



ashm

Australasian Society for HIV Medicine Inc

STRATEGIC PLAN 2008-2011

CONTENTS

Our Purpose	2
» Vision.....	2
» Mission.....	2
» Values.....	2
Our organisation.....	3
Our history and achievements.....	4
Our partners.....	5
Our context.....	5
Our strategic priorities.....	7
Key result areas.....	7
KRA 1: Board Provides Governance & Oversight to the Society.....	8
KRA 2: Relationships in the HIV, Viral Hepatitis & Sexual Health Sector...	10
KRA 3: ASHM Services.....	12
KRA 4: ASHM Membership.....	14
KRA 5: ASHM Secretariat.....	15

Our purpose

PURPOSE

The Australasian Society for HIV Medicine (ASHM) is the peak organisation of 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.

VISION

The Australasian Society for HIV Medicine is a highly professional, not-for-profit organisation 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.

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.

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
- » support collaboration and cooperation, and
- » redress social inequities.

Our organisation

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

ASHM is a membership-based organisation. It had over 900 full (voting) and associate (non-voting) members at the beginning of this planning period. Around 40% of ASHM members are specialist physicians, almost 20% are general practitioners, 5% are employed in epidemiological or clinical research, nearly 15% are nurses, 6% are pathology/laboratory professionals, 3% are involved in social work/counselling, 5% 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 the work of the Society.

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

The Secretariat takes responsibility for operational matters. It is headed by a Chief Executive Officer and consists of three functional Divisions Conference, Sponsorship and Events, International and Professional Education. The Divisions are supported by the Business Service Unit and Executive.

The Society aims to represent and deliver products and services to its members health professional and the community, 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 and encourage intellectual enquiry
- » attract new people to the field in research, service delivery and policy development
- » support networking and collaboration between different professional groups and sector partners
- » promote a policy framework which 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 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. The Society is in the process of applying for recognition as a Register Training Organisation (RTO) and considering applying to become a non-self accrediting higher education provider, subject to the review of higher education in Australia.

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. ASHM works with other key stakeholder to conduct the Australasian Viral Hepatitis Conference. The ASHM in-house conference team has successfully broadened its scope and has taken on the organisation of major national and international conferences in the sector.

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. In 2007 ASHM was selected as the host for the AusAID funded HIV Regional Development Consortium.

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. The Society is about to transition to regulation under the Corporations Act, which will better reflect its diverse programs and structure.

Our partners

ASHM provides services to members and a range of other individuals and organisations working in HIV, viral hepatitis and sexual health sector. 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 appears to be on the rise, and 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. Recent treatment developments are suggesting that treatment for HIV might optimally start earlier after infection, treatment for viral hepatitis is also improving and we have recently seen the promulgation of the human papiloma virus vaccine, to reduce the development of cervical cancer.

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 reflected the continuing need for national leadership in the response to these epidemics. But these strategies have come to an end and we are waiting to see whether the newly elected government will provide the leadership that is needed to ensure that we can reinvigorate the partnership response to HIV.

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.

ASHM will continue to work closely with Governments at all levels to participate in and support the partnership approach which 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. Unfortunately the Society remains excluded from participation in the peak policy committee in Australia on HIV, hepatitis C and sexually transmitted infections: The Blood Borne Viruses and STI Sub-Committee which is the key advisory body to the Australian Population Health and Development Principal Committee. This effectively restricts communication to the government and the community sector. We believe that this causes impediments to our capacity to participate effectively in the partnership and diminishes the partnership as a whole. It effectively excludes the medical scientific community from the policy development process and results in waste of time and resources. We will continue to advocate for the reversal of this situation.

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. ASHM was an active participant in the development of the AusAID HIV Strategy and works closely with AusAID directly and as a member of the HIV Capacity Development Consortium.

Our strategic priorities

While we have elaborated a large number of activities across the Society we have identified the following four strategic priorities which will command our considerable attention during the next period:

- » Hosting and contributing as a member to the HIV Regional Capacity Development Consortium
- » Transitioning the Society to the Corporations Act
- » Formalising our educational arrangements, securing accreditation as an RTO and reviewing our position on seeking recognition as a higher education provider
- » Expanding our membership and further developing our position as a tax deductible gift recipient

Key result areas

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

- » Board Governance and Oversight
- » Relationships in the Sector
- » ASHM Services
- » ASHM Membership
- » ASHM Secretariat

Within each of these areas, the Board and secretariat have identified:

- » the end results we want to achieve
- » proposed strategies to address these, and
- » identified key performance indicators to guide us assessing progress.

The Strategic Plan will be reviewed annually, against the 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. Board Provides Governance and Oversight to the Society

ASHM Board will cause the Society to be seen as a leader in the HIV, viral hepatitis and sexual health sector domestically and in the region. The ASHM Board:

- » is responsible for setting standards for the Society
- » sets the profile of the Society, including its standing in the sector and its major promotional activities
- » has ultimate control over the Society
- » will ensure the Society is subjected to evaluation

End result/ Aim	Strategy	Performance Indicators
ASHM is seen as lead National organisation representing health care workers for policy development and advocacy related to HIV in Australia and New Zealand on both domestic and international matters.	<ul style="list-style-type: none"> • Increase participation in and influence on the development of public policies and practices on HIV and related conditions in Australia, New Zealand and the Asia and Pacific regions: • Participate in reviews and consultations and advocate around important policy issues • Respond to requests from members and others for advocacy and policy advice • Utilise sub-committees and secretariat staff to develop ASHM policies • Seek representation on key National and State, Territory, & Regional advisory structures/ committees • Develop communications strategy to convey our policy to members, stakeholders, sector and other third parties 	<ul style="list-style-type: none"> • Policy contributions are monitored by Board at each meeting • Policy documents are published on website • Use of policy documents are published on website • Plans for and review of assessment of quality of policy analysis are developed and implemented • Representation on policy and advisory committees is maintained and/or increased and published on website
The development of standards and guidelines for management and prevention of HIV, viral hepatitis and sexually transmitted infections is a Board priority.	<ul style="list-style-type: none"> • Collaborate with others and support standard setting of a clinical and health management nature 	<ul style="list-style-type: none"> • Guidelines and models of care are published on website • Consensus conference or similar meetings are recognised as vehicles for standard setting • Guidelines for management of HCV are developed and published
The role of the ASHM Board and Committees is maintained and enhanced so the Board and Committees may contribute in meaningful ways.	<ul style="list-style-type: none"> • Board holds regular, well-supported, timely and appropriately focused meetings, including face-to-face meetings per year • Code of Conduct promulgated, implemented and its use monitored • Policies and procedures are in place and review and updating schedule developed and applied 	<ul style="list-style-type: none"> • Board policies in place to support the work of the Board, CEO and secretariat • Organisational policies are published on the website
ASHM is recognised as peak body by media on HIV medical and scientific issues, and a valuable commentator in viral hepatitis and sexual health issues.	<ul style="list-style-type: none"> • Communication, marketing and media strategy is developed, resourced and implemented • Media policy is developed for responding to media enquiries and working more effectively with media 	<ul style="list-style-type: none"> • Communication strategy is presented to Board for implementation in 2009 • Media reports are published on website • Planned media interest increases • Unplanned media is responded to appropriately in timely manner
Revenue base is expanded appropriate to the needs required to support strategic aims of the Society.	<ul style="list-style-type: none"> • Finance and administration procedures and budgeting/ reporting provide appropriate and timely management and financial accounting • Search out new contracts and tenders in strategic areas • Promote sponsorship and tax deductible gift donation opportunities 	<ul style="list-style-type: none"> • All contracts are reported on time or with approved extension • Board policies are in place to support the work of the Board, CEO and secretariat • Policies are in place and review schedule approved by FARM Committee • Strategies for resourcing and securing new initiatives are developed

End result/ Aim	Strategy	Performance Indicators
Business, legal and organisational frameworks and standards are appropriate to the work of the Society.	<ul style="list-style-type: none"> • Transition from NSW Incorporated Associations Act to Commonwealth Corporation Act • Recognition as Registered Training Organisation (RTO) achieved • Non-self Accrediting Higher Education Organisation (NSAHEO) status considered in light of Review of Higher Education in Australian • Obtain legal advice as necessary 	<ul style="list-style-type: none"> • Tax and financial standards are applied • ACFID Code of Conduct requirements are satisfied • Accountabilities under contracts are met • Changes to constitutional structure are well argued through Board and other structures • Meeting and Events Australia (MEA), RTO and NSAHEO standards are applied • Legal advice is monitored and available to auditors
Strategic Plan, program objectives and project activities are evaluated.	<ul style="list-style-type: none"> • Routine and rolling evaluation will be conducted across programs, projects and activities • Independent as well as internal evaluation plan with continuous improvement aims to be developed and implemented 	<ul style="list-style-type: none"> • Plan is developed by December 2008 and incorporated into external funding activities • Quality improvement program is developed and implemented

KRA 2 Relationships in the HIV, viral hepatitis and sexual health sector

- » ASHM will collaborate with sister organizations domestically and regionally to facilitate the achievement of its goals and objectives
- » ASHM will form partnerships and relationships in the HIV, viral hepatitis, sexual health and not-for-profit sectors
- » ASHM will support and foster the work of partners
- » ASHM will participate in, nurture and host the AusAID funded HIV Capacity Development Consortium

End result/ Aim	Strategy	Performance Indicators
Formal partnerships in Australia and New Zealand maintained and developed.	<ul style="list-style-type: none"> • Develop stronger ties with state and territory bodies • Review Code of Conduct, responsibilities and obligations for members who represent ASHM to third parties • Further develop role as RTO 	<ul style="list-style-type: none"> • Increase in number of formal arrangements entered with state & territory health departments • Formal agreements entered by representatives • RTO status promulgated when finalised
Formal partnerships between ASHM and regional societies, departments of health and sector agencies are further developed and strengthened.	<ul style="list-style-type: none"> • Develop stronger ties with international and regional bodies which support National Aids Strategies • Provide support to professional societies in the Asia and Pacific regions 	<ul style="list-style-type: none"> • Memorandum of Understanding (MOU) or similar arrangements signed with partners • Mechanisms to provide information conduit to and from regional societies developed
Formal arrangements with the HIV Consortium are established and implemented.	<ul style="list-style-type: none"> • Ensure that the HIV Consortium is hosted in a competent manner and that all relevant requirements are addressed by the secretariat • Collaborate with other nascent consortia hosts, AusAID and its oversight mechanisms of the HIV Consortium to ensure that this approach is appropriate to the task and evaluated appropriately 	<ul style="list-style-type: none"> • Deed of agreement between partners signed • Contract with AusAID signed • Contracts with partners signed • M&E strategy includes review of secretariat and hosting activities • Hosting arrangements reviewed on an annual basis
Courses in HIV, viral hepatitis and sexual health in Australia, New Zealand and regionally are appropriate and receive appropriate recognition.	<ul style="list-style-type: none"> • Liaise with the Royal Australian College of General Practitioners, Royal Australasian College of Physicians, universities and other stakeholders about input into ASHM courses • Network with other organisations to refine content of ASHM courses and secure accreditation for same 	<ul style="list-style-type: none"> • Membership and terms of reference of Clinical and Education Committees published on website • HIV, viral hepatitis and sexual health issues included in training programs of others, with ASHM input • Staff have appropriate qualifications or are trained
ASHM is recognised as source of expert technical assistance to regional partners.	<ul style="list-style-type: none"> • Increase participation by ASHM members in International program activities • Develop regional clinical mentoring training program • Increase technical capacity amongst secretariat staff • ASHM international short course will be offered for accreditation by regional professional medical associations 	<ul style="list-style-type: none"> • Increase in number of ASHM members available to assist in training and mentoring program • Senior secretariat staff undertake professional development • Training activities accredited with appropriate authorities

End result/ Aim	Strategy	Performance Indicators
<p>ASHM contributes to policy and advocacy in the areas of sexually transmitted infections and viral hepatitis.</p>	<ul style="list-style-type: none"> • Collaborate and enter into partnerships with other sector organizations • Increase participation in the development of public policies and practices on STIs and viral hepatitis • Keep track of important issues and keep members informed • Utilise sub-committees to develop ASHM positions • Collaborate and participate in reviews and consultations • Promote advocacy around important policy issues. • Respond to requests from members and others for advocacy and policy advice. 	<ul style="list-style-type: none"> • Hep B Alliance is providing forum for information and policy development as evidenced by hits to NHBA website and increased profile • Government funding for HBV initiatives is secured • ASHM contribution to policy and advocacy is recognised as significant by governments and other sector organizations • ASHM is recognised as major stakeholder in areas of STIs and viral hepatitis
<p>ASHM is a major provider of conference and event organising services to the sector, where it provides services to activities which lay within the purview of its objectives.</p>	<ul style="list-style-type: none"> • Expand conference and event organising, while linking this back to the achievement of ASHM aims and objectives • Participate in key national and international meetings and conferences to promote ASHM and our conference organisation services • Submit tenders for conference and meeting organisation • Pursue MEA accreditation for all Conference Division senior staff • Develop promotional material for all ASHM services and membership 	<ul style="list-style-type: none"> • Positive evaluations of ASHM-organised conferences from external contractors • Increased profile for ASHM • Senior conference staff accredited and participating in professional development • Increase revenue from conference related activities
<p>The Viral Hepatitis Conference is recognised as a key multidisciplinary regional meeting on viral hepatitis.</p>	<ul style="list-style-type: none"> • Continue to seek linkages with viral hepatitis bodies and sector organisations. • Continue to develop the viral hepatitis conference as a forum for information exchange, debate and professional networking • Reduce barriers to attendance for regional participants • Broaden the conference scholarship program to include regional priority countries • Promote conference more widely in the region and internationally 	<ul style="list-style-type: none"> • Partners engaged with conference • 2008 Conference evaluated and proposal for future meetings put to partners in a timely manner
<p>Sector organisations collaborated effectively.</p>	<ul style="list-style-type: none"> • ASHM secretariat support and facilitate collaborations within the sector 	<ul style="list-style-type: none"> • National Hepatitis B Alliance is supported • HIV Consortium is hosted and supported

KRA 3 ASHM Services

- » ASHM provides sound policy input, development and advocacy and participates in continuous service improvement
- » ASHM is a leader in the establishment of high quality relevant and up-to-date standards, guidelines and models of care and clinical management resources
- » ASHM produces high quality educational resources, activities and training opportunities
- » ASHM delivers and supports high quality capacity development activities with regional partners
- » ASHM produces a high quality multidisciplinary abstract driven conference annually

End result/ Aim	Strategy	Performance Indicators
ASHM provides policy analysis and advice in relation to HIV, viral hepatitis and sexually transmitted infections.	<ul style="list-style-type: none"> • Utilise membership experience and expertise in policy development and technical areas • Develop Secretariat capacity • Develop networks to promote policy analysis and advocacy 	<ul style="list-style-type: none"> • Key information is disseminated and available on website • Policy advice has been sought and provided
Standards and guidelines for the management of HIV, viral hepatitis and sexually transmitted infections testing, management and treatment are in place and reviewed regularly.	<ul style="list-style-type: none"> • Maintain and resource National Clinical Sub-Committee • Maintain production and distribution of clinical resources which reflect best practice • Regular review of standards and guidelines relating to HIV management • Hold annual consensus conference incorporated in ASHM conference program 	<ul style="list-style-type: none"> • National Clinical Sub-Committee is recognised as standard-setter • Consensus conferences or similar meetings are recognised as standard-setters • Models of care are available on website
ASHM provides quality, sought after, information about clinical management.	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Planning practices are improved for each resource, and across all resources • Promotion of and demand for products are increased • The scope and spread of distribution is increased • Products evaluate well • Multi media options are increased significantly • Evaluation is conducted as part of continuous quality improvement program covering all resource types and formats
National standards for accreditation of HIV and HCV s100 prescribers in Australia are up to date and relevant.	<ul style="list-style-type: none"> • Review and maintain the national standards for accreditation (initial and continuing) of HIV and HCV s100 Community Prescribing 	<ul style="list-style-type: none"> • National accreditation standards are routinely reviewed • Community prescribing (initiation) is available in HIV and HCV
Continuing Medical Education (CME) programs, including support for community prescribers in HIV, viral hepatitis management and sexual health is available.	<ul style="list-style-type: none"> • Provide education programs and policies which support CME and accreditation. • Provide ongoing support through web/email networks and primary care liaison officers • Review and maintain the national standards for accreditation (initial and continued) of HIV s100 prescribers and HCV community treatment in Australia • 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. • Liaise with other partners who provide CME so that their programs are accredited and promulgated • Work towards national recognition of accredited prescribers 	<ul style="list-style-type: none"> • National accreditation standards and recognition is achieved • CME is appropriately accredited

End result/ Aim	Strategy	Performance Indicators
Workforce development training, support and resources are provided in HIV, viral hepatitis and sexual health areas.	<ul style="list-style-type: none"> • Implement new standardised curriculum, methods and evaluation • Expand geographic reach of courses • Investigate education in relation to hepatitis B • Investigate workforce development for nurses, laboratory staff and allied health care providers 	<ul style="list-style-type: none"> • Geographical reach and program arrangements are expanded • HBV training is funded, developed and delivered • Nurses training is funded, developed and delivered • CME is appropriately accredited
ASHM is recognised as a quality collaborator in the provision of education in HIV, viral hepatitis and sexual health in the Asia and Pacific regions.	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • MOU are signed with regional partner societies • Resource on identifying HIV is developed, produced and distributed • Appropriate considerations of recognition for training are explored
ASHM secretariat supports Consortium via hosting the HIV Consortium secretariat.	<ul style="list-style-type: none"> • HIV Consortium is housed and supported 	<ul style="list-style-type: none"> • HIV Consortium meets contractual obligations
ASHM Conference is recognised as key medical/ scientific meeting domestically and regionally.	<ul style="list-style-type: none"> • Increased attendance, including from targeted groups and international participants • Good participant feedback • Financial revenue is stable or increasing • Increase in number and scientific quality of abstract submissions across all conference streams • Regional participants are awarded conference scholarships • Consideration of 2010 conference at regional location within or outside Australasia 	<ul style="list-style-type: none"> • Conference registration increases to 1000 delegates • Increase in percentage of attendees being members or taking up membership • Regional participants attend conference as supported delegates and self funded • Value for money, evaluated and measured against other sector meetings

KRA 4 ASHM Membership

- » ASHM provides members and stakeholder with quality services and encourages new members and member participation
- » ASHM engages in high quality communication with members and stakeholders to enable them to contribute to policy development and participate in the sector
- » ASHM engages in a program of publicity and profile development to improve its standing in the sector

End result/ Aim	Strategy	Performance Indicators
ASHM is recognised as the peak body representing health professionals in the sector.	<ul style="list-style-type: none"> • Communication and media strategy developed and implemented • Improved and proactive external communications • Appropriate collaboration with sector partners in public comment and policy activities 	<ul style="list-style-type: none"> • Approaches are made to ASHM by sector partners, government and other stakeholders • Approaches are made to ASHM by the media
Member services are of a high standard and meet members needs.	<ul style="list-style-type: none"> • Online member access area to restricted member services • Certain ASHM activities available on-line (see education) • Committee participation opportunities available to members 	<ul style="list-style-type: none"> • Renewal, registration and updating of information are available online • e-forums are tried and reviewed • Website reworked to remain responsive to members' changing needs
Members are involved in the work and direction setting of the Society.	<ul style="list-style-type: none"> • Develop and re-focus committees on education program and policy areas • Develop database to improve targeted email alerts – particularly internationally • Conduct member consultations to ensure that opportunities for greater member participation are explored • Needs of basic scientists, pathology and laboratory professionals and other professional groups are explored and responded to 	<ul style="list-style-type: none"> • Member Consultation Surveys are carried out • Policy and position papers are published on website and/or annual report • Basic scientists, pathology and laboratory staff participation in ASHM membership and conference increases
Members exercise their governance of the Society via the Board and Committees.	<ul style="list-style-type: none"> • Board and committees are effective and well supported • Hold regular, well-supported, timely and appropriately focused meetings 	<ul style="list-style-type: none"> • Board holds at least two face-to-face meetings per year
Sector partner organisations enter sustaining member arrangements with ASHM.	<ul style="list-style-type: none"> • Affiliations are formalised with sector partners to explore mechanisms to extend membership arrangements 	<ul style="list-style-type: none"> • Sustaining member program is developed and implemented
The number of members and range of professional interest areas represented is expanded.	<ul style="list-style-type: none"> • Utilise conferences and meetings across the sector to recruit members • Marketing strategy to target new members • Member data base is improved • Review of member benefits and categories 	<ul style="list-style-type: none"> • Membership numbers pass 1000 • All members have listed profession in database • All members have listed interests in database • Membership is promoted through all ASHM activities
ASHM website and database functions are increased.	<ul style="list-style-type: none"> • Review current website and database needs and implement necessary changes • Explore what our members want from the website • Analyse hits and downloads to website • Use the website as a marketing tool 	<ul style="list-style-type: none"> • Membership renewal is available on line • Online demand for resources is increased • Increased hits and downloads from our website • Links with other sector websites are increased and functioning at 95% rate • Functional integration between website and database is achieved

KRA 5 ASHM Secretariat

- » ASHM engages in continuous quality improvement of its internal, administrative and financial infrastructure, policies and procedures
- » ASHM complies with all reporting requirements
- » ASHM conducts ongoing monitoring and evaluation of its programs and projects

End result/ Aim	Strategy	Performance Indicators
Internal structures and information flow are strengthened.	<ul style="list-style-type: none"> • Continual update of policies and procedures to reflect best practice • Ensure information flow between Board and Secretariat, and across Divisions within the Secretariat • Strengthen HR capabilities • Maintain flexibility to respond to new opportunities. 	<ul style="list-style-type: none"> • Policies and Procedures Manual is updated and evaluated • Environmental standards are developed, in use and promulgated • Effective communications are plan in place • Secretariat staff are recruited, retained and skilled in relevant areas
The legal basis of the Society is appropriate to the work and structures developed.	<ul style="list-style-type: none"> • Transition ASHM from Associations incorporation to Corporations Act arrangements • Review the continued relevance of ISO certification in light of transition to Corporations Act 	<ul style="list-style-type: none"> • Transition is complete by 2010 • ASIC requirements are met
Reporting is of high quality and meets external and internal needs.	<ul style="list-style-type: none"> • Ensure systems meet all financial, association, legal and funding body requirements • Refine finance and administration procedures and budgeting/reporting. 	<ul style="list-style-type: none"> • Complete contracts in timely and appropriate manner • ACFID Code of Conduct requirements are met and certified
Secretariat staff are high calibre and perform at a reliably high standard, while feeling supported and valued.	<ul style="list-style-type: none"> • Secretariat staff are supported and have access to supervision, training and professional development 	<ul style="list-style-type: none"> • Performance is regularly reviewed • Professional development plans are developed for all staff
Secretariat facilities are appropriate to the needs of the secretariat and Society.	<ul style="list-style-type: none"> • Consider accommodation options after conclusion of current lease 	<ul style="list-style-type: none"> • Accommodation facilities are adequate for current and future requirements
Revenue base is appropriate and diversified to support strategic aims.	<ul style="list-style-type: none"> • Search out new contracts in strategic areas • Promote ASHM Tax Deductible Gift Recipient status 	<ul style="list-style-type: none"> • Set Financial targets are reached
ASHM strategic planning and evaluation process strengthened.	<ul style="list-style-type: none"> • Membership consultation • Consultation with service users and stake-holders. • Develop plans and budgeting within the Secretariat 	<ul style="list-style-type: none"> • Evaluation strategy is put to 2009 face-to-face Board Meeting • Report against plan is provided to Board annually • Annual report links back to strategic plan



ashm

Australasian Society for HIV Medicine Inc

Australasian Society for HIV Medicine

ABN 48 264 545 457

CFN 17788

Locked Mail Bag 5057

Darlinghurst NSW, 1300

Australia

Phone: 61 2 8204 0700

Fax: 61 2 9212 2382

Email: ashm@ashm.org.au

Web: www.ashm.org.au

www.ashm.org.au