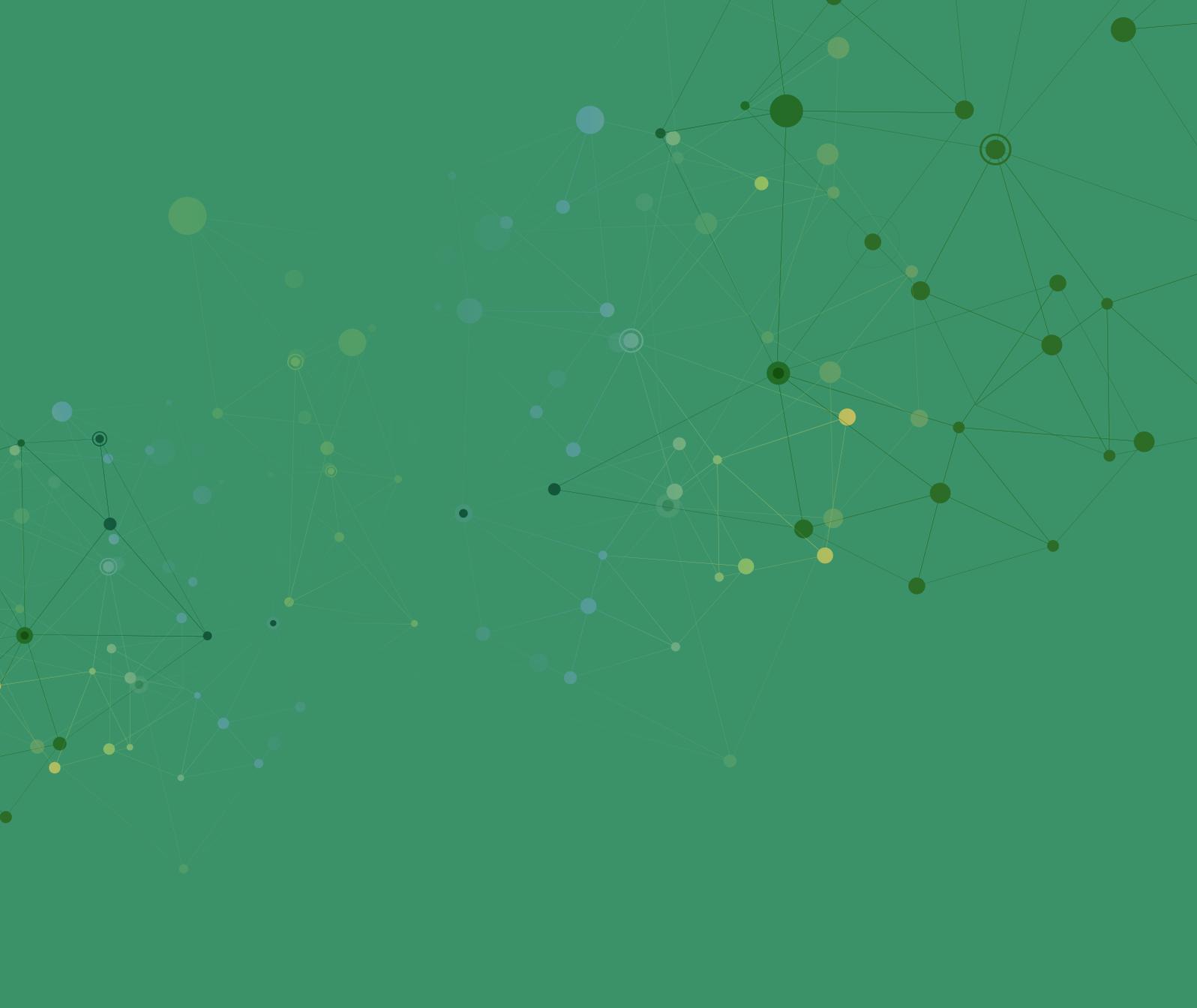


hepatitis
australia



2019/2020
Annual Report



Acknowledgment of Country

Hepatitis Australia acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of this land, land which was never ceded. We pay our respect to Elders past, present and emerging. We extend this respect to all Aboriginal and Torres Strait Islander people seeing this message. The Hepatitis Australia office is located on Ngunnawal Country.

Hepatitis Australia Incorporated

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About Hepatitis Australia

Hepatitis Australia is the national peak body representing the interests of the almost 360,000 people impacted by viral hepatitis and the state and territory hepatitis organisations.



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.

Our Objectives



To support member organisations in the co-ordination and delivery of services across Australia.



To support and assist member and partner organisations to further develop their capacity to deliver quality services.



To advocate for systemic changes needed to bring about improvements in the health and well-being of people with chronic viral hepatitis.



To provide strong and effective national advocacy informed by the needs and interests of affected communities and the priority populations for hepatitis B and C.



To influence decision-makers and participate in the formulation of national policies and strategies related to viral hepatitis leading to just and effective outcomes.



To improve and influence community awareness, knowledge and attitudes around viral hepatitis.



To promote and support research, and the transfer of research to appropriate policy and practice.



To collaborate and build national and international partnerships with organisations and individuals who share our goals.

Our History

Hepatitis Australia was formed in 1997 and is well established as a trusted and valued partner in the Australian and international response to hepatitis B and hepatitis C.

Hepatitis Australia leads Australia's community response to viral hepatitis and works to improve health and social outcomes for all Australians who are at risk of, or living with hepatitis B or hepatitis C.

Formally known as the Australian Hepatitis Council, the organisation initially worked on the development of national educational resources for people living with hepatitis C and assisted with the development of the *First National Hepatitis C Strategy*, which was the first of its kind in the world. The Strategy was based on a partnership approach between affected communities, the community workforce, clinicians, researchers and governments. The National Hepatitis C Strategy is now in its fifth iteration for 2018 - 2022.

From 2007, prompted by a growing burden of hepatitis C, Hepatitis Australia redoubled efforts to alert the nation to the growing urgency and to influence effective, evidence-based policy and action. Advocacy to establish the First National Hepatitis B Strategy also commenced and, after securing support of the Federal Health Minister, the *First National Hepatitis B Strategy* was developed and released in 2010 and is now in its third iteration for 2018 - 2022.

From 2013, as new curative hepatitis C medicines became available overseas, Hepatitis Australia set about ensuring that these costly, but life-saving medications were made available to everyone with hepatitis C in Australia. Following a lengthy collaborative campaign this goal, believed unachievable by many, came to fruition. Announced by the Health Minister in December 2015, the first of these revolutionary new medicines was listed on the Pharmaceutical Benefits Scheme (PBS) from 1 March 2016. This has enabled an estimated 80,000 people to access these medicines so far and with cure rates in excess of 95 per cent, the vast majority treated have been cured.

In 2016, the World Health Organization (WHO) set hepatitis B and hepatitis C global elimination goals to be achieved by 2030, which the Australian Government adopted. The current National Hepatitis Strategies set targets for achievement by 2022, aimed at keeping Australia on track to achieve the 2030 elimination goals.

Hepatitis Australia remains committed to the elimination of hepatitis B and C as public health threats - in fact this is our mission - but there remain many obstacles to overcome. This commitment includes national leadership and working in partnership to ensure Australia scales up awareness, prevention, diagnosis and treatment programs to achieve the elimination of both hepatitis B and hepatitis C.

1 March
2016

The revolutionary new hep C medicines were listed on the PBS

80,000

People have accessed these new medicines

95%

The vast majority of treated people have been cured.

2030

Global elimination goals set to be achieved by 2030.

Our Members

- > Hepatitis ACT
- > Hepatitis NSW
- > Hepatitis Queensland
- > Hepatitis SA
- > Hepatitis Victoria
- > HepatitisWA
- > Northern Territory AIDS & Hepatitis Council
- > Tasmanian Council on AIDS, Hepatitis and Related Diseases

Eliminating Viral Hepatitis

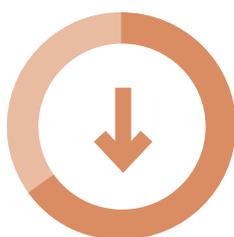
Viral hepatitis presents significant global health challenges and is a major cause of liver cancer. At least 60 per cent of liver cancer cases are due to late testing and treatment.

In 2016, the WHO released the first Global Health Sector Strategy on Viral Hepatitis based on a public health approach aimed at preventing infection, promoting health and prolonging life. Ultimately, the goal of the Strategy is to eliminate viral hepatitis as a public health threat by 2030.

The Global Elimination Targets for 2030 include:



90%
reduction in new cases of chronic hepatitis B and 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



328 million
people

At the time of setting the global targets the World Health Organization estimated there were 328 million people worldwide living with chronic hepatitis B (257m) or hepatitis C (71m). Since that time there remains an ongoing need for a better global funding mechanism to resource the global response to viral hepatitis. Unlike other infectious diseases such as HIV, malaria and tuberculosis, viral hepatitis has not benefited from the significant Global Fund or philanthropic investment, and as a consequence global morbidity and mortality continues to grow.

The Australian Response

At the end of 2018 it was estimated more than 356,000 people in Australia were living with chronic hepatitis B or chronic hepatitis C, which continues to be significantly higher than for any other infectious disease in Australia. Viral hepatitis is also the leading cause of liver cancer in Australia, which is the fastest increasing cause of cancer related deaths in Australia.

The downward shift in the number of people living with chronic hepatitis infection, compared to previous years, does not represent the positive picture many would assume. While almost 75,000 people have been treated and cured of hepatitis C since direct-acting antivirals were listed on the Pharmaceutical Benefits Scheme (PBS) in March 2016, the uptake of these simple and highly effective cures has continued to decline to unacceptable levels. Despite low-cost hepatitis B vaccines being available and effective, but not curable, treatment for hepatitis B listed on the PBS, the number of people impacted in Australia continues to grow.

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 and build on achievements and lessons learned from previous strategies. The Strategies include national targets for 2022, designed as a measure to indicate progress toward achieving the globally targets for the elimination of viral hepatitis.

2018 AUSTRALIAN HEPATITIS STATISTICS



226,566

living with chronic hepatitis B

130,089

living with chronic hepatitis C

74,704

Australians commenced treatment to cure hepatitis C

REGIONS WITH MODERATE TO HIGH PREVALENCE OF HEPATITIS B



President's Message

The year 2020 has been one like few others in living memory. I want to take this opportunity to acknowledge the challenge that 2020 has presented to every Australian. The COVID-19 pandemic has impacted all of us, in ways that were unimaginable only a year ago. We acknowledge the impact of this on the many families who have lost loved ones, and whose health has been impacted by COVID-19.

We have been concerned about the impact of this on people with chronic liver disease due to viral hepatitis, and specifically want to acknowledge the efforts of the many health professionals who have worked to keep those we serve safe, particularly the Hepatitis Australia membership. I also want to acknowledge the extraordinary efforts of the Aboriginal Controlled Community Health Organisations – their leadership in keeping Aboriginal and Torres Strait Islander peoples safe has been truly remarkable.

Hepatitis Australia too has been impacted by COVID-19. Our staff have largely worked from home over much of this year, a technological and cultural challenge that they have met with aplomb. I acknowledge and thank them for their efforts to ensure a continual focus on those we serve, despite the difficulties the year presented.

I am grateful to Felicity McNeill, the previous President, for her stewardship of the organisation. I am also grateful to Helen Tyrell, the previous Chief Executive Officer (CEO), who retired in early 2020 after many years of exemplary service to Hepatitis Australia, and to people with viral hepatitis. Helen and Felicity leave a legacy of an organisation which has truly made a difference.

I particularly want to acknowledge Kevin Marriott, who ably stepped in as Acting CEO whilst we undertook the recruitment of our new CEO, Carrie Fowlie. Kevin has been steadfast in his support of the organisation in difficult times – we are very grateful. Carrie joined us in April and has managed the transition to CEO with aplomb, whilst also working part time on the national COVID-19 Response. Her energy and vision are welcome, at a time when Hepatitis Australia needs to

focus on what will likely be a very different landscape in the post COVID19 world.

Whilst the focus of the organisation this year has largely been on remaining effective during COVID-19, and on our new CEO, some very real achievements have been made. We participated in the Health Minister's Roundtable on Hepatitis C in February, building on the very effective relationships established over many years, contributed to major national events for World Hepatitis Day 2020, and have continued to provide our programs uninterrupted. We continue to build effective relationships with our stakeholders and will play a lead role in a gathering of Parliamentary Friends Group for Action on Blood Borne Viruses in Canberra. We have strengthened our effective social media presence.

Our Board has changed significantly in the last 12 months, with long standing Directors Stuart Loveday and Michelle Kudell leaving the Board in 2019, and Katelin Haynes and Steven Drew joining as Directors. I thank Stuart and Michelle for their work over many years. I also thank Andrew Little, our Vice President, for his outstanding support as I have transitioned into the President role. The Board is focussed on effective Governance and is continuing to develop its processes to ensure that it is effective in its oversight of the organisation.

We exist to serve those Australians who have viral hepatitis, and the Board commits to being as effective as it can be in this task.

Grant Phelps
– President

From the CEO

I am extraordinarily privileged to join the national peak body Hepatitis Australia, and to work with such a committed and capable Board, team, membership, community, sector and government colleagues.

The year 2020 represents the beginning of the United Nations decade for eliminating disease. The first Global Viral Hepatitis Strategy 2016 – 2021 sets the goal of eliminating viral hepatitis as a public health threat by 2030. Australia has adopted this goal, with Australia's national hepatitis strategies setting targets that need to be met in 2022 in order to achieve our 2030 viral hepatitis elimination goals.

In January 2020 Hepatitis Australia adopted a new strategic plan (2020-2023) re-confirming its mission to eliminate viral hepatitis in Australia.

While striving to achieve these elimination goals has been challenging enough in its own right, in 2020 this has been tested by COVID-19. The concerted response has been nothing short of inspiring, and the skills and expertise of the viral hepatitis community and sector, including within Hepatitis Australia and the membership have been drawn upon as part of national and local responses.

Hepatitis Australia and its membership have been resilient and agile in responses to COVID19 and haven't missed a beat in delivering quality work. We maintain a steadfast focus on the people we are here to serve – people impacted by viral hepatitis.

This response and the need for ongoing adaptations has been made possible by strong foundations. I acknowledge the legacy of former CEO Helen Tyrell over 15 years, and the work of Acting CEO Kevin Marriott.

With an evaluation of the organisation's work supported by the Department of Health in November, Hepatitis Australia embraced this as an opportunity to enhance the outcomes and capabilities of the organisation into the next decade. We gratefully acknowledge the ongoing support of the Australian

Department of Health and the Minister for Health, The Hon Greg Hunt MP.

This year has presented many challenges and a huge amount of change for Hepatitis Australia, both now and into the future. Our clear mission and Association objectives, and the commitment of our people (community, Board, membership, staff, funders, stakeholders) have underpinned and enabled this ongoing change process to be one that we embrace, and where we thrive.

I would like to take this opportunity to thank everyone – particularly the President Grant Phelps, Vice President Andrew Little, Directors, staff and membership - for their efforts both to the organisation and its mission, and to express my enthusiasm and commitment for our shared endeavour of viral hepatitis elimination for Australia.

Carrie Fowle
– CEO



Kevin Marriott and Carrie Fowle at Parliament House

Some Highlights of our Activities

As the national peak, Hepatitis Australia undertakes a variety of activities each year, both in line with funding agreements and independent of funders. These activities align with the new Hepatitis Australia Strategic Plan 2020-2023, which has 5 key goals. Those goals are to:



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

Following is an overview of some activities undertaken by Hepatitis Australia during the twelve months to 30 June 2020, each demonstrating work toward achieving the organisation's mission, objectives and strategic goals and a commitment to achieving the national and global hepatitis elimination goals.

Test Cure Live

The work undertaken through the Test Cure Live campaign demonstrates progress against Hepatitis Australia's strategic priorities 1, 2, 3, 4, 5.

Test Cure Live (TCL) is a multi-year health campaign to increase awareness of, and support the uptake of, curative hepatitis C treatment among people who do not currently inject drugs and who are not engaged with care. While injecting drug use remains the primary risk for hepatitis C transmission, it is estimated that two thirds of people who previously contracted hepatitis C in this way no longer inject drugs.

Informed by the findings of Hepatitis Australia's *Reaching Out Report*, published in 2017, the TCL campaign was funded by the Department of Health in 2018.

Test Cure Live aims to engage and motivate people living with the hepatitis C, whether diagnosed or not, to speak to a doctor about testing and/or treatment for hepatitis C.

The first implementation of TCL commenced in Canberra and Adelaide in early 2019 followed by Perth, Darwin, Tasmania and the Wide Bay area of Queensland later that year. The specific locations were selected based on disease prevalence, treatment uptake, the number of people estimated to still require treatment for hepatitis C and insights from local service providers.

Continuous quality improvement was embedded into the TCL campaign from the outset, which has been developed and implemented using a cyclic approach, allowing the learnings from one cycle to inform the next.

Hepatitis Australia worked collaboratively with its member organisations to plan and implement the campaign. Local knowledge was imperative and enabled materials and strategies to be tailored to the local context, including the identification of relevant stakeholders. To help retain a focus on the target community, character personas were developed and reviewed for each cycle. These proved invaluable and allowed for appropriate advertising materials that were intentionally non-stigmatising and featured images depicting people enjoying life after being cured. This was supported by real-life stories of hepatitis C diagnosis, treatment and cure.

“We just got a call from a man who is a fly in and out worker from Mongolia! He is briefly back in Australia and heard the [TCL] advertising on the radio and between us and his GP we are organising treatment while he is here. He didn't know there were new improved treatments.”

– Clinical Nurse Consultant, Liver Clinic

In February 2020, TCL commenced implementation in the Northern Rivers region of NSW, with a high level of community engagement. This was followed shortly after by Melbourne, where the campaign targeted the local Indian community. Following comprehensive consultation with Melbourne's Indian community, which had demonstrated high level of interest in the campaign, local implementation commenced in May.

Both the NSW and Melbourne campaigns were impacted by the COVID-19 pandemic with strategies and timelines requiring review. In both cases, to address social distancing concerns, this meant a shift to online activities. This resulted in the NSW campaign concluding in June and the Melbourne campaign due to be complete in July 2020.

The core messages of TCL were promoted through a variety of advertising channels and community engagement activities. Locally relevant stakeholders assisted by sharing messages to their networks.

All campaigns reached a wide audience and resulted in visits to the testcurelive.com.au website and calls to the national hepatitis information line and member organisations. During implementation, the campaign website received over 26,000 unique visitors with information on symptoms and testing for hepatitis C being viewed most. Calls to member organisations and a local liver clinic indicated that the campaign was reaching the target audience with a regular comment being 'I didn't know there was a cure until I heard/read the advert'. With the campaign moving into the evaluation phase, it is important to understand that quantifying the impact TCL is inhibited by a lack of access to timely testing and treatment uptake data.

Information Resources

Throughout the year, work undertaken as part of the Resources Project has demonstrated progress against Hepatitis Australia's strategic priorities 1, 2, 3, 4, 5.

Commenced in 2018, the Resources Project continued with a focus on viral hepatitis education and awareness throughout 2019/2020, which included the production of updated or new information material.

The aim of the Resources Project has been to build capacity within the community workforce and affected communities in relation to hepatitis B or hepatitis C. This included a focus on prevention; testing; care and treatment; and stigma and discrimination.

Having a new Hepatitis Australia website freshly in place provided an excellent opportunity to modernise our hepatitis content, archive outdated information and increase the focus on ongoing quality improvement. A monthly review system has ensured content now remains current on the site and all resources are up to date.

The material produced by Hepatitis Australia has been designed to be nationally relevant and is intended to complement locally developed information materials. During the year, Hepatitis Australia moved to more creative use of digital formats and published the following material via the new Hepatitis Australia website and social media platforms:

Hepatitis B and Hepatitis C FAQs:

A series of frequently asked questions (FAQs) with succinct answers and relevant links provided for further detail.

Hepatitis B Guides:

A simple format was used to explain the clinical journey from being tested to living well with chronic hepatitis B. This resource is available in seven languages and a video version provides broader accessibility.

Hepatitis B Liver Monitoring Video:

Developed in consultation with people living with hepatitis B, this video explains why regular liver checks are important for monitoring the progression of liver disease and the timely introduction of treatment. The video is available in five languages.

Your Rights and Responsibilities:

Explains the legal rights and responsibilities of people living with hepatitis B or C. The associated factsheet is available in nine languages.

Dr Lam article series:

A series of articles about living with hepatitis B by Australian GP, Dr Alice Lam. The articles covered dealing with diagnosis, mental health, the myth of the healthy carrier, and hepatitis B and relationships.

Patient and GP Hepatitis C Guides:

Infographics and factsheets explaining the process to cure hepatitis C for patients and GPs. Being available in five languages and a video rendition provides broader accessibility.

Hep C - Guide to Healthy Living:

Developed in response to the COVID-19 pandemic and fears people were delaying treatment, this resource explains ways to care for your body when living with hepatitis C.



To view visit
[www.hepatitisaustralia.com/
 hepatitis-b-liver-monitoring-video](http://www.hepatitisaustralia.com/hepatitis-b-liver-monitoring-video)

“This should have been a TV ad”

– Facebook user

“The terms used are very simple and easy to understand. It is very informative, and it doesn’t feel boring as the clip is just short. But all details were discussed”

– Resource evaluation respondent

“It has a positive message, and it was encouraging people to be proactive about testing for hep B and finding out the treatment options if necessary”

– Resource evaluation respondent

“Very straightforward and user-friendly video to view without the use of clinical technical jargon”

– Resource evaluation respondent.

Hepatitis Australia issued one of the first COVID-19 factsheets globally that was specifically developed for people impacted by viral hepatitis. This resulted in high demand for, and access to the online factsheet both nationally and internationally, in particular from people in the United States of America.

To promote the availability of information, each new resource was accompanied by a promotional strategy, which included advertising new material on social media platforms.

To inform the topics and quality of information materials, Hepatitis Australia conducted an Educators’ Workshop and established an Editorial Committee.

The one-day Educators’ Workshop – ‘Tackling Barriers to Care’ was held in December 2019 with hepatitis educators from each of Hepatitis Australia’s state and territory member organisations. This provided an opportunity for educators from around the country to get together and not only delivered insights into what resources were required but was also a valuable resource in itself for educators to share solutions. A further workshop was to occur in 2020 but was cancelled due to COVID-19 restrictions.

The formalisation of Hepatitis Australia’s Editorial Committee proved highly valuable. This small group of experts provide timely advice on the accuracy and accessibility of information materials and collectively offer expertise in clinical information, epidemiology, lived experiences and communications.

Policy and Representation

During the year, policy and representation related activities have played a vital role in progressing Hepatitis Australia's strategic priorities 1, 3, 4, 5.

Hepatitis Australia represents the interests of people impacted by viral hepatitis by listening to, understanding and articulating the needs of people impacted by viral hepatitis. Through our representation and expert advice, we strengthen public health policies, inform investment decisions, and promote effective programs and services to improve the lives of people who are impacted by viral hepatitis. Our extensive influence results from an understanding of the evidence and through teamwork – both internally and through a critical network of partnerships and collaborations.



National Strategy Implementation

The five-year cycle of the National Strategies for Blood Borne Viruses (BBVs) and Sexually Transmitted Infections (STIs) is now beyond the mid-point. Hepatitis Australia played a key role in their development and is a key partner in their ongoing implementation.

Hepatitis Australia implements programs and campaigns, participates in surveillance and monitoring reference committees, informs research, and participates at the Blood Borne Viruses and Sexually Transmissible Infections Standing Committee (BBVSS) – a key advisory body reporting to the Australian Health Ministers' Advisory Council (AHMAC) through the Australian Health Protection Principal Committee.

An ongoing challenge is the nature of National Strategy funding, which has created delays in implementation, uncertainties for community

organisations and inhibited momentum in key priority areas. Hepatitis Australia continues to call for these inefficiencies to be addressed and amplifies the voice of affected communities and member organisations to ensure their needs are reflected.



Committing to Action: Pre-Budget Submission

In the lead up to the 2020 Federal Budget announcement, Hepatitis Australia submitted a case for additional investment to act on the unprecedented, but shrinking, window of opportunity to eliminate viral hepatitis by 2030. The submission proposed a way forward in scaling up efforts in the diagnosis and treatment of hepatitis B and hepatitis C to lock in success and continue to retain our status as a global leader in addressing viral hepatitis. The submission included an increased focus on hepatitis B and hepatitis C community awareness, education and engagement, plus a suite of incentive initiatives to support increased identification, testing and treatment in primary care settings.



Calling for Access to the Best Care

Hepatitis Australia regularly lodges submissions to various government enquiries, and other opportunities, committees and groups to inform national policy. Key opportunities in 2019-2020 to provide input have included:

- > A submission to the Pharmaceutical Benefits Advisory Committee (PBAC) regarding Tecentriq (atezolizumab) and Avastin (bevacizumab) for the treatment of people with newly diagnosed, inoperable hepatocellular carcinoma (HCC)
- > Collaborating with senior Gastroenterologists and Hepatitis Victoria to petition the Minister for Immigration, Hon David Coleman MP to intervene in a high-profile deportation case for a person living with hepatitis B applying for residency
- > Collaborating with the Public Interest Advocacy Centre to petition the Minister for Home Affairs, Hon Peter Dutton MP regarding delays in access to antiviral treatment for immigration detainees living with hepatitis C
- > Communication with the Chief Medical Officer regarding options to strengthen the declining uptake of antiviral treatment for hepatitis C
- > Informing the Therapeutic Goods Administration review of regulation of self-testing in vitro diagnostic devices (IVDs) in Australia
- > Collaborating with AFAO, NAPWHA, Scarlet Alliance, and AIVL to petition AHPPC regarding Mandatory Disease Testing ('Spitting') Laws.



Health Minister's Roundtable of Hepatitis C

On 25 November 2020, The Minister for Health, Hon. Greg Hunt MP, convened a roundtable of experts to discuss and propose strategies to strengthen the response to hepatitis C in Australia. This meeting was an election commitment made in response to calls from Hepatitis Australia. A range of national peak health bodies and research centres were present along with Hepatitis Australia and AIVL, representing the interests of all people impacted by hepatitis C. Hepatitis Australia presented on the need to increase the role of primary care in diagnosing and treating hepatitis C and the need to reach those people who no longer have current risk factors, nor are currently engaged in care.



National and International Representation

Hepatitis Australia is often called upon for, or seeks participation in, high level national forums relevant to viral hepatitis. In addition, some aspects of Australia's response are world leading in the global response, which means Hepatitis Australia can also be called upon to participate in international events and forums. During 2019 – 2020, such forums include:

- > 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
- > ASHM Taskforce on BBVs, Sexual Health and COVID-19
- > Kirby Institute's Annual Surveillance Report Advisory Committee
- > 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

World Hepatitis Day

World Hepatitis Day, 28 July, is a key annual event for Hepatitis Australia and one of only nine World Health Days the World Health Organization Member States have mandated as official global public health days. This is an opportunity for Hepatitis Australia to engage activities that address all of its strategic priorities. In 2019 the public campaign especial focused on priorities 1, 2, 3, 4 while participation in events supported priority 5.

During the report year Hepatitis Australia worked with members and other collaborators to implement the national World Hepatitis Day (WHD) campaign for 2019 and commenced planning the national campaign for WHD 2020.

For WHD 2019 the campaign theme was a continuation of the 'Golden Ticket' concept developed in 2018, but with some minor changes to the key messaging. The tag line of 'Why Miss Out' was again used to highlight opportunities to access care and

treatment and provide some reference to the global World Hepatitis Day campaign. The global theme from the World Hepatitis Alliance of 'Find the Missing Millions' was also carried over from 2018.

Core messaging for 2019 continued to highlight hepatitis testing, vaccination for hepatitis B, the best care and monitoring for hepatitis B and the cure for hepatitis C. An underlying theme was to reduce stigma and discrimination. Campaign materials were adapted from 2018 and freshened for 2019.



A new element to the 2019 campaign was the Hepatitis Risk Quiz, allowing people to take a quick survey to help establish if they may have been at risk of hepatitis B or C and should consider seeing a doctor for a blood test. There were 779 people who participated in the survey and the information gathered is highly useful. The Quiz enabled Hepatitis Australia to ask participants about their knowledge of hepatitis and whether they have had, or were aware of ever having had, a test for hepatitis. The results of the Quiz demonstrated that the majority of respondents (72%) did not know whether they were currently living with hepatitis B or hepatitis C or not, reinforcing the need to focus on testing and for people to know their health status.

Community grants were again made available. Due to the small amount of funding available these were restricted to the member organisations of Hepatitis Australia. Overall thirteen diverse projects were supported across six state and territories.

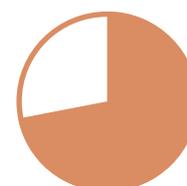
Overall the WHD 2019 campaign was successful, especially in the absence of new data to engage news media separate from paid advertising. While the social media campaign was very good, reaching over 420,000 Facebook users, the overall estimated reach for 2019 was significantly down compared to 2018. Twitter was used to a much lesser extent but did see government agencies tweeting about World Hepatitis Day. Traffic to the website was up on the previous year but continued to be generally low.

In December 2019 The Hepatitis Australia Board approved a new theme and tag line for World Hepatitis Day 2020 campaign. 'Let's Talk Hep!' was adopted and it was acknowledged this represented a further de-linking from the global theme, which was to remain the same for a third year. Let's Talk Hep was considered more versatile in the Australian context and aimed to promote a dialogue around hepatitis B and hepatitis C. The underlying messages of the campaign would remain focused on the same aspects of viral hepatitis as in the previous two years but with a fresh, more engaging visual presence.

Initial planning to inform the rollout of the WHD 2020 campaign was hampered with the arrival of COVID-19, which also led to a further reduction in the budget available for the WHD campaign in 2020. After adapting to changes in the health and working environments planning resumed with a heavy focus on social media and digital advertising. It was agreed the Hepatitis Risk Quiz would return for 2020 and Hepatitis Australia also commenced work on partnering with a range of other stakeholders to deliver online content in the form of webinars. The outcomes for the national World Hepatitis Day 2020 campaign will be included in full report and summarised in the next Hepatitis Australia Annual Report.

779

people participated in the Hepatitis Risk Quiz



72%

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



420,000

WHD 2019 campaign reached Facebook users



29,800

Twitter impressions



\$17,863

provided in small grants

Online Engagement

Engagement with stakeholders in an online environment has been an increasing focus for Hepatitis Australia and one that plays an important role in achieving all of the organisation's strategic objectives. This form of engagement was especially important for delivering information and communicating in the environment forced by the COVID-19 pandemic.

The year commenced with a completely new Hepatitis Australia website (hepatitisaustralia.com) providing a fresh platform for much of the organisation's information resources, news and sector related documents. The social media platforms used included Facebook, Twitter, Instagram, YouTube and LinkedIn.

Increasingly, social media plays an important role in the overarching communications strategy for Hepatitis Australia. This includes incorporating social media elements into most activities, either to highlight policy issues or to promote health information to targeted audiences.

As expected, and despite mitigation efforts, the new website experienced an initial slump in visitors but overall resulted in 141,648 unique visitors to the site. There was a spike in visitors to the website coinciding with the initial stages of the COVID-19 pandemic and access to Hepatitis Australia's Coronavirus Factsheet, which was viewed 43,816 times and downloaded in printable format 9,252 times, making it the most popular content during 2019 - 2020. New strategies were used for the development of health information content, including the use of articles by a general practitioner for people impacted by viral hepatitis.

Facebook is the primary platform used to deliver health information and Twitter is increasingly used for highlighting and discussing health policy. As of 30 June 2020, Hepatitis Australia had 2,380 Facebook followers and 2,462 Twitter followers. The Facebook page generated 2,541,352 impressions, 96% of which were the result of using Facebook Ads. Overall, this reached 794,686 Facebook users with 114,756 engaging directly with the content. Twitter generated 314,666 impressions and greater levels of engagement with the material posted.



Board of Directors

At the end of 2019/2020 the Hepatitis Australia Board of Directors was made up of the following individuals from around Australia. In addition, the Board would like to also thank Felicity McNeill as former President, and Michelle Kudell and Stuart Loveday who participated as Board Directors during the reporting year.

GRANT PHELPS

President and Chair



ANDREW LITTLE

Vice President / Community Board Member



CAMERON BROWN

Treasurer



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.

Andrew joined the Board in January 2013 as an independent Community Board Member serving as Treasurer from 2013 to 2017 and Vice President since 2017.

Andrew has over 30 years of personal and professional experience working in the HIV and disability community sectors in the UK and Australia, both as community activist and senior management. Following his return to Australia in 2011 and until 2019, Andrew worked as the Deputy Executive Director at the National LGBTI Health Alliance. Diagnosed with hepatitis C in 2008, Andrew underwent treatment on two occasions finally achieving a cure in 2013. Andrew is passionate about using his life experience to advocate for improvement in hepatitis treatment, care and support for all Australians living with viral hepatitis

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.

BRENT BELL

Board Director

STEVEN DREW

Board Director

MELANIE EAGLE

Board Director

KATELIN HAYNES

Board Director



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 becoming CEO at HepatitisWA, Brent has transitioned the organisation to new branding, new projects, refreshed education packages, and expanded the scope of clinical services for testing and treatment of hepatitis B and C.

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.

Melanie is the CEO of Hepatitis Victoria 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.

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.

SARAH-JANE OLSEN

Board Director



KERRY PATERSON

Board Director



MARIA SCARLETT

Board Director



PAM WOOD

Board Director /
Community Board
Member



Sarah-Jane has been the Executive Officer of Hepatitis ACT since June 2018 and became a Board Member in February 2019.

Sarah-Jane has a Masters in Public Health from the University of Auckland and prior to moving to Australia in 2015, Sarah-Jane worked across a variety of non-government health organisations in Canada and New Zealand. This included being the Director of rural and remote primary care programs for a provincial medical association in Canada.

Prior to moving to Canberra Sarah-Jane was the Director of a women's health service in Queensland.

Kerry is the 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.

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 brings an extensive knowledge in health research ethics and Indigenous health issues, including workforce development and working within the Aboriginal cultural landscape. Maria has a strong understanding of contemporary governance issues and Board processes.

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 has previously been a member of the Hepatitis Victoria Board of Management for six years. Pam 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.

Board Member Attendance

Current Board Member	Eligible Meetings	Meetings Attended
Grant Phelps	3	3
Andrew Little	8	7
Pam Wood	8	8
Cameron Brown	8	6
Brent Bell	8	7
Melanie Eagle	8	7
Katelin Haynes	3	3
Maria Scarlett	8	8
Steven Drew	6	6
Kerry Paterson	8	8
Sarah-Jane Olsen	8	8
Former Board Members		
Felicity McNeill	3	3
Michelle Kudell	5	4
Stuart Loveday	2	2

Statement of Profit or Loss and Other Comprehensive Income

For Year Ended 30 June 2020

	2020 \$	2019 \$
Revenue	1,608,610	1,309,731
Other income	597,361	530,285
Conference, travel and accommodation costs	(78,749)	(102,345)
Consultants	(99,668)	(116,670)
Deliverables	(529,659)	(203,468)
Depreciation	(29,382)	(11,817)
Depreciation – right to use asset	(60,117)	-
Employee benefits expense	(755,276)	(714,697)
Finance costs	(11,788)	-
Office and administration costs	(596,300)	(688,784)
Profit before income tax	45,032	2,235
Income tax expense	-	-
Profit for the year	45,032	2,235
Other comprehensive income for the year	-	-
Total comprehensive income for the year	45,032	2,235

The Association has initially applied AASB 15 and AASB 1058 using the cumulative effect model and has not restated comparatives. The comparatives have been prepared using AASB 111, AASB 118, AASB 1004 and related interpretations.

The Association has initially applied AASB 16 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 117 and related interpretations.

Statement of Financial Position

As at 30 June 2020

	2020	2019
	\$	\$
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	1,625,773	2,067,530
Trade and other receivables	31,287	49,500
Other financial assets	10,450	10,450
Other assets	19,468	2,209
TOTAL CURRENT ASSETS	1,686,978	2,129,689
NON-CURRENT ASSETS		
Plant and equipment	126,830	145,330
Right to use asset	220,430	-
TOTAL NON-CURRENT ASSETS	347,260	145,330
TOTAL ASSETS	2,034,238	2,275,019
LIABILITIES		
CURRENT LIABILITIES		
Trade and other payables	72,263	70,533
Lease liability	56,016	-
Employee benefits	71,073	123,023
Other financial liabilities	1,044,141	1,510,932
TOTAL CURRENT LIABILITIES	1,243,493	1,704,488
NON-CURRENT LIABILITIES		
Lease liability	172,406	-
Employee benefits	3,098	796
TOTAL NON-CURRENT LIABILITIES	175,504	796
TOTAL LIABILITIES	1,418,997	1,705,284
NET ASSETS	615,241	569,735
EQUITY		
Reserves	158,368	158,368
Retained earnings	456,873	411,367
TOTAL EQUITY	615,241	569,735

The Association has initially applied AASB 15 and AASB 1058 using the cumulative effect model and has not restated comparatives. The comparatives have been prepared using AASB 111, AASB 118, AASB 1004 and related interpretations.

The Association has initially applied AASB 16 using the cumulative effect method and has not restated comparatives. The comparatives have been prepared using AASB 117 and related interpretations.

A Thank You to Our Supporters

Every year Hepatitis Australia receives support from a variety of organisations, companies and individuals. This comes in the form of partnerships, collaborations, in-kind or pro bono support, corporate sponsorship or direct donations.

Hepatitis Australia thanks everyone who has contributed and would also like to acknowledge the Australian Government Department of Health for continuing to provide funding to Hepatitis Australia and to the national response more broadly.



A Personal Touch

People impacted by hepatitis B and hepatitis C continue to play an integral role in informing the work of Hepatitis Australia through their contributions and sharing their personal experiences to help inform and support others. This has been particularly evident in the implementation of the Test Cure Live campaign and the introduction of the Editorial Committee and Hepatitis Australia would like to acknowledge the following individuals in particular.

Digby Hildreth, Howard Jillings, Jane Little, Robert Syrette, Pete Townsend, Sidney Vo



Donations

Hepatitis Australia receives limited financial donations from the public or the philanthropic activities of companies. Donors have the option of being acknowledged publicly in the Annual Report or remaining anonymous. During the report year the following people and organisations were among those making donations to Hepatitis Australia:

Australian Chinese Medical Association Charitable Trust, Joe Chay, Corina Cummings, John Hodgson, Huyen Levan, Caron Passmore, Franco Sy



Corporate Sponsorship

Hepatitis Australia receives unconditional education grants from corporate businesses to support activities such as World Hepatitis Day and the production of some educational campaigns about viral hepatitis. This includes grants from pharmaceutical companies. The receipt of these funds does not influence the content or design of the respective work and Hepatitis Australia does not promote or endorse specific products. During the report year Hepatitis Australia received educational grants from **AbbVie Australia Pty Ltd, Gilead Sciences Pty Ltd, GlaxoSmithKline Australia Pty Ltd**. Each of these grants is compliant with the Medicines Australia Code of Conduct and Hepatitis Australia's own policy on donations and sponsorship.



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