



# ANNUAL REPORT 2018 - 2019

**HEPATITIS**VICTORIA



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# 2018 - 2019 HIGHLIGHTS

In a snapshot

## AUGUST 2018

### Over 100 attend Bendigo Community Health Service lunch

Hepatitis Victoria announced nineteen grant recipients to celebrate World Hepatitis Day in conjunction with the organisation's two-month long LIVERability Festival held July through August every year. The Hepatitis Victoria grants program has been running for eight years and this year's recipients were delighted with the recognition and support.

## SEPTEMBER 2018

### A great HEP Hero: Dandenong Mayor reveals his personal story

Greater Dandenong Mayor, Youhorn Chea, received the title of 'HEP Hero' from Hepatitis Victoria, the peak body in the state advocating on behalf of people living with viral hepatitis.

"Taking leadership in liver health is very important. As the Greater Dandenong Mayor and a Hep C sufferer, I'm hoping by sharing my story I can reach out to the wider community to help them understand the seriousness of this disease and the treatment options available," Youhorn said.



Mayor, Youhorn Chea

Dr. Paul Gow podcast



Bendigo Community Health Service launch

## NOVEMBER 2018

### Love Your Liver? Drink a cup of coffee, or two...

In a Hepatitis Victoria podcast, Dr Paul Gow, a gastroenterologist at the Austin Hospital and the chair of Hepatitis Victoria's Liver Health Advisory Committee talks all things the liver... and recommends drinking coffee to maintain and improve liver health. Dr Gow took the story to ABC Radio answering talk-back questions to listeners from all over Australia.

## JANUARY 2019

### Mind your language and use words that reduce stigma

A new guide called *#LanguageMatters* challenges us to think about the way we think, talk and write about viral hepatitis and how our words can (intentionally or unintentionally) stigmatise and hurt people living with hepatitis B or C.

"The way language is used - both written and verbally - has a powerful influence on shaping our own view, public perceptions and how we see ourselves," said Hepatitis Victoria Stigma Response Coordinator, Jack Gunn.



## MARCH 2019

### Alerting Australians to Fatty Liver Disease

Up to 5.5 million Australians have Fatty Liver Disease, a condition that presents no obvious symptoms or pain, but if untreated can lead to chronic life-threatening conditions like cirrhosis and liver cancer. Hepatitis Victoria created a new resource to help people understand the disease and potential treatment options. Fatty Liver Disease, available in digital and hard copy, describes why your liver is vital for your health, the causes of Fatty Liver Disease and other associated liver diseases. The brochure outlines who is likely to be affected and gives advice about what you should do if at risk.

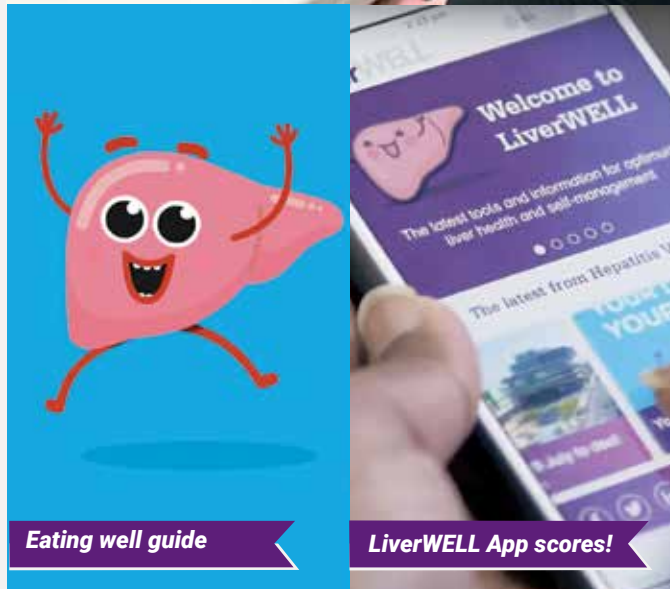
## MARCH 2019

### Our LiverWELL™ app scores well in 3rd party testing

LiverWELL™ our dedicated app created to support people with liver disease to manage their medications, appointments and results received an ORCHA score of 71% for its functions, usability and professionalism. ORCHA is a leading health app evaluation and advisor organisation helping organisations like the National Health Service in the UK to choose and deliver health apps that will safely make the biggest impact in terms of improving outcomes.



*Cr. Simon Clemence at HEPReady workshop*



*Eating well guide*

*LiverWELL App scores!*

## APRIL 2019

### Why fish on Good Friday is really good for your liver

World Liver Day fell on Good Friday, 19 April, and to mark the day we launched Eating Well: A LiverWELL™ Lifestyle Guide, a beautifully illustrated digital book and resource, available for free download by anyone looking for delicious recipes plus hints and tips to help improve their liver health.

## JUNE 2019

### Mildura HEPReady® workshop probes serious public health concern

Cr Simon Clemence, Mayor of Mildura publicly calls for more awareness to fight the serious incidence of viral hepatitis in Mildura and the Murray Primary Health Network region. The Mayor opened a HEPReady® workshop held in the town. "Unfortunately, there is a lack of awareness of the condition and stigma attached to it and the majority of people who have hepatitis don't even know or they ignore the fact that they have it. Consequently, some find out too late," he said.

# HEPATITIS VICTORIA BOARD



## Frank Carlus (President)

Frank is a former state public servant with over 32 years' experience in the Department of Human Services/Department of Health. He 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

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

## Kieran Donoghue

(Treasurer, Chair of Finance and Risk Committee)

Kieran Donoghue is a consultant to the electricity industry.

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

## Ross Williams

(Secretary; Public officer)

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



## Jarrod McMaugh

(Commenced April 2018)

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

## Eddie Micallef

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



## Donna Ribton-Turner

(Chair, Governance Committee)

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

## Jennifer MacLachlan

(Vice President, Deputy Chair Finance and Risk Committee)

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. She has numerous publications in leading Australian and international journals. Jennifer was elected to the Board in 2015.



## Phoebe Trinidad

Phoebe is a highly skilled and motivated registered nurse with over 7 years' clinical experience in managing acute and chronic medical conditions. She manages the Victorian Integrated Hepatitis C Service for Gippsland, linking eligible clients in with primary and tertiary services for the treatment of chronic Hepatitis C. Phoebe is passionate about delivering health services that are accessible, sustainable, equitable, and cost-effective. Phoebe joined the Board in 2018.

## Melanie Eagle

(CEO non-voting position)

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





# PRESIDENT'S REPORT

Frank Carlus

Reflecting on the past year's work I continue to be inspired by the progress and contribution we are making towards the elimination of viral hepatitis and in raising awareness about liver disease. During 2018/19 we have continued our significant work toward our long-term strategic goal to address broader liver health which we first conceived at a strategic planning meeting in 2017. We have also taken concrete steps to future proof our organisation through our registration as a Company Limited by Guarantee and related actions.

I feel it a privilege to be part of an organisation that continues to strive to make a real difference in the lives of people living with viral hepatitis and while there continues to be much work to be done in that area, I am also proud that our scope and outlook is growing to help change for the better the lives of up to 6 million people in Australia who suffer the effects of other liver-related disorders which are contributing to alarming projections on the growth of liver cancer, with a disproportionate burden on the communities we seek to represent.

Our purpose has always been to advocate and deliver meaningful outcomes for our community and for almost 30 years, we have ridden the highs and lows; changes in government, changes in policy, changes in technology, and thankfully changes in medical treatment. Hundreds, if not thousands of people are alive today thanks to new drugs and treatments for hepatitis C and more awareness, immunisation and treatment options for hepatitis B.

My personal journey with hepatitis C and liver transplant is instructive, as I can honestly say that I owe my life to these changes and every day I think about those who weren't as fortunate as me. I also think about those who still have no idea they need treatment for hepatitis B or hepatitis C - there are thousands of people out there in this situation, even in Victoria.

That's why the Government's elimination target for 2030 is as relevant today as when it was first revealed in 2016, but it is crucial that we avoid complacency and we address existing barriers to treatment if we are to reach that goal.

According to the Peter Doherty Institute's 2017 National Mapping Report, more than 70% of people in Victoria living with viral hepatitis are either unaware or not receiving treatment. This is far from ideal and our ongoing challenge must be to find ways to reach them.

While we need to strive to refine and develop a variety of approaches to engage with affected individuals and communities, we should also celebrate our efforts and successes along the way.

Our second Love Your Liver campaign 'Your liver needs your love, too' with radio and TV ads illustrated by the brilliant award-winning graphic artist Steve Baker, kicked-off in Shepparton in July and has been shown across the state, from Mildura in the north to Gippsland in the east, Bendigo and Ballarat. What I love about this campaign is its humour, mixing light and colour with a deadly serious health message, all brought together in a brilliant creative product.

The campaign encompassed advertising on the back of buses, on supermarket billboards, in local papers and on radio and TV, and was complemented with a big social media and public relations push. Our integrated approach (profiled in this report) enlisted Mayors and local councils in regional areas to endorse the campaign and push for maximum impact and 'bang for our buck'.

Your liver needs your love, too is a fresh approach to raising awareness that is an effectively timeless "off-the-shelf" solution that can be used again not only in Victoria but throughout the country. All it takes is commitment and the allocation of resources.

While it is true that 2018/19 sees us tackling new directions and approaches, we've not lost any of our focus or commitment to our ongoing objectives and mission, and that will not change.

We will not change our purpose or resolve to advocate for the awareness raising and resources needed to eliminate viral hepatitis by 2030. As we

move toward addressing and achieving results in broader liver health under the LiverWELL™ banner, my colleagues on the Board and I believe the changes we are implementing now will strengthen our organisation and better place us to be able to continue to deliver even better outcomes in the future.

As always, I want to acknowledge that our success also represents the success of our partners and collaborators in the sector. Our collaborations involve many established health sector organisations and increasingly many smaller and less established community organisations that serve to firmly embed us in localised efforts and directly with affected communities and individuals.

I commend the Victorian Government and the Department of Health and Human Services for providing the bulk of the resources and support that fund our activities and also thank the many other organisations and individuals who have supported us financially and in-kind, and added value to our ongoing efforts.

I want to thank my fellow Directors for their time, efforts and support this year. In particular, I want to pay tribute to the significant contribution made by departing Directors Paul Kidd, Todd Fernando, Uyen Vo and Ian Gracie. In the meantime, we have welcomed a new Director in Phoebe Trinidad, whose experience as a specialist liver nurse in regional Victoria has already made a difference in the capacity of the organization.

Last, but definitely not least, I want to acknowledge and express our appreciation to our staff, so ably led by our CEO Melanie Eagle. Melanie is a highly skilled and committed individual and she heads a passionately committed team of staff and volunteers, who do an amazing job and exceed expectations on a daily basis.





# CEO REPORT

## Melanie Eagle

### LiverWELL: EMBRACING BROADER LIVER HEALTH

It's always a pleasure to spend a time reflecting on what we as a team have achieved over the past year.

None of it would be possible, of course, without the hard work of our capable staff and the total commitment of our volunteers, including our volunteer Board of Directors.

Volunteers are crucial in a myriad of important ways, especially for the dozens of events we hold in culturally and linguistically diverse communities, where their specialist knowledge of culture and language give us inroads and insights otherwise impossible to gain.

One of the highlights of the year, where staff and volunteers collaborated with considerable impact on the wellbeing of diverse communities, is profiled in this report. We have taken the awareness message to vulnerable high-prevalence groups in Melbourne's north through the Hepatitis B Mobilisation Project in a unique partnership with the Adult Migrant English Program. Our volunteers translated stories about viral hepatitis into print and digital resources in multiple languages, and they have accompanied us, as well as at times taken the lead, on the education sessions undertaken. This ground-breaking approach has reached hundreds of people who not only learn English, they learn about the importance of their liver health.

I also feel very proud that our organisation continues to attract the most willing and enthusiastic of volunteers, along with capable interns from Melbourne's top universities – many of whom come from across the globe - and through their generosity make real positive change in our local community. I dedicate this Annual Report to them and all those whose generosity of time and or resources, contribute to and enable our work.

As I write this I am thinking, for example, of one of our latest HEP Heroes Sambath My, who has in his own dynamic and innovative way been incredibly active in the Victorian Cambodian community this year, translating materials,

giving presentations in Khmer language, appearing on community news radio and TV programs, creating his own videos with local leaders to post on social media, ensuring he gets the message out to his community at every opportunity and in every way he can.

Or Maria Marshall, a wonderful, a generous supporter whose family has been tragically affected by liver disease, yet she chose to help us reach out to others, funding the creation of a suite of new liver resources which will bring the positive message of liver health to hundreds if not thousands of people. And indeed, the extraordinarily creative and gracious Kessavee Lutchmanen who spent many of her own hours trialling recipes which were then included in our LiverWELL Eating Guide.

Together with our many supporters we have made progress in relation to fighting viral hepatitis and this last year we have consolidated our further aspiration of improving liver health.

This new direction has been contemplated and planned for many years and the Board of Hepatitis Victoria has sought to identify ways it could respond to the changing landscape for people with viral hepatitis and the growing needs in relation to liver disease, and is reflected in our current strategic plan adopted in mid-2017.

At a Special General Meeting in March, Hepatitis Victoria members resolved to put into effect a range of important changes to facilitate this broadened remit, including the adoption of a new constitution and transitioning from being registered under the name of Hepatitis Victoria as an incorporated association, to be registered under the name of LiverWELL™ as a company.

LiverWELL™ (a name proposed by staff and endorsed by the Board and then members) is our new official name and we have also secured it as a trademark. But we will continue to operate as Hepatitis Victoria, maintaining this as our business and trading name, and combining the branding together with the "LiverWELL™" logo in a complementary manner.

Some unique tools are a key part of this change. LiverWELL™ our app, launched on World Hepatitis Day 2018, has also been making waves this year, winning awards and recognition from all over the world, including a NOW7 Gold DrivenxDesign award, a high recommendation from ORCHA, a European leader in app reviews for its ease-of-use and excellence of design, and a Bronze Quill Award from the International Association of Business Communicators for excellence in Audio/Visual design.

Together with the launch of our beautifully illustrated Eating Well: A LiverWELL™ Lifestyle Guide on World Liver Day in April 2019, we now have a suite of unique materials and resources endorsed by people with lived experience and liver experts, to help the estimated one-in-four Australians currently living with liver disease.

Indeed, our volunteers are contributing to this broader goal too. Our Liver Health Advisory committee was informed by people with diverse experience and Chaired by gastroenterologist Paul Gow.

The next year and beyond will see more gradual changes and evolution towards us becoming a different type of health and advocacy organisation, one that continues to fight for the elimination of viral hepatitis while seeking to raise awareness of the broader issues of liver disease across the country.

Going forward we will need to act on multiple levels to put into effect our strategic vision, keeping in mind a couple of important principles that will guide the approach, specifically:

- The change will not see a walking away from our core commitment to respond to the needs of people with viral hepatitis and to combat associated stigma, with any new activities not detracting from this work and our current obligations; and
- The priority in relation to liver health is in relation to meeting the needs of individuals living with liver disease, ideally through the provision of information and supports in the first instance, with future work and collaborations building on this.

# PATHWAY 1: IMPROVE LIVER HEALTH

## Priorities

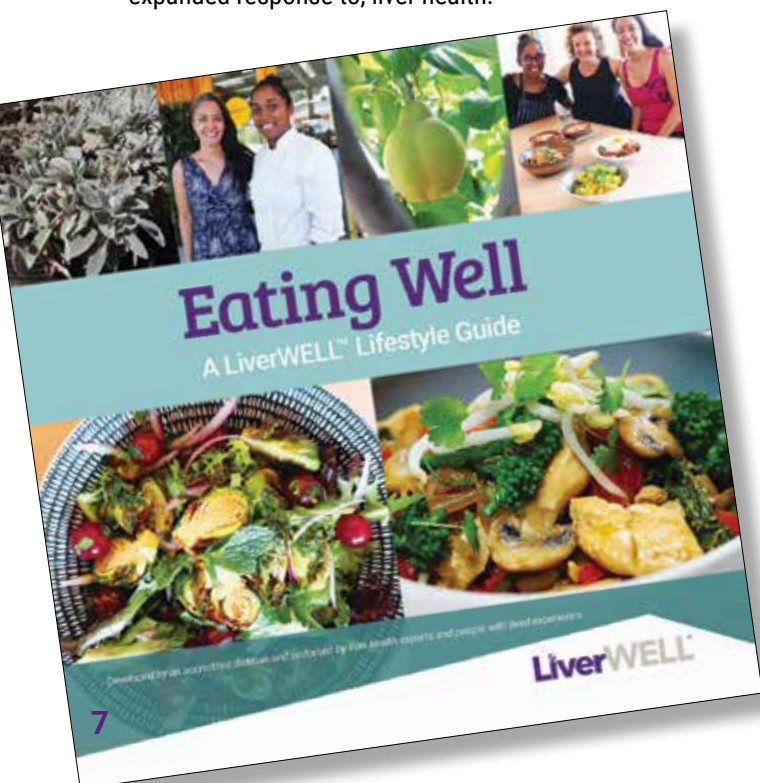
- Lead the community response and drive awareness in relation to liver disease
- Assist people to understand and manage their liver health
- Improve public understanding of how to prevent liver disease
- Advocate for an increased investment in, and expanded response to, liver health.

## Achievements

- *Your liver needs your love, too* integrated campaigns delivered in Dandenong, Traralgon, Brimbank and Mildura
- Developed and launched LiverWELL™ app in July-August 2018.
- LIVERability Grants broadened to include liver health awareness raising activities
- Developed LiverWELL™ brand and applied to register LiverWELL™ as a trademark
- Social media and website expansion to include LiverWELL™ and new liver health resources
- Three new resources released in print and online: *Cirrhosis: Understanding Your Liver*, *Fatty Liver Disease: We Can Break Free*, and *Your Liver, Your Health*
- Development and online launch of *Eating WELL: A LiverWELL™ Lifestyle Guide*
- Produced 'mood piece' which highlights the importance of responding to liver disease
- Adopted new constitution to reflect broadened remit
- Key stakeholders informed of our expansion into broader liver health.

## Outcomes

- Continue to develop LiverWELL™ app to increase functionality and accessibility in other languages
- Continue to promote *Love Your Liver#2* campaign and existing liver health resources
- Develop, expand and produce additional LiverWELL™ Lifestyle Guides,
- Continue to develop HEPReady® training material and liver disease resources, including information for Alcohol-Related Liver Disease
- Contribute to relevant Victorian government strategy development
- Investigate partnerships for producing liver health resources for the Aboriginal community
- Build stakeholder relationships to facilitate an increased response for liver disease.





# CASE STUDY

## New digital and print resources fill an urgent information need

Introducing a suite of colourful new resources for your liver and your health:

**Your Liver, Your Health**  
**Cirrhosis**  
**Fatty Liver Disease**  
**Hepatitis C**

Despite being one of our most vital organs, liver health continues to be overlooked and ignored with increasingly tragic consequences. Concise and clearly written non-technical information for the general public is lacking and Hepatitis Victoria identified this gap as a factor in the dearth of knowledge and understanding.

“Liver disease affects a staggering 6 million (almost one-in-four) Australians, and liver cancer is the fastest growing cancer in the country with 1400 deaths every year,” said Melanie Eagle, Chief Executive Officer of Hepatitis Victoria.

According to a 2018 study in the *Journal of Clinical Gastroenterology* Fatty Liver Disease is now responsible for more liver transplants in young people than hepatitis C or alcoholism—a trend Australia is following.

This burgeoning health crisis is one of the reasons Hepatitis Victoria is expanding its remit beyond viral hepatitis to advocate for a broader liver health response. “There is a compelling need for a consumer-focused liver organisation promoting better liver health and greater awareness in Australia,” said Melanie.

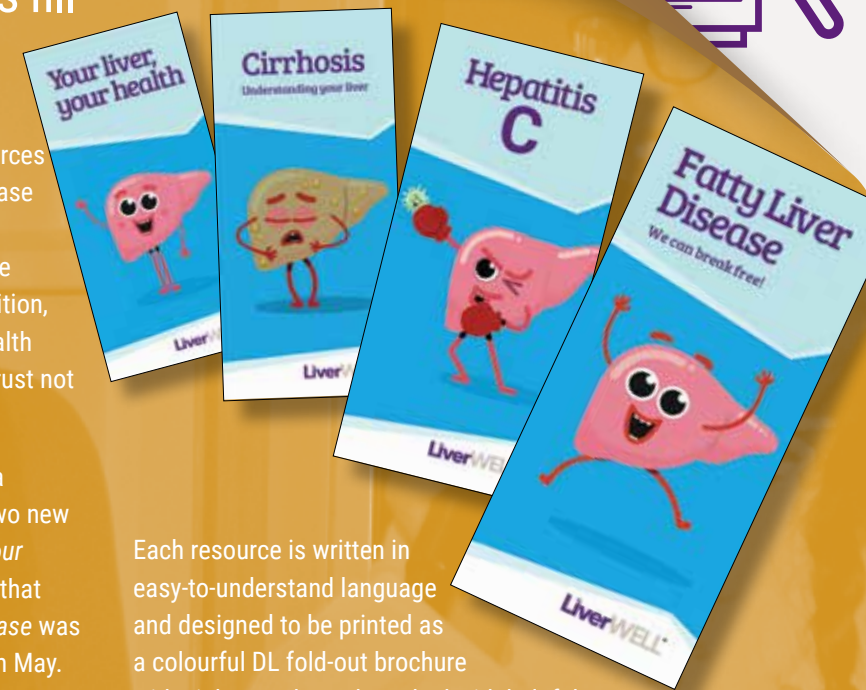
To do this effectively however, there needs to be resources that clearly and simply explain the challenge liver disease presents to the overall health and well-being of the community. The audience for these resources is people who want to learn more about their liver health. In addition, the growing number of people diagnosed with liver health problems want evidence-based information they can trust not internet stories linked to a fad diet or ‘health product’.

In November 2018, Hepatitis Victoria with the help of a generous supporter who provided funding, launched two new printed and digital liver health resources, *Your Liver, Your Health* focused on general liver health, and a resource that focuses on *Cirrhosis*. A third resource, *Fatty Liver Disease* was launched in March, and another *Hepatitis C*, released in May.

All four resources were thoroughly tested for comprehension, relevance and usefulness with lived experience people and health experts.

**These resources give hints and tips on how you need to maintain optimum liver health and fight cirrhosis.**

**My hope is that they will help build stronger awareness and knowledge about the liver in the community, said CEO, Melanie Eagle.**



Each resource is written in easy-to-understand language and designed to be printed as a colourful DL fold-out brochure with eight panels each packed with helpful background, hints and tips for better liver health.

*Your Liver Your Health* answers the basic questions people have about the liver and what people need to do to keep it in optimum health. *Cirrhosis* explains what it is, who is at risk the stages of the disease and treatment options. *Fatty Liver Disease* explains what it is, its relation to Non-Alcoholic Steatohepatitis and treatment options. *Hepatitis C* is a succinct summary of the most up-to-date information on the condition and the treatment option in the era of Direct Acting Antiviral treatments.

The suite of brochures can be found at the Hepatitis Victoria website where they can be downloaded or hard copies ordered online.





## CASE STUDY

### Speaking your language: Hepatitis B mobilisation project gains momentum

As part of their induction into Australian life, Adult Migrant English Programme (AMEP) students are supported to do up to 510 hours of English study.

The AMEP is funded by the Federal Government Department of Education and Training and holds classes throughout Melbourne and greater Victoria. Hepatitis Victoria worked with the AMEP throughout 2018-19 conducting dozens of sessions and teaching many hundreds of students. Part of the Hepatitis B Mobilisation project is funded by the Victorian Government's Department of Health and Human Services.

Many of the students attending these courses come from regions of the world such as South-East Asia or Africa, with a high prevalence of hepatitis B.

In addition to studying English, AMEP students have been given liver health information from Hepatitis Victoria as part of an innovative and creative approach to learning that has proved highly successful.

Meg Perrier (Hepatitis B Community Mobilisation Officer) and Jawid Sayed (Hepatitis B Community Mobilisation Coordinator) managed the project. Thanks to this project, their work schedule has been very busy one, for example, from November to December 2018, Meg, Jawid and their team taught a total of 540 AMEP students who attended 18 sessions at 14 different locations across the north-west, east and south east of Melbourne. In Term 1, 2019, they held 24 sessions collaborating with 60 teachers to work with 800 students.

Students learnt the facts about hepatitis B using a clear and colourful text called Living Well with Hepatitis B. Fortunately for the Hepatitis Victoria team this text had already been created by Hepatitis Queensland and needed just a little tweaking before it was 'ideal for our use,' said Jawid.

"Living Well with Hepatitis B is a collection of four archetypal stories written in very simple English with lots of helpful images, and from that we have also created posters, postcards and other materials which prompt students to consult with their GP or nurse about getting vaccinated against hepatitis B," he said.

"The positive feedback from the AMEP teachers and students shows that our resources are very welcome," said Jawid.

"The students who attend the AMEP sessions not only learn English, they also learn about the processes and support services we have in place in Australia, and as such they are a captive and very attentive audience," said Meg.

"And given that many come from parts of the world with very high prevalence of hepatitis B we thought it would be useful to incorporate our information about the condition into the course."

A free hepatitis B vaccine is now available to vulnerable Victorians including people born in countries where hepatitis B is endemic. These countries include China, Philippines, Malaysia, Vietnam, Afghanistan, Thailand, South Korea, Myanmar (Burma), Indonesia, Singapore, Hong Kong, Taiwan and Cambodia. The vaccine is for people who arrived in the last 10 years.

"Even though some of the students have problems with the class because their English level is low, they are very interested in the resource and have lots of questions. There are misunderstandings about the transmission of the disease which we use for challenging stigma, and students also mention issues about hepatitis from their own experience," he said.

To reinforce the message, Meg and Jawid decided, that the English text and visuals should be supplemented, where possible, by translations (audio files) in first languages.

"We've been able to go into classes and work with the teachers to expand the reach of the material by having Living Well with Hepatitis B translated from English into audio files in 8 languages; Arabic, Burmese, Cantonese, Dari, Khmer, Mandarin, Urdu and Vietnamese.

**We have received a lot of support from the AMEP teachers, who have been quite active in spreading the word about these resources, Meg Perrier said.**

What the teachers said:

*It was helpful to students with hepatitis B and those who have friends or relatives with it. Also answers many questions some students have who are worried that they may have it (sexual contact and food contact), ESL teacher, Bendigo TAFE*

*Important information for those who may be at risk...all people at risk need to be educated about hepatitis, ESL teacher Swinburne TAFE I would like to have this workshop twice a year to reach all my students. It's an accessible, kind, non-judgemental, inclusive and useful to all of my students, AMEP and SEE teacher, Box Hill TAFE*

*The session entirely met expectations, it was well paced, respectful and tactful (sexual transmission references), well suited to the AMEP clientele, AMEP and SEE Co-ordinator, Box Hill TAFE*



# PATHWAY 2: SUPPORTING AND MOTIVATING

## Priorities

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

## Achievements

- HEPspeak and HEP Hero numbers have continued to grow, and HEPReady® Regional outreach has continued to identify campaign opportunities
- LiverWELL™ coaching trialled and further developed
- LIVERability grants continue to offer excellent peer-led approaches especially with culturally and linguistically diverse (CALD) groups
- Developed stronger working relationships with Aboriginal communities
- CALD Health Promotion team plan developed – with an emphasis on Afghani, Egyptian, Pakistani and Iraqi communities
- Collaborating with CHPC partners to design, coordinate and implemented various hepatitis B community engagement and education activities
- Hep B Community Mobilisation project delivered 36 education sessions to 1450 people in multiple settings
- Translation of resources into multiple languages
- Prison peer-programs expanded.

## Outcomes

- Formalise a policy for consulting people with lived experience
- Review of HEPConnect and investigate the expansion to online chat functions
- Review and renew our Reconciliation Action plan
- Roll out CALD Health Promotion program
- Support Chinese Health Promotion Coalition to become an independent Health Promotion Charity
- Continue expansion of multilingual resources
- Investigating opportunities to expand support for people with lived experience.



# PATHWAY 3: STOP STIGMA

## Priorities

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

## Achievements

- Produced new resources including the Know Your Rights e-book and *#Language Matters Guide*
- Created Australian *Visa Applicants and Hepatitis* guide in multiple languages in response to community need
- Inclusion of stigma and resilience information in LiverWELL™ app
- Completed 12 month #StopStigma stigma stories digital/multimedia campaign
- Successful street activation awareness raising event in Melbourne CBD, focussing on coffee cups, liver benefits of coffee and viral hepatitis stigma
- Initiate and development of 'Have the Conversation' video for frontline healthcare staff
- Launch of Indigenous hip hop video at 2018 Viral Hepatitis Conference and on multiple social media channels.

## Outcomes

- Review stigma and discrimination module for HEPReady®
- Conduct a research project on the stigma associated with liver disease
- Continue to raise awareness of stigma and discrimination against people living with viral hepatitis, through HEP Hero recruitment
- Continue to develop media-based awareness campaigns such as videos and audio content addressing stigma for #StopStigma.





# CASE STUDY

## Year-long #StigmaStops campaign gains national attention



The #StigmaStops campaign went from strength to strength in 2018-19, with our first story in the series, launched on Zero Discrimination Day (1 March) featuring HEP Hero Allan Dumbleton gaining national media attention and a massive audience.

Calling on the creativity and resourcefulness of Hepatitis Victoria staff, Allan's story was presented as a short podcast and video showing graphics on a background of real moving hands. The idea was to bring alive the #StigmaStops hand imagery motif being promoted internationally by the World Hepatitis Alliance.

'Stigma Stories' features individual anecdotes of hepatitis-related stigma and discrimination. The narratives were delivered through a 12-part series of short creative podcasts or videos that provide a "first-hand" insight into the issues often faced by people affected by viral hepatitis.

A strong social stigma has been created due to the virus' association with drug use. Too often people living with hepatitis are subject to stigma and discrimination based on misunderstandings around the virus and its transmission.

Podcasts as a medium became vital when participants declined to be filmed or photographed, wanting anonymity whilst sharing their story – a clear demonstration of the pervasiveness of stigma. This campaign was created to be an innovative way of sharing stories and experiences in different mediums. It also sought to address 'self-stigma' by providing a space for people to share their stories in

ways that made them feel comfortable, gain confidence and realise they are not alone.

The stories present a frustratingly familiar picture to anyone who has lived with viral hepatitis. Stigma from health workers features strongly in a number of the episodes. Health professional and pharmacist Jarrod McMaugh in his episode talks about why such attitudes can be so damaging.



**There's no reason to treat any person different. Stigma has a huge impact on a people's health outcomes, Jarrod McMaugh says.**



The Doherty Institute's National Mapping Report shows that more than 70% of people living with viral hepatitis in Australia are not accessing treatment. We know that stigma is a massive barrier to accessing prevention services, testing and treatment.

Each instalment of the campaign was released via social media and on the Hepatitis Victoria website beginning in March 2018.

"Many choose not to speak openly about their hepatitis status out of fear of being treated differently by family, friends, and professionals," said Melanie Eagle CEO of

Hepatitis Victoria. "Stigma is a major barrier that stops people getting tested and treated - resulting in potentially deadly consequences."

"Stigma stops individuals expressing themselves and living the lives they want to lead," said Melanie.

In the lead up to World Hepatitis Day (28 July) in 2018 having these case studies at hand meant we could answer the call of our colleagues at Hepatitis Australia in their search for examples to put forward to traditional print media. Allan Dumbleton's story was featured widely in national media titles; The Age, Sydney Morning Herald, News Corp as well as many regional media across Australia to reach a potential audience of several million.

### **New print and digital resources developed directly as a result of the campaign**

A suite of print and digital resources was developed to bolster and enhance the #StigmaStops campaign. Australian visa applicants and hepatitis, Know your rights, #LanguageMatters and Hepatitis B& C Busting the Myths.

The Australian visa brochure was created after many inquiries from the Hepatitis Infoline for support around this process whilst living with hepatitis. It has been translated into Arabic, Burmese, Dari, Vietnamese and Chinese. Hepatitis B& C Busting the Myths was developed following an online survey to ascertain typical 'myths' circulating about both conditions based on misinformation which form the basis of stigma.





## CASE STUDY

### Learning from primary health care and endorsement from local Mayors

*Your liver needs your love, too*, was the tagline for our second and more expanded version of the *Love Your Liver* (LYL2) campaign. LYL2 took place throughout the 2018-19 financial year. By involving local health and primary health networks we were able to spread the message far wider than originally anticipated and help promote responsive health to more organisations and people.

The campaign, funded by Victoria's Department of Health and Human Services, and employing a sophisticated suite of digital, print and social media tools, debuted in 5 regional areas between June 2018 and July 2019; Shepparton, Dandenong/Frankston, Morwell/Traralgon, Brimbank and Mildura.

The main target audience for LYL2 was vulnerable groups such as culturally and linguistically diverse communities, and baby boomers with a higher prevalence of viral hepatitis and liver disease, as well as the general public. Simplicity of messages, clear English and cut-through images were prioritised.

General awareness raising is far more effective if health workers on the ground are also made knowledgeable. Reaching them was an important secondary goal and direct contact was made with General Practitioners (GPs) and medical centres in each region before the campaign started, to alert them of the look, materials and the focus of our activities.

Our primary health target groups - GPs, nurses, health and community workers- were not only made aware both of the campaign elements, TV and radio ads, shopping centre



and bus billboards, print and social media, they were also invited to attend at HEPReady® events held in each location and also given the opportunity to speak, which a number of them did.

Each regional Primary Health Network (PHN) was contacted by phone, emailed and tagged through social media to co-opt their networks to increase the reach of invites. This approach contributed to some notable success, particularly the number of attendees at the Dandenong and Brimbank HEPReady® events.

An additional and very positive achievement from the campaign was the strengthening of relationships with many of the local councils where the events were held. Hepatitis Victoria canvassed for public endorsement from local leaders and after careful negotiation this

was achieved. Mayoral endorsement has given Hepatitis Victoria and our liver health agenda extra visibility in local council settings.

Endorsement meant that local Mayors or council representatives spoke at the opening of each HEPReady® event during the LYL2 campaign. A number went even further, speaking out and advocating to their local media on the need for more awareness of liver health, testing and treatment for viral hepatitis.

Consequently, as a result of their support and advocacy Cr Roz Blades, Mayor of Dandenong, Cr Lucinda Congreve, Mayor of Brimbank and Cr Simon Clemence Mayor of Mildura are now all "HEP Heroes".



Many health professionals believe there is a general 'apathy' or lack of understanding about viral hepatitis.

Health professionals who attended the Mildura workshop are keen to learn more about this disease and to get the message out to the community, Cr Clemence said following the HEPReady® event where he spoke.



# PATHWAY 4: PROMOTE RESPONSIVE HEALTH

## Priorities

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

## Achievements

- HEPReady® Regional, Essentials and Comprehensive, engagement with allied health, pharmacists, dentists, dental assistants and AOD sector
- Workforce training-AOD delivered at hospitals and community organisations
- Regional workforce training-AOD, custodial, pharmacists, aged care, nurses, forensics, dietitians, mental health workers
- Victorian Hepatitis B Alliance participation, including Spotlight
- EC Victoria partnership
- Partnerships with ASHM, Burnet institute and Doherty Institute
- Dandenong forum with stakeholders in the SE, workshops with NSP workers
- Reviewing and updating content, continued use of HEPReady® online content and learning management systems
- Strong endorsement from community leaders/local mayors for HEPReady® regional forum
- Responses to InfoLine requests regarding liver health.

## Outcomes

- Health promotion and workforce development through regional forum and HEPReady® events
- Community mobilisation regionally
- Participation in the VHBA Spotlight forum
- Support for EC partnerships
- Strengthen clinical and community health partnerships through grant applications
- Continue to engage with emerging workforce (students of nursing, pharmacy, dentistry, allied health, interpreters and translators)
- Reconnect with maternal and child health services, immunisation services and mental health support services
- Expand and update website and continue ongoing review of HEPReady® resources
- Expansion of InfoLine service to ensure appropriate and accurate provision of information referral for broader liver health issues to workforce and affected community.





# PATHWAY 5: DRIVE ORGANISATIONAL CHANGE

## Priorities

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

## Achievements

- Working with La Trobe University to externally evaluate the education sessions and implemented programmes
- Increased options for funding through development of LiverWELL™ company to allow further expansion
- Further development of ongoing volunteer and intern policies
- Ongoing and planning of improved office environment

## Outcomes

- Ongoing professional development for all staff
- Maintained existing partnerships and collaborations
- Secured ongoing recurrent and non-recurrent funding
- Revised and updated Client Relationship Database, financial systems and exploration of cloud based online storage
- Reviewed updated and familiarised Human Resource and inclusion policies
- Commenced work on new Enterprise Agreement
- Continued to recognise and celebrate staff contributions
- Ensure expert skillset for governance of organisation.



- Enterprise Agreement approved for 2018-2020
- Improved archiving systems
- Staff development focus including presentations by external experts.

LiverWELL®

# CASE STUDY

## Development of the LiverWELL™ company heralds new liver health resources and services for those currently without



*No-one else is doing it, and we think it's a great opportunity for Hepatitis Victoria to play a real part in improving the health of all Australians, particularly those with liver disease - Donna Ribton-Turner*

A Special General Meeting of Hepatitis Victoria members met on 19 March 2019 to consider a resolution proposed by the Board to put into effect a range of important changes to the organisation they had been considering over recent months.

The resolution - which was passed overwhelmingly - proposed transferring the registration of Hepatitis Victoria from an incorporated association in Victoria, to a company regulated under the Commonwealth Corporations Act, and in doing so adopt a new constitution that reflects these changes.

Chairperson of the Governing Committee Donna Ribton-Turner said: "...we are endeavoring to formalise the work we have been doing since 2017 (helping) the one-in-five Australians that has some form of liver disease. We want to be able to operate outside Victoria and provide information, education, helplines and resources, and that requires us to move from an association to a company limited by guarantee.

"We also want our work in the broader liver area reflected in our name, hence LiverWELL™. And we are very clear as a Board, that this change will in no-way diminish the work we are doing in hepatitis B or hepatitis C, as that will continue."

Donna said that more work in broader liver health is something urgently needed in the community as presently a void exists in the information available to the general public.

"No-one else is doing it, and we think it's a great opportunity for Hepatitis Victoria to play a real part in improving the health of all Australians, particularly those with liver disease," she said.

Hepatitis Victoria President Frank Carlus said the decision to encompass liver health more broadly was the result of decisions made in the lead up to the creation of the 2017 Strategic Plan.



**As an organisation, our purpose has always been to advocate and deliver meaningful outcomes for our community, for almost 30 years, we have ridden the highs and lows; changes in government, changes in policy, changes in technology, and thankfully changes in medical treatment. Throughout all of that we have stuck steadfast to our objectives and mission, and that will not change, Frank Carlus said.**



Treasurer and Board member Kieran Donoghue said "... already almost 10% of the calls to our helpline relate to broader liver health issues, and there isn't an alternative organisation that meets community needs, so this is very much an empty space -we are not treading on anyone else's toes."

Board member Eddie Micallef said "... you cannot see the liver in isolation, you have to broaden it. I think the new constitution positions the organisation to keep in the forefront of new developments and new challenges."

The new organisation - LiverWELL™ Limited- does not diminish the 'Hepatitis Victoria' we know and love and which will continue as our main brand for now.

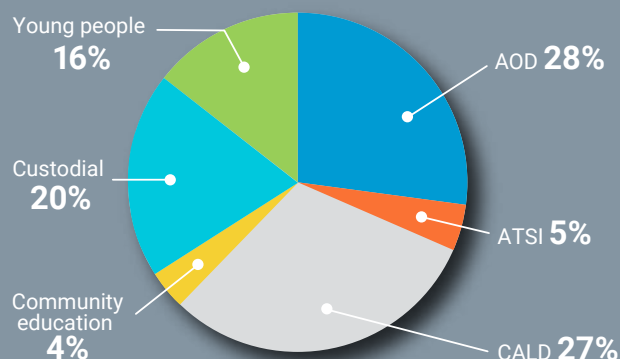
"We will be championing the rights, informing and supporting people who live with or at risk of viral hepatitis, and raising awareness in the community in relation to this, and we will be delivering on our funding commitments to this end. Where we have the scope, we will be responding to the currently unmet needs of people with other forms of liver disease," Melanie Eagle CEO of Hepatitis Victoria said.

Since the vote in March, Hepatitis Victoria has developed a suite of colourful new resources focused on broader liver health Your Liver, Your Health, Fatty Liver Disease, Cirrhosis and Hepatitis C and on World Liver Day 2019 launched a beautifully illustrated electronic recipe and nutrition booklet Eating Well: A LiverWELL™ Lifestyle Guide.



# OPERATIONAL ACHIEVEMENTS

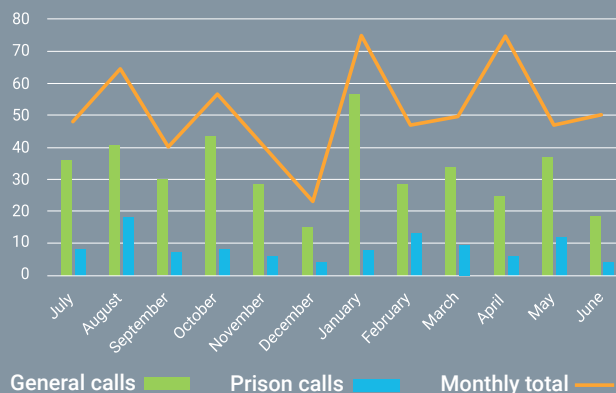
## Priority Population Education Sessions 2018 - 2019



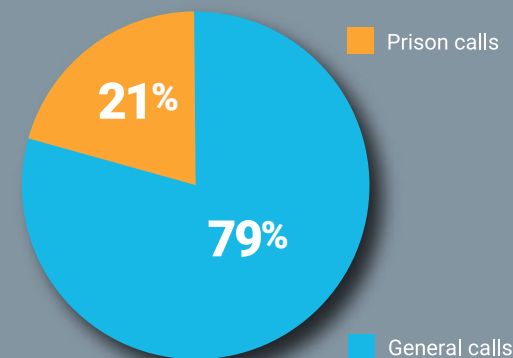
- Conducted a total of 313 education sessions throughout the state, reaching a total of 7,247 Victorians. This is almost 50% more sessions delivered participants attending than the previous year
- Conducted 44 StreetShot program sessions with 684 young people. 36 schools and youth organisations participated in the 2018-2019 program
- 24 entries were received for the StreetShot Most Outstanding Individual Image Award and 10 entries were received for the Most Outstanding Group Image Award
- Provided 19 LIVERability Community Grants for 27 events and activities for World Hepatitis Day. More than 1000 people were engaged in events and activities held across Victoria

- Attracted 150,768 unique visits to the Hepatitis Victoria, StreetShot and LiverWELL websites, resulting in over 196,000 individual content pages being viewed
- Posted 205 Facebook, 805 Twitter, 100 Instagram and 97 LinkedIn social media posts on a wide variety of subjects
- Produced a total of 30 podcasts that have been downloaded more than 5,300 times to more than 50 countries
- Distributed a total of 67 electronic bulletins, including the weekly HEPChat bulletin to 126,058 recipients
- Provided 36 HEPspeak presentations by trained lived experience hepatitis B and hepatitis C public speakers to an audience of more than 1100 health and community workers and members of the public
- Answered a total of 557 enquiries to the Hepatitis Infoline. This included 103 calls to the Prisons Telephone Hepatitis Infoline (55% increase from previous year)

## Infoline calls by month: 2018 - 2019



## Infoline contacts: 2018 - 2019



- Our volunteers contributed 1,578 hours of their time in support of administration, health promotion and education activities. 30 more volunteers were recruited.
- Provided 6 HEPReady® Essentials and 6 HEPReady® Regional courses to a total of 167 participants
- Three tailored HEPReady® courses for health professionals were funded by the South Eastern Primary Care Fund (Australian Communities Foundation)
- Grant funding was received from Moreland City Council to increase awareness and understanding of hepatitis B for at-risk communities in the Moreland catchment
- Grant funding was received from Brimbank City Council to tackle hepatitis B within the Vietnamese community in the Brimbank catchment
- Grant funding was received from The Collier Charitable Fund to support ongoing development of the Chinese Community Health Promotion Coalition.

# FINANCIAL REPORT

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Your board members submit the financial accounts of the Hepatitis Victoria Inc for the financial year ended 30 June 2019.

## Board Members

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

Frank Carlus  
Dr Nicole Allard  
Kieran Donoghue  
Jennifer MacLachlan  
Eddie Micallef  
Donna Ribton-Turner  
Ross Williams  
Melanie Eagle  
Jarrod Mc Maugh  
Phoebe Trinidad

## 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 profit from ordinary activities after providing for income tax amounted to

Year ended 30 June 2019	Year ended 30 June 2018
\$	\$
126,190	99,729

Signed in accordance with a resolution of the Members of the Board on : 3 October 2019

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

  
\_\_\_\_\_  
Kieran Donoghue

The accompanying notes form part of these financial statements.



# FINANCIAL REPORT

## Income and expenditure statement

as at 30 June 2019

	\$ 2019	\$2018		\$ 2019	\$2018		\$ 2019	\$2018
<b>INCOME</b>								
Donations received	20	1,174	World Hepatitis Day/ LIVERability Festival	13,662	15,759	Rent and Utilities	74,125	73,970
Fundraising		581	Bank Fees And Charges	1,080	1,090	Rebranding	5,354	
Interest received	24,610	19,790	Cleaning	4,328	4,242	Repairs and maintenance	1,367	5,387
Other income	4,060	199	Communications	373	10,780	Salaries	1,288,591	1,136,590
Member fees - Organisational and Prof'l	545	200	Computer Software and Maintenance	39,860	32,146	Security Costs	1,259	700
Fees for Service	23,772	16,684	Consultants fees	25,311	2,620	Sick and Parental Leave Provision	3,959	(20,148)
Sponsorships	3,051		Depreciation	28,418	25,220	Staff Development	11,013	8,851
Profit on sale of property, plant, equip	(3,997)		DHHS Communications Project		23,568	Street Shot Program	11,096	13,851
Grants Received			DHHS - Comm Implementation	906		Subscriptions and Publications	3,318	1,655
- Department of Health and Human Services	1,366,492	1,335,747	Employee EAP Costs	490		Superannuation Contributions	125,329	93,755
- Various grants	13,109	198,134	Employee Finalisation	6,700		Telephone	13,908	13,775
- DHHS Communications Project		895	Equipment	875	553	Travelling and Accommodation	6,925	8,163
- Hepatitis B Community Education Grants	261,499	210,192	Financial Services	2,155	2,100	Volunteer Costs	7,519	3,795
- DHHS - Love Your Liver Campaign	130,319	27,113	Fringe Benefits Tax	9,020	10,116	Website Maintenance	6,662	6,500
- DHHS- Stigma Project	35,133	54,867	Health Promotion and hepatitis B Education	101,690	94,958	Workcover	23,302	22,144
- Love Your Liver Cancer Prevention	185,953		HEPReady W'Force D'vlpmt Program	26,235	7,444	Workshop and Conferences	2,778	5,895
- North Western Melbourne PHN Grants	19,274	97,491	Insurance	13,173	2,317	Total expenses	2,195,065	1,863,338
- Grant - City of Melbourne	19,894		Internet Costs	2,326	1,260	<b>Surplus from ordinary activities before income tax</b>	<b>126,190</b>	<b>99,729</b>
- Justice Health Prison Resource	75,677		LiverWELL App Project	17,267	22,684	Income tax revenue relating to ordinary activities		
- DHHS Stratgey and Implementation	150,000		Love Your Liver Campaign	295,493		<b>Net surplus attributable to the association</b>	<b>126,190</b>	<b>99,729</b>
- DHHS Hepready AOD W'Force D'vlpmt	11,843		Meeting Costs	4,309	1,573	<b>Total changes in equity of the association</b>	<b>126,190</b>	<b>99,729</b>
- Liver Health Resources Project	2,269,193	1,924,439	Motor Vehicle Expenses	4,976	12,420	Opening retained earnings	601,118	501,388
Total income	2,321,255	1,963,067	Newsletter		17,610	Net surplus attributable to the association	126,190	99,729
			NWMPHN Awareness Project		50,095	<b>Closing retained earnings</b>	<b>727,308</b>	<b>601,118</b>
			NWMPHN Pharmacy Project		57,183			
<b>EXPENSES</b>			Postage	5,414	6,200			
Advertising and promotion	5,557	4,109	Provision for LSL/Annual Leave	(39,490)	55,288			
Advocacy, Awareness and Participation Projects	5,034	3,694	Printing and stationery	25,588	13,359			
AGM Costs	412	2,624	Recycling	298	306			
Amenities	3,118	1,802						
Audit fees	3,983	5,335						

## Balance sheet as at 30 June 2019

	NOTES	\$ 2019	\$2018
<b>ASSETS</b>			
<b>Current Assets</b>			
Cash assets	2	324,274	1,056,477
Receivables	3	22,868	85,107
Other	4	938,257	621,547
<b>Total Current Assets</b>		<b>1,285,399</b>	<b>1,763,131</b>
<b>Non-Current Assets</b>			
Property, plant and equipment	5	110,288	96,552
<b>Total Non-Current Assets</b>		<b>110,288</b>	<b>96,552</b>
<b>Total Assets</b>		<b>1,395,687</b>	<b>1,859,683</b>
<b>LIABILITIES</b>			
<b>Current Liabilities</b>			
Payables	6	200,277	95,194
Current tax liabilities	7	31,465	71,667
Provisions	8	142,967	178,497
Other	9	293,670	913,207
<b>Total Current Liabilities</b>		<b>668,379</b>	<b>1,258,565</b>
<b>Total Liabilities</b>		<b>668,379</b>	<b>1,258,565</b>
<b>Net Assets</b>		<b>727,308</b>	<b>601,118</b>
<b>MEMBERS' FUNDS</b>			
Retained earnings		727,308	601,118
<b>Total Members' Funds</b>		<b>727,308</b>	<b>601,118</b>

## Statement of Cash Flows for the year ended 30 June 2019

	\$ 2019	\$2018
<b>CASH FLOW FROM OPERATING ACTIVITIES</b>		
Receipts from customers	2,362,880	2,003,167
Payments to Suppliers and employees	(2,751,576)	(1,478,615)
Interest received	24,610	19,790
Net cash provided by (used in) operating activities (note 2)	<u>(364,086)</u>	<u>544,342</u>
<b>CASH FLOW FROM INVESTING ACTIVITIES</b>		
<b>Payment for:</b>		
Other Assets	908	(4,260)
Payments for property, plant and equipment	(73,247)	(20,298)
<b>Proceeds from disposal of:</b>		
Proceeds from sale of property	27,096	
Net cash provided by (used in) investing activities	<u>(45,243)</u>	<u>(24,558)</u>
Net increase (decrease) in cash held	(409,329)	519,784
Cash at the beginning of the year	1,664,589	1,144,805
Cash at the end of the year (note 1)	<u>1,255,260</u>	<u>1,664,589</u>

	\$ 2019	\$2018
<b>NOTE 1. Reconciliation Of Cash</b>		
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:		
Cash At Bank	323,774	1,055,479
Cash on hand	500	998
Short term deposits	930,986	608,112
	<u>1,255,260</u>	<u>1,664,589</u>
<b>NOTE 2. Reconciliation Of Net Cash Provided By/Used In Operating Activities To Net Surplus</b>		
Operating surplus (loss) after tax	126,190	99,729
Depreciation	28,418	25,220
(Profit) / Loss on sale of property, plant and equipment	3,997	
Changes in assets and liabilities net of effects of purchases and disposals of controlled entities:		
(Increase) decrease in trade and term debtors	62,239	59,890
(Increase) decrease in prepayments	5,256	(1,363)
Increase (decrease) in trade creditors and accruals	27,537	(1,569)
Increase (decrease) in other creditors	(541,991)	308,877
Increase (decrease) in employee entitlements	(35,530)	35,140
Increase (decrease) in sundry provisions	(40,202)	18,418
<b>Net cash provided by (used in) operating activities</b>	<b><u>(364,086)</u></b>	<b><u>544,342</u></b>



# Notes to the Financial Statements

## for the year ended 30 June 2019

### NOTE 1: Summary of Significant Accounting Policies

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

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

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

#### (a) Property, Plant and Equipment (PPE)

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

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

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

#### (b) Impairment of Assets

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

#### (c) Employee Benefits

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

#### (d) Cash and Cash Equivalents

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

#### (e) Revenue and Other Income

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

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

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

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

#### (f) Leases

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

Finance leases are capitalised by recording an asset and a liability at the lower of the amounts equal to the fair value of the leased property or the present value of the minimum lease

payments, including any guaranteed residual values. Lease payments are allocated between the reduction of the lease liability and the lease interest expense for that period.

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

#### (g) Goods and Services Tax (GST)

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

#### (h) Trade and Other Payables

Trade and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association during the reporting period, which remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

#### (i) Income Tax

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

## Notes to the Financial Statements for the year ended 30 June 2019

	\$ 2019	\$2018
<b>NOTE 2: CASH ASSETS</b>		
Bank accounts:		
- Cash At Bank	323,774	1,055,479
Other cash items:		
- Cash on hand	500	998
	<u>324,274</u>	<u>1,056,477</u>
<b>NOTE 3: RECEIVABLES</b>		
Current		
Trade debtors	22,868	85,107
	<u>22,868</u>	<u>85,107</u>
<b>NOTE 4: OTHER ASSETS</b>		
Current		
Short term deposits	930,986	608,112
Prepayments		5,256
Other	7,271	8,179
	<u>938,257</u>	<u>621,547</u>
<b>NOTE 5: PROPERTY, PLANT AND EQUIPMENT</b>		
Leasehold improvements:		
- At cost	23,983	23,983
- Less: Accumulated depreciation	(19,966)	(14,778)
	<u>4,017</u>	<u>9,205</u>
Other plant and equipment:		
- At cost	114,895	99,829
- Less: Accumulated depreciation	(75,529)	(61,314)
	<u>39,366</u>	<u>38,515</u>
Motor vehicles:		
- At cost	77,203	72,802
- Less: Accumulated depreciation	(10,298)	(23,970)
	<u>66,905</u>	<u>48,832</u>
	<u>110,288</u>	<u>96,552</u>

	\$ 2019	\$2018
<b>NOTE 6: PAYABLES</b>		
Unsecured:		
- Trade creditors	37,658	10,121
- Other creditors	162,619	85,073
	<u>200,277</u>	<u>95,194</u>
	<u>200,277</u>	<u>95,194</u>
<b>NOTE 7: TAX LIABILITIES</b>		
Current		
GST payable	54,061	91,880
Input tax credit	(22,596)	(20,213)
	<u>31,465</u>	<u>71,667</u>
<b>NOTE 8: PROVISIONS</b>		
Current		
Employee entitlements*	142,967	178,497
	<u>142,967</u>	<u>178,497</u>
* Aggregate employee entitlements liability	142,967	178,497
There were 20 employees at the end of the year		
<b>NOTE 9: OTHER LIABILITIES</b>		
Current		
Income and Grants In Advance	293,670	913,207
	<u>293,670</u>	<u>913,207</u>
<b>NOTE 10: CAPITAL AND LEASING COMMITMENTS</b>		
Operating lease expenditure contracted for at balance date that is not cancellable and is not provided for in the accounts:		
Payable:		
No later than one year		29,379
		<u>29,379</u>

## Statement by Members of the Board for the year ended 30 June 2019

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 2019 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that the association will be able to pay its debts as and when they fall due.

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



**Frank Carlus**  
Chairperson



**Kieren Donoghue**  
Treasurer



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

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Authorised Audit Company  
No. 453122

## 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 2019, 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 2019 and [of] its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, the Australian Charities and Not-for-profits Commission Act 2012 and the requirements of the Associations Incorporation Reform Act 2012.

### Basis for Opinion

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

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

### Emphasis of Matter – Basis of Accounting

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

### Responsibilities of the Board for the Financial Report

The board is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the Associations Incorporation Reform Act 2012, the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the 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.

CHARTERED ACCOUNTANTS | REGISTERED COMPANY AUDITORS

Liability limited by a scheme approved under Professional Standards Legislation. ABN: 78 167 481 834

## 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: 3<sup>RD</sup> OCTOBER, 2019.

ASSUR PTY LTD  
ASSUR PTY LTD  
Authorised Audit Company Number: 453122  
Chartered Accountants

Anthony Ager  
Anthony Ager  
Director - Audit & Assurance  
Chartered Accountant

## Certificate of Members of the Board

I, Frank Carlus, and I, Kieran Donoghue certify that:

- a. We attended the annual general meeting of the association held on 15 October 2019.
- b. The financial statements for the year ended 30 June 2019 were submitted to the members of the association at its annual general meeting.

Dated 15 October 2019



Frank Carlus  
Board Member



Kieran Donoghue  
Board Member

# THANK YOU TO OUR SUPPORTERS

**Australian Chinese Medical Association of Victoria – Chinese Health Promotion Coalition project**

**Brimbank City Council – Reducing Hep B Health inequalities in the Vietnamese Community**

**Burnet Institute EC Partnership – Be Free From C prison resource and fit pack stickers**

**Chinese Cancer and Chronic Illness Society of Victoria – Chinese Health Promotion Coalition project**

**Chinese Community Council of Australia – Victorian Chapter – Chinese Health Promotion Coalition project**

**Chinese Community Health Advisory of Australia – Chinese Health Promotion Coalition project**

**Chinese Professional and Business Association – Chinese Health Promotion Coalition project**

**Collier Charitable Fund**

**City of Melbourne – Chinese Health Promotion Coalition project**

**Department of Health and Human Services**

- Core funding, *Community Participation and Health Promotion project*
- *Hepatitis B Community Education project (Living Well with Hepatitis B AMEP program)*
- HEPReady® Regional forums
- HEPReady® AOD training
- *Love Your Liver* awareness campaign
- Stigma projects
- Victorian Hepatitis Strategies implementation

**Department of Justice and Regulation, Justice Health**

- *Art Inside project*
- Staff Training resource creation
- *Aboriginal Prisoner Education project*

**Federation of Chinese Associations – Chinese Health Promotion Coalition project**

**Helen Macpherson Smith Trust – HEPReady® project**

**Hepatitis Australia**

- *Hepatitis B Community Education project*
- World Hepatitis Day community outreach events

**Jade Ribbon Health Promotion Team, Chinese Health Promotion Coalition project**

**Lachlan Riches, pro bono legal consultation**

**Lisa O'Farrell, Melbourne Polytechnic (Living Well with Hepatitis B AMEP program)**

**Liver Health Advisory Committee**

- Associate Professor Paul Gow
- Ian Gracie
- Maria Marshall
- Tony McBride
- Michelle Irving
- Phoebe Trinidad
- Uyen Vo
- Michael West

**Maddocks, pro bono legal services**

**Maria Marshall - Liver health information brochures**

**Merete Entwistle, Chisholm TAFE (Living Well with Hepatitis B AMEP program)**

**North West Primary Health Network**

- HEPReady® Pharmacy Training project
- Awareness Raising in the North West project

**OSTAR International Media Group – Chinese Health Promotion Coalition project**

**The Andrews Foundation – Disadvantaged Youth in Melbourne's South East project**

**Victoria Soong Ching Ling Foundation – Chinese Health Promotion Coalition project**

**Victoria University MetroWest Gallery, StreetShot event**

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





## **HEPATITIS**VICTORIA

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