HEALTH EQUITY MATTERS
HIV. LGBTIQA+. COMMUNITIES.

Annual Report

2025 — 2026



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SECTION 1

Acknowledgement of Country

Health Equity Matters acknowledges the Traditional Owners of Country throughout Australia and recognises their continuing connection to lands, waters and communities. We pay our respects to Aboriginal and Torres Strait Islander Elders past and present.

Artwork credit: ENOKI (Dja Dja Wurrung, Yorta Yorta)



President & CEO's Foreword



Throughout 2025–2026, Health Equity Matters, its members, affiliates and the broader HIV community sector made powerful progress toward our shared goal of the virtual elimination of HIV transmission by 2030.

Maintaining momentum has been made possible through sustained Commonwealth funding, and we acknowledge the federal government for its ongoing commitment to Australia's world-leading HIV response. We also recognise the Coalition for its continued support of the government's initiatives to address HIV in Australia. Investments announced over the past year have extended this commitment, and will support implementation of a range of domestic programs delivered by Health Equity Matters and its partners. These include initiatives to ensure PrEP is affordable to all those who need it, and sustained investment in programs to deliver treatment to everyone with HIV in Australia.

Crucially, the government recognises that achieving virtual elimination requires a sustained focus on underserved communities and the organisations that support them. A commitment of $14.1 million in funding for Health Equity Matters and the National Association of People with HIV Australia will support ongoing investment in our programs and provide the multi-year certainty our organisations need to focus on the business planning and delivery required to achieve virtual elimination by 2030.

This is part of a broader three-year investment of $41.7 million announced by the Health Minister, the Hon Mark Butler MP, in December 2025 that will support community-led organisations across Australia to implement the recommendations of the National HIV Taskforce. Programs supported through this funding will increase the supply of HIV self-test devices across Australia, improve health promotion and education to the community and clinical workforces, and extend a national HIV multicultural peer navigation program.

Internationally, a critical focus for Health Equity Matters this year has been securing funding and laying the groundwork for our role in Australia's coordinated response to the HIV crisis unfolding in the Pacific, particularly in Fiji and Papua New Guinea.

Following a successful tender, Health Equity Matters will play a key role in the Australian Support for Pacific HIV Action (ASPHA) program, which will fund and support organisations in Fiji and neighbouring countries to prevent and treat HIV, drawing on Australia's excellence in addressing HIV domestically. As lead agency of the community stream implementing the ASPHA program, Health Equity Matters will focus on bolstering the local community-led HIV effort through health promotion, peer-led testing, treatment and care, partnering with networks and organisations including LGBTIQA+ communities, women's rights organisations and local church groups. Initial implementation will focus on Fiji, while strengthening regional collaboration, peer learning and knowledge exchange across the Pacific.

The government's investment in the Pacific HIV response builds on its three-year, $266 million commitment to the Global Fund to Fight AIDS, Tuberculosis and Malaria, which will strengthen HIV treatment, prevention and advocacy across the broader Indo-Pacific region. Collectively, these investments reflect a clear understanding that Australia's health security and the strength of the regional response are inseparable from the goal of ending HIV transmission domestically. We thank the government for its leadership in championing a coordinated multilateral effort at a time when global health funding is under significant strain.

Domestically, our members and affiliate members have continued to focus on community involvement and innovative models of service delivery throughout the year. We thank them for their dedication and determination, and for their ongoing commitment to the virtual elimination of HIV transmission.

We also extend our sincere, heartfelt thanks to Felicity Young AO, who retired from her role as International Program Director in July 2026 after more than three decades working to improve HIV treatment and prevention around the world. These three decades were book-ended by senior leadership roles at Health Equity Matters, initially as the organisation's CEO in the early 1990s. Felicity's leadership has had a profound impact on Health Equity Matters, and her insights and expertise will continue to shape our domestic and international work.

Finally, we thank our directors and board members, managers, staff and volunteers, whose dedication and skill make our work possible both in Australia and overseas. We are grateful also to the Australian Government, and to our funders, donors and partner organisations, whose support allows us to reach further and achieve more.

Together, we look forward to the year ahead as we continue working towards the virtual elimination of HIV transmission and health equity for all our communities.

Adjunct Associate Professor Mark Orr AM, President of Health Equity Matters, and Dash Heath-Paynter, CEO of Health Equity Matters

Together, we look forward to the year ahead as we continue working towards the virtual elimination of HIV transmission and health equity for all our communities.

SECTION 3

Pacific in Focus

Strengthening community-led HIV leadership in Fiji and Papua New Guinea



This year, Health Equity Matters significantly strengthened community-led HIV responses across Papua New Guinea (PNG) and Fiji through two complementary investments: the Indo-Pacific HIV Partnership, and targeted surge funding from the Department of Foreign Affairs and Trade (DFAT) in response to Fiji's escalating HIV epidemic. Initiatives supported by these investments strengthened community leadership, organisational sustainability, service delivery and national coordination, ensuring that key populations and people with HIV were at the centre of HIV prevention, advocacy and care efforts.

In PNG, Health Equity Matters focused on strengthening the Key Population Advocacy Consortium PNG (KPAC PNG) as a sustainable and nationally recognised community-led organisation. A major milestone was KPAC PNG's successful transition to directly managing sub-granted funding. Embedded mentoring and technical assistance strengthened staff capability in grant management, financial systems, project implementation, governance and leadership. Four KPAC PNG member organisations completed organisational capacity assessments and tailored development plans, while five member organisations received support to strengthen strategic planning, communications and organisational identity. These investments helped position KPAC PNG as a credible national leader capable of coordinating community-led HIV responses and engaging effectively with government and donors.

In Fiji, organisational development support was delivered through both the Indo-Pacific HIV Partnership and DFAT surge funding. Health Equity Matters worked closely with the Pacific Sexual and Gender Diversity Network (PSGDN) including its member organisations Rainbow Pride Foundation (RPF), Fiji Network of People Living with HIV (FJN+), Survivor Advocacy Network (SAN) and Strumphet Alliance Network. Organisational capacity assessments, tailored development plans, governance strengthening, financial management support and leadership mentoring improved organisational capability and readiness to manage larger donor investments and government partnerships. Independent evaluation findings confirmed that this organisational strengthening approach was highly relevant and effective, with participating organisations reporting stronger governance, improved systems and increased participation in national HIV coordination processes.

Through DFAT surge funding, Health Equity Matters also supported Fiji's emergency response to rapidly increasing HIV infections by establishing a community-led peer outreach model across all four of the country's administrative divisions. Working through PSGDN and local partner organisations, the program recruited and supported a network of 54 active peer outreach workers, reaching key populations including men who have sex with men, transgender people, sex workers and people who inject drugs.

Between December 2025 and April 2026, outreach workers reached more than 7,000 community members with HIV prevention information, referrals, condoms, lubricants, peer support and linkage to services. The model successfully demonstrated the value of trusted community leadership in reaching populations that are often underserved by traditional health services. The program also strengthened national HIV coordination and elevated the voice of community organisations within Fiji's HIV response.

A key lesson from the year was that sustained accompaniment achieves more than one-off training. Both the Indo-Pacific HIV Partnership and the surge response demonstrated that long-term mentoring, practical technical assistance and investment in community leadership generate stronger and more sustainable outcomes than short-term capacity-building interventions alone. Independent evaluation findings in Fiji further reinforced that community-led organisations are critical partners in responding to HIV epidemics and must be adequately resourced to lead prevention, outreach and advocacy efforts.

Through organisational development, emergency HIV response activities and meaningful investment in local leadership, Health Equity Matters has contributed to stronger, more resilient community organisations that are better positioned to lead national HIV responses, advocate for affected communities and deliver sustainable health outcomes into the future.

CASE STUDY

KPAC PNG's first annual general meeting

In 2025, the Indo-Pacific HIV Partnership supported a major organisational transformation within KPAC PNG. Through technical assistance delivered by Health Equity Matters in partnership with UNAIDS, KPAC PNG strengthened its governance systems, leadership and organisational sustainability, improving its ability to lead and coordinate community-led HIV responses nationally.

A landmark achievement was KPAC PNG's first annual general meeting, held in August 2025. During the meeting, members endorsed a legally compliant Constitution, adopted key governance resolutions, confirmed board membership and strengthened participatory governance across six member organisations. These reforms marked an important milestone in KPAC PNG's development as a transparent, accountable and representative national consortium.

The impact of the support provided by Health Equity Matters was reflected in substantial improvements in organisational performance. KPAC PNG's Organisational Capacity Assessment score almost doubled within 12 months, rising from 36% at baseline to 69%.

Significant gains were achieved across governance, legal compliance, financial management, human resources, administration and organisational sustainability. As a result, KPAC PNG is now recognised by government stakeholders and development partners as a credible national organisation capable of managing resources and leading community-led HIV initiatives.

Health Equity Matters contributed to these outcomes through a comprehensive organisational development approach that combined capacity assessments, tailored development planning, embedded advisers, governance mentoring, strategic planning support and ongoing accompaniment. By prioritising local leadership and sustainable systems, the program ensured that organisational improvements were owned and driven by KPAC PNG itself.

These strengthened foundations positioned KPAC PNG to play a critical role in supporting Papua New Guinea's HIV response, including during the HIV Emergency Declaration in 2025, while creating a stronger platform for future community leadership, advocacy and service delivery.

> "We would like to extend our heartfelt gratitude to you and Health Equity Matters for your incredible support in making our first ever annual general meeting a resounding success.
>
> Your mentorship has illuminated a path forward for KPAC PNG, and we now feel confident in our journey toward forming the Consortium.
>
> Your belief in us means more than words can express."
>
> **MS CATHY KETEPA, CHAIRLADY KPAC PNG**



A KPAC PNG team workshop focused on diversifying funding and mobilising resources.



Members of the KPAC PNG team with a representative from an organisation of people with disabilities at the Disability Inclusion and Networking Forum, Port Moresby.

SECTION 4

Asia in Focus (SKPA-2)

Across Sri Lanka, Malaysia and Bhutan, the Sustainability of HIV Services for Key Populations in Southeast Asia (SKPA-2) program spent 2025–2026 turning years of program investment into stronger, more sustainable national systems.

This included initiatives to professionalise community health workforces, strengthen prevention efforts and support policy reform. The program completed its first phase of implementation on 31 December 2025 and has now entered a Program Continuation Phase (2026–27). This phase brings a sharper focus on embedding community-led approaches, expanding access to prevention and services, and ensuring national partners can carry progress forward independently.

In Bhutan, this has included supporting the expansion of PrEP and strengthening community-led outreach and engagement with key populations. In Malaysia, the focus has been on drug policy reform. This has included efforts to support a shift towards more health and evidence-based approaches for people who use or have used drugs, with a particular emphasis on strengthening alternatives to punitive responses. In Sri Lanka, a major focus has been strengthening the community HIV workforce and creating formal pathways for outreach workers' skills and experience to be nationally recognised.

CASE STUDY

Building a recognised community HIV workforce in Sri Lanka

Community outreach workers are at the heart of Sri Lanka's HIV response, connecting key populations with prevention, testing, treatment and other essential services. However, despite its critical role, community outreach has historically received little formal recognition as a profession, and workers have had few structured pathways for career development.

To address this gap, SKPA-2 has supported partners in Sri Lanka to begin developing a National Vocational Qualification (NVQ) pathway for HIV outreach workers. This qualification aims to build a more skilled, consistent and sustainable workforce, establish clearer professional development pathways for community outreach workers, and ensure lasting recognition of lived experience and community expertise within Sri Lanka's national HIV response.

Working with community organisations, training institutions and national stakeholders, the initiative is translating the practical knowledge and experience of outreach workers into nationally recognised competencies. Level 3 and Level 4 training content has been developed, and work has been carried out to establish assessment pathways and identify how experienced outreach workers can have their existing skills formally recognised.

As well as designing a curriculum, SKPA-2 and its partners are addressing the practical barriers outreach workers may face in accessing formal systems, including enrolment processes and documentation requirements. The qualification is currently moving toward pilot enrolment, with full implementation scheduled in 2026–2027.



Dr Harisch Yakandawala, SKPA-2 consultant and lead for the NVQ curriculum development, speaks at the launch of the Level 3 and Level 4 courses for community-led outreach workers.



Health Equity Matters' Senior Technical and Program Advisor Philips Loh joins partners in marking the launch of Sri Lanka's NVQ courses for community-led HIV and STI outreach workers.



A Heart2Heart outreach worker speaks about the importance of ensuring the NVQ curriculum reflects the knowledge and practical experience of community outreach workers.

SECTION 5

Working with Aboriginal & Torres Strait Islander Communities

BETTER TO KNOW BOOKLET

Building on the Better to Know resource, Health Equity Matters developed the Better to Know booklet, a culturally responsive sexual health resource designed for Aboriginal and Torres Strait Islander communities. The booklet provides accessible information about common sexually transmitted infections, testing, treatment and prevention, helping people make informed decisions about their sexual health. Importantly, the resource includes dedicated content that reflects the experiences of sistergirls, brotherboys, gender diverse people and Rainbow Mob, ensuring information is inclusive, relevant and culturally safe.

RAINBOW MOB VIDEO SERIES

Health Equity Matters developed the Rainbow Mob video series to increase visibility and representation for Aboriginal and Torres Strait Islander LGBTIQA+SB communities while supporting positive sexual health messaging. The series features two animated videos: Rainbow Mob and Testing: A Yarn About Looking After Yourself and Rainbow Mob and PrEP: A Yarn About Looking After Yourself, which use culturally safe storytelling and relatable characters to explore HIV and STI testing, HIV prevention and sexual wellbeing. Designed for young Rainbow Mob, the videos provide accessible, engaging and stigma-free health information, encouraging informed decision-making and helping to normalise conversations about sexual health as an important part of overall wellbeing.

MOB GATHERING

Health Equity Matters hosted a two-day gathering on Turrbal Country, bringing together Aboriginal and Torres Strait Islander LGBTIQA+SB professionals working across the HIV, sexual health and LGBTIQA+ sectors. Designed as a culturally safe space for connection and collaboration, the gathering enabled participants to share knowledge, build relationships and discuss key workforce and community issues. Through yarning, storytelling and collaborative discussions, participants explored topics including leadership, representation, workforce wellbeing, recruitment and retention, and opportunities for the future.

ABORIGINAL AND TORRES STRAIT ISLANDER NETWORKS

Health Equity Matters continued to facilitate national Aboriginal and Torres Strait Islander networks that bring together professionals working across community, clinical and research sectors in HIV, sexual health and LGBTIQA+ health. Through regular gatherings, participants have opportunities to connect, share knowledge, strengthen professional relationships and discuss emerging priorities. These networks provide an important space for Indigenous workers to feel supported, collaborate on shared challenges and contribute to a stronger, more connected national workforce.

7th National Anwernekenhe Conference

Led by the Anwernekenhe National HIV Alliance, and supported by Health Equity Matters, the 7th National Anwernekenhe Conference brought together Aboriginal and Torres Strait Islander community leaders, health professionals, researchers, policymakers and people living with HIV from across Australia to strengthen the national response to HIV. Across two days at the historic North Head Quarantine Station in Sydney, attendees explored key themes including HIV prevention, testing and treatment, cultural safety, peer leadership, healthy ageing, workforce development and the health and wellbeing of Rainbow Mob, sistergirls and brotherboys.

Discussions across both days highlighted the critical role of Aboriginal Community Controlled Health Organisations, community-led initiatives and lived-experience leadership in improving health outcomes. The conference also provided an opportunity to identify priorities for future action. These included strengthening partnerships, investing in Indigenous-led programs and ensuring Aboriginal and Torres Strait Islander people remain at the centre of decision-making in the HIV response.



Professor James Ward presenting at the 7th National Anwernekenhe Conference.

Crucially, the conference provided a space for Aboriginal and Torres Strait Islander people connected to the HIV response to share stories and heal together. Non-Indigenous attendees who were welcomed into the space were grateful to have been present at such a powerful and impactful moment for the Australian HIV response.



Colin Ross, Chairperson of the Anwernekenhe National HIV Alliance alongside Michelle Tobin, Convener of the Positive Aboriginal Torres Strait Islander Network and the conference artwork designed by Australian Aboriginal contemporary artist Jeffrey Samuels.



Multicultural Symposium attendees participating in story sharing and discussion.



Health Equity Matters' Senior Project Officer – Multicultural Community Health, Breandax Lim, speaking at the Multicultural Symposium.

SECTION 6

Working with Multicultural Communities



This year, Health Equity Matters deepened its ongoing commitment to addressing HIV inequities affecting multicultural communities.

We created the Senior Project Officer – Multicultural Community Health role, established the Australian Multicultural HIV and Community Health Alliance (MHaCHA) and embedded a focus on multicultural communities across the organisation including through HIV Online Learning Australia (HOLA) and our dedicated multicultural community health program, Many Voices.

Establishing MHaCHA in January 2026 was a major milestone. Building upon the former CALD Affiliates Advisory Group, MHaCHA is a national strategic reference group that brings together practitioners, clinicians, program managers, researchers and policy specialists from the HIV, LGBTIQA+ and multicultural health sectors. MHaCHA supports strengthening connections across sectors, jurisdictions and settings by creating a multidisciplinary forum to elevate community priorities, identify shared challenges across systems and practice, and discuss national coordination priorities.

Through Many Voices, Health Equity Matters supports sector capability building by bringing together community expertise, practice-based knowledge and documented evidence. This informs a continuous cycle of evidence gathering, knowledge translation, pilot implementation and national coordination to support the translation of ideas into practical action.

Together with MHaCHA, Many Voices delivered the inaugural Australian Multicultural HIV & Health Symposium on Ngunnawal-Ngambri Country, Canberra. The two-day program for 30 attendees representing 16 organisations centred storytelling and conversation, focusing on multicultural community experiences of HIV at the intersections of culture, migration, faith, gender and sexuality, and identifying areas for action.

Many Voices delivered a co-design project addressing the limitations of 'CALD' as a health data classification with community leaders and HIV health workers. Facilitated by the University of Technology Sydney, the co-design group developed an approach to collect culturally sensitive demographic information. This aims to support disaggregation in service-level health data and enhance health service planning and delivery. The output is now being piloted in HIV peer testing clinics and HIV peer support services to test acceptability among clients and workers.

Additional outputs from Many Voices included a mapping paper examining HIV workforce resources that support culturally responsive practice; research with the HIV/AIDS Legal Centre (HALC) on the impact of mandatory blood-borne virus (BBV) testing requirements within visa processes; a culturally responsive framework for policy, advocacy and research developed in collaboration with the Australian Multicultural Health Collaborative; and a discussion paper exploring the implications of changes to global HIV funding for the Australian response.

HOLA delivered activities including a workshop on cultural awareness and responsiveness, a symposium panel on language and access, and its Health Promotion Community of Practice that supported worker-led knowledge sharing. Several other activities explored power dynamics and community-centred engagement with principles and frameworks that are applicable to work with multicultural communities.

Growing cross-program collaboration and knowledge sharing was reflected in a workforce development webinar on how disaggregated data can improve health service planning and delivery, produced by Many Voices and presented by HOLA.

Health Equity Matters is well positioned to build on this momentum through coordinated and effective approaches to addressing HIV inequities affecting multicultural communities.

SECTION 7

Advisory & Advocacy

Health Equity Matters continued to provide strategic leadership and advocacy to advance Australia's HIV response, with a strong focus on implementing the priorities of the Ninth National HIV Strategy and the recommendations of the HIV Taskforce.

We maintained engagement with government, parliamentarians, health agencies, clinicians and community partners to ensure community leadership, health equity and evidence-based policy remained at the centre of decision-making.

As the global HIV landscape continued to evolve, we closely monitored international developments and assessed their potential implications for Australia's HIV response. This included considering the impacts of changing global funding arrangements, emerging policy directions and shifts in international HIV programming, while advocating for Australia to maintain its commitment to effective, community-led approaches.

A major milestone during the year was the implementation of a new national access scheme for pre-exposure prophylaxis (PrEP) for people who are ineligible for Medicare. The introduction of this scheme reflects many years of sustained advocacy by Health Equity Matters and our partners to address inequities in access to HIV prevention and ensure that people at risk of HIV can benefit from proven prevention tools regardless of Medicare eligibility.

Advancing progress towards the virtual elimination of HIV transmission also required a renewed focus on HIV testing. During the year, Health Equity Matters completed a major report examining the optimal mix of testing approaches needed to support this goal. The project explored how established and innovative testing models can work together to increase testing coverage, identify undiagnosed HIV infections earlier, and ensure testing services reach populations that continue to experience barriers to care.

Supporting innovation remained a key priority. We continued to advocate for reforms to Australia's regulatory and health technology assessment processes, engaging with the Therapeutic Goods Administration (TGA), the Pharmaceutical Benefits Advisory Committee (PBAC) and the Medical Services Advisory Committee (MSAC). This work seeks to reduce barriers to the introduction of new HIV prevention, testing and treatment technologies and ensure Australians can access advances in care in a timely manner. We also advocated for regulatory and policy settings that support equitable, community-centred care, including through a submission on proposed changes to My Health Record information sharing and the implications for our communities.

Recognising the growing impact of syphilis infections across Australia, Health Equity Matters also worked closely with member organisations to consider the sector's response to the ongoing epidemic. Through consultation and collaboration, we helped identify emerging priorities and opportunities for collective action to strengthen prevention, testing and public health responses for our communities.

Together, these activities demonstrate Health Equity Matters' commitment to shaping policy, advancing innovation and ensuring Australia remains on the path towards ending HIV transmission while improving health outcomes for communities affected by HIV and other sexual health challenges.



From left: Health Equity Matters' President, Adjunct Associate Professor Mark Orr AM; Minister for Health, Ageing and Disability the Hon Mark Butler MP; Health Equity Matters' Chief Executive Officer Dash Heath-Paynter; and NAPWHA Deputy Director Brent Clifton at the World AIDS Day Parliamentary Breakfast.



Australia's Governor-General, Her Excellency the Hon Sam Mostyn AC, and Health Equity Matters' President, Adjunct Associate Professor Mark Orr AM, speaking at a meeting with representatives from Australia's community HIV response.

SECTION 8

Better Practice Incubator



During 2025–2026, Health Equity Matters delivered four significant national initiatives that strengthened Australia's HIV response through innovation, community leadership and evidence-based practice.

NORMALISING TESTING PILOT PROJECT

The Normalising Testing Pilot Project evaluated Australia's first national clinician-initiated testing model in general practice. By embedding HIV, hepatitis B, hepatitis C and syphilis testing into routine consultations where blood tests were already being undertaken, the project reduced reliance on risk-based assessments and helped normalise testing as part of everyday healthcare. The pilot demonstrated potential to increase testing uptake, identify previously undiagnosed infections, reduce late diagnoses, and create opportunities for broader preventive care through discussions about vaccination, PrEP and Doxy-PEP. The model also showed promise in reducing stigma and improving equitable access to testing, particularly in settings where HIV testing has historically been less routine.

PEER-LED HIV CONTACT TRACING PILOT

Health Equity Matters also implemented the Peer-led HIV Contact Tracing Pilot, designed to explore the feasibility and acceptability of involving trained peers in the contact tracing process. Delivered across eight clinical sites in New South Wales, Victoria and Western Australia, the pilot tested a collaborative model in which peers supported newly diagnosed individuals to identify partners, while public health units retained responsibility for partner notification. The pilot demonstrated the value of peer support in providing a culturally safe, non-judgemental experience and generated important insights into governance, workforce, data security and partnership considerations. The project established a foundation for future peer-led approaches that strengthen engagement and support public health outcomes.

CONSENSUS 2026

In partnership with the National Association of People with HIV Australia (NAPWHA), Health Equity Matters led Consensus 2026, a national initiative focused on optimising quality of life for people living with HIV. More than 130 experts from community, clinical, research and policy sectors collaborated to develop a national consensus statement to guide future priorities. The initiative identified four key themes: defining quality of life beyond the virtual elimination of HIV transmission; addressing persistent gaps that affect wellbeing; centring the experiences of people who face additional barriers to health and social inclusion; and exploring innovative interventions to improve quality of life across the lifespan. The resulting framework reinforces the importance of ensuring quality of life remains a central pillar of Australia's HIV response.

BI+ HIV AND SEXUAL HEALTH FRAMEWORK

Health Equity Matters also developed a Bi+ HIV and Sexual Health Framework. Developed through research and community consultation, the framework aims to support organisations to better engage, include and respond to bi+ communities. Grounded in lived experience, health equity and intersectionality, the framework addresses the impacts of biphobia, stigma and bisexual erasure on health outcomes and service access. It provides practical guidance to create safer, more inclusive and affirming services while strengthening visibility, representation and support for bi+ communities across Australia's HIV, sexual health and LGBTIQA+ sectors.

Together, these initiatives demonstrate Health Equity Matters' commitment to advancing equity, strengthening prevention and care, and ensuring that all communities benefit from a more inclusive and person-centred HIV response.



A Bi+ community member at a photoshoot to promote the Bi+ Framework.



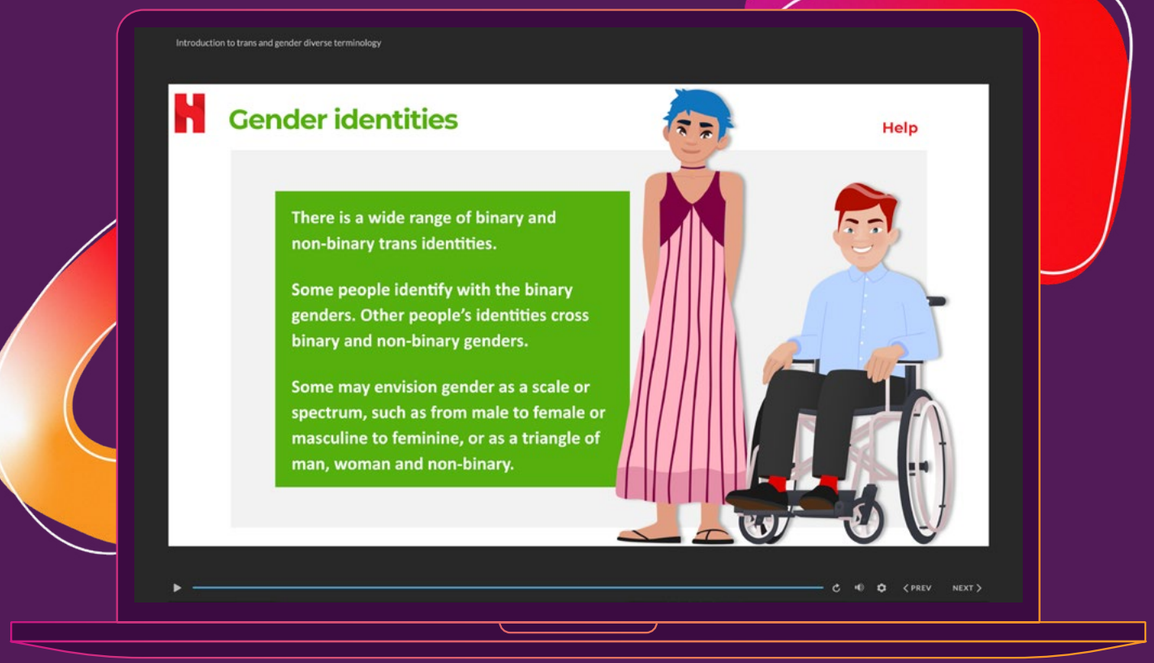
Bi+ community members at a photoshoot to promote the Bi+ Framework.

HOLA: HIV Online Learning Australia

This year HOLA underwent a service redesign, implementing a new value proposition and staffing structure that enables program sustainability.



HOLA Health Promotion Forum attendees at the Victorian Pride Centre, St Kilda



HOLA also started to expand its audience beyond the HIV community workforce by partnering with Scarlet Alliance and Hepatitis Australia and their memberships. This period also saw the introduction of an annual practice leadership package centred on Aboriginal and Torres Strait Islander HIV Awareness Week, and an annual webinar highlighting local, regional and international HIV research from PhD candidates.



ONLINE LEARNING ACTIVITIES

HOLA continued to support workforce learning opportunities for the membership. This occurred across e-learning modules, webinars, workshops, practice leadership packages and communities of practice. Workshops and communities of practice are designed to create opportunities for collaborative learning experiences and building specialised knowledge and skills. This year's highlights included: an action learning set (facilitated by PRISM) for social workers and peers, communication skills for peer workers, design principles 101, building digital capabilities for the reproductive and sexual health workforce, building a shared understanding of co-design, grant writing, and cultural awareness and responsiveness: working effectively in multicultural contexts.

Hola

HEALTH PROMOTION FORUM

This year HOLA hosted its Health Promotion Forum in Naarm (Melbourne) with the theme 'Accessibility and HIV Now'. Over two days, 26 attendees representing 14 HIV and community-based organisations across Australia came together to learn and collaborate. Participants included a mix of early-career professionals and those with 10+ years' experience, with roles spanning health promotion, peer education, client work and policy. Evaluation findings demonstrated strong impact on workforce capability, with participants reporting greater confidence in their roles and identifying clear, practical actions from sessions to implement in their roles and across their organisations.



From left: Horas Wong, Adam Finch and Thuy Tien Jade To discuss language and access at the Health Promotion Forum.



From left: Emma Paino, Mohammad Awad and Michelle Tobin discuss trauma-informed practice and access at the Health Promotion Forum.



2025/2026

HOLA Impact Statement

HEALTH EQUITY MATTERS
HIV, LGBTIQA+, COMMUNITIES.

Learner Activity

150
new learners

608
total learners



eLearning Modules

23
modules

849
enrolments

5
new modules released

HIV and the social determinants of health
most popular module

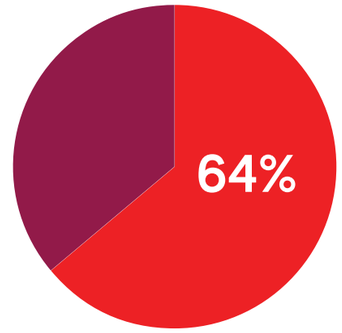
Live Sessions

6 Webinars
10 Workshops
1 Practice Leadership Package

109
most enrolments in a live session

Strength and Story: Aboriginal and Torres Strait Islander HIV Awareness Week
most popular live session

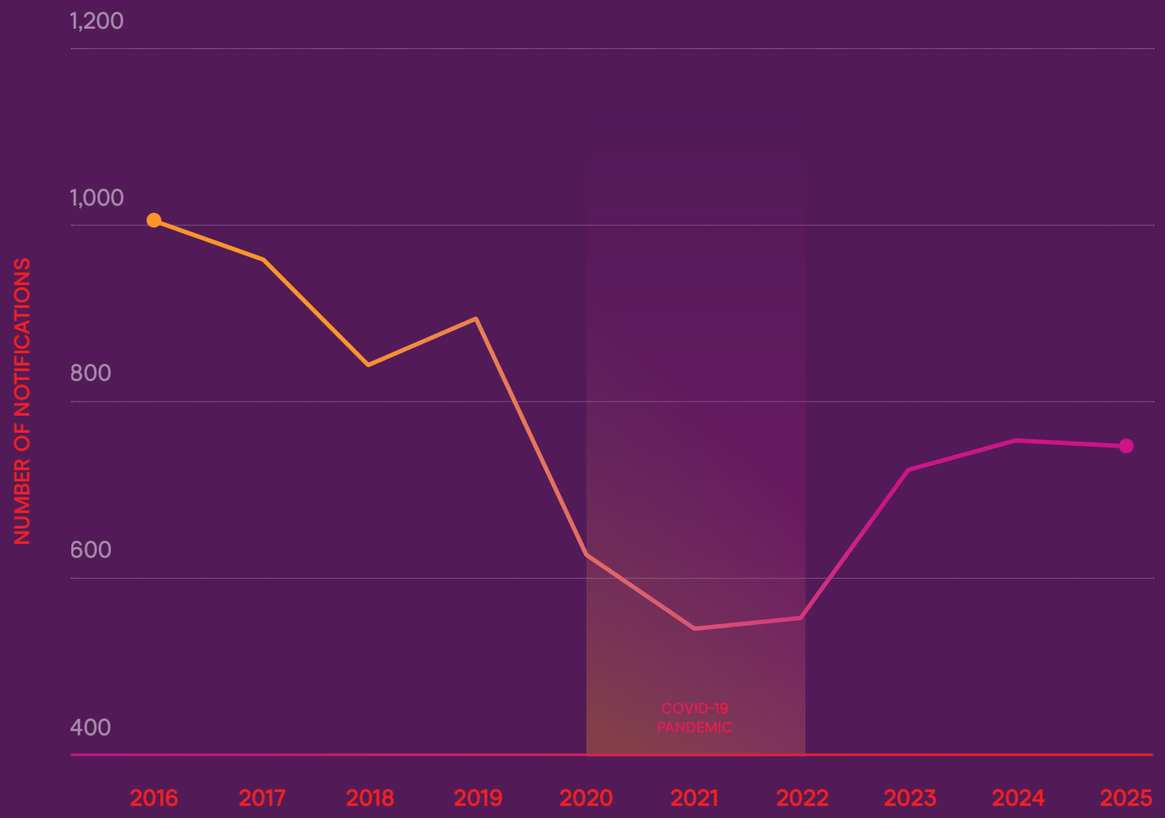
Attendance for live sessions
For free live learning events the average attendance rate is 40-50% (Zoom)



HOLA is an online workforce development program by Health Equity Matters and NAPWHA. It offers free learning and development for its members.

HIV in Australia Data

Notifications 2016–2025







Participants from Health Equity Matters' membership engaging in discussion at the Members' Leadership Forum on Gadigal Country, Sydney.

SECTION 11

Members' Leadership Forum

In May 2026, Health Equity Matters welcomed representatives from member organisations across Australia to Gadigal Country in Sydney for the annual two-day Members' Leadership Forum.

The forum brought together leaders from the HIV sector to share knowledge, strengthen partnerships and identify the actions needed to sustain progress towards the virtual elimination of HIV transmission in Australia.

A central theme of the forum was Australia's progress towards achieving virtual elimination by 2030. Through a series of presentations and facilitated discussions, delegates examined current achievements, remaining gaps and the strategic priorities required to accelerate progress. Participants also heard from Emily Harper, Deputy Director-General – Public Health at the Australian Centre for Disease Control, who discussed the role of the emerging national public health agency in supporting Australia's response to HIV and other communicable diseases.

The program explored several emerging issues shaping the future of the HIV response. Delegates considered the impacts of changing global HIV investment patterns, with a focus on the Indo-Pacific, and their implications for regional partnerships and community-led responses. Discussions also examined the status of HIV decriminalisation efforts across Australia and the ongoing importance of legal and policy reform in reducing stigma and supporting health equity.

Clinical and prevention priorities featured prominently, including a discussion on the future of oral PrEP and pathways towards long-acting injectable PrEP. Participants also debated emerging evidence relating to asymptomatic sexually transmissible infection screening and considered the implications for future prevention strategies and public health practice.

Looking beyond 2030, the forum provided an opportunity for members to reflect on how the sector may evolve in a post-elimination environment. Discussions focused on maintaining community leadership, ensuring lived experience remains central to decision-making, and adapting organisations to changing policy, funding and epidemiological contexts. The forum concluded with a shared commitment to collaboration, innovation and community-led action as the foundations of Australia's ongoing HIV response.

SECTION 12

Our Commitment to Continuous Improvement



At Health Equity Matters, continuous improvement is fundamental to how we work.

Across our programs, we are committed to strengthening the effectiveness, sustainability and accountability of our efforts. We do this by investing in learning, championing locally led development, advancing gender equality, disability and social inclusion (GEDSI), upholding safeguarding standards, and taking action on environmental sustainability. These commitments guide both what we do and how we do it.

CONTINUOUS LEARNING

Continuous learning remains central to our approach. We actively reflect on program implementation, listen to feedback from partners and communities, and use evidence to improve our work. Under SKPA-2, this has included the development of four learning briefs capturing lessons from program implementation, alongside reflections workshops held with partners to critically examine progress and adapt approaches. In Fiji, our end of program evaluation conducted under DFAT surge funding provided evidence to strengthen program design and implementation.

In PNG, reflections workshops with partners and community-led organisations have similarly generated insights that continue to inform program adaptation. By fostering a culture of learning and adaptation, we strengthen our ability to respond to emerging challenges and ensure that programs remain relevant, effective and responsive to the needs of the communities we serve.

LOCALLY LED DEVELOPMENT

Locally led development is a cornerstone of our international programming. We believe sustainable health outcomes are achieved when communities most affected by HIV and health inequities lead the response. Across the Indo-Pacific, we work alongside community-led organisations, networks of people living with HIV, and key population groups to strengthen governance, organisational capacity and leadership. Through shared decision-making, mutual accountability and long-term partnerships, we help ensure that communities have the tools, resources and influence needed to drive and sustain their own responses.

This includes supporting civil society partners in Fiji to strengthen governance, financial management and program delivery; working with partners in Sri Lanka to professionalise the community HIV workforce; and strengthening community outreach and engagement in Bhutan. Across all of our work, the focus is on building local leadership, organisational capacity and influence so communities can drive their own responses over the long term.

GENDER EQUALITY, DISABILITY AND SOCIAL INCLUSION

Gender equality, disability and social inclusion (GEDSI) is embedded across all stages of program design, implementation and evaluation. We recognise that people who experience stigma, discrimination and exclusion often face the greatest barriers to accessing health services. Guided by the principle of 'nothing about us without us', we support the meaningful participation and leadership of people living with HIV and key populations, while working with partners and governments to improve equity, accessibility and inclusion.

Our GEDSI commitment extends to how we operate as an organisation. This year, we conducted our first organisational GEDSI baseline assessment, surveying staff across the organisation to understand experiences of inclusion, safety and accessibility in the workplace. Findings from the baseline are now informing implementation of our organisational GEDSI Action Plan 2025–2028, ensuring that our commitment to equity and inclusion in our programs is matched by our practice as an employer.

SAFEGUARDING

Safeguarding is central to our commitment to doing no harm. We are dedicated to ensuring that all people who engage with our work are treated with dignity, respect and safety. Through clear policies, codes of conduct, mandatory training and confidential reporting mechanisms, we work to prevent and respond to abuse, exploitation, harassment and other forms of harm. Importantly, we foster a culture where concerns can be raised safely and addressed appropriately. We are also strengthening safeguarding practice across our organisation and partnerships, including updating safeguarding training modules, providing refresher training for staff, delivering updated training for local partners, and supporting partners to develop and strengthen their own safeguarding policies and procedures. This helps ensure safeguarding is embedded not only in our systems, but in the way our programs and partnerships operate in practice.

ENVIRONMENTAL SUSTAINABILITY

Environmental sustainability is increasingly important to achieving long-term health outcomes. We recognise that climate change and environmental degradation have a disproportionate impact on vulnerable communities and can undermine progress in health and development. We therefore seek to minimise our environmental footprint, promote sustainable practices and consider environmental impacts in program planning and delivery. This year, we strengthened our commitment to environmental sustainability through the implementation of our Environmental Sustainability Policy and Climate Action Plan (2025–2028). We continued to embed sustainable practices across our operations, including completing LED lighting upgrades at our Sydney head office and undertaking ongoing energy monitoring and efficiency reviews. Across our international programs, we integrated environmental considerations into planning and delivery, worked with partners to address climate-related risks, and strengthened the capacity of local partners in Papua New Guinea and Fiji to deliver activities independently. This approach reduced the need for international travel, lowered emissions, and promoted local ownership and sustainability.

Together, these commitments reflect Health Equity Matters' dedication to continuous improvement and to supporting stronger, more inclusive and sustainable responses to HIV and health inequities across the Indo-Pacific.

SECTION 13

Members & Affiliates

Health Equity Matters' strength lies in its member organisations, which provide leadership and services across Australia. These organisations are created by – and deeply embedded within – communities most affected by HIV.

Our four national members are the peak national organisations representing key populations in Australia's community response to HIV: people with HIV, Aboriginal and Torres Strait Islander people, sex workers, and people with living or lived experience of drug use. Close collaboration between these organisations ensures they can provide strong and consistent advice and advocacy to governments and the health system, reflecting the range of viewpoints held by our diverse communities.

Our state and territory members are the leading HIV organisations in Australia. These organisations provide diverse, complex and impactful programs and representation on behalf of their communities. This diversity in service delivery across states and territories builds innovation, and Health Equity Matters is proud to support new ways of working to strengthen the national response.

Our affiliate member organisations include community, research and clinical workforces who share our values and support the work we do. Health Equity Matters is proud to have the following members and affiliates.



OUR NATIONAL MEMBERS ARE THE PEAK NATIONAL ORGANISATIONS REPRESENTING KEY POPULATIONS IN AUSTRALIA'S COMMUNITY RESPONSE TO HIV.

OUR STATE AND TERRITORY MEMBERS ARE THE LEADING HIV ORGANISATIONS IN AUSTRALIA'S JURISDICTIONS.

HEALTH EQUITY MATTERS' AFFILIATE MEMBER ORGANISATIONS SPAN COMMUNITY, RESEARCH AND CLINICAL WORKFORCES. THEY SHARE OUR VALUES AND SUPPORT THE WORK WE DO.



Health Equity Matters and Corrs Chambers Westgarth staff at a lunch celebrating the 10-year partnership between the two organisations.



Nexus APAC's Nick Campbell and Addison Ridge with the Hon Tim Wilson MP, Senator Dean Smith and Health Equity Matters at the 2025 World AIDS Day Parliamentary Breakfast.

SECTION 14

Acknowledgement of Organisational Supporters

Health Equity Matters benefits from the support of a number of organisations that provide pro bono or low-cost services that we would not otherwise be able to access.

10 YEARS OF WORKING WITH CORRS CHAMBERS WESTGARTH

This year we marked 10 years of our partnership with Australia's leading independent law firm, Corrs Chambers Westgarth. Corrs continues to provide high-quality, comprehensive and timely pro bono legal advice. They have also been generous in providing access to meeting spaces for Health Equity Matters to run events.

NEXUS APAC GROUP

Nexus APAC Group has been a long-time friend of Health Equity Matters, providing strategic public affairs guidance and supporting our organisation's political engagement. Their insights have been crucial in assisting us to navigate shifting political landscapes and in supporting our multipartisan approach to political engagement.

2025–26 Financial Report

Including Board and organisational information

The Board of Directors Report

FOR THE YEAR ENDED 30 JUNE 2026

The directors present their report, together with the financial statements, to Health Equity Matters for the year ended 30 June 2026.

The following persons were directors of Health Equity Matters Limited during the financial year or since the end of the year:

- Mark Orr AM – President
- Laurie Leigh – Vice President
- Peter Black – period of leave from 23 September 2025 to 19 February 2026
- Michael Doyle
- Susan Chong – resigned from 13 November 2025
- Jason Ong
- Colin Ross
- Scott Harlum
- Jane Alley
- Sam Tomasulo – resigned from 13 November 2025
- Greta Desgraves
- Bernard Gardiner
- Joël Murray – from 26 November 2025
- Daniel Vujcich – from 4 December 2025
- Francine Eades – from 4 December 2025

Directors' Register of Attendance

FOR THE YEAR ENDED 30 JUNE 2026

	BOARD MEETINGS	
	Number eligible to attend	Number attended
Orr, Mark (President)	9	9
Leigh, Laurie (Vice President)	9	6
Black, Peter	6	5
Doyle, Michael	9	7
Chong, Susan	4	3
Ong, Jason	9	7
Ross, Colin	9	8
Harlum, Scott	9	6
Alley, Jane	9	6
Tomasulo, Sam	4	2
Desgraves, Greta	9	7
Gardiner, Bernard	9	9
Murray, Joël	4	4
Vujcich, Daniel	3	3
Eades, Francine	3	3

Health Equity Matters Limited Board

AS AT 30 JUNE 2026

ADJUNCT ASSOCIATE PROFESSOR MARK ORR AM, PRESIDENT

Mark is the Chief Executive of a large mental health organisation in the not-for-profit sector. He is a Board Director of the NSW community mental health peak organisation, the Mental Health Co-ordinating Council, and the national mental health peak, Mental Health Australia. He is the immediate past President of ACON, Health Equity Matters' NSW member organisation.

Mark is a registered psychologist with master's degrees in health services management and e-Health (health informatics), as well as postgraduate qualifications in applied corporate governance, applied finance and investments and special education. He is a Fellow of the Australian Institute of Company Directors, a Fellow of the Governance Institute of Australia and an Adjunct Associate Professor in the UNSW International Centre for Future Health Systems. Mark was appointed a Member of the Order of Australia in 2019 for services to community health.

LAURIE LEIGH

Laurie is the Chief Executive Officer of Bridge Housing Limited, a tier 1 community housing provider in Sydney that provides social and affordable housing for around 4000 people. Since initially training as a registered mental health nurse in the UK, Laurie has worked across many facets of health and human services, including mental health, safety and quality, primary health, aged care and disability. Previously a board member of the NSW Users and AIDS Association (NUAA), Laurie is a graduate of the Australian Institute of Company Directors and brings many years of experience in corporate and clinical governance to Health Equity Matters. She is a member of the Industry Advisory Board for the Transdisciplinary School of Creative Intelligence and Strategic Innovation at UTS. She has a master's degree in health services management.

JANE ALLEY

Jane has a long history working in public policy, health and human services across non-government organisations, local government and state/territory governments in Victoria and the Northern Territory. Over the past 20-plus years, Jane has worked in the Northern Territory as the Chief Executive Officer of NTCOSS (the peak body for the NGO sector and an advocate for social justice), a senior advisor for the Northern Territory Minister for Children and Families, a consultant and a senior manager in a range of government departments.

Jane brings extensive experience in managing major reform agendas and leading large and complex community services and advocacy campaigns on social justice issues. She has led policy and strategy development across a range of public policy areas, including Aboriginal health, alcohol and other drug policy, and gender equity and diversity. She has extensive experience in developing place-based solutions and collaborative partnership agreements in regional and remote communities and with Aboriginal communities.

Jane has been active at the community level over several years in advocating for LGBTIQA+ and gender issues as well as HIV/AIDS.

PETER BLACK

Peter is a public servant in Canberra. He has experience in the higher education, not-for-profit and government sectors. He has previously been a director on the boards of Meridian and the Queensland Council for LGBTI Health, both member organisations of Health Equity Matters.

Peter has been an advocate for LGBTIQA+ health and equality for the past decade. He was a director of Australian Marriage Equality during the Australian Marriage Law Postal Survey and was the Queensland Coordinator of the Equality Campaign. He has previously served on the management committee of the LGBTI Legal Service, as the LGBT representative on the Inclusive Brisbane Board (an advisory board to the Lord Mayor of Brisbane) and on the board of the Brisbane Pride Festival, including two years as President.

GRETA DESGRAVES

Greta Desgraves (they/she) is a sex worker and activist based in Naarm (Melbourne). They commenced working with Scarlet Alliance in 2022, and proudly represent Scarlet Alliance and sex workers across unceded Australia on the Health Equity Matters Board.

With a background in law and industrial organising, their areas of interest and advocacy include promoting digital rights and access for marginalised communities and combating stigma and discrimination within the tech and financial sectors and beyond.

ASSOCIATE PROFESSOR MICHAEL DOYLE

Michael is a Bardi Man and a research-focused academic at the University of Sydney. Michael began his career as a sexual health worker and has worked at two Aboriginal Community Controlled Health Services in Western Australia. He has undertaken health promotion and clinical service delivery in relation to HIV, blood-borne viruses and sexually transmitted infections, and has been involved in policy and planning in this area for over 20 years.

Michael is currently the Head of the Aboriginal and Priority Populations team at the Edith Collins Centre for Translational Research in Alcohol, Drugs and Toxicology. His research aims to improve health service delivery to Aboriginal and Torres Strait Islander people who have alcohol and other drug use issues. Michael's research also has a focus on improving health service delivery for those in the criminal justice system.

Michael is a Fellow of the Public Health Association of Australia, a visiting Fellow of the University of Toronto, an Associate Editor for the Drug and Alcohol Review

(Australia's leading journal in the drug and alcohol field) and an Associate Editor for Addiction (a leading journal in the field globally). Michael is also the co-chair of the Human Research Ethics Committee of the Aboriginal Health and Medical Research Council of NSW.

PROFESSOR FRANCINE EADES PSM MAE

Francine is a Menang Noongar woman from the Great Southern region of Western Australia. A registered nurse by background, she brings more than 30 years' experience across the WA and NSW health systems, the Aboriginal community-controlled health sector and prison health.

In 2007 she completed formal public health training via a Master of Applied Epidemiology – Indigenous Health. In 2024 she was awarded a Public Service Medal for her work with Aboriginal leaders, Elders and communities across Western Australia as WA Health Aboriginal COVID-19 Vaccination Lead. She has worked as a Health Service Executive at the East Metropolitan Health Service at the Royal Perth Hospital to progress the Aboriginal health agenda. After nearly seven years with WA Health, she is now employed as Professor of Indigenous Health, a joint role between the Edith Cowan University School of Nursing and Midwifery and the Kurongkurl Katitjin centre.

DR BERNARD GARDINER

Bernard is Vice President of the Queensland Council for LGBTI Health, Health Equity Matters' Queensland member organisation. He is a passionate educator who has taught in early childhood, TAFE and university settings, including at undergraduate and postgraduate levels, and has led in-service professional development training for a wide range of health and human service practitioners including s100 prescribers, sexual health clinicians and general practitioners. He facilitated co-design processes and commissioning with LGBTIQA+ and Aboriginal and Torres Strait Islander communities for the National Suicide Prevention Trial.

Bernard became involved in the community-based response to HIV as a volunteer. He twice served as Vice President of Thorne Harbour Health (then the Victorian AIDS Council/Gay Men's Health Centre), Health Equity Matters' Victorian member organisation, and later spent three years as its General Manager at the height of the AIDS crisis. He then worked overseas for the Red Cross, including spending seven years based in Geneva as Global HIV Programme manager. His PhD with the University of Queensland Faculty of Medicine explored the lived experience of ageing with HIV in regional and rural Queensland, and he is now a co-researcher with LGBTIQA+ health data justice and LGBTIQA+ inclusive residential aged care projects.

SCOTT HARLUM

Scott Harlum brings a range of professional experience to the role of Health Equity Matters Director. He has held senior public health policy roles with the National Public Health Partnership and the Chief Health Officer of Queensland, and has worked as a journalist, a brand manager for a multinational agricultural company, and with a large member-based not-for-profit organisation in NSW.

Scott was diagnosed with chronic kidney disease at a young age, and endured long waits on kidney haemodialysis prior to each of his two kidney transplants. He was later diagnosed with HIV. His lived experience equips him with a broad perspective on issues impacting health consumers.

Scott is the current President of the National Association of People with HIV Australia (NAPWHA), the national peak organisation representing people with HIV. NAPWHA's membership of national networks and state-based people living with HIV organisations reflects the diverse make-up of the HIV-positive community and enables it to confidently represent the HIV+ voice.

A dedicated community leader, Scott's advocacy for health consumers is firmly grounded in the principles of meaningful involvement, person-centred care and the 'nothing about us without us' ethos which sits at the heart of Australia's world-leading HIV response.

In addition to his roles with Health Equity Matters and NAPWHA, Scott also serves as a Director of the Consumers Health Forum of Australia, and has served at a high level advocating for health consumers, including as a member of the HIV Taskforce in 2023, which set Australia on course to be the first nation in the world to achieve the virtual elimination of HIV transmission by 2030.

JOËL MURRAY

Joël Murray (they/them) is an advocate for key populations, drawing from their living expertise and a decade of working within the peer-led response to HIV in Australia. They represent AIVL (the Australian Injecting and Illicit Drug Users League) and people who use drugs on the Health Equity Matters Board.

Joël has a Master of Public Health specialising in health economic evaluation. Their interests are in political economy, harm reduction, and trans and gender-diverse health. They are a member of the Institute of Community Directors Australia.

PROFESSOR DR JASON ONG

Jason is a distinguished academic and sexual health physician dedicated to advancing research and improving health outcomes for marginalised populations. He is the Director of Melbourne Sexual Health Centre, the largest sexual health clinic in Australia, and the inaugural Director of the World Health Organization (WHO) Collaborating Centre for Sexual Health. With a rare combination of expertise as a clinician, health economist and epidemiologist, he leverages his diverse skill set to address complex public health challenges. His research focuses on amplifying the voices of underserved communities and tackling taboo topics to promote informed decision-making and policy development.

Since 2019, Professor Ong has served as an advisor to the WHO, contributing to global efforts to eliminate HIV and sexually transmitted infections as public health threats. His leadership roles as Vice-President of the Australasian Society for HIV, Viral Hepatitis, and Sexual Health Medicine (ASHM) and as a Board Director of Health Equity Matters reflect his unwavering commitment to equity in healthcare.

COLIN ROSS

Colin Ross is a Jinibara Man from the Sunshine Coast Hinterland of South-East Queensland, where he is the Chairperson of the Jinibara People Aboriginal Corporation (JPAC). Colin represents the Anwernekenhe National HIV Alliance (ANA) on the Health Equity Matters Board and is also a member of Health Equity Matters' Aboriginal and Torres Strait Islander Advisory Committee.

Colin has been involved with the ANA for almost 30 years in the capacity of Chairperson, gay male and Elder Representative.

Colin has worked in Aboriginal and Torres Strait Islander HIV and sexual health in South Australia and Queensland in both the government and community sectors. He has attended all Anwernekenhe conferences across Australia and championed engagement with First Nations people living with HIV and the First Nations LGBTIQA+SB community for many years.

Colin has also been involved in podcasts and video animation production targeted to our communities throughout Australia with the HIV, LGBTIQA+ and broader Aboriginal and Torres Strait Islander health sectors.

DR DANIEL VUJCICH

Daniel is the Chief Executive Officer of WAAC, Health Equity Matters' Western Australian member organisation. He is an Adjunct Research Fellow at Curtin University. His experience includes sexual health and blood-borne virus roles in the state government, the Aboriginal Community Controlled Health sector and academia. He holds a Master's degree in International Development and a doctorate in Population Health from the University of Oxford (where he was a Rhodes Scholar), and an LLB (Hons1)/BA(Hons 1) from the University of Western Australia.

Principal Activities & Objectives

HEALTH EQUITY MATTERS' OBJECTS ARE TO:

+ end the transmission of HIV and improve the lives of people with HIV
+ maximise the health and wellbeing of Health Equity Matters' communities
+ oppose discrimination and violence and reduce stigma associated with HIV
+ strengthen civil society responses to HIV in Australia and in the Indo-Pacific
+ advocate for multilateralism to foster shared responses to global health challenges
+ contribute to the global effort to end HIV and AIDS and respond to issues affecting member organisations and communities abroad
+ recognise and respond to issues that intersect with HIV and hinder the achievement of these objects, in particular sexually transmissible infections
+ adopt a social view of health that recognises the social, economic and structural determinants of good health and that responds to these directly and through the promotion of human rights, gender equality, social justice and equity of access
+ focus on operational excellence and sustainability to make Health Equity Matters an employer of choice for skilled and community-minded employees
+ support training and workforce development opportunities to enhance the organisation's leadership, advocacy and programs in Australia and in the Indo-Pacific.

WE DO THIS BY:

+ leading national conversations on these issues and contributing to national, regional and global dialogue
+ building political engagement and leadership through multipartisan engagement
+ educating decision-makers to inform political leadership on issues impacting our communities
+ leading community engagement and participation in national fora, and supporting our implementing partners in regional and international advocacy with decision-makers and stakeholders
+ providing workforce capacity training and development for the HIV community workforce through HIV Online Learning Australia (HOLA)
+ bringing together community representatives to share, plan and respond to issues
+ promoting discussion among members and affiliate members on policy issues and coordinating responses across our membership and other related organisations
+ formulating and documenting policy positions and supporting their implementation
+ developing tools, materials and strategic information to support community advocacy and knowledge sharing
+ influencing the planning and reporting of research and supporting its translation
+ delivering systemic advocacy for the elimination of laws that impede the HIV response and implementation of policies to make health settings safe and inclusive for our communities
+ promoting the success of Health Equity Matters and its members and affiliate members and building awareness of successful civil society responses in Australia, regionally and internationally.

Purpose & Values

HEALTH EQUITY MATTERS' PURPOSE

To end health inequity for our communities, with HIV the core of our mission until the epidemic is over for everyone.

HEALTH EQUITY MATTERS' VALUES

Community

We are accountable to the communities we are part of, work with, represent and serve. Importantly, we recognise Aboriginal and Torres Strait Islander people as the First Australians and respect these communities' traditions, views and ways of life.

Human Rights

We promote the human rights of all communities and the removal of social and cultural barriers that restrain equitable access to justice and healthcare.

Self-Determination

We value individual thinking and support our communities in making choices and shaping their futures.

Collaboration

We treat stakeholders with respect, understanding and consideration as part of our belief in the power of working together to foster strong partnerships to achieve common goals.

Leadership

We are honest and transparent and lead with integrity and vision.

Diversity

We respect the dignity of all people and celebrate diversity in all its forms.

Performance Oriented

We are resourceful, resilient and goal-driven in the pursuit of our vision.

Significant Changes

No significant changes in these activities occurred during the year.

Operating Result

For the year to 30 June 2026, Health Equity Matters' total income was $8,630,936 and its total expenditure was $8,355,996, resulting in an operating surplus of $274,940 (2025 surplus of $286,654).

As of 30 June 2026, Health Equity Matters has total assets of $4,572,611 and total liabilities of $2,663,184 with a net asset position of $1,909,427 (2025: $1,634,487).

Health Equity Matters' financial position remains strong, and we retain substantial net assets, predominantly represented by cash.

The year saw an increase in the organisation's funding from the Australian Centre for Disease Control. The Sustainability of Services for Key Populations in South East Asia Program (SKPA-2 Program) funded by the Global Fund to Fight AIDS, Tuberculosis and Malaria completed its no-cost extension on 31 December 2025. The continuation program for 2026 and 2027 was granted by the donor and is being implemented in Bhutan, Malaysia and Sri Lanka. The program in Fiji and Papua New Guinea funded by the Australian Government through the Department of Foreign Affairs and Trade (DFAT) concluded the first year of operations. The organisation also commenced the first year of the Australian Support for HIV Action (ASHPA) Program in Fiji funded by DFAT.

Signed in accordance with a resolution of the Board of Directors by:

Mark Orr AM
President

Peter Black
Chair, Finance and Audit Committee

Dated this 24th Day of October 2026

Statement of Profit or Loss & Other Comprehensive Income

FOR THE YEAR ENDED 30 JUNE 2026

	Notes	2026 $	2025 $
REVENUE			
Grants			
Grants – Domestic Operations	3	4,351,505	3,722,255
Grants – International Operations	3	4,051,133	5,968,411
Total income from grants		**8,402,638**	**9,690,666**
Donations and Gifts			
Donations in kind		7,889	4,840
Donations in cash		36,266	40,857
Total donations and gifts	14	**44,155**	**45,697**
Interest income		**61,896**	**81,426**
Other income			
Domestic		122,247	80,273
Total other income		**122,247**	**80,273**
Total revenue		**8,630,936**	**9,898,062**
EXPENDITURE			
International Programs Costs			
Funds to overseas programs	4	2,175,679	3,475,702
Program support costs	4	1,609,189	2,114,441
Accountability and administration	4	159,039	102,249
Community Education	4	8,204	53,239
International Programs Costs		**3,952,110**	**5,745,631**
Domestic programs			
Program activity costs	4	3,601,863	3,071,193
Accountability and administration		734,643	651,061
Total Domestic Programs Costs		**4,336,506**	**3,722,254**
Organisational costs		67,380	143,523
Total expenditure		**8,355,996**	**9,611,408**
SURPLUS FOR THE YEAR		**274,940**	**286,654**

Statement of Financial Position

AS AT 30 JUNE 2026

	Notes	2026 $	2025 $
ASSETS			
Current assets			
Cash and cash equivalents	5	3,941,889	3,078,292
Other financial assets		8,532	8,532
Trade and other receivables	6	163,756	356,725
Other current assets		10,856	14,029
Total current assets		**4,125,033**	**3,457,578**
Non-current assets			
Right-of-use asset	7	406,595	12,714
Property, plant, and equipment	8	40,983	4,675
Total non-current assets		**447,578**	**17,389**
Total assets		**4,572,611**	**3,474,967**
LIABILITIES			
Current liabilities			
Trade and other payables	9	192,961	366,246
Lease liability	10	88,407	14,634
Contract liabilities	11	1,609,264	1,069,838
Employee benefits	12	415,657	325,259
Other liabilities		–	–
Total current liabilities		**2,306,289**	**1,775,977**
Non-current liabilities			
Lease liability	10	330,767	–
Employee benefits		26,128	64,503
Total non-current liabilities		**356,895**	**64,503**
Total liabilities		**2,663,184**	**1,840,480**
Net assets		**1,909,427**	**1,634,487**
EQUITY			
Retained earnings		**1,909,427**	**1,634,487**
Total equity		**1,909,427**	**1,634,487**

Statement of Changes in Equity

FOR THE YEAR ENDED 30 JUNE 2026

	Notes	2026 $	2025 $
Retained earnings, beginning balance		1,634,487	1,347,833
Surplus for the year		274,940	286,654
Retained earnings, ending balance		**1,909,427**	**1,634,487**

Statement of Cash Flows

FOR THE YEAR ENDED 30 JUNE 2026

	Notes	2026 $	2025 $
CASH FLOWS FROM OPERATING ACTIVITIES			
Receipts from customers		9,105,746	9,962,679
Payments to suppliers and employees		(8,061,574)	(9,558,444)
Interest received		51,040	71,182
Net cash flows from/(used) in operating activities		**1,095,212**	**475,417**
CASH FLOW FROM INVESTING ACTIVITIES			
Movement in PPE and Lease		(48,235)	–
Movement in Other financial assets		(83,373)	45,000
Net cash flows from/(used)in investing activities		**(131,608)**	**45,000**
CASH FLOW FROM FINANCING ACTIVITIES			
Payment of lease – principal		(83,373)	(86,431)
Payment of lease – interest		(16,634)	–
Net cash flow used in financing activities		**(100,007)**	**(86,431)**
Net increase/(decrease) in cash and cash equivalent		**863,597**	**433,986**
Cash and cash equivalent at beginning of the year		**3,078,292**	**2,644,306**
Cash and cash equivalent at end of the year	5	**3,941,889**	**3,078,292**

Notes to the Financial Statements

FOR THE YEAR ENDED 30 JUNE 2026

NOTE 1 – STATEMENT OF ACCOUNTING POLICIES

A. GENERAL INFORMATION

The financial statements for the year ended 30 June 2026 covers the Health Equity Matters Limited as an individual not-for-profit company limited by guaranty, incorporated and domiciled in Australia. Health Equity Matters Limited is registered with the Australian Charities and Not-for-profits Commission and the Charitable Fundraising Act (NSW) 1991.

B. BASIS OF PREPARATION

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities. The requirements of the Australian Council for International Development (ACFID) and other authoritative pronouncements of the Australian Accounting Standards Board, the Charitable Fundraising Act (NSW) 1991 and the Australian Not-for-profits Commission were also incorporated in the preparation of the financial statements.

The financial statements are presented in Australian Dollars, which is Health Equity Matters' functional and presentation currency. The balances are rounded to the nearest whole dollar.

The financial statements have been prepared on an accrual basis in accordance with the historical cost convention unless otherwise stated.

C. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The following significant accounting principles were adopted in the preparation and presentation of the financial statements:

I. Revenue recognition

Health Equity Matters' revenue comprises mainly of domestic and overseas grants.

AASB 15 Revenue from Contracts with Customers requires revenue to be recognised when control of a promised group or service is passed to the customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for. those goods or services. The customer for these contracts is the fund /grant provider and revenue are recognised by identifying the contract with the customer, identifying the performance obligation, determining the transaction price, allocating the transaction price to the performance obligations, and recognising revenue as and when control of the performance obligations is transferred. If any of the specific performance obligations are yet to be met at the end of year date, a liability is recognised to the extent that the obligation remains unsatisfied.

Any other arrangements that are not accounted for as contracts with customers are treated as revenue in accordance with *AASB 1058 Income for Not-for-Profit-Entities*. Assets arising from grants are recognised at their fair value at the earlier of the receipt of the asset or the date when Health Equity Matters' entitlement to invoice the grantor is established. Health Equity Matters recognises any related liability amounts once the asset is received. Income is recognised for any difference between the recorded assets and liabilities.

Services income

Revenue from fees received for services and management fees is recognised when the specific service is provided.

Donations and bequests

Donations and bequests received including cash, voluntary services, and goods for resale are recognised as revenue when Health Equity Matters gains control, economic benefits are probable, and the amount of the donation or bequests can be measured reliably.

Interest and dividend income

Interest revenue is recognised using the effective interest method. Dividend incomes are recognised at the time the right to receive payment is established.

II. Cash and cash equivalents

Cash and cash equivalents include cash on hand, deposits held at-call with banks, other short-term highly liquid investments with original maturities of three months or less, adjusted for any bank overdrafts.

III. Trade receivables

Trade receivables are recognised at original invoice amounts less any allowance for expected credit losses. Health Equity Matters assesses impairment of trade receivables based on the days past due.

IV. Financial instruments

Financial assets and financial liabilities are recognised when Health Equity Matters becomes a party to the contractual provisions of the financial instrument and are initially measured at fair value. Transaction.costs are included as part of the initial measurement, except for financial assets carried at fair value through profit or loss. Classification is determined based on both the business model within which such assets are held and the contractual cash flow characteristics of the financial asset unless an accounting mismatch is being avoided.

Financial assets at amortised cost

After initial recognition, these are measured at amortised cost using the effective interest method. Discounting is omitted where the effect of discounting is immaterial. Health Equity Matters' cash and cash equivalents, trade and other receivables fall into this category of financial instruments.

Impairment of financial assets

Impairment of trade receivables has been determined using the simplified approach in AASB

9 which uses an estimation of lifetime expected credit losses. Health Equity Matters determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default. The amount of the impairment is recorded in a separate allowance account with the loss being recognised as finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance. Where Health Equity Matters renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

Impairment of other financial assets measured at amortised cost is determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

V. Property, plant and equipment

Property, plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present.

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future e.conomic benefits associated with the item will flow to Health Equity Matters and the cost of the item can be measured reliably. All other repairs and maintenance are recognised as expenses in profit or loss during the financial year in which they are incurred.

VI. Employee benefits

Short-term employee benefits

Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits

The liability for annual leave and long service leaves not expected to be settled within 12 months of the reporting date is measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

Defined contribution superannuation benefits

Contributions to defined contribution superannuation plans are expensed in the period in which they are incurred.

VII. Right-of-use assets

Right-of-use asset is recognised at the commencement date of the lease. The right-of-use asset is measured at cost, which comprises the initial amount of the lease liability, adjusted for, as applicable, any lease payments made at or before the commencement date net of any lease incentives received, any initial direct costs incurred, and, except where included in the cost of inventories, an estimate of costs expected to be incurred for dismantling and removing the underlying asset, and restoring the site or asset.

Right-of-use assets are depreciated on a straight-line basis over the unexpired period of the lease or the estimated useful life of the asset, whichever is the shorter. Where Health Equity Matters expects to obtain ownership of the leased asset at the end of the lease term, the depreciation is over its estimated useful life. Right-of use assets are subject to impairment or adjusted for any re-measurement of lease liabilities.

Health Equity Matters has elected not to recognise a right-of-use asset and corresponding lease liability for short-term leases with terms of 12 months or less and leases of low-value assets. Lease payments on these assets are expensed to profit or loss as incurred.

VIII. Lease liabilities

A lease liability is recognised at the commencement date of the lease. The lease liability is initially recognised at the present value of the lease payments to be made over the term of the lease, discounted using the interest rate implicit in the lease or, if that rate cannot be readily determined, Health Equity Matters' incremental borrowing rate. Lease payments comprise of fixed payments less any lease incentives receivable, variable lease payments that depend on an index or a rate, amounts expected to be paid under residual value guarantees, exercise price of a purchase option when the exercise of the option is reasonably certain to occur, and any anticipated termination penalties. The variable lease payments that do not depend on an index or a rate are expensed in the period in which they are incurred.

Lease liabilities are measured at amortised cost using the effective interest method. The carrying amounts are remeasured if there is a change in the following: future lease payments arising from a change in an index, or a rate used; residual guarantee; lease term; certainty of a purchase option and termination penalties. When a lease liability is remeasured, an adjustment is made to the corresponding right-of use asset, or to profit or loss if the carrying amount of the right-of-use asset is fully written down.

IX. Income Tax

As a charity for the purposes of Subdivision 50-5 of the Income Tax Assessment Act 1997, Health Equity Matters is exempt from income tax.

X. Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO), in which case the GST is recognised as part of the cost of acquisition of the asset or as part of the expense item.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to, the ATO are presented as operating cash flows included in receipts from customers or payments to suppliers.

Commitments and contingencies are disclosed net of the amount of GST recoverable from, or payable to, the tax authority.

XI. Trade and other payables

Accounts payable and other payables represent the liabilities outstanding at the end of the reporting period for goods and services received by Health Equity Matters during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

XII. Foreign currency transactions and balances

Foreign currency transactions during the year are converted to Australian dollars at the rates of exchange applicable at the dates of the transactions. Assets and liabilities in foreign currencies at balance date are converted at the rates of exchange ruling at that date. Exchange difference arising on transactions of foreign currencies and translating or converting assets and liabilities at the balance date are recognised in profit and loss.

XIII. Economic Dependency

Health Equity Matters is reliant on continuing government and major donor funding to operate as a going concern. At the date of this report the directors have no reason to believe that government grants and donor funding will not continue to be available.

NOTE 2 – SIGNIFICANT ACCOUNTING ESTIMATES AND JUDGMENTS

The Directors continually evaluates its judgements and estimates incorporated into the financial reports in relation to assets, liabilities, contingent liabilities, revenue, and expenses based on historical knowledge and best available current information. Management bases its judgements, estimates and assumptions on historical experience and on other factors, including expectations of future events if it believes to be reasonable under the circumstances. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to respective notes) within the next financial year are discussed below.

Grant income

For many of the grants received, the determination of whether the contract includes sufficiently specific performance obligations was a significant judgement involving discussions with several parties at Health Equity Matters, review of the proposal documents prepared during the grant application phase and consideration of the terms and conditions of the agreements.

Grants received can be accounted for under both AASB 15 and AASB 1058 depending on the terms and conditions and decisions made. Most of the grants received by Health Equity Matters have been accounted for under AASB 15 as the agreements contain sufficiently specific performance obligations.

Employee benefits

The liability for employee benefits expected to be settled more than 12 months from the reporting date is recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been considered.

NOTE 3 – REVENUE

	2026 $	2025 $
REVENUE FROM CONTRACTS WITH CUSTOMERS (AASB 15)		
Domestic grants		
Department of Health and Aged Care		
Recurrent funding	4,201,505	3,722,255
Non-recurrent funding	–	–
Total Department of Health and Aged Care	**4,201,505**	**3,722,255**
Total other domestic grant	150,000	–
Total domestic grants	**4,351,505**	**3,722,255**
Overseas grants		
The Global Fund		
Recurrent funding	2,892,160	5,575,422
DFAT/UNAIDS	628,973	392,989
DFAT/Surge	500,000	–
BFF	30,000	–
Total overseas grants	**4,051,133**	**5,968,411**
Total revenue from contracts with customers	**8,402,638**	**9,690,666**
OTHER REVENUE (AASB 1058)		
Donations	44,155	45,697
Membership fees	70,500	70,500
Interest income	61,896	81,426
Other income	51,747	9,773
Total other revenue	**228,298**	**207,396**
TOTAL REVENUE	**8,630,936**	**9,898,062**

NOTE 4 – EXPENSES

	2026 $	2025 $
INTERNATIONAL PROGRAMS COSTS		
Sustainability of HIV Services for Key Populations in Southeast Asia (SKPA-2)		
Funds to overseas program	1,532,341	3,356,387
Program Support Costs	1,149,451	1,815,527
Accountability and Administration	38,876	65,621
Total SKPA2 costs	**2,720,668**	**5,237,535**
Indo-Pacific HIV Partnership program (DFAT/UNAIDS)		
Funds to overseas program	362,306	119,315
Program Support Costs	200,156	237,041
Accountability and Administration	66,511	36,628
Total DFAT/UNAIDS Costs	**628,973**	**392,984**
Building the Community-Led HIV in Fiji program (DFAT/Surge)		
Funds to overseas program	259,615	–
Program Support Costs	191,201	–
Accountability and Administration	49,184	–
Total DFAT/Surge Costs	**500,000**	**–**
BRENNEN Family Foundation - DAST Support (BFF)		
Funds to overseas program	21,416	–
Program Support Costs	4,116	–
Accountability and Administration	4,468	–
Total BFF Costs	**30,000**	**–**
Organisational Support Costs on international programs		
Program Support Costs	64,266	61,873
Community Education	8,204	53,239
Total Organisational Support Costs on international programs	**72,470**	**115,112**

Organisational Support Costs are not coming out from any grants but from organisational own pocket

Total International Programs Costs	**3,952,110**	**5,745,631**

DOMESTIC PROGRAM EXPENSES

Program activity costs		
Consultancy fees	453,846	647,464
Salaries and related costs	2,351,432	1,947,077
Sector capacity building	187,659	305,050
Other costs	608,925	171,602
Total program activity costs	**3,601,863**	**3,071,193**
Administrative costs	734,643	651,061
Total domestic programs expenses	**4,336,506**	**3,722,254**

NOTE 5 – CASH AND CASH EQUIVALENT

	2026 $	2025 $
Cash at bank – AUD account	1,169,671	773,773
Cash at bank – USD account	1,272,218	259,519
Term deposits – short term	1,500,000	2,045,000
Total cash and cash equivalent	**3,941,889**	**3,078,292**

NOTE 6 – TRADE AND OTHER RECEIVABLES

	2026 $	2025 $
Global Fund sub-recipients program advances	52,352	257,569
Other receivables	111,404	99,156
Total trade and other receivables	**163,756**	**356,725**

NOTE 7 – RIGHT-OF-USE ASSETS

	2026 $	2025 $
Right of use – building lease	500,628	381,430
Less: amortisation	(94,033)	(368,716)
Total right-of-use assets	**406,595**	**12,714**

NOTE 8 – PROPERTY, PLANT AND EQUIPMENT

	2026 $	2025 $
Leasehold improvements at cost	52,910	258,466
Less: accumulated depreciation-leasehold improvement	(11,927)	(253,791)
Total property, plant, and equipment	**40,983**	**4,675**
Movements in carrying amounts of property, plant, and equipment		
Carrying amount at the beginning of the year	4,675	32,726
New PPE depreciation schedule FY26-31	48,235	–
Depreciation	(11,927)	(28,051)
Carrying amount at the end of the year	**40,983**	**4,675**

NOTE 9 – TRADE AND OTHER PAYABLES

	2026 $	2025 $
Payable for domestic programs	152,173	342,723
Payable for overseas programs	40,788	23,523
Total trade and other payables	**192,961**	**366,246**

NOTE 10 – LEASE LIABILITY

	2026 $	2025 $
Current		
Lease liability – building	88,407	14,634
Total current lease liability	**88,407**	**14,634**
Non-current		
Lease liability – building	330,767	–
Total non-current lease liability	**330,767**	**–**
Maturity analysis of lease liabilities		
Contractual cash flows		
Less than 1 year	88,407	–
1 to 5 years	330,767	–
Total undiscounted lease commitments	**419,174**	**–**

NOTE 11 – CONTRACT LIABILITY

	2026 $	2025 $
Program grants – overseas		
The Global Fund	1,083,208	–
DFAT/UNAIDs	242,315	753,274
Program grants – domestic		
Department of Health and Aged Care	233,741	286,564
Other grants – Brennan Family	50,000	30,000
Total contract liabilities	**1,609,264**	**1,069,838**

NOTE 12 – EMPLOYEE BENEFITS

	2026 $	2025 $
Accrued Salaries and wages	48,347	55,752
Provision for annual leave	211,017	177,551
Provision for long service leave – current	131,925	68,774
Superannuation	24,368	23,182
Total employee benefits payable – current	**415,657**	**325,259**

NOTE 13 – KEY MANAGEMENT PERSONNEL

Key Management Personnel (KMP) is composed of the CEO, Principal Director-Corporate Services, Principal Director-Domestic Program and Principal Director-International Program.

	2026 $	2025 $
Key Management Personnel	**968,859**	**1,086,729**

NOTE 14 – DONATIONS

	2026 $	2025 $
Bequests	–	–
Donation in kind	7,889	4,840
Cash donation from private donors	36,266	40,857
Total donations received	**44,155**	**45,697**

NOTE 15 – VOLUNTEER SERVICES FOR OVERSEAS PROJECTS

The schedule below relates to the volunteer services provided to the organisation in relation to the Department of Foreign Affairs and Trade's (DFAT) Recognised Development Expenditure (RDE). The value of volunteer services are not included in the accounts and is for information only for the purpose of claiming RDE.

The value of volunteer services to the Organisation during the financial year was $2,845. the amount is based on the time volunteers donated to the Organisation and is valued in accordance with Department of Foreign Affairs and Trade guidance. In 2026, a number of people volunteered their time in the Organisation's International Committee meetings, which contributed volunteer hours to 32.03 hours with value at $2,845.

	2026 $	2025 $
Volunteer services	**2,845**	**2,209**

Directors' Declaration

YEAR ENDED 30 JUNE 2026

IN THE DIRECTORS' OPINION:

- the attached financial statements and notes comply with the Australian Charities and Not-for-profits Commission Act 2012, Australian Accounting Standards - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities, and other mandatory professional reporting requirements;
- the attached financial statements and notes give a true and fair view of Health Equity Matters' financial position as at 30 June 2026 and of its performance for the financial year ended on that date; and
- there are reasonable grounds to believe that Health Equity Matters will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not-for-profits Commission Regulation 2022.

ON BEHALF OF THE DIRECTORS

Mark Orr AM
President

Peter Black
Chair, Audit and Risk Committee

Dated this 24th day of October 2026

Grant Thornton

Grant Thornton Audit Pty Ltd
Level 26
Grosvenor Place
225 George Street
Sydney NSW 2000
Locked Bag Q800
Queen Victoria Building NSW 1230

T +61 2 8297 2400

Auditor's Independence Declaration

To the Directors of Health Equity Matters Limited

In accordance with the requirements of section 60-40 of the Australian Charities and Not-for-profits Commission Act 2012, as lead auditor for the audit of Health Equity Matters Limited, for the year ended 30 June 2026, I declare that, to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.

GRANT THORNTON AUDIT PTY LTD
Chartered Accountants

Liam Te-Wierik
Partner – Audit & Assurance
Sydney, 24 October 2026

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Grant Thornton Audit Pty Ltd
Level 26
Grosvenor Place
225 George Street
Sydney NSW 2000
Locked Bag Q800
Queen Victoria Building NSW 1230
T +61 2 8297 2400

Independent Auditor's Report

To the Members of Health Equity Matters Limited

Report on the audit of the financial report

Opinion

We have audited the financial report of Health Equity Matters Limited (the "Entity"), which comprises the statement of financial position as at 30 June 2026 and the statement of comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, and notes to the financial statements, including material accounting policy information and the Directors' declaration.

In our opinion, the financial report of Health Equity Matters Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

a giving a true and fair view of the Registered Entity's financial position as at 30 June 2026 and of its financial performance for the year then ended; and

b complying with Australian Accounting *Standards AASB 1060 General Purpose Financial Statements -Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2022*.

Basis for opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Registered Entity in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants (including Independence Standards)* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Registered Entity's annual report for the year ended 30 June 2026, but does not include the financial report and our auditor's report thereon.

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

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

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the financial report

The Directors of the Registered Entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards – *AASB 1060 General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities* and the ACNC Act, and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the Directors are responsible for assessing the Registered Entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Directors either intend to liquidate the Registered Entity or to cease operations, or have no realistic alternative but to do so.

The Directors are responsible for overseeing the Registered Entity's financial reporting process.

Auditor's responsibilities for the audit of the financial report

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

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

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Registered Entity's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the Directors.
- Conclude on the appropriateness of the Directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Registered Entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Registered Entity to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Report on the requirements of the NSW Charitable Fundraising Act 1991 and the NSW Charitable Fundraising Regulation 2015

We have audited the compliance of Health Equity Matters Limited (the "HEML") with the requirements of Section 24(2) of the Charitable Fundraising Act 1991 for the year ended 30 June 2026.

Fundraising

In our opinion:

a Health Equity Matters Limited has properly kept the accounts and associated records during the year ended 30 June 2026 in accordance with the NSW Charitable Fundraising Act 1991 and NSW Charitable Fundraising Regulations 2015 (section 24(2)(b) of the Act);

b Health Equity Matters Limited, has, in all material respects, properly accounted for and applied money received as a result of fundraising appeals conducted during the year ended 30 June 2026 in accordance with section 24(2)(c) of the Act; and

c there are reasonable grounds to believe that Health Equity Matters Limited will be able to pay its debts as and when they fall due over the 12 month period from the date of this report (section 24(2)(d) of the Act).

Responsibilities of the Directors under the Charitable Fundraising Act 1991

The Directors of the HEML are responsible for compliance with the requirements and conditions of the NSW Charitable Fundraising Act 1991 and NSW Charitable Fundraising Regulation 2015 and for such internal control as the Directors determine is necessary for compliance with the Act and the Regulation. This responsibility includes establishing and maintaining internal control over the conduct of all fundraising appeals; ensuring all assets obtained during, or as a result of, a fundraising appeal are safeguarded and properly accounted for; and maintaining proper books of account and records. The Directors are also responsible for ensuring the entity will be able to pay its debts as and when they fall due.

Responsibilities

Our responsibility is to form and express an opinion on the entity's compliance, in all material respects, with the requirements of the Act and Regulation, as specified in section 24(2)(b), 24(2)(c) and 24(2)(d) of the Charitable Fundraising Act 1991.

Our audit has been conducted in accordance with the applicable Standards on Assurance Engagements (ASAE 3100 Compliance Engagements), issued by the Auditing and Assurance Standards Board. Our audit has been conducted to provide reasonable assurance that Health Equity Matters Limited has complied with specific requirements of the Charitable Fundraising Act 1991 and Charitable Fundraising Regulation 2015, and whether there are reasonable grounds to believe the HEML will be able to pay its debts as and when they fall due over the 12 month period from the date of this independent auditor's report (future debts).

Audit procedures selected depend on the auditor's judgement. The auditor designs procedures that are appropriate in the circumstances and incorporate the audit scope requirements set out in the Act. The audit procedures have been undertaken to form an opinion on compliance of Health Equity Matters Limited with the Act and Regulations and its ability to pay future debts. Audit procedures include obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting the HEML's compliance with specific requirements of the Act and Regulation and assessing the reasonableness and appropriateness of the entity's assessment regarding the HEML's ability to pay future debts.

Inherent Limitations

Because of the inherent limitations of any compliance procedures, it is possible that fraud, error or noncompliance may occur and not be detected. An audit is not designed to detect all instances of noncompliance with the requirements of the Act and Regulation, as the audit procedures are not performed continuously throughout the year and are undertaken on a test basis. Whilst evidence is available to support the HEML's ability to pay future debts, such evidence is future orientated and speculative in nature. As a consequence, actual results are likely to be different from the information on which the opinion is based, since anticipated events frequently do not occur as expected or assumed and the variations between the prospective opinion and the actual outcome may be significant.

Grant Thornton Audit Pty Ltd
Chartered Accountants

Liam Te-Wierik
Partner – Audit & Assurance

Sydney, 24 October 2026

HEALTH EQUITY MATTERS
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Health Equity Matters
Level 3, 414 Elizabeth Street,
Surry Hills, NSW, 2010

Phone +61 (02) 9557 9399
Email enquiries@healthequitymatters.org.au
ABN 91 708 310 631

ACFID MEMBER

REGISTERED CHARITY

Health Equity Matters is a member of the Australian Council for International Development and is committed to adherence to the Code.