

hepatitis
australia



2020/2021
Annual Report



Acknowledgement of Country

Hepatitis Australia proudly acknowledges the Traditional Owners and Custodians of Country throughout Australia and their continuing connection to land, waters and community. We pay our respects to Aboriginal and Torres Strait Islander peoples, their cultures and Elders past and present.

We recognise the value and ongoing contribution of Aboriginal and Torres Strait Islander peoples and communities to Australian life. We embrace the spirit of reconciliation and working towards equity of outcomes for all Australians.

Hepatitis Australia Incorporated

ABN: 38 442 686 487

admin@hepatitisaustralia.com

hepatitisaustralia.com

PO Box 716 Woden, ACT 2606

02 6232 4257

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Thank you

Hepatitis Australia recognises all people impacted by hepatitis B and hepatitis C. We would particularly like to thank those who have generously contributed their experience, skills and knowledge to inform our work and our shared goal of eliminating the impacts of viral hepatitis.

We would also like to thank our membership for their extraordinary commitment and work with, and for, people impacted by viral hepatitis.

Introduction

Hepatitis Australia, incorporated in 1997, is the national peak body representing the interests of the almost 340,000 people living with hepatitis B and hepatitis C, and the State and Territory Hepatitis Organisations. Since the organisation's inception, Australia's response to hepatitis has been underpinned by a strong partnership approach between people living with viral hepatitis; affected communities and priority populations; community organisations; the Australian Government; State and Territory governments; research and health professionals.

We are proud to have played a significant role in the development and implementation of significant gains in the hepatitis space over the last 24 years, including:

- Developing the First National Hepatitis C Strategy in 1999 and First National Hepatitis B Strategy in 2007, and subsequent strategies currently in their fifth and third iteration respectively.
- Advocating for unrestricted access to direct-acting antiviral (DAA) therapy for all people living with hepatitis C in Australia.
- Coordinating Australia's national hepatitis B education and community support program.
- Supporting the adoption by all Australian Governments of the World Health Organization's (WHO) hepatitis B and hepatitis C global elimination goals to be achieved by 2030.

The current National Hepatitis Strategies set 2022 targets, aimed at keeping Australia on track to achieve the 2030 elimination goals.

Our amazing journey continues in the United Nations decade of elimination (2020-2030). Hepatitis Australia is committed to the elimination of hepatitis B and hepatitis C and enabling and empowering everyone in Australia to live free from the impact of hepatitis B and hepatitis C. Guided by our values and the goals of our strategic plan we will continue to lead the community response to viral hepatitis and ensure no one is left behind.

About Hepatitis Australia



Our Vision

To see an end to viral hepatitis in Australia



Our Purpose

Enabling and empowering everyone in Australia to live free from the impact of hepatitis B and hepatitis C.

The work of Hepatitis Australia is guided by our Strategic Plan 2020-2023, which has the 5 key goals:



Expedite the elimination of viral hepatitis in Australia



Improve understanding of the impact of viral hepatitis, dispel misconceptions and increase community support for everyone who is infected



Minimise the transmission of viral hepatitis in Australia



Increase community engagement in high quality and non-judgemental viral hepatitis testing and clinical care



Embed the voice and experience of those impacted by viral hepatitis into all policy and programmatic responses

The full Strategic Plan 2020-2023 is available at hepatitisaustralia.com/strategic-plan

Hepatitis Australia's member organisations are:

Hepatitis ACT
Hepatitis NSW
Hepatitis Queensland
Hepatitis SA

LiverWell, incorporating Hepatitis Victoria
HepatitisWA
Northern Territory AIDS & Hepatitis Council
Tasmanian Council on AIDS, Hepatitis & Related Diseases.

Why our work matters: Eliminating hepatitis B and hepatitis C in Australia by 2030

Hepatitis B and hepatitis C present significant global health challenges and are a major cause of liver cancer; Australia's fastest growing cancer. Both hepatitis B and hepatitis C are preventable diseases. There is a cure for hepatitis C, and for hepatitis B there is an effective vaccine and treatments and early clinical trials for a cure.

The global context

In 2016, the WHO released the first Global Health Sector Strategy on Viral Hepatitis. Ultimately, **the goal of the Strategy is to eliminate viral hepatitis as a public health threat globally by 2030.**

The Global Elimination Targets for 2030 include:



90%
reduction in
new cases of
chronic hepatitis
B and hepatitis C
infections



65%
reduction in
hepatitis B
and hepatitis C
deaths



90%
hepatitis B
childhood
vaccination
coverage and
birth dose
vaccination
coverage



90%
of people with
hepatitis B and
hepatitis C are
diagnosed



80%
of people with
hepatitis B and
hepatitis C who
are clinically
eligible are treated

At the time the global targets were set, the World Health Organization estimated there were 328 million people worldwide living with chronic viral hepatitis (257 million with hepatitis B and 71 million with hepatitis C). Since that time there remains an ongoing need for a better funding mechanism to resource the global response to viral hepatitis.

In June 2021, the WHO released new guidance for countries to validate their hepatitis B and hepatitis C elimination plans. The guidance provides countries with ways to measure their progress towards elimination targets for perinatal (mother-to-child) hepatitis B transmission and for hepatitis B and hepatitis C as public health threats. This represents the first ever global guidance for countries seeking to validate elimination of hepatitis B and/or hepatitis C infection as a public health problem and will be an important input to the development of Australia's next National Strategies in 2022.

The Australian Response

The *Third National Hepatitis B Strategy*, the *Fifth National Hepatitis C Strategy*, and the *Fifth National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy* for 2018-2022, set the direction for Australia's continuing response to viral hepatitis. The Strategies include national targets for 2022 designed as a measure to indicate progress toward achieving the global targets for the elimination of viral hepatitis by 2030.

In 2020, approximately 220,000 people were living with hepatitis B in Australia.

Hepatitis B vaccination coverage in babies is generally excellent – exceeding the national target (95 per cent) at 24 months of age and marginally below (94.8 per cent) at 12 months of age. The 2017 data also shows that Aboriginal and Torres Strait Islander vaccination coverage at 24 months is particularly high, sitting at 97.5 per cent.

– we congratulate everyone involved for this important achievement.

Hepatitis B and hepatitis C casts a broad shadow on the affected communities: on physical and mental health, on livelihoods, on available opportunities, on how they are perceived, and how they perceive themselves. More than just a medical condition, viral hepatitis is a complicated issue that requires a multi-faceted approach to reduce its impacts. Hepatitis Australia's mission is key to addressing this complexity and continues to improve the lives of hundreds of thousands of Australians.”

Thomas Tu, Person with lived experience & Hepatitis Australia Board Director



220,000

people living with hepatitis B in Australia

95%

hepatitis B vaccination coverage in babies

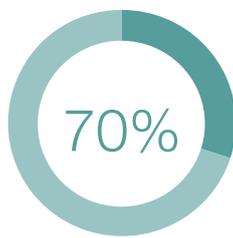
97.5%

vaccination coverage in Aboriginal and Torres Strait Islander babies

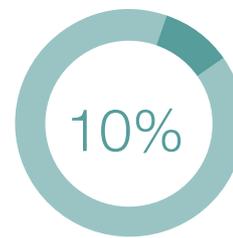
Unfortunately, the situation is not as positive for other hepatitis B targets:



It is estimated that more than one quarter of people living with chronic hepatitis B have not been diagnosed and are unaware of their infection.



More than 70% of people living with chronic hepatitis B are not receiving care.



Only 10% of people living with chronic hepatitis B are receiving antiviral treatment. *This is half the number estimated to need treatment.*



Approximately 120,000 people were living with chronic hepatitis C at the end of 2019 in Australia. Recent analysis estimates around half of all people living with hepatitis C at the start of 2016 in Australia had initiated antiviral treatment by the end of 2020. This is an extraordinary achievement and we congratulate everyone involved for this significant progress.

The rate of treatment uptake has declined steadily since 2016, but with renewed investment, such as those committed to by the Minister for Health, Mr Greg Hunt MP, the national target of 65% can be achieved by the end of 2022.

Hepatitis Australia has been significant in the development, implementation and evaluation of the National Hepatitis Strategies. This year, the organisation successfully advocated for:



Greater inclusion of people affected by hepatitis in the national response.



Increased resourcing of activities to support people living with viral hepatitis to get tested and seek suitable treatment.



Improved support to enable community organisations to contribute to research and get better access to data so they can work most effectively.

The impact of COVID-19 on the national hepatitis response

COVID-19 has significantly impacted people living with viral hepatitis, the community hepatitis workforce and access to health care services. An estimated 200,000 fewer people received hepatitis screening compared to the expected number in 2020 - a 20% decrease. There was a 15% decline in new diagnoses of hepatitis B during 2020, and 2,000 fewer people received hepatitis B monitoring compared to 2019 - a 9% decrease. Hepatitis C screening and treatment uptake has been affected by COVID-19, particularly in the harder hit states of New South Wales and Victoria.



20% decrease in hepatitis screening



15% decline in new diagnoses of hepatitis B



9% decrease in hepatitis B monitoring

Hepatitis Australia is part of the Continuity of Care Collaboration (CCC) – a partnership of over 35 peak bodies, industry and healthcare organisations that encourage people to continue with their health management during the COVID-19 pandemic. The Continuity of Care Collaboration aims to communicate consistently the importance of looking after one's health, including chronic conditions like hepatitis B and hepatitis C. Hepatitis Australia participated in the #Don'tWaitMate campaign to help people, patients and carers in Australia feel safe to continue to go and see their doctor, nurse, pharmacist, allied health professional and dentist, and to not put off tests such as blood tests, cancer screening or x-rays and scans.

As part of World Hepatitis Day 2020, Hepatitis Australia collaborated with AIVL, APSAD, the National Drug and Alcohol Research Centre and the Kirby Institute to deliver a *Dual Pandemics* webinar about COVID-19 and hepatitis C. Facilitated by health reporter Dr Norman Swan, this event brought together affected communities, doctors, scientists, health and community workers, researchers and the public to discuss the immense challenges COVID-19 brings to hepatitis C elimination and priority populations, and to discuss strategies to ensure Australia stays on track to become one of the first countries in the world to eliminate hepatitis C.

Hepatitis Australia: An effective national peak and leader in hepatitis B and hepatitis C elimination

Hepatitis Australia underwent a proactive and positive external evaluation in 2020-2021.

About the Hepatitis Australia Evaluation Process

The Hepatitis Australia Evaluation Project was one of several Department of Health supported evaluations of national blood-borne virus and sexually transmissible infections peak bodies carried out in 2020 - 2021. The evaluation was carried out by an independent consultant, Paul Bullen from mapl, and sought to evaluate Hepatitis Australia's role to date, and to make recommendations for its future work. The evaluation process sought to build the evaluation capability of the organisation, extensively engaging with staff, the Board and Hepatitis Australia members. External stakeholders were also engaged in the evaluation, including the Department of Health, other national BBV and STI peaks and research stakeholders.

The resultant evaluation report provides findings and recommendations against which Hepatitis Australia will monitor implementation and progress.

An effective national peak

A major finding of the evaluation was that Hepatitis Australia has acted as an effective national peak with national leadership and coordination capability and effective partnerships and collaborations:



Hepatitis Australia has been a well-governed and managed organisation.



Hepatitis Australia has demonstrated it is a trusted long-standing and reliable partner with a series of assets necessary to enhance systemic, policy, research and service responses to viral hepatitis in Australia.



Hepatitis Australia and the Australian Government are in a unique position of having the shared ultimate goal of viral hepatitis elimination in Australia by 2030.



Hepatitis Australia has a key role to play as an anchor and backbone in the viral hepatitis space in the elimination decade.



Hepatitis Australia is a critical organisation in leading and achieving the 2030 viral hepatitis elimination goals. It is the only identified national peak organisation with the explicit goal of viral hepatitis elimination in Australia, in direct alignment with the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy.

I was privileged to serve on the Board of Hepatitis Australia for eight years. During that time dramatic advances in treatment particularly for hepatitis C were discovered. Hepatitis Australia along with its member organisations and countless committed volunteers lobbied tirelessly to ensure that all people living with hepatitis C could access these new treatments. Thousands of Australians now live free from the impact of hepatitis C. The challenge of ensuring all people living with hepatitis C have access to, and take up treatment is not over. Hepatitis Australia continues to have a vital role providing a National focus to continue to enable and empower all Australians to live free from viral hepatitis.

Andrew Little, Retired Hepatitis Australia Board Director

Hepatitis Australia is a critical leader in Australia's hepatitis response

The evaluation confirmed Hepatitis Australia's critical role in the decade for elimination as a leader and steward of Australia's 2030 viral hepatitis elimination goals.

Hepatitis Australia is the only national peak organisation with the explicit goal of hepatitis elimination in Australia. This is fully consistent with Australian Government policy as committed in the National Hepatitis B Strategy and National Hepatitis C Strategy. Hepatitis Australia will continue to be a key partner in the development and implementation of the national strategies - in maintaining momentum, consolidating efforts and providing strong leadership towards the elimination goals.

As further transmission of hepatitis B and hepatitis C is prevented, and people living with hepatitis C are cured, there will be a reduction in overall case numbers. While this is counted as success, Australia is not tracking to achieve elimination of either hepatitis B or hepatitis C by 2030 based on business-as-usual responses. Increased efforts and agility will be required of all stakeholders, including Hepatitis Australia, if the 2030 elimination goals are to be achieved in the context of changing hepatitis B and hepatitis C epidemics.

Future directions

The evaluation provided guidance on how Hepatitis Australia can fulfil its roles going forward as a national leader in the decade of elimination; including prioritising the elimination of hepatitis B and hepatitis C in Australia as well as improved health and social outcomes for people impacted by hepatitis B and hepatitis C.

A program logic that will be refined and implemented by Hepatitis Australia in the decade ahead has identified key roles relevant to:



System wide, national leadership and stewardship of viral hepatitis elimination in Australia



Ensuring the interests of people impacted by viral hepatitis are informing research, clinical and other services and national policy



Leadership of anti-stigma, anti-discrimination and anti-racism work



Supporting collaborations



Improving knowledge translation, implementation and identification of viral hepatitis research priorities



Providing a central national point of contact for trusted information about hepatitis in Australia



Centring State and Territory Hepatitis Organisations as key stakeholders in the national response and elimination of viral hepatitis

From the CEO

It is a privilege to be part of Australia's national hepatitis organisations with such a clear and incredible goal.

The unity amongst Hepatitis Australia, our membership, the community, sector stakeholders, and governments to achieve viral hepatitis elimination for the Australian community is not only inspiring, I suggest it is also unique in the health sector. Not only is our goal of elimination visionary but it is also possible. This has been so clearly demonstrated this year, as mobilisation and amplification of this goal has occurred, for example through the establishment of the 2030 Accord.

COVID-19 has hugely impacted everyone and every way in which we work. The resilience of people impacted by viral hepatitis and the determination of our membership to be steadfast and agile in their response has been impressive. Regular engagement with our membership have ensured that the work of Hepatitis Australia is responsive and driven by local need at the national level.

Despite the setbacks, for example with 200,000 fewer hepatitis tests being conducted in 2020, commitment to achieve the targets in our National Hepatitis C Strategy and National Hepatitis B Strategy have not waned.

This year we have seen significant national momentum, for example:

- Following a commitment at a bipartisan Parliamentary Friends event 2020, and through actively working with the Minister for Health, the Australian Department of Health and sector stakeholders, the 'Finding 50,000 Project' was developed. This national project will begin next year and look to scale-up activity across five areas (national campaign, Point of Care Testing, national infoline, primary care and systems change) to achieve our 2022 national hepatitis C treatment target.

- Following a commitment by the Minister for Health to establish the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVSS), the first national roundtable on hepatitis B was convened. I understand that this is the highest level national meeting on hepatitis B to be held in the world. This resulted in critical recommendations to inject energy and priority in the national hepatitis B response and centre the people most affected.

The success in this space is inherently about partnership and collaboration. Thank you to:

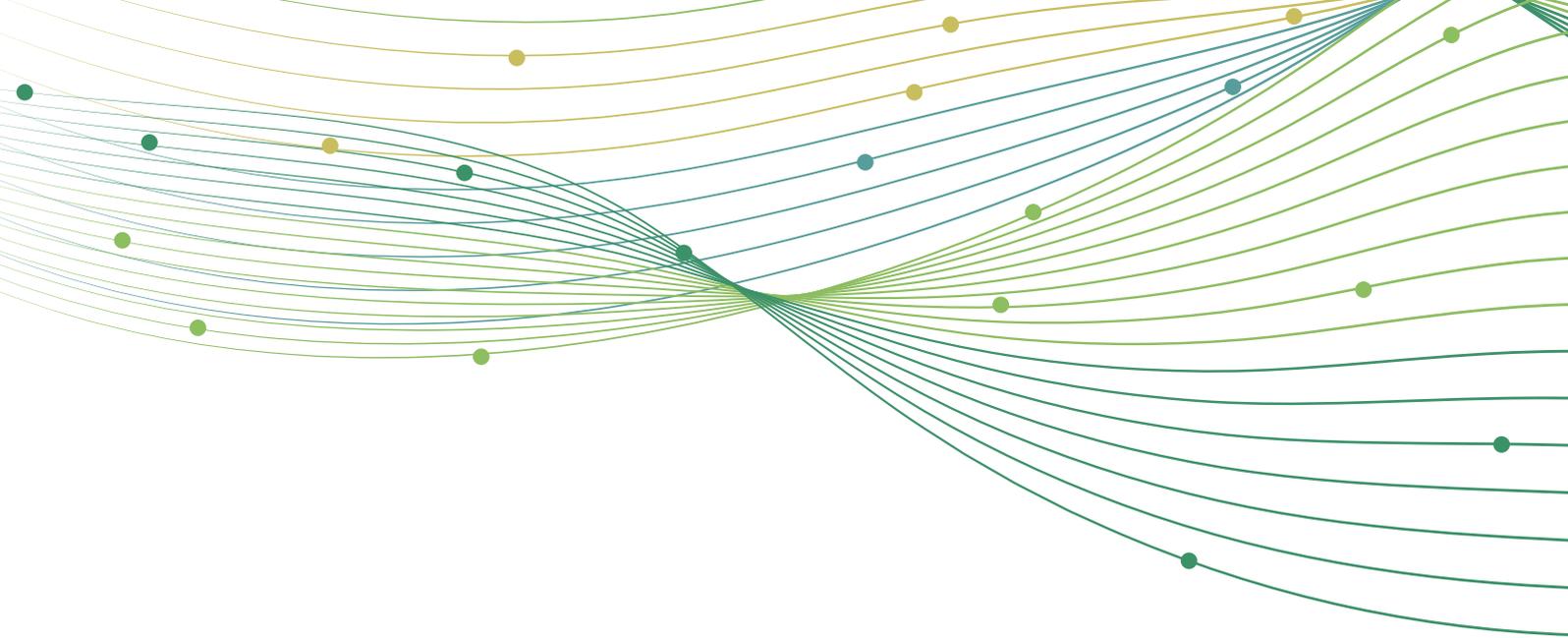
- The Hon Greg Hunt MP, Minister for Health; the Hon Chris Bowen MP, Shadow Minister for Health; Parliamentary Friends Co-Chairs Tim Wilson MP and Senator Louise Pratt for their ongoing bipartisan support.
- The Australian Department of Health, all State and Territory Health Departments.
- Fellow national BBV and STI peaks – AIVL, Scarlett Alliance, NAPWHA, NACCHO, ASHM and AFAO.
- Research partners – Kirby Institute, Burnet Institute, ARCHS, CSHR, Doherty Institute.

A massive thank you to the staff of Hepatitis Australia, particularly Kevin Marriott.

Finally, I would like to acknowledge everyone impacted by hepatitis B and hepatitis C.

Next year is going to be huge and I can't wait to see what we can achieve together.

Carrie Fouldie



President's message

Hepatitis Australia has a transformation goal to eliminate the hepatitis B and hepatitis C epidemics, and to empower everyone in Australia to live free from the impacts of these viruses.

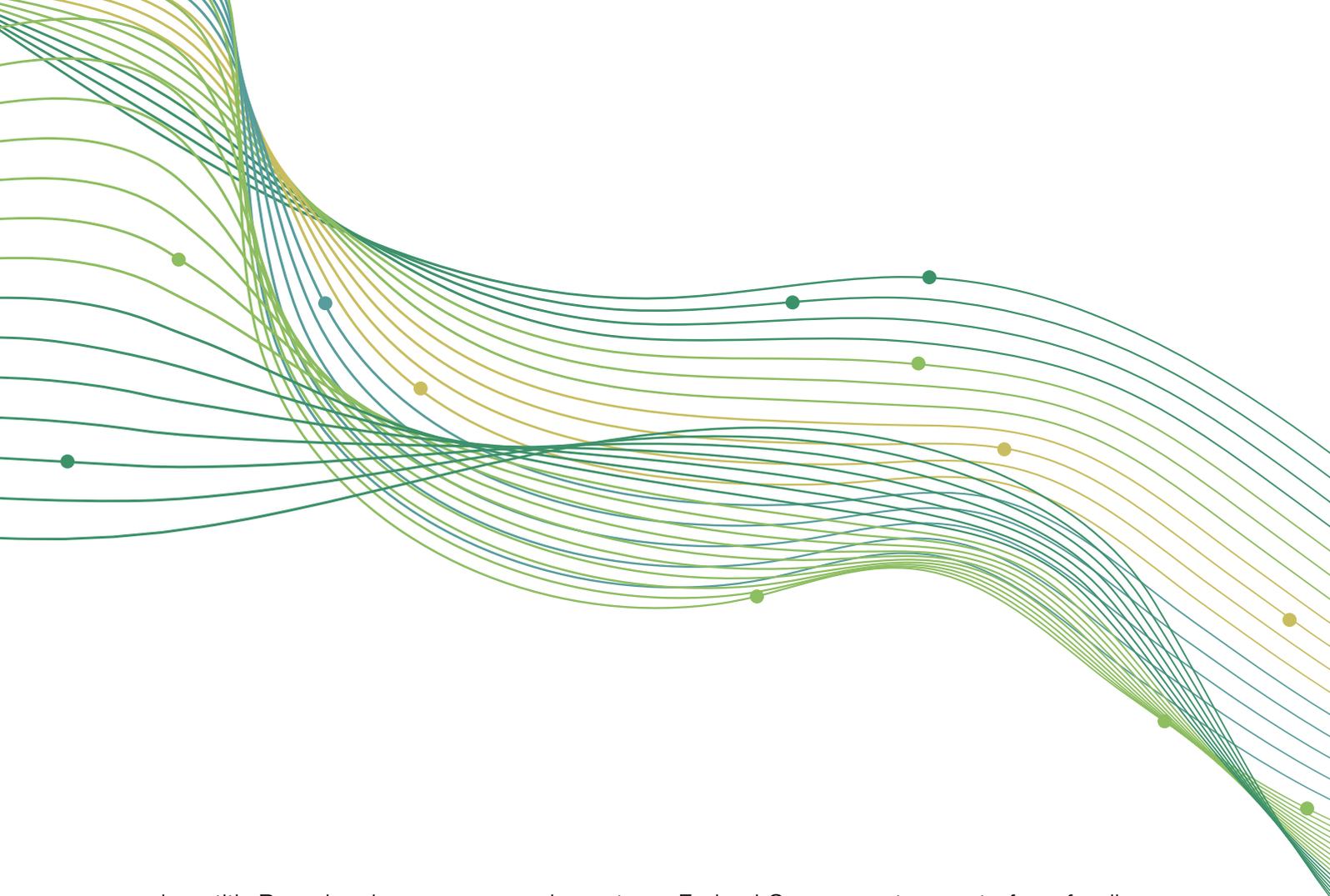
As Australia continues to grapple with the challenges of the COVID-19 pandemic, I want to take this opportunity to thank everyone involved in ensuring that Hepatitis Australia was able to remain effective during this year. In the face of significant challenges, the organisation has again proven an effective leader for the people we serve. In particular, I must thank our CEO, Carrie Fowlie and our fabulous staff, who have despite several significant disruptions on top of COVID-19, continued the work of the organisation with aplomb.

I also acknowledge and thank our member organisations, their leadership teams and their staff who have contributed so much over this very difficult year, particularly our colleagues who continued to work effectively through lockdown for much of 2020/2021.

COVID-19 has had a profound impact on the way we work. The Board has met virtually for all of the year and will continue to do so for

the foreseeable future. This has presented a range of challenges, but I thank all Directors, members and our staff for their forbearance and for learning how to work effectively in this virtual world.

The Board has used this year to progress work to fine tune and improve our governance and evaluation. The establishment of the Governance Working Group has allowed us to focus significant energy on ensuring that our processes are robust and effective, and to support the Board to be effective. This work is already benefitting the organisation and further benefit will be seen in 2021-22. The Board has had a number of strategic conversations and has identified areas of important work that will be part of our ongoing program, including challenging ourselves to think deeply about how we as an organisation respond to the needs of people impacted by viral hepatitis, take Reconciliation actions with First Nations peoples, how we can achieve a greater focus



on hepatitis B, and on how we can work most effectively with our member organisations and our partner organisations.

I thank all Directors for their work over this year, and in particular thank Andrew Little, a longstanding Community Board Member and Vice President, who retired from the Board at the end of 2020. Andrew was replaced by Thomas Tu, a well-known Sydney-based hepatitis B researcher and consumer advocate who brings real expertise and a deep commitment to his role. Additionally, Sarah Jane Olsen moved on from her role with Hepatitis ACT and has been replaced by Josh Anlezark, who similarly brings a deep commitment to, and knowledge of the sector and community to his Board role. I also thank Brent Bell, who has taken the role of Vice President and who is a source of real wisdom and support.

During this year, Hepatitis Australia has also been the subject of a formal external evaluation, undertaken at the request of the

Federal Government as part of our funding arrangement. This extensive evaluation was expertly conducted and has assisted the organisation to fine tune aspects of our governance and management functions, whilst assisting us to maximise the effectiveness of our relationship with the Australian Government and focus on our elimination goal. I thank Carrie for the expert way in which she facilitated and managed this evaluation.

We exist to serve people in Australia who are impacted by hepatitis B and hepatitis C, and the Board commits to being as effective as it can be in this task. On behalf of the Board, I wish everyone a safe and calm period as Australia returns to a 'new normal'. COVID-19 really has changed everything - except our goal of hepatitis B and hepatitis C elimination by 2030.

Grant Phelps

Activity Highlights – Key Achievements

Whilst navigating the complexities of working through the COVID-19 pandemic, Hepatitis Australia undertook a variety of activities in line with our 2020-2023 Strategic Plan and funding agreements.

Following are some highlights of these activities and key achievements in the twelve months to 30 June 2021, each demonstrating work toward achieving the organisation's mission, objectives and strategic goals and a commitment to achieving the national and global viral hepatitis elimination goals.

Finding 50,000 people living with hepatitis C

In November 2020, Hepatitis Australia supported the Parliamentary Friends' Group for Action on Blood Borne Viruses to conduct a bi-partisan event at Parliament House on eliminating hepatitis C. Hepatitis Australia, AIVL, the Kirby Institute, and the Kombi Clinic presented at the hybrid (online and in-person) event. It was hugely successful and resulted in a significant commitment from the Minister for Health, the Hon. Greg Hunt MP, to get back on track by finding 50,000 people to meet Australia's 2022 national hepatitis C treatment target.

The Minister for Health requested a proposal and Hepatitis Australia then worked closely with stakeholders to develop suitable strategy. The Minister for Health and Department of Health have agreed to progress a proposal that involves five concurrent and interconnected activities (enhanced national Infoline, national campaign, Point

of Care Testing, primary care and national coordination) which together amplify efforts to eliminate hepatitis C across affected communities, the health sector, community organisations, and government.



This activity progresses the following Hepatitis Australia strategic priorities: Policy and investment; public support; prevention; testing, treatment and care and empowerment.

This activity concurrently progresses all priority areas for action from the Fifth National Hepatitis C Strategy.

Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVSTI) Hepatitis B Roundtable

The MACBBVSTI is the Australian Government's key advisory body on the national response and management of blood-borne viruses and sexually transmissible infections. It is responsible for providing independent and expert advice to the Minister for Health on BBVs and STIs. MACBBVSTI works as an advisory structure and its key role is to provide specialist advice to inform the Australian Government's response to BBVs and STIs, identify emerging issues and ways these may be addressed.

Hepatitis Australia supported the Australian Department of Health and MACBBVSTI to convene its first roundtable, which was focused on hepatitis B, exploring meaningful improvements to the national response. This was the first time such a high level meeting on hepatitis B has been conducted in Australia. Hepatitis Australia worked to ensure the inclusion of a diverse group of community leaders with personal and relational experiences of hepatitis B to be central in the roundtable.

The meeting resulted in a series of recommendations to combat major barriers in hepatitis B elimination. Significant themes of these recommendations included:

- 1 improving and providing specific mechanisms for community partnerships, leadership and co-design
- 2 combatting racism, stigma and discrimination
- 3 increasing and resourcing community education
- 4 supporting better testing, diagnosis, treatment and clinical management
- 5 reviewing legal and immigration barriers.

“The roundtable included representation from members of affected communities, researchers, service providers and peak bodies; and was a great success, with positive feedback provided by many attendees”

– The Hon. Greg Hunt MP,
Minister for Health



This activity progresses the following Hepatitis Australia strategic priorities: Policy and investment; public support; and empowerment.

This activity concurrently progresses all priority areas for action from the Third National Hepatitis B Strategy.

Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) elevating Culturally, Linguistically and Ethnically Diverse Communities

The BBVSS is a key advisory body reporting to the Australian Health Ministers' Advisory Council (AHMAC) through the Australian Health Protection Principal Committee (AHPPC) on strategic policy, programs, social issues and activities related to HIV, viral hepatitis and STIs. The BBVSS forms part of a coordinated response across Australian Government, state and territory government, key organisations, peak bodies and national research centres for hepatitis B, hepatitis C, HIV, STIs and Aboriginal and Torres Strait Islander blood borne viruses and sexually transmissible infections.

Hepatitis Australia, the Australian Federation of AIDS Organisations (AFAO) and Australian Government Department of Health collaborated to bring together a range of diverse voices, including from affected communities, community organisations specialising in BBVs and STIs among culturally, linguistically and ethnically diverse communities, national peak community BBV and STI organisations, and other select stakeholders. The dialogue was led and guided by the community organisations to promote a forward-looking dialogue of the current issues, challenges and priorities for culturally, linguistically and ethnically diverse communities in relation to BBVs and STIs.

A platform for voices of community to create real change that combats structural racism and promotes better inclusion of culturally, ethnically and linguistically diverse voices was enabled. Recommendations will be considered by the BBVSS and where appropriate, progressed as national policy recommendations.

“For the first time I feel that the issues I have been advocating for is being tabled and debated. This gives me hope, thank you.” – Participant



This activity progresses the following Hepatitis Australia strategic priorities: Policy and investment; prevention; testing, treatment and care and empowerment.

This activity progresses action for culturally, ethnically and linguistically diverse people who are identified as a priority population in the Third National Hepatitis B Strategy and Fifth National Hepatitis C Strategy.

Maintaining informed consent in hepatitis B and hepatitis C testing policies

As a participant in ASHM's Expert Reference Groups (ERG), Hepatitis Australia has contributed to the review and update of National Testing Policies for hepatitis B and hepatitis C. Amongst changes considered was the potential inclusion of a new section in each Policy on 'opt-out' testing. Following consultation with Member organisations and in collaboration with ERG members of similar mind, Hepatitis Australia expressed concerns the implications of proposed changes would dilute the requirement for informed consent for hepatitis B and hepatitis C testing.

'Opt-in' and 'risk-based' are standard approaches to testing in Australia, whereby a person either requests a test or agrees to testing following the identification of risk factors or clinical indication. 'Opt-out' subtly changes the way testing is offered by notifying people that testing occurs unless the person declines. This approach can benefit people reluctant to disclose stigmatising risk factors and people who may be unaware of potential exposure and infection.

Hepatitis Australia recognises that opt-out testing, designed and implemented ethically and legally, can increase the uptake of testing with consequential improvements in diagnoses, engagement in care and treatment, and health outcomes. We remain adamant that testing must remain voluntary, noting that informed consent is:



A legal and best practice requirement, enshrined in both common law and statute



An important precursor to diagnosis, treatment and cure



An important ethical principle that recognises bodily autonomy and rights of individuals.



This activity progresses the following Hepatitis Australia strategic priorities: Testing, treatment and care and empowerment.

This activity progresses the following key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy: Testing, treatment and management; and addressing stigma and creating an enabling environment.

2030 Accord and #VH2021 Action Plan

At the Australasian Viral Hepatitis Conference 2021, Hepatitis Australia unveiled the 2030 Accord - a movement that aims to raise awareness and build momentum in the Australian community to achieve hepatitis B and hepatitis C elimination by 2030. The 2030 Accord's Mission is to:



Achieve viral hepatitis elimination in Australia by 2030.



Ensure viral hepatitis elimination is an Australian national health priority in policy, investment and action.

At the 12th Australasian Viral Hepatitis Conference, the 2030 Accord was supported by thirteen Australian and New Zealand national peak organisations and research institutes. It was met with a positive reception and dozens of delegates and organisations from the conference signed up to join the movement.

Alongside this, the same group of organisations launched the #VH2021 Action Plan – a six-step call to action for the Australian Government to deliver viral hepatitis elimination. Since publication, progress has been made toward all six actions outlined in the plan.



This activity progresses the following Hepatitis Australia strategic priorities: Policy and investment; public support; prevention; testing, treatment and care and empowerment.

This activity mobilises the leadership, partnership and connections to community approach enshrined in the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy.

Organisations that support The 2030 Accord's mission

- Hepatitis Australia
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
- Australian Injecting & Illicit Drug Users League (AIVL)
- Kirby Institute
- Doherty Institute
- Burnet Institute
- University of New South Wales (UNSW)
- Centre for Social Research in Health
- Australasian Hepatology Association (AHA)
- Australasian Society for Infectious Diseases (ASID)
- Australian Centre for Hepatitis Virology Research
- WHO Collaborating Centre for Viral Hepatitis (VICRL)
- The Hepatitis Foundation of New Zealand
- New Zealand Society for Gastroenterology
- Menzies School of Health Research
- Australian Research Centre in Sex, Health and Society
- Australian Centre for Hepatitis Virology

Policy and Representation

As an effective peak and leader in hepatitis B and hepatitis C elimination, Hepatitis Australia contributes to relevant inquiries and participates in relevant national and international forums. During 2020 – 2021 submissions and forum participation included:

Policy Submissions

- Submission to the September 2020 National Preventive Health Strategy Consultation
- Submission to the November 2020 TGA consultation ‘Hepatitis B virus and hepatitis C virus IVD self-tests: Clinical performance requirements and risk mitigation strategies’ Joint submission in July 2020 to inform the RACGP’s ‘Standards of health services in Australian prisons (2nd edition)’
- Submission to PBAC’s July 2020 meeting to inform consideration for listing Tecentriq (atezolizumab) and Avastin (bevacizumab) for the treatment of people with newly diagnosed, inoperable hepatocellular carcinoma (HCC).

National and International Representation

- World Hepatitis Alliance
- WHO Collaborating Centre for Viral Hepatitis Epidemiology and Public Health Research Advisory Group
- Blood Borne Viruses and Sexually Transmitted Infections Sub-committee (Australian Government Department of Health)
- Eliminate Hepatitis C Australia Partnership Executive Committee
- Eliminate Hepatitis C Australia Advocacy Working Group
- ASHM Taskforce on BBVs, Sexual Health and COVID-19
- Kirby Institute’s Annual Surveillance Report Advisory Committee
- Kirby Institute’s Annual Surveillance Report HBV and HCV Cascade Reference Group
- National Prisons’ Hepatitis Network
- National Hepatitis B Testing Policy Expert Reference Committee
- National Hepatitis C Testing Policy Expert Reference Committee
- Australian Paediatric Hepatitis C Guidelines Committee
- Hepatitis C Virus Infection Consensus Statement Working Group
- Hepatitis B Virus Infection Consensus Statement Community Oversight Group
- Strengthening Harm Reduction in Prisons’ Working Group

First National Viral Hepatitis Elimination Forum

Hepatitis Australia held the First National 2030 Hepatitis Elimination Forum, which brought together Hepatitis Australia membership and key researchers.

The year 2020 marked the beginning of the United Nations decade for disease elimination. With this in mind, the Forum strengthened connections between members and provided a platform for future-focused thinking about our shared purpose of hepatitis elimination by 2030.

The Forum considered key issues including lived experiences, the political and social environment, digital communications, effective programs, barriers to care, and using data.

While the challenges discussed were very real, including stigma, funding cycles, and getting to the right people, there was a strong belief that they are surmountable.

“I’ve found it immensely helpful and really interesting, and inevitably I’ve learnt something, which is great...”

Forum participant



This activity progresses the following Hepatitis Australia strategic priorities: Policy and investment; public support; prevention; testing, treatment and care and empowerment.

This activity progresses all of the key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy.

TEST CURE LIVE campaign

TEST CURE LIVE (TCL) was one of the first national hepatitis C campaigns aiming to engage and motivate people living with hepatitis C to speak to their doctor about testing and/or cure.

Despite initial publicity following the Pharmaceutical Benefits Scheme listing of direct-acting antivirals (DAA's) in 2016, many people living with hepatitis C remain unaware of the availability and benefits of the new cures. This is particularly true for those who may not

attend settings in which focused treatment education and engagement activities have occurred to date (e.g. needle and syringe programs and custodial settings).

TCL campaigns were implemented in collaboration between Hepatitis Australia and its member organisations in each state and territory to optimise reach, targeting and community engagement. The National Viral Hepatitis Mapping Project Data, ABS statistics and local knowledge informed location selection.

Community and interest groups relevant to the target audiences disseminated campaign messages to the networks via social media, newsletters and education sessions. This helped to engender trust in the messages and combat some of the stigma associated with hepatitis C.

The localised campaigns were implemented in three cycles, with evaluation and planning between each resulting in campaign refinement.

KEY SUCCESSES INCLUDED:



Market testing demonstrated that exposure to the advertising materials increased knowledge of hepatitis C risk factors, symptoms and availability of a cure.



More than 40 per cent of people indicated that they are more comfortable and accepting of people with hepatitis C after hearing or seeing the advertisements.



Close to three million digital advertisement impressions were served in campaign areas.



Personal story videos were viewed over 150,000 times.



More than 90 per cent of market testing respondents who had risk factors for hepatitis C or who had been tested previously, indicated that they would take further action, including speaking to a doctor about hepatitis C, calling the national hepatitis information line or searching the web for more information.



Pharmaceutical Benefits Schedule (PBS) Item Reports and prescribing data strongly suggest that the TCL campaign was successful in increasing hepatitis C testing and treatment uptake in campaign areas.

I just got off the phone from a man who read the article yesterday in Byron paper and phoned us as he didn't want to see his GP. Yipee it worked!!

- Krista Zohrab, Lismore liver Clinic, campaign partner



This activity progresses the following Hepatitis Australia strategic priorities: Public support; prevention; testing, treatment and care and empowerment.

This activity progresses the following key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy: Education and prevention; testing, treatment and management; equitable access; addressing stigma and creating an enabling environment.

Information Resources

Since its commencement in 2018, the Resources Project has led to a vast library of new and updated information resources on hepatitis B and hepatitis C, which dramatically increased and improved Hepatitis Australia's digital presence. The Project successfully developed a range of resources that build the capacity within the community workforce and affected communities in relation to hepatitis B and hepatitis C in the areas of prevention, testing, care and treatment, and stigma and discrimination.

As noted in the Evaluation Report, Hepatitis Australia has a key role to enhance the quality and availability of health promotion resources, particularly in areas of unmet need. The material produced by Hepatitis Australia was designed to be nationally relevant and provides a centralised database of information to complement locally developed information materials and respond to information gaps in the national literature.

All resources were reviewed by the Hepatitis Australia Editorial Committee or, for

topic-specific resources, by a relevant group of peers and experts. This was a significant achievement of the Project, ensuring that our information was accurate, accessible, trustworthy and suitable for its audience. Many committee members are well known in the field and having them on the committee helps keep them abreast of the work Hepatitis Australia has been doing. This leads to more collaboration and builds effective working relationships across the sector.

If Tatts Could Talk

The *If Tatts Could Talk* video campaign aimed to reach a previously underserved audience and encourage people who may not previously have considered themselves at risk, to get tested and take proactive action to protect themselves against hepatitis B and hepatitis C.

The campaign included six short videos looking at the different risks for unsterile tattoos and piercings. The campaign was implemented through Facebook, Instagram and Spotify with more than 304,000 plays on Facebook. The campaign page on the Hepatitis Australia website received 4,134 page views and the Spotify advertisement had 154,521 listens.



The Juice

Hepatitis Australia partnered with The Australian Injecting & Illicit Drug Users League (AIVL), to develop a resource for people who inject performance and image enhancing drugs (PIEDs). Research and consultation showed that people who inject PIEDs are at greater risk of hepatitis B and hepatitis C, but activities targeting this group are missing from viral hepatitis education. Qualitative research projects have identified gaps and made recommendations to better engage this group but there has been little success translating this into outcomes for affected communities.

Hepatitis Australia and AIVL collated research recommendations and integrated expert feedback to develop a health promotion resource that meets the target audience's needs. Partnership enabled the Project to pool expertise and networks to create an evidence-driven resource. Researchers, community members, clinicians and field experts were engaged, and recommendations identified in the Drugs, Gender & Sexuality Research Program report: Performance and image enhancing drug injecting among Australian men, were incorporated.



The Juice

“Both [my co-worker] and I were really impressed with the quality of the resource. It is just the right amount of plain speaking, without being patronising. The information contained is also really comprehensive... I was really glad there were no errors or potentially harmful recommendations but I guess I should have remembered the resource was coming from such a reputable organisation!”

– Julie Page, Team Leader, Clinical Nurse Specialist, Needle and Syringe Program, Nepean Blue Mountains Local Health District



These activities progress the following Hepatitis Australia strategic priorities: Prevention; and empowerment.

These activities progress the following key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy: Education and prevention; and addressing stigma and creating an enabling environment.

World Hepatitis Day

World Hepatitis Day (WHD), 28 July, is one of only nine World Health Days the World Health Organization Member States have mandated as official global public health days. In Australia, World Hepatitis Day is coordinated by Hepatitis Australia to raise awareness and promote action on hepatitis B and hepatitis C.

In 2020, the theme of “Let’s talk Hep” encouraged people to start a conversation about hepatitis. With the arrival of COVID-19 earlier in the year, it was anticipated that some people may not prioritise other healthcare issues, including testing and care for hepatitis.

The delivery of WHD events on digital platforms, necessitated by COVID-19, enabled participation from a wider audience from across the Australia and the Asia Pacific region:

- The Australian World Hepatitis Day website served as a campaign hub which provided information and digital campaign assets accessed by close to 2,000 unique users.
- Digital advertisements ran across the News Corp News DNA Network from 1 July to 1 August and resulted in an impressive reach with 955.495 impressions and 2,451 clicks through to the WHD website.
- The successful hepatitis risk quiz developed for World Hepatitis Day 2019 was again utilised in 2020. The quiz, promoted through digital and Facebook advertising had over 1,700 participants and data from the quiz suggested that many people either have not, or can’t recall having a diagnostic test for hepatitis B or C despite having a prior risk.

In addition to digital promotion, Hepatitis Australia ran two virtual events. The Dual Pandemics Webinar was a collaboration between AIVL, Hepatitis Australia, APSAD, National Drug and Alcohol Research Centre and the Kirby Institute. Facilitated by health reporter Dr Norman Swan, this event brought together affected communities, doctors, scientists, health and community workers, researchers, and the public to discuss the immense challenges COVID-19 brings to hepatitis C elimination and the health of people who use drugs, and to discuss strategies to ensure Australia stays on track to become one of the first countries in the world to eliminate hepatitis C.

Let’s Talk Hep C was a collaboration between Gastroenterological Society of Australia (GESA) and Hepatitis Australia. This webinar looked at the importance of managing and treating hepatitis C and included two personal perspectives. The webinar demonstrated the need for greater awareness and understanding of hepatitis C within the community as well as the clinical workforce. The webinar was recorded and has since been utilised for training opportunities conducted by GESA.



This activity progresses the following Hepatitis Australia strategic priorities: policy and investment; public support; prevention; testing, treatment and care and empowerment.

This activity progresses the following key areas for action from the Third National Hepatitis B Strategy and the Fifth National Hepatitis C Strategy: education and prevention; testing, treatment and management; workforce; and addressing stigma and creating an enabling environment.

**Let's
Talk
Hep**

1,793

people participated in the Hepatitis Risk Quiz



77%

of people did not know whether they were currently living with hepatitis B or hepatitis C



1,083,922

Facebook impressions



51,200

Twitter impressions



955,495

Digital advertisement impressions with 2,451 clicks to the WHD website.

Our digital profile

As COVID-19 has continued to create barriers to meeting in person, Hepatitis Australia has employed virtual platforms to keep engaging with stakeholders and the public.

The Hepatitis Australia website remains a valuable source of information about hepatitis B and hepatitis C. Between 1 July 2020 and 30 June 2021, there were 118,462 unique visitors to the Hepatitis Australia website. Hepatitis Australia has maintained its Health on the Net (HON) certification, which identifies the site as a trustworthy source of health information.

Hepatitis Australia has sustained a strong social media presence across Facebook, Instagram and Twitter. In particular, the addition of a CEO

Twitter account has enabled more strategic communications and the ability to make use of different voices for sharing information and targeted advocacy.

Hepatitis Australia has effectively integrated video conferencing software into our suite of digital tools, enabling us to be more present than ever in the national and international hepatitis space. Hepatitis Australia staff have been active across sector webinars and virtual meetings, highlighting the community voice in policy and research discussions.



This activity progresses the following Hepatitis Australia strategic priorities: public support; prevention; testing, treatment and care and empowerment.

Website



118,462 unique visitors to the Hepatitis Australia website

Facebook



1.02m impressions

228,000 video views

29,000 engagements

Twitter



88,900 impressions

2500 engagements

Instagram



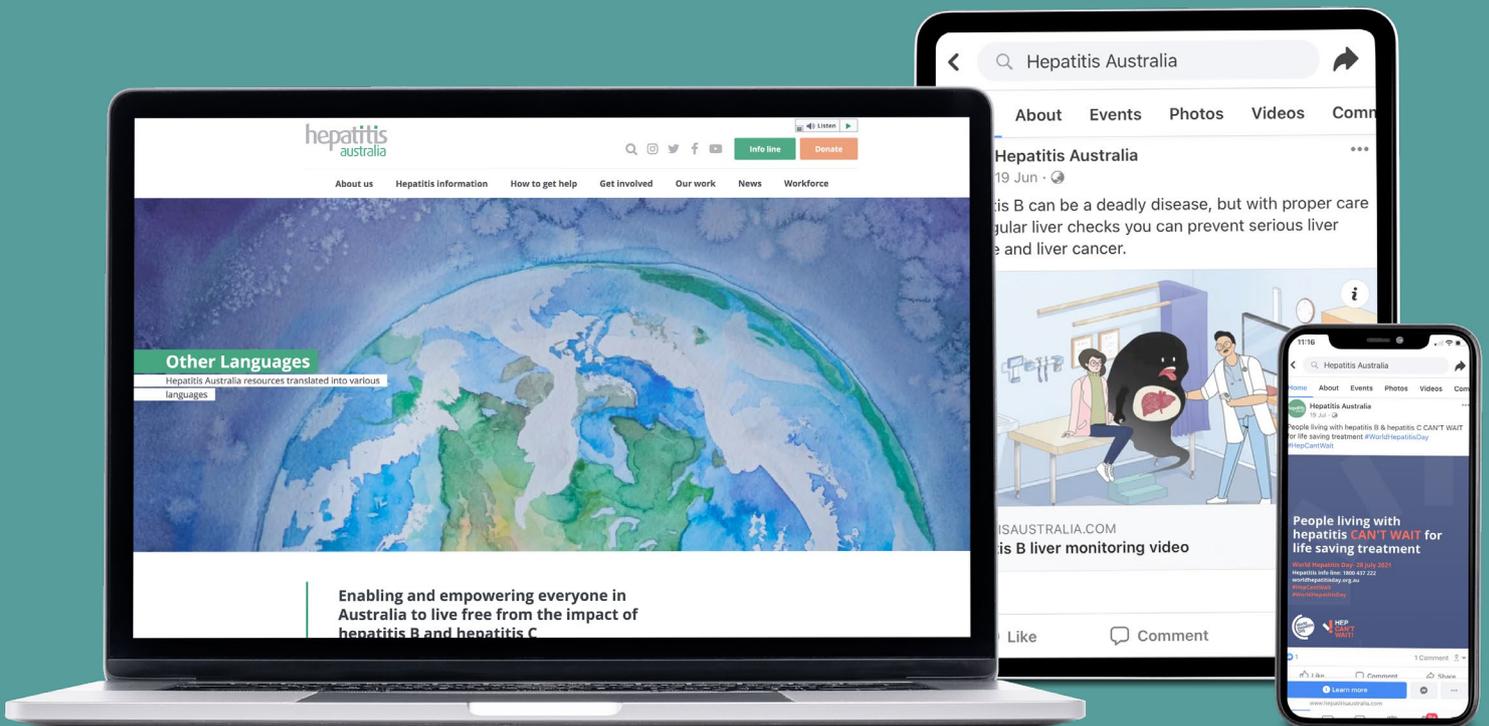
69,100 impressions

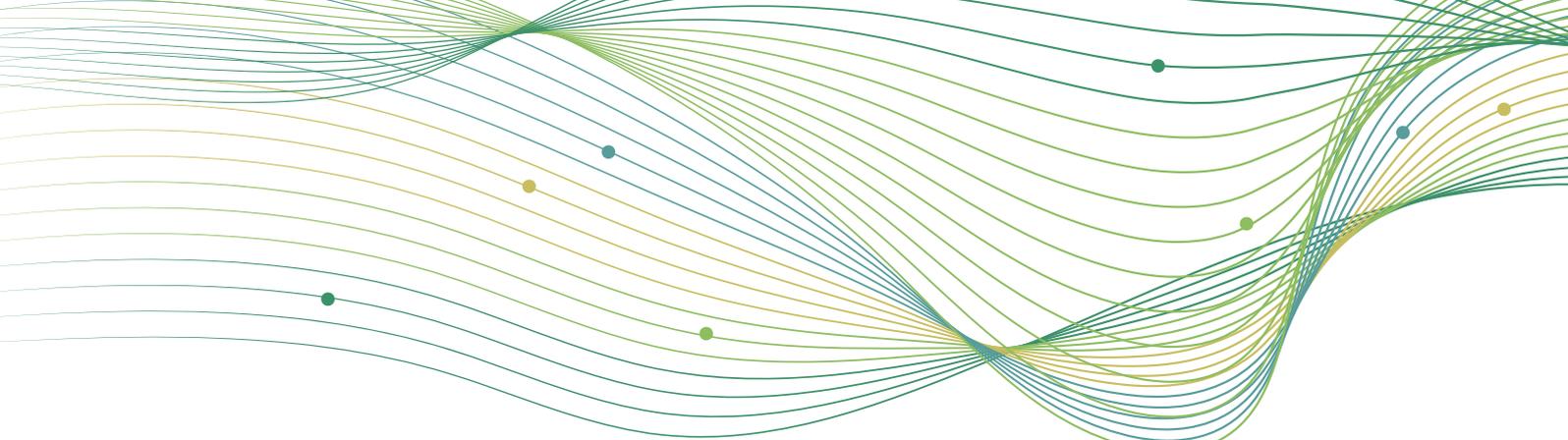
410 engagements

Twitter



CEO Twitter
359,800 impressions





Board of Directors

Hepatitis Australia is governed by a voluntary Board of Directors, which consists of an independent President, representatives from our eight state and territory member organisations, and two community members who have lived experience of viral hepatitis.

At the end of 2020/2021 the Hepatitis Australia Board of Directors was made up of the following individuals from around Australia.

Grant Phelps – President and Chair

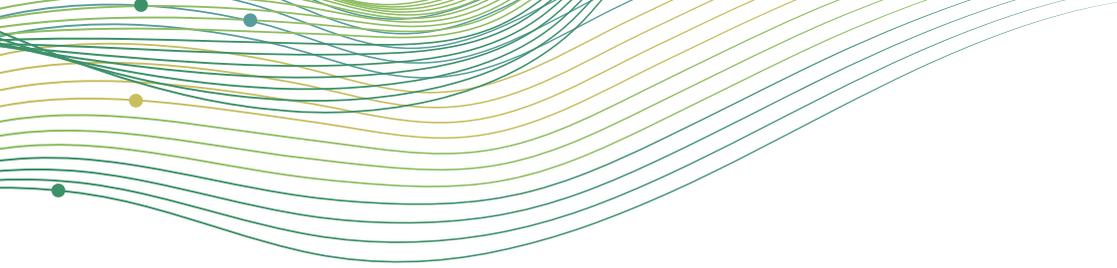
Commencing as President in January 2020, Grant brings significant governance, management and leadership experience to this role.

Grant worked for many years as a gastroenterologist, establishing Victoria's first regionally based liver clinic in Ballarat. More recently he has moved to healthcare management, leadership and consulting roles at organisational and system levels with a focus on clinical leadership for safe, high quality care. Grant also has an academic appointment at Deakin University as Associate Professor of Clinical Leadership, believing that clinicians must work together with their patients and community to lead continual improvements in healthcare services.

Brent Bell – Vice President

Brent is the CEO of HepatitisWA and a Board Director since October 2018.

Brent has a background in organisational change and operational leadership in a range of environments including mental health, corrections, and remote medical services. Since assuming the leadership HepatitisWA, Brent has strategically transitioned the organisation to new branding, new projects and expanded the scope of clinical services to a primary care service for our priority populations that normalises screening and treating of hepatitis B and C.



Cameron Brown – Treasurer

Cameron is the CEO at the Tasmanian Council on AIDS, Hepatitis and Related Diseases Inc. (TasCAHRD) and joined the Board in November 2017.

Cameron has a distinguished career as an executive across the public and private sectors. He is a member of the Australian Institute of Company Directors and holds a Graduate Certificate in Business from the Queensland University of Technology. Cameron has worked previously as National Workload Manager with Medicare Australia, Change Management Director for The Department of Human Services and has held senior executive roles working with multinational organisations including Hyundai Motor Co. and General Motors. Cameron is currently a member of the Tasmanian Department of Premier and Cabinet LGBTI reference group, and the Tasmanian Health Service, HIV and Viral Hepatitis working Group.

Maria Scarlett – Secretary

Maria is the President of the Northern Territory AIDS and Hepatitis Council (NTAHC).

Maria commenced her governance journey as the hepatitis C consumer representative and community member on the NTAHC Board in 2014. Maria has a strong understanding of the impact of family loss for families in Northern Australia and the ‘tsunami’ effect of grief upon a community when Yolngu friends die from liver cancer as a result of undiagnosed hepatitis B. Maria has a strong understanding of contemporary governance issues and Board processes, an extensive knowledge in health research ethics and Indigenous health issues, including workforce development and working within the Aboriginal cultural landscape.

Katelin Haynes – Board Director

Katelin is the CEO of Hepatitis Queensland and a Board Director of Hepatitis Australia since January 2020.

Katelin is passionate about translating science into change to improve health outcomes for the community. Katelin has previously held senior management roles within the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) and completed a PhD in Medical Research from the University of Queensland.

Melanie Eagle – Board Director

Melanie is the CEO of LiverWell and joined the Board in October 2012.

Melanie has qualifications in arts, social work, international development and law and is a graduate of the Institute of Company Directors. In addition to private legal practice, Melanie has worked across the public sector in areas such as women's policy, equal opportunity, future city strategic planning. Melanie is passionate about working collectively to improve broader community well-being. Melanie is also the Inaugural Chair of both Respect Victoria and the Victorian Disability Worker Registration Board and is a Director of Alfred Health.

Kerry Paterson – Board Director

Kerry is the Chief Executive Officer at Hepatitis SA and has served on the Board for various periods of time since 1999.

Kerry was the Manager at the then Hepatitis C Council of South Australia from 1999 for three and half years prior to commencing as National Strategic Development Officer at what was then the Australian Hepatitis Council (now Hepatitis Australia) for a period of two and a half years. Kerry then returned to Hepatitis SA in 2005. Kerry is a member of the South Australian Sexually Transmissible Infections and Blood-Borne Viruses Advisory Committee.

Pam Wood – Board Director / Community Board Member

Pam commenced as an independent Community Board Member in January 2016 and has previously held the position of Secretary.

Pam has a background in nursing and working in primary health care in Melbourne and most recently worked as the Community Participation Officer at Hepatitis Victoria. As a volunteer, Pam has been involved with the Community Advocates program, the Peer Connect program and the Public Speakers' Bureau through Hepatitis Victoria. In 2015, Pam gave evidence at the Parliamentary Inquiry into Hepatitis C. Pam was a member of the Hepatitis Victoria Board of Management for six years. Pam's first-hand experience with issues around diagnosis, disclosure and discrimination whilst living with hepatitis C drives her desire to alleviate the burden of societal and self-stigmatisation associated with this chronic illness for others living with hepatitis.

Joshua Anlezark – Board Director

Joshua is the Executive Officer of Hepatitis ACT and a Board Director since May 2021.

Joshua has experience across the not for profit, private and government sectors in service delivery, risk and program and quality assurance. Joshua is passionate about system improvement, workforce diversification and addressing unmet needs in the community. Joshua has served on several Boards and, in 2020 completed the Australian Institute of Company Directors, Company Directors Course. As a Board Director, Joshua draws on both his lived and professional experience.

Steven Drew – Board Director

Steven is the CEO of Hepatitis NSW and commenced as a Board Director in October 2019.

Steven has extensive executive experience spanning over a decade that covers executive government, bureaucracy and member-based, not for profit, charity sectors. Steven has almost 15 years' experience as a Board Director in Australia and Ireland. Steven is a Graduate of the Australian Institute of Company Directors and was a member of the Institute of Directors in Ireland from 2016 to 2019. Steven is an Adjunct Associate Professor, School of Population Health, UNSW Medicine.

Thomas Tu – Board Director

Dr Thomas Tu has a distinguished career as a scientist and a long history of effective leadership, strong strategic vision, and field-leading expertise. Thomas was 14 years old when he was diagnosed with hepatitis B. Now a leading hepatitis B researcher at Sydney's Westmead hospital, Dr Tu has helped launch an online forum that will create the kind of community that didn't exist when he was diagnosed.

Dr Tu founded the forum, [HepBcommunity.org](https://www.hepbcommunity.org), in late 2020 with the support of Westmead Hospital's Storr Liver Centre, the World Hepatitis Alliance and the Hepatitis B Foundation.

Thomas is passionate about using his knowledge and life experiences to provide better experiences and outcomes for people living with hepatitis B.

Outgoing board directors

We would like to thank our outgoing board directors, Andrew Little and Sarah-Jane Olsen for giving their skills, time and passion in support of a strong national hepatitis peak. We wish them all the best in their future endeavours.

Andrew Little

Andrew joined the Board in 2013 as an independent community Board member and served as Treasurer from 2013 to 2016 and Vice President from 2017 – 2020. Over the past eight years, Andrew's passion, experience and dedication to our vision to see an end to viral hepatitis in Australia has been an invaluable resource.

Sarah-Jane Olsen

Sarah-Jane became a Board director in February 2019. Sarah brought with her a wealth of public health experience from here in Australia and abroad in New Zealand and Canada.

Hepatitis Australia Staff

Hepatitis Australia could not succeed without the support of its dedicated staff. We thank each member of staff for adapting to the changing work environment due to COVID-19 and applying their expert knowledge, time and energy to helping the organisation reach our Vision – an end to hepatitis B and hepatitis C in Australia.

- Kevin Marriot
- Wendy Anderson
- John Didlick
- Grace Hogan
- Amanda Bode
- Bruce Ryan
- Sandra Wilson
- Peter Bayliss
- Irene Stoop

Treasurers Report

On behalf of the Hepatitis Australia Board, I am pleased to present the Financial Statements for the year ended 30 June 2021. Hepatitis Australia continues to maintain a solid financial position with total equity of \$615,708 on 30 June 2021, compared to \$615,241 in 2020, being mainly in the form of cash assets. Total revenue amounted to \$1,752,767 (\$2,205,971 in 2020) and Hepatitis Australia delivered a modest accounting surplus of \$467 at the end of the year, compared to a surplus of \$45,032 in 2020.

\$615,708
Equity

\$1,752,762
Revenue

\$467
Surplus

Financial Statements

Statement of Profit or Loss and Other Comprehensive Income

For Year Ended 30 June 2021

	2021 \$	2020 \$
Sales revenue	1,424,769	1,608,610
Other income	327,998	597,361
Conference, travel and accommodation costs	(11,799)	(78,749)
Consultants	(408,233)	(99,668)
Deliverables	(99,047)	(529,659)
Depreciation – Plant and equipment	(29,622)	(29,382)
Depreciation – right to use asset	(53,400)	(60,117)
Employee benefits expense	(744,012)	(755,276)
Finance costs	(7,605)	(11,788)
Office and administration costs	(398,582)	(596,300)
Profit before income tax	467	45,032
Income tax expense	-	-
Profit for the year	467	45,032
Other comprehensive income for the year	-	-
Total comprehensive income for the year	467	45,032

Statement of Financial Position

As at 30 June 2021

	2021	2020
	\$	\$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	2,847,261	1,625,773
Trade and other receivables	-	31,287
Other financial assets	10,450	10,450
Other assets	20,349	19,468
TOTAL CURRENT ASSETS	2,878,060	1,686,978
NON-CURRENT ASSETS		
Plant and equipment	107,510	126,830
Right-to-use - Building	142,400	220,430
TOTAL NON-CURRENT ASSETS	249,910	347,260
TOTAL ASSETS	3,127,970	2,034,238
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	266,055	72,263
Lease liability	55,130	56,016
Employee benefits	87,465	71,073
Other financial liabilities	1,996,064	1,044,141
TOTAL CURRENT LIABILITIES	2,404,714	1,243,493
NON-CURRENT LIABILITIES		
Lease liability	101,602	172,406
Employee benefits	5,946	3,098
TOTAL NON-CURRENT LIABILITIES	107,548	175,504
TOTAL LIABILITIES	2,512,262	1,418,997
NET ASSETS	615,708	615,241
EQUITY		
Reserves	158,368	158,368
Retained earnings	457,340	456,873
TOTAL EQUITY	615,708	615,241

Partnerships, supporters and collaborators

The work of Hepatitis Australia would not be possible without the many individuals and organisations who support us and our vision to see an end to hepatitis B and hepatitis C in Australia. We would like to acknowledge and thank the courageous people who have shared their personal stories and insights, our member organisations, partner and stakeholder organisations, and our funders, the Australian Government Department of Health.

- ACT Health
- Alison Coelho, Centre for Culture, Ethnicity and Health
- Australasian Hepatology Association (AHA)
- Australasian Liver Association
- Australasian Professional Society on Alcohol and other Drugs (APSAD)
- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)
- Australasian Society for Infectious Diseases (ASID)
- Australian Centre for HIV and Hepatitis Virology Research (ACH2)
- Australian Evaluation Society (AES)
- Australian Federation of AIDS Organisations (AFAO)
- Australian Government Department of Health
- Australian Healthcare and Hospitals Association
- Australian Indigenous Doctors' Association
- Australian Injecting & Illicit Drug Users League (AIVL)
- Australian Research Centre in Sex Health and Society (ARCSHS)
- Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS)
- Burnet Institute
- Cancer Australia
- Cancer Council
- Centre for Social Research in Health
- Click Gravity
- Conscious Governance
- Consumer Health Forum (CHF)
- Continuity of Care Collaboration
- Curtin University
- Digby Hildreth
- Doherty Institute
- Dr Alice Lam
- Coalition to Eradicate Viral Hepatitis in Asia Pacific
- Utopia Health
- University of Sydney
- Drug Policy Modelling Program (DPMP)
- EC Australia
- Ethnic Communities Council of Queensland (ECCQ)
- Federation of Ethnic Communities' Councils of Australia (FECCA)
- Fiona Stanley Hospital (FSH)
- Future Directors
- Gastroenterological Society of Australia (GESA)
- Haemophilia Foundation of Australia.
- Hardwickes
- Health VIC
- Hepatitis ACT
- Hepatitis Foundation of New Zealand
- Hepatitis NSW
- Hepatitis Queensland
- Hepatitis SA

- Hepatitis WA
- hepBcommunity.org
- Hide and Seek
- HIV/AIDS Legal Centre (HALC)
- Victorian African Health Action Network (VAHAN)
- International Coalition to Eliminate of HBV - ICE-HBV
- International Network on Health and Hepatitis in Substance Users (INHSU)
- International Society for the Study of Drug Policy (ISSDP)
- Jane Little
- Kirby Institute
- Kombi Clinic
- La Trobe University
- LiverWell, incorporating Hepatitis Victoria
- Management Alternatives Pty Ltd (MAPL)
- Menzies school of Health Research
- Micah Projects /Inclusive Health
- Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBBVSTI)
- National Aboriginal Community Controlled Health Organisation (NACCHO)
- National Association of People with HIV Australia (NAPWHA)
- New Zealand Society of Gastroenterology
- Northern Territory Aids and Hepatitis Council (NTAHC)
- NSW Health
- NT Health
- One Vision
- Parliamentary Friends of HIV/AIDS, Blood Borne Viruses and Sexually Transmitted Diseases
- Pathology Awareness Australia
- Penington Institute
- Pharmaceutical Society of Australia
- Prof Narci Teoh
- Public Health Association Australia (PHAA)
- Queensland Health
- Queensland Injectors Health Network (QUIHN)
- SA Health
- Scarlet Alliance
- Selina Walker
- Sidney Vo
- Tasmanian Government Department of Health
- Tasmanian Council on Aids Hepatitis and Related Diseases (TASCAHRD)
- University of Sydney
- University of New South Wales (UNSW)
- Vienna NGO Commission
- WA Health
- Westmead Institute for Medical Research
- WHO Collaborating Centre for Viral Hepatitis (VIDRL)
- World Hepatitis Alliance
- Roche Diagnostics Australia
- Abbvie
- Gilead

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