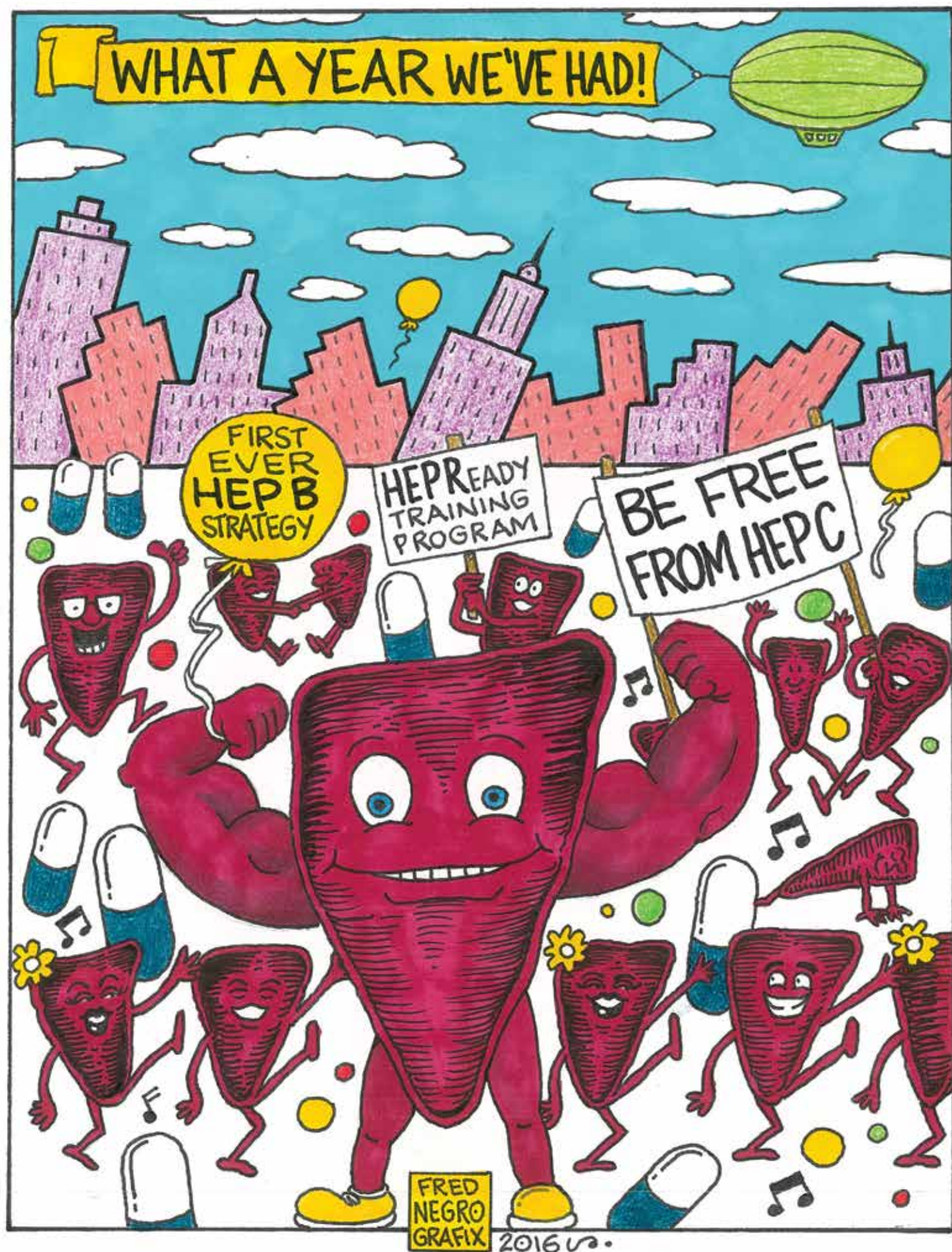
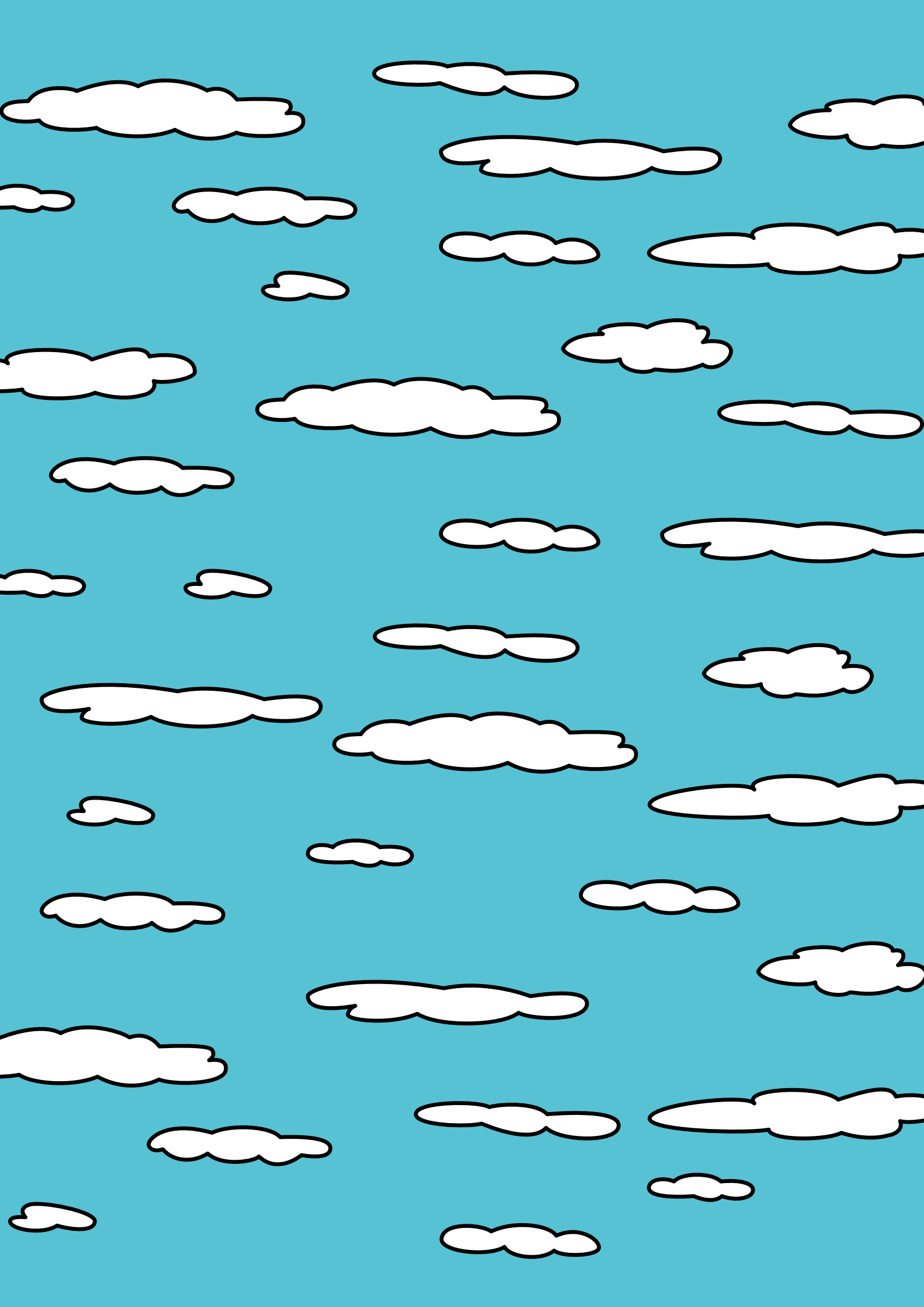


HEPATITIS VICTORIA ANNUAL REPORT 2015-2016







Contents

A Victorian community where there are no new infections of viral hepatitis, and where those who have the virus are able to maximise their health and wellbeing

1	2016 facts and stats – Hepatitis B
2	2016 facts and stats – Hepatitis C
3	Hepatitis Victoria Board
4	About Us
5	President's Report
6	CEO's Report
7	Pathway 1: Respond to emerging needs and new knowledge
8	Profile: <i>Be Free From Hep C</i>
9	Pathway 2: Grow the resource base
10	Profile: Funding = Collaboration = HepReady
11	Pathway 3: Attack stigma and discrimination
12	Profile: Using lived experience to highlight stigma and discrimination
13	Pathway 4: Collaborate, partner and engage with others
14	Profile: Western Action Forum
15	Pathway 5: Increase awareness and impact
16	Profile: Increasing awareness through expanded digital and online platforms
17	Ongoing operational achievements
18	Profile: Regional Viral Hepatitis Forum
19	Financial Report
32	Thank you

2016 FACTS AND STATS

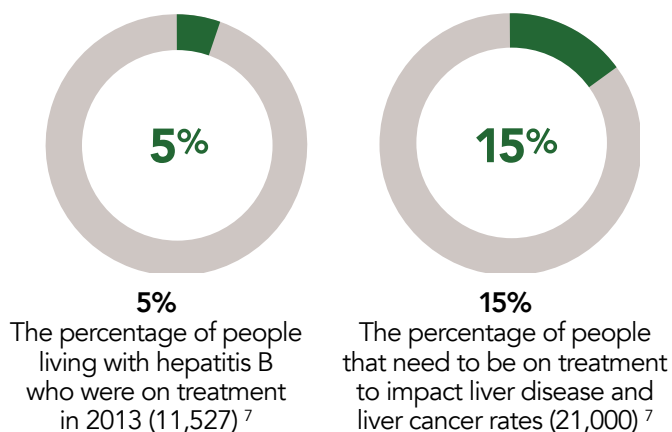
PEOPLE LIVING WITH CHRONIC HEPATITIS B



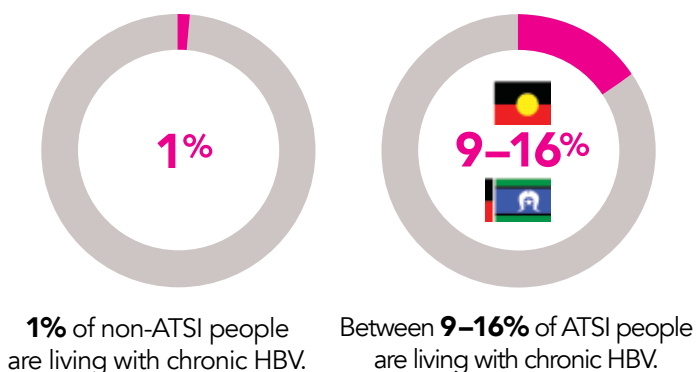
DEATHS AND LIVER CANCER



TREATMENT RATES

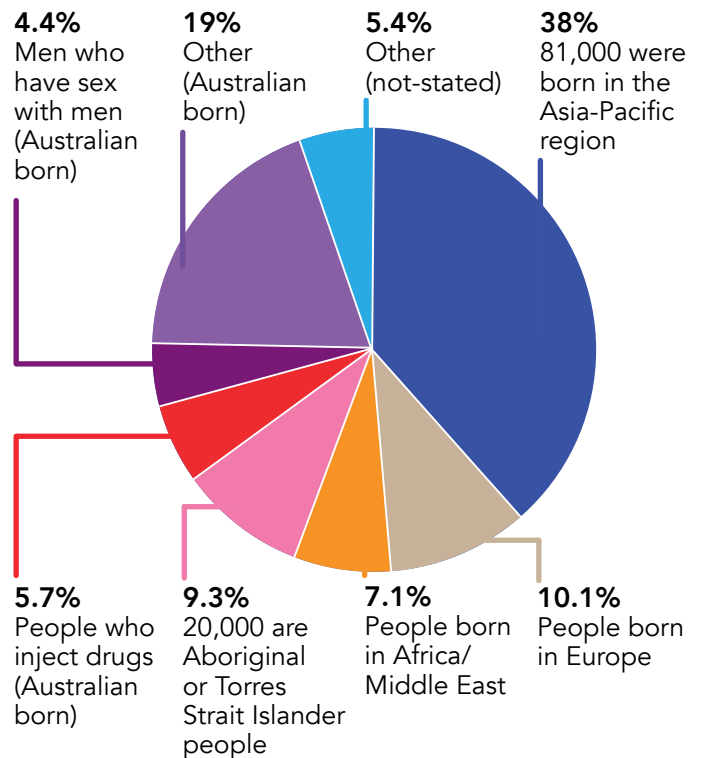


RATES OF DIAGNOSIS IN ATSI

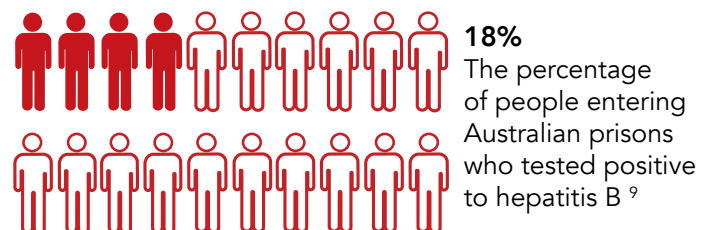


HEPATITIS B

HEPATITIS B PREVALENCE BY PRIORITY POPULATION¹¹



HEPATITIS B IN PRISONS



HEPATITIS B REFERENCES

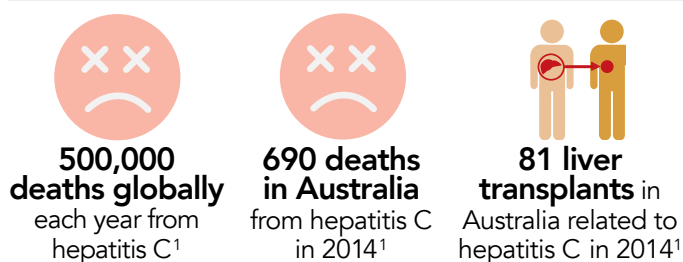
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2016 FACTS AND STATS

PEOPLE LIVING WITH CHRONIC HEPATITIS C



DEATHS AND TRANSPLANTS

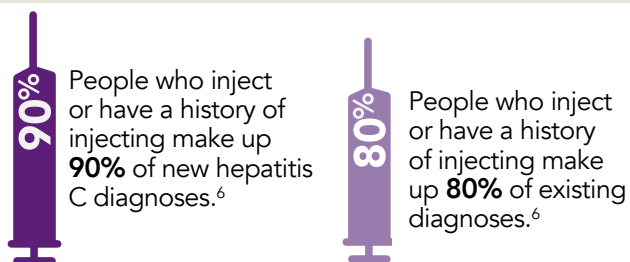


STARTING TREATMENT

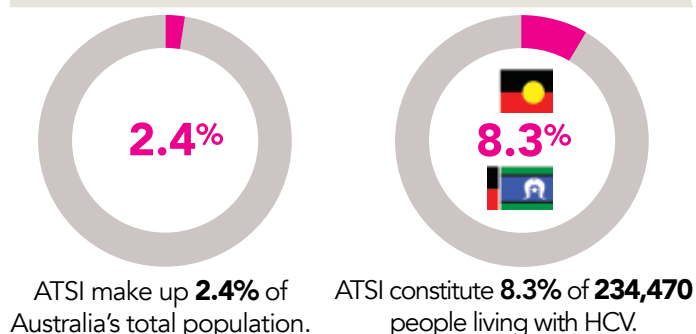


Estimated numbers of people starting treatment in March–May 2016: an extrapolation on data taking into account time lag in reporting.³

HEPATITIS C AND PEOPLE WHO INJECT DRUGS



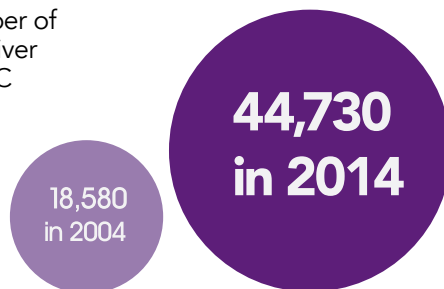
RATES OF DIAGNOSIS IN ATSI



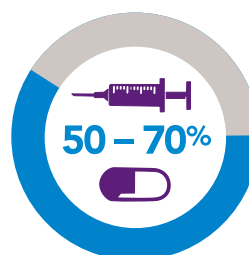
HEPATITIS C

RATES OF CIRRHOSIS

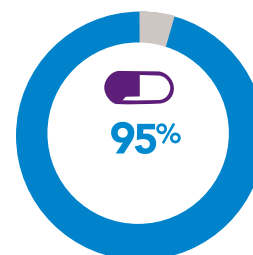
The estimated number of people with severe liver disease or hepatitis C related cirrhosis has **more than doubled** from 18,580 cases in 2004 to 44,730 in 2014.²



TREATMENT CURE RATES

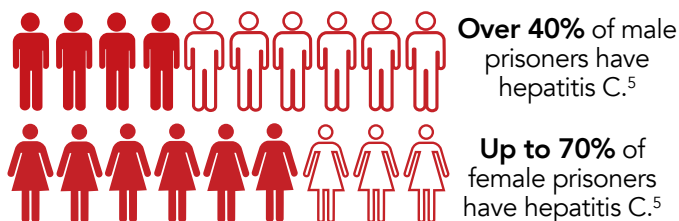


Old interferon treatments had a **50-70% cure rate**.⁵



New direct acting antivirals (DAAs) have a **95% cure rate** for most genotypes.⁵

HEPATITIS C IN PRISONS



HEPATITIS C REFERENCES

1. World Health Organisation 2015, *Hepatitis C Factsheet No: 164*. Accessed 2 June 2014. (<http://www.who.int/mediacentre/factsheets/fs164/en/>)
2. The Kirby Institute, *HIV, viral hepatitis and sexual transmissible infections in Australia Annual Surveillance Report 2015*. The Kirby Institute. UNSW Australia, Sydney NSW 2052.
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Hepatitis Victoria Board

Frank Carlus (President)

Frank is a former state public servant with over 32 years' experience in the Department of Human Services/Department of Health. He has served with many community organisations in the fields of youth, employment and support, community development and health.

Catina Eyres (Vice President)

Catina is a registered nurse with postgraduate degrees in critical care and infection control. She is an accredited nurse immuniser, HIV/ HCV counsellor and credentialed infection control professional. She is currently working with Hepburn Health having previously been a Clinical Nurse Consultant at Bendigo Health's Infectious Diseases Service and Infection Prevention Control Unit.

Kieran Donoghue (Treasurer)

Kieran Donoghue is the General Manager, Policy at an industry advocacy organisation. Previously he qualified as a chartered accountant with Deloitte in London and spent several years in a variety of finance roles at international companies.

Rosemary McKenzie (Secretary and Public Officer)

Rosemary McKenzie has a B.A., PG Dip Health Promotion and a MPH. She is a consultant, research fellow and lecturer in the Centre for Health Policy, Programs and Economics, Melbourne School of Population Health, at The University of Melbourne. She has extensive experience in the Blood Borne Virus, Sexually Transmitted Infection and Communicable Diseases sectors.

Emily Wheeler

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.

Nicole Allard

Dr. Nicole Allard is a General Practitioner in a community health centre and a PhD student at Melbourne University. She has a general practice/clinical interest in refugee health, hepatitis B care in the community and in working with culturally and linguistically diverse communities. She has started a Hepatitis B focused clinic with the support of the Integrated Hepatitis B service from the Royal Melbourne Hospital.

Paul Kidd

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.

Jennifer MacLachlan

Jennifer is an epidemiologist with 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. She has helped develop clinical guidelines and government policy at a state, national and international levels, and has numerous publications in leading Australian and international journals.

Ross Williams

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.

Donna Ribton-Turner

Donna is currently the Director of Clinical Services at Uniting Care ReGen in Melbourne. 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).

Eddie Micallef

Eddie is currently Chair of the Ethnic Communities Council of Victoria, and has chaired the ECCV Health Committee and their Drugs Task Force. He is a member of the Inner South Community Health Centre Board of Management. He was previously a Victorian parliamentarian and was a member of its Drugs and Crime Committee.

Michael Honeysett

Michael is a Wiradjuri man. Previously a board member of Harm Reduction Victoria, he provides cultural and peer supervision to Aboriginal workers. He is also a SMART recovery facilitator. Michael was awarded "Worker of the Year" 2012, by the City of Yarra's Drug and Health Forum.

Melanie Eagle (CEO non-voting position)

Melanie has degrees in Arts, Social Work and Law and post graduate 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.



About Us

Our Vision

A Victorian community where there are no new infections of viral hepatitis, and where those who have the virus are able to maximise their health and wellbeing.

Our Role

Hepatitis Victoria is the peak not-for-profit community-based organisation working across the state for people affected by, or at risk of, viral hepatitis.

Hepatitis Victoria works to:

- Provide leadership and coordination for the Victorian community response to viral hepatitis.
- Build a strong and sustainable organisation that works effectively across all activities and is positioned to have greatest impact.
- Raise community awareness and prevent the transmission of viral hepatitis.
- Increase access to quality viral hepatitis information, care, treatment, and support.

Our Values

- **Respect** – We respect all people affected by viral hepatitis, working always to promote their dignity and to challenge stigma and discrimination.
- **Participation** – We encourage people affected by viral hepatitis to have input into our work and to have their voices heard in relation to their wellbeing.
- **Diversity** – We seek to understand and value the diverse circumstances and cultures of the people and communities with whom we work.
- **Excellence** – We aspire to do what we do well, and base our work on evidence of need and of effectiveness.
- **Integrity** – We work according to a consistent set of values and principles at all times.
- **Innovation** – We welcome new ideas, are open to change, and respond in innovative ways to new circumstances.
- **Impact** – We strive for maximum impact in relation to viral hepatitis, and to promote the visibility of viral hepatitis issues in the community.
- **Collaborations** – We seek to broaden our impact through strategic partnerships and collaborations with others who can have a positive impact on viral hepatitis.

Our People

Our people are the individuals and communities living with, affected by, at risk of, or fighting to prevent viral hepatitis.

This includes our workers, members, partner organisations, the Board, donors, volunteers, support groups, public speakers, activists, health professionals, ambassadors and the State Government (primarily the Department of Health and Human Services). Without these people many of the achievements in this report would not be possible.

Our Strategic Directions 2013 - 2017

Be forward looking

Pathway 1:

We will respond to emerging needs and new knowledge

Be sustainable and viable

Pathway 2:

We will grow the resource base

Encourage dignity and self-esteem

Pathway 3:

We will attack stigma and discrimination

Be a desired collaborator

Pathway 4:

We will collaborate, partner and engage with others

Be highly influential

Pathway 5:

We will increase awareness and impact



President's Report

The 2015 -16 financial year will be remembered as a watershed year in the world of viral hepatitis, locally and internationally, for a number of very significant reasons.

Most importantly it was the year in which the breakthrough interferon-free therapies became universally available in Australia through the Pharmaceutical Benefits Scheme to people living with hepatitis C.

History will record this as the single most significant step in the fight to eliminate hepatitis C, brought about by significant investment, much work and the combined effort of many organisations and individuals over an extended period of time. The new interferon-free treatments offer a treatment regime that is fast (a few short months), that is easy (daily tablets that are less toxic) and offers a cure for nearly all. Elimination of hepatitis C within a generation is finally a tangible reality.

It was also the year where the World Health Organisation (WHO) committed to developing a World Hepatitis Strategy for the first time, and the first ever World Hepatitis Summit was convened in Scotland (in September 2015), where Hepatitis Victoria was an active participant through Melanie Eagle, our CEO.

This was in response to the previous year's World Health Assembly Resolution calling for concerted action to reverse the ever-rising death toll from viral hepatitis. Momentum on the international stage continued, and just nine months later, through its significant engagement efforts, the World Hepatitis Alliance was successful in getting the unanimous commitment of 196 countries to adopt the WHO strategy to eliminate viral hepatitis by 2030. This is the greatest global commitment in viral hepatitis to date.

Locally, Hepatitis Victoria continued to work constructively with government and other organisations and in July 2015 the Victorian Minister for Health hosted the inaugural World Hepatitis Day function for community and industry members. It was the first time that the State has hosted such a function.

More significantly, the Minister announced at the end of August 2015 that the Andrews government had committed to developing a Victorian strategy for viral hepatitis. It was later confirmed in April this year that in fact two separate strategies would be developed addressing hepatitis B and hepatitis C. This would be the first hepatitis B strategy for Victoria and the first hepatitis C strategy since 2009.

I am proud to report that Hepatitis Victoria had an active role in all these developments through our ongoing support and advocacy efforts, and our collaboration on many forums including the World Hepatitis Alliance.

We undertook a range of initiatives during the year to help raise awareness of the risks of viral hepatitis, to inform people of their treatment and management options, and to educate on prevention and elimination, as well as stigma and discrimination. We also introduced several new initiatives.

In May we launched the *Be Free From Hep C* campaign, developed with the support of the Victorian Government, to raise awareness of the new, easy, highly successful treatment options, and encourage people to test, treat and toss hepatitis C.

We introduced the workforce training initiative, HEPReady, to build the capacity of people who come into contact with others living with or at risk of hepatitis. Through a combination of specifically tailored on-line, and face-to-face training modules HEPReady aims to encourage a systematic change in the way the Victorian healthcare workforce diagnoses, works with and treats viral hepatitis. It also endeavours to help break down stigma and discrimination.

We found new ways to engage with people in custodial settings: the Art Inside the West program was initiated in December to increase knowledge of viral hepatitis for people in custody. The Prison Infoline, providing free phone access for prisoners, was also launched. Both projects were undertaken in collaboration with Justice Health.

While waiting in anticipation for a cure to become available for hepatitis B, we continued to undertake initiatives with the aim of improving the community and clinical response to hepatitis B.

A particular focus was engaging with, and providing practical information and support to local communities. To this end we broadened our reach and collaboration with culturally and linguistically diverse communities including the Afghan and Vietnamese communities, with a focus on better understanding and responding to their specific needs.

We continued to expand our efforts in the digital arena in order to build greater awareness of the risks and realities of viral hepatitis, and of course to ensure that professionals and the general public can more easily access the latest information, and to provide online access to health coaching.

I am very pleased to report that the success of many of our endeavours owes much to the magnificent support that Hepatitis Victoria receives from a growing band of enthusiastic and highly skilled volunteers. I want to thank all our volunteers and acknowledge the positive impact they make to our programs, our organisational culture and our overall capacity.

In a highly contested and constrained funding environment I want to acknowledge and thank our financial supporters. While the Victorian Government, through the Department of Health and Human Services, remains our major funding source, Hepatitis Victoria continued to secure additional grants for a range of new projects. The full list of our supporters can be found on page xx of this Annual Report.

I'd like to thank my fellow Directors for their efforts and support over the last year. I'd like to specifically recognise departing Director Catina Eyres for her significant and valuable contribution to Hepatitis Victoria over a period of nearly five years.

Finally, and perhaps most importantly, I'd also like to acknowledge the commitment of the Hepatitis Victoria team, in particular, CEO Melanie Eagle. We are fortunate to be well served by a small but collaborative, highly skilled and motivated staff. Your individual and combined effort continues to impress and make a very real difference. Thank you!

Frank Carlus
President



CEO's Report

For a small organisation with minimal resources we continue to punch above our weight, and achieve great results. This is thanks in no small part to a dedicated team, and the efforts of many individuals and organisations who continue to support and work with us on what remains a very significant health issue for the community.

The power of collaboration as a means to mobilisation cannot be underestimated.

When I look back on this year (and the previous four years for that matter), the great outcomes that Hepatitis Victoria along with the broader sector has achieved, can be largely be attributed to powerful collaboration.

We are now in a situation where the viral hepatitis landscape of today is different to that of last year, and vastly different to that of a decade ago.

The watershed moment of the new treatments being approved and available on the PBS was a result of years of hard work and advocacy by individuals and organisations who have been united and constant in their fight for better treatment options for those living with hepatitis C.

The commitment of the state Government to engage with the sector in the development of separate hepatitis B and hepatitis C strategies, and to support an awareness campaign to make sure that all those that need to, know about the

availability of new hepatitis C treatments, were also a significant milestones. And these too came about thanks to the encouragement of many.

Our skilled staff, with the valuable insight and support of the community and professional leaders, have continued to improve existing initiatives, and developed a range of new offerings to assist individuals, and the workforce, to appropriately respond to the multiple challenges that people in the community and the sector continue to face.

An expanded public speakers program, (HEPSpeak), access to Hepatitis Victoria's Infoline for people in custody, Art Inside the West, the development of the HEPReady workforce development program, and the development of a hepatitis risk assessment tool, are just some of the positive outcomes that we look back on with pride.

Our core funding from the Department of Health and Human Services continues to be only in relation to hepatitis C health promotion. This is despite hepatitis B remaining a significant health issue, which Hepatitis Victoria is committed to addressing. So we have had to seek funding from external bodies for health promotion in relation to hepatitis B

During the 2015-2016 financial year we have been lucky to secure funding that has enabled us to reach out in new, creative ways, and work with new audiences. In doing so we have relied on a wide variety of community organisations, Councils, students and other volunteers. This support is invaluable and greatly appreciated. We have continued to expand our relationships with and information to CALD communities such as Mums to B and B Understood. Much of this work has been conducted in the language of the target audience and in locations where they already commonly gather.

Thanks to the development (and ongoing implementation) of our first ever digital strategy we also achieved an unprecedented increase (160%) in visitation to the Hepatitis Victoria website. Our social media presence was also dramatically improved through embedding a planned, strategic approach to our activity.

As always, our achievements would not be possible without the input and commitment of an outstanding team of staff, and a very insightful and supportive Board. I'd like to take this opportunity to thank them for their continued good work and generosity.

Melanie Eagle
CEO, Hepatitis Victoria



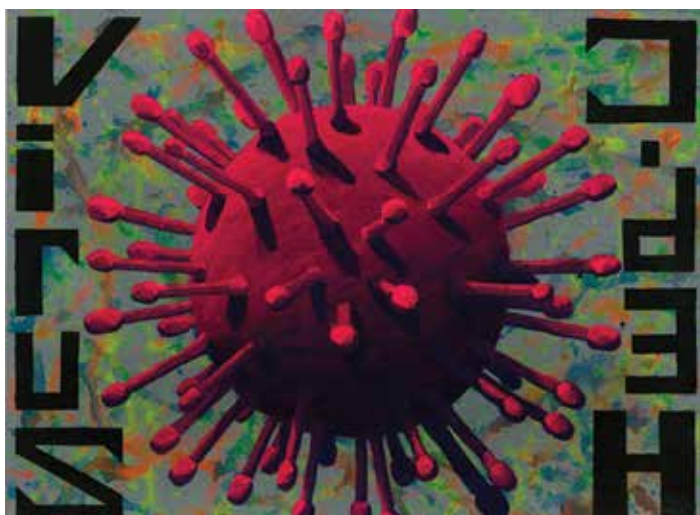
The watershed moment was the new treatments being approved and available on the PBS.

Pathway 1

Respond to emerging needs and new knowledge

Our Commitment

- Advocate for approval of improved HCV treatments, including to a broad range of affected populations.
- Ongoing education regarding new HCV treatments.
- Monitor to ensure prisoners get equivalent treatment to those outside.
- Advocate for prison access to clean needles.
- Ensure information and messages are updated and available for new HCV treatments.
- Build education opportunities with newly emerging communities.
- Expand competency, particularly cultural competency, in responding to hepatitis infection and BBV coinfection.
- Consolidate advocacy around hepatitis B and be positioned as innovators when funding is available.
- Promote and support social research into lived experience.
- Utilise a new Client Relationship Management system to identify trends in connection to the organisation and understanding user needs.
- Anticipate impact of changing treatment landscape and needs of people with hepatitis.



Our achievements

- Successfully advocated for PBS access to improved HCV treatments for the entire affected adult population.
- Launched state-wide campaign for new hepatitis C treatments – *Be Free From Hep C*.
- Revamped website to reflect new hepatitis C treatments, including personal stories and information regarding testing, treatment and available services.
- Developed unique HEPReady training program to encourage systemic change in the way health and community sector workers respond to people living with or at risk of viral hepatitis.
- Implemented Art inside the West prison project to increase knowledge of hepatitis for people in custody.
- Instituted Prison Infoline for free phone access for prisoners.
- Successfully advocated for separate Victorian strategies to tackle hepatitis B and hepatitis C.
- Conducted needs assessment research specific to Afghani and Vietnamese communities.
- Adopted organisational social media policy and associated guidelines, and provided regular staff training on both.

Going forward

- Continue to advocate for access to new improved hepatitis C treatments.
- Ongoing statewide awareness campaign re new hepatitis C treatments, particularly for hard to reach communities.
- Strengthen and expand workforce competence in preventing and responding to hepatitis infection.
- Consolidate new relationships and advocacy around hepatitis B, and be positioned as innovators when funding is available.
- Work with GPs and their relevant networks to encourage their involvement in hepatitis testing and treatment.
- Anticipate how needs of people previously living with hepatitis C will change after cure and implement appropriate responses.
- Investigate expanding services and support to people with liver disease beyond that caused by viral hepatitis alone.
- Document learnings in relation to working with diverse communities so they can be transferred.



Overview:

One of the key commitments under our strategic pathway to respond to emerging needs and new knowledge is to provide ongoing education regarding new hepatitis C (HCV) treatments, and to ensure information and messages on new HCV treatments are updated and available.

In 2015-2016 Hepatitis Victoria was asked by the Department of Health and Human Services (DHHS) to develop and implement a community awareness campaign on the new HCV treatments made available on the PBS in March 2016. The resulting *Be Free From Hep C* campaign, funded by DHHS, was launched in May 2016. The campaign included short and longer form personal video stories (screened on the Hepatitis Victoria YouTube channel, and as free community service announcements on commercial television), street furniture posters, posters and brochures in GP surgeries, print ads in community papers, Facebook advertisements (and supporting social media campaign), a supporting communications and engagement campaign, and dedicated website (www.befreefromhepc.org.au) providing detailed information for community, GPs and health workers.

Ensure widespread awareness of the new hepatitis C treatments.

Objectives:

- Ensure widespread awareness of the new treatments available through the PBS
- Encourage people to get tested, and get treated
- Address the issue of stigma and discrimination, which can prevent people from getting tested and then appropriately treated.

Outcomes:

The measured evaluation and anecdotal feedback on the campaign shows that it was successful in raising awareness of the new HCV treatments, and did indeed encourage people to take up treatment. The paid and “organic” social media approach generated significant community discussion to an extent that Hepatitis Victoria has not secured before. The in-surgery posters had a read of around 2.5 million patient and carer visits, and around 1.9 million people were reached by the street furniture posters.

Data released by the Kirby Institute at the end of July 2016 shows that of the 22,470 Australians who had accessed the treatment since March, the take up has been the highest in Victoria where 13% of the state’s 55,760 people with hepatitis C had begun treatment. While the *Be Free From Hep C* campaign cannot take full credit for these numbers we are confident that it certainly hastened people’s response to take up the new treatments, and has indeed saved lives.

Pathway 2

Grow the resource base

Our commitments

- Continue exploring corporate sponsorship opportunities.
- Continue to actively pursue grants and funders.
- Continue to engage with philanthropic bodies and aim for multi-year funding.
- Grow StreetShot website to increase reach, sponsorship and participation.
- Improved streamlined membership renewal processes.
- Explore possible fundraising events such as fun run or music event.
- Explore workplace giving opportunities.
- Continue advocating for hepatitis B resourcing.
- Finalisation of participation in The Crunch, and consideration of prospects for pursuing this into the future.
- Standardised approach to workforce development, combining The Crunch, Bloody Serious BeAware and requests.
- Improve donor relations systems on the new website.

Our achievements

- Updated the volunteers' policy and developed associated Community Participation Welcome Kit to increase support provided to volunteers.
- Increased bi-lingual health promotion project volunteers and supported them by providing training and experience.
- Revitalised the HEPConnect service with a review of resources, development of training manual, and volunteer recruitment.
- Developed knowledge and capacity to successfully bid for seven national community education grants all working in new ways around hepatitis B.
- Recruited and trained additional speakers and expanded their range of presentations to include the HEPspeak workforce development initiative.
- StreetShot sponsorship letter developed and successful applications made to corporates for prizes.
- Grant applications successful with a range of organisations including local councils, pharmaceutical companies, philanthropic bodies, corporates, and digital advertising.
- Obtained multiyear funding for HEPReady workforce development initiative.
- Developed Workplace Giving proposal.



Going forward

- Expand HEPReady Social enterprise beyond "Essentials" training to include "comprehensive" streams.
- Complete first pilot of organisation-wide HEPReady accreditation and trial in an additional workplace.
- Obtain professional development accreditation for relevant components of HEPReady training.
- Consolidate HEPConnect service to be better able to support people commencing treatment and also living with ongoing liver damage.
- Involve external players in developing a music event to celebrate access to hepatitis C treatments, raise awareness and generate income.
- Streamline arrangements to ensure funders are provided with feedback and given opportunity to better understand the organisation's work.
- Engage multiyear sponsor for StreetShot.
- Implement workplace giving and develop workplace relationship strategy to promote uptake.

Updated the volunteers' policy and developed associated Community Participation Welcome Kit.



**Funding + Collaboration
= HEPReady**

Overview:

During the 2014-2015 financial year Hepatitis Victoria was accepted into The Crunch social enterprise program run by Social Traders, where we received mentoring and assistance with formulating a business case around a fee for service workforce development program.

This mentoring - together with the support of the Hepatitis Victoria Board, the assistance of a pharmaceutical educational grant (Bristol-Myers Squibb) to develop an online course, and then successfully attracting a significant amount of philanthropic funding from the Helen McPherson Smith Trust — resulted in the development of our workforce training program HEPReady.

From December 2015, effort was applied to develop a basic course, Essentials, that covered clinical aspects of viral hepatitis and skills to conduct a sensitive conversation with people at risk of contracting or living with viral hepatitis. This was successfully delivered monthly at Hepatitis Victoria's premises, as well as at various sites in Melbourne and beyond, using the expertise of internal and external trainers. Since April 2016 aspects of the course have also been delivered online.



Objectives:

HEPReady has been designed to build the capacity of people who come into contact with others living with or at risk of hepatitis. Through a combination of specifically tailored on-line, and face-to-face training modules HEPReady intends to effect a systematic change in the way the Victorian health and community workforce diagnoses, works with and treats viral hepatitis. It also endeavours to help break down stigma and discrimination.

Outcomes:

- Trained six people with health promotion and adult education expertise to deliver the Essentials course.
- Delivered six Essentials courses that involved 75 participants. Participants included nurses, social workers, pharmacists and drug and alcohol workers.
- Developed a range of course materials including online courseware, PowerPoint presentation and Participant Guide. This material is customised for particular health and community organisations.

HEP
Ready





Pathway 3

Attack stigma and discrimination

Our commitment

- Continue to expand the Public Speakers Bureau and increase speaking opportunities.
- Continue to expand the number of Community Advocates and Hepatitis Heroes.
- Explore organisations becoming Hepatitis Heroes.
- Capture experience of individuals undertaking new treatment.
- Work with GPs to maximise their readiness to encourage access to new treatments.
- Work with Primary Health Networks.

Our achievements

- Supported the establishment of Ballarat-based hepatitis C support group.
- Expanded the numbers of people participating in public speakers training, and the number of speaker engagements.
- Rebranded Public Speakers Bureau as HEPspeak, and incorporated it as a core element of the HEPReady workforce development social enterprise.
- Surveyed Hepatitis Heroes to determine how to improve and expand the program.
- Incorporated views of affected community and advocates in development of a campaign to raise awareness of new hepatitis C treatments.
- Built capacity of Hepatitis Victoria workforce to respond to diverse communities through cultural sensitivity training and recruitment of people with lived experience and diverse cultural backgrounds.
- Included discussion of stigma and discrimination in most professional and community education and training, including through the use of lived experience speakers.
- Facilitated having people with lived experience participate in external reference groups.

Going forward

- Expand Mums to B / B Understood community education across Victoria.
- Expand community education in Vietnamese, Chinese, Afghani, Burmese, Cambodian, Egyptian and South-Sudanese communities.
- Expand HEPspeak and Hepatitis Heroes programs to include more people with lived experience of hepatitis B.
- Involve community participants in Hepatitis Victoria strategy and program development.
- Investigate different methods of utilising “peer-based” approaches to improve understanding of what is most effective in different circumstances, and consider how this could be quantified.
- Expand HEPReady workforce development core curriculum to include addressing stigma and protecting privacy.
- Increase the involvement of lived experience speakers in health promotion and community education activities.
- Equip volunteers and interns to counteract stigma and discrimination in the activities they undertake.

Convey the perspectives and experiences of those living with viral hepatitis.



Using lived experience to highlight stigma and discrimination

Overview:

Stigma and discrimination continue to be major issues in the fight against viral hepatitis. The availability of new improved treatments for hepatitis C, and the ability to vaccinate against hepatitis B, and indeed maximise the health and wellbeing of those living with hepatitis B through good health management, means we are making great inroads into the fight against the condition. But unless we break down the stigma surrounding viral hepatitis, we are never going to achieve the widespread uptake of testing and treatment which is necessary to achieve its elimination.

During 2015-2016 Hepatitis Victoria worked towards broadening the number of people participating in public speaker training and the number of public speaking opportunities. Our Public Speakers Bureau was rebranded as HEPspeak, and incorporated as a core element of the HEPReady workforce development program. We also worked to ensure the perspectives of people living with viral hepatitis were considered in relevant sector discussions and forums.

Objectives:

- Convey the perspectives and experiences of those living with viral hepatitis.
- Build awareness as a means of reducing discrimination and stigma.
- Build the capacity of the workforce to understand the perspectives of people living with viral hepatitis and appropriately respond to their health and wellbeing needs.

Outcome:

- Discussion of stigma and discrimination was incorporated into most professional and community education sessions, including through the use of lived experience. To this end, trained speakers (with lived experience) gave 26 presentations, reaching nearly 800 people.
- Feedback from participants in the HEPReady workforce training program confirmed increased awareness would inform workers approach to managing patients' needs.
- Facilitated the inclusion of people with lived experience in external reference groups including those which informed the development of the Victorian strategies for hepatitis B and hepatitis C.



Pathway 4

Collaborate, partner and engage with others

Our commitment

- Focus on primary and secondary NSPs for education and capacity building.
- Monitor possible opportunities with Primary Health Networks.
- Identify opportunities with general practice and possibly through Networking Health Victoria.
- Undertake the Western LIVERability Festival 2015 in collaboration with others.
- Continue to pilot HEPLink peer support for health workers.
- Expand engagement with CALD community associations.
- Initiate collaboration with Chinese business and health organisations to pilot a targeted community response.
- Investigate collaborations with community health services.



Our achievements

- Extended relationships with CALD communities through Mums to B and B Understood initiatives, enabling great insight into effectively working with these communities.
- Growth in Western LIVERability Festival activities and collaborations, culminating in the Western Action Forum and Health Minister's announcement of the hepatitis strategies.
- Successfully promoted StreetShot project to local councils and organised two regional StreetShot exhibitions within the Shire of Campaspe.
- Actively reached out to Aboriginal communities through all programs, including World Hepatitis Day grants, StreetShot and festivals and when visiting regional areas to strengthen partnerships.
- Participation in Justice Health working party regarding prison hepatitis treatment.
- Increased collaboration with Justice Health for roll out of Prison Infoline and Art Inside the West project.
- Participated in government working groups developing strategic priorities in relation to hepatitis B and hepatitis C.
- Participated in new treatment readiness working groups convened by State government.
- World Hepatitis Day recognised by State Government for the first time with inaugural event.
- Consolidated relationships with Primary Health Networks in key areas of hepatitis prevalence.

Going forward

- Enhance and nurture established relationships with CALD, refugee and Aboriginal organisations.
- Proactively respond to new opportunities including with newly emerging communities.
- Increase education to prison officers and maintain relationships with prison governing bodies.
- Develop policy for people who contribute lived experience in various forums other than as public speakers.
- Utilise the national hepatitis B grants to develop sustainable responses to hepatitis B among a range of collaborating organisations.
- Increase engagement with municipalities that have high hepatitis B and hepatitis C prevalence.
- Explore collaboration opportunities with chronic illness organisations and others such as Red Cross and Blood Bank.
- Build commitment and capability of Chinese business and health organisations to respond to viral hepatitis.



Western Action Forum

Overview:

In 2015-2016 Hepatitis Victoria undertook its second 'Western LIVERability Festival, to increase awareness about viral hepatitis in a geographical region that has high rates of notifications of hepatitis B and hepatitis C.

One of the platform events of the Festival was the Western Action Forum which brought together relevant political and regional industry stakeholders to discuss strategies for raising the profile of viral hepatitis, and increasing support for an improved hepatitis response (aligned with the National Strategies).

Objectives:

- Highlight the impact of viral hepatitis in a region already facing significant disadvantage.
- Connect with politicians and local stakeholders to highlight discrepancies and encourage an active approach to addressing the issues.
- Identify and prioritise strategies to realise an improved response to viral hepatitis in the region.

Outcome:

The Forum was successful in securing the involvement of key political stakeholders and decision makers, including:

- **The Hon. Jill Hennessey MP**, Minister for Health, Member for Altona
- **The Hon. Wade Noonan MP**, Minister for Corrections, Member for Williamstown
- **Ms Colleen Hartland MLC**, Member for Western Metropolitan Melbourne
- **Mr Tim Watts MP**, Member for Gellibrand

Another important outcome was the coalition of effort to address viral hepatitis in the region demonstrated by agencies representing primary, community and tertiary health services. The following panel spoke to the importance of an integrated health response in the west:

- **Chris Carter**, CEO, Inner North West Melbourne Medicare Local
- **Lyn Morgain**, CEO, cohealth
- **Ian Kronberg**, Head of Gastroenterology, Western Health

The meeting certainly provided the catalyst to create the sense of urgency required, including for policy and funding action.

It was also successful in extending our engagement with key community, health and political stakeholders. But most significantly it was the event that culminated in the Minister for Health announcing that the Government had committed to developing dedicated strategies to address hepatitis B and hepatitis C.



Pathway 5

Increase awareness and impact

Our commitments

- Invest in policy research and advocacy capability in order to increase impact.
- Implement and continue to refine new Hepatitis Victoria website.
- Focus on digital delivery to respond to client needs and broaden reach of awareness raising.
- Advocate for national strategic response to the need for community awareness raising.
- Investigate online risk assessment tool for a variety of audiences in relation to viral hepatitis and liver health, including in multiple languages.
- Implement social media plan and undertake pilot in relation to World Hepatitis Day and building of organisational capability.
- Continue to advocate for the adoption of State level action plans for both hepatitis B and hepatitis C.
- Finalise SKiNK tattoo app competition and announce winners.
- Utilise SKiNK in further health promotion activities.
- Explore a community summit to raise awareness of new treatments and the need to get into care.
- Development of stand alone StreetShot website.
- Implemented SKiNK tattoo app and video.
- Produced television commercial (TVC) for placement at St Kilda Festival.
- Developed proposal for community awareness campaign in relation to new hepatitis C treatments, and commenced implementation including street furniture, dedicated *Be Free From Hep C* website, expanded treatments section of website, social media campaign, online advertising, posters, pamphlets and community TV advertisements.
- Developed hepatitis risk assessment tool for use on website and portable digital platforms

Going forward

- Advocate for resources to effectively implement State hepatitis strategies
- Continue to advocate for access to clean needles in custodial settings.
- Advocate for the expanded availability of needle and syringe programs across Victoria.
- Further refine best use of online and social media advertising.
- Refine internal mechanisms for managing social media content planning and implementation.
- Streamline analytics to track performance across digital platforms.
- Advocate for government support for expanded community awareness raising campaign.
- Investigate opportunities for events and other opportunities to increase awareness especially amongst youth.
- Increase communications with affected community via more targeted e-bulletins and other tools.
- Ensure cross party Victorian political support for action regarding viral hepatitis.

Our achievements

- State government announcement of separate hepatitis B and hepatitis C strategies.
- Conducted Going Viral online chronic disease self-management courses.
- Audited social media use, identified opportunities, and developed first digital strategy, including digital guidelines, social media content plan, and protocols for managing social media.
- Ongoing refinement of Hepatitis Victoria website, including training registration process.

Development of stand alone StreetShot website, and implementation of SKiNK tattoo app and video.



Increasing awareness through expanded digital and online platforms

Overview:

In 2015-2016 we continued to look at new, innovative ways of increasing awareness and the impact of our work, in particular through our digital and online media activity.

Following on from the revamp of the Hepatitis Victoria website in the 2014-2015 period, we continued to overhaul our digital and online activities. A dedicated Digital and Online Services Officer was recruited, and a strategic review of our platforms undertaken. Our first formal digital and online strategy was developed, and its implementation commenced. This included the use of Adwords through the Google search engine to increase traffic to the Hepatitis Victoria website. Dedicated policies and protocols were also adopted, to streamline content management, and to guide staff in their use of social media. We also continued to refine aspects of the website to further facilitate easy access to information and resources, and people's engagement in our offerings including advocacy and events.



Objectives:

- "Tailor" online and social media presence that meets the needs of target communities and builds relationships.
- "Be top of mind" with key target audience(s) (as a source of credible information and action) by exponentially increasing the number of communication 'touch points' with existing and potential new stakeholders.
- "Increase Engagement" with key target audience(s) to digital platforms.
- "Build awareness and understanding" within the broader general community.

Outcomes:

The outcomes from implementing this strategic approach to our digital presence were significant. As outlined in our operational report, visits to the Hepatitis Victoria website increased by 160% compared with the 2014-2015 reporting period. We continued to increase engagement with target audiences across a number of platforms, including increasing our Facebook friends by around 25% and our twitter followers by around 75%. Our facebook reach increased exponentially, to 4,516,271 compared with 331,733 the previous financial year.

Ongoing operational achievements

Health Promotion

- Conducted **168 training and education sessions** across metropolitan and regional Victoria, including to priority populations, **reaching nearly 4,400 people**.
- **Enrolled 28 schools and youth organisations** in the 2016 StreetShot Competition.
- Conducted the first ever Gippsland Regional Viral Hepatitis Forum with over 40 health professionals attending.
- Awarded ten 2016 World Hepatitis Day Grants to the total value of \$6,750.
- Public Speakers Bureau managed 32 trained speakers with lived experience of hepatitis B and hepatitis C.
- Trained speakers gave **26 presentations, reaching nearly 800 people**.
- **Twenty-nine people registered as volunteers**, both with and without lived experience.
- From December 2015 to June 2016, a total of 17 volunteers were engaged in different roles, completing approximately **980 hours of voluntary work**.

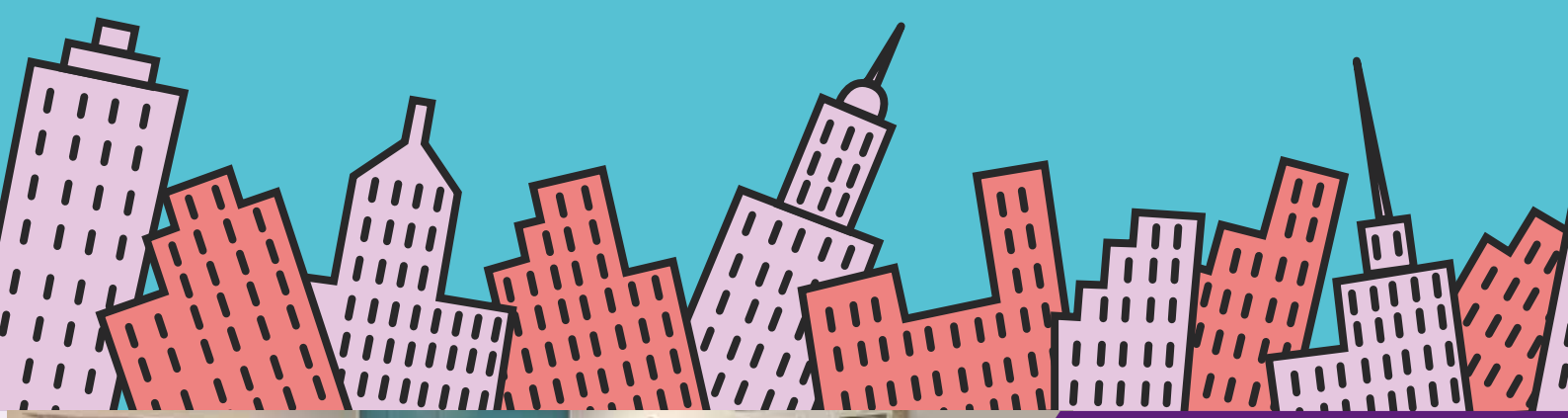
Client Services

- Answered more than 926 calls on the Hepatitis Telephone Infoline (a 55.4% increase on the previous year).

Community Awareness

- Attracted **in excess of 118,000 unique visits** to the Hepatitis Victoria website (**over 160% increase on the previous year**).
- **Gained almost 1,550 Facebook friends** and 450 twitter followers.
- Distributed 70 electronic bulletins (over 100% increase from previous year).





Regional Viral Hepatitis Forum

Overview:

The free Gippsland Regional Viral Hepatitis Forum was a continuation of the previous year's offering in Horsham, to allow the regional community and health workers to hear about the latest developments in and treatment of viral hepatitis from Victoria's leading experts. It included presentations from leading practitioners in viral hepatitis diagnosis, treatment and care on all aspects of hepatitis B and hepatitis C.

The event was run in conjunction with the Victorian Hepatitis B Alliance (VHBA) and with the support of the Victorian Department of Health and Human Services.

Objectives:

- Ensure community and health workers are equipped with the latest knowledge.
- Highlight the importance of collaboration in reducing stigma, increasing opportunities for prevention, encouraging people to get tested, and accessing treatment; and, to support those living with hepatitis.

Outcomes:

Over 40 health and community workers from the region attended the all-day forum. Feedback from attendees was positive:

- 79% rated the quality of the education as excellent (21% rated it as good)
- The opportunity to interact with other health professionals in a regional setting was highly valued, as was the opportunity to hear from people with lived experience.
- Over 80% of participants felt the forum would help them to identify patients at risk of hepatitis B and hepatitis C, and identify the tests required for diagnosis.

The event also caught the attention of the ABC who reported that more community awareness and health workers are needed to combat hepatitis B and hepatitis C in regional Victoria, and quoted presenters Assoc.Prof. Ben Cowie, Dr. Nicole Allard, and HepHero and public speaker, Neil Boal.



Financial Statements

for the year ended 30 June 2016

Contents

20	Board's Report
21	Income and Expenditure Statement
23	Statement of Financial Position
24	Statement of Cash Flows
26	Notes to the Financial Statements
29	Statement by Members of the Board
30	Independent Auditor's Report to the Members

Hepatitis Victoria Inc ABN 48 656 812 701



Board's Report

for the year ended 30 June 2016

Your board members submit the financial accounts of Hepatitis Victoria Inc for the financial year ended 30 June 2016.

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

Kieran Donoghue

Frank Carlus

Dr Nicole Allard

Paul Kidd

Dr Rosemary McKenzie

Eddie Micallef

Melanie Eagle

Donna Ribton-Turner

Jennifer MacLachlan

Ross Williams

Emily Wheeler

Michael Honeysett

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

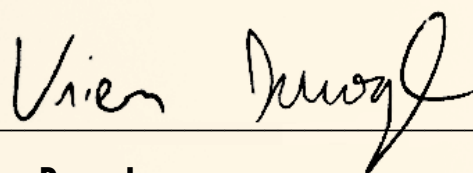
No significant change in the nature of these activities occurred during the year.

Operating Result

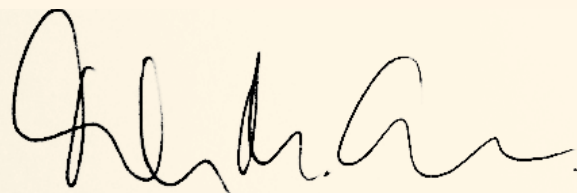
The surplus from ordinary activities after providing for income tax amounted to:

Year ended 30 June 2016	Year ended 30 June 2015
\$117,893	\$98,670

Signed in accordance with a resolution of the Members of the Board on 22 September 2016:



Kieran Donoghue



Frank Carlus

Income and Expenditure Statement

for the year ended 30 June 2016

	2016	2015
Income		
Donations received	1,100	1,165
Interest received	20,789	12,379
Other income	10,840	-
Member fees - Organisational and Professional	195	3,281
Fees for Service	7,636	3,936
Sponsorships	7,403	14,864
Grants Received		
- Department of Health and Human Services (DHHS) Core	1,109,203	1,097,140
- DHHS Integrated Care (CDSM)	97,301	94,510
- Various grants	163,614	107,250
- DHHS Communications Project	100,195	-
	1,470,313	1,298,900
Total income	1,518,276	1,334,526
Expenses		
Advertising and promotion	2,958	3,754
Advocacy and Awareness projects	2,030	9,711
AGM Costs	2,543	1,829
Amenities	2,641	2,975
Audit fees	3,025	2,074
Awareness Week Costs/World Hepatitis Day	9,213	22,935
Bank Fees And Charges	1,323	967
Cleaning	3,978	4,523
Communication Project Costs	4,083	34,895
Computer Software & Maintenance	28,931	24,624
Consultants fees	9,313	16,760
Depreciation	23,077	10,549
DHHS Communications Project	100,195	-
Employee EAP Costs	-	1,865
Equipment	5,593	507
Financial Services	2,740	1,905
Fringe Benefits Tax	12,091	13,481
Health Promotion Projects	23,577	23,694
HEPReady Workforce Development Program	14,737	-
Insurance	5,476	6,122
Internet Costs	1,319	1,429
Meeting Costs	2,735	1,950

Income and Expenditure Statement

for the year ended 30 June 2016

	2016	2015
Motor Vehicle Expenses	6,700	23,840
Newsletter	19,312	19,348
Postage	10,018	10,051
Provision for LSL/Annual Leave	5,417	1,816
Printing & stationery	12,910	14,348
Recycling	627	346
Rent & Utilities	73,589	70,292
Repairs & maintenance	236	959
Salaries	859,997	689,879
Salary Increase Provision	(5,978)	11,315
Security Costs	998	786
Sick & Maternity Leave Provision	4,605	14,656
Staff Development	4,416	3,661
Street Shot Program	15,357	15,094
Support Groups	231	489
Subscriptions & Publications	2,388	2,264
Sundry expenses	5,230	530
Superannuation Contributions	61,287	59,886
Telephone	18,388	13,678
Travelling & Accommodation	8,895	7,057
Volunteer Costs	3,655	3,166
Website Upgrade & Maintenance	13,979	66,700
Workcover	16,548	17,219
Workshop & Conferences	-	1,927
Total expenses	1,400,383	1,235,856
Surplus from ordinary activities before income tax	117,893	98,670
Income tax revenue relating to ordinary activities	-	-
Net surplus attributable to the association	117,893	98,670
Total changes in equity of the association	117,893	98,670
Opening retained surplus	326,404	227,734
Net profit attributable to the association	117,893	98,670
Closing retained surplus	444,297	326,404

Statement of Financial Position

as at 30 June 2016

	Note	2016	2015
Assets			
Current assets			
Cash assets	2	313,731	198,034
Receivables	3	633	9,247
Other	4	415,518	360,719
Total Current Assets		729,882	568,000
Non-Current Assets			
Property, plant and equipment	5	122,649	68,245
Total Non-Current Assets		122,649	68,245
Total Assets		852,531	636,245
Liabilities			
Current liabilities			
Payables	6	108,570	21,256
Current tax liabilities	7	30,389	21,529
Provisions	8	98,402	99,695
Other	9	170,873	167,361
Total Current Liabilities		408,234	309,841
Total Liabilities		408,234	309,841
Net Assets		444,297	326,404
Members' Funds			
Retained surplus		444,297	326,404
Total Members' Funds		444,297	326,404

Statement of Cash Flows

for the year ended 30 June 2016

Cash flow from operating activities

Receipts from grants and others

Payments to Suppliers and employees

Interest received

Net cash provided by (used in) operating activities (note 2)

Cash flow from investing activities

Payment for:

Other Assets

Receipts for property, plant and equipment

Payments for property, plant and equipment

Net cash provided by (used in) investing activities

Net increase (decrease) in cash held

Cash at the beginning of the year

Cash at the end of the year (note 1)

2016

2015

1,506,101

(1,333,849)

20,789

193,041

1,312,900

(1,256,586)

12,379

68,693

-

38,128

(111,381)

(73,253)

119,788

558,034

677,822

(719)

-

(49,002)

(49,721)

18,972

539,062

558,034

Statement of Cash Flows

for the year ended 30 June 2016

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:

	2016	2015
Cash At Bank	313,411	196,491
Cash on hand	320	1,544
Short term deposits	364,091	360,000
	677,822	558,034

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

To Net Surplus

Operating surplus (loss) after tax	117,893	98,670
Depreciation	23,077	10,549
Surplus on disposal of property, plant & equipment	(4,228)	-
Changes in assets and liabilities:		
(Increase) decrease in trade and term debtors	8,614	(9,247)
(Increase) decrease in prepayments	(46,331)	-
(Increase) decrease in other debtors	(4,377)	-
Increase (decrease) in trade creditors and accruals	59,527	(5,751)
Increase (decrease) in other creditors	27,787	9,760
Increase (decrease) in employee entitlements	(1,294)	27,413
Increase (decrease) in sundry provisions	8,861	(5,031)
Increase (decrease) in grants in advance	3,512	(57,670)
Net cash provided by operating activities	193,041	68,693

Notes to the Financial Statements

for the year ended 30 June 2016

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. The board has determined that the Hepatitis Victoria Inc 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 Hepatitis Victoria Inc 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

for the year ended 30 June 2016

Note 2: Cash assets

Bank accounts:

- Cash At Bank	313,411	196,491
Other cash items:		
- Cash on hand	320	1,544
	313,731	198,034

Note 3: Receivables

Current

Trade debtors	633	9,247
	633	9,247

Note 4: Other Assets

Current

Short term deposits	364,091	360,000
Prepayments	46,331	-
Other	5,096	719
	415,518	360,719

Note 5: Property, Plant and Equipment

Leasehold improvements:

- At cost	23,983	7,300
- Less: Accumulated depreciation	(2,786)	(808)
	21,197	6,492

Other plant and equipment:

- At cost	71,740	221,051
- Less: Accumulated depreciation	(37,322)	(197,427)
	34,418	23,624

Motor vehicles:

- At cost	72,802	38,490
- Less: Accumulated depreciation	(5,768)	(361)
	67,034	38,129
	122,649	68,245

Notes to the Financial Statements

for the year ended 30 June 2016

Note 6: Payables Unsecured:

- Trade creditors
- Other creditors

2016	2015
59,527	-
49,043	21,256
108,570	21,256
108,570	21,256

Note 7: Tax Liabilities Current

- GST payable control account
- Input tax credit control account

58,899	40,879
(28,510)	(19,350)
30,389	21,529

Note 8: Provisions Current

- Employee entitlements*

98,402	99,695
98,402	99,695

- * Aggregate employee entitlements liability
- There were 16 employees at the end of the year

98,402	99,695
--------	--------

Note 9: Other Liabilities Current

- Grants In Advance

170,873	167,361
170,873	167,361

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
- Later than one year but not later than two years
- Later than two years but not later than 5 years

56,217	46,773
57,903	143,499
29,379	-
143,499	190,272

Hepatitis Victoria Inc
ABN 48 656 812 701
Statement by Members of the Board
For the year ended 30 June 2016

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 2016 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:



Kieran Donoghue
Treasurer



Frank Carlus
President

The accompanying notes form part of these financial statements.

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

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F: +61 (3) 9561 5497
E: tony.ager@optusnet.com.au

Authorised Audit Company
No. 453122

Hepatitis Victoria Inc

ABN 48 656 812 701

Independent Auditor's Report to the Members

We have audited the accompanying financial report, being a special purpose 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, notes comprising a summary of significant accounting policies, other explanatory notes and the Certificate by Members of the Board for the financial year ended 30 June 2016.

Board's Responsibility for the Financial Report

The board of Hepatitis Victoria Inc is responsible for the preparation and fair presentation of the financial report, and have determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of the Associations Incorporation Reform Act 2012 and is appropriate to meet the needs of the members. The committee's responsibilities also includes such internal control as the board determine 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.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation and fair presentation of the financial report 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. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

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

Opinion

In our opinion, the financial report gives a true and fair view of the financial position of Hepatitis Victoria Inc as at 30 June 2016 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the requirements of the Associations Incorporation Reform Act 2012.


Hepatitis Victoria Inc
ABN 48 656 812 701
Independent Auditor's Report to the Members

Basis of Accounting and Restriction on Distribution

Without modifying our opinion, we draw attention to Note 1 to the financial statements, which describes the basis of accounting. The financial report has been prepared to assist Hepatitis Victoria Inc to meet the requirements of the Associations Incorporation Act of Victoria 2012. As a result, the financial report may not be suitable for another purpose.

Signed on: 27th SEPTEMBER, 2016

ASSUR PTY. LTD
ASSUR PTY LTD
(Formerly TST Audit & Assurance Pty Ltd)
Authorised Auditor Company Number: 453122
Chartered Accountants



Anthony Robert Ager
Director - Audit & Assurance
Chartered Accountant



Thank you

Thank you to our supporters:

**Department of Health and Human Services
Prevention, Population, Primary and
Community Health Branch** – Health Promotion
project funding

**Department of Health and Human Services
Integrated Care Branch** – Health Conditions
Support Grant 2015-2016

Department of Health and Human Services –
Be Free From Hep C campaign

Hepatitis Australia – *World Hepatitis Western
Action Forum* sponsorship

Hepatitis Australia – Small Grant for *Love Your
Liver Project* with Aboriginal health services

The Andrews Foundation –
B understood awareness project

Victorian Multicultural Commission –
Mums to B project

City of Melbourne –
B understood awareness project

City of Melton – *Mums to B* project

Tobin Brothers Foundation –
Prison education resources

**Foundation for Rural and Regional Renewal
and The McEwan Foundation** –
Hep C Free Campaspe project

**Department of Justice and Regulation, Justice
Health** – *Art inside the West Prison Art Project*

Ian Potter Foundation – Website upgrade and
CRM database project

Helen Macpherson Smith Trust –
HEPReady project

Bristol-Myers Squibb Australia –
HEPReady on-line learning project

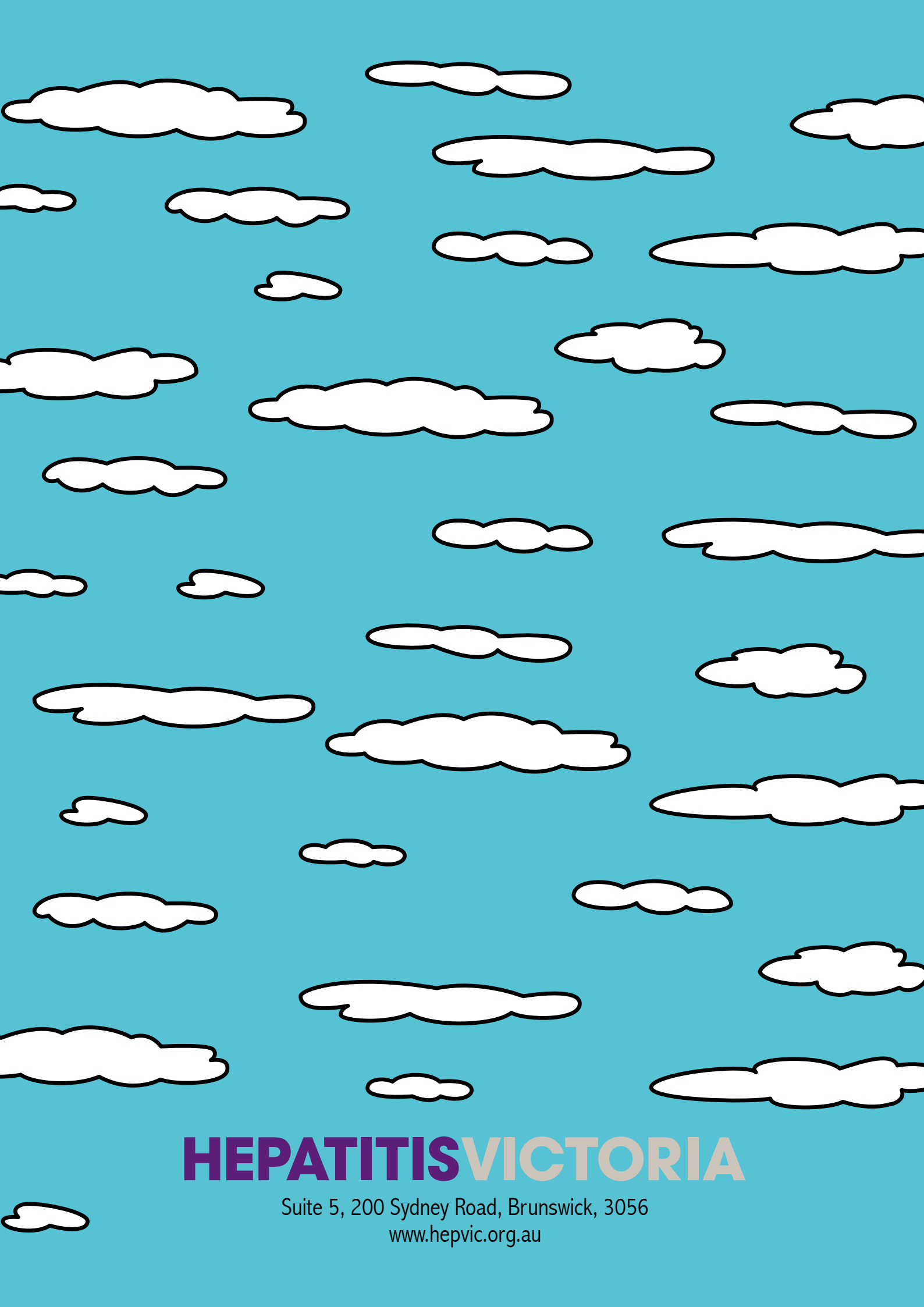
City of Brimbank –
Western LIVERability Festival 2015

Inner North West Melbourne Medicare Local –
Western LIVERability Festival 2015

Corrs Chambers Westgarth –
pro bono legal advice

Victorian Women's Benevolent Trust –
Mums to B project

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



HEPATITISVICTORIA

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