



Annual Report 2014–15

Achieving outcomes with the active involvement of our community and supporters



HEPATITISVICTORIA



Our vision

Contents

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

Picture on front cover:
Interns in 2014/2015 Aurora Tang and Huyen Nguyen.

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Hepatitis Victoria Board

Kieran Donoghue (President)

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.

Catina Eyres (Vice President)

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

Pam Woods (Secretary)

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

Frank Carlus (Treasurer)

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

Rose Coulter (retired October 2014)

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 and the Health Issues Centre. She is currently a statewide educator in consumer participation in health.

Nicole Allard

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

Paul Kidd

Paul has been living with HIV for almost 30 years, and with Hepatitis C for the last 15 and has a long history of involvement within the HIV sector as a writer, educator, and activist. He was President of People Living With HIV/AIDS Victoria (now called Living Positive Victoria), a Director of the Victorian AIDS Council (VAC/GMHC) and Treasurer and Vice-President of the Daylesford ChillOut LGBTI Pride Festival 2010-2011.

Rosemary McKenzie

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

Belinda McNair

Belinda has worked with the alcohol & other drugs sector for over 20 years, and has been involved in the development and implementation of a number of initiatives related to health and management services for injecting drug users.

Eddie Micallef

A former Parliamentarian Eddie was a member of the Parliamentary Drugs and Crime committee. As former Chairperson of the Springvale Community Health Service he became involved with Drug issues and the links between a culturally diverse communities and Illicit Drugs. He is currently Chair of the Ethnic Communities Council of Victoria and Chair's their Drugs Task Force. He is also a member of the Inner South Community Health Centre Board of Management.

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.

Gaylene Coulton

Gaylene Coulton was the Chief Executive Officer of the South Western Melbourne Medicare Local (SEMML) since its inception in early 2012. SEMML provides general and allied health practice support, and community programs including Closing the Gap of Indigenous Health, After-Hours General Practice program, Mental Health and others. Her career started as a nurse, specialising in domiciliary palliative care.

Melanie Eagle (CEO non-voting position)

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



About us

Our Vision

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

Our Role

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

Hepatitis Victoria works to:

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

Our Values

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

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

Volunteer Spotlight

John Kenney

John Kenney wears his heart on his sleeve – literally. Renowned for his extreme love of tattoos (100% of John's body is covered with them) John dedicates much of his time and energy to building awareness on the risk factors and health issues associated with viral hepatitis.

As an active and involved volunteer and Hepatitis Hero, John is incredibly generous with the time that he gives to Hepatitis Victoria. In the last year and a half alone, he has participated in the Hep Heroes Movies, assisted as an ambassador for our safe tattoo community online forum, SKiNK tales, appeared at numerous community events, including the Sydney Road Street Party, and participated in publicity for World Hepatitis Day. He has also spoken at our Street Shot On the Move in Sunshine, and launched the HepFree Shep program at Goulburn Ovens TAFE in March 2015.

He is passionate about building awareness, particularly with young people, who are experiencing higher rates of hepatitis C infection.

"It's important that we get the message out, especially to young people so they don't make the same mistake as me. Don't share needles, don't do backyarders and make sure the tattooist you go to has a license", says John.

John is always available to help out at a moment's notice, and is a valued member of our team of 'secret weapons'!

Thank you John. We look forward to you continuing your work with us, and helping to build awareness and understanding of viral hepatitis.



John Kenney with O'liver, the hepatitis mascot, and other supporters.



President's report

2014-15 saw some significant developments in the environment in which Hepatitis Victoria operates. At the state level, there was a change of government, while at the national level, new national strategies for hepatitis B and hepatitis C were released and a Parliamentary enquiry into hepatitis C was held. The reorganisation of health service provision continued, with Medicare Locals being replaced by new Primary Health Networks. In such a fluid environment, Hepatitis Victoria continued to provide high-level education, support and advocacy on behalf of the viral hepatitis-affected community.

A major initiative was the Western Liverability Festival, comprising a range of events held in the western metropolitan region – an important area for the organisation given it is home to large numbers of many of our priority populations. We opened our Street Shot exhibition, launched our Hepatitis Heroes video, held a legal seminar and hosted representatives of the major political parties at our HepUp roundtable. The latter event was very timely, being held in the run-up to the state election and was one of several advocacy initiatives to raise the profile of viral hepatitis in the political debate.

While the Department of Health remains our major funding source, Hepatitis Victoria continued to secure additional grants for a range of new projects. These include:

- Hepatitis Australia:
Women's Multicultural Health and viral hepatitis
- AbbVie Pharmaceuticals: Hep Heroes Video Diary Project
- Foundation for Rural and Regional Renewal:
Hep Free Shep Project
- Victorian Women's Benevolent Trust:
Hep B Mums Support Group.

Hepatitis Victoria was also accepted into the Social Trader's "The Crunch" program, which provided an opportunity for the organisation to develop a potential model for a self-funded education program. Whether or not we move ahead with this model, it has been a valuable learning experience and a great opportunity to get expert feedback from experienced social entrepreneurs.

In today's "digital age", the organisation is having to continually develop its online presence and digital resources.

In 2014 -15, the landmarks were: a revamped website, a redevelopment of our contacts database (a low profile but essential exercise to make sure we keep in touch with our community and supporters in the most effective way), a dedicated website for StreetShot and the launch of our first app – SKiNK – aimed at young people with an interest in tattoos and body art.

Alongside our core of enthusiastic professional staff, Hepatitis Victoria benefits from the great work of our volunteers. Under the Community Participation Framework adopted in 2014, we have built on and diversified existing community interaction, with new Hepatitis Heroes, growth in the Public Speakers Bureau, internships and Community Advocates. Some of the latter have made media appearances, the most high-profile being Ross William's appearance on Channel Ten's "The Project". They have also been an invaluable resource during the election campaign and in subsequent engagement with the new state government. A further highlight was our "HepConnect" team of telephone volunteers winning an award for "Outstanding achievement by a volunteer: improving the patient experience" at the Victorian Minister for Health Volunteer Awards.

Inevitably it is not possible to grow all elements of community engagement simultaneously and attendance at our Support Groups has dwindled. A review of support services and participation activities highlighted the changing trends and that similar declines were evident in other states. As the ways in which the community access information and support change (and longer-term with the implications of improved treatments), Hepatitis Victoria has to continuously monitor and adapt to the community's requirements. This makes our "digital literacy" even more important.

I'd like to thank my fellow Board members for their efforts and support over the last year. I'd like to specifically recognise departing board members Pam Wood, Gaylene Coulter and Belinda McNair for their valuable contributions to Hepatitis Victoria.

Kieran Donoghue
President



CEO's report

The involvement of our community and supporters, including our Community Advocates, public speakers, Hepatitis Heroes, interns and volunteers, was pivotal to our achievements over the past 12 months. During a time of momentum, including the changing state government, the Federal Parliamentary Inquiry into hepatitis C, and the Pharmaceutical Benefits Advisory Committee (PBAC) recommendations on new hepatitis C treatments, they were stalwarts - engaging, educating and advocating on our behalf.

I am very proud of what has been achieved over the course of the year, and know this to have only been possible by our collective effort.

We consistently strive to have a considered and strong voice on key matters that are critical to viral hepatitis. This year we continued to push for a proportionate response by government at all levels, for them to invest in multiple strategies to prevent transmission, eradicate stigma and discrimination, and to introduce appropriate testing, management and treatment regimes to tackle the virus head on.

Recognising the most powerful messages come from the personal stories and experiences of those living with viral hepatitis, we provided resources and training for the public, and in particular our *Community Advocates*, to assist them in being vocal. We were inspired by the way in which they rose to the occasion: contacting their local parliamentarians, speaking with local media, writing letters and submissions.

Also recognizing the power of a united front we continued to collaborate and partner with a range of community and health groups. The inaugural *Western Liverability Festival* was held and for the first time ever, representatives of the three major political parties participated in a discussion on hepatitis with an informed and committed audience.

We undertook a multi-pronged approach to increasing awareness and impact.

Of particular note was our work in the digital arena. Understanding that our communities want to be able to access information and support in a variety of ways, we completely revamped the Hepatitis Victoria website. We also developed a new, standalone website for StreetShot to make it easier for young people to participate in the program, and to better streamline our administration of the initiative. In what was a new journey for us, we developed the SKiNK "app" to promote the importance of professional and safe tattooing, whilst at the same time facilitating peer messages of the potential risks around hepatitis.

Following the successful launch of the Hep Heroes website, we also launched the Hep Heroes Movies during the 2014 Western Liverability Festival as a means to further build awareness and challenge stigma.

Throughout all of this I have been enabled and energised by a team of highly capable and committed staff. The passion they universally have for their work creates a great collaborative atmosphere from which we all benefit.

While we recognize and celebrate the great progress that was made during the year, we are also aware that much more needs to be done. We need to continue to encourage and drive positive change, so that we can further advance the journey to achieving our vision of a 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.

We look forward to continuing this journey with our staff and supporters over the coming year.

Melanie Eagle
CEO

Pathway 1:

Respond to emerging needs and new knowledge

Our commitment

- Advocate for approval of improved HCV treatments, including to a broad range of affected populations.
- Ongoing education regarding new HCV treatments.
- Advocate for hepatitis C treatment to start and finish in prison.
- Increase impact on new “at risk” populations including those ageing with chronic illness, baby boomers, and steroid users.
- Consolidate advocacy around hepatitis B and be positioned as innovators when funding available.
- Monitor implications of the implementation of the NDIS.
- Promote and support social research into lived experience.

Our achievements

- Actively promoted treatment access, collaborating with other organisations.
- Made submissions to PBAC regarding equal access.
- Supported public to advocate by providing submission templates.
- New treatment focus in December *Good Liver*.
- Proactive information provision regarding emerging treatments in education sessions and Infoline.
- November 2014 Community Advocate and staff session on PBAC process.
- May 2015 staff meeting on new treatments.
- Justice Health Technical Advisory Committee overseeing new treatment response in prisons.
- Infoline response to aged population, advanced liver disease, and updating FAQs.
- Education sessions reaching over 200 older Chinese migrants and over 60 Vietnamese migrants.
- Updated “Going Viral” CDSM online course.
- Updated “Hep C Take Control” CDSM face-to-face course.
- Investigated support needs of Mums to B and those supporting others with hepatitis.

Going forward

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

Advocate for approval of improved HCV treatments, including to a broad range of populations.

Profile

Supporting Public Advocacy

CASE
STUDY

Overview:

One of the key commitments under our strategic pathway, to respond to emerging needs, and new knowledge is to advocate for approval of improved hepatitis C treatments including to the broad range of affected populations. Hepatitis Victoria also encourages its communities to advocate on major issues. In FY 2014/15 one of the key matters on the hepatitis agenda was the call for new treatments that have the potential to cure hepatitis C to be made widely available in Australia. Hepatitis Victoria undertook a range of activities to encourage and support the public to advocate on this issue.

These activities included:

- A survey of the public to inform the Hepatitis Victoria submission to PBAC
- A briefing for staff and Community Advocates on the PBAC process
- Multiple e-bulletins to our stakeholders providing updates on the consideration process, and also templates and guidelines to support them to make their own submissions to PBAC
- Information on new treatments and how to get involved in the process, on the Hepatitis Victoria website
- Regular email and web updates

Objectives:

- To provide our communities with timely and relevant information, and make them aware of their opportunity to be involved
- To empower the public to positively influence PBAC's thinking

Outcomes:

More than 1700 of our stakeholders received information and regular updates on the PBAC process, and guidelines on how they could get involved. Although we are unable to quantify the number of Victorian submissions made as a result, we do know that following significant collaboration and input from communities and organisations around Australia, PBAC recommended a range of new medications be made available on the PBS.



Community Advocates training session



Public Inquiry at Parliament House

Pathway 2: Grow the resource base

Our commitments

- Strengthen financial position and improve Hepatitis Victoria reserves.
- Develop fee for service initiatives, particularly workforce development framework.
- Detail new strategies to further diversify funding sources.
- Further increase organisational membership and consolidate individual members.
- Build partnerships with pharmaceutical companies to expand treatment education.
- Continue lobbying for secure government funding for hepatitis B.
- Promote volunteer opportunities, including through filming of volunteers.
- Quantify costs associated with resource distribution so we can achieve cost recovery.
- Seek financial support from Justice Health.

Our achievements

- Philanthropic request for NSP in prison research and advocacy.
- Funding from Women's Trust for Mums To B project.
- Begin investigating corporate sponsorship.
- Redesign website to better enable fundraising.
- Initiate dialogue across hepatitis organisations to coordinate approaches to private funders.
- Continued to actively pursue grants and funders.
- Scholarship to participate in The Crunch social traders initiative re fee for service workforce development.
- Collaborations with pharmaceutical companies including providing speakers.
- Filming of volunteers added to website.
- Significant involvement of volunteers and interns in our work
- Diversifying roles undertaken by volunteers.

Going forward

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

Continue lobbying for secure government funding for hepatitis B.

Profile

The valuable contribution of Interns

CASE
STUDY

Overview:

As a small, not-for-profit organisation that receives limited funding from the Government, Hepatitis Victoria relies heavily on the involvement of volunteers. During the 2014/15 financial year we began to build a more structured approach to providing and realising opportunities for interns with specific skills and experience to assist us with targeted programs, particularly those that would expand our reach into and engagement with culturally and linguistically diverse communities.

One of the key projects undertaken during the year was: 'Looking after your Liver – raising awareness about Hepatitis B within the Victorian Chinese Community through Ethnic Media'. This initiative was run in partnership with Cancer Council Victoria, funded by Hepatitis Australia through an ATSI and CALD Small Grants Project.

Objectives:

The overall objective was to raise awareness about hepatitis B and its prevalence within this community as well as:

- Increase awareness of the link between hepatitis and liver cancer.
- Encourage testing for hepatitis B.
- Encourage regular monitoring for people living with chronic hepatitis B.
- Raise awareness about the availability and efficacy of current treatments for chronic hepatitis B.

Outcomes:

With the greatly valued involvement of Chinese speaking interns we were able to undertake this work in relation to hepatitis B that we would not otherwise be able to do.

The Chinese Media program resulted in eight radio interviews (4 in Mandarin and 4 in Cantonese) on 3CW (Chinese Radio) in the month leading up to World Hepatitis Day on 28 July 2014 with medical specialists, community workers, researchers, and others with a special interest in hepatitis B. Articles and information were also distributed through Chinese print and social media at the same time.



Translating hepatitis session



Celebrating
Hepatitis Victoria
Interns

Pathway 3:

Attack stigma and discrimination

Our commitment

- Continue to expand the Public Speakers Bureau and increase speaking opportunities.
- Continue to expand the number of Community Advocates and Hepatitis Heroes.
- Promote Hepatitis Heroes and associated website through filming of Heroes.
- Seek opportunities to reduce stigma and increase awareness through increased public presence and ministerial attendance.
- Explore possibility of a TV advertisement.
- Explore possibility of using music as a medium to increase awareness.
- Increase knowledge of privacy and discrimination and how to avoid breaches.
- Collate information and develop strategy regarding relevant pharmaceutical companies.

Our achievements

- Bookings for Public Speakers doubled, with several new Public Speakers.
- Several new Community Advocates, as well as Hepatitis Heroes.
- Participation in Homeless Festival.
- Facilitated the role of individuals as witnesses to the Parliamentary Inquiry into hepatitis C.
- Sourced participants for Hepatitis Australia coffee table book of individual experiences.
- Supported Advocates in contacting MPs and local media for HepUp campaign.
- Developed a “Music as a Medium” proposal and pursued funding possibilities with Advocate.

- Legal seminar on discrimination and privacy conducted as part of the Western Liveness Festival.
- Developed BBV Infosheets regarding stereotyping for World Hepatitis Day.
- Volunteer involvement in updated information regarding pharmaceutical companies and treatments.
- Involving Advocates in contacting MPs as part of familiarising new Victorian Government.

Going forward

- Continue to expand the Public Speakers Bureau and increase speaking opportunities.
- Continue to expand the number of Community Advocates and Hepatitis Heroes.
- Explore organisations becoming Hepatitis Heroes.
- Capture the experience of individuals undertaking new treatment.
- Work with GPs to maximise their readiness to encourage access to new treatments.
- Explore how to build resilience and capacity amongst those with lived experience.

Seek opportunities to reduce stigma and increase awareness through increased public presence and ministerial attendance.

Profile

Hep Heroes movie launch

CASE STUDY

Overview:

Hep Heroes, The Movies was launched during the first Western Liverability Festival, and only a few days after World Hepatitis Day 2014. The launch of the movies was the natural sequel to Hepatitis Victoria's creation last year of the Hep Heroes website. The website contains images and stories of Hep Heroes – people who are prepared to speak out against the stigma attached to the hepatitis virus.

The videoed individual stories were placed behind most of the 30+ Hep Hero photographs on the website. Four longer movies (5-7 minutes) featuring multiple perspectives were also created.

Some of the Hep Hero videos were recorded in Mandarin, Cantonese and Vietnamese. A short video, "Hepatitis and Our Mob", was also compiled to target the Aboriginal community, which also has a disproportionately high number of people living with hepatitis.

Objectives:

- Convey the perspectives and experiences of those living with viral hepatitis
- Build awareness as a means of reducing discrimination and stigma
- End the conspiracy of silence and encourage at-risk people to get tested and treated

Outcome:

The movies are a powerful means of building awareness. Stigma needs to continue to be challenged and the Hep Heroes Movies are also part of this process. Their collective messages support the intent of the Hep Heroes website, and indeed much of the work that Hepatitis Victoria undertakes to:

- Encourage people to speak out against discrimination, stigma and judgment.
- Raise awareness of treatment and testing for people with health concerns.
- Support people living with chronic illness.



Pathway 4:

Collaborate, partner and engage with others

Our commitment

- Build collaborations in support of increased accessibility of testing for hepatitis.
- Build ongoing stakeholder support for the state election campaign.
- Integrate the use of community participation tools in the implementation of our work.
- Increase relationships with community groups, including those who offer potential links for hep B.
- Collaborate with others around AIDS 2014.
- Increase partnership links on website and through other digital opportunities.
- Involve partners and other supporters in a Western Liverability Festival around World Hepatitis Day.
- Increase partnerships with GPs to ensure screening for hepatitis B and C is done routinely.
- Continue to identify new and relevant stakeholders, including monitoring developments in relation to Medicare Locals.
- Identify new ways of reaching out to the affected community so they seek our support.

Our achievements

- Participated in a range of research projects (TAP, STEP, North Richmond HIV project, Strengthening Community Response to Hepatitis B, etc).
- Encouraged participation in La Trobe University Research.
- Continued Victorian Hepatitis Alliance secretariat.
- “Translating Hep” training with Multicultural Centre for Women’s Health.

- Ongoing coinfection project with Living Positive Victoria.
- Continuing collaboration with VACCHO, including BBV Statewide Steering Committee.
- Building relations with Chinese medical students, doctors and cancer organisations.
- Undertook the first Western Liverability Festival over a month in conjunction with a range of organisations.
- Developed new digital mechanisms to share relevant initiatives and invite following of ours.

Going forward

- Focus on primary and secondary NSPs for education and capacity building.
- Monitor possible opportunities with Primary Health Networks.
- Identify opportunities with general practice and possibly through Networking Health Victoria.
- Undertake Western Liverability Festival 2015 in collaboration with others.
- Continue to pilot HepLink peer support for health workers.
- Expanded engagement with CALD community associations.

Involve partners and other supporters in a Western Liverability Festival around World Hepatitis Day.

Profile

Western Liverability Festival

CASE STUDY

Overview:

In 2014 Hepatitis Victoria took a different approach to celebrating World Hepatitis Day 2014, staging a series of events and activities under the banner of the 'Western Liverability Festival,' which ran from 28 July to 22 August 2014 to increase awareness about viral hepatitis in a geographical region that has high rates of notifications of hepatitis B and hepatitis C.

To this end we programmed a variety of events to engage existing and new stakeholders including health workers, lawyers, students and members of various cultural communities in the area.

The events included the StreetShot 2014 award ceremony and exhibition, the Hep Heroes Movie Launch; the Hepatitis Victoria stall at the Victoria University Multicultural Week Festival; a Legal Seminar on Privacy, Discrimination and viral hepatitis; and, the HepUp Round Table breakfast discussion with politicians, policy makers and health service professionals.

Objectives:

- Increase awareness about viral hepatitis in a region that has high levels of disadvantage.
- Target priority populations and decision makers in the region in promoting the importance of testing and treatment.
- Undertake public profiling to highlight the lack of support provided to hepatitis.

Outcome:

For the first time Hepatitis Victoria moved from a week of events around World Hepatitis Day to a month long festival. Overall, the Festival approach provided a focus to increase awareness about hepatitis and increase engagement from a variety of stakeholders. Positive relationships were forged and consolidated.

Through the Festival, and the combined effort of our Hep Heroes and Community Advocates, we began to have some traction with the media, along with a social media presence. We also garnered more engagement with politicians across the board: for the first time ever representatives of the three major political parties participated in a discussion on hepatitis with an informed and committed audience.



Pathway 5:

Increase awareness and impact

Our commitments

- 'Members only' section of website to be developed.
- Promote the need for increased testing for hepatitis B and hepatitis C.
- Contribute to the adoption of first state hepatitis B strategy.
- Expand impact of World Hepatitis Day through a focused presence in area of high need, and using as an event in support of the HepUp campaign.
- Continue to increase presence in social media.
- Target ethnic media for campaigns in relation to hepatitis B.
- Involve Community Advocates and Hepatitis Heroes in state election campaign, particularly in relation to contact with MPs and media.
- Explore improved organisational branding to reduce barriers arising from hepatitis terms.
- Scope further website improvements to increase accessibility to education and general interactivity.

Our achievements

- Attendance at, and submission to, the Parliamentary Inquiry into Hepatitis C, and supported individual participation in Inquiry as well as through survey.
- Government Hepatitis B Working Group participation.
- Use of education and Infoline to promote need for testing and ongoing management.
- HepUp campaign leading up to November state election focusing on three priority asks at August Roundtable and gathering stakeholder support.
- Trialled provision of hepatitis B support.
- Website redesign including integration with Client Relationship Management system, to improve reach and communication systems.
- Created new StreetShot website.
- Coordinated advocacy approach to the new Victorian Government, including relevant Ministers and Government caucus members.
- Audit of social media use, identification of opportunities, and scope social media policy and plan.
- Identifying website tools, enabling dialogues for people with hepatitis.

- Explored viability of members only section of the website.
- Detailed costings for priority asks of GP prescribing, hepatitis C rapid testing, and greater adult hepatitis B free vaccination.
- Development of SKiNK tattoo app and video.

Going forward

- Invest in policy, research and advocacy capability in order to increase impact.
- Implement and continue to refine new Hepatitis Victoria website.
- Focus on digital delivery to respond to client needs and broaden reach of awareness raising.
- Advocate for national strategic response to the need for community awareness raising.
- Investigate online risk assessment tool for a variety of audiences in relation to viral hepatitis and liver health, including multiple languages.
- Implement social media plan, and undertake pilot in relation to World Hepatitis Day and building of organisational capability.
- Continue to advocate for the adoption of State level action plans for both hepatitis B and hepatitis C.
- Finalise SKiNK tattoo app competition and announce winners.
- Utilise SKiNK in further health promotion activities.
- Explore community summit to raise awareness of new treatments and the need to get into care.

Scope further website improvements to increase accessibility to education and general interactivity.

Profile

Increasing awareness through web and social media



CASE STUDY

Overview:

In the financial year ending June 2015 Hepatitis Victoria launched its significantly revamped website, and introduced the SKiNK Tales facebook page.

The website is an incredibly important portal for our communities and the general public to access information and support.

SKiNK was specifically designed to promote the importance of professional and safe tattooing and provide advice to young people on strategies to make sure their tattoo is safe.

Objectives:

- Ensure our communities can easily access information and support.
- Engage our stakeholders in a manner which resonates with them.
- Encourage information sharing and social connection through social media, as well as increasing awareness of hepatitis C and the risk of infection.

Outcomes:

A more user friendly website that facilitates access to quality information, support and training. The website has created more opportunities and tools for people to support the work of Hepatitis Victoria, particularly with respect to the Federal Parliamentary Inquiry into Hepatitis C and the PBAC process. The new content management system has meant that we are able to upload new information, particularly news items in a more timely fashion.

SKiNK was successful in reaching its target audience: the average post reach on the facebook page over the entire SKiNK campaign (May-July 2015) was 30,000 people per month. Posts included: SKiNK health promotion videos, SKiNK winner announcements, promotions on prizes, and information on



viral hepatitis and where to access information (eg links to the Hepatitis Victoria website and articles specific to hepatitis C and tattooing). The SKiNK promotional video achieved over 91,000 post reach.

HEPATITIS VICTORIA



HEPATITIS INFOLINE
1800 703 003 or 

UNDERSTAND

PROGRAMS

SERVICES

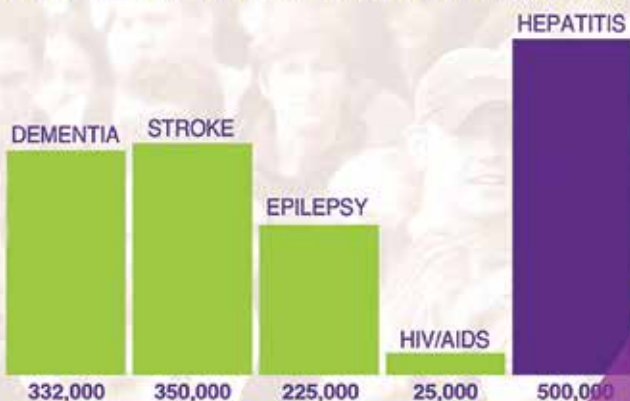
BE INVOLVED

ABOUT

 USER SIGN IN

DONATE

NUMBER OF AUSTRALIANS LIVING WITH...



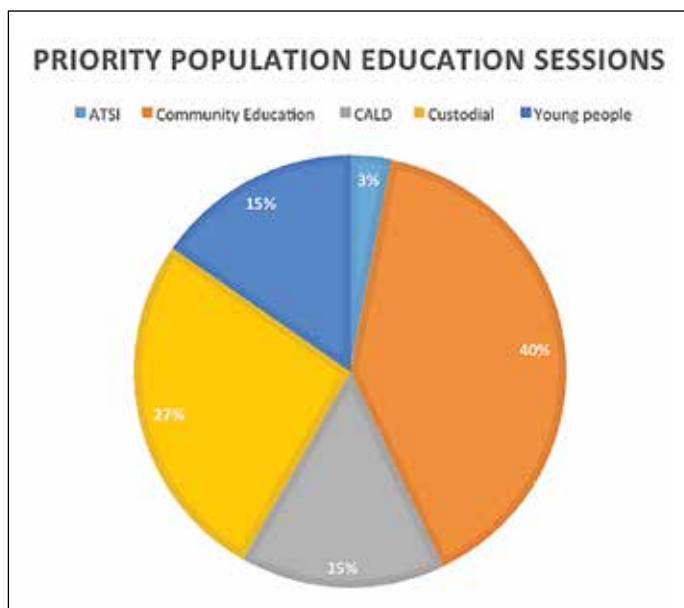
What do you know about viral hepatitis?

With around 2% of people in Australia living with viral hepatitis (hepatitis B and C) it's more common than you think...

[READ MORE](#)

Ongoing operational achievements

Health Promotion



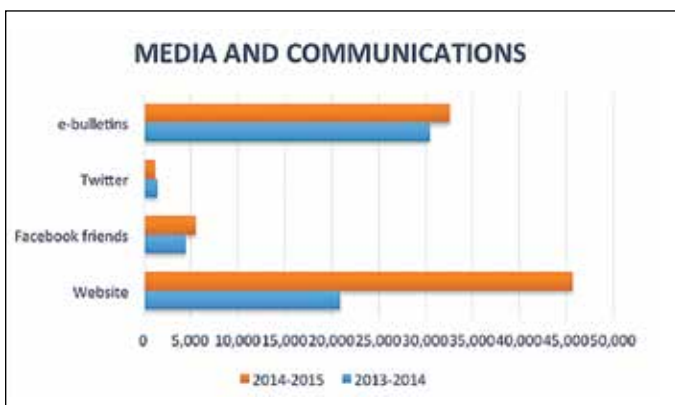
- Conducted 163 training and education sessions across metropolitan and regional Victoria, including to priority populations, reaching 3,315 people.
- Enrolled 25 schools and youth organisations in the 2015 *StreetShot* Competition.
- Received 18 applications for 2015 World Hepatitis Day Grants
- Conducted the first ever Regional Viral Hepatitis Forum in Western Victoria with over 80 health professionals attending.
- Public Speakers Bureau managed 24 trained speakers with lived experience of hepatitis B and hepatitis C.
- Public Speakers gave 23 presentations reaching over 900 people.

Client Services

- Answered more than 600 calls on the Hepatitis Telephone Infoline.

Community Awareness

- Attracted in excess of 45,000 unique users to the Hepatitis Victoria website.
- Attracted nearly 3,200 visitors to the Hep Heroes website.
- Gained almost 1,550 facebook friends and 450 Twitter followers.
- Added Instagram to the Hepatitis Victoria social media platform.
- Distributed 32,594 e-bulletins to our subscribers.



Audience at the Regional Viral Hepatitis Forum in Horsham in November 2014



Financial Statements

For the year ending 30 June 2015

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to the members



Board of Directors Report

For the year ending 30 June 2015

Your Board members submit the financial accounts of the Hepatitis Victoria Inc for the financial year ended 30 June 2015.

Board Members

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

Kieran Donoghue
Frank Carlus
Catina Eyres
Pamela Wood
Dr Nicole Allard
Gaylene Coulton
Michael Honeysett
Paul Kidd
Dr Rosemary McKenzie
Belinda McNair
Eddie Micallef
Melanie Eagle

Principal Activities

The principal activities of Hepatitis Victoria Inc 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 2015	30 June 2014
\$	\$
98,670	96,708

The accompanying notes form part of these financial statements.



Signed in accordance with a resolution of the Members of the Board on: 6 October 2015

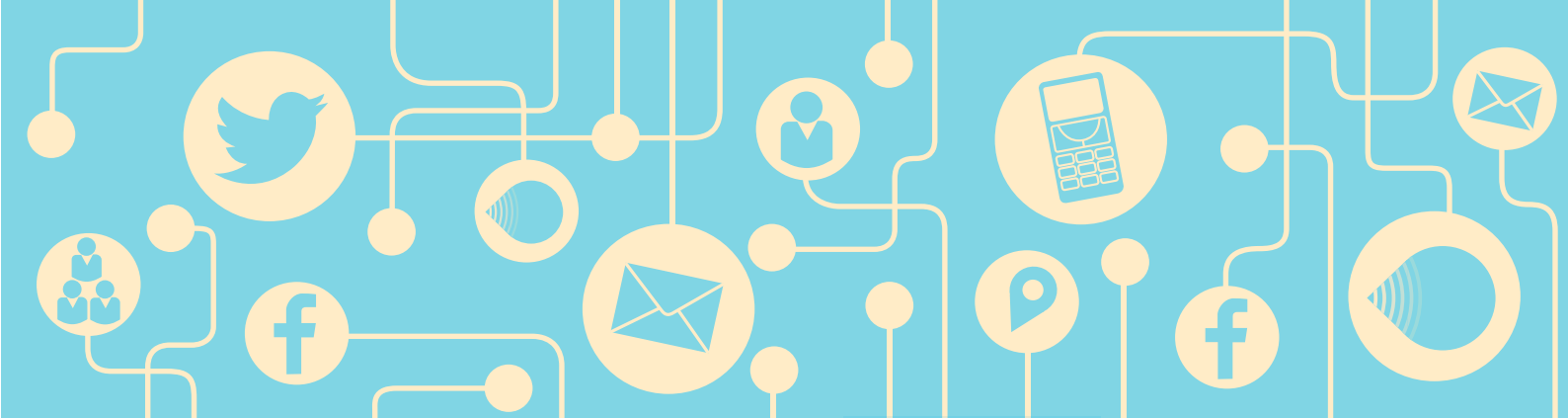

Kieran Donoghue


Frank Carlus

Income and expenditure statement

For the year ending 30 June 2015

Income	\$ 2015	\$ 2014
Donations received	1,165	1,016
Interest received	12,379	12,568
Other income		1,374
Member fees - Organisational & Professional	3,282	3,502
Fees for Service	3,936	1,919
Reimbursements		37
Sponsorships	14,864	2,132
Grants Received		
- Department of Health Care	1,097,140	1,049,163
- Department of Health Integrated Care (CDSM)	94,510	63,041
- Various grants	107,250	54,633
	<u>1,298,900</u>	<u>1,166,837</u>
Total income	<u>1,334,526</u>	<u>1,189,385</u>
Expenses		
Aboriginal Grant Scheme		334
Advertising and promotion	3,754	21,067
Advocacy & Awareness projects	9,711	
AGM Costs	1,829	6,054
Amenities	2,975	1,930
Audit fees	2,074	2,064
Awareness Week Costs/World Hepatitis Day	22,935	
Bank Fees And Charges	967	586
Cleaning	4,523	4,152
Communication Project Costs	34,895	21,266
Computer Software & Maintenance	24,624	25,524
Consultants fees	16,760	3,337
Course Costs		300
Depreciation	10,549	6,463
Employee EAP Costs	1,865	1,862
Employee Finalisation		14,680
Equipment	507	1,554
Financial Services	1,905	1,623



	\$ 2015	\$ 2014
Fringe benefits tax	13,481	10,392
Health Promotion Projects	23,694	
Insurance	6,122	5,724
Interest		1
Internet Costs	1,429	1,161
Meeting Costs	1,950	516
Motor Vehicle Expenses	23,840	27,188
Newsletter	19,348	20,190
Postage	10,051	7,999
Provision for LSL/Annual Leave	1,816	4,034
Printing & stationery	14,348	16,519
Recycling	346	447
Rent & Utilities	70,292	73,918
Repairs & maintenance	959	289
Salaries	689,879	668,311
Salary Adjustment Provision	11,315	
Security Costs	786	1,160
Sick & Maternity Leave Provision	14,656	7,445
Storage		2,737
Staff Development	3,661	13,215
Street Shot Program	15,094	9,190
Support Groups	489	585
Subscriptions & Publications	2,264	720
Sundry expenses	530	(32)
Superannuation Contributions	59,886	59,736
Telephone	13,678	14,694
Travelling & Accommodation	7,057	8,650
Volunteer Costs	3,166	2,215
Website & CRM Database Upgrade	66,700	30
Workcover	17,219	18,868
Workshop & Conferences	1,927	3,979
Total expenses	1,235,856	1,092,677
Surplus from ordinary activities before income tax	98,670	96,708
Income tax revenue relating to ordinary activities		
Net surplus attributable to the association	98,670	96,708

Income and expenditure statement

For the year ending 30 June 2015

	\$ 2015	\$ 2014
Total changes in equity of the association	<u>98,670</u>	<u>96,708</u>
Opening retained earnings	227,734	131,026
Net surplus attributable to the association	<u>98,670</u>	<u>96,708</u>
Closing retained earnings	<u>326,404</u>	<u>227,734</u>

Balance sheet

For the year ending 30 June 2015

Assets	Note	\$ 2015	\$ 2014
Current Assets			
Cash assets		198,034	422,930
Receivables	<u>2</u>	9,247	
Other	<u>3</u>	360,719	116,132
Total Current Assets		568,000	539,062
Non-Current Assets			
Property, plant and equipment	<u>4</u>	68,245	29,792
Total Non-Current Assets		68,245	29,792
Total Assets		636,245	568,854
Liabilities			
Current Liabilities			
Payables	<u>5</u>	21,256	17,247
Current tax liabilities	<u>6</u>	21,529	26,560
Provisions	<u>7</u>	99,695	72,282
Other	<u>8</u>	167,361	225,031
Total Current Liabilities		309,841	341,120
Total Liabilities		309,841	341,120
Net Assets		326,404	227,734
Members' Funds			
Retained Earnings		326,404	227,734
Total Members' Funds		326,404	227,734

Statement of cash flows

For the year ending 30 June 2015

Cash Flow From Operating Activities

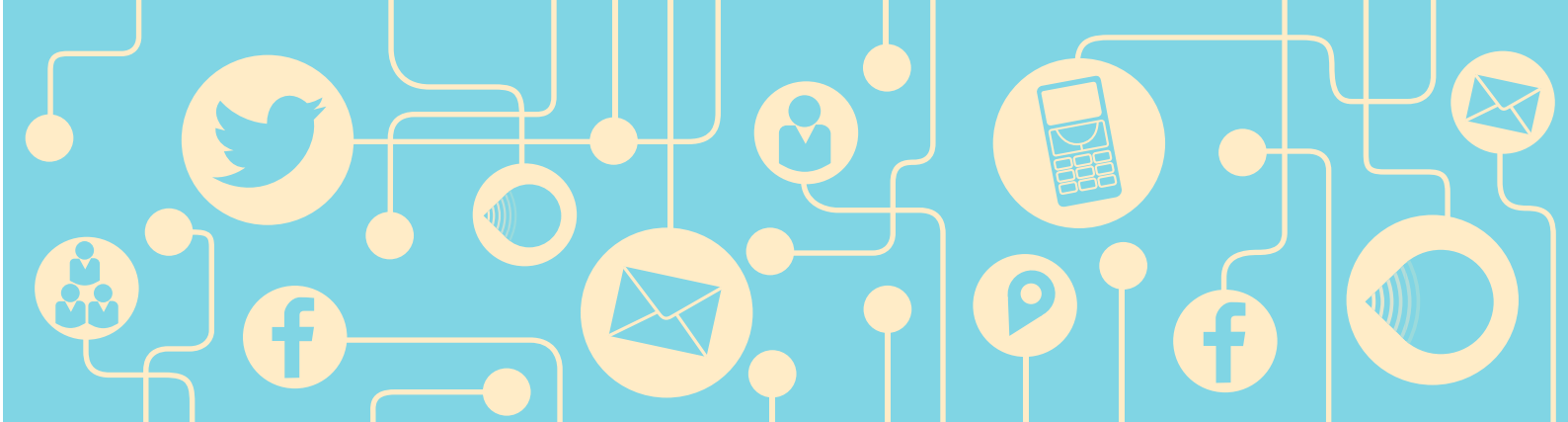
	\$ 2015	\$ 2014
Receipts from grants & other sources	1,312,900	1,176,817
Payments to Suppliers and employees	(1,256,586)	(1,029,296)
Interest received	12,379	12,568
Interest and other costs of finance		(1)
Net cash provided by (used in) operating activities (note 2)	68,693	160,088

Cash Flow From Investing Activities

Payment for:

Other Assets	(719)	
Payments for property, plant and equipment	(49,001)	(17,241)
Net cash provided by (used in) investing activities	(49,721)	(17,241)

Net increase (decrease) in cash held	18,972	142,847
Cash at the beginning of the year	539,062	396,215
Cash at the end of the year (note 1)	558,034	539,062



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:

	2015	2014
Cash At Bank	196,491	422,687
Cash on hand	1,544	243
Short term deposits	360,000	116,132
	<u>558,034</u>	<u>539,062</u>

Note 2. Reconciliation Of Net Cash Provided By/Used In Operating Activities To Net Surplus

Operating surplus (loss) after tax	98,670	96,708
Depreciation	10,549	6,463
Changes in assets and liabilities net of effects of purchases and disposals of controlled entities:		
(Increase) decrease in trade and term debtors	(9,247)	
Increase (decrease) in trade creditors and accruals	(5,751)	(8,898)
Increase (decrease) in other creditors	(47,910)	50,584
Increase (decrease) in employee entitlements	27,413	11,479
Increase (decrease) in sundry provisions	(5,032)	3,752
Net cash provided by operating activities	<u>68,693</u>	<u>160,088</u>

Notes to the financial statement

For the year ending 30 June 2015

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 Incorporation Reform Act 2012. The Board has determined that Hepatitis Victoria Inc is not a reporting entity.

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

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

(a) Property, Plant and Equipment (PPE)

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

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

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

(b) Impairment of Assets

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

(c) Employee Benefits

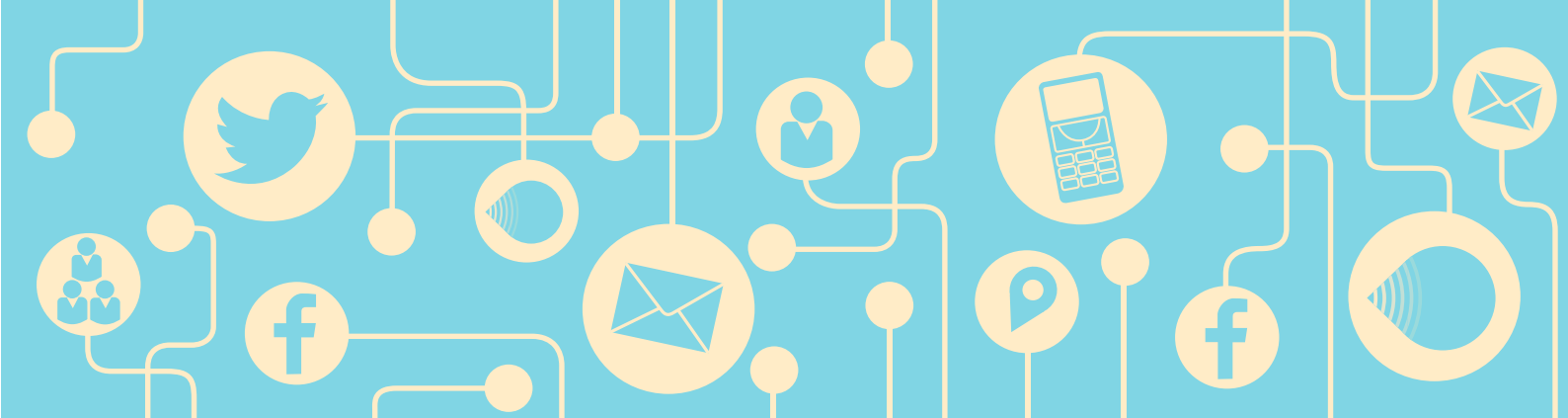
Provision is made for the Hepatitis Victoria Inc's liability for employee benefits arising from services rendered by employees to the end of the reporting period. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

(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 Hepatitis Victoria Inc 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

Hepatitis Victoria Inc is a not for profit association and is exempt from Australian Income Tax. It is endorsed as a Deductible Gift Recipient and donations of \$2 or more are tax deductible.

Notes to the financial statement

For the year ending 30 June 2015

Note 2: Receivables

Current

Trade debtors

	2015	2014
	9,247	
	<u>9,247</u>	

Note 3: Other Assets

Current

Short term deposits

Other

	360,000	116,132
	719	
	<u>360,719</u>	<u>116,132</u>

Note 4: Property, Plant and Equipment

Leasehold improvements:

- At cost

- Less: Accumulated depreciation

	7,300	
	(808)	
	<u>6,492</u>	

Other plant and equipment:

- At cost

- Less: Accumulated depreciation

	221,051	217,839
	(197,427)	(188,047)
	<u>23,624</u>	<u>29,792</u>

Motor vehicles:

- At cost

- Less: Accumulated depreciation

	38,490	
	(361)	
	<u>38,129</u>	
	<u>68,245</u>	<u>29,792</u>



Note 5: Payables

Unsecured:

- Trade creditors
- Other creditors

	2015	2014
		5,751
	21,256	11,496
	<u>21,256</u>	<u>17,247</u>
	<u>21,256</u>	<u>17,247</u>

Note 6: Tax Liabilities

Current

- GST payable control account
- Input tax credit control account

	40,879	26,560
	(19,350)	
	<u>21,529</u>	<u>26,560</u>

Note 7: Provisions

Current

- Employee entitlements*

	99,695	72,282
	<u>99,695</u>	<u>72,282</u>

- * Aggregate employee entitlements liability

	99,695	72,282
--	--------	--------

There were 11 employees at the end of the year

Note 8: Other Liabilities

Current

- Grants In Advance

	167,361	225,031
	<u>167,361</u>	<u>225,031</u>



Statement by members of the Board

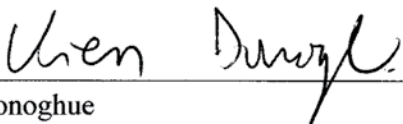
For the year ending 30 June 2015

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 1 to the financial statements.

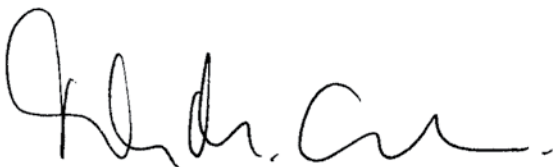
In the opinion of the Board the Income and Expenditure Statement, Statement of Financial Position, and Notes to the Financial Statements:

- 1. Presents fairly the financial position of Hepatitis Victoria Inc as at 30 June 2015 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:



Kieran Donoghue
President



Frank Carlus
Treasurer

Independent Auditor's Report to members

We have audited the accompanying financial report, being a special purpose financial report, of Hepatitis Victoria Inc (the association), which comprises the Statement by Members of the Board, Income and Expenditure Statement, Balance Sheet, notes comprising a summary of significant accounting policies, other explanatory notes and the Certificate by Members of the Board for the financial year ended 30 June 2015.

The Board's Responsibility for the Financial Report

The Board of Hepatitis Victoria Inc is responsible for the preparation and fair presentation of the financial report, and have determined that the basis of preparation described in Note 1 is appropriate to meet the requirements of the Associations Incorporation Reform Act 2012 and is appropriate to meet the needs of the members. The Board's responsibilities also includes such internal control as the Board determine is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

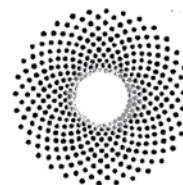
Our responsibility is to express an opinion on the financial report based on our audit. We have conducted our audit in accordance with Australian Auditing Standards. Those Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit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

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial report. The procedures selected depend on the auditor's judgement, including the assessment of the risks of material misstatement of the financial report, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the association's preparation and fair presentation of the financial report in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the association's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the committee, as well as evaluating the overall presentation of the financial report.

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

Opinion

In our opinion, the financial report gives a true and fair view of the financial position of Hepatitis Victoria Inc as at 30 June 2015 and its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the requirements of the Associations Incorporation Reform Act 2012.



TST AUDIT
& ASSURANCE

Director:

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

TST Audit & Assurance Pty Ltd
1st Floor, 189 Coleman Parade,
Glen Waverley, Vic 3150
t: +61 (3) 9560 0211
f: +61 (3) 9561 5497
e: tony.ager@optusnet.com.au

Registered company auditor



**Chartered
Accountants**

CHARTERED ACCOUNTANTS | REGISTERED COMPANY AUDITORS

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Independent Auditor's Report to members

Basis of Accounting and Restriction on Distribution

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

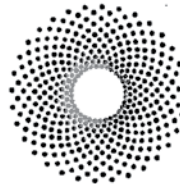
Signed on: 7th OCTOBER, 2015

TST AUDIT & ASSURANCE PTY-LTD

TST Audit & Assurance Pty Ltd

Authorised Audit Company Number: 453122

Chartered Accountants



**TST AUDIT
& ASSURANCE**

Director:

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

TST Audit & Assurance Pty Ltd
1st Floor, 189 Coleman Parade,
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t: +61 (3) 9560 0211
f: +61 (3) 9561 5497
e: tony.ager@optusnet.com.au

Registered company auditor

Anthony Robert Ager
Director - Audit & Assurance
Chartered Accountant



**Chartered
Accountants**

CHARTERED ACCOUNTANTS | REGISTERED COMPANY AUDITORS

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Thank you to our supporters

Department of Health – health promotion project funding

Department of Health Integrated Care Branch –
Health Conditions Support Grant 2014 -15

City of Maribyrnong – Western Liverability Festival 2014

Hepatitis Australia – World Hepatitis Day 2014

cohealth – Western Liverability Festival 2014

Australian Chinese Medical Association Victoria –
Hepatitis B awareness

Victorian Womens Benevolent Trust – Mums to B project

AbbVie Pharmaceuticals Untied Educational Grant –
Hep Heros DVDs

Department of Health – AIDS 2014 stall

Hepatitis Australia – Small Grant for Translating Hep project

**Foundation for Rural and Regional Renewal and
McEwan Foundation** – Hep Free Shep project

AbbVie Pharmaceuticals Untied Educational Grant –
Patient Video Diary

Corrs Chambers Westgarth – pro bono legal advice

Dangerfield, Reid Cycles, Lowe Airbrush and the
Australian Tattoo Academy – SKiNK competition prizes

Telematics Trust - SKiNK project

Social Traders – scholarship to undertake The Crunch
social enterprise development program

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

Hepatitis Victoria

Hepatitis Victoria is working with and for people affected by or at risk of viral hepatitis to raise awareness and prevent transmission, and increase access and referral to quality information, care, treatment and support.

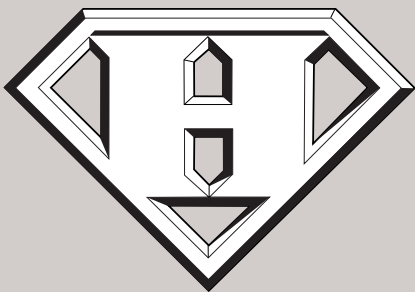
**CUSTOMISED
TRAINING**

**EDUCATION
PROGRAMS**



**hepatitisinfoline
1800 703 003**

**Sk
iNK**

HEPATITIS HEROES



StreetShot2015
An initiative of HEPATITISVICTORIA

Mums to B

Care for Mums with hepatitis B

*This is
Bloody serious!*

**HEP C
TAKE CONTROL**

For further information go to:
www.hepvic.org.au

HEPATITISVICTORIA