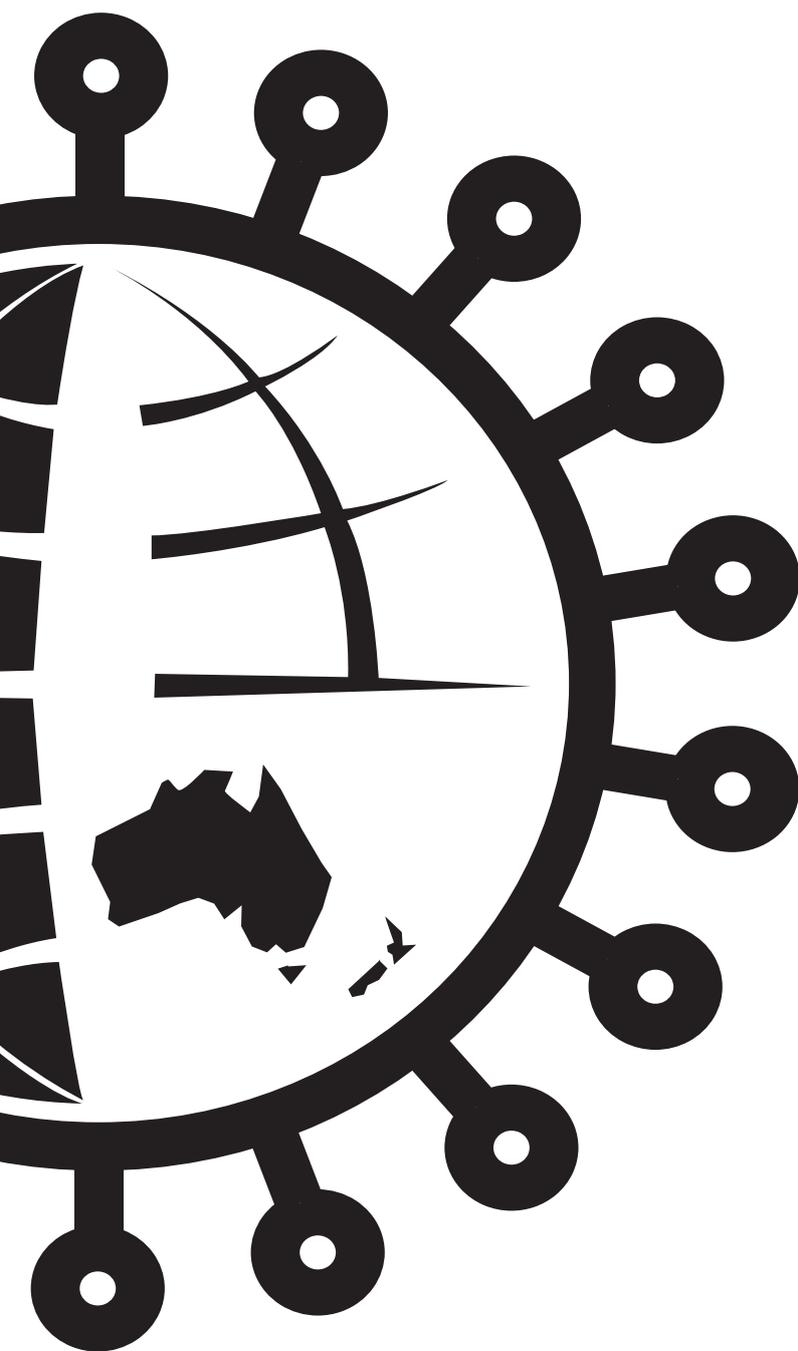


# ASHM STRATEGIC PLAN 2005–2008



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## OUR PURPOSE

The Australasian Society for HIV Medicine (ASHM) is the professional association of medical practitioners and other health professionals in Australia and New Zealand who work in those areas of health concerned with HIV. ASHM draws on its experience and expertise to contribute in the related areas of viral hepatitis and sexual health.

### **ASHM's vision**

The Australasian Society for HIV Medicine sees itself as a highly professional association leading its members to generate knowledge and action in clinical management and research, education, policy and advocacy in Australasia and internationally. It will employ best practice, and its products and services will be sought after by governments, members, health care workers and affected people. Its dedicated membership and high-calibre staff will assure its effectiveness in achieving its mission.

### **ASHM's mission**

The Australasian Society for HIV Medicine works collaboratively and in partnership to prevent HIV, viral hepatitis and sexually transmissible infections (STIs), and to preserve and protect the health and choices of those infected. It aims to function as a cohesive and inclusive group of professionals advancing its vision in a skilled, informed, compassionate and appropriate way.

### **ASHM's values**

The Australasian Society for HIV Medicine is committed to the principles of the *Ottawa Charter for Health Promotion* and *Jakarta Declaration on Leading Health Promotion into the 21st Century*, as well as the highest standards of ethical conduct as practised by the medical, scientific and health care professions.

ASHM is committed to working in ways that:

- reflect best practice in management and service delivery
- are informed by the latest scientific, clinical, health and policy research
- maintain transparency and democratic decision-making
- strengthen ties with infected and affected populations
- respect cultural differences and diversity
- respect privacy and confidentiality
- and redress social inequities.

ASHM is a signatory to the Code of Conduct for Australian aid and development agencies, which is administered by the Australian Council for International Development (ACFID). A copy of the code is available at: [http://www.acfid.asn.au/code/Code\\_of\\_Conduct.htm](http://www.acfid.asn.au/code/Code_of_Conduct.htm)



## OUR ORGANISATION

ASHM is a membership-based association. It has over 800 full (voting) and associate (non-voting) members at the beginning of this planning period. Around 40% of ASHM members are specialist physicians, 15% are general practitioners, 5% are employed in epidemiological or clinical research, 12% are nurses, 9% are pathology/laboratory professionals, 5% are involved in social work/counselling, 7% work in education and policy, and others are involved in community organisations or other health professions. There is a high rate of participation by members in voluntary capacities.

ASHM is a non-profit organisation with a democratic constitution. The annual general meeting, which is usually held in tandem with the annual conference, considers constitutional issues and elects a Board. The Board takes legal and fiscal responsibility for the Society, establishes standing committees and working parties, undertakes strategic management and planning, and establishes the corporate headquarters and Secretariat.

The Secretariat takes responsibility for operational matters. It is headed by a Chief Executive Officer and consists of the following Divisions: Finance and Administration; Education and Resources; and International.

The Society aims to represent and deliver products and services to its members, within a more general framework of supporting the sectors involved in HIV, viral hepatitis and sexual health. It aims to:

- provide information, education and training
- provide career assistance and attract new people to the field
- support networking and collaboration between different professional groups
- promote a policy framework which aids the work of members and contributes to an effective public health response in Australia, New Zealand and internationally.



## OUR HISTORY AND ACHIEVEMENTS

ASHM began as the Australian Society of AIDS Physicians in 1988, and was incorporated in 1990. From an initial focus on the needs of physicians, ASHM soon broadened its base to include general practitioners and allied health professionals.

The Society particularly focused on using its expert base to provide training to GPs and others involved in the care and management of HIV. ASHM began providing education programs in 1990, with funding from the Commonwealth government.

Two landmark print publications, *Could it be HIV?* (1994) and *Managing HIV* (1997), were distributed to all medical practitioners in Australia. The monograph *HIV Management in Australasia: a guide for clinical care* (2003) has become possibly the most important clinical resource in Australia. ASHM has developed a strong publications program, producing resources for medical practitioners and health care workers about HIV and viral hepatitis. More recently, ASHM has expanded its publications to cover both national and international policy issues.

ASHM's short courses in HIV now form the backbone of accreditation programs for community prescribing of antiretroviral treatment in Australia. ASHM began programs focused on the hepatitis C virus in 1996, and now runs short courses in HCV medicine. It has also been called upon to provide services in the area of hepatitis B and sexual health. ASHM is a key partner in the development of public policies related to continuing medical education, community prescribing and national treatment guidelines for HIV and viral hepatitis.

ASHM has run its annual medical/scientific conference on HIV since 1989. This has become a primary focal point for the presentation of basic science, clinical,

epidemiological and social research in HIV and related diseases, as well as policy, public health, community and international issues. The ASHM in-house conference team has successfully broadened its scope and has taken on the organisation of major national and international conferences.

The Society has long recognised its potential to respond to the HIV pandemic internationally, particularly in the Asia Pacific region. ASHM established an International Division in 2004 and has received funding from AusAID to develop the capacity of its Secretariat and membership in this area.

ASHM has grown considerably over its history – both in terms of membership, and the range and scope of products and services it provides. Its Secretariat has also expanded significantly in recent years. ASHM has had to learn to manage this change in a professional manner, and to develop business and governance systems which allow it to respond to membership needs and requests from within the sectors it hopes to serve.



## OUR PARTNERS

ASHM provides services to members and a range of other individuals and organisations working in HIV, viral hepatitis and sexual health. These include state and federal government agencies and authorities, health services and health care workers, corporate entities in the for-profit and not-for-profit sectors, and people living with HIV/AIDS and related conditions.

ASHM works collaboratively with stakeholders to maximise the effectiveness of health interventions, and the best possible use of ASHM resources. These include other professional organisations, government agencies covering health and overseas aid, non-government organisations, drug companies and the pharmaceutical industry, and people living with HIV/AIDS and related conditions.



## OUR CONTEXT

ASHM's role has developed within a complex and changeable context. Epidemiological and policy developments will influence its strategic priorities over the next three years.

In 2005, more than 20 years after HIV infection was recognised, a combination of good public policy and geographical isolation has mitigated the impact of that infection in Australia and New Zealand. The epidemic still predominantly affects gay and other homosexually active men. Treatments have resulted in lower morbidity and mortality rates, and in greater numbers of people living with HIV/AIDS. In the wider community, and even within the gay community, there is a sense that the epidemic is over. HIV risk behaviours are on the rise, especially in the communities most 'at risk'. There has not been a mainstream HIV awareness campaign in Australia for many years.

This context presents challenges for prevention. In addition, the long-term health effects of living with HIV and the side effects of treatments are evolving challenges for doctors and other health care workers. They necessitate maintaining up-to-date knowledge in research and related developments.

At a policy level, Australia's response has historically been guided by the following

principles developed in the early days of the epidemic. These are:

- national strategy approach
- partnership model
- health promotion and harm minimisation
- enabling environment
- non-partisan political support
- involvement of affected communities.

HIV has increasingly been framed as a population health issue in the context of STIs and blood-borne viruses. These have been addressed in a communicable diseases framework both at the policy level and, increasingly, in models of prevention and care. The Fifth National HIV/AIDS Strategy 2005-2008 and Second National Hepatitis C Strategy 2005-2008 reflect the continuing need for national leadership in the response to these epidemics.

In New Zealand, the government's response to the HIV epidemic was included in the Sexual and Reproductive Health Strategy (2001) and Integrated Approaches to Infectious Diseases: Priorities for Action 2002-2006 (2001). Refugee communities were identified as the most at risk from heterosexual and mother-to-child transmission, and risks for men who have sex with men were predicted to grow.

The government also produced a strategy document, *Action on hepatitis C prevention*, in 2002. ASHM members in New Zealand will play key roles in implementing the proposed AIDS Action Plan and Hepatitis Action Plan.

In Australia, a unique approach has evolved, involving a formal partnership between those engaged in science, medicine, government and the community. ASHM needs to be vigilant to ensure that federal and state governments continue to recognise the value of partnerships with the health sectors it represents, and with affected populations and service users. ASHM has also advocated for a partnership approach in working to expand the benefits of prevention and treatment programs to other countries.

In the Asia Pacific region, overall rates of infection are still comparatively low on a world scale. However, many countries face significant local epidemics or rapidly growing country-wide epidemics, while others risk future epidemics.

Within the context of a significant global push to address the pandemic, increased attention is being paid to HIV by AusAID, NZAID, donor agencies and health care services in areas such as northern Australia, due to their proximity to neighbouring countries with rapidly growing epidemics. Policy development is continuing in this area. AusAID produced a strategy for responding to the epidemic internationally in 2004. HIV will form part of its White Paper on overseas aid to be released in 2006.



## OUR STRATEGIC PRIORITIES

### **Expanding our membership**

An important strategic priority in the period from 2005 to 2008 is to expand the size and scope of ASHM membership. This involves maintaining existing membership, strengthening the representation of the range of professional groups, and attracting membership from a broader geographical base.

### **Broadening our education program**

ASHM will continue to produce information and education resources of national interest, scope and applicability – in print and, increasingly, in electronic form. Aside from the annual conference, much of the Society's face-to-face education and training has focused on Sydney and New South Wales, because of the intensity of the epidemic there and the preparedness of governments to purchase services. In recent years, ASHM has collaborated on a Victorian education program, now managed by the Alfred Hospital. It has also conducted activities in Queensland in collaboration with the HIV & Hepatitis C Education Projects at the University of Queensland. Courses have been conducted in other states and territories, and members have set up informal networks. In 2005-2008, ASHM will seek to broaden its face-to-face education and training to a greater spread of Australian states and territories, and New Zealand.

### **Developing our core business**

In Australia and New Zealand, the strategic response to HIV has increasingly been linked to the related diseases of viral hepatitis and STIs. ASHM is finding that its experience and expertise can usefully be put to work in these areas – in collaboration with other professional organisations, consumer bodies and all levels of government. These diseases have become part of ASHM's core business because they are related to HIV through the common pathways of infection, cross-over of services and complexities of coinfection.

In 2005-2008, a strategic priority for ASHM will be to manage the challenges that flow from keeping a central focus on HIV, while undertaking work involved with viral hepatitis and STIs.

### **Developing our policy work**

ASHM is in a strong position to influence the further development of policy responses to HIV, and also to viral hepatitis and STIs.

In 2005-2008, a strategic priority will be for ASHM to support, develop and refine its policy function. This involves assisting in the formulation of clinical guidelines, policies related to continuing medical education and professional affairs, as well as policies related to promoting an enabling environment that will encourage an effective response to HIV, viral hepatitis and STIs in Australia, New Zealand and the Asia Pacific region. ASHM will support the development of a policy program in areas which fit with its mission, where there is a perceived need, and where it has the expertise and resources to deliver quality advice and considered positions. It will also look for ways to link its policy work with its publications program and media strategy.

### **Contributing internationally**

Another strategic priority for ASHM in the period from 2005 to 2008 will be to expand its work internationally. ASHM seeks to contribute to this area in partnership with local health care workers and organisations, and in collaboration with other Australian and international agencies and organisations working in the field. Its international work is focused on the Asia Pacific region – and initially on priority countries where it has existing knowledge, contact and exchange. ASHM's approach involves increasing the networking and training available to health care workers, facilitating technical and policy advice, and contributing to public policy development. It also aims to increase its input into major international fora. ASHM will seek to maximise the opportunities presented by the 4th International AIDS Society Conference on HIV Pathogenesis and Treatment which it will be hosting in Sydney in 2007.



## KEY RESULT AREAS

The strategic priorities outlined above will guide ASHM's work across all areas in 2005-2008.

In carrying out its work, ASHM has identified four key areas where it wants to achieve results:

- information
- education and training
- policy and advocacy
- governance and management of the Society.

Within each of these areas, it has identified:

- aims indicating what it wants to achieve
- strategies for achieving these aims
- and key performance indicators to guide it in assessing progress.

The Strategic Plan will be reviewed annually, against the strategic priorities and key performance indicators outlined here. The Plan is revised every three years. The Society also prepares subordinate plans which address operational matters. These include annual plans for teams and divisions within the Secretariat, and individual project plans as appropriate.

## KRA 1: Information

Aims 2005-2008	Strategies – how we will achieve these	Performance indicators
1.1 Continue to develop the ASHM conference as a forum for information exchange, debate and professional networking	Organise the ASHM conference in-house. Promote conference. Continue to seek linkages with other national and international conferences. Develop international content and profile.	Increased attendance, including from targeted groups. Good participant feedback. Financial revenue is stable or increasing.
1.2 Contribute to the organisation of other events of significance to the sectors	Expand conference and event organising, while linking this back to the development of ASHM. Host the International AIDS Society Conference in 2007. Participate in key national and international meetings and conferences. Pursue accreditation from the Meetings Industry Association of Australia. Explore opportunities for World AIDS Day activities.	Positive evaluations of ASHM-organised conferences from external contractors. Increased profile for ASHM.
1.3 Develop ASHM as a source of information about clinical management	Publish resources to reflect best practice. Summarise and review key journal articles. Make all resources available online. Promote ASHM resources. Develop CDs and videos as distance learning. Develop email/web networks. Investigate developing and contributing to international clinical resources. Develop and monitor marketing plan for each product – from conception to distribution. Conduct evaluation.	Planning practices are improved for each resource, and across all resources. Demand for products is increased. The scope and spread of distribution is increased. Products evaluate well.
1.4 Develop ASHM as a source of information about the sectors involved in the response, and policies guiding the response	Publish a directory of HIV, hepatitis and related services in Australia, New Zealand and the Asia Pacific region. Expand publishing program to cover international and policy issues. Develop website.	Products are more comprehensive. Demand for policy-focused resources is increased, and they evaluate well. Website traffic is increased.

## KRA 1: Information

Aims 2005-2008	Strategies – how we will achieve these	Performance indicators
1.5 Provide information to members about ASHM activities	Develop <i>ASHM News</i> content to fully reflect activities, important policy developments and issues for the sectors. Continue to target information products to membership interests and experience. Utilise conferences and meetings to inform and involve members.	Information products are distributed. Information distributed is more comprehensive and reflects the full range of ASHM activities/concerns. (See KRA 4.2 in relation to membership consultation.)
1.6 Provide information about ASHM and promote membership	Promote ASHM membership, products and services through the conference, courses and activities, and at outside events. Promote website. Develop an integrated marketing strategy. Integrate with media strategy.	Membership is promoted through all ASHM activities. Marketing plan is developed, implemented and evaluated.

## KRA 2: Education and Training

Aims 2005-2008	Strategies – how we will achieve these	Performance indicators
2.1 Consolidate and expand provision of education in HIV, viral hepatitis and sexual health to specialists, GPs and other health care workers in Australia and New Zealand	Implement new standardised curriculum, methods and evaluation. Expand geographic spread of courses. Investigate education in relation to hepatitis B.	New curriculum evaluates well. Scope, targeting and spread of courses is improved.
2.2 Provide education and support for the accreditation of community-based HIV s100 prescribers and HCV treatment in the community	Develop education programs and policies which support accreditation. (See KRA 3.3.) Provide ongoing support through web/email networks and primary care liaison officers.	HIV prescriber base is maintained. HCV community treatment programs are more developed. Ongoing support is improved.
2.3 Link clinical resources to education courses	Utilise and promote monographs, CDs and videos in conjunction with courses and as distance education. Update education resources to reflect training needs.	Full range of resources is distributed during training. Resources are developed/updated as necessary. (See KRA 1.3 in relation to evaluation of resources.)
2.4 Expand the provision of education in HIV/HCV in the Asia Pacific region	Utilise and develop membership experience in training and technical advice. Collaborate with partners to develop appropriate courses in-country, and distance education where possible. Develop international content of ASHM courses conducted in Australia.	ASHM involvement in quality regional training activities is increased. International attendance at ASHM courses is better targeted and supported.
2.5 Work with others to provide input into other courses in HIV, viral hepatitis and related conditions in Australia and New Zealand	Liaise with the Royal Australian College of General Practitioners and universities about ASHM input into courses. Network with other organisations to refine ASHM course content.	Partnerships with other education providers are strengthened.

### KRA 3: Policy and Advocacy

Aims 2005-2008	Strategies – how we will achieve these	Performance indicators
3.1 Aim to participate in and influence the development of public policies and practices on HIV and related conditions in Australia, New Zealand and the Asia Pacific region	<p>Conduct policy analysis, keep track of important issues and keep members informed.</p> <p>Utilise sub-committees to develop ASHM positions.</p> <p>Participate in reviews and consultations.</p> <p>Representation on national HIV and hepatitis government committees.</p> <p>Promote advocacy around important policy issues.</p> <p>Respond to requests from members and others for advocacy and policy advice.</p> <p>Develop media strategy.</p>	<p>Policy program has developed and refined its functions.</p> <p>Quality analysis, advice and advocacy have been conducted in a strategic manner around important issues.</p> <p>Representation on government committees is maintained or increased.</p> <p>ASHM's advice and opinions are widely sought.</p> <p>ASHM positions have been widely reported.</p>
3.2 Assist in the development of standards and guidelines for management of HIV treatment	<p>Maintain and resource National HIV Clinical Sub-Committee.</p> <p>Maintain production and distribution of clinical resources which reflect best practice. (See KRA 1.3.)</p>	<p>National HIV Clinical Sub-Committee is recognised as standard-setter.</p> <p>Antiretroviral guidelines and models of care are produced and recognised.</p>
3.3 Assist in the development of national standards for accreditation (initial and continued) of HIV s100 prescribers and HCV community treatment in Australia	<p>Continue to liaise with the Highly Specialised Drugs Working Party and the Ministerial Advisory Committee on HIV/AIDS, Sexual Health and Hepatitis on accreditation standards and course recognition.</p> <p>Work towards national recognition of accredited prescribers.</p>	<p>National accreditation standards and recognition is achieved.</p>
3.4 Assist in formulating national standards for HIV continuing medical education in Australia	<p>Hold annual consensus conference adjacent to ASHM conference.</p>	<p>Consensus conference or similar meeting is recognised as standard-setter.</p>
3.5 Assist in formulating national standards for HCV continuing medical education in Australia	<p>Look at developing national standards out of the NSW pilot program.</p>	<p>ASHM is a key contributor to national standards.</p>

**KRA 3:  
Policy and  
Advocacy**

Aims 2005-2008	Strategies – how we will achieve these	Performance indicators
3.6 Provide policy analysis and advice in relation to the HIV response internationally	Utilise membership experience and expertise in policy and technical areas. Develop Secretariat capacity. Develop networks to promote policy analysis and advocacy.	Key information is disseminated. (See KRA 1.4) Policy advice has been sought and provided.

## KRA 4: Governance and Management

Aims 2005-2008	Strategies – how we will achieve these	Performance indicators
4.1 Increase size and scope of ASHM membership	Develop membership base in all Australian states/territories. Extend sustaining membership to professional associations from the Asia Pacific region.	Membership retention. Size and scope of membership has increased.
4.2 Involve members in the work and direction of the Society	Develop and re-focus committees on education program and policy areas. Develop database to improve targeted email alerts – particularly international. Conduct member consultations.	More committees are actively functioning with membership involvement. Database of member interests is more comprehensive.
4.3 Maintain and enhance the role of the ASHM Board	Hold regular, well-supported, timely and appropriately focused meetings. Two face-to-face meetings per year. Develop member responsibilities and a Code of Conduct.	Meetings are held regularly. Membership involvement is improved and responsibilities are clearer.
4.4 Strengthen internal structures and information flow	Update policies and procedures to reflect best practice. Continue to work towards ISO certification. Ensure information flow between Board and Secretariat, and across Divisions within the Secretariat. Maintain strategic input into the Victorian program at the Alfred Hospital. Maintain flexibility to respond to new opportunities.	Periodic external evaluation. Annual review of staff management and structures. Internal policies and procedures are responsive to change.
4.5 Maintain and diversify the revenue base to support strategic aims	Complete contracts in timely and appropriate manner. Refine finance and administration procedures and budgeting/reporting. Search out new contracts in strategic areas. Promote ASHM Foundation and sponsorship.	Revenue has been well-administered and maintained. New and/or renewed contracts in strategic areas have been obtained. Revenue for ASHM Foundation has increased.

**KRA 4:  
Governance  
and  
Management**

Aims 2005-2008	Strategies – how we will achieve these	Performance indicators
4.6 Enhance Secretariat facilities	Consolidate new, larger premises and autonomous computer network.	Move to new premises has helped achieve autonomy and expansion.
4.7 Review legal basis of the Society as work and structures develop	Obtain advice as necessary.	Legal basis is appropriate.
4.8 Maintain and develop formal partnerships	Develop stronger ties with international and regional bodies. Provide support to professional societies in the Asia Pacific region. Develop Code of Conduct for members who sit on other boards.	Formal relationships increased and strengthened (where strategic and appropriate).
4.9 Strengthen ASHM's strategic planning and evaluation process	Membership consultation. Consultation with service users and stake-holders. Develop plans and budgeting within the Secretariat. Strategic Plan reviewed annually.	Reviews and plans delivered in timely manner, and implemented.

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## Strategic Plan 2005–2008



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