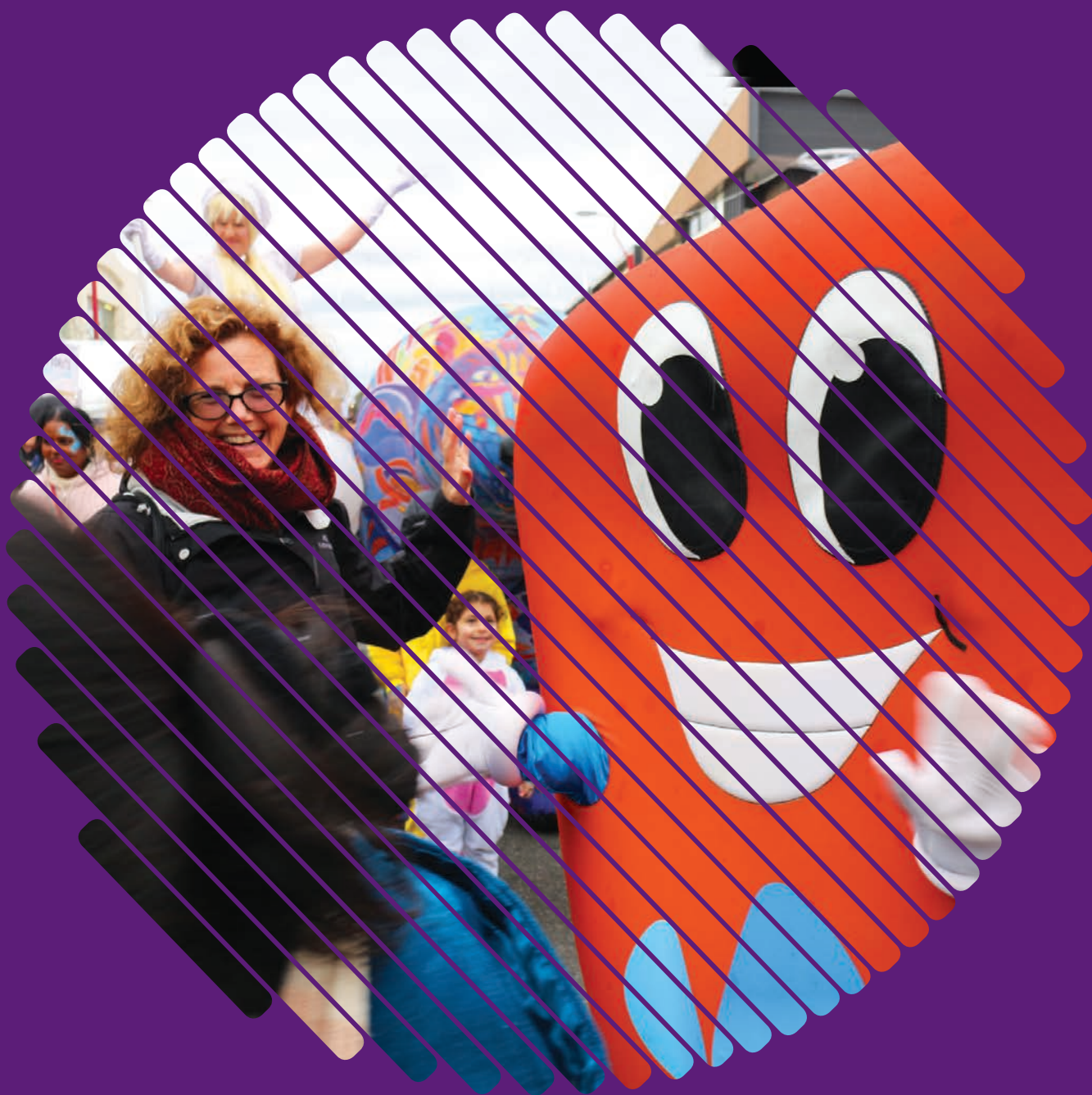


ANNUAL REPORT 2017–2018

**HEPATITIS**VICTORIA



# Highlights:

2017-18 in a snapshot



**October 2017**

## **Melbourne supervised injecting facility trial approved**

Mr Garry Irving acting CEO said in a public statement...

"This trial will help some of Melbourne's most vulnerable and will introduce them to health and social services, including drug treatment, and health screening for a range of health issues including hepatitis C for which there is now a cure."

**March 2018**

## **#StigmaStops**

Launch of anti-stigma campaign on 1 March, Zero Discrimination Day, with monthly video and podcast episodes monthly for a year featuring lived experience voices reflecting on stigma and its impact.

#StigmaStops follows a successful Stigma Forum at Melbourne Town Hall on 7 December 2017



**April 2018**

## **Little B Hep Hero**

The book and animation were launched at the Brunswick library, a Brunswick primary school and a Chinese language School. Printed in three languages (others expected) it has been well received nationally and overseas as a valued resource.

Minister for Health, Greg Hunt in a statement supporting the launch said the book:

"...will provide a new way to stimulate informed family discussion to promote greater understanding of hepatitis B – a frequently misunderstood and stigmatised condition."



**June-July-September 2018**

**HEPReady Regional Forums in Shepparton, Dandenong and Traralgon**

Bringing training for increased awareness of viral hepatitis to health and community workers in regional Victoria as part of the *Love Your Liver* campaign

**July 2018**

**A Naidoc Event**

Hepatitis Victoria and Indigenous Hip Hop Projects collaborated with a team of young, inspiring Aboriginal leaders from the Korin Gamadji Institute (KGI) to create an exciting and powerful health promotion music video, titled 'REAL Change' launched at the youth focused event StreetShot. Absolutely Deadly!!!



**July 2018**

**LiverWELL**

Global technology that empowers people who are living with viral hepatitis.

Influential US blogger Karen Hoyt, a person who has lived with Hepatitis C, reviews the app LiverWELL giving it high praise.

"My favourite top app for liver health is LiverWELL and you are going to love taking care of your liver with this supportive tool".

She is impressed with the Australian designers stating they

"...are super pumped and I'm so glad they made this available for everyone."

# Hepatitis Victoria Board:

## Frank Carlus

**(President; Finance and Risk Committee; Governance Committee)**

Frank is a former state public servant with over 32 years' experience in the Department of Human Services/Department of Health. He was diagnosed with HepC in the early '90s, needed a liver transplant in 2000 and finally cleared the virus in 2015. He has served with many community organisations in the fields of youth, employment and support, community development and health. Frank was elected to the Board in 2013,

## Nicole Allard

**(Vice President; Chair of Governance Committee)**

Dr. Nicole Allard is a General Practitioner in a community health centre and is completing a PhD at Melbourne University. She has a general practice/clinical interest in refugee health, hepatitis B care in the community and working with culturally and linguistically diverse (CALD) communities. Nicole was elected to the Board in 2013.

## Kieran Donoghue

**(Treasurer; Chair of Finance and Risk Committee)**

Kieran Donoghue is a consultant to the electricity industry. Previously he qualified as a chartered accountant with Deloitte in London and spent several years in a variety of finance roles at international companies. Kieran was co-opted to the Board in 2011 and then elected in 2012.

## Ross Williams

**(Secretary; Public officer)**

Ross worked as a psychology academic until he was diagnosed with hepatitis C in 2006. Two liver transplants and four interferon treatments later, today the virus is no longer detectable. Ross brings his strong interest in issues in treatment and transplantation. Ross was elected to the Board in 2015.

## Todd Fernando

Todd is undertaking his doctorate at the University of Melbourne where his research focuses on how Aboriginal health services respond to sexuality and gender. For over a decade he has worked within the health and research sector. Todd is a descendant of the Kalarie Peoples of the Wiradjuri Nation. Todd was co-opted to the Board in 2016.

## Emily Wheeler

**(Finance and Risk Committee; retired March 2018)**

Emily has a background in public health and nursing, with experience managing workforce development projects to expand the role of nurses in caring for people with, or at risk of, viral hepatitis. Emily was elected to the Board in 2015.

## Paul Kidd

**(Finance and Risk Committee; Governance Committee)**

Paul has been living with HIV for 30 years and hepatitis C for 15. A writer, educator and activist, he has extensive community governance experience. He is a past President of Living Positive Victoria. Paul was elected to the Board in 2013.

## Jarrold McMaugh

**(commenced April 2018)**

Jarrold is a practicing pharmacist with interest in harm minimisation and liver health. He is a member of VHHITAL (Victorian HIV and Hepatitis Integrated Training And Learning program) and the Pharmaceutical Society of Australia Harm Minimisation Committee. His Board experience includes the Pharmaceutical Society of Australia Victorian Branch; Pharmaceutical Society of Victoria; Pharmacists Support Service (Mental Health delivery program) and Harm Reduction Victoria.

## Eddie Micallef

Eddie is currently Deputy Chair of the Ethnic Communities Council of Victoria, Chair's the ECCV Health Committee and their Drugs Task Force and is a member of the Inner South Community Health Centre Board of Management. Previously a Victorian parliamentarian he was a member of its Drugs and Crime Committee.

## Donna Ribton-Turner

**(Governance Committee)**

Donna is currently the Director of Clinical Services at Uniting Care ReGen. She has extensive experience in the health sector including in hospitals in Australia and overseas, including mental health services – and is a registered nurse (general and psychiatric). Donna was co-opted to the Board in 2015.

## Jennifer MacLachlan

Jennifer is an epidemiologist at the WHO Collaborating Centre for Viral Hepatitis, Victorian Infectious Diseases Reference Laboratory based at The Doherty Institute, Melbourne. She has postgraduate degrees in biological science and epidemiology, and has helped develop clinical guidelines and government policy at state, national and international levels, and has numerous publications in leading Australian and international journals. Jennifer was elected to the Board in 2015.

## Ian Gracie

Ian brings 20 years' management experience in the Community sector. He has worked predominantly with hard to engage/ complex client groups within the homeless sector in both metropolitan and regional settings. Ian was co-opted to the Board in 2016.

## Uyen Vo

Uyen has a background in nursing and massage therapy. Since arriving from Vietnam in 2013, Uyen has been a pioneer in speaking out and advocating for people living with chronic hepatitis B as a HepSpeaker - she has also been pivotal in providing support to members of the community through HEPCoconnect.

## Melanie Eagle

**(CEO non-voting position)**

Melanie has degrees in Arts, Social Work and Law and postgraduate qualifications in International Development. She has worked professionally in a variety of sectors including the public sector, the union movement and as a legal practitioner, while being active on a range of community boards and committees.

# President's Report

Frank Carlus



I'm delighted to report that we are making great progress into our new five-year Strategic Plan 2017-2022. We've set bold targets we set in the five priority areas and these are being tackled with gusto by the team.

While we are continuing to work hard on our traditional area of hepatitis, where there is still much to achieve, I am pleased to report that we have also made a great start in exploring how our organisation may proceed in a broader approach encompassing the needs of the wider community to achieve better liver health. We are grateful to Associate Professor Paul Gow, who has chaired our Liver Health Advisory Committee and led a small but committed group in assisting to develop our thinking and strategy in this area. Last year, we scoped the prevalence, services and issues surrounding liver disease in Australia. We know there are significant gaps and many questions remain about future needs and services in areas such as fatty liver or non-alcoholic liver disease.

While the existence and efficacy of new anti-viral treatments for Hep C are providing a cure for thousands of people around the world, there is no doubt that the existence of negative attitudes, stigma and discrimination continues to have a significant negative impact on the numbers of people seeking treatment here in Australia. If we are to achieve our mission and eliminate hepatitis C from our community this has to change.

While there is not yet a cure available for hepatitis B, the same is true in terms of people seeking available treatments for hepatitis B, which is further complicated by the fact that the highest prevalence is in Victoria's many cultural and linguistically diverse communities.

To eliminate hepatitis from Australia we need to combat stigma and discrimination. We need to raise awareness that treatments are available; we need to make it easy for people to get tested and treated; we need to provide support to individuals and their families to come to terms with a diagnosis; and finally we need to work to prevent new infections.

Hepatitis Victoria has been working hard to challenge stigma and to reach diverse groups through a range of hepatitis B projects focused on the Afghani community in the south-east Melbourne and Vietnamese community and with people who inject drugs. Further, we introduced a pilot program linking hepatitis B education, testing and vaccination in a community setting in Melbourne's north. (please check this para for accuracy and punctuation)

We have also initiated coalitions to respond to hepatitis B among newly arrived communities and established a Chinese Community Coalition project. We are very pleased to have jointly hosted with the Ethnic Communities Council a forum in Victoria's Parliament House on "Diverse Communities and the Hepatitis Challenge – Towards Elimination".

**In line with one of our strategic priorities to 'improve liver health' we have begun the process of training staff to think more widely about the liver especially in relation to cirrhosis.**

None of this work could be achieved without the support of our volunteers, our funders and our collaborators, all of whom play crucial roles in the work we do. For that we thank you!

As a person with lived experience of hepatitis C, I am very grateful for the positive approach adopted by the Victorian and Commonwealth Government's, and for the strong advocacy, collaboration and partnerships in the broader health sector. There are a number of organisations working hard on different aspects of combating viral hepatitis and I have no doubt that we are strongest when we adopt a partnership approach to our work.

Thank you once again to my fellow Directors for their time and effort over the past year. I need to pay tribute to Emily Wheeler who left the Board after serving 3? years. During the year we also welcomed Uyen Vo and Jarrod McMaugh as Directors on the Board and we have already been benefiting from their contributions.

Finally, I would like to thank our vibrant staff group, so ably led by our CEO Melanie Eagle. I am forever conscious and grateful for the

effort and sacrifices that our staff perform on our behalf - they are truly our greatest attribute – thank you! Finally I must make special mention of our departing Programs and Operations Manager, Garry Irving, who has served Hepatitis Victoria with distinction over the past 9 years. His contribution to the organisation, including serving as deputy in Melanie's absence, has been invaluable. Garry is planning to 'retire' and we wish him well in that regard. Garry, on behalf of Hepatitis Victoria I thank you.



# CEO's Report

Melanie Eagle



It is a privilege to look back on the year and see what we have collectively achieved.

One of the biggest events was the celebration of our 25th anniversary in October 2017. It was a moment to reflect on the journey the organisation and people living with viral hepatitis have taken over the years since foundation. There were excellent talks by early contributors Jane Shiels and Rhonda McCaw and these are available in podcast.

The joy on so many healthy faces reflected the truly revolutionary nature of the new hepatitis C cures, as well as those who are managing their hepatitis B. All the while we remember those many dear to us, whom we have lost.

At the same time, we look forward, and position ourselves to have deeper impact in new ways.

In addition to building the response to hepatitis C and hepatitis B on many fronts, Hepatitis Victoria is taking up the challenge of a broader liver health agenda. Almost daily new evidence reveals that the incidence of liver disease is increasing and making devastating advances in the broader community.

On World Hepatitis Day, we launched our free, interactive LiverWELL app, available in multiple languages. To our knowledge it is the only consumer focused phone application to assist people living with viral hepatitis. Beyond recording of medicines, results and appointments, it prompts news feeds and offers tools for Eating Well, Feeling Well, Getting Active and being Drink Aware.

Another creative way to reach a wider audience has been our Love Your Liver campaign starting in Melbourne's north west and now to be delivered across the state. Love Your Liver presents fun and friendly 'organ' characters that are understandable to everyone and contain an anti-stigma message by 'normalising' the liver.

This year has seen much progress in challenging the stigma associated with hepatitis. Drawing on initial focus groups and surveys, we convened a stigma forum at Melbourne Town Hall,

where lived experience speakers and health experts presented. Our website now contains a dedicated section on stigma and discrimination including a guide to legal redress.

On 1 March, World Anti-Stigma Day, we began a year-long #StopStigma campaign with monthly updates on video and or in podcasts, and of course essential to combatting stigma are our public speakers who allow us to raise awareness and challenge negative perceptions.

**In addition to building the response to hepatitis C and hepatitis B on many fronts, Hepatitis Victoria is taking up the challenge of a broader liver health agenda.**

Importantly, an increasing number of our resources are in multiple languages, and these are being taken out to a diverse range of communities. An exemplar of this is our Little Hep B Hero, a resource for families including a beautifully illustrated book, and short animated film. Created under the guidance of people affected, it has been warmly welcomed into schools and communities not only in Victoria but all over the world.

These achievements have been made possible by the support and guidance of the Hepatitis Victoria Board as well as the skilled and dedicated staff team. I would like to take this opportunity to sincerely thank them all.

Meanwhile a special shout out goes to our inspiring volunteers, who always provide invaluable insights on target communities, conduct investigations, attend events and even don the 'O'liver' costume.

I dedicate this Annual Report to all those who choose to contribute to and enable our work. Thank you for what we have achieved together.



### ...me? An inclusive communications strategy for hepatitis B testing in diverse communities

International Viral Hepatitis Conference, Adelaide 2018

**AND**

- First multilingual hepatitis B communication materials in NSW population
- Reached 6 hepatitis B community members
- Distributed more than 500 copies

**RESULTS**

- First multilingual hepatitis B communication materials in NSW population
- Reached 6 hepatitis B community members
- Distributed more than 500 copies

**SE**

- priority communities

**ODS**

- on priority

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## LiverWELL

### An interactive mobile app for liver health management

Work Phone: (08) 8222 0844 | Email: (08) 8222 0844 | Website: www.health.gov.au

**Background/Approach**

A range of evidence suggests that digital health will open up an effective management of chronic conditions. However, evidence highlighted a barrier to digital health access being with-and-for-all. It is essential to help manage chronic conditions.

**What information can be saved in Manage Medications?**

LiverWELL users can save the name of a medication, the schedule of use and strength. Multiple doses, reminders can be added to provide alerts when medication is needed. Users can also add notes about their medications. Multiple doses can be scheduled for every day of the week. Planned alerts/reminders can be scheduled for 20, 15 or 10 minutes before required and doses can be scheduled for as long as required.

**What information can be saved in Add Reminders?**

When logging in the main screen or click about you track BMI, cholesterol, weight and alcohol intake have been programmed into LiverWELL. Other reports and results can also be saved. Progress in all these areas can be monitored over time.

**What information can be saved in Schedule Appointments?**

Users can save appointment information including the date and time with reminders from a day to 5 months before the appointment. Information about the condition that the name of the doctor can be added. Personal notes and doctor's notes can be included.

**Conclusion**

The LiverWELL custom graphics about the app advice on eating, drinking, active and being drink, and the information is provided in a user-friendly and video format, with links to more detailed information.

**HEPATITIS**

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## W

hepatitis B

What hepatitis B... 22% of Caucasians... 10% of African... 1% of Asian... The focus of... health services... Linguistics.

1. A... 100%... 100%
2. A... 100%... 100%
3. A... 100%... 100%

**HEPATITIS**



# Pathway 1:

## Improve Liver Health

### Priorities

- ▶ Lead the community response and drive awareness in relation to liver disease
- ▶ Assist people to understand and manage their liver health
- ▶ Improve public understanding of how to prevent liver disease
- ▶ Advocate for an increased investment in, and expanded response to liver health.

### Achievements

- ▶ New suite of digital tools to check liver risk and health
- ▶ Development of the LiverWELL app
- ▶ First Love Your Liver campaign run in north west Melbourne
- ▶ Second Love Your Liver campaign developed and run in Shepparton
- ▶ Position education for priority CALD communities to focus on liver
- ▶ Reframing of Chronic Disease Self-Management course as LiverWELL; which is suitable for all liver diseases
- ▶ Hepatitis Infoline adaptation to capture other liver issues
- ▶ Establishment of the Liver Health Advisory Committee
- ▶ Production of liver health and coffee consumption mugs
- ▶ Staff training in relation to cirrhosis.

### Outcomes

- ▶ Launch of LiverWELL app for android and iPhone
- ▶ Roll out Love Your Liver campaign to six further locations
- ▶ Develop implementation plan to support the expanded remit, in consultation with the Liver Health Advisory Committee
- ▶ Broaden resources to include general liver health and cirrhosis
- ▶ Scope needs of people with other liver diseases
- ▶ Pilot LiverWELL Coaching to include physical training support
- ▶ Continued capacity building of staff regarding liver health
- ▶ High level communication to public and stakeholders
- ▶ Distribution of liver health coffee mugs
- ▶ Position HEPReady® to support other liver health issues.



# Case Study:

## Love Your Liver

### 'Heartfelt' campaign in Melbourne's north-west urges testing and treatment

In November 2017, we launched a public awareness campaign summarised as; 'Love your liver, live a happy life' featuring a cute and friendly mascot to alert people to get tested and take control of hepatitis B and hepatitis C. "It's a heartfelt campaign urging people to love their liver, and to test and treat viral hepatitis," said Melanie Eagle

"Our aim is to help the community understand that hepatitis isn't something to fear, that they can feel confident about taking action because hepatitis B and hepatitis C are both preventable. Even for those who have it, hepatitis B can be managed and hepatitis C can be cured," Melanie said.

This public awareness campaign, lasted over Christmas and into the New Year, targeting communities in north and west Melbourne, appeared on the back of buses, supermarket billboards and in social media. North Western Melbourne Primary Health Network (NWMPHN) strongly supported the campaign.

NWMPHN CEO Associate Professor Chris Carter said there was a particularly urgent need for people in the area to be tested and treated. "The hepatitis B rate in the north and west of Melbourne is two thirds higher and the hepatitis C rate 25% higher than the state average," said A/Prof Carter. "We know many people are unaware of their status because they have not been tested and this must change if we are going to succeed conquering viral hepatitis B and C by 2030."

The campaign was accompanied by a traditional media and public relations push in addition to multiple social media posts on Facebook, Twitter, LinkedIn and Instagram. State-wide media such as ABC Melbourne, the Leader Group and Star newspapers, and local Chinese-language media broadcast the story.

Running through to the end of February 2018 the campaign included high profile out of home and print advertising, which resulted in a significant reach in terms of individual exposure.

The paid element of the campaign was supported by a range of "below-the-line" activities.



### LOVE YOUR LIVER METRO Quick Facts

Activity	Reach
<b>Bus back advertising</b> 49 buses	Estimated total reach <b>737,000</b> people 18+
<b>Shopping Centre Panels</b>	Estimated reach <b>939,000</b> people 18+
<b>Geographically targeted print advertising campaign, Leader group/Star Weekly</b>	Estimated reach <b>385,273</b>
<b>Social media</b>	Reach of campaign posts on Facebook – <b>4,429</b> Reach of campaign posts on twitter = <b>4,439</b> Reach of Facebook launch post: <b>2,470</b> with <b>938 video views</b> and <b>24 reactions, comments and shares</b>

# Pathway 2:

## Supporting and Motivating

### Priorities

- ▶ Resource the advocacy and leadership of people affected by liver disease
- ▶ Provide information and support for people affected by liver disease
- ▶ Facilitate and support peer led responses within affected communities
- ▶ Ensure the voice of lived experience drives Hepatitis Victoria's work.

### Achievements

- ▶ Training programs for new HEPSpeakers conducted
- ▶ Additional HEPHeroes added to website and promoted
- ▶ HEPConnect program offered, including to people with hepatitis B
- ▶ Volunteer recognition with monthly awards, 'Cheers Volunteers'
- ▶ Conduct LiverWELL chronic disease self-management course
- ▶ Hep B projects; Afghan community in South-East, Vietnamese Hepatitis B outreach with people who inject drugs
- ▶ Established Chinese Community Coalition project
- ▶ Support participation in UniMelb Blood! Exhibition
- ▶ Develop coalitions to respond to hepatitis B in Melbourne's south-east and amongst newly arrived communities
- ▶ Involve prison peer educators through 'Art Inside' project
- ▶ Hepatitis Infoline providing support including free prison calls
- ▶ Trained and supported Chinese and Vietnamese peer educators
- ▶ Pilot Aboriginal hepatitis B education program in prison.

### Outcomes

- ▶ Maintain and expanded participation programs: HEPSpeak, HEPConnect, HEPHeroes
- ▶ Recruit people with experience of other liver diseases in programs
- ▶ Work with community advocates to identify campaign opportunities
- ▶ Trial LiverWELL Coaching in conjunction with other organisations
- ▶ Develop strategy for working with established Indigenous groups
- ▶ Identify additional CALD communities for education and resources
- ▶ Launch 'Jade Ribbon Tick' with Chinese Community Coalition
- ▶ Continue to support Chinese and Vietnamese peer educators
- ▶ Expand peer educator program in priority communities
- ▶ Hep B Community Mobilisation project to promote hep B testing and vaccination in Melbourne's west and south-east
- ▶ Distribute peer developed resources across prison system
- ▶ Expand prison education; including for Aboriginal prisoners.



# Case Study:

## Raising awareness of hepatitis B in Melbourne's North

**M**eg Perrier, Hepatitis B Outreach Project Officer ran a joint project with Cohealth and the Wingate Avenue Community Centre in Ascot Vale, in Melbourne's north both to raise awareness about hepatitis B, and to get people at risk treated.

"For those born overseas, more often than not they were born in countries with high rates of hepatitis B," she says in a Hepatitis Victoria podcast.

The project at Wingate Avenue introduced an education program about the disease that led to the testing of 80 community members, many more than Meg and her team had anticipated, "... a very welcome outcome," Meg says.

Earning the respect and trust of the various cultural and linguistic groups at the centre took time, but through this process Meg and her team learnt how different groups approach healthcare and treatment.

The Adult Migrant English Program offered by Wingate Avenue helps people, whose primary language is not English, to learn the language and navigate the workforce and health sector. Hepatitis Victoria implemented its education program around the work Wingate is already doing. The goal was to complement and add to what was being taught, and to be sensitive to students linguistic and cultural needs.

Ensuring the key messages about hepatitis B were fully conveyed was vital in the success of the project.

"There was a lot of back and forth, and work to ensure the materials we were producing gave the students a good understanding of hepatitis B, but through this program there have been many lessons learnt – a full evaluation will give us evidence about how we can take the program forward and possibly implement it elsewhere".

What's next? "Going through the results to see who needs to be immunised and who might need treatment and help," Meg says.

### Hepatitis B Community Mobilisation Project

In a separate but related development, Victoria's Department of Health and Human Services (DHHS) has commissioned Hepatitis Victoria to implement a Hepatitis B Mobilisation Project that focuses on hepatitis B vaccination and associated community education and mobilisation. The time period for the project is June 2018-December 2019.

The project objectives include:

- ▶ Reducing barriers in health-seeking behaviours through education to improve the testing and vaccination rate
- ▶ Increasing hepatitis B prevention and testing through community education about the availability of, and access to testing and vaccination
- ▶ Reducing hepatitis B related stigma and discrimination through community awareness raising

Our collaborators in this project are the Victorian HIV and Hepatitis Integrated Training and Learning (VHHITAL) program, Doherty Institute, PHNs, Multicultural Health and Support Service, community health services, Adult Migrants English Language Program, migrant health services, maternal and child health services, community groups and more.



# Pathway 3:

## Stop Stigma

### Priorities

- ▶ Reduce stigma and discrimination by improving understanding within affected communities
- ▶ Improve awareness and responsiveness in the wider community
- ▶ Reduce the impact of stigma by building resilience and offering support.

### Achievements

- ▶ Research and publish baseline data regarding stigma experiences
- ▶ Convene Stigma Workshop featuring complaints mechanisms
- ▶ Publish website content on discrimination, privacy, and disclosure
- ▶ Develop staff capacity for stigma and discrimination complaints
- ▶ Good Liver magazine edition featuring Stigma
- ▶ Research and publish resilience content for website
- ▶ #StopStigma 'hand' campaign, with monthly Stigma Stories
- ▶ Develop HEPReady® stigma module
- ▶ Research discrimination in relation to hepatitis B and immigration
- ▶ Investigate limitations faced by people post hepatitis C cure
- ▶ Assist with content for Ilbijerri production about hepatitis stigma
- ▶ Complete Aboriginal Youth Hip Hop video focusing on stigma.

### Outcomes

- ▶ Follow up research on stigma experience and strategies
- ▶ Include stigma and resilience within LiverWELL Coaching
- ▶ Expand HEPReady® stigma components and further promote
- ▶ Review Infoline data for stigma to inform responses
- ▶ Continue roll out of #StigmaStops campaign
- ▶ Present stigma research project at Viral Hepatitis Conference
- ▶ Publish and distribute guide for navigating immigration system
- ▶ Scope strategies to reduce barriers to full and engaged community involvement for people post cure
- ▶ Distribute and promote online of Aboriginal Youth Hip Hop video focusing on stigma
- ▶ Research into and developing "difficult-conversation" tools.



# Case Study:

## Fighting stigma, Indigenous Youth creating real change through music

### “With no shame, we’re changing the game”

**B**oth hepatitis B and hepatitis C are significant issues for Indigenous Australians and the wider community and ignorance can be deadly leading to liver disease and liver cancer. Young people are at a higher-risk of infection and stigma and discrimination are major barriers to testing, treatment and prevention.

In the lead-up to World Hepatitis Day, Hepatitis Victoria and Indigenous Hip Hop Projects had the fantastic opportunity to collaborate with a team of young, inspiring Aboriginal leaders from the Korin Gamadji Institute (KGI) to create an exciting and powerful health promotion music video, titled ‘REAL Change’.

The video, made over three days in NAIDOC week 2018 (8-15 July) at Gundiwindi Lodge, Wandin, Victoria, first involved youth taking part in a health education session with Hepatitis Victoria. They then reflected and wrote about what they had learnt, recorded their song, and performed in the video.

“The song promotes the message of finding inner-strength, being proud of culture and identity, supporting those close to us, and raising awareness around viral hepatitis,” Melanie Eagle said.

The artists sing about a topic that can be incredibly sensitive and confronting for some. It’s time to stop the stigma. Let’s normalise it and talk about it – “with no shame, we’re changing the game”.

### A campaign to ensure #StigmaStops

On 1 March, Zero Discrimination Day, Hepatitis Victoria launched ‘Stigma Stories’ a series that complements and supports the World Hepatitis Alliance’s global #StigmaStops campaign.

‘Stigma Stories’ features individual anecdotes of hepatitis-related stigma and discrimination. The narratives are delivered through a creative 12-part series of short videos that provide a “first-hand” insight into the issues often faced by people affected by viral hepatitis.

The first instalment of the campaign was released via social media with successive videos released monthly.

Dr. Bastian Seidel, President of the Royal Australian College of General Practitioners, supports the campaign and said, “Stigma against patients with viral hepatitis is one of the biggest barriers preventing Australian patients from seeking medical care for their condition or even getting tested. Specialist GPs have a vital role to play in providing support and advice to these patients.”

Hepatitis Victoria surveyed one hundred and twenty-six people living with viral hepatitis looking at the extent of stigma and discrimination. 85 per cent of respondents reported experiencing an instance of hepatitis-related stigma and discrimination at least once in their life. In addition, more than half of the participants reported avoiding engaging in certain activities (such as seeing a health professional) because they were concerned they would be treated differently.



# Pathway 4:

## Promote Responsive Health

### Priorities

- ▶ Increase the knowledge and willingness of community and health care workers to respond to liver disease
- ▶ Advocate equity of access to health services, for all, especially key affected communities
- ▶ Promote integrated and person-centered health care for liver disease
- ▶ Drive the increased capacity of relevant workforces in a sustainable manner.

### Achievements

- ▶ Ongoing delivery of HEPReady® in multiple locations across state and at Hepatitis Victoria offices
- ▶ Pharmacist education program including tailored resources
- ▶ Infection control education delivered to community care workers
- ▶ Regional forum in Ararat for remote health and community workforce
- ▶ Continued involvement with VHBA, working towards advocating and enhancing best practice hepatitis B care
- ▶ Participate in VHBA Spotlight forum including lived experience
- ▶ Pilot linking of hepatitis B education, testing and vaccination in community setting
- ▶ Collaborate with Burnet Institute as part of the EC partnership
- ▶ Contribute modules to CPD portal for nurses in Victoria
- ▶ Collaborate with cohealth in community based hepatitis B clinic.

### Outcomes

- ▶ Continue to engage with primary and allied health care practitioners via Primary Health Networks
- ▶ Deliver state-wide workforce development program for AOD sector
- ▶ Expansion of regional workforce development including delivery of Regional HEPReady workshops in priority locations across state
- ▶ Participate in VHBA Spotlight forum on hepatitis B
- ▶ Partner in hepatitis C health provider education in south-east. Continue involvement with EC partnership
- ▶ Strengthen partnerships to enable workforce response. Collaborate with researchers to strengthen evidence base and develop evaluation framework
- ▶ Expand online learning capabilities.





# Case Study:

## Pharmacy project

The North Western Melbourne Primary Health Network (NWMPHN) commissioned Hepatitis Victoria to provide online, self-directed learning to pharmacists as part of a series of grants that aimed to:

- ▶ Encourage people at risk of hepatitis B (HBV) and hepatitis C (HCV) to seek testing and treatment as appropriate
- ▶ Increase the impact of workforce training and capacity building around hepatitis B, hepatitis C and health literacy.

The CEO of NWMPHN, Adj/Associate Professor Christopher Carter said pharmacists can play a frontline role in reducing stigma and discrimination as well as meeting the World Health Organisation's goal of eliminating viral hepatitis by 2030.

"North Western Melbourne Primary Health Network is funding this training for pharmacists in order to provide support, knowledge and new strategies in order to better help people living with hepatitis and liver disease," Adj/Assoc Prof Carter said.

"Pharmacists, as health leaders, can play a key role in reducing stigma and discrimination which is vital if we are to eliminate viral hepatitis by 2030."

HEPReady® training for pharmacists was developed by Hepatitis Victoria staff in consultation with community pharmacists, pharmacy business owners, academics, and other professionals in the field. The training consists of two units: one on hepatitis B and one on hepatitis C. Each unit includes video interviews with scientific and medical experts, a participant resource (with information on prevalence, transmission, vaccination, testing, treatment, stigma and discrimination and on priority populations), interactive forums, and quizzes to reinforce and assess learning. Training takes a maximum of four hours to complete in total (two hours per unit).

The project also includes online self-directed learning for front-of-house, non-tertiary pharmacy staff. The 'customer relations' short course aims to encourage the participant to reflect on

their own prejudices and how it may affect the people they are serving each day. The training highlights that our ideas about some populations are based on media and myth more than fact.

The HEPReady® pharmacy course was accredited by the Australian Pharmacy Council (APC) and attracts 4 CPD points (8 in total) for both courses.

We signed up 175 pharmacists and distributed materials to approximately 60 pharmacies. Our hope is that having more trained pharmacists and eye-catching and accessible 'z cards' and posters will lead to increased awareness and more buy-in from consumers.



# Pathway 5:

## Drive Organisational Change

### Priorities

- ▶ Actively respond to changing environments, including new knowledge and technologies
- ▶ Collaborate effectively and strategically across diverse sectors and communities
- ▶ Ensure a sustainable, viable and agile organisation
- ▶ Attract and retain talented and high performing staff.

### Achievements

- ▶ Upgraded capability of client relationship management system
- ▶ Attracted quality candidates for innovative programs
- ▶ Commissioned external evaluation of six newly funded projects
- ▶ Strengthened relationships with State Government
- ▶ Sourced and secured additional non-traditional funding
- ▶ Increased ability to respond quickly to issues such as hepatitis B vaccination shortage and hepatitis A clusters
- ▶ Introduction of regular podcasts, and link to them on our website
- ▶ Transitioned Good Liver magazine to digital delivery
- ▶ Jointly hosted with Ethnic Communities Council of Victoria "Diverse Communities and the Hepatitis Challenge – Towards Elimination".

### Outcomes

- ▶ Embed client relationship management system to drive evidence based data.
- ▶ Multi-level external independent evaluation of all programs.
- ▶ Explore cloud based online storage to enhance the server capabilities and communication.
- ▶ Ongoing commitment to high quality education and community resources in multiple languages in digital format
- ▶ Involve staff in broadening organisation's offering for liver health
- ▶ Investigate brand evolution and associated strategic communications
- ▶ Investigate external resources to support transition to liver health.



# Case Study:

## Digital tools, Good Liver online, and the launch of LiverWELL

In 2018, Hepatitis Victoria answered the call of its regular audience, following a survey, to provide more digital resources not only in English, but also in target languages such as Simplified Chinese, Vietnamese and Dari.

As a result of this new focus, a podcast series featuring interviews with health leaders, people with lived experience and other experts, was launched on the Hepatitis Victoria website. By July, a suite of 30 podcast episodes had been posted with several episodes in Cantonese and Mandarin. By the middle of 2018, Hepatitis Victoria podcasts had reached a targeted micro-audience of several thousand mostly from Australia but also from a total of 46 countries worldwide.

The number of Good Liver magazine printed copies was reduced for the March edition, from 3000 to just over 1000, saving money in printing and postal costs. Good Liver has been enhanced for online delivery, allowing for sharing on social media channels such as Facebook, Twitter and Instagram. Good liver reaches a large online audience of several thousand.

Throughout 2018, our social media presence on Facebook/Twitter/LinkedIn/Instagram and Soundcloud has steadily grown. For example, analytics for Twitter in 2018 reveal a doubling from the previous year to an average of 20,000 vs 10,000 of monthly views. Live tweeting at events has also been introduced. Hepatitis Victoria's attendance at the 11th Australasian Viral Hepatitis Conference in Adelaide was live-tweeted resulting in excellent engagement, multiple shares and high impressions (see below).

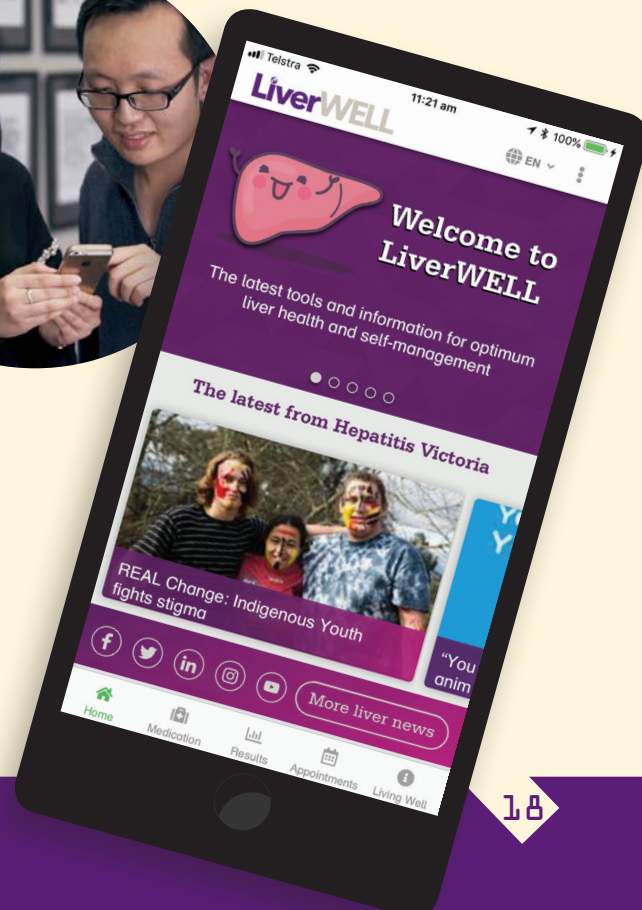
Video has always been an important tool for Hepatitis Victoria, our YouTube channel contains dozens of video interviews and stories. In 2018 there has been a renewed emphasis on better production quality and more creative ideas, leading to the production of video news releases, (in several languages) video music stories and animated advertisements and stories.

LiverWELL, our much-anticipated app to fight liver disease and viral hepatitis was launched on World Hepatitis Day (28 July) as a practical tool for people living with viral hepatitis and liver disease. It is available

for android and Apple, in 4 languages (English, Arabic, Simplified Chinese and Vietnamese).

Working within a limited budget with a team of developers and volunteer staff, LiverWELL was launched with stellar endorsements from Victoria's Minister for Health, Jill Hennessey, and Hepatitis Victoria Deputy President Dr. Nicole Allard a hepatitis B specialist.

Earlier in 2018, Hepatitis Victoria produced Simplified Chinese, Vietnamese and Khmer versions of its digital and printed resource for families 'Little Hep B Hero'. The book is being distributed to schools and target community groups throughout Victoria, but as a result of an intense social media campaign, its fame has spread far and wide, with orders throughout Australia, Asia, the United States, and Europe.



# Operational Achievements

- ▶ Conducted 211 education sessions across Victoria, with 34% being delivered in regional areas. These education sessions reached a total of 4,934 Victorians.
- ▶ Provided 35 education sessions to schools and youth organisations for the 2018 StreetShot program to total of 496 young people.
- ▶ Provided a total of 18 LIVERability Community Grants in 2018 to community groups and organisations across the state, more than 1000 participants.
- ▶ Attracted more than 86,791 unique visits to Hepatitis Victoria websites, resulting in nearly 1,110,000 individual content pages being viewed on the websites.
- ▶ Posted 335 Facebook, 683 Twitter and 101 Instagram social media posts on a variety of hepatitis related matters, a 45% increase on the previous year.
- ▶ Answered a total of 727 enquiries to the Hepatitis Infoline, including 67 calls from the Prisons Telephone Hepatitis Infoline.
- ▶ Distributed a total of 58 electronic bulletins, including the HEPChat weekly bulletin, to 114,619 recipients, a 23% increase on the previous year.
- ▶ Provided a total of 61 HEPspeak presentations by trained lived experience hepatitis B and hepatitis C public speakers, to 1,307 attendees, an increase of more than 110% on the previous year.
- ▶ A total of 77 volunteers contributed 1,474 hours of volunteer time in support of administrative, health promotion and education programs throughout 2017-2018.

# Financial Statements

For the year ended 30 June 2018

Hepatitis Victoria Inc. ABN 48 656 812 701

## Contents

Board's Report	<b>21</b>
Income and Expenditure Statement	<b>22</b>
Statement of Financial Position	<b>24</b>
Statement of Cash Flows	<b>25</b>
Notes to the Financial Statements	<b>26</b>
Statement by Members of the Board	<b>28</b>
Independent Auditor's Report to the Members	<b>29</b>

# Board's Report

For the year ended 30 June 2018

Your board members submit the financial accounts of the Hepatitis Victoria Inc for the financial year ended 30 June 2018.

## Board Members

The names of board members at the date of this report are:

Frank Carlus	Ian Gracie	Donna Ribton-Turner
Dr Nicole Allard	Paul Kidd	Melanie Eagle
Kieran Donoghue	Jennifer MacLachlan	Uyen Vo
Ross Williams	Jarrod McMaugh	
Todd Fernando	Eddie Micallef	

## Principal Activities

The principal activities of the association during the financial year were: Working for Victorians affected by or at risk of Viral Hepatitis and providing information and a number of support programs and support facilities for both individuals and organisations.

## Significant Changes

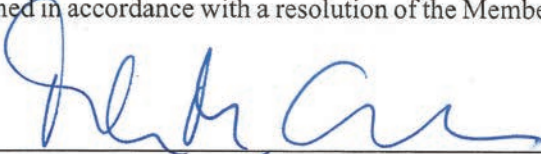
No significant change in the nature of these activities occurred during the year.

## Operating Result

The surplus from ordinary activities after providing for income tax amounted to

Year ended	Year ended
30 June 2018	30 June 2017
\$	\$
99,729	57,091

Signed in accordance with a resolution of the Members of the Board on: *1 October 2018*

  
\_\_\_\_\_  
Frank Carlus

  
\_\_\_\_\_  
Paul Kidd

# Income and Expenditure Statement

For the year ended 30 June 2018

<b>Income</b>	<b>2018</b>	<b>2017</b>	<b>Expenses</b>	<b>2018</b>	<b>2017</b>
	<b>\$</b>	<b>\$</b>		<b>\$</b>	<b>\$</b>
Donations received	1,174	1,206	Advertising and promotion	4,109	2,470
Fundraising	581	3,660	Advocacy, Awareness and Participation Project	3,694	4,053
Interest received	19,790	15,432	AGM Costs	2,624	3,634
Other income	199	182	Amenities	1,802	1,625
Member fees - Organisational and professional	200	164	Audit fees	5,335	4,675
Fees for Service	16,684	16,485	World Hepatitis Day/ LIVERability Festival	15,759	22,539
Sponsorships		10,330	Bank Fees And Charges	1,090	1,145
Grants received			Cleaning	4,242	4,843
- Department of Health and Human Services	1,335,747	1,313,877	Communications	10,780	2,062
- Various grants	198,134	146,668	Computer Software and Maintenance	32,146	29,527
- DHHS communications project	895	75,669	Consultants fees	2,620	16,845
- Hepatitis B Community Education Grants	210,192	173,808	Depreciation	25,220	28,966
- DHHS - Love Your Liver Campaign	27,113		DHHS Communications Project	23,568	76,655
- DHHS- Stigma Project	54,867		Equipment	165	2,491
- North Western Melbourne PHN Grants	97,491		Financial Services	2,100	2,895
	1,924,439	1,710,021	Fringe Benefits Tax	10,116	16,448
	1,963,067	1,757,479	Health Promotion and hepatitis B Education	94,958	35,268
TOTAL INCOME			HEPReady Workforce Development Program	7,444	27,440
			Insurance	2,317	4,087
			Internet costs	1,260	1,232
			LiverWELL App project	22,684	
			Meeting costs	1,573	2,872
			Motor vehicle expenses	12,420	10,215
			Newsletter	17,610	17,590
			NWMPHN Awareness Project	50,095	
			NWMPHN Pharmacy Project	57,183	
			Postage	6,200	19,151

# Income and Expenditure Statement

For the year ended 30 June 2018

	<b>2018</b>	<b>2017</b>		<b>2018</b>	<b>2017</b>
	\$	\$		\$	\$
Provision for LSL/Annual leave	55,288	54,089	Website Maintenance	6,500	7,158
Printing and stationery	13,359	12,265	Workcover	22,144	16,297
Recycling	306	285	Workshop and conferences	5,895	4,780
Rent and utilities	73,970	72,316	<b>TOTAL EXPENSES</b>	<b>1,863,338</b>	<b>1,700,388</b>
Repairs and maintenance	5,387	1,312	<b>Surplus from ordinary activities before income tax</b>	<b>99,729</b>	<b>57,091</b>
Salaries	1,136,590	1,064,207	Income tax revenue relating to ordinary activities		
Security costs	700	696	<b>Net surplus attributable to the association</b>	<b>99,729</b>	<b>57,091</b>
Sick and parental leave provision	(20,148)	(9,133)	<b>Total changes in equity of the association</b>	<b>99,729</b>	<b>57,091</b>
Staff Development	8,851	6,757	Opening retained surplus	501,388	444,297
Street Shot program	13,851	12,204	Net surplus attributable to the association	99,729	57,091
Subscriptions and publications	1,655	1,525	<b>Closing retained surplus</b>	<b>601,118</b>	<b>501,388</b>
Sundry expenses	388	(136)			
Superannuation contributions	93,755	87,072			
Telephone	13,775	14,966			
Travelling and accommodation	8,163	10,269			
Volunteer costs	3,795	4,732			

The accompanying notes form part of these financial statements.



# Statement of Financial Position

as at 30 June 2018

		<b>2018</b>	<b>2017</b>		<b>2018</b>	<b>2017</b>
		\$	\$		\$	\$
<b>Assets</b>				<b>Members' Funds</b>		
<b>Current Assets</b>				Retained surplus	601,118	501,388
Cash assets	2	1,056,477	632,294	<b>Total Members' Funds</b>	<b>601,118</b>	<b>501,388</b>
Receivables	3	85,107	144,997	<b>Cash flow from operating activities</b>		
Other	4	621,547	520,322	Receipts from grants and others	2,003,167	1,597,683
<b>Total Current Assets</b>		<b>1,763,131</b>	<b>1,297,613</b>	Payments to Suppliers and employees	(1,478,615)	(1,139,519)
<b>Non-Current Assets</b>				Interest received	19,790	15,432
Property, plant and equipment		5 96,552	101,474	Net cash provided by (used in) operating activities (note 2)	544,342	473,596
<b>Total Non-Current Assets</b>		<b>96,552</b>	<b>101,474</b>	<b>Cash flow from investing activities</b>		
<b>Total Assets</b>		<b>1,859,683</b>	<b>1,399,088</b>	Payment for:		
<b>Liabilities</b>				Other Assets	(4,259)	1,177
<b>Current Liabilities</b>				Payments for property, plant and equipment	(20,298)	(7,791)
Payables	6	95,194	84,181	Net cash provided by (used in) investing activities	(24,558)	(6,614)
Current tax liabilities	7	71,667	53,249	Net increase (decrease) in cash held	519,784	466,983
Provisions	8	178,497	142,327	Cash at the beginning of the year	1,144,805	677,822
Other	9	913,207	616,912	Cash at the end of the year (note 1)	1,664,589	1,144,805
<b>Total Current Liabilities</b>		<b>1,258,565</b>	<b>896,669</b>			
<b>Non-Current Liabilities</b>						
Provisions	8		1,030			
<b>Total Non-Current Liabilities</b>			<b>1,030</b>			
<b>Total Liabilities</b>		<b>1,258,565</b>	<b>897,699</b>			
<b>Net Assets</b>		<b>601,118</b>	<b>501,388</b>			

The accompanying notes form part of these financial statements.

# Statement of Cash flows

as at 30 June 2018

## Note 1. Reconciliation of cash

For the purposes of the statement of cash flows, cash includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts

Cash at the end of the year as shown in the statement of cash flows is reconciled to the related items in the balance sheet as follows:

	2018	2017
	\$	\$
Cash At Bank	1,055,479	631,678
Cash on hand	998	617
Short term deposits	608,112	512,510
	<b>1,664,589</b>	<b>1,144,805</b>

## Note 2. Reconciliation of net cash provided by/used in operating activities

To Net Surplus

	2018	2017
	\$	\$
Operating surplus (loss) after tax	99,729	57,091
Depreciation	25,220	28,966
Changes in assets and liabilities:		
(Increase) decrease in trade and term debtors	59,890	(144,364)
(Increase) decrease in prepayments	(1,363)	42,438
Increase (decrease) in trade creditors and accruals	(1,569)	(47,837)
Increase (decrease) in other creditors	308,876	469,487
Increase (decrease) in employee entitlements	35,140	44,956
Increase (decrease) in sundry provisions	18,418	22,860
<b>Net cash provided by operating activities</b>	<b>544,342</b>	<b>473,596</b>

The accompanying notes form part of these financial statements.

# Notes to the Financial Statements

For the year ended 30 June 2018

## Note 1: Summary of significant accounting policies

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporations Reform Act 2012 and the Australian Charities and Not-for-profits Commission Act 2012. The board has determined that the association is not a reporting entity.

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

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

### (a) Property, plant and equipment (PPE)

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all PPE is depreciated over the useful lives of the assets to the association commencing from the time the asset is held ready for use.

Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

### (b) Impairment of assets

At the end of each reporting period, the entity reviews the carrying values of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the asset's carrying value. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

### (c) Employee benefits

Provision is made for the association's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

### (d) Cash and cash equivalents

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

### (e) Revenue and other income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Grant and donation income is recognised when the entity obtains control over the funds, which is generally at the time of receipt.

All revenue is stated net of the amount of goods and services tax (GST).

### (f) Leases

Leases of PPE, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the association, are classified as finance leases.

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for that period.

Leased assets are depreciated on a straight line basis over the shorter of their estimated useful lives or the lease term. Lease payments for operating leases, where substantially all the risks and benefits remain with the lessor, are charged as expenses in the period in which they are incurred.

### (g) 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 Tax Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the assets and liabilities statement are shown inclusive of GST.

### (h) Trade and other payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association during the reporting period, which remain unpaid.

The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

### (i) Income tax

The Association is a Public Benevolent Institution and is exempt from Australian Income Tax. It is endorsed as a Deductible Gift Recipient and donations of \$2 or more are tax deductible.

# Notes to the Financial Statements

as at 30 June 2018

## Note 2: Cash assets

### Bank accounts:

	2018	2017
- Cash At Bank	1,055,479	631,678
Other cash items:		
- Cash on hand	998	617

**1,056,477**      **632,294**

## Note 3: Receivables

### Current

Trade debtors	85,107	144,997
---------------	--------	---------

**85,107**      **144,997**

## Note 4: Other Assets

### Current

Short term deposits	608,112	512,510
Prepayments	5,256	3,893
Other	8,178	3,919

**621,547**      **520,322**

## Note 5: Property, Plant and Equipment

### Leasehold improvements:

- At cost	23,983	23,983
- Less: Accumulated depreciation	(14,778)	(8,782)

9,205      15,201

### Other plant and equipment:

- At cost	99,829	79,531
- Less: Accumulated depreciation	(61,314)	(51,191)

38,515      28,340

### Motor vehicles:

- At cost	\$ 72,802	\$ 72,802
- Less: Accumulated depreciation	(23,970)	(14,869)

48,832      57,933

**96,552**      **101,474**

## Note 6: Payables

### Unsecured:

- Trade creditors	10,121	11,690
- Other creditors	85,073	72,492

95,194      84,181

**95,194**      **84,181**

## Note 7: Tax liabilities

### Current

GST payable	91,880	67,039
Input tax credit	(20,213)	(13,790)
	<b>71,667</b>	<b>53,249</b>

## Note 8: Provisions

### Current

Employee entitlements*	178,497	142,327
	<b>178,497</b>	<b>142,327</b>

### Non current

Employee entitlements*		1,030
		<b>1,030</b>

\* Aggregate employee entitlements liability

There were 20 employees at the end of the year

## Note 9: Other liabilities

### Current

Grants and income in advance	913,207	616,912
	<b>913,207</b>	<b>616,912</b>

## Note 10: Capital and leasing commitments

### Operating lease expenditure contracted for at balance date that is not cancellable and is not provided for in the accounts:

#### Payable:

No later than one year	29,379	57,903
Later than one year but not later than two years		29,379
	<b>29,379</b>	<b>87,282</b>

# Statement by Members of the Board

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

In the opinion of the Board the Income and Expenditure Statement, Statement of Financial Position, and Notes to the Financial Statements:

1. Presents fairly the financial position of Hepatitis Victoria Inc as at 30 June 2018 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that the association will be able to pay its debts as and when they fall due.

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



Frank Carlus  
President



Paul Kidd  
Board Member

## Report on the Audit of the Financial Report

Director:  
A.R Ager CA, BEc  
Registered Company Auditor

Assur Pty. Ltd.  
PO Box 987  
Level 1, 189 Coleman Parade,  
Glen Waverley, VIC 3150  
ABN. 78 167 481 834  
T: +61 (3) 9560 0211  
M: +61 419 541 727  
F: +61 (3) 9561 5497  
E: tony.ager@optusnet.com.au

Authorised Audit Company  
No. 453122

### Opinion

We have audited the financial report of Hepatitis Victoria Inc (the association), which comprises the Statement by Members of the Board, Income and Expenditure Statement, Statement of Financial Position as at 30 June 2018, a summary of significant accounting policies and the certification by members of the board on the annual statements giving a true and fair view of the financial position and performance of the association.

In our opinion, the accompanying financial report presents fairly, in all material respects, the financial position of the association as at 30 June 2018 and [of] its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, the Australian Charities and Not-for-profits commission Act 2012 and the requirements of the Associations Incorporation Reform Act 2012.

### 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 association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our 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.

### Emphasis of Matter – Basis of Accounting

We draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared to assist the association to meet the requirements of Associations Incorporation Reform Act 2012 and the Australian Charities and Not-for-profits Commission Act 2012. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

### Responsibilities of the Board for the Financial Report

The board is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the Associations Incorporation Reform Act 2012, the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the board determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the board is responsible for assessing the association'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 board either intends to liquidate the association or to cease operations, or has no realistic alternative but to do so.



## 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 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 association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the board.
- Conclude on the appropriateness of the board's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the association'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 association 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 the board regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

Signed on: 2<sup>ND</sup> OCTOBER, 2018

ASSUR PTY. LTD.

ASSUR PTY LTD

Authorised Audit Company Number: 453122

Chartered Accountants

Anthony Ager

Anthony Ager

Director - Audit & Assurance

Chartered Accountant



# Thank you to our supporters

- ▶ AbbVie Australia – untied educational grant, hepatitis C outreach project
- ▶ Adil Soh-Lim, Chinese Health Promotion Coalition project
- ▶ Australian Chinese Medical Association of Victoria – Chinese Health Promotion Coalition project
- ▶ Burnet Institute – Be Free From C prison resource
- ▶ Chinese Cancer and Chronic Illness Society of Victoria – Chinese Health Promotion Coalition project
- ▶ Chinese Community Council of Australia - Victorian Chapter – Chinese Health Promotion Coalition project
- ▶ Chinese Community Health Advisory of Australia – Chinese Health Promotion Coalition project
- ▶ Chinese Professional and Business Association – Chinese Health Promotion Coalition project
- ▶ City of Melbourne – Chinese Health Promotion Coalition project
- ▶ Department of Health and Human Services
  - ▶ Core funding, Community Participation and Health Promotion project
  - ▶ Hepatitis b Community Education project
  - ▶ HEPReady® Regional forums
  - ▶ HEPReady® Alcohol and other drugs training
  - ▶ Love Your Liver awareness campaign
  - ▶ Stigma projects
  - ▶ Victorian Hepatitis Strategies implementation
- ▶ Department of Justice and Regulation, Justice Health
  - ▶ Art Inside project
  - ▶ Aboriginal Prisoner Education project
- ▶ Federation of Chinese Associations – Chinese Health Promotion Coalition project
- ▶ GlaxoSmithKline Australia – untied educational grant, hepatitis B outreach project
- ▶ Helen Macpherson Smith Trust – HEPReady® project
- ▶ Hepatitis Australia
  - ▶ Hepatitis B Community Education project
  - ▶ World Hepatitis Day community outreach events
- ▶ Hobsons Bay City Council – Liverability Festival 2017
- ▶ Indigenous Hip Hop Projects, Stigma projects
- ▶ Jade Ribbon Health Promotion Team, Chinese Health Promotion Coalition project
- ▶ Lachlan Riches, pro bono legal consultation
- ▶ Liver Health Advisory Committee
  - ▶ Associate Professor Paul Gow
  - ▶ Ian Gracie
  - ▶ Maria Marshall
  - ▶ Tony McBride
  - ▶ Michelle Irving
  - ▶ Phoebe Trinidad
  - ▶ Uyen Vo
  - ▶ Michael West
- ▶ North West Primary Health Network
  - ▶ HEPReady® Pharmacy Training project
  - ▶ Awareness Raising in the North West project
- ▶ OSTAR International Media Group – Chinese Health Promotion Coalition project
- ▶ ProTAT supplies, Street Shot event
- ▶ The Andrews Foundation – Disadvantaged Youth in Melbourne's South East project
- ▶ The Korin Gamadji Institute, Stigma projects
- ▶ Victoria Soong Ching Ling Foundation – Chinese Health Promotion Coalition project
- ▶ Victoria University MetroWest Gallery, Street Shot event

We would also like to thank all our individual members and our donors for their support over the year, along with all our organisational members.

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