate about gay marriage in our federal parliament demonstrated that if you scratch a federal politician, you'll uncover a rabid homophobe. Our venerable community organisations, the AIDS Councils, are under attack from funding bodies. In recent months, the Queensland AIDS Council lost its funding to provide support services to the HIV positive community. The national peak body, AFAO, has gone through months of uncertainty about ongoing funding. Our own organisation is still arguing with the State Government about funding after our review said that we needed to spend more on prevention education, but the state government hasn't come up with the money to fund it.

The work of HIV prevention, care and support is not something that we can continue to leave in others' hands. I want to challenge you to look at how you can get involved again, even if it is just at the level of picking up and using a condom, or getting a sexual health check-up. Take an interest in the political debates that are happening around issues that affect our lives, our health and our communities. Support the work of the AIDS Council by becoming a member, doing some voluntary work, joining a committee, participating in a group, writing to your local member, coming to a public meeting. Make HIV relevant in your life, and demand that your voice be heard. Reclaim the partnership for our community.

JON WILLIS—PRESIDENT VAC/GMHC

I was fortunate enough, earlier this year, to be able to attend the International AIDS Conference in Bangkok. These conferences are now huge events, running for almost a week and with more than 20,000 participants. They give you a good overview of the global epidemic and the governmental, medical and community efforts to prevent HIV infection and reduce the impact of HIV/AIDS on people living with the virus.

At a global level, we are not getting ahead of the virus: infections continue to rise in many parts of the world, the global goal of having three million people on antiretroviral treatments by 2005 is well behind schedule and, as AIDS Awareness Week will remind us this year, the most vulnerable groups globally are women and girls, many of whom lack the capacity to protect themselves against infection.

However, such conferences also serve to remind me how different the Australian and Victorian epidemics are from the global epidemic. A substantial majority of our new HIV notifications are still amongst gay men and, while the rise in notifications in recent years appears to be leveling off, our numbers of new HIV notifications are still at levels we were seeing in the mid 1990s before the advent of antiretroviral therapy. While we have seen increases in the numbers of heterosexual transmissions, these have been predominantly in people from countries with significant HIV epidemics, or in people who have sex with people from those countries.

The increasing HIV notification rates and rates of sexually transmitted infections we have seen over the past few years in gay men in Australia are replicated in many other major centers with significant gay populations and one outcome of the conference was the establishment of a global network of organisations working in HIV prevention

with urban gay men to exchange ideas and strategies and share information about projects and programs—an initiative seeded by the Australian Federation of AIDS Organisations at a conference satellite session.

One of the questions running through the conference was ‘What do we need to be doing now to respond to the epidemic in 2004 and into the foreseeable future?’ As readers of previous annual reports will be aware, this is a question that VAC/GMHC has been asking itself for several years now. We have conducted reviews of most of our program areas, often with external consultants, to ensure that our services were relevant to the current Victorian epidemic and were targeting those most at need. We have made adjustments to programs and to service delivery models to ensure that we changed to meet changes in the epidemic.

As I was writing my report for last year’s annual report, VAC/GMHC was preparing for an external review of our services by the Department of Human Services. Our submission to that review set out our analysis of the environment in which we are working—HIV transmission rates remain at a high level; sexually transmissible infections are also on the increase, especially amongst gay men; we have more people living with HIV/AIDS than we have ever had in Victoria; demand for our services is increasing; while funding has declined, in real terms, over the past several years.

The VAC/GMHC review acknowledged that this was the environment in which we are working and made a number of recommendations to strengthen the Victorian HIV/AIDS response. The review panel strongly endorsed the favorable comments that many stakeholders made about the work of VAC/GMHC and its place as an essential element of the Victorian response. More detail about the review can be found in the Board section

of this Annual Report.

Over the next year, we will continue negotiations with the Department of Human Services to implement the report’s recommendations. These negotiations will, of necessity, have to address the marked reluctance of the Department and the government to provide any additional funding to the Victorian HIV response.

At the time of writing this report, the country is in election mode and, by the time members read this report, the results of the federal election will be known. Progress on the drafting of a 5th National HIV/AIDS Strategy has been slow and painful, and the first draft released by the Commonwealth this month is a totally inadequate document. Working to get the national strategic framework right will be a major area of advocacy in the coming year. Our relationship with other community organisations and with our members and supporters remains strong and we may need to call on them for assistance if negotiations at the national level bog down.

Finally, I would like to thank the Board, the staff and our volunteers for their continued support and assistance through a year that has been made more difficult by the uncertainties arising from the VAC review and the inertia at the Commonwealth level. We ask a lot from our partners as we attempt to understand and manage the complex social and political environment in which we work and the enormous generosity with which people step forward to offer us time, skills and resources remains one of the hallmarks of the community based HIV/AIDS response.

Thank you all, once again, for a job well done this year, and I look forward to continuing our work with you in 2004–05.

  
MIKE KENNEDY—EXECUTIVE DIRECTOR VAC/GMHC

The 2003–04 year has been another busy one for the Board. Doris Beecher, Kevin Guiney and Jon Willis served the second year of their two year terms and were joined on the Board by John Daye, Mark McColl and Bernie Tolan whose positions will come up for election in October 2005. Greg Horn, Kirk Peterson and Greg Iverson all served terms as the representative of PLWHA Victoria on the VAC/GMHC Board. Bernie Holman, and then Neville Braybrook were the staff representative on the Board. At its first meeting for the year, the Board elected Jon Willis as President, Kevin Guiney as Vice-President/Secretary and Mark McColl as Treasurer.

#### BOARD PLANNING

Each year soon after its election, the Board meets for a day to plan its program for the year. Progress with this work plan then becomes a standing agenda for Board meetings throughout the rest of the Board's term. A Board Briefing Paper accompanies all substantive matters that go to the Board and the Board considered 28 such papers this year ranging from internal issues like the reimbursement rate for volunteer drivers to big picture external issues like the potential impact on safe sex practices of changes to the Prostitution Control Regulations.

The outcomes of the review of VAC by the Department of Human Services and how these might be implemented, the implementation of the Victorian HIV/AIDS Strategy and the development of the 5th National HIV/AIDS Strategy were issues the Board debated on several occasions during the year.

As it had done in previous years, the Board decided to establish or continue a range of committees to progress its work plan. This model enables the committees to work through a level of detail that would be impossible at a Board meeting and has the added benefit of enabling the Board to draw on a wider pool of participants to progress its work. Each committee contains at least two Board members, one of whom is usually the Chair, and other members are drawn from staff, volunteers, clients and external members with

particular expertise in the work area of the committee. Committee reports are a standing item on Board agendas and the Board makes any related decisions on the committees' recommendations.

#### FINANCE COMMITTEE

Mark McColl chaired the Finance Committee. The Committee meets monthly to monitor the VAC/GMHC budget and the financial accounts. It conducts the half yearly budget review, and oversees the preparation of the annual budget and the conduct of the annual audit.

#### STRATEGIC VISION

#### IMPLEMENTATION COMMITTEE

This committee did not meet during 2003/04. Following discussion at the Board Planning Day, the Board accepted a recommendation from the Committee that the review of the Strategic Vision and the development of the next version be postponed until after the DHS review of VAC/GMHC. This decision was made so that any recommendations from the review could be incorporated into the new Strategic Vision. Although the review report was delivered to DHS by the consultants in December 2003, the DHS did not publish its response until September 2004. In the meantime, work has continued in the management team to review the outcomes of the old Strategic Vision and work on a new document will commence in early 2005, following a period of negotiation with DHS about the review recommendations.

#### RESEARCH PROMOTION

#### & ETHICS COMMITTEE

Dr Jeffrey Grierson chaired the research promotion & ethics committee.

The Research Promotion and Ethics Committee's purpose is to promote a research agenda, both internally and externally, that will benefit members of VAC/GMHC constituent communities. It also reviews proposed research projects that include any involvement of VAC/GMHC.

The committee works with researchers to ensure that projects are sensitive to the needs of PLWHA and the other constituencies of VAC/GMHC. While the committee requires that applicants obtain approval from an institutional

ethics committee, it offers the committee's expertise to ensure that the issues that matter for our communities are appropriately dealt with in research proposals. All research projects wishing to recruit participants through VAC/GMHC or use the organisation's premises are required to obtain approval from the committee. This year the committee reviewed seven such applications.

The committee also works to promote the use and understanding of research within VAC/GMHC and by the HIV sector more generally. This was achieved by facilitating dialogue between researchers and workers, by conducting workshops, and by offering advice and guidance to both groups.

#### POLITICAL ORGANISING STRATEGIC DEVELOPMENT COMMITTEE

John Daye chaired the Political Organising Strategic Development Committee. The role of the Committee is to progress those political strategic issues that need more attention and a broader range of input than can occur at monthly Board meetings. As in previous years, the Committee drew on external sources for advice and input on specific issues. The Committee has worked on several major issues during the year including the development of the 5th National HIV/AIDS Strategy, the review of HIV-related housing, the implementation plan for the Victorian HIV/AIDS Strategy, the coordination of VAC/GMHC input into the VCOSS campaign for adequate funding of the community sector in Victoria, the implementation of the VAC Review, the review of acute services at The Alfred Hospital, and service delivery advocacy around dental services and the prescribing arrangements at Melbourne Sexual Health Centre.

#### AUSTRALIAN FEDERATION OF AIDS ORGANISATIONS

VAC/GMHC is a member of the Australian Federation of AIDS Organisations and Mike Kennedy, the Executive Director, is an elected member of the AFAO Board. AFAO holds general meetings twice a year, in April/May and October/November. The VAC/GMHC delegates to AFAO were Jon Willis and Kevin Guiney.

## VAC REVIEW

On 30 August 2004, the Minister for Health, Bronwyn Pike, announced the government's response to the recommendations of the review of the Victorian AIDS Council that had been provided to the Department of Human Services (DHS) in December 2003 and advised interested parties that the response was available on the web at [http://www.health.vic.gov.au/ideas/diseases/sti\\_dept\\_response.htm](http://www.health.vic.gov.au/ideas/diseases/sti_dept_response.htm)

VAC/GMHC had been suggesting a review to DHS for some years, in particular to address our concerns about the static funding for HIV/AIDS services and the need for DHS to explicitly determine the appropriate types and levels of services purchased by the Department considering the changing nature of the HIV/AIDS epidemic in Victoria. Over several years VAC/GMHC funding had been declining in real terms and it was our view that the Department's lack of any service planning processes were contributing to this declining funding. The former Ministerial Advisory Committee, chaired by Rob Moodie, had raised similar concerns.

The increase in HIV notifications between 2000 and 2003 was the catalyst for DHS to move on the review and, in the first half of 2003, DHS negotiated with VAC for a five stage process for the review: the preparation and lodging of a VAC submission, a series of public consultations, a stakeholder consultation, the consideration by the review panel of all submissions, presentations and stakeholder input and the preparation of a final review report. A review of PLWHA Victoria was conducted by the same review panel and process in conjunction with the VAC Review.

The review panel was:

- Levinia Crooks (Executive Officer, Australasian Society for HIV Medicine)
- Kim Stewart (Associate Director, AIDS/Infectious Diseases Unit, NSW Department of Health)
- Craig Sinclair (Director, Cancer Education Unit, The Cancer Council of Victoria)
- Bill Whitaker (President, Australian Federation of AIDS Organisations).

The review made a total of 35 recommendations, and these are broadly consistent with the VAC submission to the review. The VAC/GMHC Board has supported most of the recommendations and has indicated to DHS that there are a few where it wishes to have further discussions about how these might be implemented.

This review completes the process, begun in

the 1996 review, of making PLWHA Victoria an independent autonomous organisation funded directly by DHS rather than through VAC/GMHC. With VAC's full support, the Treatments Officer position has been transferred from VAC/GMHC to PLWHA Victoria. VAC has agreed with DHS and PLWHA Victoria to continue the current arrangement, whereby VAC provides PLWHA Victoria with accommodation and services free of charge, during the period while DHS is determining the longer-term arrangements for the location of PLWHA Victoria.

We were also pleased that the review made a number of recommendations for improvements in the way DHS plans and purchases services from the HIV/AIDS community sector, including VAC/GMHC. This was an issue that we had given some emphasis to in the VAC submission to the review.

These recommendations call for greater transparency in DHS processes, including the publication annually of the statewide funding plan; clear and transparent processes for priority setting and funding in line with the implementation plan for the Victorian HIV/AIDS Strategy; the development of meaningful performance indicators for use in contracts between DHS and funded agencies; and the inclusion of an amount in all contracts to be used for evaluation of funded programs. The DHS response has indicated broad agreement with these recommendations.

There are two areas where the DHS response has been inadequate and we will be seeking further negotiations on these issues. The review recommended that DHS should provide an annual capital grant to VAC/GMHC to contribute to the ongoing maintenance and related building costs (including compliance with regulations) for the Claremont Street premises. This recommendation recognises that the Claremont Street premises are owned by GMHC and used by VAC but the contract between DHS and VAC contains no figure for rent and no mechanism for payment of ongoing maintenance costs such as the replacement of the air conditioning. When these capital costs had to be met in 2001–02, VAC/GMHC sustained a substantial deficit when DHS refused to provide any financial assistance to meet these costs, claiming they were a matter for GMHC as the owner of the building. DHS has indicated that it is not willing to implement this recommendation and the Board is seeking further discussions with the Department about this issue.

The review also recommended that VAC/GMHC should give greater priority, both in terms

of focus and the allocation of funding and other resources, to health promotion targeting homosexually active men. In particular, the reviewers noted that, over time, funding had declined for locally generated social marketing campaigns and there were now no funds allocated to this work in VAC. The review panel stated that 'VAC/GMHC should not be expected to provide funding for such campaigns from within its current funding allocation' and agreed that 'additional funding for these purposes will need to be provided by DHS'.

The published DHS response to this recommendation is completely inadequate, with the department stating that they 'expect that VAC will seek to identify and allocate sufficient resources within its annual allocation to support campaigns and health promotion activities that are responsive to current and emerging issues'. Initial discussions with DHS staff have revealed that they have no plan for how resources could be diverted from other services to fund this increase in HIV prevention, or which areas of service delivery for people living with HIV/AIDS they believe are now redundant.

VAC/GMHC supports the review recommendations for a greater focus and funding allocation to HIV prevention and is committed to working with DHS to examine areas of our work that they believe could cease in order to pay for this increase. However, the management team and Board carefully review all programs in each annual budget round, we have reviewed the HIV Services program and the PLC with external reviewers in the past two years and have implemented their recommendations for restructuring the staffing and the service delivery models, and we do not believe that there are significant savings to be made to offset the increases needed in health promotion.

We believe that successive Victorian governments, by failing to index payments to the community HIV/AIDS sector, diverting indexation payments from the Commonwealth to other projects, and failing to ensure that funding kept pace with needs have allowed the Victorian HIV/AIDS response to run down to the extent that all HIV/AIDS community organisations need an injection of recurrent, project and capital funding just to maintain the position the sector was in 1997. The incoming Board will monitor the progress of these negotiations and if necessary, will institute a public campaign to secure appropriate levels of funding for our health promotion work without reducing the levels of support we provide to meet the needs of people living with HIV/AIDS.



VAC/GMHC BOARD MEMBERS (LEFT TO RIGHT)

MIKE KENNEDY, KEVIN GUINEY, JOHN DAYE, NEVILLE BRAYBROOK, BERNIE TOLAN, MARK M'COLL, JON WILLIS. ABSENT: DORIS BEECHER

2003–2004 has been a busy and fulfilling year in Counselling Services for our biggest ever counselling team of staff, students, supervisors, interns and volunteers.

#### CLIENT EVALUATION SURVEY

To ensure continued delivery of Counselling Services that are both accessible and meet the needs of our clients, a Client Evaluation Survey (CES) was developed and tested in late 2003 and implemented this year. Respondents expressed satisfaction both with their counsellor and the service provided.

A high value was placed on the service being affordable and the counsellors being non-judgmental and specialists in HIV and GLBTI issues. A full report describing the development and implementation of the CES will be published late in 2004. It is envisaged that the survey will now be conducted annually.

#### THERAPEUTIC GROUPS

Therapeutic groups provide psychological support and intervention through participation in the group by the group. Participation in therapeutic groups can alleviate feelings of loneliness, isolation, depression and helplessness.

For some, group therapy can offer a more realistic environment to understand and change behaviour than individual therapy.

During the year we conducted our second therapeutic group for negative partners of positive men. This project was a joint initiative between the Counselling Team and the Health Promotion Team. The coming year will see the introduction of an integrated and ongoing program of therapeutic groups as a way of addressing the continuing challenges of the HIV/AIDS epidemic and the needs of the gay community. This program will include the introduction of a Men's Behaviour Change

Program and a therapeutic group for people living with HIV/AIDS.

#### STUDENT PLACEMENTS

During the year, five university students from social work, psychology and welfare disciplines contributed to service delivery and project work in line with service needs. On completion of their placement, students demonstrate a high level of knowledge and sensitivity to our client groups and take this with them into future professional employment. Two former students have made direct contributions to work with people living with or at risk of HIV in developing countries.

Angelo Acevedo is now one of only two social workers employed in Chile working with people infected with HIV/AIDS. With limited resources and in very difficult working conditions, many of the people Angelo sees are young intravenous drug users. He expressed his gratitude to counselling staff and VAC/GMHC for the opportunity of a placement that has supported him to realise his life goal to work in this field in his own country.

After his placement Andrew Richardson travelled to Dhaka, Bangladesh to volunteer at an organisation that works to prevent HIV/AIDS among men who have sex with men. Andrew believes that his placement at VAC/GMHC equipped him with knowledge of HIV/AIDS, clinical social work skills and sensitivity to HIV/AIDS issues among diverse populations. He drew on these essential tools in navigating his way through some very challenging experiences whilst volunteering in Bangladesh.

#### INTERNSHIP PROGRAM

This program continues to flourish with 12 interns from three partner training institutes beginning their internships in 2004. Internship programs

have now been established with Gestalt Therapy Australia, Gestalt Institute of Melbourne and Australian College of Contemporary Somatic Psychotherapy.

#### VOLUNTEER COUNSELLORS

This year we have seen another increase, from 18 to 24, in the number of counsellors who volunteer their professional counselling skills to clients.

Julia Doherty, a volunteer counsellor who has recently completed 2<sup>1/2</sup> years at VAC, had this to say about the experience:

*Working as a volunteer counsellor at VAC has contributed enormously to my growth and development as a therapist. The counselling service is run by people who understand the nature of the work involved and who provide a very supportive space where I felt held and cared for. It is also a place where I felt welcomed and where I had a sense of belonging, even though I was only there for a few hours a week.*

These comments and stories highlight the value to students and volunteers of their work in Counselling Services. In particular, Julia notes the importance of an environment where she 'felt held and cared for'—it is our experience that providing this holding environment for counsellors ensures that they in turn are resourced to work with strength, compassion and insight with our clients.

I take this opportunity to note the wonderful contribution of our supervisors, both within VAC/GMHC and in our partner training institutes, to providing this support for our counsellors. I'd like to thank all staff, supervisors, students, interns and volunteers for their commitment and skill in providing therapeutic services to our communities again this year.

  
NICCI ROSSEL—MANAGER COUNSELLING SERVICES



Over the past year the Health Promotion team has been able to expand our level of activity in every area of the program. In a variety of social and sexual settings we have distributed over 95,000 safe packs which have included condoms, lube and safe sex information. In addition the Outreach Project of the program has conducted over 600 visits to sex on premises venues and beats around metropolitan Melbourne providing information on sexual health and HIV to a broad range of homosexually active men.

We have conducted 25 peer education courses which have examined a number of issues related to the way gay men live and negotiate their relationships and sexual lives from coming out, sexual health, HIV/AIDS to internalised homophobia and issues relating to recreational drug and alcohol use. In addition we have published a series of articles fortnightly in the gay press addressing a broad range of HIV and gay men's health and wellbeing issues including: condoms, perceptions of intimacy & HIV, HIV treatment breaks, barebacking, crystal meth and sex, PEP and communication in serodiscordant relationships amongst other things. During the year the Health Promotion team also maintained a presence on the internet, with regular sexual health information updates through the *checkitout.net.au* site and the VAC/GMHC site. In addition we broadcast a weekly radio program on JOY FM which principally addressed issues related to health and well being for HIV positive men. The T-cell Variety Hour covered a broad range of issues from PLWHAs returning to the workforce and treatment information to discrimination and PLWHA and HIV in detention centres.

2003–04 has seen a number of considerable shifts both in the HIV/AIDS epidemic and the work

of the Health Promotion Team. In the year under review, while there were increases in HIV notifications in New South Wales, Queensland, and Adelaide, in Victoria, for the first time in three years there was no increase reported. While this is an encouraging result, increases in sexually transmitted infections (STIs) other than HIV (such as gonorrhoea, syphilis and Chlamydia) remain a concern and a target for health promotion interventions.

One of the ways we have sought to address this issue through the work of the program is the 'check it out' campaign which was released during the 2004 Midsumma carnival and officially launched on May 29 at the Market Hotel in a star studded cabaret spectacular that included Judith Lucy, Adam Richard, Denise Scott, Ethel Chop and Eddie Perfect. The campaign aims to get sexually active gay men to test regularly for STIs and targets gay men, men who have sex with men (who do not identify as gay), young gay men and gay men from culturally and linguistically diverse backgrounds. In addition to print media, the campaign also includes radio, public transport billboards, the internet and, in collaboration with the Burnet Institute, an extensive sentinel surveillance program that will form the basis of a detailed campaign evaluation.

The past year has seen the program actively involved in two social research initiatives with the Australian Research Centre in Sex Health and Society (ARCSHS) that will have significant implications for our work in the future.

The first enabled us to research the use of fear-based campaigns in HIV prevention work. This was in response to the sustained increase in HIV notifications as well as increases in STIs (other than HIV) in Victoria that led some players in the HIV partnership to question the efficacy of current

health promotion strategies in relation to STI prevention efforts in general and HIV in particular.

Social commentators, clinical practitioners, politicians and community leaders had suggested that what was needed at this time was a return to a fear based strategy that might shock communities that they consider have become complacent about the threat of HIV and its consequences.

Together with Dr Sean Slavin, we examined the available literature on fear based campaigns and ran a series of focus groups with HIV positive and HIV negative men testing a fear based campaign centred around the toxic side-effects of antiretroviral therapy.

Our findings across all the focus groups were remarkably consistent: based on objective behavioural scientific evidence, a fear based campaign simply would not work to facilitate the desired outcome (of reducing HIV transmission) and could, conceivably have the opposite outcome of increasing HIV transmission by dissuading HIV positive men from taking up much needed treatment options. This would not only have catastrophic effects on the health and well-being of PLWHAs but also increase the communal HIV viral pool, making transmission more likely. This important research has been made available to AIDS Councils throughout the country and is currently being considered for peer reviewed international publication.

The second research initiative was conducted in collaboration with Dr Jeffrey Grierson at ARCSHS. This work involved a series of focus groups comprising both HIV positive and HIV negative gay men. These groups looked at ways in which HIV prevention has impacted on their lives over the course of the epidemic. What the research found was that in the past, while we have incorporated



the experience of gay male sexual practice in the work of health promotion (for example negotiated safety and strategic positioning), we have done comparatively little in suggesting the aspirational value of HIV negativity in the maintenance of that health status.

Engaging emotion, aspiration and imagination, although novel in HIV prevention, is consistent with approaches common in contemporary social marketing.

Educators in the community sector have considered the deployment of desire, imagination and emotion in HIV prevention social marketing as suspiciously beside the point—we have often felt the need, as educators, to ‘tell them what to do’, or to get ‘them’ to act in their own best interests based on the information provided. Often that information is received as over complicated, confusing or irrelevant. In the worst cases of the kinds of over-complication referred to here, we publish sets of statistics and epidemiological information in the ill-founded belief that ‘the community’ will somehow position themselves in relation to the information provided and do the ‘right’ thing.

So much of the social marketing aimed at gay men in relation to HIV prevention is bound in statistics that we have ignored the fact that gay men operate in a culture which uses a variety of often very subtle ways to communicate. The rationale for the upcoming campaign argues that, after 20 years of prevention education, we may be at a point where, as part of our response, we move beyond instruction and education and seek to engage in ideas around aspiration and imagination.

This campaign will augment our existing work in peer education, outreach and the Internet, as well as gay community media and will be launched in 2005.

COLIN BATROUNEY—MANAGER HEALTH PROMOTION

In April, the HIV services unit said a very sad farewell to Vikki King—the manager of the program for the past 13 years. Vikki had been an inspiration to many and a champion for the rights of PLWHA. Vikki has moved on to an exciting new role in NSW and although staff, volunteers and clients miss her dearly, we wish her well.

DAVID WILLIAMS FUND

This year there were 1,625 David Williams Fund (DWF) requests from 655 clients totalling nearly \$150,000. The DWF disbursed approx \$110,000. The recipients and staff of DWF would like to thank the many businesses, organisations and individuals who generously contributed to the DWF during the year.

Without the generous support of the community and our regular donors (in particular we would like to thank M.A.C Cosmetics for their continuing support from the sale of their Viva Glam lipsticks in Victoria), it would not be possible to meet the basic needs of PLWHA in Victoria. The top four categories in regard to disbursements were food vouchers (\$22,640), white goods (fridges and washing machines) (\$20,976), beds (\$9,339), and rental assistance (\$6,966).

MICHELLE ROBERTS—DWF COORDINATOR

POSITIVE LIVING CENTRE

Throughout 2003–2004 the PLC saw many changes and challenges. The PLC improved its feedback systems by conducting two forums in relation to activities of the PLC. A PLC reference group was convened and had its first meeting in August 2004. This will ensure both members and stakeholders are provided the opportunity to feed into PLC activities and programs.

During the year the PLC extended its outreach services. With support from The Alfred Hospital the PLC was able to offer exercise classes facilitated by physiotherapists and relaxation and cooking classes provided by occupational therapists. Both Straight Arrows and Positive Women conducted outreach on site on a regular basis, an initiative that was supported by the majority of PLC Members. In addition Alan Strum, Treatments Officer with PLWHA Victoria commenced outreach at the PLC. The PLC is always investigating further opportunities that will improve access to services by our members. The year has seen our volunteer base grow and many of the services such as dinner and pantry, massage and legal services could not be achieved without their dedication and support. With new staff in the HIV Services Unit there has been an overhauling of policies and procedures and

training opportunities for our volunteers. As a result of these changes we are able to provide a greater level of service and support for volunteers. The PLC had a stall at Midsumma Carnival which was a lot of fun. Our first Trivia night was a raving success and raised approximately \$6000. We plan to hold another fundraiser in early 2005.

At present we are averaging three new members each week. There has been a substantial increase in the number of women accessing the centre over the past twelve months. Pantry Service assists approximately 115 people per fortnight. The food service was reviewed during the year and the recommendations resulted in major changes to the food service program. Rod Crellin has done a fabulous job in this area. We provide approximately 80 people with dinners and 40 people with brunch each week. The PLC has also taken over facilitation of the North and South Drop In during this year. The activities program has had some new initiatives including garage sale trips, op shop tours and day trips to areas of interest. Rod Mackintosh has done a fabulous job managing the recreational and volunteer program and steering the ship forward in my absence.

The HIV/AIDS Legal Service has continued to provide advice to the positive community particularly in relation to immigration, discrimination and the preparation of wills. Over the course of the year this service has assisted over 80 PLWHA.

We look forward to a year of further improvements and innovations to the services that we provide. A big thank-you to the staff and volunteers for their ongoing commitment to our members and most of all the members for making the Centre the vibrant and colorful place that it is.

JULIA FREEBORNE—PLC COORDINATOR

#### COMMUNITY SUPPORT PROGRAM

Evolution, consolidation and progress—these are the words that come to mind when examining the experience of the Community Support Program throughout 2003 to 2004. Change has continued, however the fundamentals of the program have never been in doubt: appropriately responding to the complex needs of our clients in an increasingly fragile community sector.

The past year has seen the continuing evolution of our new service model and the fine-tuning of structures to best serve the needs of clients, whilst also responding to issues raised by volunteers. We acknowledge the differences and at times the difficulties that these changes have generated but recognise that change provides an opportunity to review

our services and remain responsive and relevant.

In 2002/2003 the program saw massive structural change that significantly impacted on the way we operated. We have consolidated aspects of our work practice, underpinned by the recruitment of highly experienced staff to compliment the dedication of our volunteer base. With the departure of Berni Holman, Ravi Lulla and Sherry Cuthbert both Tash Wark and Neville Braybrook were appointed as Client Support Officers in the North/West and East Regions respectively – with Suellen Peak remaining in South Region. Jane Livingston was recruited to take on Training, and John Hall has assumed the duties of Team Leader. Lynda Horn continues to provide clients with exceptional opportunities to participate in social and cultural activities via the successful (despite funding limitations) PK Tix project.

Our Volunteer Support Leaders have continued to progress their role providing support to volunteers and valuable feedback to us on ways to further develop and enhance this function. The past year saw our regional meeting schedule go from quarterly to bi-monthly with the consolidation of these gatherings so that all volunteers across all regions have the opportunity to come together.

No doubt a lot of work remains and many significant challenges lie ahead in this the Community Support Program's twentieth year. We wish to thank all of our volunteers who remain integral in this community response to HIV/AIDS. We will continue to need your energy, your ideas and your commitment in order to meet our objectives of providing the best outcomes for our clients and to remaining a strong and, when necessary, vocal community based response to the epidemic.

JOHN HALL—TEAM LEADER COMMUNITY SUPPORT

#### HIV PEER SUPPORT

The Peer Support Program continues as an ongoing service at the Positive Living Centre. In the last financial year there were approximately 668 telephone contacts, 372 one on one meetings and six peer support groups run with a total of 60 participants being involved. Most of the groups ran for eight weeks with a couple running for 10 weeks. As a result of the popularity of these support groups we are now trialing an 'Ongoing Group' on a Saturday afternoon for participants who feel that there are more issues and discussions to be covered. Some previous group participants have expressed an interest and are being included in this format.

Many issues being spoken about in the groups

remain the same as in previous years. Topics such as disclosure, support, medications, safe sex as an HIV positive person, life changes as an HIV positive person, emotional and mental issues around HIV, doctors and specialists in the medical profession, and relationships continue as hot topics. In the last year many more participants were also talking about their own spirituality, going back to work and getting on with life. Sadly the topic of finance also features for many of the participants as a constant issue they have to deal with and learning how to survive on the Centrelink pension.

As in past years it is worth noting, once again, the amount of newly diagnosed individuals coming through the program. Of great concern is the lack of pre and post test counselling that is given, with on average nine out of 10 clients seen in a one to one meeting who could not recall having a pre or post test counselling session.

The future of the peer support program relies upon the generous contributions of the peer facilitators and it is to them that this report is dedicated. Their loyalty is truly remarkable.

MARCUS YOUNGER—HIV PEER SUPPORT OFFICER

#### HIV POSITIVE YOUTH ACCESS

During the year Fresh continued to work on new ways to access and support HIV positive young people. Since the PLC move to Prahran many Fresh members have also become members of the PLC.

In 2003–2004, Fresh held an art competition comprising all art mediums. The theme for the competition was 'the world we live in'. Entries were submitted according to three categories: visual art, written pieces and performing arts. The competition was open to all HIV positive young people, their friends and family. Some great artwork was produced. It was held during AIDS Awareness Week at the PLC and was the first art competition run by Fresh. In April 2004 the City of Port Phillip funded the first Fresh Comic Art Exhibition. The images were displayed at the St Kilda Town Hall during Youth Week. One of the images was printed into a post card. Fresh is now working on developing the post card into a poster.

Fresh is featured on the queer planet website at [www.queerplanet.com.au/fresh/](http://www.queerplanet.com.au/fresh/)—the page is getting a lot of attention and is the highest hitting page so far. The Fresh anthology began with an evening of poetry and storytelling followed by an informal workshop on writing. The anthology has produced some great pieces that will eventually be collated into a book.

This year six Fresh members were fortunate to

go on two retreats in January and April. The first one was held at the Amarant Retreat Centre in the Yarra Valley. The participants were introduced to reiki, meditation, yoga, breathing and relaxation techniques. The second retreat was held at Lansborough where participants underwent three days of reiki 1 training. Both retreats were funded by the Foundation for Young Australians.

Fresh continued to run social activities for members including horse riding, rock climbing, movies and a trip to the aquarium. We also reintroduced Tuesday night dinners at the PLC as a night for Fresh members to come to the Centre. Other projects such as the Fresh newsletter issued bimonthly and buddy system continue to operate.

GINA GRECO—YOUTH ACCESS PROJECT

#### VOLUNTEER PROGRAM

During the year the volunteer program continued to meet the volunteer demands of the organisation. Staff and volunteers have worked hard to develop clearer and more effective systems and processes that will enable us to assess and evaluate our screening and selection methods and the ongoing training and work satisfaction needs of our volunteers. It will ensure we maintain a competitive edge in the community where volunteers are one of the most valuable resources in service delivery both in the not for profit and government sectors.

Volunteers continue to be in high demand in direct service areas such as the Community Support Program and at the PLC. Targeted recruitment strategies have focused on recruiting volunteer drivers in all areas. Drivers are crucial in transporting our clients to and from medical appointments. Similarly massage therapists, receptionists and operations volunteers continue to be in demand at the PLC. In other programs, such as fundraising, the demand for volunteers has been ongoing throughout the year and various depending on events and activities.

With a major shift this year in the government's growing interest in strengthening volunteering in Australia we are seeing more funding being directed to research into volunteering, grants for volunteer organisations, initiatives for volunteer training and establishment of a National Volunteer Skills centre. As an organisation heavily reliant on volunteers the changes on a national level are very welcome, as they will enable us to access support and funding for developing and resourcing our volunteer program. We aim to build on our volunteer program by continuing to support our amazingly hard working volunteers thereby ensuring a high level of service to our clients/constituents.

MARY GIANEVSKY—VOLUNTEER INTAKE

☞ TRAINING COORDINATOR

BRETT ALLAN—MANAGER HIV SERVICES



The In Home Support Program is designed to expand the options available for people living with HIV/AIDS. The Program aims to help people with cognitive or physical impairment to continue living in the community while maintaining their health and independence. The In-Home Support Program has its own Committee of Management and, by arrangement with the Department of Human Services, is auspiced by VAC.

The Program has access to a small number of properties, which are located within easy reach of The Alfred Hospital, and provides long-term, supported accommodation to clients in these properties. The focus is on identifying the unmet needs of these clients and addressing these needs by complementing existing supports and services with paid attendant care.

The Coordinator of the Program provides case management to clients in our properties. A comprehensive care plan is developed in close consultation with the client and is regularly reviewed with the client, service providers and other significant people. The Coordinator is the first point of contact for any of the clients' care needs and this relieves clients of the burden of liaising with the many services that may be involved in their care.

We also have an outreach service that provides attendant care to clients living in their own homes. This service has been provided throughout Mel-

bourne and on occasions in regional Victoria.

#### WORK WITH OTHER AGENCIES

The Coordinator of the In Home Support Program maintains close working relationships with other care providers so the service to our clients is as seamless as possible. These providers include Disability Attendant Support Service Inc (DASSI), the Royal District Nursing Service, the Victorian AIDS Council (Positive Living Centre, Community Support Program, David Williams Fund, Centre Clinic), Supported Housing Limited, The Alfred Hospital (including Fairfield House), Melbourne Sexual Health Centre, Prahran Market Clinic and Carlton Clinic.

#### THE YEAR GONE BY

Don Hay, the Coordinator of the In-Home Support Program, has taken five months' study leave from June 2004. Don was awarded a Churchill Fellowship to study overseas organisations that use volunteers to support people with HIV/AIDS. He is visiting the United States, Canada and the United Kingdom. Campbell Smith was employed as Acting Coordinator until Don's return in November 2004.

Support to clients in the Program's properties continues to be the major part of our work. During the year there has been a steady increase in outreach services to clients in their own homes who require care and support. The Program provided 4607

hours of paid attendant care, and this total included 978 hours of outreach care. As well as the general growth in demand for outreach care, we are seeing an increase in outreach clients who are very unwell and have more complex care needs.

The In Home Support Program Committee of Management has focused on the Program's growing demand. The committee has commissioned an independent survey to assess our clients' views of the service. Following a Future Directions workshop in May, it was also decided to appoint a consultant to conduct a full review of the program. The aim of this review is to outline future options for the program, including the service delivery model, governance arrangements and management structure. The review will also study client outcomes and produce a cost-benefit analysis.

Attendant care to our clients is provided by DASSI, which has taken over the former agency Communitique. Michael Schilders, our new Client Services Coordinator at DASSI, started work in June and has been meeting all In Home Support clients to update their support plans. We extend our thanks to everyone at DASSI, particularly Michael and his team of support coordinators. Thanks also to the many committed attendant carers who have worked with our clients.

CAMPBELL SMITH—COORDINATOR IN-HOME SUPPORT



#### IN-HOME SUPPORT COMMITTEE OF MANAGEMENT 2003-04

DAVID MENADUE (CHAIR)—PLWHA VICTORIA

LAWRENCE CAMERON—ROYAL DISTRICT NURSING SERVICE

CINDY JEFFREY—ROYAL MELBOURNE HOSPITAL

ANGELO MORELLI—THE ALFRED HOSPITAL

BRIAN PRICE—AIDS HOUSING ACTION GROUP

DON HAY—CO-ORDINATOR

Nowhere more than at the Centre Clinics, the clinical medical program of VAC/GMHC, do the areas of HIV prevention and HIV care and support overlap. The increasing numbers and the increasing complexity of care in an environment of diminishing resources has pre-occupied the sector in recent years. Subsequently, the Centre Clinics' role in health care and support for PLWHA has overshadowed its role in the area of HIV prevention.

Why does VAC/GMHC run a medical service? Firstly, because a community based, publicly funded practice can offer the best possible health care to people with HIV. Secondly, and by no means less importantly, to prevent new HIV infections by working individually with people vulnerable to or at risk of HIV infection.

With rising rates of HIV infection and STIs across the developed world, all centres need to evaluate their HIV prevention strategies.

Data collected locally show high rates of HIV testing amongst gay men in Victoria. As identified in the 2003 Melbourne Gay Community Periodic Survey, 85% of gay men indicated that they'd ever had an HIV test and around 40% that they'd had a test in the past six months. Melbourne gay men are a high testing and frequent testing community.

When we look at people testing for HIV at the Centre Clinics, we find that only 5% of men testing had never had a test before, 45% had been tested in the last year and 80% in the past 3 years.

It is interesting to compare these figures to figures relating to men who have sex with men

(MSM) diagnosed with HIV in Victoria. Two critically important facts fall out of these figures. Firstly, approximately 30% of newly diagnosed men with HIV report never having had a previous HIV test. Secondly, less than half of newly diagnosed men with HIV had their HIV test done at centres which 'specialise' in sexual health or gay health, like the Centre Clinics.

What might these comparisons reflect? Firstly, let's look at the rates of being tested. 30% of newly diagnosed men have never been tested before. Five per cent of men tested by the VAC/GMHC have never had an HIV test before. This is not as incongruent as it might seem, given the high rates of repeat testing (45% having tests more than once a year) and the high number of total tests. Five per cent actually adds up to large number of people presenting for a first test. Of course they are outnumbered by the much larger group of people presenting for multiple tests and repeat tests. Most of the community has already been tested, so we really only need to keep a constant low rate of this 'first testing' group to keep the high testing rates topped up.

The most alarming disparity is the very high rate of first time testing amongst those newly diagnosed with HIV infection, particularly in comparison with the low rates of positive tests amongst repeat testers at the Centre Clinics. However, equally of concern is the fact that other treatment centres diagnose most of the HIV infections.

Does this mean that the Centre Clinics, as with other major MSM HIV testing centres, are targeting

the wrong population? Are we testing the low risk MSM while the high risk MSM (ie the MSM most likely to be infected) if they get tested at all, are getting tested in centres that don't specialise in HIV.

It has to be said that this is one possible explanation of this disparity. However, it is not the ONLY explanation. Other explanations warrant exploration.

At the recent Australasian Society of HIV Medicine (ASHM) conference in Canberra, Dr Gary Rogers presented data from the 'Care and Prevention Project' in Adelaide. The project enrolled gay men as they presented to their primary health care general practice, followed their progression every year and included, amongst other things, questions about sexual risk behaviour. They found in this population study high rates of 'chronic dysthymia', a sort of grumbling long-term depression and a strong association between having chronic dysthymia and having unprotected anal intercourse with casual partners (UAIC). Perhaps most significantly, they found that over time, as this dysthymia was treated, the rates of UAIC gradually and steadily dropped.

This leads to a hypothesis, that evades most public health policy makers, that what clinics like the Centre Clinics or the Care and Prevention Project in Adelaide are doing is not simply testing for HIV and measuring the rates of HIV infection in our community. What we are doing is actually reducing the risk of HIV infection amongst those men who come through our doors. This hypothesis, and Dr Roger's data is the first data to address this,



in fact would correctly explain all the figures and disparities explained above.

When someone presents for a test, they most often have not had the opportunity, yet, to receive one on one HIV risk reduction counselling. So it is not so much that men having their first test are at increased risk, but that men having repeat tests are at reduced risk because they have been provided the opportunity to benefit from accessing a health service that counsels, encourages and supports reducing their risk.

The same can apply to the place where they were tested. When someone presents to a clinic which does not specialise in sexual health or in gay men's health, their risk of HIV infection may not be recognised and they might not be encouraged to take a test. If they do take a test, they might not receive the same risk reduction counselling that they would receive in a specialist centre. So again that doesn't mean that these men are at increased risk, as such, but that men who have engaged with a gay supportive and HIV aware health practice are at reduced risk of HIV infection.

With the recent VAC/GMHC testing campaign, the spotlight has again fallen on HIV testing and its pivotal role in HIV prevention. The VAC/GMHC, in running the Centre Clinics, plays a critical role in HIV prevention through individual HIV risk reduction strategies with many thousands of MSM. As HIV prevention becomes more complex, the role of the primary clinic in HIV prevention is becoming more and more important.

NICK MEDLAND—CLINIC DIRECTOR, CENTRE CLINICS



During 2003–2004, the SDAS Program continued to provide administrative, infrastructure and management support to VAC/GMHC staff, the Board of Directors, other service providers, key agencies, and relevant stakeholders. The organisational review has provided the SDAS program with an opportunity to reflect on its capacity to support and advise on service provision, and to manage the development of key policy areas, both internally and externally. Our team looks forward to 2004–2005, intent on continuing our impeccable service within the organisation and to the community.

#### VAC/GMHC REPRESENTATION

VAC/GMHC continues to support the work of other peak bodies, including AFAO, VCOSS, NAPWA, and ACOSS. Locally, VAC/GMHC is represented on various committees, including the Victorian Police Advisory committee, ARCSHS 'Health In Difference' conference organising committee, the Attorney General's Gay and Lesbian Advisory committee, and has had input into the revision and subsequent amendments of government policy and Victorian legislation.

#### POLICY & PROCEDURES DEVELOPMENT

During the year, the following VAC documents were either revised or have undergone revision: Privacy Policy, Website Policy, and Fundraising Project Planning and Procedures. The Management Team has undertaken a significant amount of work during 2003–2004 towards revising other core policies, with much of this work being done in tandem with the 2003 organisational review.

#### WEBSITE UPDATE

The SDAS program has undertaken a review of the VAC/GMHC website. The website has been identified as an integral communication tool of the organisation. The website provides a cost-effective way to publish information about VAC/GMHC and its services in a format that people can access anonymously. The VAC/GMHC site [www.vicaids.asn.au](http://www.vicaids.asn.au) is gradually being updated and revised in response to new and emerging issues within the HIV/AIDS sector.

#### FIFTH NATIONAL HIV/AIDS STRATEGY

During the year, the Federal Government agreed to AFAO's suggestion to extend the 4th National HIV/AIDS Strategy until January 2005. The draft 5th National Strategy has been signed off by the Commonwealth Ministerial Advisory Committee and it is understood that the report has gone to the Health Minister for final approval. Public consultations on the draft are scheduled for later in 2004.

#### VAC/GMHC FUNDRAISING REVIEW

Fundraising continues to be an important revenue-raising strategy for VAC/GMHC, and provides the means by which key service delivery projects can be established and maintained. In line with the recommendations highlighted in the VAC/GMHC organisational review, fundraising, as a 'whole of organisation' responsibility, is being reviewed. This review aims to look at ways that the organisation can strategically capture and prioritise its fundraising opportunities.

#### INFORMATION TECHNOLOGY (IT)

The challenge for IT during the year was to maintain

adequate security systems in an environment of increased external security threats. In response to this identified security risk it was necessary for the organisation to invest time in attending two security seminars conducted by Microsoft. During 2003–2004 minor work station and laptop upgrades have gone ahead. IT systems continue to function reliably.

PAUL REES—NETWORK SUPPORT OFFICER

#### ADMINISTRATION

Administration is the public face of the VAC/GMHC. Reception is an important role of the Administration Team at the Claremont Street office. Reception is staffed from 9.00am until 9.00pm, Monday to Thursday, and 9.00am to 5.00pm on Friday—a total of 56 hours a week. During the year, two dedicated staff, one day volunteer and 13 Night managers took approximately 20,000 telephone calls, engaged directly with 2500 visitors, and provided approximately 600 referrals to other services. In addition, they staffed the needle and syringe program, sold safe sex supplies, and managed the numerous requests from other staff for resources, including meeting rooms, vehicles and office equipment.

The Administration Team, both paid and unpaid, provide an invaluable service to the organisation. It is because of their work that the centre can remain open during the evening so that our clients, the public, and the many and varied GLBTI community groups who utilise our meeting spaces are able to access services outside normal business hours.

MICHAEL THOMAS

—EXECUTIVE OFFICER, ADMINISTRATION

#### EVENTS & FUNDRAISING

The Events office continued its work raising funds for the David Williams Fund, which supports Victorians living with HIV/AIDS who are experiencing financial hardship. During the year, the Events project continued to work with its fundraising partners, while forming new alliances and developing new fundraising initiatives and events.

Reports have indicated overall cash donations to be down marginally, as well as falling off around Christmas. In response, the project devised a number of new fundraising activities, and hopes to increase both cash donations and ‘gifts in kind’ support for the coming year. During the year, more than 250 volunteers worked tirelessly to support the project in its fundraising endeavours. It would not be possible to achieve our fundraising goals without this strong volunteer support.

We look forward to the coming year and thank those who have assisted the events fundraising office.

GRAEME STEPHEN

—FUNDRAISING & EVENTS COORDINATOR

#### FINANCE & HUMAN RESOURCES

Once again, the finance team has ensured a smooth audit control process for the 03/04 financial year. As auditor Andrew Wehrens commented, VAC/GMHC is one of the most transparent and accountable organisations on his books.

On a personal note I leave the organisation after nine years of service. I would like to thank all those at VAC/GMHC who have supported me during this time.

ADRIAN MARSHALL—EXECUTIVE OFFICER,  
FINANCE & HUMAN RESOURCES

FIONA TUNLEY—MANAGER STRATEGIC  
DEVELOPMENT AND ALLIED SERVICES





Victorian AIDS  
Council Inc.  
Reg No A3609  
Gay Men's  
Health Centre  
Inc. Reg No  
A0010550F

BOARDS OF MANAGEMENT'S REPORT FOR THE YEAR ENDED 30TH JUNE 04  
Your Boards of Management submit the consolidated financial report of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc for the financial year ended 30th June 2004.

BOARDS OF MANAGEMENT The names of the Boards of Management members throughout the year and at the date of this report are: Darren Russell, Mike Kennedy, Kevin Guiney, Brian Price, Greg Horn, Kim Glover, Doris Beecher, Jim Arachne, Jon Willis, Mark McColl, Bernie Tolan, Bernie Holman, Neville Braybrook, Kirk Peterson, and John Daye.

PRINCIPAL ACTIVITIES The principal activities of the association during the financial year were that of providing support, education, and advocacy for all those affected by AIDS, especially gay and bisexual men and promoting the health and well being of gay and bisexual men.

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

FINANCIAL RESULTS The profit from ordinary activities for the year was \$92,036 (2003 \$5,603) and no provision for income tax was required as the associations are exempt from income tax.

Signed in accordance with a resolution of the Boards of Management.



JON WILLIS—PRESIDENT



MARK MCCOLL—TREASURER

South Yarra, 6TH September 2004

STATEMENT BY THE BOARDS OF MANAGEMENT FOR THE YEAR ENDED  
30TH JUNE 04

The Boards of Management have determined that the associations are not reporting entities and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

In the opinion of the Boards of Management the financial report as set out on pages 16 to 18:

—Presents a true and fair view of the consolidated financial position of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. as at 30th June 2004 and their performance and cash flows for the year ended on that date.

—At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. will be able to pay their debts as and when they fall due.

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



JON WILLIS—PRESIDENT



MARK MCCOLL—TREASURER

South Yarra, 6TH September 2004

## STATEMENT OF INCOME &amp; EXPENDITURE FOR THE YEAR ENDED 30TH JUNE 04

	NOTE	2004	2003
		\$	\$
Operating revenue	2	3,682,800	3,862,674
Profit from ordinary activities	3	92,036	5,603
Retained profits at the beginning of the financial year		1,451,376	1,445,773
Retained profits at the end of the financial year		1,543,412	1,451,376

The accompanying notes form part of this financial report.

## STATEMENT OF ASSETS AND LIABILITIES AS AT 30TH JUNE 04

## CURRENT ASSETS

Cash assets	4	923,354	560,288
Receivables	5	86,498	138,162
<b>TOTAL CURRENT ASSETS</b>		<b>1,009,852</b>	<b>698,450</b>

## NON-CURRENT ASSETS

Property, plant and equipment	6	3,662,872	3,246,670
<b>TOTAL NON-CURRENT ASSETS</b>		<b>3,662,872</b>	<b>3,246,670</b>
<b>TOTAL ASSETS</b>		<b>4,672,724</b>	<b>3,945,120</b>

## CURRENT LIABILITIES

Payables	7	827,957	644,449
Provisions	8	196,799	216,739
<b>TOTAL CURRENT LIABILITIES</b>		<b>1,024,756</b>	<b>861,188</b>
<b>TOTAL LIABILITIES</b>		<b>1,024,756</b>	<b>861,188</b>
<b>NET ASSETS</b>		<b>3,647,968</b>	<b>3,083,932</b>

## MEMBERS' FUNDS

Reserves	9	2,104,556	1,632,556
Retained profits		1,543,412	1,451,376
<b>TOTAL MEMBERS' FUNDS</b>		<b>3,647,968</b>	<b>3,083,932</b>

The accompanying notes form part of this financial report.

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30TH JUNE 04

	NOTE	2004	2003
		\$	\$
		Inflows	Inflow
		(Outflows)	(Outflows)
<b>Cash flows from Operating Activities</b>			
Receipts from members		3,557	6,042
Core funding grant receipts, donations & bequests		3,178,807	3,239,841
Receipts from sales of publications & services		463,835	267,784
Interest received		21,822	33,942
Payments to suppliers & employees		(3,326,126)	(3,735,141)
<b>Net cash provided by / (used in) operating activities</b>	<b>B</b>	<b>341,895</b>	<b>(187,532)</b>
<b>Cash flows from Investing Activities</b>			
Purchases of fixed assets		(26,731)	(67,958)
<b>Net cash (used in) investing activities</b>		<b>(26,731)</b>	<b>(67,958)</b>
<b>Cash flows from Financing Activities</b>			
Net increase / (decrease) in cash held		315,164	(255,490)
Cash at the beginning of the financial year		534,184	789,674
<b>Cash at the end of the financial year</b>	<b>A</b>	<b>849,348</b>	<b>534,184</b>

## STATEMENT OF CASHFLOWS FOR THE YEAR ENDED 30TH JUNE 04

	2004	2003
	\$	\$
<b>Note A—Reconciliation of Cash</b>		
For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:		
Bank Loan—Re Airconditioning Unit (Unsecured)	(17,086)	(26,104)
Bank Overdraft—(Unsecured)	(56,920)	—
Cash at Bank	620,220	270,918
Cash on Hand	1,250	1,103
Investments	283,927	272,491
Support Group Bank Accounts	17,957	15,776
	<b>849,348</b>	<b>534,184</b>

## Note B—Reconciliation of net cash provided by/(used in) operating activities to profit

from ordinary activities		
Profit from ordinary activities	92,036	5,603
<b>Non-cash flows in profit from ordinary activities:</b>		
Depreciation	82,529	108,316
<b>Changes in Assets &amp; Liabilities:</b>		
(Increase) / decrease in receivables	51,664	(41,604)
Increase / (decrease) in payables	135,606	(267,705)
Increase / (decrease) in provisions	(19,940)	7,858
	<b>341,895</b>	<b>(187,532)</b>

The association has no credit stand-by or financing facilities in place.

There were no non-cash financing or investing activities during the period.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 04

## 1—STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This consolidated financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (Vic). The Boards of Management have determined that the associations are not reporting entities.

The consolidated financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Vic) and the following Australian Accounting Standards:

- AAS 3—Income Tax
  - AAS 4—Depreciation
  - AAS 5—Materiality
  - AAS 8—Events Occurring After Reporting Date
  - AAS 15—Revenue
  - AAS 17—Leases
  - AAS 28—Statement of Cash Flows
  - AASB 1041—Revaluation of Non-Current Assets
- No other applicable Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.
- The consolidated financial report has been prepared on an accruals basis and is based on historic costs and do not take into account changing money values, or except where specifically stated, current valuations of non-current assets.
- The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.
- a) **Principles of consolidation**—The combined financial report of the Victorian AIDS Council Inc. and Gay Men's Health Centre Inc. comprises the consolidated financial reports of both Associations. Any transactions between the two Associations or any monies owing or owed have been eliminated so as to present a report as if the two Associations were one entity.
  - b) **Grants Received**—Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.
  - c) **Membership Subscriptions Income**—In accordance with generally accepted accounting principles for similar organisations, membership subscriptions are accounted for on a cash receipts basis.
  - d) **Property, Plant and Equipment**—Property, plant and equipment are included at cost. The depreciable amount of all fixed assets including buildings and capitalised leasehold improvements is depreciated over their useful lives to the Associations commencing from the time the asset is held ready for use. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.
  - e) **Income Tax**—Both the Victorian AIDS Council Inc. and the Gay Men's Health Centre have been granted exemption from income tax under Section 50-15 of the Income Tax Assessment Act 1997, as amended.
  - f) **Leases**—Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.
  - g) **Employee Benefits**—Provision is made in respect of the liability for annual leave and long service leave at balance date at current rates of remuneration based on applicable award or contract conditions.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 04

	2004	2003
	\$	\$
<b>2—OPERATING REVENUE</b>		
Bequests, Fundraising & Sales	162,846	267,784
Donations	191,403	102,925
Fees Received	349,451	315,065
Grants Received	2,945,468	3,108,756
Interest Received	21,822	33,942
Membership Fees	3,557	6,042
Other Income	8,253	28,160
	3,682,800	3,862,674
<b>3—PROFIT FROM ORDINARY ACTIVITIES</b>		
Profit from ordinary activities has been determined after:		
Crediting as income:		
Interest Received	21,822	33,942
Charging as expenses:		
Depreciation of property, plant and equipment	82,529	108,316
Interest paid	1,573	2,189
Auditors' remuneration		
—Auditing the accounts	13,800	15,000
—Other services	—	—
<b>4—CASH ON HAND AND AT BANK</b>		
Cash at Bank	620,220	270,918
Cash on Hand	1,250	1,103
Interest Bearing Deposits	283,927	272,491
Support Group Bank Accounts	17,957	15,776
	923,354	560,288
<b>5—RECEIVABLES</b>		
Accrued Revenue	65,883	47,806
Prepayments	11,892	10,032
Project Funds in Arrears	7,828	76,454
Sundry Debtors	895	3,870
	86,498	138,162
<b>6—PROPERTY, PLANT AND EQUIPMENT</b>		
Freehold Land and Building		
—Claremont Street at independent valuation 30th April 04	3,000,000	2,550,000
Car Parking Spaces		
—Daly Street at independent valuation 30th April 04	290,000	268,000
Plant and Equipment	38,751	38,751
Less Accumulated Depreciation	(35,660)	(34,695)
	3,091	4,056
Office Furniture at cost	573,571	559,932
Less Accumulated Depreciation	(356,953)	(319,795)
	216,618	240,137
Motor Vehicle at cost	29,637	29,637
Less Accumulated Depreciation	(17,628)	(12,628)
	12,009	17,009
Leasehold Improvements at cost	90,870	90,870
Less Accumulated Amortisation	(22,625)	(12,101)
	68,245	78,769
Computer Equipment at cost	520,839	517,627
Less Accumulated Depreciation	(447,930)	(428,928)
	72,909	88,699
	3,662,872	3,246,670

The land and building at 6–8 Claremont Street South Yarra and the car parking spaces at 11–17 Daly Street South Yarra were purchased solely with funds raised by the association by way of donations, bequests, sponsorship and other fundraising initiatives. Grants received have been used entirely as specified in grant guidelines and not have been used in the purchase of the land, building or car parking spaces.

The land and building at 6–8 Claremont Street South Yarra and the car parking spaces at 11–17 Daly Street South Yarra were independently valued on 30th April 2004 by Mr Chris J Holroyd, BA (Hons), Pg.Dip, ARICS AAPI of Charter Keck Cramer in accordance with a new policy of property revaluation every two years.

	2004	2003
	\$	\$
<b>7—PAYABLES</b>		
Bank Loan—Re Air conditioning Unit (Unsecured)	17,086	26,104
Bank Overdraft (Unsecured)	56,920	—
Grants in Advance (Unexpended)	240,024	143,546
Project Funds in Advance (Unexpended)	370,256	354,111
Trade Creditors	74,281	75,143
Capital Grant in Advance	69,390	45,545
	827,957	644,449

<b>8—PROVISIONS</b>		
Annual Leave	136,418	143,478
Long Service Leave	60,381	73,261
	196,799	216,739

<b>9—RESERVES</b>		
Asset Revaluation Reserve	2,104,556	1,632,556
	2,104,556	1,632,556
—Movements during the year		
—Opening balance	1,632,556	1,632,556
—Revaluation increment on freehold land and building	472,000	—
—Closing balance	2,104,556	1,632,556

<b>10—LEASE COMMITMENTS</b>		
Operating Leases		
Rental Properties & Motor Vehicles		
Payable		
—not later than one year	85,917	89,962
—later than one year but not later than five years	49,348	113,741
—later than five years	—	—
Total Lease Liabilities	135,265	203,703

The association has three property leases and ten motor vehicle leases. Two of the property leases are non-cancellable leases, each with a five year term, with rent payable monthly in advance. Contingent rental provisions within the lease agreements require that the minimum lease payments shall be increased by CPI. An option exists to renew each lease at the end of the five year term for three additional terms of five years. The leases allow for the sub-letting of all lease areas.

The remaining property lease is a non-cancellable lease with a one year term, with rent payable monthly in advance. No option exists to renew each lease at the end of the one year term. The lease allows for the sub-letting of all lease areas.

Summit Auto Lease Australia Pty Ltd hold charges over the assets of the association for the operating leases on the motor vehicles.

## SCOPE

### THE FINANCIAL REPORT & BOARD'S RESPONSIBILITY

The consolidated financial report comprises the statement of assets and liabilities, statement of income and expenditure, statement of cash flows, accompanying notes to the financial statements, and the statement by members of the boards of management for the Victorian AIDS Council and the Gay Men's Health Centre Inc. (the associations), for the year ended 30th June 2004.

The boards of management of the associations are responsible for the preparation and true and fair presentation of the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are consistent with the financial reporting requirements of the Associations Incorporation Act (Vic) and are appropriate to meet the needs of the members. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the boards of management's financial reporting requirements under the Associations Incorporation Act (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

### AUDIT APPROACH

We conducted an independent audit in order to express an opinion to the members of the associations. Our audit was conducted in accordance

with Australian Auditing Standards, in order to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgment, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with our understanding of the associations' financial position, and of their performance as represented by the results of their operations and their cash flows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia. No opinion is expressed as to whether the accounting policies used and described in Note 1, are appropriate for the needs of the members.

We formed our audit opinion on the basis of these procedures, which included:

—examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and  
—assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the boards of management.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our

procedures, our audit was not designed to provide assurance on internal controls.

### INDEPENDENCE

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

### QUALIFICATION

As is common for organisations of this type, it is not practicable for the associations to maintain effective systems of internal controls over donations and other fund raising activities until their initial entry in the accounting records. Accordingly, our audit in relation to donations and fund raising was limited to amounts recorded.

### QUALIFIED AUDIT OPINION

In our opinion, except for the effects on the consolidated financial report of the matters referred to in the qualification paragraph, the consolidated financial report of the Victorian AIDS Council Inc and the Gay Men's Health Centre Inc. presents a true and fair view in accordance with the accounting policies described in Note 1 to the financial statements, the consolidated financial position of the Victorian AIDS Council inc and the Gay Men's Health Centre Inc. as at 30th June 2004 and the results of their operations and cash flows for the year then ended.



LOCKWOOD WEHRENS  
CHARTERED ACCOUNTANTS



ANDREW WEHRENS—PARTNER  
CAMBERWELL, 10TH SEPTEMBER 04



PO Box 1340  
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586 Burke Road  
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# Additional statistical information (unaudited) for the past six years ended 30th June 04

For the Year Ended	2004	2003	2002	2001	2000	1999
<b>Income &amp; Expenditure</b>						
Total Income	3,682,800	3,862,674	3,503,489	3,187,145	3,035,752	3,039,467
<b>Government Funding</b>						
Government Funding	2,945,468	3,108,756	2,959,723	2,576,830	2,516,926	2,474,610
Members Fees	3,557	6,042	8,502	4,957	8,021	4,825
Interest	21,822	33,942	21,907	15,841	12,079	7,621
Other Income	711,953	713,934	513,357	589,517	498,726	552,411
Total Expenditure	3,590,764	3,849,916	3,815,418	3,137,592	3,035,750	2,981,417
Profit / (Loss)	92,036	12,758	(311,929)	49,553	2	58,050
<b>Assets &amp; Liabilities</b>						
Current Assets	1,009,852	698,450	921,766	1,576,158	711,090	705,767
Property, Plant & Equipment <sup>(1)</sup>	3,662,872	3,246,670	3,287,028	1,413,372	1,498,473	1,464,546
Total Assets	4,672,724	3,945,120	4,208,794	2,989,530	2,119,563	2,170,313
Creditors	827,957	637,294	921,584	1,067,704	253,999	332,714
Provisions	196,799	216,739	208,881	164,124	157,414	129,451
Total Liabilities	1,024,756	854,033	1,130,465	1,231,828	411,413	462,165
Reserves <sup>(1)</sup>	2,104,556	1,632,556	1,632,556	—	—	—
Members' Funds	1,543,412	1,458,531	1,445,773	1,757,702	1,708,150	1,708,148
<b>Financial Ratios</b>						
Current Ratio	0.985	0.818	0.815	1.278	1.728	1.527
<b>General Performance</b>						
Full/Part Time Employees	30(F) 19(P)	26(F) 22(P)	26(F) 25(P)	23(F) 19(P)	26(F) 37(P)	31(F) 38(P)
New Volunteers	142	147	157	129	83	N/A
Members	448	443	404	411	396	276

(1) All Business Real Estate Property is owned by the Gay Men's Health Centre Inc was revalued as at 30th April 2004.

# Victorian AIDS Council Inc. Reg No A3609

## BOARD OF MANAGEMENT'S REPORT FOR THE YEAR ENDED 30TH JUNE 04

Your Board of Management submit the financial report of the Victorian AIDS Council Inc. for the financial year ended 30th June 2004.

**BOARD OF MANAGEMENT** The names of Board of Management members throughout the year and at the date of this report are:

Darren Russell, Mike Kennedy, Kevin Guiney, Brian Price, Greg Horn, Kim Glover, Doris Beecher, Jim Arachne, Jon Willis, Mark McColl, Bernie Tolan, Bernie Holman, Neville Braybrook, Kirk Peterson, and John Daye.

**PRINCIPAL ACTIVITIES** The principal activities of the association during the financial year was that of providing support, education, and advocacy for all those affected by AIDS, especially gay and bisexual men.

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

**FINANCIAL RESULTS** The profit from ordinary activities for the year was \$91,314 (2003: \$3,553) and no provision for income tax was required as the Association is exempt from income tax.

Signed in accordance with a resolution of the Board of Management.



JON WILLIS—PRESIDENT



MARK MCCOLL—TREASURER

SOUTH YARRA, 6TH SEPTEMBER 04

## STATEMENT BY THE BOARD OF MANAGEMENT'S FOR THE YEAR ENDED 30TH JUNE 04

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

In the opinion of the Board of Management the financial report as set out on pages 21 to 23:

—Presents a true and fair view of the financial position of the Victorian AIDS Council Inc. as at 30th June 2004 and its performance and cash flows for the year ended on that date.

—At the date of this statement, there are reasonable grounds to believe that the Victorian AIDS Council Inc. will be able to pay its debts as and when they fall due.

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



JON WILLIS—PRESIDENT



MARK MCCOLL—TREASURER

SOUTH YARRA, 6TH SEPTEMBER 04

## STATEMENT OF INCOME &amp; EXPENDITURE FOR THE YEAR ENDED 30TH JUNE 04

	NOTE	2004	2003
		\$	\$
Operating revenue	2	3,673,885	3,852,840
Profit from ordinary activities	3	91,314	3,553
Retained profits at the beginning of the financial year		370,508	366,955
Retained profits at the end of the financial year		461,822	370,508

The accompanying notes form part of this financial report.

## STATEMENT OF ASSETS AND LIABILITIES AS AT 30TH JUNE 04

CURRENT ASSETS			
Cash assets	4	671,530	338,591
Receivables	5	219,067	233,846
<b>TOTAL CURRENT ASSETS</b>		<b>890,597</b>	<b>572,437</b>

## NON-CURRENT ASSETS

Plant and equipment	6	369,781	424,614
<b>TOTAL NON-CURRENT ASSETS</b>		<b>369,781</b>	<b>424,614</b>
<b>TOTAL ASSETS</b>		<b>1,260,378</b>	<b>997,051</b>

## CURRENT LIABILITIES

Payables	7	798,556	626,543
<b>TOTAL CURRENT LIABILITIES</b>		<b>798,556</b>	<b>626,543</b>
<b>TOTAL LIABILITIES</b>		<b>798,556</b>	<b>626,543</b>
<b>NET ASSETS</b>		<b>461,822</b>	<b>370,508</b>

## MEMBERS' FUNDS

Retained Profits		461,822	370,508
<b>TOTAL MEMBERS' FUNDS</b>		<b>461,822</b>	<b>370,508</b>

The accompanying notes form part of this financial report.

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30TH JUNE 04

	NOTE	2004	2003
		\$	\$
		Inflows	Inflow
		(Outflows)	(Outflows)
<b>Cash flows from Operating Activities</b>			
Receipts from members		3,557	6,042
Core funding grant receipts, donation & bequests		3,178,807	3,239,841
Receipts from sales of publications & services		463,835	267,784
Interest received		12,907	24,108
Payments to suppliers and employees		(3,347,338)	(3,777,713)
Net cash provided by / (used in) operating activities	B	311,768	(239,938)
<b>Cash flows from Investing Activities</b>			
Purchases of fixed assets		(27,091)	(67,598)
Net cash (used in) investing activities		(27,091)	(67,598)
<b>Cash flows from Financing Activities</b>			
Net increase / (decrease) in cash held		284,677	(307,536)
Cash at the beginning of the financial year		312,847	620,383
Cash at the end of the financial year	A	597,524	312,847

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30TH JUNE 04

	2004	2003
	\$	\$
<b>Note A—Reconciliation of Cash</b>		
For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:		
Cash at Bank	593,324	265,244
Cash on Hand	1,250	1,103
Interest Bearing Deposits	58,999	56,468
Support Group Bank Accounts	17,957	15,776
Bank Overdraft—(Unsecured)	(56,920)	—
Bank Loan—Re Airconditioning Unit (Unsecured)	(17,086)	(26,104)
	<b>597,524</b>	<b>312,487</b>

**Note B—Reconciliation of net cash provided by/(used in) operating activities to profit from ordinary activities**

Profit from ordinary activities	91,314	3,553
<b>Non-cash flows in profit from ordinary activities:</b>		
Depreciation	81,564	107,350
<b>Changes in Assets and Liabilities:</b>		
(Increase) / decrease in receivables	14,779	(80,347)
Increase / (decrease) in payables	124,111	(270,494)
	<b>311,768</b>	<b>(239,938)</b>

The association has no credit stand-by or financing facilities in place.

There were no non-cash financing or investing activities during the period.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 04

## 1—STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (Vic). The Board of Management has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Vic) and the following Australian Accounting Standards:

AAS 3—Income Tax  
AAS 4—Depreciation  
AAS 5—Materiality  
AAS 8—Events Occurring After Reporting Date  
AAS 15—Revenue  
AAS 17—Leases  
AAS 28—Statement of Cash Flows  
No other applicable Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accruals basis and is based on historic costs and do not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

- Grants Received**—Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.
- Membership Subscriptions Income**—In accordance with generally accepted accounting principles for similar organisations, membership subscriptions are accounted for on a cash receipts basis.
- Plant and Equipment**—Plant and equipment are included at cost. The depreciable amount of all fixed assets including buildings and capitalised leasehold improvements is depreciated over their useful lives to the Association commencing from the time the asset is held ready for use. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.
- Income Tax**—The association has been granted exemption from income tax under Section 50-15 of the Income Tax Assessment Act 1997, as amended.
- Leases**—Lease payments under operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the periods in which they are incurred.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 04

	2004	2003
	\$	\$
<b>2—OPERATING REVENUE</b>		
Bequests, Fundraising & Sales	162,846	267,784
Donations	191,403	102,925
Fees Received	349,451	315,065
Grants Received	2,945,468	3,108,756
Interest Received	12,907	24,108
Membership Fees	3,557	6,042
Other Income	8,253	28,160
	3,673,885	3,852,840

**3—PROFIT FROM ORDINARY ACTIVITIES**

Profit from ordinary activities has been determined after:

Crediting as income:

Interest Received	12,907	24,108
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Charging as expenses:

Interest paid	1,563	2,180
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Depreciation of plant and equipment	81,564	107,350
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Auditors' remuneration

—Auditing the accounts	9,000	10,200
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—Other services	—	—
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**4—CASH AT BANK AND ON HAND**

Cash at Bank	593,324	265,244
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Cash on Hand	1,250	1,103
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Interest Bearing Deposits	58,999	56,468
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Support Group Bank Accounts	17,957	15,776
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	671,530	338,591
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**5—RECEIVABLES**

Accrued Revenue	36,669	47,806
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Prepayments	11,892	10,032
-------------	--------	--------

Project Funds in Arrears	2,647	76,454
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Sundry Debtors	895	3,870
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Unsecured Loan—Gay Men's Health Centre Inc.	166,964	95,684
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	219,067	233,846
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**6—PLANT AND EQUIPMENT**

Office Furniture at cost	573,571	559,932
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Less Accumulated Depreciation	(356,953)	(319,795)
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	216,618	240,137
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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 04

	2004	2003
	\$	\$
Motor Vehicle at cost	29,637	29,637
Less Accumulated Depreciation	(17,628)	(12,628)
	12,009	17,009
Leasehold Improvements at cost	90,870	90,870
Less Accumulated Amortisation	(22,625)	(12,101)
	68,245	78,769
Computer Equipment at cost	520,839	517,627
Less Accumulated Depreciation	(447,930)	(428,928)
	72,909	88,699
	369,781	424,614

**7—PAYABLES**

Bank Overdraft—(Unsecured)	56,920	—
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Bank Loan—Re Airconditioning Unit (Unsecured)	17,086	26,104
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Grants in Advance (Unexpended)	240,024	143,546
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Project Funds in Advance (Unexpended)	370,256	354,111
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Trade Creditors	44,880	57,237
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Capital Grant in Advance (Unexpended)	69,390	45,545
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	798,556	626,543
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**8—LEASE COMMITMENTS**

Operating Leases

Rental Properties & Motor Vehicles

Payable

—not later than one year	85,917	89,962
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—later than one year but not later than five years	49,348	113,741
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—later than five years	—	—
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Total Lease Liabilities	135,265	203,703
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The association has three property leases and ten motor vehicle leases.

Two of the property leases are non-cancellable leases, each with a five year term, with rent payable monthly in advance. Contingent rental provisions within the lease agreements require that the minimum lease payments shall be increased by CPI. An option exists to renew each lease at the end of the five year term for three additional terms of five years. The leases allow for the sub-letting of all lease areas.

The remaining property lease is a non-cancellable lease with a one year term, with rent payable monthly in advance. No option exists to renew each lease at the end of the one year term. The lease allows for the sub-letting of all lease areas.

Summit Auto Lease Australia Pty Ltd hold charges over the assets of the association for the operating leases on the motor vehicles.



## SCOPE

### THE FINANCIAL REPORT & BOARD'S RESPONSIBILITY

The financial report comprises the statement of assets and liabilities, statement of income and expenditure, statement of cash flows, accompanying notes to the financial statements, and the statement by members of the board of management for the Victorian AIDS Council Inc. (the association), for the year ended 30th June 2004.

The board of management of the association is responsible for the preparation and true and fair presentation of the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are consistent with the financial reporting requirements of the Associations Incorporation Act (Vic) and are appropriate to meet the needs of the members. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the board of management's financial reporting requirements under the Associations Incorporation Act (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

### AUDIT APPROACH

We conducted an independent audit in order to express an opinion to the members of the association. Our audit was conducted in accordance with Australian Auditing Standards, in order

to provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgment, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with our understanding of the association's financial position, and of its performance as represented by the results of its operations and its cash flows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia. No opinion is expressed as to whether the accounting policies used and described in Note 1, are appropriate for the needs of the members.

We formed our audit opinion on the basis of these procedures, which included:

- examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and
- assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the board of management.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

### INDEPENDENCE

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

### QUALIFICATION

As is common for organisations of this type, it is not practicable for the associations to maintain effective systems of internal controls over donations and other fund raising activities until their initial entry in the accounting records. Accordingly, our audit in relation to donations and fund raising was limited to amounts recorded.

### AUDIT OPINION

In our opinion, except for the effects on the financial report of the matters referred to in the qualification paragraph, the financial report of the Victorian AIDS Council Inc. presents a true and fair view in accordance with the accounting policies described in Note 1 to the financial statements, the financial position of the Victorian AIDS Council Inc. as at 30th June 2004 and the results of its operations and cash flows for the year then ended.

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# Gay Men's Health Centre Inc. Reg No A0010550F

BOARD OF MANAGEMENT'S REPORT FOR THE YEAR ENDED 30TH JUNE 04

Your Board of Management submit the financial report of the Gay Men's Health Centre Inc for the financial year ended 30th June 2004.

**BOARD OF MANAGEMENT** The names of Board of Management members throughout the year and at the date of this report are:

Darren Russell, Mike Kennedy, Kevin Guiney, Brian Price, Greg Horn, Kim Glover, Doris Beecher, Jim Arachne, Jon Willis, Mark McColl, Bernie Tolan, Bernie Holman, Neville Braybrook, Kirk Peterson, and John Daye.

**PRINCIPAL ACTIVITIES** The principal activities of the association during the financial year was that of promoting the health and well being of gay and bisexual men.

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

**OPERATING RESULT** The profit from ordinary activities for the year was \$722 (2003: \$2,050) and no provision for income tax was required as the association is exempt from income tax.

Signed in accordance with a resolution of the Board of Management.



JON WILLIS—PRESIDENT



MARK MCCOLL—TREASURER

SOUTH YARRA, 6TH SEPTEMBER 04

STATEMENT BY THE BOARD OF MANAGEMENT FOR THE YEAR ENDED 30TH JUNE 04

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

In the opinion of the Board of Management the financial report as set out on pages 25 to 27:

—Presents a true and fair view of the financial position of the Gay Men's Health Centre Inc. as at 30th June 2004 and its performance and cash flows for the year ended on that date.

—At the date of this statement, there are reasonable grounds to believe that the Gay Men's Health Centre Inc. will be able to pay its debts as and when they fall due.

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



JON WILLIS—PRESIDENT



MARK MCCOLL—TREASURER

SOUTH YARRA, 6TH SEPTEMBER 04

## STATEMENT OF INCOME &amp; EXPENDITURE FOR THE YEAR ENDED 30TH JUNE 04

	NOTE	2004	2003
		\$	\$
Operating revenue	2	2,037,762	2,138,929
Profit from ordinary activities	3	722	2,050
Retained profits the beginning of the financial year		1,080,868	1,078,818
Retained profits at the end of the financial year		1,081,590	1,080,868

The accompanying notes form part of this financial report.

## STATEMENT OF ASSETS AND LIABILITIES AS AT 30TH JUNE 04

CURRENT ASSETS			
Cash assets	4	251,824	221,697
Receivables	5	34,395	—
<b>TOTAL CURRENT ASSETS</b>		<b>286,219</b>	<b>221,697</b>
NON-CURRENT ASSETS			
Property, plant and equipment	6	3,293,091	2,822,056
<b>TOTAL NON-CURRENT ASSETS</b>		<b>3,293,091</b>	<b>2,822,056</b>
<b>TOTAL ASSETS</b>		<b>3,579,310</b>	<b>3,043,753</b>
CURRENT LIABILITIES			
Payables	7	196,365	113,590
Provisions	8	196,799	216,739
<b>TOTAL CURRENT LIABILITIES</b>		<b>393,164</b>	<b>330,329</b>
<b>TOTAL LIABILITIES</b>		<b>393,164</b>	<b>330,329</b>
<b>NET ASSETS</b>		<b>3,186,146</b>	<b>2,713,424</b>
MEMBERS' FUNDS			
Reserves	9	2,104,556	1,632,556
Retained Profits		1,081,590	1,080,868
<b>TOTAL MEMBERS' FUNDS</b>		<b>3,186,146</b>	<b>2,713,424</b>

The accompanying notes form part of this financial report.

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30TH JUNE 04

	NOTE	2004	2003
		\$	\$
		Inflows	Inflow
		(Outflows)	(Outflows)
<b>Cash flows from Operating Activities</b>			
Interest received		8,915	9,834
Receipts from customers		2,028,847	2,129,095
Payments to suppliers & employees		(2,007,635)	(2,086,523)
Net cash provided by operating activities	B	30,127	52,406
<b>Cash flows from Investing Activities</b>			
		—	—
<b>Cash flows from Financing Activities</b>			
		—	—
Net increase in cash held		30,127	52,406
Cash at the beginning of the financial year		221,697	169,291
Cash at the end of the financial year	A	251,824	221,697

## STATEMENT OF CASH FLOWS FOR THE YEAR ENDED 30TH JUNE 04

	2004	2003
	\$	\$
Note A—Reconciliation of Cash		
For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money markets. Cash at the end of the financial year is shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:		
Cash at Bank	26,896	5,674
Investments	224,928	216,023
	<b>251,824</b>	<b>221,697</b>

Note B—Reconciliation of net cash provided by operating activities to profit from ordinary activities

Profit from ordinary activities	722	2,050
Non-cash flows in profit from ordinary activities:		
Depreciation	965	966
Changes in Assets and Liabilities:		
(Increase) / decrease in receivables	(34,395)	—
Increase / (decrease) in payables	82,775	41,532
Increase / (decrease) in provisions	(19,940)	7,858
	<b>30,127</b>	<b>52,406</b>

The association has no credit stand-by or financing facilities in place.

There were no non-cash financing or investing activities during the period.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 04

## 1—STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act (Vic). The Board of Management has determined that the association is not a reporting entity.

The financial report has been prepared in accordance with the requirements of the Associations Incorporation Act (Vic) and the following Australian Accounting Standards:

AAS 3—Income Tax  
AAS 4—Depreciation  
AAS 5—Materiality  
AAS 8—Events Occurring After Reporting Date  
AAS 15—Revenue  
AAS 17—Leases  
AAS 28—Statement of Cash Flows  
AASB 1041—Revaluation of Non-Current Assets  
No other applicable Accounting Standards, Urgent Issues Group Consensus Views or other authoritative pronouncements of the Australian Accounting Standards Board have been applied.

The financial report has been prepared on an accruals basis and is based on historic costs and do not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following material accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

a) **Grants Received**—Grants received have been allocated proportionately over the period covered by the grant and brought to account as income accordingly.

b) **Employee Benefits**—Provision is made in respect of the liability for annual leave and long service leave at balance date at current rates of remuneration based on applicable award or contract conditions.

c) **Property, Plant and Equipment**—Property, plant and equipment are included at cost or at independent valuation. The depreciable amount of all fixed assets including buildings and capitalised leasehold improvements is depreciated over their useful lives to the Association commencing from the time the asset is held ready for use. Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

d) **Income Tax**—The association has been granted exemption from income tax under Section 50-15 of the Income Tax Assessment Act 1997, as amended.

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 04

	2004	2003
	\$	\$
<b>2—OPERATING REVENUE</b>		
Interest Received	8,915	9,834
Service Fees Received from Victorian AIDS Council Inc.	2,028,847	2,129,095
	2,037,762	2,138,929
<b>3—PROFIT FROM ORDINARY ACTIVITIES</b>		
Profit from ordinary activities has been determined after:		
Crediting as income:		
Interest Received	8,915	9,834
Charging as expenses:		
Depreciation of plant and equipment	965	966
Interest paid	10	9
Auditors' remuneration		
—Auditing the accounts	4,800	4,800
—Other services	—	—
<b>4—CASH AT BANK</b>		
Cash at Bank	26,896	5,674
Interest Bearing Deposits	224,928	216,023
	251,824	221,697
<b>5—RECEIVABLES</b>		
Accrued Revenue	29,214	—
Project Funds in Arrears	5,181	—
	34,395	—

## NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30TH JUNE 04

	2004	2003
	\$	\$
<b>6—PROPERTY, PLANT AND EQUIPMENT</b>		
Freehold Land and Building		
—Claremont Street at independent valuation 30th April 04	3,000,000	2,550,000
Car Parking Spaces		
—Daly Street at independent valuation 30th April 2004	290,000	268,000
Plant and Equipment at cost	38,751	38,751
Less Accumulated Depreciation	(35,660)	(34,695)
	3,091	4,056
	3,293,091	2,822,056
The land and building at 6–8 Claremont Street South Yarra and the car parking spaces at 11–17 Daly Street South Yarra were purchased solely with funds raised by the association by way of donations, bequests, sponsorship and other fundraising initiatives. Grants received have been used entirely as specified in grant guidelines, and have not been used in the purchase of the land, buildings or car parking spaces.		
The land and building at 6–8 Claremont Street South Yarra and the car parking spaces at 11–17 Daly Street South Yarra were independently valued on 30th April 2004 by Mr Chris J Holroyd, BA(Hons), Pg.Dip, ARICS AAPI of Charter Keck Cramer in accordance with a new policy of property revaluation every two years.		
<b>7—PAYABLES</b>		
Unsecured Loan—Victorian AIDS Council Inc.	166,967	95,684
Trade Creditors	29,398	17,906
	196,365	113,590
<b>8—PROVISIONS</b>		
Annual Leave	136,418	143,478
Long Service Leave	60,381	73,261
	196,799	216,739
<b>9—RESERVES</b>		
Asset Revaluation Reserve	2,104,556	1,632,556
Movements during the year		
—Opening balance	1,632,556	1,632,556
—Revaluation increment on freehold land and building	472,000	—
—Closing balance	2,104,556	1,632,556

## SCOPE

### THE FINANCIAL REPORT & BOARD'S RESPONSIBILITY

The financial report comprises the statement of assets and liabilities, statement of income and expenditure, statement of cash flows, accompanying notes to the financial statements, and the statement by members of the board of management for the Gay Men's Health Centre Inc. (the association), for the year ended 30th June 2004.

The board of management of the association is responsible for the preparation and true and fair presentation of the financial report and have determined that the accounting policies used and described in Note 1 to the financial statements which form part of the financial report are consistent with the financial reporting requirements of the Associations Incorporation Act (Vic) and are appropriate to meet the needs of the members. This includes responsibility for the maintenance of adequate accounting records and internal controls that are designed to prevent and detect fraud and error, and for the accounting policies and accounting estimates inherent in the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the board of management's financial reporting requirements under the Associations Incorporation Act (Vic). We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

### AUDIT APPROACH

We conducted an independent audit in order to express an opinion to the members of the association. Our audit was conducted in accordance with Australian Auditing Standards, in order to

provide reasonable assurance as to whether the financial report is free of material misstatement. The nature of an audit is influenced by factors such as the use of professional judgment, selective testing, the inherent limitations of internal control, and the availability of persuasive rather than conclusive evidence. Therefore, an audit cannot guarantee that all material misstatements have been detected.

We performed procedures to assess whether in all material respects the financial report presents fairly, in accordance with the accounting policies described in Note 1, so as to present a view which is consistent with our understanding of the association's financial position, and of its performance as represented by the results of its operations and its cash flows. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements in Australia. No opinion is expressed as to whether the accounting policies used and described in Note 1, are appropriate for the needs of the members.

We formed our audit opinion on the basis of these procedures, which included:  
—examining, on a test basis, information to provide evidence supporting the amounts and disclosures in the financial report, and  
—assessing the appropriateness of the accounting policies and disclosures used and the reasonableness of significant accounting estimates made by the board of management.

While we considered the effectiveness of management's internal controls over financial reporting when determining the nature and extent of our procedures, our audit was not designed to provide assurance on internal controls.

### INDEPENDENCE

In conducting our audit, we followed applicable independence requirements of Australian professional ethical pronouncements.

### AUDIT OPINION

In our opinion, the financial report of the Gay Men's Health Centre Inc. presents a true and fair view in accordance with the accounting policies described in Note 1 to the financial statements, the financial position of the Gay Men's Health Centre Inc. as at 30th June 2004 and the results of its operations and cash flows for the year then ended.

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## President's Award KATE CHERRY THE AUSTRALIAN DOCTORS' ORCHESTRA

The Australian Doctors' Orchestra was founded in 1993 by Hobart Plastic Surgeon Miklós Pohl following several attendances at the Mount Buller string music summer camp where there were a disproportionate number of medicos playing string chamber music. The Hobart Chamber Orchestra also had a nucleus of five medicos at that time and it seemed a fairly exciting prospect to form an orchestra. Every time the idea was mentioned it met with great enthusiasm and the orchestra's first concert was performed in the Melba Hall in Melbourne in 1993 for the Multiple Sclerosis Society.

Each year approximately 400 invitations go out throughout Australia, inviting people to register and participate in the annual concert and about 150 general practitioners, medical specialists and medical students participate.

The orchestra meets once a year for two and a half days rehearsal in a different city each year and gives a public concert, with a professional conductor and soloists, on the Sunday afternoon of that weekend. The philosophy of the orchestra has been one of donating its services to a medical charity each year. All the players meet their own costs entirely and this way the orchestra is able to pass on the majority of the door takings and sometimes, added sponsorships that the doctors' orchestra attracts, to the nominated charity.

About 12 months ago, Kate Cherry, an infectious diseases physician at The Alfred and the treasurer of the ADO, approached VAC/GMHC with a proposal that the David Williams Fund should be the beneficiary of the 2004 concert. The orchestra selected the DWF as its 2004 charity because DWF provides emergency financial assistance to a very broad range of people living with HIV/AIDS who are experiencing financial hardship.

The Melbourne Organising Committee worked closely with staff from VAC/GMHC in planning the concert and the associated publicity. The concert at the Melbourne Town Hall was a musical and a financial success and this award expresses VAC/GMHC's appreciation to Kate and to the orchestra for their support of DWF's work.

## Gay Community Award GAY & LESBIAN ORGANISATION OF BUSINESS & ENTERPRISE (GLOBE)

GLOBE (Gay & Lesbian Organisation of Business & Enterprise) was established in 1992 and has grown from a small social group to a focused and respected organisation for GLBT business and social networking.

GLOBE has a diverse membership base with men and women who are business owners, private consultants, employed professionals, students and retirees. In addition to its business networking activities, GLOBE conducts dinner functions, holds monthly Fruits in Suits and Lemons With a Twist nights, and holds informal CBD Cocktails for members and the wider GLBT community.

VAC/GMHC has received financial assistance from GLOBE from the monies raised by these functions. For example, this year we received financial support for PK Tix and GLOBE has sponsored the supply of Red Ribbons which will be worn by all Victorian police this World AIDS Day.

This award salutes GLOBE's contribution to the Victorian GLBT communities and recognizes their contribution to the work of VAC/GMHC.

## VAC/GMHC Service Award TONY WHITE

Nine months ago, Tony White first came to the Health Promotion Team at VAC/GMHC to do some voluntary work because he felt it would give him some experience that might help him with his search for work. He also came for an opportunity to mix with other gay people.

Ever since that day, despite having only limited vision, Tony has been traveling across Melbourne by public transport—from St Albans to South Yarra—several times a week to sit in a room at Claremont Street, often alone, and pack thousands of safe-sex packs that are such a vital component of our HIV prevention efforts across Victoria.

Tony has since made himself very much at home at VAC/GMHC—so much so that shortly after his arrival a sign reading 'Tony's Fabulous Office' mysteriously appeared on the door of the room in which he works and it has remained there ever since. Over the months, we have all become accustomed to hearing the calls of: 'Tex, I've run out of lube!' that regularly issue from the depths of Tony's fabulous office—and the Health Promotion team tell me they've never known anyone to get through so much lube in a single afternoon.

Tony, this award goes to you with the thanks of the Health Promotion Team for your great work, but also your unflinching good humour and friendliness to all. You are a valued member of the team.

## General Community Award THE NATIONAL CENTRE IN HIV SOCIAL RESEARCH

The National Centre in HIV Social Research (NCHSR) conducts research that describes and analyses the social understandings, meanings and practices of peoples, institutions and communities in relation to HIV, Hepatitis C and other communicable diseases. The NCHSR was established in 1990 with funding from the Commonwealth government and is located within the Faculty of Arts and Social Sciences at the University of New South Wales, Sydney.

The NCHSR's research falls into four broad areas: mapping of risk practice, negotiating the medical field, exploring the cultural dynamics of risk and health, and health knowledges, policies and practices. Since its inception, the NCHSR has demonstrated a commitment to the involvement of affected communities in its research. This has occurred in a number of ways—through membership of its Scientific Advisory Committee, through formal and informal consultations, and through research advisory groups.

Since 1998, the NCHSR has worked closely with VAC/GMHC in conducting the Melbourne Gay Community Periodic Survey, an annual cross-sectional survey of gay and homosexually active men recruited through a range of gay community sites in Melbourne, which provides a snapshot of participants' sexual and HIV-related practices. After the publication of the report, the NCHSR also undertakes a community feedback session to make the data and the data analysis available to the community.

The NCHSR also worked closely this year with the Health Promotion Team at VAC/GMHC on several pieces of research to inform our HIV prevention response, including our SOPV campaign, our testing campaign, and our research on fear based campaigns which was jointly presented at the International Health Promotion Conference and the National Educators' Conference.

The collaboration between VAC/GMHC and the NCHSR is an excellent example of the HIV/AIDS Partnership in practice and we are pleased to be able to acknowledge their ongoing contribution to our work.

## Life Membership

AUSTRALIAN RESEARCH CENTRE IN SEX,  
HEALTH & SOCIETY

The criteria for the award of Life Membership of VAC/GMHC states that the recipient must have made an outstanding contribution to the work of VAC/GMHC, generally at a senior level and over a long period of time. In the past, all of our Life Members have been individuals who have fulfilled these criteria.

However, VAC/GMHC has individual and organisational memberships and this year the Board has taken the unusual step of awarding a Life Membership to one of our organisational members—the Australian Research Centre in Sex, Health and Society.

The Australian Research Centre in Sex, Health and Society was established as the Centre for the Study of Sexually Transmissible Diseases in October 1992 within the Faculty of Health Sciences at La Trobe University. ARCSHS is funded by the Victorian Health Promotion Foundation, is a collaborating centre to the National Centre in HIV Social Research and is affiliated with the University of Melbourne.

ARCSHS aims to undertake multidisciplinary research into social and behavioural aspects of sexually transmissible diseases, their prevention and consequences; to focus resources and to provide leadership on both a state and national level in the study of sexually transmissible diseases; and to provide a firm foundation upon which other organisations can draw to assist them in health promotion, STD prevention education and the formulation of public health policies.

Since its inception, ARCSHS has had a demonstrable commitment to working in a collaborative way with the communities it serves. This has been achieved by consultation to ensure its research is relevant and timely, by the formation of steering groups for research projects, by the publication of research outcomes in a relevant and accessible form and by workshops and information sessions to report back to communities and to community groups on research activities.

VAC/GMHC and ARCSHS have established close links and ARCSHS' work is an integral part of the evidence base for the work undertaken by the Health Promotion Team. In addition, the ARCSHS work on the HIV Futures studies is relevant across all of the VAC/GMHC program areas. ARCSHS works directly with communities on research projects and makes the skill and expertise at the Centre readily available to the community.

ARCSHS and VAC/GMHC have collaborated on several research projects that have informed our health promotion work. In 2002, we collaborated on the HIGH project (Hepatitis, Injecting and Gay Health) that examined injecting behaviour and practices in the core gay communities. Since 2002 we have been collaborating on the VINES project—a quantitative study of the social, sexual and information networks of homosexually active men in Melbourne and others who are part of their social and sexual networks. In the past year VAC/GMHC staff and ARCSHS staff have worked together on our SOPV campaign, our testing campaign, our staying negative campaign, and on our research on fear based campaigns that was jointly presented at the International Health Promotion Conference and the National Educators' Conference.

In addition, VAC/GMHC is partners with ARCSHS and Women's Health Victoria in the consortium that manages Gay and Lesbian Health Victoria, the world's first Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing Resource Unit.

However, our relationships with ARCSHS go far beyond these formal and structural links. ARCSHS staff have sat on the VAC/GMHC Board, have chaired and participated in Board committees and reference groups, and have been available for advice, discussion, and support to individuals and program areas in a way that is unique in the global HIV/AIDS response.

ARCSHS' contribution to VAC/GMHC's work has been outstanding and sustained and more than merits being rewarded with the organisation's highest honour—a Life Membership.

## Life Membership JUNE ABBOT

It is perhaps a fitting time, in this the 21st year of VAC and the 20th year of the Support Program that one of the early volunteer activists in the HIV/AIDS area is duly recognised.

June Abbot responded to the needs of people living with or affected by HIV when the illness first came to prominence a generation ago. Her concern led her to seek information and action, and June started to challenge the complacency of those around her, becoming part of a group of people auspiced by the Department of Health in the 'Eastern Corridor'—as it was then known. Never a shrinking violet June decided to do whatever she could for whomever needed support and her presence was duly felt by those in the wards and grounds of Fairfield Hospital. As a founding member of the East Area Support Group the corridors of VAC soon learnt of June's commitment.

It is far too easy for many to forget the context of the times when June, 'the lady next door', became involved. The levels of fear and ignorance were creating a climate of stigma and discrimination; little clinical knowledge, and very little social understanding were apparent; misinformation and prejudice were at their peak. June pushed against this tide and was an early face on television documentaries calmly talking of the need to understand, help and support those affected. June found herself holding various positions on the East executive, often more by others' 'skullduggery' than by her own choice. The journey of 'sexual politics' was well underway.

June retired from active volunteering in 2002 and proudly says of her time with Support and VAC that it was like turning a page in your book of life.

June has graced the pages of many clients' books of life and we are thankful for that, for it is the June Abbots of this world who really do change the world.

## We would like to thank the following...

~ography \* 10 Plus \* 55 Porter Street \* Accessorize \* Active Bodies Adam Richard \* AIDSLine/HepC Line \* ALCOA of Australia \* Alex Nikolovski \* Alexander Black \* All Souls Opportunity Shop \* ALSO Foundation \* Amanda Monroe \* Amnesty International \* Andrew McKinnon Presents \* Andrew Milnes \* Andrew Powell \* Andrew Timmins \* ANEX \* Angelo Morelli \* Anne Phelan \* Arcadia Café ARCSHS \* Arts Access \* Arts Events Management \* Ashcombe Maze and Water Gardens \* Australian Ballet School \* Australian Chamber Orchestra \* Australian Doctors Orchestra \* Australian Grand Prix \* Australian Open \* Australian Pro Arte \* Australian Shakespeare Company \* Australian String Quartet \* Aveda \* Ballarat Wildlife Park \* Bambra Press \* Barbas Bay City Caulfield Bay City Sauna \* Bay City Seaford \* Bell Shakespeare Company \* Bent & Beautiful Art Exhibition \* Blue Medusa Productions \* Bnews \* Body Bronze Prahran \* Boite World Music Festival \* Brian Price \* Bridget Haire \* Builders Arms Hotel \* Burnet Institute \* Burberry Productions \* Café 151 \* Cancer Council of Victoria \* Candy Bar \* Capers Theatre Restaurant \* Casio/Shiro Channel 31 \* Chapel off Chapel \* Charles Nodrum Gallery \* Chronic Illness Alliance \* Cinema Nova \* Circus Oz \* City of Melbourne \* City of Port Phillip \* City of Stonnington \* City of Yarra \* Classical on the Edge \* Club 80 \* Coadys Barristers & Solicitors \* Coles Liquorland \* Colin Krycer \* Colts Gymnasium \* Combo Fiasco \* Comedy Gala \* Commercial Bar Café \* Condom Kingdom \* Country AIDS Network \* Dale Cook \* Dance Cats \* Dani Phaedonos \* Dare Gallery \* David Burnett \* David Menadue Dean Murphy \* Definitive Events \* Denise Drysdale \* Denise Scott \* Dereck Collins \* Diana Harte of the HIV Care Consultancy Dr Richard Moore \* DTs Hotel \* Eagle Leather \* Eclipse \* Eddie Perfect \* Edwin Pascoe \* Enda Markey \* Event Logistics \* Flemington Racecourse \* Food Services Volunteers \* Fowlers Vacola \* Frankston Arts Centre \* Freshjive \* Fresky Café \* GAL Home Loan Service Gary Sampson \* Geelong Performing Arts Centre \* Geoff Tate \* GIO Australia \* Glasshouse Hotel \* GLOBE \* Go Volunteer \* Graeme Wingrove \* Grant Davies \* Greg Carter \* Greyhound Hotel \* Hares & Hyenas \* Harriet Cornfeld-Fraser \* Health Issues Centre Hepburn Sea Baths St Kilda \* HIV/AIDS Legal Service Volunteers \* Hoyts Cinemas \* HT Abbotsford Studio \* Ian Henson \* Ice Café Image Framers \* Instinct \* Instorage \* International Concert Attractions \* Jackie O \* Jeffrey Grierson \* Jennifer Anne Wells \* Jennifer Feeney & Co Lawyers \* Jennifer Pacey \* Jo Di Loreto \* Joe Bani & Fiona Palmer at Gilead Sciences \* John O'Neill's Advanced Life Products \* John Roy \* JOY Melbourne \* Judith Lucy \* Judy Frecker \* Karen Allen \* Kate Bean of the Multicultural \* HIV/AIDS Service Keith Ong \* Kino Dendy Cinema \* Kristin Tytler \* Laird Hotel \* Lawrence Cameron \* Levis \* Linda Black \* Liz Crock \* Lizzie Craig \* L'Occitane \* Looney Bin/Les Girls \* Louise Naughton-Smith \* Luke McGrath \* Luke Robson \* Lumiere Cinema \* Luna Park M.A.D \* MAC Cosmetics \* Magnitude Productions \* Magnolia \* Majestic Productions \* Marg Gardner \* Marg Hayes \* Marian Pitts \* Mark Thompson \* Market Hotel \* Matthew McCarthy + Clear \* MCV \* Mediherb \* Melbourne Choral \* Melbourne Comedy Festival \* Melbourne Festival \* Melbourne Film Festival \* Melbourne International Arts Festival \* Melbourne International Film Festival \* Melbourne International Flower & Garden Show \* Melbourne International Jazz Festival \* Melbourne Leather Men Inc \* Melbourne 'Les Girls' Cabaret \* Melbourne Museum \* Melbourne Queer Film Festival \* Melbourne Sports Depot \* Melbourne Star \* Melbourne Symphony Orchestra \* Melbourne Theatre Company \* Melbourne Writers Festival \* Melbourne Zoo \* Melbourne's Cheapest Cars \* Melissa Thompson \* Menu Boutique \* Michael Barnett Photography \* Michael Duke \* Michael Hall \* Michael Rogerson \* Michelle Grimshaw \* Ms Dulcie Du Jour \* Ms.Kitten Kaboodle \* Musica Viva \* MX Advertising \* Nando's Australia National Centre in HIV Social Research \* Nick Ward \* No Attitude Guys (N.A.G) \* Northwest House Sealants \* Opera Australia Oporto \* Orchestra Vic \* Out There Productions \* Out Video \* Oxfam Community Aid \* OZ Showbiz Cares/Equity Fights AIDS \* Pam Anstee \* Patrick Reading \* Paul Doonan \* Paul Evans \* Paul Terdich \* Peel Hotel \* Peer Education Volunteers \* Pell's Surplus Pink@Newmarket \* Playbox Theatre \* PLC Massage Volunteers \* PLC Reception Volunteers \* Plus Four Automotive Services PLWHA (Victoria) \* Polly Woodside \* Positive Women \* Prahran Central Pharmacy \* Pranee Mitchell \* Public Domain Communications \* Rachel Berger \* Rawhide \* Real Futons \* Rebecca Matheson \* Red Bull \* Retravision-Prahran \* Retravision-South Melbourne \* Rickis Hair Salon \* Risque \* Ritchies Supermarkets \* RMIT School of Business \* Rosie Cummings \* Rosslyn Makin \* Royal District Nursing Service \* Royal Melbourne Show \* Russell Grice \* Sally Datsky \* Salon Plaza \* Sean Slavin \* Sensis Pty Ltd \* Sogo \* South Yarra Hair Design \* Spa Guy \* Spin Communications \* Spress Sprintquip \* St John's Ambulance Australia (Vic) Stage Two Lighting \* Star Hotel \* Steamworks \* Stephanie Christian \* Stephanie Moore \* Stepping Out \* Straight Arrows \* Strike n Bowl \* Subway Sauna \* Sunday Herald Sun \* Swinburne University \* Sydney Dance Company \* Ten Plus \* Terry Ryan \* Tex McKenzie \* The AIDS Trust of Australia \* The Australian Ballet \* The Beat Bookshop \* The Body Shop \* The Events Team \* The Gatehouse \* The Greenstore \* The Hair Chamber \* The Lido Cabaret \* The Market Hotel \* The Melbourne Comedy Festival \* The Peel Hotel \* The Production Company \* The Ring \* The Store Room \* The Victorian Climbing Centre \* Tim Woods Entertainment Time 4 Fitness \* Token Trade Bar \* Triple R FM \* Trivia Night Committee \* U.W.S. Underwear \* VAC/GMHC Night Managers Vic Wine Precinct \* Victoria Police \* Victorian Arts Centre \* Vikki King \* Virginia Cummins \* Wendy Little \* Westgarth Cinema Wet on Wellington \* Wizard Home Loans \* World Orchestras...