

ANNUAL REPORT
2016-2017

**DIVERSIFYING
OUR APPROACH**

HEPATITIS VICTORIA



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Hepatitis Victoria – *how it all started*

The Hepatitis C Foundation of Victoria (the forerunner to Hepatitis Victoria) was started by Joan Alter whose husband acquired the virus during a mass vaccination program whilst stationed in Italy after World War II. Artist and academic Julie Shiels was one of the early activists in the Foundation, and has continued to be involved in the sector in a number of ways ever since – most recently as one of the faces of our *Be Free From Hep C* campaign. Here Julie shares her reflections on the early days of the organisation:

I was diagnosed with hepatitis C just before my fortieth birthday. I was shocked at the time. It was an era of new and frightening diseases. HIV/AIDS had been identified in 1983; hep C in 1989. People were scared because suddenly blood was dangerous.

Unsurprisingly, there was a lot of misinformation, fear and discrimination, swirling around. There was little information available about the disease – it was pretty terrifying.

At that stage, the experts said hep C wasn't a death sentence, but on the small sample of statistics available at that time, they anticipated that one in four people with the virus would progress to cirrhosis and liver cancer. Information about the disease was scant, there was no Internet and I was terrified. So I rang the Hep C Helpline. In a tiny office at Fairfield Infectious Diseases Hospital where the casualties of AIDS epidemic were hospitalised, a small group of volunteers shared the roster answering the phone. In 1994 there were no staff members paid to provide accurate information about the virus, just this generous but untrained crew of helpers offering support.

As part of my own self-education and psychological cure, I too

began volunteering on the phones. Chris Richards, the then head of the Fairfield Infectious Diseases Hospital, had kindly provided the space and some resources and our ambition was for a 24-hour helpline, all run by volunteers. It was an impossible task. We were up against it – no funding and health services that hadn't kept up to date with developments.

It was just dreadful. Doctors were ill informed and, for instance, advised women with hep C not to have children. No one knew anything with any consistency. No one understood just how dangerous blood could be. People with hepatitis C feared for their jobs. The level of stigma was high.

Approaches for funding to the Federal and Victorian Governments resulted in a lot of buck-passing – and no bucks. Having had experience in NGOs and grant writing, I applied to the Myer Foundation for funding – and managed to get \$13,000. It was a game-changer.

It meant that the Hepatitis C Foundation could employ a volunteer coordinator. He'd had experience in AIDs education and helped us draw up policies, procedures and protocols. I was chairperson for a short time and rebranded our newsletter as Good Liver – a title I'm pleased to see it still has today.

The Myer Foundation funding eventually enabled us to leverage the State Government into funding the organisation that is now known as Hepatitis Victoria. Since that time the organisation has come a long way, as has the community and industry response to the disease. And of course there has been the wonderful advances in treatments which are now available under the PBS, and which have the potential to halt the spread of the virus in Australia.

Hepatitis Victoria – 25 Years of highlights and milestones

1992

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

Meetings held at private homes and initiated by two gastro-enterologists.

1993

Fairfield Hospital provides office space.

Hepatitis C Foundation of Victoria chosen as first name of organisation.

1994

Sidney Myer Foundation grant enabled the employment of first staff.

Produced *Hepatitis C: An information Booklet* about Hepatitis C, a precursor to *Impact*.

1996

Organisation relocates to Repatriation Campus of Heidelberg Hospital.

Start peer support group and a Speakers Bureau, as well as providing telephone support.

Establish first regional support groups.

People Who Inject Drugs peer educator project commences.

Three paid staff in total.

1995

State Government funds first full-time employee.

First edition of the *Good Liver* magazine produced.

Over 750 information packs sent during 1995-96.

Fifteen information nights held.

1997

Increase focus on working with health care professionals.

Campaign for the elimination of discrimination against people with hepatitis C.

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

Awareness Week launched at Treasury Gardens.

First National Hepatitis C Strategy developed.

Founding member of new national peak body The Hepatitis Council of Australia.

Organisation changes name to Hepatitis C Council of Victoria.

1998

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

Over 2000 Information packs distributed.

Strategy to set up 14 rural support groups.

Metro Support Group well established.

Start work in prisons and schools.

Manage approximately 550 telephone support calls.

2001

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

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

Offices relocate to Sydney Road, Brunswick.

2000

Hepatitis C Awareness Day changed to Hepatitis C Awareness Week, with launch at Treasury Gardens.

2nd Community HCV Conference held in Melbourne.

1999

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.

2002

Third Australasian Conference on HCV held in Melbourne.
First dedicated prison worker employed.
New website launched.
Victorian HCV Strategy for 2002-04 released.

2003

Over 50,000 items distributed for Awareness Week.
Partnership formalised with Victorian Aboriginal Community Controlled Health Organisation.
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

Feature of works from the DisEase hepatitis C exhibition by artist Fern Smith.
Project Blood Oath – an outreach prevention program for homeless youth undertaken.
Training of Peer Educators in prisons initiated.

2006

Culturally and Linguistic Diverse and Indigenous specific programs funded.
What is this hep C thing? game for schools produced with The Alfred's Education Resource Centre.
Hep C Vietnamese video resource, *Transmission*, produced with North Richmond Community Health.
Awareness Week features *C-Jam* concert in Bendigo.
90,000 stickers for fit packs produced.

2005

Participate in first nationally coordinated Hepatitis Awareness Week.
Rural email bulletin service created.
2,300 telephone information calls received.

2007/2008

Name changed to Hepatitis C Victoria.
Major forum held with body art industry
Collaborate with City of Melbourne to develop their Blood Borne Virus and Syringe Policy.
Department of Human Services funds expanded Telephone Infoline services.
Body art and hepatitis C in prisons comic book.

2008/2009

First chronic disease self-management course *Hep C: Take Control*.
New standardised format for e-newsletter.
National Hepatitis Awareness week launched at Federation Square with Rock for Hep concert.
Inaugural *Mark Farmer Memorial Award* for services to hepatitis C.

2010/2011

Name changed to Hepatitis Victoria
Produced *Love your liver: Living with hepatitis* DVD for Aboriginal people with VACCHO and Victorian Aboriginal Health Service.
Collaboration with Ilbjerri Theatre Company in the production of new play *Body Armour*.
Produce prison resource: *Bumper Book for Blokes Inside*.
Hold *Transition from Prison to Community* forum.
Produce young people resource and game: *What's the Chance*.
Produce wallet size brochure: *Is your tattoo or piercing safe?*

2009/2010

Research Advisory Committee established.
Collaborate with local community organisations on the Ballarat *Safe Skin* project.
Are you thinking about treatment for the Hep C Virus booklet for people who inject drugs.
Establishment of HBV Alliance.
First StreetShot photography competition and exhibition held.
Participate in Melbourne Homeless Festival.

2012/2013

Adoption of 2012-2017 Strategic Plan.

Produce *Hepatitis B and C Fast Facts* resource

Establish *HEPConnect* peer support program.

Establish *Cheers Volunteers* annual volunteer recognition event.

Hepatitis Roundtable convened in Werribee focusing on HCV treatments.

Consolidate electronic communications into *HEPChat* bulletins.

Yarning about Hep B video resources produced with VACCO and VAHS.

Established Facebook and Twitter accounts.

Pilot of Chronic disease self-management course for hepatitis B and Hep C: *Going viral*.

2014/2015

Western LIVERability festival held in Footscray.

Breakfast seminar on Accessible Testing.

Production of *Mums to B* and *B Aware* resources in English, Chinese and Vietnamese.

Hepatitis awareness stall at AIDS2014 conference.

Undertake major revamp of Hepatitis Victoria website.

Establish standalone StreetShot website.

Convene Roundtable with major political parties leading up to State elections.

First "StreetShot on the road" held (in Sunshine).

Translating Hepatitis awareness program held involving Multicultural Women's Health.

2016/2017

Launch of Victorian Hepatitis B and Hepatitis C strategies (2016-2020) at StreetShot event.

Commence seven x two-year hepatitis B community education projects with various communities and organisations across the State.

Commenced a stigma and discrimination awareness program, with public surveys.

Community profiles undertaken for Chinese, Vietnamese, Egyptian, Italian, Cambodian and Pakistani communities.

Begin HEPReady Workforce development social enterprise providing training online and face-to-face and incorporating HEPspeak and HEPLink.

Launch LiverWell suite of digital tools including HEPCheck and CareCheck.

2013/2014

Re-establish *Public Speakers Bureau*.

Community Advocates Group formed.

Vietnamese community awareness project undertaken.

Campaign to have Federal Government listing on PBS of new hepatitis C treatments.

Establish Instagram account.

Launch of *HEPHeroes* website and videos.

First regional viral hepatitis forum held (in Bendigo).

Adoption of Hepatitis Victoria's *Community Participation Framework*.

21st Birthday celebrated at Federation Square.

2015/2016

Assisted the Victorian Government to host its first World Hepatitis Day event.

HEPConnect volunteers win Minister for Health Outstanding Achievement award.

Western Action Forum convened with Health Minister committing to having a hepatitis strategy.

First Digital and Online Services Officer.

Infoline extended to be available to prisoners throughout Victoria.

Be Free From Hep C campaign implemented to inform people of new HCV cures.

Attend and present at the World Hepatitis Summit in Scotland.

Art in the West program run in prisons

Education video screened at the St Kilda Festival.

Hepatitis Victoria Board

Frank Carlus

(President; Finance and Risk Committee; Governance Committee)

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

Nicole Allard

(Vice President; Chair of Governance Committee)

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

Kieran Donoghue

(Treasurer; Chair of Finance and Risk Committee)

Kieran Donoghue is 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. Kieran was co-opted to the Board in 2011 and then elected in 2012.

Rosemary McKenzie

(Secretary and Public Officer)

Rosemary has a PhD, 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 Infections and Communicable Diseases sectors. Rosemary was co-opted to the Board in 2011.

Todd Fernando

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

Emily Wheeler

(Finance and Risk Committee)

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

Paul Kidd

(Finance and Risk Committee; Governance Committee)

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

Jennifer MacLachlan

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

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. Ross was elected to the Board in 2015.

Donna Ribton-Turner

(Governance Committee)

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

Ian Gracie

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

Eddie Micallef

Eddie is currently Chair of the Ethnic Communities Council of Victoria; Chair of the ECCV Health Committee and their Drugs Task Force and is a member of the Inner South Community Health Centre Board of Management. Previously a Victorian parliamentarian he was a member of its Drugs and Crime Committee. Eddie was co-opted to the Board in 2013.

Melanie Eagle

(CEO non-voting position)

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

Retiring Board Members

Michael Honeysett

Michael is a Wiradjuri man. Previously a board member of Harm Reduction Victoria he provides cultural and peer supervision to indigenous 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. Michael was co-opted to the Board in 2014.

Five main causes are driving liver cancer deaths in Australia:

Tobacco
Hepatitis C
Hepatitis B
Obesity
Alcohol

Why we do what we do

Nearly half a million Australians live with chronic viral hepatitis (hepatitis B and C) – this would fill the MCG more than four times. People are dying of this preventable condition.

It is estimated that in Australia during 2015:

Over
800 people
died of
hepatitis C

Over
400 people
died of
hepatitis B

That is nearly 6 Victorians dying as a result of chronic hepatitis each week.

We can stop these deaths through reducing the risk of transmission, having people know of the vaccines to prevent hepatitis B and the cures available to cure hepatitis C.

From hepatitis to broader liver health

A focus on broader liver health can help stem the deaths not only from viral hepatitis, but from other liver conditions that lead to cirrhosis and liver cancer.

Liver cancer is the fastest increasing cause of cancer death in Australia, and is now projected to be the sixth most common cause of cancer death.

Many common liver diseases that can lead to cirrhosis and liver cancer – including hepatitis B and C – are preventable.

A simple liver check can save your health – it may even save your life.

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 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

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, public speakers, activists, health professionals, ambassadors and the State Government (primarily the Department of Health and Human Services). Without these people, the achievements in this report would not be possible.

President's Report



In my report last year, I observed, "2015-2016 will be remembered as a watershed year in the world of hepatitis, locally and internationally, for a number of very significant reasons".

2015-2016 may well have been the watershed year for viral hepatitis, but the 2016-2017 financial year has been one of strong consolidation and positive progress for Hepatitis Victoria.

Of particular note is the culminating year of our five-year strategic plan, spanning 2013-2017. We set ourselves bold targets each year for those five years, and it is a great source of pride to the Board and the staff, that we have achieved so many of the things that we ambitiously set out to do. Of course, this was only possible with the significant contribution of many individuals and organisations in the sector.

After a number of years of advocacy by Hepatitis Victoria and others, the State Government completed its State Strategies for both Hepatitis B and Hepatitis C. The Strategies were developed in consultation with a range of sector representatives including Hepatitis Victoria, and we were very pleased that the Government chose to launch them at our 2016 StreetShot exhibition launch.

With breakthrough interferon-free hepatitis C therapies becoming universally available in Australia through the Pharmaceutical Benefits Scheme in early 2016, another key focus for Hepatitis Victoria was to continue to raise awareness of the treatments' availability, including implementing the *Be Free From Hep C*

campaign. Notably in the 12 months since the campaign was launched, the call on the resources has been such that we have undertaken six separate reprints of the brochures (in various languages).

While initiatives such as the Hepatitis B and Hepatitis C Strategies, and the availability of new breakthrough treatments are essential to our aspirations for elimination, there continue to be many challenges that need to be overcome if we are to achieve this goal. Not least of these is combatting stigma.

We are actively working towards this through a number of our initiatives, including through embedding lived experience and perspectives into our workforce development social enterprise, *HEPReady*. *HEPReady* aims to build the capacity of people who come into contact with others living with or at risk of hepatitis, and also encourage a systematic change in the way the Victorian healthcare workforce diagnoses, works with and treats viral hepatitis. It also aims to help break down stigma and discrimination.

HEPReady was formally launched by the Parliamentary Secretary for Health in early 2017, and since then around 200 people have undertaken training to become *HEPReady*.

During the 2016-2017 financial year, we also engaged a Stigma Response Co-coordinator to focus on and further accelerate our work in this area.

We also continued to significantly expand our efforts in the digital arena, not just through our strategic social media presence, but also through the release of the *LiverWell* suite of online tools -

HEPCheck and *CARECheck* – both of which have been designed to promote awareness, self-care and proactive disease management.

As part of our forward looking approach we commissioned a research paper to scope the prevalence, services and issues surrounding liver disease in Australia, beyond viral hepatitis, to help us determine how the organisation might broaden its remit: to meet the needs of people with liver disease caused by issues other than viral hepatitis (such as fatty liver, and alcoholic liver disease). This research has greatly assisted our strategic planning process, as well as the Board's deliberations for our

new five-year plan for 2017-2022. It is significant that over the next five years one of our five pillars will be to "Improve liver health" and Hepatitis Victoria's vision now also encompasses broader liver disease and health.

The continuing high rates of diagnosis in young people are of great concern to us, and only serve to highlight the need for ongoing effort in prevention messaging and initiatives. StreetShot remains at the core of our defence front in this regard, and during the year 694 young people

participated in 32 education sessions associated with the StreetShot program. We estimate that thousands of additional young people were reached via our social media and digital presence, including via the StreetShot website.

It is significant that over the next five years one of our five pillars will be to "Improve liver health"

While unprecedented numbers of people have accessed the new, breakthrough treatments for hepatitis C, the vast majority of those have been part of the “aware and willing waiting” population. That is, they are aware of their status and already engaged in care and management, and so eagerly awaiting the availability of the new treatments. However, we also know that there are many people out there who may not be aware they have hepatitis, or who were diagnosed some time ago, and have never been in management programs. In many instances, these people will not seek to access to treatment until too late. We need to find new ways of reaching out to these people, in order to continue to maintain momentum and achieve the elimination target.

As always, the success of many of our endeavours owes much to the generous involvement and support of our wonderful volunteers. I want to thank all our volunteers and acknowledge the positive impact they make to our work, and to the lives of people living with viral hepatitis. Of course, annual recognition really doesn't go far enough to communicate just how much we appreciate and value our volunteers, so in addition to staging our annual *Cheers Volunteers* event, this year we instigated the Volunteer of the Month Award.

I would also like to take this opportunity to acknowledge and thank our financial supporters. While the Victorian Government,

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through the Department of Health and Human Services, remains our major funding source, we would not be able to undertake the additional, wide-reaching projects that we do without this additional support.

Thank you once again to my fellow Directors for their efforts and support over the last year. While change and fresh perspective is a positive thing for any organisation, it is always a somewhat sad occasion when any of our Directors depart. This year we said goodbye to Michael Honeysett, who provided us with invaluable insight into the Indigenous perspective. I would like to take this opportunity to thank Michael for his very important contribution to Hepatitis Victoria.

I would also like to acknowledge the continuing great work 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



The end of each financial year is always a time to reflect and celebrate the achievements and changes that have occurred during the previous 12 months. I have to say that the 2016-2017 financial year, by external measures, highlights the degree to which Hepatitis Victoria has been kicking goals.

The sense of purpose, achievement and positive outlook is palpable, not just here on the ground within the office, but also out and about in the many places in which the Hepatitis Victoria team works.

While we are continually confronted by the importance of the task of working towards a state free from hepatitis, we are also energised. Energised not only by the importance of the task and the opportunity to save lives. But also by the shared sense of purpose to which so many commit themselves.

The Hepatitis Victoria staff are inspiring in their consistent demonstration of great compassion, commitment and creativity in their work. This compassion and commitment is not only directed towards the members of the community they interact with but also each other.

Similarly the many others who participate in or contribute to our work – be they valuable volunteers, amazing advocates, courageous champions, or stunning speakers - energise and inspire us all. They are our guiding lights - informing what we do

and how we should work. And by being prepared to share their personal stories and perspectives more broadly, they make sure our work is grounded in the practical realities of both living with and responding to viral hepatitis.

The importance and value of this personal perspective is especially evident in our 17 new *HEPReady* Comprehensive training units, all of which incorporate interviews with a range of our community members and sector experts. These were launched this year for those working with people with viral hepatitis.

Another exciting aspect of our work this last year has been gaining a better understanding of the diverse communities affected by hepatitis and being able to work with more of them. To this end we undertook scoping studies with the Afghani, Cambodian, Egyptian and Pakistani communities, and established connections with a Sudanese youth organisation.

We also started the first of two years of implementing seven exciting hepatitis B community education projects funded by the Federal Government. Each of these projects sees us working with new communities in different ways, as well as collaborating with other relevant community and health

organisations. The projects are designed to deliver insights on how such work might be conducted into the future, and to be self-sustaining. This last year has seen Hepatitis Victoria take our internal capacity in relation to hepatitis B to a whole new level, with many shared learnings within and outside the organisation. And there has also been flow on benefit to our work beyond hepatitis B, including our outreach and the development of new resources.

Continuing in this vein, we have further expanded our 'diversity approach and cultural reach' by building the cultural sensitivity and capacity of staff through external and in-house training programs. We also recruited bi-lingual staff and volunteers to assist as peer educators in our community education programs, and to also support us in the development of and translation of health promotion resources - both hard copy and online - in languages such as Chinese, Vietnamese, Burmese, Arabic, and Dinka.

Taking stock of the last 25 years, it is clear that a key theme for Hepatitis Victoria has been, and will continue to be about continual change and adaptation. There are constant shifts in the requirements of our communities, as well as changing circumstances - both challenges and opportunities -

We constantly respond with an aspiration to assist and reach as many people as possible, and so our function and remit is constantly morphing: from supporter, to information provider, to educator, to health promotor, to public awareness raiser, to advocate, to collaborator. And further, moving beyond a hepatitis C focus only, to include hepatitis B and now also other forms of liver disease.

As always, the positive outcomes and achievements throughout our continual change and adaptation would not be possible without the combined efforts of the staff and the Board at Hepatitis Victoria. I would like to acknowledge all of the dedicated and professional staff who have so effectively delivered on the organisation's strategic mission. And also the Board for its consistent wise counsel, particularly our President who has given unstintingly in this role for the last two years. My thanks to this wonderful team.

As observed in the President's Report, 2016-17 was the culmination of our five year strategic plan for 2013-2017. We are pleased to present to you in the following pages an overview of our achievements for each of the plan's five strategic pathways, along with our operational achievements.

Melanie Eagle
CEO

Another exciting aspect of our work this last year has been gaining a better understanding of the diverse communities affected by hepatitis and being able to work with more of them... Afghani, Cambodian, Egyptian and Pakistani communities, and [we] established connections with a Sudanese youth organisation.

Pathway 1: Respond to emerging needs and new knowledge

Our commitment

- Continue to advocate for approval of improved hepatitis C treatments.
- Ongoing statewide education regarding 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 available.
- Work with GPs and their relevant networks to encourage their involvement in hepatitis testing and treatment.
- Anticipate how the 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.

Our achievements

- Submissions made to PBAC in relation to approving new DAAs.
- Undertook extensive *Be Free From Hep C* campaign to promote access to new treatments including patient videos, street furniture advertising, TVCs, dedicated website, and new multilingual resources.
- *HEPReady* training modules developed in relation to testing, treatment and prevention for both hepatitis B and hepatitis C.
- Sunraysia Regional Forum for community and health workers held in Mildura.
- Contributed to partnership delivering *Spotlight on Hepatitis B Forum* for community and health workers.
- Undertook scoping studies of high prevalence communities for hepatitis B and how to work with them including Vietnamese, Afghani, Cambodian, Egyptian, and Pakistani.
- Building of staff capacity in relation to cultural sensitivity through external training, sharing of studies, and internal briefings.
- In house visits to GP clinics and pharmacists in Springvale and Melbourne to promote hepatitis testing and treatment.
- Compiling information and trends regarding post hepatitis C treatment experiences to better anticipate needs.
- Develop *HEPCheck* and *CARECheck* online assessment tools as part of LiverWell initiative to promote self-care and disease management among people at risk of or living with liver disease.
- Research paper undertaken to scope the prevalence, services and issues surrounding liver disease in Australia, beyond viral hepatitis.
- Review content of Chronic Disease Self-Management course to ensure its applicability to hepatitis B and other conditions

Destination: Forward looking

- Equal responsiveness to all forms of viral hepatitis.
- Recognised authoritative voice on hepatitis in Victoria.
- Maximum access to treatment for affected community.

Profile – Building understanding of communities with high prevalence of hepatitis B

Overview

In Australia, there were an estimated 240,000 Australians living with hepatitis B in 2015. The population affected by hepatitis B remains highly diverse. More than two-thirds of those living with the virus were born overseas, mainly in the Asia-Pacific and Sub-Saharan Africa regions, or are Aboriginal and Torres Strait Islander people.

At Hepatitis Victoria, we believe that to succeed in addressing the increasing burden of disease among our culturally and linguistically diverse (CALD) communities, our health promotion response needs to be appropriately tailored to each specific community. This requires an in-depth understanding of these communities.

To this end and following the successful completion of “community scoping projects” in relation to the Vietnamese and Afghan communities during 2015-2016, Hepatitis Victoria recruited three additional project volunteers to conduct similar detailed scoping projects, focusing on the Egyptian, Cambodian and Pakistani communities.

Drawing on the information contained in these scoping projects, we were then in a position to undertake tailored health promotion campaigns and develop culturally relevant and multi-lingual health resources.

Objectives

To develop and implement health promotion responses appropriately designed for these communities that would assist to:

- Ensure widespread awareness of the new and improved treatments available.
- 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

Each scoping project was implemented through:

- A review of academic literature.
- Research into each community's cultural profile, community attitudes towards health in general, and attitudes towards viral hepatitis B and hepatitis C.
- Assessing existing viral hepatitis prevention strategies and programs in the home country of each community, as well as Australia, and identifying the gaps in the current health care system in Victoria for each community group.

The findings and recommendations of the scoping projects helped the Health Promotion and Community Education team to better understand and more appropriately respond to each Culturally and Linguistically Diverse (CALD) community's specific liver health issues, and to integrate these learnings into our future health promotion and community education planning and activities.



Pathway 2: *Grow the resource base*

Our commitments

- 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.

Our achievements

- Development of 17 independent *HEPReady* “Comprehensive” training modules, including expert videos and participant guides.
- Undertook tailored *HEPReady* training to homelessness services in Inner South of Melbourne.
- Researched comparable workforce capacity accreditation programs for possible applicability to *HEPReady*.
- Obtained accreditation from Australian Practice Nurse Association and College of Mental Health Nurses for *HEPReady*.
- Revitalised *HEPConnect* with volunteer recruitment and staff training, resulting in increased calls.
- Regular project reports provided to funders for key initiatives.
- Integrated funders into our key stakeholder invitations.
- Development of workplace giving proposal, registration with overarching body, and proposal put to Doherty Institute.
- Surveyed volunteers to improve practices for volunteer involvement.
- Systematised volunteer training through *HEPReady* and event support preparation training, including in relation to stigma.
- Instituted the “Volunteer of the Month” Award to improve recognition, and held *Cheers Volunteers* event.

Destination: Sustainable and viable

- Sufficient funds to expand activities and meet demand.
- Ethical and transparent approach to diverse funding.
- Financially robust.
- Delivering comprehensive support and wellbeing.

Profile – *HEPReady Comprehensive Training Modules expand our resource base*

Overview:

HEPReady was instituted to empower the community and health workforce to help eradicate viral hepatitis. As they are regularly in contact with people who have or are at risk of contracting hepatitis, they are well positioned to advise and encourage their clients to seek testing and treatment.

HEPReady training began with Essentials, a 3.5 hour course, that provided basic information about viral hepatitis, how it was transmitted, screened and treated, and importantly, how to conduct sensitive (non-discriminatory) conversations with their clients about hepatitis.

However, it was soon recognised that *HEPReady* needed to also deliver more detailed information and training options. Indeed, any one of the topics covered in the Essentials course could be expanded and investigated in detail. Take for instance, stigma, which is one of the personal and cultural conditions that prevents people seeking treatment, or dealing with their condition positively. Another is working with migrants, refugees and visa holders, who will have special needs, understanding and barriers that may prevent them seeking treatment for hepatitis B. These are areas that needed depth of understanding.

So it was that *HEPReady* Comprehensive was conceived.

Objectives

- Provide a series of training modules that enable participants to take a deep dive into specific topics of their choice, to develop an in-depth understanding that will benefit their interaction and work with people living with viral hepatitis.
- Enable participants to undertake their choice of training online, at a time and frequency, which fits in with their day-to-day work commitments.
- Deliver training solutions that are tailored to each workplace's unique and specific workforce requirements.

Outcomes

Seventeen Comprehensive Units were developed in all, and were made publicly available (online) after the content was extensively reviewed.

It has become evident that the health and community workforce prefers training content that is specifically tailored to their requirements, for example hepatitis C, or treatment regimes and adherence, or mothers, babies and hepatitis B. As a result, *HEPReady* has moved away from delivering specific courses to tailored workforce training.

In this approach, the *HEPReady* Comprehensive resources are adapted and packaged for specific purposes. This has been the approach taken to training pharmacists, for example, where to date,

more than 90 pharmacists have enrolled in the Hepatitis B for Pharmacists and Hepatitis C for Pharmacists. The content for both courses has been derived from six Comprehensive units: Epidemiology B and C, Treatment B and C, People Who Inject Drugs and Migrants, Refugees and Visa holders.

HEPReady will continue with this approach in 2018, in order to empower the workforce to help eradicate viral hepatitis in Victoria.



Pathway 3: Attack stigma and discrimination

Our commitment

- Expand *Mums to B/B Understood* community education across Victoria, focusing on cities of Melbourne and Dandenong.
- 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's 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.

Our achievements

- Delivered *Mums to B/B Understood* community education across Victoria, focusing on cities of Melbourne and Greater Dandenong.
- Translated hepatitis B and hepatitis C related resources into multiple community languages and made available in hard copy and online.
- Recruited peer educators and facilitators from Chinese, Vietnamese, Afghani, Egyptian, Burmese, Cambodian and Italian communities to assist in education and awareness-raising in broader community.
- People with lived experience and advocates involved in development of new strategic plan, advise on *HEPReady* and in development of new resources.
- Empowered representatives from wide range of communities to become Hepatitis Heroes, and expanded total number.
- Stigma incorporated in each *HEPReady* training course, along with dedicated Comprehensive module.
- Developed and undertook hepatitis B public speakers training.
- Videos of *HEPSpeak* speakers broadcast at Dandenong public event and other videos incorporated into *HEPReady* Comprehensive training.
- Continued to expand involvement in and promotion of HEPspeak public speakers program.
- Facilitated lived experience participation in range of advisory structures and consumer reference groups.
- Creation of dedicated stigma and discrimination section of website.
- Developed and distributed two surveys of experiences of stigma and discrimination to both people with lived experience and those associated with them.
- Involved law interns in the analysis of forums for responding to discrimination and preparation of associated resources.

Destination: Highly influential

- Empathetic public portrayal of affected community.
- Empathetic approach by those working with the affected community.
- Maximum self-esteem for those living with hepatitis.

Profile – Stigma and Discrimination... The Elimination Project

Overview

During the first half of 2017 Hepatitis Victoria undertook a consultative process to investigate stigma and discrimination, and the use of formal recourse and other techniques in responding to experiences of stigmatizing behavior.

Hepatitis Victoria's newly appointed Stigma Response Co-coordinator designed and implemented the consultative process which included surveys delivered online and in person at relevant health services. These were aimed at both people with lived experience of chronic hepatitis B and/or hepatitis C, and those who know and/or work with them.

Focus groups were then conducted to deepen the understanding of the results of these surveys. Additionally, data from previous calls about stigma, disclosure, and discrimination, to the Hepatitis Infoline, was reviewed.

Objectives

The aim of the project was to:

- Develop a more thorough understanding of how stigma and discrimination affect those living with viral hepatitis
- Understand what response and support is available, or should be developed, to help those experiencing these issues
- Gain a better understanding of the support and education needs of employers, co-workers, health service providers, or family and friends of people living with viral hepatitis.

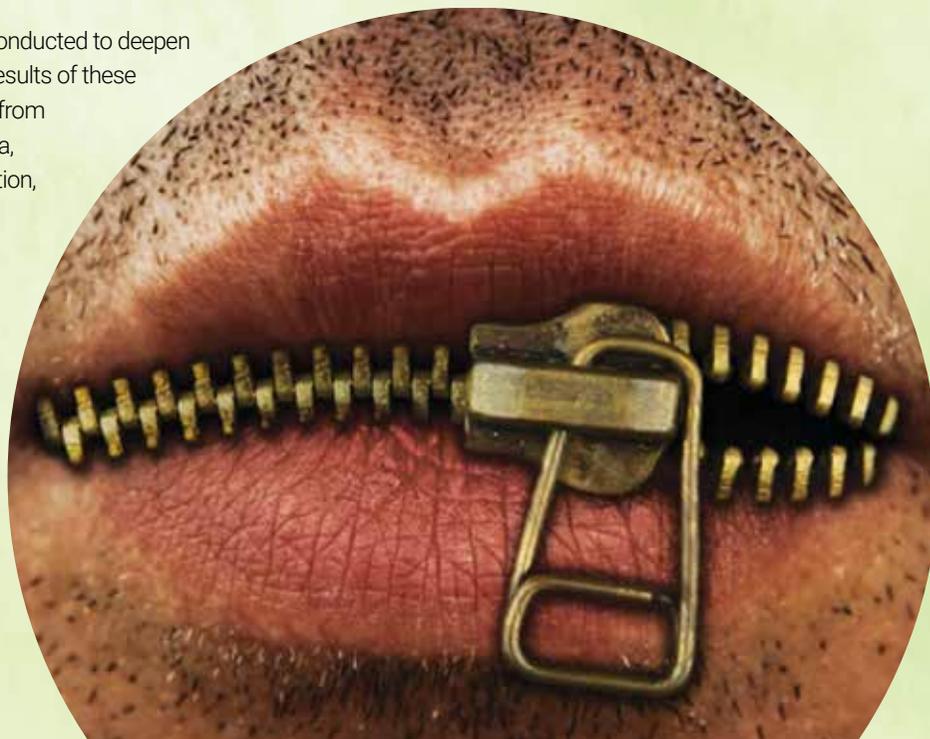
Outcome

One hundred and twenty-six surveys were completed by people living with hepatitis, as well as those who know and work with this community. The results of this consultation have and will be used to inform future plans to address stigma and discrimination.

The results have also assisted Hepatitis Victoria to improve its website to provide a dedicated section on issues related to stigma and discrimination, including information on the legal framework in regards to discrimination, and the different complaint/legal options that a person has when experiencing discrimination.

The expanded website also includes an overview of issues, and common questions about disclosure and privacy. Working with a number of law interns, a briefing paper on this subject has been developed as an additional resource to support the website content.

Additionally the project and its outcomes have been shared at various state and national forums, and in staff training. By sharing details of this initiative, we hope to broaden awareness of the issue, and of the resources that are available to people living with viral hepatitis, and battling stigma and discrimination.



Pathway 4: Collaborate, partner and engage with others

Our commitment

- Enhance and nurture relationships with CALD, refugee and Aboriginal organisations.
- Proactively respond to new opportunities including with 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 Blood Bank.

Our achievements

- Commenced the rollout of seven hepatitis B community education projects all of which involve collaboration with new stakeholders across Victoria, including from Aboriginal, refugee, migrant, municipal, corrections, women's health and community health organisations.
- Commenced "Art Inside" project in six new prisons.
- Investigated opportunities for partnering with prison health organisations.
- Provided consumer perspective in governance arrangements and health promotion aspects of wide range of research projects.
- Learnings from new collaborations shared with peer hepatitis organisations and at interstate conferences.
- Collaborated with refugee community organisations and municipal councils to hold World Hepatitis Day events in Braybrook, Dandenong and Melbourne.

- Continued partnership with Chronic Illness Alliance.
- Conducted viral hepatitis forums for GPs and allied health professionals with local stakeholders in both East and South East of Melbourne.
- Strengthened relationships with Primary Health Networks through involvement in events and provision of resources and advising on content of health pathways.
- Recognition of outstanding individual and organisations at AGM.
- Strategic planning process involved input from Community Advocates and key stakeholders.
- Partnered with Ilbijerri Theatre Company in revitalised 'Chopped Liver' production.

Destination: Desired collaborator

- Sought after by others for collaboration and partnerships.
- Aspirations of the affected community reflected in work.

Profile – Enhanced collaboration with prisons

Overview

Prison settings are environments of high risk for viral hepatitis transmission. At the same time, they present a great opportunity for hepatitis B vaccination and hepatitis C treatment.

People in prison are 40 times more likely to be affected by hepatitis C than the general Australian community. In addition, people in prison with hepatitis C are highly likely to have injected drugs prior to prison entry. This means that in order to achieve elimination in Australia, the high incidence and prevalence of hepatitis C in prisons must be addressed.

For these reasons, this community of people is a high priority for harm reduction information, viral hepatitis education and hepatitis C treatment. Which is why Hepatitis Victoria further expanded its education and outreach into prisons during 2016-2017.

Objectives

The objectives of this expanded interaction were to:

- Increase awareness of viral hepatitis transmission risk in prison
- Provide prevention information about *Staying Safe Inside* through infection control knowledge and viral hepatitis and liver health knowledge
- Provide information about community treatment and vaccination options for people leaving prison
- Undertake innovative programs in collaboration with, and to engage prisoners and prisons around viral hepatitis.

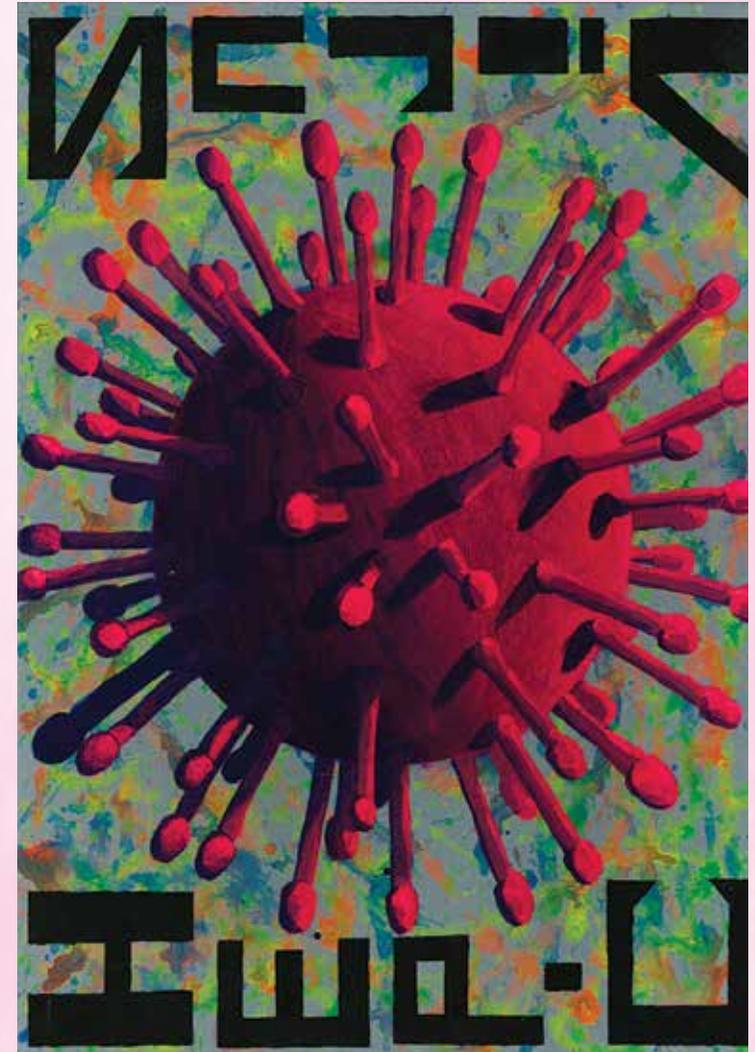
Outcomes

Three distinct initiatives achieved significant outcomes during the 2016-2017 financial year:

ART INSIDE 2017 – Hepatitis Victoria commenced delivery of hepatitis education and art workshop sessions in six prisons across Victoria. This work in progress built on the success of the previous year's Art Inside the West program. It sought to include prisoners in developing artwork for Hepatitis Victoria resources for prisoners, as well as essential hepatitis B and hepatitis C information for prisoners.

STAYING SAFE INSIDE – This program delivered education and training sessions for peer educators and billets in the prison system. These prisoners are key peers and trusted billets who are able to pass on information and educate other prisoners who are new or recently arrived to their prison. As part of their involvement, each peer received resources, factsheets and a certificate of participation.

KEEPING YOURSELF AND YOUR FAMILY SAFE – Aimed at those prisoners transitioning to release, this program worked with them to ensure they had the knowledge to keep themselves safe post release, by providing information about hepatitis B vaccination for prisoners, and how to source hepatitis C treatment in the community.



Pathway 5: Increase awareness and impact

Our commitments

- Advocate for resources to effectively implement State Government Hepatitis Strategies.
- Continue to advocate for access to clean needles and syringes in custodial settings.
- Advocate for the expanded availability of needle and syringe (NSP) 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 hepatitis.

Our achievements

- Campaigned for resources to comprehensively implement the State Government Strategies, including involvement of Advocates.
- Position paper developed and submission made to Government in relation to Illicit Drugs and impact on hepatitis, including expanded NSPs, safe injecting in prisons, and supervised injecting facilities.
- Social media and marketing training provided to staff.
- Utilisation of targeted Google advertisements for hepatitis C treatment campaign.
- Integration of management of social media channels through Hootsuite.
- Expansion of StreetShot program to include videos, and revamping of StreetShot website.
- Touring of StreetShot and extended display in Western Melbourne.
- Hosted Jasper Jones film night to raise awareness.
- Crowd funding campaign for Little HepB Heroes.

- Formed relationships with youth organisations to better promote StreetShot and awareness raising opportunities.
- Expanding health promotion education into rural and regional communities with particular emphasis on youth and Aboriginal communities.
- Instrumental in formation of new Chopped Liver production with Ilbjerri Theatre Company.
- Continued to utilise communication channels of related organisations to syndicate content.
- Expanded the reach and frequency of e-bulletin *HEPChat*.

Destination: Highly influential

- Needs of affected community are articulated.
- Health literacy of affected community enhanced.
- Input of Hepatitis Victoria sought and relied upon.
- Reduced health equity gap for people with viral hepatitis.
- Effective and goal-driven organization.

Profile – Finding new and innovative ways to engage

Overview

Our expanding digital and social media presence continued to be an important component of our multi-pronged outreach effort during the year. Our focus was to build upon the foundation laid during the previous financial year, and based on the evaluation of those efforts, fine-tune our approach, to support the organisation's strategic priorities, and to ensure continuous improvement in our digital and social communications.

The fact that we did not have the luxury of an advertising budget for social media this year, meant our task was a little more challenging, as we were wholly reliant on the organic nature of the platforms to work for us.

Objectives

- Continue to increase engagement with and participation by key target audience(s) through our digital platforms.
- Increase our story-telling capability and capacity through visually engaging means.
- Build the capacity of all staff to use social media outlets to support and extend the reach of their work.
- Use the insights provided by our digital and social media audience to inform and refine our strategic approach.

Outcomes

While the lack of advertising budget did present its challenges, it meant we had to work harder and smarter to achieve our objectives. Elements of this “smart work” included the use of surveys to help inform the development of new initiatives, the most significant and responsive being our stigma and discrimination survey. We also successfully developed an online voting mechanism for StreetShot for implementation in the 2017-2018 financial year.

The visual approach of our social activity, including the use of videos and photos (particularly those accompanying personal stories for the likes of Hepatitis Heroes and volunteer Champions for example) continued to be successful in engaging our audiences.

The *Be Free From Hep C* landing page provided the most traffic referrals to the Hepatitis Victoria website and social media continued to be the second most important channel. Interestingly Google AdWords also increased as a traffic source for us.



Ongoing operational achievements

Health promotion

- Delivered 223 education sessions across metropolitan and regional Victoria, (a 32% increase). These education sessions reached a total of 5,223 Victorians.
- 28 schools and youth organisations enrolled in 2017 StreetShot program, providing 32 education sessions, with a total of 694 young people taking part.
- Provided 23 World Hepatitis Day Community Grants (with associated education) to community groups (a greater than 100% increase).
- Conducted the Sunraysia Regional Viral Hepatitis Forum in Mildura, involving 32 health professionals from the far north west region of the state.

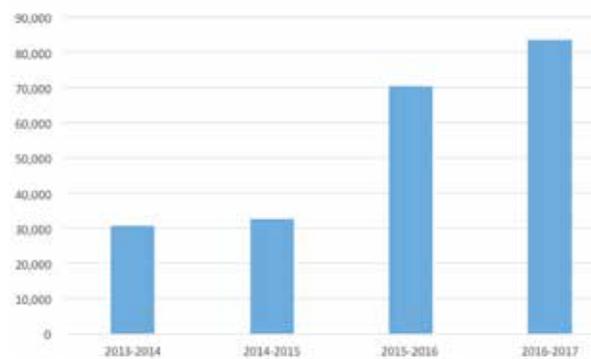
- Trained lived experience Public Speakers delivered 48 *HEPSpeak* presentations to 614 attendees, (a nearly 100% increase).

Client services

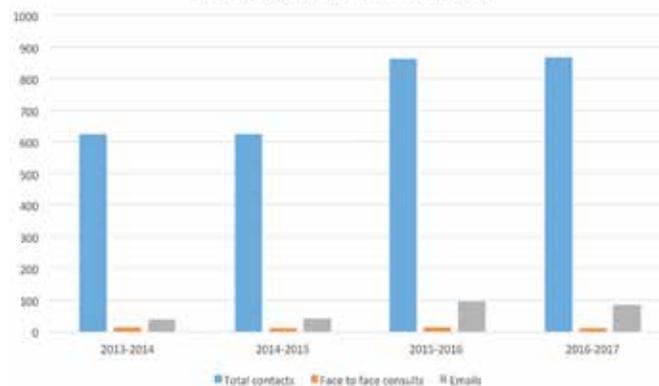
- 869 Hepatitis Infoline enquiries, including 75 to the Prison Telephone Infoline service.
- 44 volunteers contributed in excess of 1,400 hours of time in support of administrative, health promotion and education activities.

Community awareness

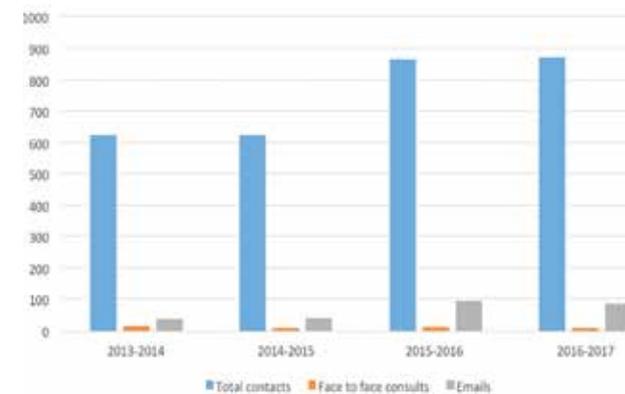
- More than 72,400 unique visits to Hepatitis Victoria websites, resulting in nearly 103,000 individual content pages viewed.
- 264 Facebook, 323 Twitter and 181 Instagram social media posts on a variety of hepatitis related matters.
- 68 electronic bulletins distributed, including 44 *HEPChat* e-newsletters, to 93,498 recipients.
- Four editions of Good Liver magazine, or nearly 8,000 publications, distributed.



Hepatitis Victoria e-Bulletins 2013 to 2017



Hepatitis Victoria Infoline 2013 to 2017



Hepatitis Victoria Website 2013 to 2017

Profile – Diversity... building capacity and understanding

There is a well-known quote in Harper Lee's novel, *To Kill a Mockingbird* that is relevant to our ongoing endeavours in relation to diversity: "You never really understand a person until you consider things from his point of view . . . until you climb into his skin and walk around in it."

During the year, we were involved in a range of initiatives to build our understanding of and capacity to appropriately respond to diversity:

Chopped Liver... was presented by ILBIJERRI Theatre Company and the Victorian Department of Health and Human Services (DHHS) in partnership with Victorian Aboriginal Community Controlled Health Organisation (VACCHO), Victorian Aboriginal Health Service (VAHS), and the Centre for Excellence in Rural Sexual Health (CERSH) and Hepatitis Victoria.

The play undertook a two week tour of metropolitan and regional sites with a total of 17 performances across the state.

The production was a great success and allowed Hepatitis Victoria, ILBIJERRI Theatre Company and other partners to reach an audience of over 600 people, half of whom identified as Aboriginal or Torres Strait Islander.

A number of the shows were held within prisons, so it allowed us to deliver messages about the new DAA treatments and broader issues regarding hepatitis C directly to "at risk" communities.

The relationship with ILBIJERRI Theatre Company continues, and Hepatitis Victoria is having input into the development of a new theatre piece by Ilbijerri, again focusing on hepatitis, for 2018.

The LIVERability grants... this program has been running for nine years and has grown each year.

The aim is to support not-for-profit and community organisations to promote World Hepatitis Day, as well as provide awareness-raising and education to the staff and patrons of these groups. This year a total of 23 successful applications were received including eight regional and 15 metropolitan organisations with around half of successful grant applicants received on behalf of Aboriginal communities.

The 2017 total grant request value of \$24,535 has tripled last year's value due to growing interest in the program.

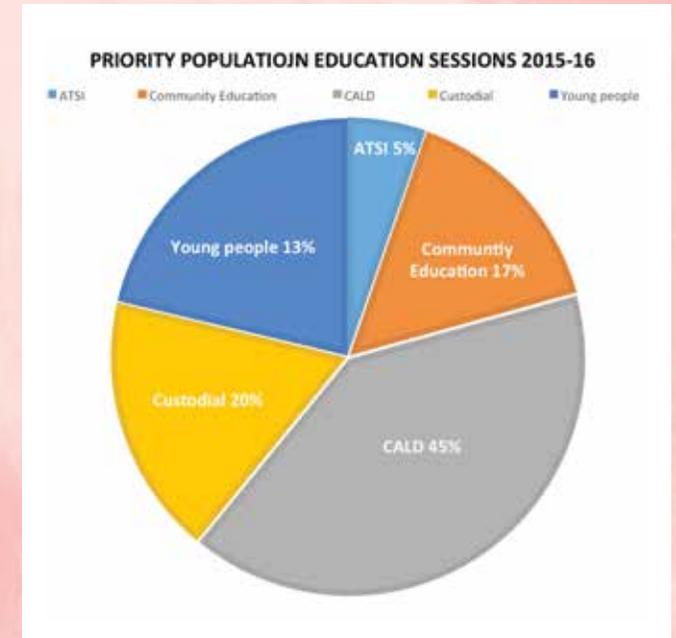
In addition to the successful engagement with Aboriginal communities, grants were also offered to a number of culturally diverse groups, including Italian, African and Chinese community groups. As with previous years, drug and alcohol services, as well as homelessness services were supported to promote World Hepatitis Day.

Learning from Aunty Janet... In the lead-up to Sorry Day and National Recognition Week in 2017, Aunty Janet Turpie- Johnstone, an indigenous scholar, researcher and advocate shared with Hepatitis Victoria her valuable advice and work experiences with the Aboriginal community, to help further build our understanding of the specific health challenges and provide guidance on collaboratively working with the Aboriginal community.

This event was run as part of our hepatitis B community-driven education projects, and provided invaluable insights on the direction we need to take particularly in relation to trust, clarity, sensitivity, respect, and building appropriate liaison points.

Understanding diversity in diversity... Dr Mimmie Claudine Watts shared with us her insights from her 'Sensitive Research with Vulnerable Participants' (African Australian communities)

and how these might apply more broadly to reaching CALD communities. As we know, many of these communities are disproportionately impacted by viral hepatitis, but the depth and complexity of communicating and engaging with them is a challenge. Mimmie recommended using a cultural competency framework that "recognises other people are different from us and that we need to provide services in a way that is appropriate and acceptable to them". She highlighted that cultural competence was a continuum. That is, it is never fully achieved but we can aim to grow it over time. Furthermore intracultural differences, and people of different ethnic groupings need to be treated in a way that is appropriate to each particular group, not with a 'one size fits all' approach.



Thank you to our supporters:

Thank you

- Department of Health and Human Services – Core funding, Community Participation and Health Promotion project funding
- Department of Health and Human Services – *Be Free from Hep C campaign*
- Department of Health and Human Services – Victorian Hepatitis Strategies implementation funding
- Hepatitis Australia – Hepatitis B Community Education project funding
- Department of Justice and Regulation, Justice Health – Art Inside project funding
- Helen Macpherson Smith Trust – HEPReady project funding
- Bristol-Myers Squibb Australia – untied educational grant, HEPReady educational videos
- AbbVie Australia – untied educational grant, hepatitis C outreach project
- GlaxoSmithKline Australia – untied educational grant, hepatitis B outreach project
- The Andrews Foundation – B understood awareness project
- Foundation for Rural and Regional Renewal and the McEwan Foundation – Hep Aware Mitchell Project
- Moreland City Council – Mums to B/B education program
- Hobsons Bay City Council – Western Liverability Festival 2016
- Brimbank City Council - Western Liverability Festival 2016
- Corrs Chambers Westgarth – pro bono legal advice
- RACV Foundation – StreetShot support

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

Financial statements for the year ended 30 June 2017

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Board's Report for the year ended 30 June 2017

Your Board members submit the financial accounts of the Hepatitis Victoria Inc for the financial year ended 30 June 2017.

Board Members

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

Frank Carlus
Dr Nicole Allard
Dr Rosemary Mckenzie
Kieran Donoghue
Todd Fernando
Ian Gracie
Paul Kidd
Jennifer MacLachlan
Eddie Micallef
Donna Ribton-Turner
Emily Wheeler
Ross Williams
Melanie Eagle

Principal Activities

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

Significant Changes

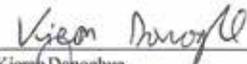
No significant change in the nature of these activities occurred during the year.

Operating Result

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

Year ended	Year ended
30 June 2017	30 June 2016
\$	\$
57,091	117,893

Signed in accordance with a resolution of the Members of the Board on: *30 October 2017*


Kieran Donoghue


Frank Carlus

Income and Expenditure Statement for the year ended 30 June 2017

	2017 \$	2016 \$		2017 \$	2016 \$
Income					
Donations received	1,206	1,100	Insurance	4,087	5,476
Fundraising	3,660	-	Internet Costs	1,232	1,319
Interest received	15,432	20,789	Meeting Costs	2,872	2,735
Other income	182	10,840	Motor Vehicle Expenses	10,215	6,700
Member fees - Organisational and Professional	164	195	Newsletter/Magazine	17,590	19,312
Fees for Service	16,485	7,636	Postage	19,151	10,018
Sponsorships	10,330	7,403	Provision for LSL/Annual Leave	54,089	5,417
Grants Received			Printing and stationery	12,265	12,910
- Department of Health & Human Services	1,313,877	1,109,203	Recycling	285	627
- DHHS Integrated Care (CDSM) -	-	97,301	Rent and Utilities	72,316	73,589
- Various grants	146,668	163,614	Repairs and maintenance	1,312	236
- DHHS Communications Project	75,669	100,195	Salaries	1,064,207	859,997
- Hepatitis B Community Education Grants	173,808	-	Salary Increase Provision	-	(5,978)
	1,710,021	1,470,313	Security Costs	696	998
Total income	1,757,479	1,518,276	Sick and Maternity Leave Provision	(9,133)	4,605
			Staff Development	6,757	4,416
Expenses			StreetShot Program	12,204	15,357
Advertising and promotion	2,470	2,958	Support Groups	-	231
Advocacy, Awareness & Participation Projects	4,053	2,030	Subscriptions and Publications	1,525	2,388
AGM Costs	3,634	2,543	Sundry expenses	(136)	5,230
Amenities	1,625	2,641	Superannuation Contributions	87,072	61,287
Audit fees	4,675	3,025	Telephone	14,966	18,388
Liverability Festival/World Hepatitis Day	22,539	9,213	Travelling and Accommodation	10,269	8,895
Bank Fees And Charges	1,145	1,323	Volunteer Costs	4,732	3,655
Cleaning	4,843	3,978	Website Upgrade & Maintenance	7,158	13,979
Communication Projects	2,062	4,083	Workcover	16,297	16,548
Computer Software and Maintenance	29,527	28,931	Workshop and Conferences	4,780	-
Consultants fees	16,845	9,313	Total expenses	1,700,388	1,400,383
Depreciation	28,966	23,077	Surplus from ordinary activities before income tax	57,091	117,893
DHHS Communications Project	76,655	100,195	Income tax revenue relating to ordinary activities	-	-
Equipment	2,491	5,593	Net surplus attributable to the association	57,091	117,893
Financial Services	2,895	2,740	Total changes in equity of the association	57,091	117,893
Fringe Benefits Tax	16,448	12,091	Opening retained surplus	444,297	326,404
Health Promotion Projects	35,268	23,577	Net surplus attributable to the association	57,091	117,893
HEPReady Workorce Development Program	27,440	14,737	Closing retained surplus	57,091	117,893

Balance Sheet as at 30 June 2017

	Notes	2017 \$	2016 \$
Assets			
Current Assets			
Cash assets	2	632,294	313,731
Receivables	3	144,997	633
Other	4	520,322	415,518
Total Current Assets		1,297,613	729,882
Non-Current Assets			
Property, plant and equipment	5	101,474	122,649
Total Non-Current Assets		101,474	122,649
Total Assets		1,399,088	852,531
Liabilities			
Current Liabilities			
Payables	6	84,181	108,570
Current tax liabilities	7	53,249	30,389
Provisions	8	142,327	98,402
Other	9	616,912	170,873
Total Current Liabilities		896,669	408,234
Non-Current Liabilities			
Provisions	8	1,030	-
Total Non-Current Liabilities		1,030	-
Total Liabilities		897,699	408,234
Net Assets		501,388	444,297
Members' Funds			
Retained surplus		501,388	444,297
Total Members' Funds		501,388	444,297

Statement of Cash Flows for the year ended 30 June 2017

	2017 \$	2016 \$
Cash Flow from operating activities		
Receipts from grants and others	1,597,683	1,506,101
Payments to Suppliers and employees	(1,139,519)	(1,333,849)
Interest received	15,432	20,789
Net cash provided by (used in) operating activities (note 2)	473,596	193,041
Cash Flow from investing activities		
Payment for:		
Other Assets	1,177	-
Receipts for property, plant and equipment	-	38,128
Payments for property, plant and equipment	(7,791)	(111,381)
Net cash provided by (used in) investing activities	(6,614)	(73,253)
Net increase (decrease) in cash held	466,983	119,788
Cash at the beginning of the year	677,822	558,034
Cash at the end of the year (note 1)	1,144,805	677,822

Statement of Cash Flows for the year ended 30 June 2017

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:

	2017 \$	2016 \$
Cash At Bank	631,678	313,411
Cash on hand	617	320
Short term deposits	512,510	364,091
	1,144,805	677,822

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

Operating surplus (deficit) after tax Depreciation	57,091	117,893
Surplus on disposal of property, plant & equipment	28,966	23,077
Changes in assets and liabilities:	-	(4,228)
(Increase) decrease in trade and term debtors	(144,364)	8,614
(Increase) decrease in other debtors	-	(4,377)
(Increase) decrease in prepayments	42,438	(46,331)
Increase (decrease) in trade creditors and accruals	(47,837)	59,527
Increase (decrease) in other creditors	469,487	27,787
Increase (decrease) in employee entitlements	44,956	(1,294)
Increase (decrease) in sundry provisions	22,860	8,861
Increase (decrease) in grants in advance	-	3,512
Net cash provided by operating activities	473,596	193,041

Notes to the Financial Statements for the year ended 30 June 2017

Note 1: Summary of Significant Accounting Policies

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

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

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

(a) Property, Plant and Equipment (PPE)

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

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

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

(b) Impairment of Assets

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

(c) Employee Benefits

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

(d) Cash and Cash Equivalents

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

(e) Revenue and Other Income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue. Interest revenue is recognised using the effective interest rate method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

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

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

(f) Leases

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

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

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

(g) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Tax Office. In these circumstances, the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the assets and liabilities statement are shown inclusive of GST.

(h) Trade and Other Payables

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

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

(i) Income Tax

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

Note 2: Cash assets

Bank accounts:

- Cash At Bank

Other cash items:

- Cash on hand

Note 3: Receivables

Current

Trade debtors

Note 4: Other Assets

Current

Short term deposits

Prepayments

Other

Note 5: Property, Plant and Equipment

Leasehold improvements:

- At cost

- Less: Accumulated depreciation

Other plant and equipment:

- At cost

- Less: Accumulated depreciation

Motor vehicles:

- At cost

- Less: Accumulated depreciation

	2017 \$	2016 \$
Bank accounts:		
- Cash At Bank	631,678	313,411
Other cash items:		
- Cash on hand	617	320
	632,294	313,731
Note 3: Receivables		
Current		
Trade debtors	144,997	633
	144,997	633
Note 4: Other Assets		
Current		
Short term deposits	512,510	364,091
Prepayments	3,893	46,331
Other	3,919	5,096
	520,322	415,518
Note 5: Property, Plant and Equipment		
Leasehold improvements:		
- At cost	23,983	23,983
- Less: Accumulated depreciation	(8,782)	(2,786)
	15,201	21,197
Other plant and equipment:		
- At cost	79,531	71,740
- Less: Accumulated depreciation	(51,191)	(37,322)
	28,340	34,418
Motor vehicles:		
- At cost	72,802	72,802
- Less: Accumulated depreciation	(14,869)	(5,768)
	57,933	67,034
	101,474	122,649

Statement by Members of the Board for the year ended 30 June 2017

	2017 \$	2016 \$
Note 6: Payables		
Unsecured:		
- Trade creditors	11,690	59,527
- Other creditors	72,492	49,043
	84,181	108,570
	84,181	108,570
Note 7: Tax Liabilities		
Current		
GST payable	67,039	58,899
Input tax credit	(13,790)	(28,510)
	53,249	30,389
Note 8: Provisions		
Current		
Employee entitlements*	142,327	98,402
	142,327	98,402
Non Current		
Employee entitlements*	1,030	-
	1,030	-
	143,357	98,402
* Aggregate employee entitlements liability. There were 20 employees at the end of the year		
Note 9: Other Liabilities		
Current		
Grants and fees in advance	616,912	170,873
	616,912	170,873
Note 10: Capital and Leasing Commitments		
<i>Operating lease expenditure contracted for at balance date that is not cancellable and is not provided for in the accounts:</i>		
Payable:		
No later than one year	57,903	56,217
Later than one year but not later than two years	29,379	57,903
Later than two years but not later than 5 years	-	29,379
	87,282	143,499

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 2017 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

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Hepatitis Victoria Inc (the association), which comprises the Statement by Members of the Board, Income and Expenditure Statement, Balance Sheet as at 30 June 2017, a summary of significant accounting policies and the certification by members of the board on the annual statements giving a true and fair view of the financial position and performance of the association.

In our opinion, the accompanying financial report presents fairly, in all material respects, the financial position of the association as at 30 June 2017 and [of] 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 and the Australian Charities and Not-for-profits Commission Act 2012.

Basis for Opinion

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

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

Emphasis of Matter – Basis of Accounting

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

Responsibilities of the Board for the Financial Report

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

In preparing the financial report, the Board is responsible for assessing the association's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the board either intends to liquidate the association or to cease operations, or has no realistic alternative but to do so.

Auditor's Responsibilities for the Audit of the Financial Report

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

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

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

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

Signed on: 4th OCTOBER, 2017

ASSUR PTY. LTD.
ASSUR PTY LTD
Authorised Auditor company Number: 453122
Chartered Accountants

Anthony Ager
Anthony Ager
Director - Audit & Assurance
Chartered Accountant



HEPATITISVICTORIA

Suite 5, 200 Sydney Road, Brunswick