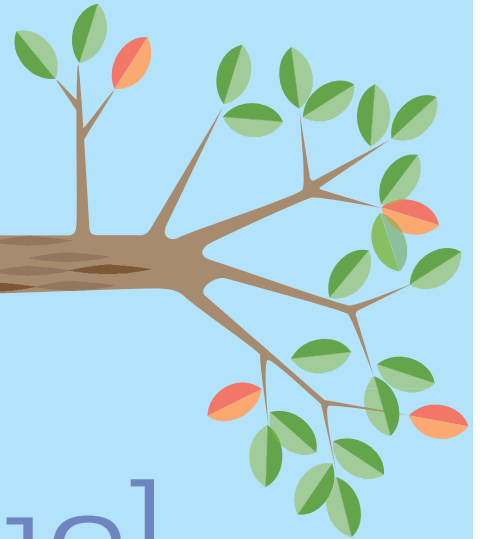
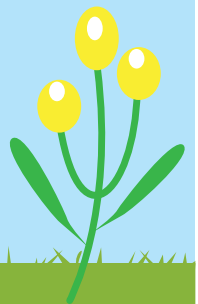
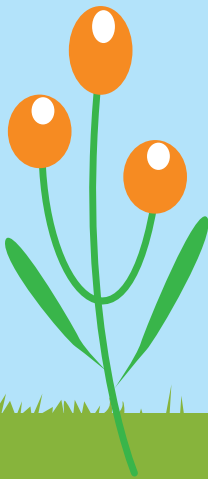


Branching Out



Annual Report

July, 2011 to June, 2012



HEPATITISVICTORIA

Board members

Peter Higgs

(President)

Peter has a MA in Asian and International Studies at Victoria University and a PhD with the Department of Epidemiology and Preventive Medicine at Monash University. He works at the National Centre in HIV Epidemiology and Clinical Research at the University of NSW.

Jen Johnson

(Vice President, commenced November 2011)

Jen is the Blood Borne Virus (BBV) Program Coordinator at the Australian Research Centre in Sex, Health and Society. She has worked in the area of BBVs for the last 15 years in a wide range education, support, training and prevention settings. Jen holds a Bachelor of Arts in Community Development.

Pam Woods

(Secretary and Public Officer, commenced November 2011)

Pam lives with hepatitis C and for many years has supported others living with hepatitis C, through being a member and moderator of the online peer support group hepcaustralasia.org.

Kieran Donoghue

(Treasurer, commenced March 2012)

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.

Melanie Eagle

(CEO non-voting position)

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

Tarone van Niekerk

Tarone has a MA in Communications and is a member of IABC (Victorian Chapter). She has more than 10 years' experience as a communications professional with experience having worked in both the government and non-for-profit sectors.

Sonke Tremper

Soenke is a team manager at General Practice Victoria with a focus on chronic diseases and Aboriginal health programs. He is currently undertaking a Master of Public Health.

Rose Coulter

Rose contributed to the instigation of Primary Care Partnerships and the expansion of integrated services. She has been a consumer advisor to the Primary Health Branch, the Health issues Centre as well as a statewide educator in consumer participation in health.

Jenny Kelsall

Jenny has worked with people who inject drugs for the past 20 years including in the Epidemiology and Social Research Unit and the Centre for Harm Reduction at the Burnet Institute. She is currently the Executive Officer at Harm Reduction Victoria – formerly VIVAIDS - the Drug User Organisation for Victoria.

Peter Waples-Crowe

Peter is the team leader in sexual health and reproductive health the Victorian Aboriginal Community Controlled Health Organisation. He is a graduate of the NSW Public Health Officer Training Program and has post graduate qualifications in Public Health.

Catina Eyres

Catina is a registered nurse with postgraduate degrees in critical care and infection control. She is accredited nurse immunizer, HIV/HCV counsellor and credentialled infection control professional and is employed as a Clinical Nurse Consultant at Bendigo Health's Infectious Diseases Service and Infection Prevention Control Unit.

Rosemary McKenzie

(Commenced November 2011)

Rosemary has a B.A., PG Dip Health Promotion and a MPH. She is a consultant and research fellow and lecturer in the Centre for Health Policy, Programs and Economics, Melbourne School of Population Health, at The University of Melbourne.

Adam Wright

(Vice President, retired November 2011)

Michelle Gardner

(Secretary and Public Officer, retired November 2011)

Isobell Howden

(Treasurer, retired November 2011)

Michelle Wills

(Retired November 2011)

Naomi Ngo

(Retired November 2011)

Staff

Management

Melanie Eagle
Chief Executive Officer

Garry Irving
Programs Manager

Programs staff



Rebekah Alsop
Aboriginal Program (Aboriginal Educator until December 2011)



Ray Hehr
Information and Resources Coordination



Piergiorgio Moro
Advocacy and Communications Program



Alexandra Taylor
Prisons Program



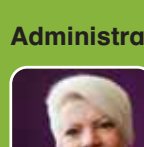
Garry Sattell
Community Participation Coordination and Hepatitis Infoline Coordination



Lauren Proudfoot
Young People's Program



Louisa Walsh
Hep C: Take Control Program



Lisa Nulty
Office Coordination

Halo Jones
(Office Coordinator, until March 2012)

Administration

Diane Wilde
Bookkeeper

What is viral hepatitis?

Viral hepatitis is the term used when inflammation of the liver is caused by a virus. The most common viruses are hepatitis B and hepatitis C. Over time, the hepatitis virus may damage the liver, with the amount of damage ranging from slight to serious. A small number of people with viral hepatitis will develop cirrhosis (serious scarring of the liver) and a smaller number may go on to develop liver cancer.

Hepatitis B is transmitted through infected body fluids including blood, semen and vaginal secretions. However, vaccination for hepatitis B is available. All infants in Australia are offered vaccination at birth. Most people infected with hepatitis B as adults will clear the virus within six months. A small proportion (approximately 5%) of adults will go on to develop chronic hepatitis. Most chronic hepatitis B in Australia is seen in people who acquired the infection from their mother at birth.

Hepatitis C is transmitted only through infected blood. For transmission to occur, the blood of an infected person needs to enter the bloodstream of another person. About 25% of people infected with hepatitis C will clear the virus naturally. The remainder develop chronic hepatitis C. Chronic hepatitis C can be treated and in approximately 50–80% of cases cleared. There is currently no vaccine for hepatitis C.

Living with viral hepatitis can be difficult. There are often physical, emotional, social and financial impacts, which can be profound. People with viral hepatitis can experience discrimination and stigmatisation leading to social isolation, marginalisation and difficulty in accessing appropriate services and care.

Hepatitis affects not just individuals, but the whole community, including through the economic impact on the health care system.

Did you know...

Over 400,000 people in Australia live with chronic viral hepatitis (hepatitis B and hepatitis C). This is nearly 20 times the number of people living with HIV/AIDS, nearly double the number of people with dementia and more than ten times the number of people diagnosed with breast cancer and prostate cancer combined.

Hepatitis Victoria - Highlights and milestones

1992

First two meetings of the 'Hepatitis C Support Group' held in second half this year.

Meetings initiated by two Gastroenterologists and held at private individuals homes.

1993

Fairfield Hospital provides office space. Hepatitis C Foundation of Victoria was the first name chosen for the organisation.

1994

A Grant application to the Sidney Myer Foundation was successful. First staff were employed.

Hepatitis C: An information Booklet about Hepatitis C, precursor to *Impact* booklet, is produced.

1995

A grant was received from the Department of Health and Community Services for a full time employee.

First edition of *The Good Liver* magazine produced.

1995 – 1996

Over 750 information packs sent during this financial year.

15 Information nights were held.

1996

Hepatitis C Foundation of Victoria relocated to the Repatriation Campus of the Heidelberg Hospital.

Started peer support group and a speakers bureau, as well as providing telephone support.

Established first regional support groups.

People Who Inject Drugs peer educator project started.

Three paid staff in total.

1997

Increased emphasis on working with health professional.

Campaign focus on the elimination of discrimination against people with hepatitis C.

Support group changes from a bi-monthly group to a monthly event.

The Hepatitis Council of Australia formed in November as the peak national body on viral hepatitis.

Organisation changed its name to Hepatitis C Council of Victoria.

Four employed staff.

1998

Secured new premises and a co-location agreement with the Needle Syringe Program mobile disposal unit (Foot Patrol) in the CBD.

Over 2000 Information packs sent out.

Developed strategy to set up 14 rural support groups.

Metro Support Group well established. December meeting attracts 25 people.

Membership reached around 600.

Started work in prisons and schools identified as sector to target.

1998 – 1999

Around 550 telephone support calls.

7,500 *Good Livers* produced and distributed

1999

First Victorian Hepatitis C Awareness Day celebrated in March with 30,000 postcards and 2,000 posters distributed.

First website created for the organisation.

Information booklet renamed *Impact* with print run of 10,000 copies.

Establishment of HECLE – a forum for hepatitis C educators and workers

2000

Hepatitis C Awareness Day changed to Hepatitis C Awareness Week.

Council initiates the formation of HEPAT – The Awareness Week (AW) organising committee comprising representatives from other organisations.

First National Hepatitis C Strategy developed.

Hepatitis C Awareness Week launch at Treasury Garden in November.

The 2nd Community HCV conference also held during this Week.

Branching Out

2001

Funding secured for an additional three workers, including first program specific to body art.

Involvement in planning group to develop Victoria's Hepatitis C Strategy.

Hep Chat, a weekly radio program on viral hepatitis and harm reduction begins in April on 3CR Radio.

New HCV support groups in suburbs around Melbourne started.

Offices relocate to Sydney Road, Brunswick.

Dissemination of the groundbreaking *C-Change* report by the NSW Anti Discrimination Board on the causes and impacts of stigma and discrimination around HCV.

2001 – 2002

Over 1,500 information telephone calls received in this period.

2002

Third Australasian Conference on HCV held in Melbourne during Awareness Week .

First dedicated prison worker employed.

New website launched.

Victorian HCV Strategy for 2002-04 released.

Members Advisory Group (MAG) established.

2003

Over 50,000 items distributed for Awareness Week, held in March.

Partnership with the Victorian Aboriginal Community Controlled Health Organisation formalised.

Participated in successful consortium to create the new Multicultural Health and Support Service.

Launch of the *Victorian Secondary School Nurses Educators kit*.

Workforce Development training project initiated.

2004

Awareness Week launch features works from the DisEase hepatitis C exhibition by artist Fern Smith.

Project Blood Oath – an outreach prevention program for homeless youth undertaken.

Involved in development of the *Second National HCV Strategy*.

Training of Peer Educators in prisons initiated.

2005

First nationally co-ordinated Hepatitis Awareness Week

Fourth edition of *Impact* printed.

Rural email bulletin service created.

2005 – 2006

2,300 telephone information calls received in this period

2006

Start of the Culturally and Linguistic Diverse and Indigenous specific programs.

What is this hep C thing quiz game for secondary schools produced in collaboration with the Education Resource Centre – Alfred Hospital.

Began collaboration with the Ilbjerri Theatre group for the production of *Chopped Liver*.

Collaborated with the North Richmond Community Health Centre to produce a hepatitis C prevention video for Vietnamese youth called *Transmission*.

Awareness Week in October features the C-Jam concert in Bendigo.

90,000 stickers for fit packs produced for Awareness Week.

2007 – 2008

Hepatitis Council of Australia name changed to Hepatitis Australia.

Organisation's name changed to Hepatitis C Victoria.

Fifth edition of *Impact*, 30,000 copies printed.

Major forum held with representatives of the body art industry.

Collaborated with City of Melbourne to develop their Blood Borne Virus and syringe policy.

Funding secured from the Department of Human Services to expand the Telephone Infoline service.

Body art and hepatitis C in prisons comic book printed.

2008 – 2009

First chronic disease self management course – *Hep C: Take Control* .

New standardised format developed for e-newsletter.

National Hepatitis Awareness week launched at Federation Square with Rock for Hep concert.

Inaugural Mark Farmer Award for services to hepatitis C.

2009 – 2010

Research Advisory Committee established at Hepatitis C Victoria.

Collaborated with local community organisations on the Ballarat Safe Skin project.

Produced booklet aimed at treatment information for People Who Inject Drugs called *Are you thinking about treatment for the Hep C Virus*.

Began process to include hepatitis B as core activity and involvement in the HBV Alliance.

Held first Street Shot photography competition and exhibition.

Participated in annual Melbourne Homeless Festival.

1,350 telephone information calls received in this period.

2010 – 2011

Organisation's name changed to Hepatitis Victoria.

Produced *Love your liver: Living with hepatitis* DVD for Aboriginal people with VACCHO and the Victorian Aboriginal Health Service.

Provided expertise to first season of new play *Body Armour* by Ilbijerri Theatre company.

Hep Chat radio program ends in April after 10 years and approximately 460 shows.

Produced prison resource – *Bumper Book for Blokes Inside*.

Convened forum at the Centre for Culture, Ethnicity and Health on Transition from Prison to Community.

Young people resource *What's the Chance* game produced.

Wallet size brochure produced – *Is your tattoo or piercing safe?*

Revamped website launched.

2011 – 2012

Sixth edition of *Impact* reprinted, 30,000 copies.

President's report



It has been another fantastic year for the Board this year at Hepatitis Victoria. It was with regret that I accepted Helen McNeill's resignation after nine years as CEO. We were fortunate to have our Programs Manager, Garry Irving, ready and able to step up and run the organisation while we searched far and wide for a successor. Thanks Garry.

I take this opportunity to thank Helen for her dedication and for the advocacy and support she has provided for people living with and affected by viral hepatitis not only in Victoria but also nationally in her various senior roles with Hepatitis Australia.

Media interest in viral hepatitis in Victoria has continued this year. We have continued to monitor the issues arising from the 'Croydon Cluster' court case and have worked collaboratively with the Department of Health to ensure that as much as possible the media was consistent and informed.

Importantly for people living with hepatitis C the treatment landscape will change dramatically over the next five years with the advent of the new direct acting anti-retroviral therapies. Approval of Boceprevir and Telaprevir has been given by the Therapeutic Goods Administration (TGA) and the Pharmaceutical Benefits Advisory Committee has recommended that these drugs be listed on the Pharmaceutical Benefits Scheme. We are still waiting on a decision by Federal Cabinet on this recommendation.

There have been important collaborations developed over the past 12 months including work with indigenous communities through both theatre and video. We have also enhanced our relationships with other community based organisations as we work together as community representatives on the NHMRC funded Centre for Research Excellence into Injecting Drug Use (CREIDU).

We are very excited to have Melanie Eagle join the organisation and already through her 'listening tour', as she immerses herself in viral hepatitis, we can see areas where Hepatitis Victoria can branch out and become an important contributor.

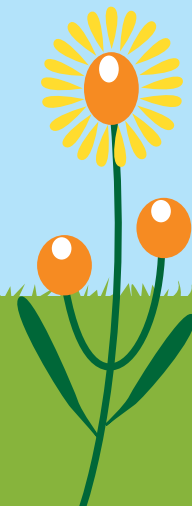
Thank you to all members of the Board for their dedication and hard work over the past 12 months. I want to specially thank Peter Waples-Crowe who is stepping aside in his role as board member representing Aboriginal interests. Without the expertise and skills of people like Peter in the co-opted roles, Hepatitis Victoria cannot be nearly as effective as it is.

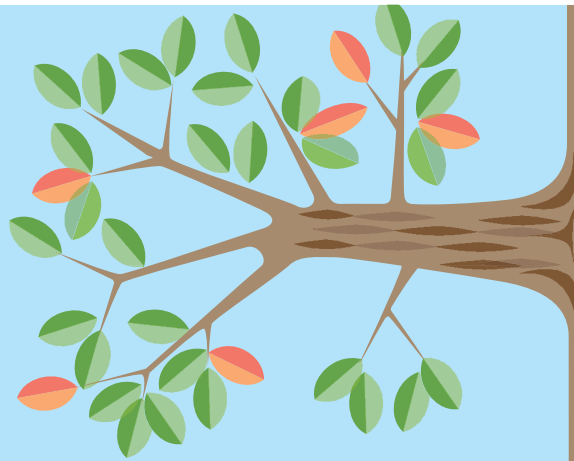
The changing of CEOs has meant the Board have had to step up and we have had to become more actively involved. This has allowed us to think seriously about the new five year strategic plan to take affect from the end of 2012.

Needless to say we are entering exciting and challenging times across the sector. Despite the third National Hepatitis C Strategy and first National Hepatitis B Strategy being developed and signed off by every state and territory Health Minister in 2010 we are still waiting for a Victorian policy document to guide our work. Once this is available it will become a focus of our advocacy efforts over the next 12 months.

Finally thanks to the Department of Health for the funding support we receive. We are looking forward to the next 12 months as we build and strengthen our work to improve the lives of people living with and affected by viral hepatitis across Victoria.

Peter Higgs
President





CEO's report

2011–12 was a year of consolidation, and of *branching out* and change.

In July 2011 the organisation's objectives and name was changed to encompass all forms of viral hepatitis, particularly hepatitis B. The organisation has begun developing the training, services and resources appropriate for this broadened remit. Given funding did not increase, and existing work remains just as important, this presents a fundamental challenge.

Nevertheless, we have taken some forays into hepatitis B, making our information resources and website reflect the broader focus. Funding was obtained for a 'Hepatitis B Workforce Development' small project to educate workers in organisations servicing large numbers of people at risk about the importance of hepatitis B vaccination, and to explore the education needs of Hepatitis Victoria staff in this area. 14 presentations were given to 178 people.

An exciting component of our branching out has been with the Aboriginal community. Using a grant from Hepatitis Australia, and in partnership with the Victorian Aboriginal Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and the Victorian Aboriginal Health Service (VAHS), Hepatitis Victoria produced the *Yarning about hep C* DVD for Aboriginal communities. This features Aboriginal people sharing their experiences of living with hepatitis C, and health professionals working with them.

During 2011–12 Hepatitis Victoria also undertook two statewide tours with the Ilbjerri (Aboriginal) Theatre Company to provide hepatitis C education to young people in schools and juvenile justice facilities.

Hepatitis Victoria is committed to being able to reach out to the diverse communities affected by hepatitis. A review of the organisation's 'cultural competency' was undertaken, with a view to ensuring that cultural competency is seamlessly incorporated into all aspects of our work.

Hepatitis Victoria remains active nationally, being represented on the Board of Hepatitis Australia and participating in numerous Australian-wide initiatives. The former CEO, Helen McNeill, continued in her appointment as a member of the Commonwealth Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmitted Infections (MACBBVs) until her resignation from Hepatitis Victoria in April 2012.

Further consolidating our Hepatitis C work, Hepatitis Victoria was funded by the Department of Health to conduct *Hep C: Take Control* courses as part of the Integrated Hepatitis C Service, along with workforce development for Integrated Hepatitis C Nurses.

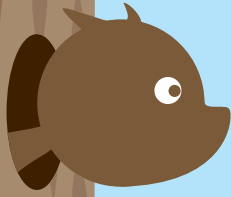
Meanwhile, Hepatitis Victoria has continued to provide its usual support and information to people living with hepatitis C and the broader community through the Hepatitis Infoline and advocacy programs, and to at risk populations in custodial settings, the Aboriginal community and young people.

A change externally has been the election of a new Victorian Government. The Hepatitis Victoria President and CEO had the opportunity to brief the 'new' Minister for Health on the facts surrounding hepatitis C and hepatitis B in the Victorian community, together with key issues facing the community regarding viral hepatitis.

A change closer to home has been my appointment to replace our previous long serving CEO, Helen McNeill after more than nine years of dedicated service. Garry Irving, our Programs Manager, played an invaluable role acting at the helm prior to my commencement. I can only hope that I live up to Helen's prior contribution, and justify the trust placed in me by the Board and staff who have welcomed me into this exciting role.

Finally, thank you to the members of the Hepatitis Victoria Board for both their personal contributions and collective guidance provided to the organisation over the year.

Melanie Eagle
Chief Executive Officer



Program Manager's Report

Over the past 12 months, Hepatitis Victoria has provided programs, activities and direct services to the Victorian community, which has ensured that the organisation continues to meet the needs of people living with viral hepatitis and the health and community workers who support them.

Whilst the detail of programs and activities provided are fully covered elsewhere in this report, highlights of 2011-2012 Financial Year include:

- Delivery of a total of 229 education sessions to a variety of audiences across the state; there were 127 education sessions provided in regional Victoria and 102 sessions in the metropolitan area.
- Responding to 994 telephone calls, emails and 'face to face' enquiries through the Hepatitis Infoline.
- The funding of a 12 month project which commenced in December 2011 to provide Hep C: Take Control Chronic Disease Self Management courses within the Integrated Hepatitis C Service at 10 community based clinics, in conjunction with the Integrated Hepatitis C Nurses.
- The successful implementation and completion of a Hepatitis B Workforce Development Project. This project, funded by the Department of Health, aimed to educate community based workers about Hepatitis B and to promote the availability of free hepatitis B vaccination for people with hepatitis C. The project provided a total of 14 education sessions reaching 178 community based workers.
- The full review and reprint of *Impact*, Hepatitis Victoria's primary education resource on viral



hepatitis. The revision included information of recent treatments and the inclusion of information on hepatitis B.

- The production of two DVDs about hepatitis C for the Aboriginal Community. The first, the *Love your Liver* information DVD was completed early in 2011 – 12 financial year. The second DVD *Yarning about Hep C* features aboriginal community members speaking of their own experiences coping with and managing hepatitis C. The production of both DVDs was funded through grants from Hepatitis Australia.
- Partnering with Ilbjerri Theatre Company and the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), in the season of the 'Body Armour' production, highlighting issues around hepatitis C with young people. Hepatitis Victoria Educators provided pre and post performance education during the 'Body Armour' tour.
- Continued contribution to and membership of the Victorian Hepatitis B Alliance (VHBA). Hepatitis Victoria staff have been actively involved in the operation of VHBA and in June 2012 assumed the role of the provision of the VHBA secretariat.
- Hepatitis Victoria staff presented at various conferences and workshops throughout the year including the National Hepatitis Health Promotion Conference, the Australian and New Zealand Adolescent Health Conference, the Contemporary Look at Hepatitis B seminar and the 'National symposium on Hepatitis B and C'.

Garry Irving
Programs Manager



Body Armour
Photo by Steven Rhall

Aboriginal Program

The Aboriginal Program has continued to work closely in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the Victorian Aboriginal Health Service (VAHS), and Wulumperi, the Aboriginal and Torres Strait Islander Sexual Health Unit at the Melbourne Sexual Health Centre.

In conjunction with these organisations, Hepatitis Victoria Educators have over the past year provided education sessions for workers at various organisations and staffed displays educating people about viral hepatitis at community events, in schools and in tertiary institutions.

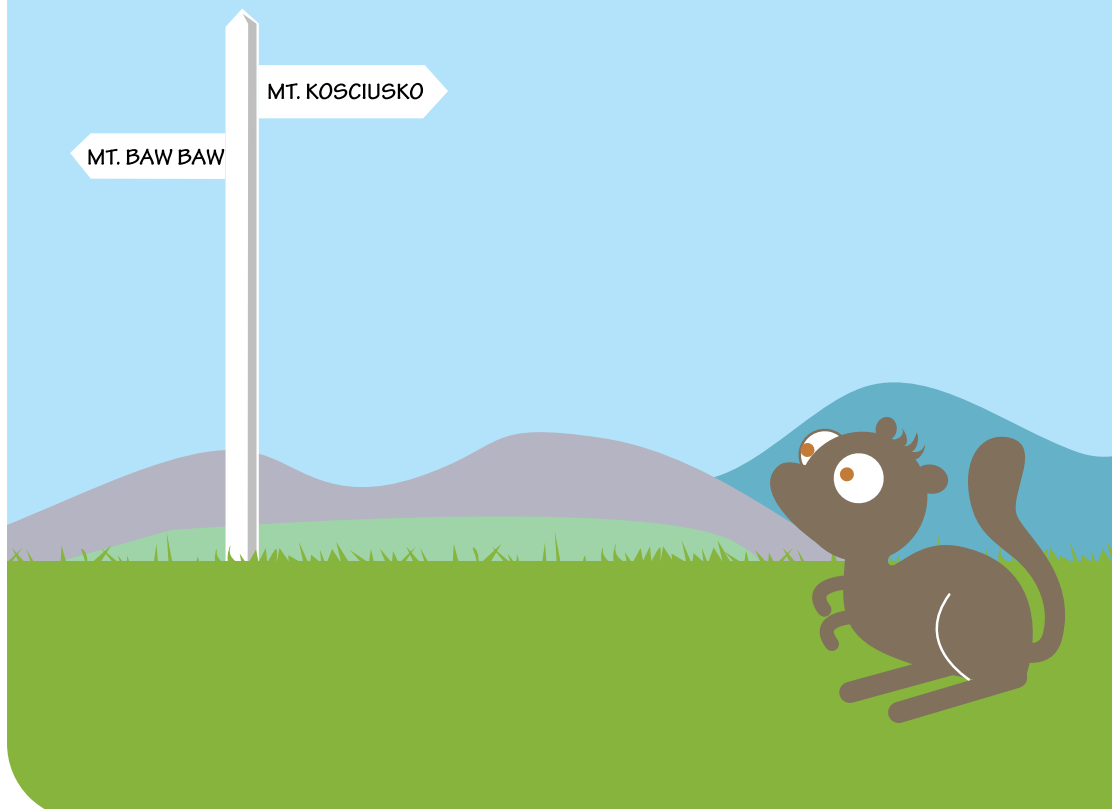
A highlight for the 2011 – 2012 year was the production of the *Yarning about Hep C* DVD, funded by a grant from Hepatitis Australia, with support from VACCHO. The DVD, produced in

partnership with VACCHO and VAHS, features community members speaking of their experiences in living with hepatitis C including their treatment journey. Also in the DVD are workers from Hepatitis Victoria, VACCHO and VAHS, providing the facts about hepatitis C.

The DVD has been distributed to community members and community controlled health services throughout Victoria and as well as providing information to community members, is also being utilised as a training tool for health workers.

Rebekah Alsop was the Aboriginal Educator until she retired in November 2011. Hepatitis Victoria would like to thank Rebekah for her contribution to the Aboriginal Program and our continuing partnerships within the Aboriginal community in 2011. Felicity Omar has been appointed to this role for the coming year.

Report written on behalf of the Aboriginal Educator





Pier and Ollie at the
Where the heart is...
Community Festival

Advocacy and Communication Program

The Communication and Advocacy Program has continued to provide expert advice to both workers and individuals regarding issues relating to disclosure, infection control and discrimination. In addition, the Hepatitis Victoria communication activities have expanded with a greater media profile for the organisation, including the creation of new social media platforms, including Facebook and Twitter.

At a policy level, submissions were made and/or feedback was provided to:

- The Victorian Government Alcohol and other Drugs review.
- The National Health and Medical Research Council and the Communicable Diseases Network Australia on the issues of health care workers living with a blood borne virus.
- The Legal Working Group of the Ministerial Advisory Committee on AIDS, Sexual Health and Hepatitis (MACASHH).
- The Pharmaceutical Benefits Advisory Committee (PBAC) in support of the listing of two new hepatitis C treatment drugs on the Pharmaceutical Benefits Scheme.
- The Victorian Government Disease Prevention and Control Strategy draft document.
- The Ballarat Safe Skin Partnership submission to the Victorian Government on legislative changes for body art practitioners.
- The draft *National hepatitis B testing policy*.

Advocacy issues that have been pursued:

- Disclosure guidelines for the sport of boxing.
- Disclosure requirements for Income Protection Insurance.
- Infection control practices and blood borne viruses in the building industry.
- Standardisation of the Salvation Army's blood borne virus and harm reduction training package.
- Infection control in rooming houses.
- Guidelines for blood borne virus disclosure of the Victorian Assisted Reproductive Technology Agency.
- Current 'Travelsmart' advice relating to obtaining a tattoo while overseas.
- Monitoring the court proceedings of the Dr. Peters/Croydon Clinic case.

Advice and support was provided to individuals on the following issues:

- Disclosure and training at an aged care facility.
- General advice on employment, viral hepatitis and infection control in the workplace.
- Public housing discrimination.
- Complaint process at a major metropolitan hospital.
- Discriminatory attitude of staff at a private hospital.
- Acceptable standards of care at a medical clinic and subsequent complaint procedures.
- Disclosure requirements of patients in a health care setting.
- Legal issues around employment and hepatitis B.

This year, a total of 27 training and education sessions were conducted, with 372 participants attending the sessions.

Media activity in the 2011/2012 Financial Year included:

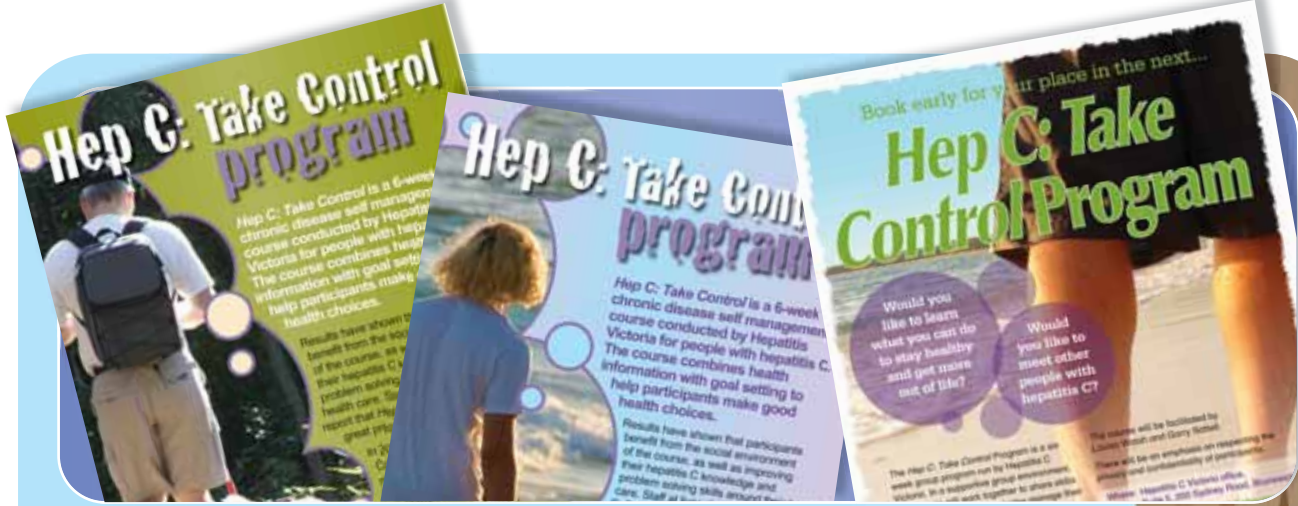
- 14 published letters to newspapers
- Five interviews for articles in newspapers.
- Three media releases.
- Two radio interviews (one in Italian).

In addition, this Program has been involved in and contributed to:

- Hepatitis Queensland in relation to their advocacy project.
- The Yarra Drug and Health Forum.
- The Homeless Festival conducted by the Royal District Nursing Service.
- The Ballarat Safe Skin Partnership.
- The Body Armour theatre tour conducted by Ilbjerri Theatre Company.
- Observance of Overdose Day.
- World Hepatitis Day 2011.
- People Living With HIV/AIDS Public Speakers Bureau.

Piergiorgio Moro

Communications and Advocacy Coordinator



Hep C: Take Control Program

In November 2011 Hepatitis Victoria was fortunate to secure funding through the Integrated Care Branch of the Department of Health to conduct *Hep C: Take Control* with some of the Integrated Hepatitis C Service nurses at their community-based clinics. There were two aims of the project. The first was to give more marginalised clients access to Hep C: Take Control by conducting the program in health services they were familiar with and already attending for appointments. The second was to provide workforce development to the Integrated Hepatitis C Nurses around Chronic Disease Self Management and conducting the *Hep C: Take Control* groups.

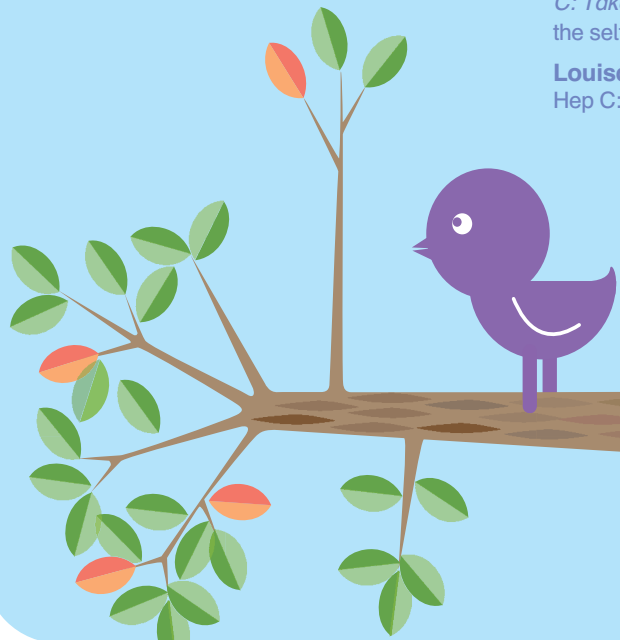
The project is ongoing until November 2012. There have been six groups conducted – in St Kilda, Frankston, Shepparton, Ballarat, Brunswick and Coburg. Evaluation is being conducted by Jenni Livingston, who was also involved in the evaluation of the original pilot of *Hep C: Take Control* in 2009/2010.

Results from the current project appear consistent with the successful outcomes achieved previously in the original project. Participants are seeing increases in their problem solving skills, ability to negotiate the health system, and social connectedness. The final evaluation will also

capture the nurses' feelings and learning around the group, and will examine the reasons why some participants may drop out of a group like Hep C: Take Control. All of this data will help inform improvements to the structure of Hep C: Take Control and help Hepatitis Victoria to develop strategies around recruitment and retention of participants in future courses. Hepatitis Victoria will have the opportunity to showcase the preliminary results of *Hep C: Take Control* with a poster presentation at the Australasian Viral Hepatitis Conference in Auckland in September 2012.

The future is looking very bright as far as *Hep C: Take Control* and Chronic Disease Self Management at Hepatitis Victoria is concerned. Hepatitis Victoria hopes to be able to support a number of the nurses and agencies involved in the Integrated Care Project to conduct their own *Hep C: Take Control* groups. Hepatitis Victoria has also recently received grant funding from the Victorian Department of Health under the Health Conditions Support Grants Program to adapt *Hep C: Take Control* to an online format, which will help overcome the tyranny of distance for people with hepatitis C living in rural communities, and allow access to the program for people who have concerns about coming to a physical group environment. It is indeed an exciting time for *Hep C: Take Control* as we move into new avenues in the self management of chronic disease.

Louisa Walsh
Hep C: Take Control Coordinator



Community Participation and Hepatitis Infoline Program

The community participation program continues to provide information, support and referral services to people who have or are concerned about viral hepatitis. During 2011–2012 activities included;

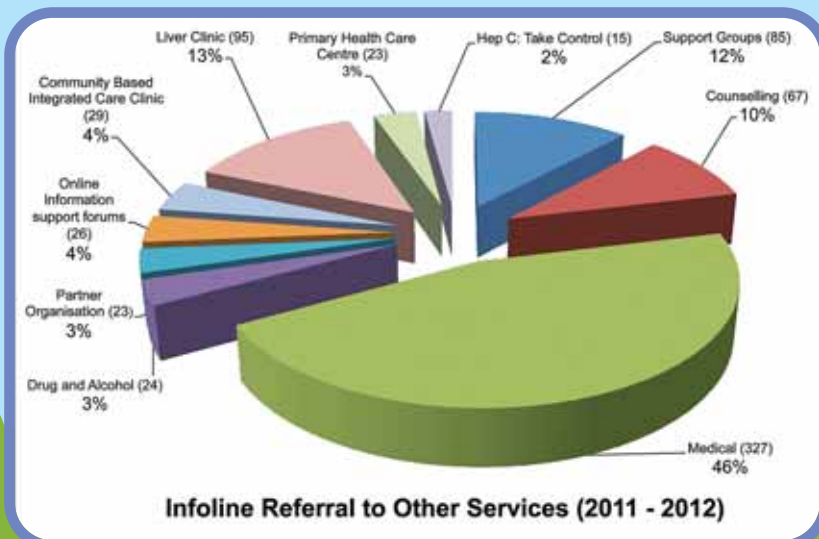
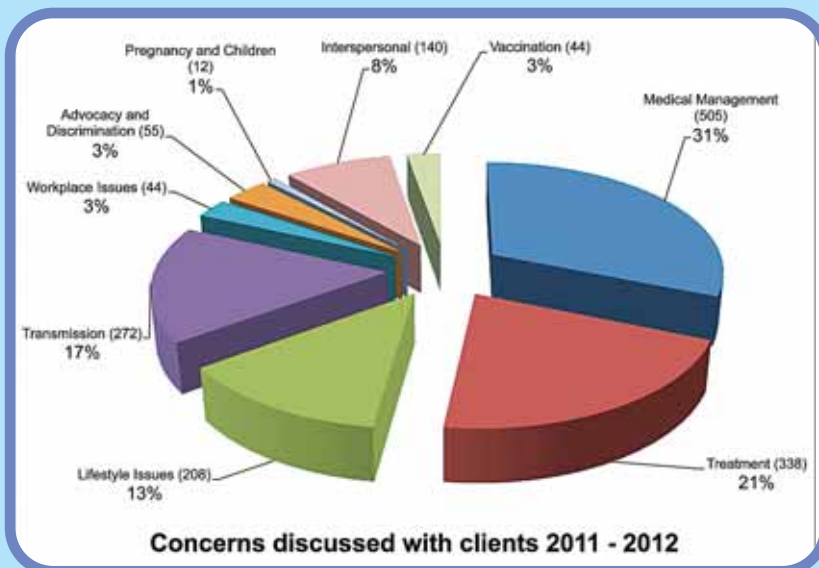
The Hepatitis Infoline

It has been a busy time for the Hepatitis Infoline this year with the expansion of our information, support and referral services to include hepatitis B. We have implemented a new database to enable more flexibility around subjects discussed, which has included on-line factsheets assisting Infoline educators whilst they are on calls. The

database has been amended to include a more comprehensive recording of our contacts with clients to include;

- Subjects discussed.
- Resources distributed.
- Referrals made to other services.

The total number of contacts to the Infoline in 2011–2012 was 955. The total number of referrals to other services as a result of the calls was 714. The total number of resources distributed directly through calls to the Infoline was 4,780.





Hepatitis Victoria Support Group

The Hepatitis Victoria Support Group for people with hepatitis C continued to provide a very reliable and much appreciated support this year with an average of 14 people attending the group each month. Treatment is an important issue for support group members, with the majority of members attending to talk about treatment options and to begin to prepare for their hepatitis C treatment.

Volunteering

Volunteers continue to play a vital role in the operation of Hepatitis Victoria. Volunteers have been involved in various programs throughout the year including;

- Public speaking, with several people being trained through the Positive Speakers Bureau.
- Administration, with regular volunteers assisting with mail-outs, resource distribution, database management.
- In the Young Peoples Program, assisting the Street Shot exhibition.
- In the *Hep C: Take Control* Program, sharing their experience of treatment with participants.

The involvement of volunteers in all aspects of the work of Hepatitis Victoria continues to increase.

Mark Farmer Memorial Award

The Mark Farmer Memorial Award recognises individuals with hepatitis C who have made outstanding contribution to community knowledge and understanding of hepatitis C. There were a total of five nominations for the Award in 2011. Nominations were received from Bendigo Health, Sharps Frankston, Healthworks, Inner Space, Victorian Aboriginal health Service (VAHS) and a Community based Nurse.

The 2011 Mark Farmer Memorial Award was awarded to Ron Briggs, who was nominated by VAHS, for being the first person at VAHS to undertake treatment. Ron was also instrumental in development of the *Yarning about hepatitis C* DVD and the Hepatitis C Treatment Program at VAHS.

HIV/HCV Coinfection community response

The Community Participation Coordinator has been involved throughout the year in the collaborative response to the HIV/HCV coinfection cluster that was identified in Melbourne in early 2011. This has included:

- Increased awareness of hepatitis C infection among men who have sex with men.
- Membership of the Community Response Steering Committee.
- Providing viral hepatitis training for Victorian AIDS Council and Gay Mens Health Clinic (VAC/GMHC) and People Living with HIV and AIDS (PLWHA) Victoria staff.
- Raising awareness through community radio, newsletters, newspapers and outreach campaigns.

Community Activity Grants

As part of the 2012 World Hepatitis Day campaign Hepatitis Victoria offered grants for organisations from across Victoria to host *Love Your Liver* events, to raise awareness of viral hepatitis. A total of 12 organisations were awarded *Love Your Liver* grants in 2011. As part of these events, Hepatitis Victoria educators delivered training sessions to staff and/or clients of the recipient organisations.

Garry Sattell

Community Participation and Hepatitis Infoline Coordinator





Information and Resources Program

A major development this year has been the restructuring of the previous Communications Program to become the Information and Resources Program. The program ensures the development of information resources that target priority groups within the viral hepatitis sector throughout Victoria.

Program highlights this year include the design, production and printing of the following resources:

Good Liver magazine

There were four *Good Livers* produced this year. A total of 2,000 copies of each edition were distributed to Hepatitis Victoria members and also to liver clinics throughout Victoria.

The September 2011 edition featured the media and hepatitis. Articles reported on the case for injecting facilities, needle syringe programs in prisons and treating media inflammation.

The December 2011 edition looked at health and wellbeing. Articles discussed chronic fatigue and hepatitis and Why standing up for your rights is good for your health.

The March 2012 edition reported on hepatitis B. Articles reported on why should you care about hepatitis B? and crossing social borders, a report about the difficulties for refugees who arrive in Australia with a high prevalence of hepatitis B and hepatitis C.

The June 2012 edition planned for World Hepatitis Day 2012. It also included a guide to current and emerging treatments for hepatitis C and advice for accessing good health information.

Reprinting *Impact*

The *Impact* booklet is Hepatitis Victoria's flagship resource for hepatitis C education and awareness. This year *Impact* was fully reviewed and partially



rewritten to reflect the important developments in knowledge and research around hepatitis C. With this latest edition it is now into its sixth reprint. 30,000 copies were ordered and are being progressively distributed.

Reprinting *Is your Tattoo or piercing safe?* resource

Is your Tattoo or piercing safe? is a small wallet-sized publication. The last print run flew off the resource shelves, so another order of 3,000 was undertaken to replenish this popular resource.

Hep B postcard and vaccination card

A postcard promoting free hepatitis B vaccination for people with hepatitis C was produced early in the year. A companion card for recording the required three GP visits was also produced.

Other activities during the past year included:

- Maintaining the Hepatitis Victoria website over the last 12 months with regular updates and the addition of a Young People's Program page. Steps are underway to redevelop the homepage of the website to better feature major news articles and the work of each of the programs at Hepatitis Victoria.
- Attending the National Resources Network (NRN). Representatives from eight hepatitis organisations throughout Australia as well as representatives from AIVL and the Multicultural HIV and Hepatitis Service. This year the NRN focussed on how to produce targeted resources for priority communities and the development of online communication systems for NRN members.

Ray Hehr

Information and Resources Coordinator



Prisons Program

Hepatitis Victoria's Prisons Education Program has continued to educate prison inmates, with a total of 114 education sessions to 1059 people in prison and for custodial staff being delivered in 2011/12. Many of the prison staff educated are new recruits commencing at Port Phillip Prison and the Melbourne Custody Centre.

In the 2011/2012 year a new quarterly training program was established for existing staff at the Melbourne Remand Centre. Staff training is an important part of the Prisons Program as, given the high rate of hepatitis amongst inmates, it is vitally important that custodial staff develop an understanding of the health and social issues of the people they work with, while reducing the associated stigma and fear of transmission. Once the complexities of injecting drug use and transmission have been explored with custodial staff, particularly through the use of Hepatitis Victoria's 'What's the Chance' game, they gain an appreciation of the challenges faced by those who inject drugs and some reassurance of their own safety at work. It is important in our work to acknowledge the human factor when having those discussions, as people in prison and people who inject drugs are often not seen in that light.

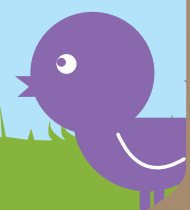
Hepatitis Victoria has continued involvement in the Peer Education Program at several prisons across the state utilising the Hepatitis Victoria Peer Educators Manual. This past year there was some sad, but glad, farewells to a few of the Peer Educators with whom Hepatitis Victoria has worked for considerable periods of time. The Prison Peer Educators are a source of information relating to the realities and challenges of staying safe while in prison.

The Hepatitis Victoria' Peer Educators training was also adapted to conduct a six session short course at a newly built unit at Marnongoneet Correctional Centre. This was in response to a request from the Operations Manager, as there had been very few programs established for the men in the unit at that early stage. Sign up for the course was voluntary, and after the initial information session it was pleasing to have 12 in attendance for most of the course, with only three not completing due to transfers to other prisons and other circumstances. The participants benefitted greatly from the course and supported each other in their learning.

Other work in the past year as part of the Prisons Program has included:

- A total of 54 education sessions at four different prison locations as part of the Transitional Assistance Program (TAP) for people prior to release from prison.
- Training for the women and staff at Tarrengower Prison, with 58 women in attendance.

Alex Taylor
Prisons Program Educator





Students participating in *Street Shot 2011*
Photo by Jessie Di Blasi

Young People's Program

The Young People's Program (YPP) continued strengthening partnerships with youth-focused organisations across the State to develop the capacity of services and workers to prevent new viral hepatitis transmissions amongst young people, and discuss the detail of hepatitis B and hepatitis C.

A key activity of the Young People's Program is the *Street Shot* photography competition which grew again this year from 14 organisations and 301 young people involved in 2011, to 22 organisations and over 350 young people in 2012. Making for a very busy March and April in 2012, 18 organisations across Victoria received direct hepatitis education from Hepatitis Victoria, with another four organisations directly delivering an education package to the young people involved in their programs.

Participants in *Street Shot* produced some really outstanding works that were displayed for a week around World Hepatitis Day at No Vacancy Gallery in the QV Building, Melbourne. The more than 40 young people that participated in *Street Shot 2012* travelled to Melbourne from Wodonga, Numurkah and Castlemaine for the Awards Presentation during the Love Your Liver Lunch. All *Street Shot 2012* works displayed in this year's competition can be viewed at the YPP's Flickr gallery (follow the links at www.hepvic.org.au/ypp).

Of the *Street Shot 2012* participants, more than half of the organisations involved were Victorian Certificate of Applied Learning (VCAL) services and we will look to strengthen these relationships with VCAL programs including utilising peer education.

Regular training sessions were conducted with new workers in the Youth Justice field, in both

'Beginning Community Practice' and 'Koori Beginning Practice', conducted at the Department of Health in Melbourne.

Similar sessions were also held with new Youth Justice staff commencing work at the Parkville and Malmsbury sites. These sessions have been expanded in 2012 to cover more content and are also being planned to be rolled out to all existing staff as part of the Diploma of Youth Justice course, from 2013.

Regular education sessions were also conducted with young men and women residing at both Parkville and Malmsbury Youth Justice facilities, with young people consistently providing positive feedback on the sessions and content.

Workforce development continued in partnership with Jesuit Social Services and Harm Reduction Victoria, reaching new staff at the former who work directly with young people at elevated risk of transmission of hepatitis C.

In total, the YPP delivered 54 education and training sessions across Victoria to 1146 young people and workers in 2011/12. There was a good balance between metropolitan and rural audiences, with a 57/43% split. Some of these education sessions included those delivered as part of the Body Armour 2012 Tour by the Ilbijerri Theatre Company.

Other highlights of the YPP included:

- An oral Presentation at the Hepatitis Australia National Hepatitis Health Promotion Conference in Brisbane.
- A poster presentation at the 8th Australian and New Zealand Adolescent Health Conference in Sydney.
- Involvement in the Hepatitis Educators Network.

Lauren Proudfoot

Young People's Program Educator



Office Coordination

The role of the Office Coordinator is to plan, coordinate and oversee a broad range of activities to ensure that Hepatitis Victoria operates as smoothly as possible.

The organisation continues to grow its reputation for providing high quality resources. In the lead up to and around World Hepatitis Day, Hepatitis Victoria distributed in excess of 3,000 resources in addition to our *Good Liver* mail out of 2,000 copies.

Whilst many resources are sent out following info-line calls, we receive a considerable number of requests via fax and phone. For example, in May 2012, we distributed 2,940 resources and in June 2012 1,335 - in addition to the World Hepatitis Day resources

These resource numbers have provided the opportunity to increase our membership through a concentrated effort to encourage those who have joined as 'individual members', to join up their organisation as members of Hepatitis Victoria for an annual fee of \$77. We now have close to 700 members including individual and organisational members.

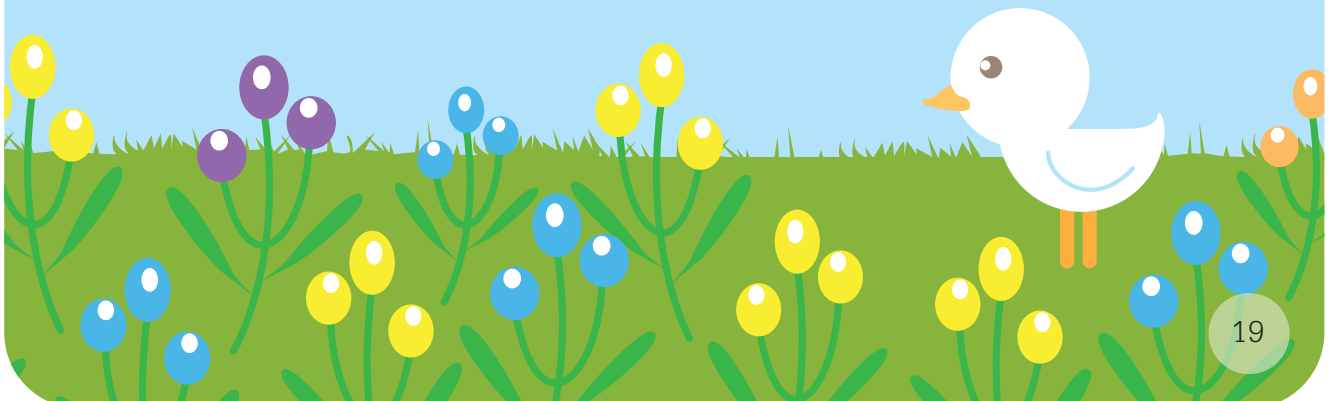
You can become a member of Hepatitis Victoria or update your membership via our website. Phone the office on (03) 9380 4644 or email admin@hepvic.org.au

We have also experienced an increase in the number of donations received and we will be working on nurturing (and growing) relationships with our donors and supporters.

Another major focus over the past six months has been to source more economical and efficient procurement and facility management options, and to refine the process and procedures around how this is done - both at a program level and a staff member level. This will include an overhaul of our asset register.

The Office Coordinator's role provides a key focal point for the staff team at Hepatitis Victoria. The Office Coordinator continues to provide numerous administrative services for Hepatitis Victoria, its programs and also provides personal assistance to the Chief Executive Officer. Over the next six months, this will involve setting up a new, more streamlined filing system for the organisation.

Lisa Nulty
Office Coordinator



Financial Report

INDEPENDENT AUDITOR'S REPORT

To the members of Hepatitis Victoria INC

Report on the Financial Report

We have audited the accompanying financial report, being a special purpose financial report, of Hepatitis Victoria INC which comprises the balance sheet as at 30 June 2012, and the income statement, statement of changes in equity and cash flow statement for the year then ended.

Committee's Responsibility for the Financial Report

The Committee of Hepatitis Victoria INC is responsible for the preparation and fair presentation of the financial report and has determined that the accounting policies described in Note 1 to the financial statements, which form part of the financial report, are appropriate to meet the needs of the members. The management's responsibility also includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. No opinion is expressed as to whether the accounting policies used, as described in Note 1, are appropriate to meet the needs of the members. We conducted our audit in accordance with Australian Auditing Standards. These Auditing 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 entity's preparation and fair presentation of the financial report on 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the directors, as well as evaluating the overall presentation of the financial report.

The financial report has been prepared for distribution to members for the purpose of fulfilling the Management's financial reporting requirement. We disclaim any assumption of responsibility for any reliance on this report or on the financial report to which it relates to any person other than the members, or for any purpose other than that for which it was prepared.

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

Auditor's Opinion

In our opinion the financial report:

- (a) gives a true and fair view of Hepatitis Victoria INC's financial position as at 30 June 2012 and of its performance for the year ended on that date in accordance with appropriate accounting policies; and
- (b) complies with appropriate Australian Accounting Standards



Janet Collyer
J L COLLYER & PARTNERS
3 September, 2012

Balance Sheet as at 30 June 2012

	Note	2012	2011
Current Assets			
Cash at Bank		265,370	178,139
Trade Debtors		18,000	–
Total Current Assets		283,370	178,139
Non-Current Assets			
Property, Plant and Equipment	2	4,558	11,558
Total Non-Current Assets		4,558	11,558
Total Assets		287,928	189,697
Current Liabilities			
Trade and Other Payables	3	29,213	30,282
Income received in advance	4	81,494	–
Provisions	5	60,075	72,704
Total Current Liabilities		170,782	102,986
Total Liabilities		170,782	102,986
Net Assets		117,146	86,711
Members' Funds			
Retained Earnings		117,146	86,711
Total Members' Funds		117,146	86,711

Income Statement as at 30 June 2012

	2012	2011
Income		
Peer Ed Project	–	20,000
Members Fees - Organisations and Professional Donations	1,302	280
Interest Received	1,370	813
Fees For Service	9,739	10,721
Other Income	4,593	1,753
Reimbursements	545	18,750
Sponsorship	2,500	1,410
Grants - DHS Core	1,545	–
Grants - Dept. Of Health and Aging (CDSM)	889,749	862,662
Grants - DHS Minor Works	68,244	–
Grants - Various	–	8,488
Grants - Hep B Project	11,088	9,091
	20,000	–
	1,010,675	933,968

Income Statement as at 30 June 2012

	2012	2011
Expenditure		
AGM Costs	2,149	2,196
Advertising and promotions	18,555	7,578
Amenities	2,065	2,284
Awareness Week costs	–	2,509
Audit Fees	1,815	1,300
Bank charges	715	677
Cleaning	5,038	4,129
Communication project costs	45,799	32,349
Computer software and maintenance	25,829	24,295
Consultancy fees	10,150	12,803
Course costs	32	122
Depreciation	7,000	10,030
Employee EAP costs	2,130	1,096
Equipment	474	5,020
Financial services	2,727	12,446
Fringe Benefits Tax	4,092	–
Grant schemes	55	455
Provision for LSL/Annual Leave	(15,895)	(8,436)
Insurance	5,703	5,819
Interest paid	126	180
Internet costs	3,145	2,403
Meeting costs	4,961	3,373
Motor Vehicle Expenses	31,860	45,583
Newsletter	15,784	8,307
Postage	11,048	7,137
Printing and stationery	16,857	17,428
Recycling	1,128	1,223
Rent and utilities	65,342	64,512
Repairs and maintenance	921	6,291
Salaries	590,888	588,650
Security costs	530	566
Provision for Sick and Maternity Leave	17,404	(10,367)
Staff development	1,618	5,957
Storage	1,366	1,374
Street Shot Re Awareness	298	459
Support Groups	488	577
Subscriptions and publications	2,338	2,606
Sundry Expenses	(161)	82
Superannuation contributions	51,676	45,901
Telephone	14,456	18,136
Travel and accommodation	13,198	8,211
Volunteer costs	791	1,196
Website upgrade	1,800	–
Workcover	11,065	13,314
Workshops and conferences	2,880	5,533
	980,240	955,304
Operating Profit (Loss)	30,435	(21,336)

Statement of Changes in Equity for the Year ended 30 June 2012

	2012	2011
Retained Earnings at the beginning of the financial year	86,711	107,957
Profit (Loss) attributable to members	30,435	(21,336)
Prior year adjustments	–	89
Retained earnings at 30 June 2012	117,146	86,711

1. Statement of significant accounting policies

This financial report is a special purpose financial report that has been prepared in accordance with the Australian Accounting Standards, Urgent Issues Group Consensus Views and other authoritative pronouncements of the Australian Accounting Standards Board and the reporting requirements of the Associations Incorporations Act (Victoria).

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 stated, current valuations of non-current assets. Cost is based on the fair values of the consideration given in exchange for assets.

The following is a summary of the material accounting policies adopted by the Association in the preparation of the financial report. The accounting policies have been consistently applied, unless otherwise stated.

(a) Cash and Cash Equivalents

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

(b) Income Tax

The Association is exempt from income tax by virtue of Section 50-45 of the Income Tax Assessment Act.

(c) Property, Plant and Equipment

Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation. The depreciable amount of all property, plant and equipment is depreciated over the useful lives of the assets to the Association commencing from the time the asset is held ready for use. The carrying amount of plant and equipment is reviewed annually by the Association to ensure it is not in excess of the recoverable amount of those assets.

The recoverable amount is assessed on the basis of the expected net cash flows which will be received from the assets' employment and subsequent disposal. The expected net cash flows have not been discounted to present values in determining recoverable amounts. Any excess of the asset's carrying value over its recoverable amount is expensed to the income statement.

(d) Revenue and Other Income

Revenue is brought to account when received and to the extent that it relates to the subsequent period it is disclosed as a liability.

Grant Income

Grant income received, other than for specific purposes, is brought to account for the period to which the grant relates.

Deferred Income

Unspent grant income received in relation to specific projects and events is not brought to account as revenue in the current year but deferred as a liability in the financial statements until spent for the purpose received.

Capital Grants

Grant income received relating to the purchase of capital items is shown as Unamortised Capital Grant and brought to account over the expected life of the asset in proportion to the related depreciation charge.

Interest Revenue

Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument.

Donations

Donation income is recognized when the entity obtains control over the funds which is generally at the time of receipt.

(e) 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 that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those entitlements. Provision is made for the Association's liability for long service leave from commencement of employment, not from the 5 year employment period normally accrued as industry practice.

(f) Provisions

Provisions are recognized when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

(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) Economic Dependence

The entity is dependent on the Department of Human Services for the majority of its revenue used to operate the business. At the date of this report the Board of Management has no reason to believe the Department will not continue to support the entity.

Notes to the Financial Statements for the year ending 30 June 2012

	2012	2011
	\$	\$
2. Property, Plant and Equipment		
Office Furniture and Equipment	182,496	182,496
Less Accumulated Depreciation	177,938	170,938
	4,558	11,558
3. Trade and Other Payables		
Current		
Trade Creditors	7,155	
PAYG Withholding and Superannuation Payable	9,347	12,976
GST payable	12,711	17,306
	29,213	30,282
4. Amounts received in advance		
Grant in Advance	81,494	
	81,494	
5. Provisions		
Current		
Provision for Audit Fees	1,950	1,950
Provision for Annual Leave	20,672	34,258
Provision for Long Service Leave	4,542	6,851
Provision for Sick and Maternity Leave	32,910	15,507
Provision For MT		14,138
	60,075	72,704

Statement of cash flows for the year ending 30 June 2012

	2012	2011
Cash flow from operating activities		
Receipts from government grants (recurring)	957,993	862,662
Receipts from other sources	103,337	23,962
Payments to suppliers and employees	(983,838)	(972,595)
Interest received	9,739	10,721
Net cash provided by (used in) operating activities (Note 2)	87,231	(75,250)
Cash flow from investing activities		
Proceeds from (payment for) property, plant and equipment	-	(3,037)
Net cash provided by (used in) investing activities	-	(3,037)
Cash flow from financing activities		
Proceeds from (repayment of) borrowings	-	-
Net cash provided by (used in) financing activities	-	-
Net increase (decrease) in cash held	87,231	(78,287)
Cash at the beginning of the year	178,139	256,426
Cash at the end of the year (Note 1)	265,370	178,139

Notes to the statement of cash flows

NOTE 1. Reconciliation of cash

For the purposes of the statement of the cash flows, cash includes cash on hand and in at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months, net of bank overdrafts

(a) Reconciliation of Cash

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

	2012	2011
Cash	265,370	178,139
	<u>265,370</u>	<u>178,139</u>

NOTE 2. Reconciliation of net cash provided by operating activities to operating profit

	2012	2011
Operating Profit (Loss) after income tax	30,435	(21,336)
Depreciation/Amortisation	7,000	10,030
Prior year adjustments	-	89
Increase/(decrease) in creditors	(15,206)	(8,607)
Increase/(decrease) in grants received in advance	81,494	(36,623)
Increase/(decrease) in provisions	1,508	(18,803)
(Increase)/decrease in debtors	(18,000)	-
	<u>87,231</u>	<u>(75,250)</u>

Statement by the Committee as at 30 June 2012

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

In the opinion of the Board, the financial report as set out on pages 2 to 10:

1. Presents a true and fair view of the financial position of Hepatitis Victoria Inc. and its performance for the year ended on that date.
2. At the date of this statement there are reasonable grounds to believe that Hepatitis Victoria Inc. 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:

President: 

Treasurer: 

Dated this day of 2012