hepatitis australia

Annual Report 2018/2019

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Hepatitis Australia Incorporated

ABN: 38 442 686 487
admin@hepatitisaustralia.com
hepatitisaustralia.com
PO Box 716 Woden, ACT 2606
02 6232 4257

Our History

Hepatitis Australia is the national peak body for the state and territory hepatitis organisations and is well established as a trusted and valued partner in the national response to hepatitis B and hepatitis C. Originally incorporated in 1997 as the Australian Hepatitis Council, our name was later changed to Hepatitis Australia.

Initially the organisation 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; an approach that proved beneficial for the preceding National HIV Strategies. The major early achievements of the organisation included improving community understanding of hepatitis C, addressing widespread stigma, and enabling increased harm reduction and treatment options.

From 2007, prompted by a growing burden of hepatitis C, we 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.

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, which many believed was unachievable, came to fruition in March 2016 with the listing of the first of the revolutionary new medicines on the Pharmaceutical Benefits Scheme (PBS). This has enabled an estimated 70,000 people to access these medicines and with cure rates in excess of ninety-five per cent, the vast majority treated so far 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 Australia endorsed. The latest National Hepatitis Strategies set targets for achievement by 2022, which will keep us on track to achievement of the 2030 elimination goals. While we have made a great start on the journey to elimination of hepatitis C, there remain many obstacles we must overcome to scale up awareness, prevention, diagnosis and treatment programs to achieve the elimination of both hepatitis B and hepatitis C. Hepatitis Australia is committed to realising these goals.

our vision

An end to hepatitis B and hepatitis C in Australia.

our purpose

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

Our Members

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

Who we work for

Hepatitis Australia works to improve health and social outcomes for all Australians who are at risk of, or living with hepatitis B or hepatitis C. We pay particular attention to those groups which are at higher risk of infection or have a disproportionate burden of chronic disease.

The way we work (values)

- We respect Aboriginal and Torres Strait Islander cultures, traditions, views and ways of life.
- We value cultural diversity and promote equality.
- We uphold harm reduction principles.
- We promote the empowerment of hepatitis B and hepatitis C communities.
- We utilise evidence to inform our policies and activities.
- We are ethical, accountable, committed and professional.

Recognise Health

Hepatitis Australia is a proud supporter of the Recognise Health initiative of the Lowitja Institute which promotes understanding of the important link between health and wellbeing and constitutional recognition of Aboriginal and Torres Strait Islander people.

We are one of the many leading non-government Australian health organisations which are signatories to the following statement calling for constitutional change:

"We call on all Australians to support recognition of Aboriginal and Torres Strait Islander peoples in the Australian Constitution.

We look forward to a time when all Aboriginal & Torres Strait Islander peoples can fully participate in all that Australia has to offer, enjoying respect for our country's first cultures and leadership, and the dignity and benefits of long healthy lives.

Australia's First Peoples continue to die far earlier and experience a higher burden of disease and disability than other Australians. This is a result of long-term economic disadvantage and social exclusion, among other factors. Constitutional recognition would provide a strong foundation for working together towards better health and social wellbeing in the hearts, minds and lives of all Australians"

Global Picture of 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.

Worldwide the number of people chronically affected by hepatitis B and hepatitis C totalled 328 million in 2016, consisting of 257 million with hepatitis B and 71 million with hepatitis C. The need for a better global funding mechanism is clear as unlike other infectious diseases such as HIV, malaria and tuberculosis, viral hepatitis has not benefited from the significant Global Fund and philanthropic investment and as a consequence mortality is growing rather than shrinking.

In 2016, the WHO released the *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.

90%

reduction in new cases of chronic hepatitis B and C infections

90%

of people with hepatitis B and hepatitis C are diagnosed

65%

reduction in hepatitis B and hepatitis C deaths

80%

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

90%

hepatitis B childhood vaccination coverage and birth dose vaccination coverage

Nearly 40% of global deaths attributable to viral hepatitis occur in the Western Pacific, more than the combined death toll from HIV/AIDS, tuberculosis and malaria. Ninety-six percent of deaths from viral hepatitis are from complications following chronic hepatitis B or C infection including cirrhosis and liver cancer.

– World Health Organisation

HEPATITIS C NATIONAL TARGETS BY 2022

60% ↓

reduction in new infections

90%

of people living with hepatitis C are diagnosed

65%

of people with chronic infection have initiated direct-acting antiviral treatment

65% ↓

reduction in attributable mortality

50% ↓

reduction in reported experience and expression of stigma

Hepatitis In Australia

At the end of 2017 it was estimated more than 400,000 people in Australia were living with chronic hepatitis B or chronic hepatitis C and over a thousand deaths occurred, exponentially higher than for any other infectious disease in Australia. This is despite having many tools to prevent and treat hepatitis including a vaccine for hepatitis B, evidence-based harm reduction for hepatitis C, good treatments for hepatitis B and a cure for hepatitis C.

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 builds on achievements and lessons learned from previous strategies.

Hepatitis B

At the end of 2017 it was estimated there were 233,947 people living with chronic hepatitis B and a further 6,102 new notifications during the year. The vast majority of which were notifications of previously undiagnosed chronic infections rather than new cases.

Australia has a strong record in hepatitis B vaccination, the impact of infant and adolescent catch-up hepatitis B vaccination programs is reflected in a reduction in new cases of hepatitis B in people under 25 years. However, progress on Australia's broader response including the linkage and retention of people with chronic hepatitis B to care continues to be slow.

Of those living with chronic hepatitis B, the majority were born overseas in high prevalence regions for hepatitis B or are of Aboriginal and Torres Strait Islander descent. It is estimated around one-third (38 per cent) of those living with chronic hepatitis B in Australia have not been diagnosed and many people are unknowingly at risk of silent and progressive liver disease.

Despite some promising research, as yet there is no cure for hepatitis B. For those living with the virus, antiviral treatment during active stages of infection can reduce the risk of developing significant liver disease and liver cancer. Regular monitoring to assess the need for treatment is recommended but only 18 per cent of people living with chronic hepatitis B in 2017 received regular monitoring and only eight per cent received antiviral treatment.

The major gaps in the provision of optimal care for people with chronic hepatitis B mean it is a leading cause of primary liver cancer in Australia. In 2017, an estimated 279 people died due to their hepatitis B infection. This clearly demonstrates the urgent need to scale up testing, early diagnosis, monitoring and treatment to reduce avoidable complications and deaths.

Hepatitis C

The listing of curative direct-acting antiviral (DAA) medicines on the Pharmaceutical Benefits Scheme (PBS) in March 2016 was a turning point in Australia's response. However, the decline in new treatment initiations in 2018-2019 reminds us there is much more to be done to eliminate hepatitis C as a public health concern.

At the end of 2017 there were an estimated 182,144 people living with chronic hepatitis C infection. Approximately 80 per cent of these people have received an initial diagnosis but less than half received the necessary follow-up tests to confirm chronic infection, highlighting the need to find people who may have been diagnosed decades ago.

During 2017 there were 10,537 hepatitis C notifications in Australia, with many of these being previously undiagnosed chronic infections rather than recent, newly acquired infections. It is pleasing to note that hepatitis C prevalence among people who inject drugs has decreased since the hepatitis C cures became available in 2016.

The rate of notifications among Aboriginal and Torres Strait Islander people remains disproportionately high: four times higher than among non-indigenous people and rising to six times higher in indigenous people under 25 years of age.

While an estimated 70,260 individuals (one-third) have initiated DAA treatment for chronic hepatitis C since the PBS listing in 2016 the downward trend in initiations has continued in 2018-2019 threatening the timetable for elimination of hepatitis C as a public health threat.

With continuing deaths (583 in 2017), the need to scale up testing, early diagnosis, monitoring and treatment has never been more evident if Australia is to realise the 2022 national targets which serve as a key milestone on the way to the 2030 global elimination targets.

HEPATITIS B
NATIONAL TARGETS BY 2022

95%
childhood vaccination coverage

50% ↓
reduction in new infections

80%
of people with chronic infection diagnosed

50%
of people with chronic infection accessing care

20%
of people with chronic infection receiving treatment

30% ↓
reduction in attributable mortality

↓
minimise reported experience and expression of stigma

President's Message

2018-2019 was another busy year for Hepatitis Australia, where the efforts of our staff and volunteers continued to ensure that not only did people in the community receive access to the treatments they need, but that the pressure on governments to improve the health access and outcomes for people in the community was maintained.

The National Blood Borne Virus Strategies for Hepatitis B and Hepatitis C through to 2022 were endorsed by the Council of Australian Governments at the end of 2018. These Strategies and their subsequent implementation plans represent hundreds of hours of work from our Hepatitis Australia staff and the staff of our state and territory members, ensuring Australia's targets for treatment access and elimination of these viruses stretch our health system to deliver at its best. The National Strategies remain an important tool for guiding the sector's work as well as that of government. They ensure we are working towards common goals and agree common approaches to eliminating hepatitis B and C in this country.

The National Strategies are something everyone should be proud of, but with over 400,000 people still living with hepatitis B and C in Australia, there is much to do, which is why the level of government funding for this sector continues to be disappointing.

With governments placing a strong emphasis on the availability of treatments on the Pharmaceutical Benefits Scheme (PBS) for hepatitis B and C in 2018-2019, Hepatitis Australia continued to highlight that without government investment to improve testing, education and awareness in both the community and primary care sector, the continuing decline in treatment rates, in particular for hepatitis C, will place Australia's ability to reach the World Health Organization targets at risk. Australia is not alone in tackling this challenge, but we have not been as quick as others to invest in improving diagnosis and awareness.

Hepatitis Australia worked with multiple stakeholder groups during the year to try and improve testing rates and uptake of treatment, particularly of the curative hepatitis C treatments. Using trial funding from the Australian Government, Hepatitis Australia rolled out a series of targeted *Test Cure Live* campaigns in the ACT and South Australia. The impact of these programs will

be evaluated and hopefully encourage governments to invest in systematic and comprehensive awareness raising and support for primary care practitioners (doctors and nurses). We also participated in workshops and conferences with specialists, pharmaceutical companies, sector colleagues and researchers to try and tackle the continuing decline in uptake of the curative hepatitis C treatments and identify what can we learn from each other to get this right. With two-thirds of the untreated hepatitis C population not captured by the programs targeting those at higher risk of transmission and infection, tens of thousands of Australians are visiting their GP each year and not being tested and offered treatment for viral hepatitis, which kills over 1000 people each year as a result of developing liver cancer. These statistics are simply not good enough.

To that end, Hepatitis Australia contributed to a variety of reviews of government programs. This included the Medical Benefits Schedule Taskforce, supporting improved treatment options for people discharged from prisons and encouraging a targeted chronic disease management plan for diagnosing and treating hepatitis B and C. We encouraged greater awareness programs via the National Prescribing Service MedicineWise review, and expressed concerns that new pathways for prioritising Pharmaceutical Benefits Advisory Committee submissions should not disadvantage small populations of people waiting for access to treatments on the PBS. This was alongside participating in reviews of the criteria for access to treatments for hepatitis B and C.

Contributing to the vast array of reviews run by governments each year is always a challenge for small organisations and the work of the policy and communications teams in making these contributions possible is a testimony to their commitment. This is something that everyone in our organisation has – an unwavering commitment to reducing the prevalence of hepatitis B and C in Australia and ensuring those living with the disease have the best possible care no matter where they live and their circumstances.

The leader of that commitment is our soon to be departing CEO, Helen Tyrrell. Her knowledge, advocacy, commitment and energy have been a driving force behind the work of this organisation and the effectiveness we have had in delivering services to the community and providing a patient perspective to government programs and policies. Helen's impending departure leaves us the poorer for her absence but the stronger for the capability and strength she has built in the team and organisation that is Hepatitis Australia.

On behalf of the Board I want to publicly thank Helen for her many years of service and once again acknowledge the full team at Hepatitis Australia for the support they give us and the community we serve.

As a Board, in addition to supporting this work, we commenced a review of the organisation's strategic plan and advocacy and policy positions. The new strategic plan will come into effect in 2020 and our policy series and advocacy positions will reflect this work as well as aligning our work to the National Strategies.

Fiscal accountability and governance are core responsibilities of any Board, whether it be in the government, private or not-for-profit sector. Hepatitis Australia regularly reviews its governance structures and as a result of this work in 2018-2019 is working with its membership to contemplate the move to a company limited by guarantee in 2019-2020. Throughout the year the Board worked hard to ensure our fiscal position was sustainable and continues to support our capacity to deliver for the community despite the ongoing uncertainty associated with government grant programs. Delayed processes in the Australian Government coupled with short term contracts of one to two years make this a continuing concern with the risks to retention of skilled staff, continuity of programs and support services an ongoing balancing act for the Board and the staff. Unfortunately, we are not alone in facing this challenge in the health sector and there seems little appetite within governments to address this issue.

Looking forward to 2019-2020, the Board will continue to prioritise its advocacy for proper resourcing and funding of initiatives to give effect to the National Strategies for hepatitis B and C. We await the outcomes of the cost effective review of the hepatitis C treatments and our own evaluations of the *Hepatitis B Community Education Program* and *Test Cure Live* campaign to support better funding and resources to make deaths from liver cancer in Australia as a result of these viruses a thing of the past.

Felicity McNeill
President

Reflections from the CEO: increasing the focus on testing and treatment

In this Annual Report you will see detailed reports on our program, communications and policy activities including our contributions to improving testing and treatment for hepatitis B and hepatitis C.

The achievements of the last twelve months include the completion of a review of the 52 new digital information resources that are a legacy of the *Hepatitis B Community Education Project* and the establishment of a *Hepatitis B Community Educators Network.*

The *Hepatitis C Test, Cure, Live Project* continues to connect with people living with hepatitis C and encourages uptake of testing and treatment. This project is being run in collaboration with our member organisations and began with a rollout in South Australia and the Australian Capital Territory with other jurisdictions to follow in 2019-2020.

The *Resources Project* focuses on improving consumer knowledge by updating our existing resources and developing new innovative resources to address identified gaps in information.

We know the Hepatitis Australia website is a popular source of information both for people affected by hepatitis and the sector workforce and it was therefore pleasing that our new website was launched as part of the *Communications Project.* This provides increased accessibility and opportunities for community and workforce engagement. In addition, social media communications have increased, particularly through the *World Hepatitis Day* "Why miss out?" campaign in July 2018.

Staff were also busy during the year sharing consumer perspectives with policy makers and researchers through participation in a range of national committees and working parties, many of which had a particular focus on testing and treatment. Advocacy remains central to our work at Hepatitis Australia and the 2019 Federal Election provided a good opportunity to call for an improved national response.

The small but highly committed team at Hepatitis Australia takes pride in our organisational achievements big and small but never ceases to think about how we can better meet the needs of people living with viral hepatitis and how we can help shape the national response to achieve elimination as quickly as possible.

We believe that a reinvigorated and sustained effort is needed for Australia to reach the nationally agreed 2022 testing and treatment targets for hepatitis B and hepatitis C. The next two years will be absolutely critical as despite having good treatments available there is much left to do to find and link people with chronic viral hepatitis to treatment and care services. We believe the benefits of treatment will not be realised without some deep thinking about the system changes needed to improve testing and treatment uptake in Australia.

Currently we know that around four out of five people with chronic hepatitis B are not receiving appropriate treatment or care and are at risk of developing serious liver disease and liver cancer.

We also know that while around a third of people living with hepatitis C have been cured, treatment uptake has dropped off considerably over the last twelve months and it is proving more difficult than expected to find everyone who stands to benefit from a hepatitis C cure.
Finding and linking people living with hepatitis B and hepatitis C to gold standard clinical care is therefore a key objective for the next period and all options to improve this process need to be considered.

Both hepatitis B and hepatitis C can and should be predominantly managed by primary care practitioners, with specialists involved only in complex cases. However, for the most part, driving the transition from hospital-based to community-based treatment is still in its infancy.

Investment and implementation of comprehensive evidence-based plans to improve uptake of gold standard clinical care for both hepatitis B and hepatitis C is urgent. The central drivers of this are for people living with viral hepatitis to be well-informed and supported to engage in clinical care and for all primary care providers to be willing and able to undertake this work.

Community education combined with incentivised universal, age-cohort or risk-based screening programs in primary care may be the best way forward. The cost-effectiveness evidence to instigate such programs must now be gathered quickly as we have no time to waste. The 2022 targets can only be achieved provided there is strong commitment from all government, community, research and clinical partners to act quickly. As a global leader in viral hepatitis, the world's eyes are on Australia and failure to reach our 2022 targets cannot be countenanced.

As always, my thanks go to our wonderful team of staff at Hepatitis Australia. Each member of the team goes above and beyond on a daily basis to ensure our programmatic work is of high quality and achieves good outcomes. The contributions of the Board are also valued, and I have greatly appreciated the leadership and support provided by Felicity McNeill during her term as President.

Finally, a sincere thank you to all our members, partners and supporters who continue to generously help us in a multitude of ways.

Helen Tyrrell
CEO Hepatitis Australia

Investment and implementation of comprehensive evidence-based plans to improve uptake of gold standard clinical care for both hepatitis B and hepatitis C is urgent.

Our Activities

Hepatitis C – Test Cure Live

Supporting an increased uptake of the curative treatments for hepatitis C remains high on the agenda for Hepatitis Australia. The Test Cure Live pilot campaigns in previous years informed plans for the national staged rollout commencing in 2019 and running through to 2020. This campaign aims to engage and motivate people living with hepatitis C to seek testing and treatment for hepatitis C.

*Ackno*wledging the considerable work being undertaken by other organisations to engage people who inject drugs in treatment, *Test Cure Live* has a complementary focus on people living with chronic hepatitis C who no longer inject drugs or people born overseas who acquired hepatitis C in other ways including health care transmission.

The findings of the initial pilot campaigns were presented as a poster at the Australasian Viral Hepatitis Conference in 2018 and planning for the national rollout followed shortly after with our member organisations.

The use of a cyclic continuous quality improvement process was employed to inform each iteration of the campaign, the first of which was implemented in South Australia and the Australian Capital Territory in 2019.

Working in partnership with Hepatitis ACT and Hepatitis SA, specific locations were established based on prevalence and treatment uptake data as well as Australian Bureau of Statistics demographic data and local knowledge. Both campaigns targeted people living with hepatitis C aged fifty years and older.

Based on original recommendations of *Reaching Out Report*, the findings from earlier pilot campaigns, and local insights, a multi-layered approach to advertising was utilised for this initial stage of *Test Cure Live* campaign rollout. The communications plan, developed in collaboration with our member organisations in South Australia and the ACT, included personal stories in mainstream media and the use of social media platforms, letterbox drops, engagement with local community groups, and liaison with local politicians.

Crucial to informing ongoing quality improvement, the initial planning and implementation was evaluated, both qualitatively and quantitively. Advertising materials were market tested locally and surveys were conducted to assess the planning and implementation processes. The evaluation found the campaign messaging was appropriate, supported the communication and planning approaches and provided benefit to the member organisations involved.

Prior to the end of the reporting year, Hepatitis Australia commenced planning for rollout in other states and territories in conjunction with the remaining member organisations.

For more information about Test, Cure, Live visit www.testcurelive.com.au

> **"This campaign has facilitated our connection with people with hepatitis C… and we were able to connect them with GPs who could cure them – it changed lives"**
>
> **Executive Officer, Hepatitis ACT**

Hepatitis B Community Education Project

During the year the outcomes of the Hepatitis B Community Education - Grants Program were compiled together with an audit of the information resources produced through the grants. In addition, the Hepatitis B Community Educators' Network was established.

The Grants Program which ran from mid-2015 to mid-2018 was developed to support the implementation of the *National Hepatitis B Strategy* and provided a mechanism to enable Hepatitis Australia's member organisations to partner with local community organisations to deliver best practice health education to priority populations within each jurisdiction.

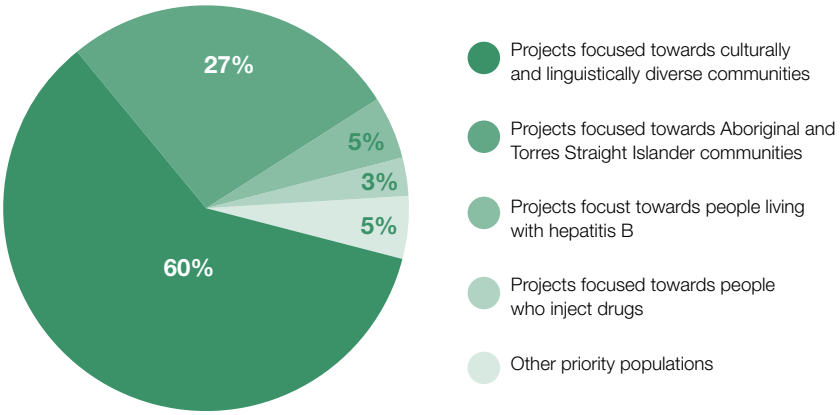
In total, forty community projects were selected and funded by Hepatitis Australia for delivery by member organisations across all states and territories in Australia. The majority of projects focused on culturally and linguistically diverse groups and Aboriginal and Torres Strait Islander communities, reflecting the predominant population prevalence in Australia. A presentation of the preliminary evaluation was made at the Australasian Viral Hepatitis Conference in August 2018.

The audit of information materials produced via the forty funded projects was undertaken in early 2019 and included a face-to-face meeting in with hepatitis educators in May to clarify the findings. The audit found that throughout the life of the Grants Program there were 53 resources developed, with many translated into a total of twenty-two different language groups. These resources were designed in a range of formats including digital stories, digital factsheets, short information films, animations, podcasts and hard copy resources.

The evaluation of the Grants Program along with the resources audit found that the Hepatitis B Community Education Project:

- increased partnerships with priority populations, community organisations, health providers and other stakeholders
- enhanced the skills and knowledge of community educators
- enhanced the capacity of community organisations to deliver hepatitis B education
- enabled increased awareness and knowledge of priority populations.

PROPORTION OF PROJECTS BY PRIORITY POPULATION



THE 40 HEPATITIS B COMMUNITY EDUCATION GRANTS RESULTED IN:

269
project partnerships

95
workforce training sessions/
1,575 people trained

120
community events/
attended by **8686** people

704
community education sessions / reaching **19,353** people

53,447
printed materials reaching **437,885** people

89,419
users reached via social media

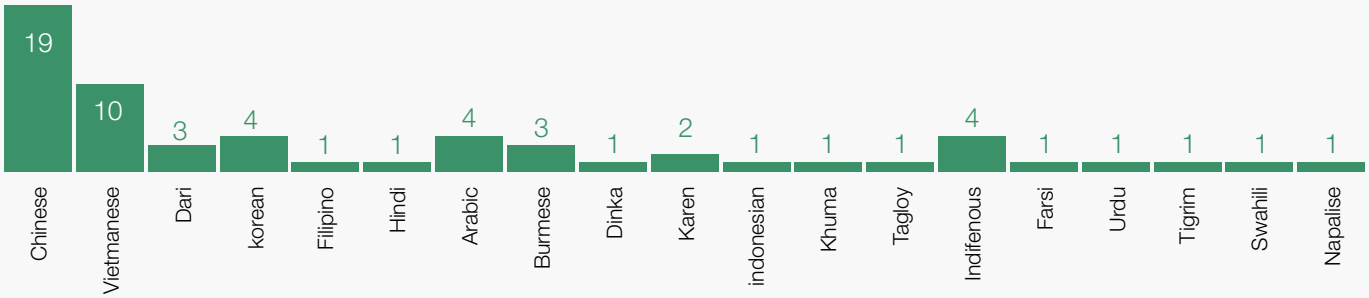
3,258
video views

The Hepatitis B Community Educators Network was established in mid-2018 to provide a forum for educators to share insights and skills through both formal meetings and ad hoc online contact.

The Hepatitis B Community Education Project significantly enhanced the focus on hepatitis B community education across all jurisdictions in Australia. It also fostered the collaborative approach between Hepatitis Australia and our members by allowing for tailored projects to be developed and delivered which is expect will result in significant impact across the Australian community. The use of a community development model ensured that community projects and resources were designed and delivered in close collaboration with priority populations.

There are significant opportunities to further leverage this work, gain even greater impact and support communities who are at high risk of hepatitis B. However, this will require additional resources to build on the successes of this Project and to ensure a community driven response to hepatitis B is delivered across Australia.

NUMBER OF RESOURCES DEVELOPED BY LANGUAGE



Resources Development Project

The Resources Project, which commenced in March 2019, aims to build capacity in the community workforce and among people impacted by hepatitis B and hepatitis C. Through a systematic review of information gaps and emerging issues the Project provides a targeted approach to ensuring there are relevant education and awareness resources available on all topics relating to hepatitis B and hepatitis C. The work of the Project will lead to updates of existing resources and the development of new digital resources for online distribution.

The Project commenced with a desktop audit to determine the breadth of existing digital resources and potential information gaps in the current material. The audit included a review of information available on the Hepatitis Australia websites as well the websites of member organisations. While the Project is limited to improving and developing Hepatitis Australia's information resources, member organisations play a major role in community education and it was deemed appropriate to consider how their work might inform Hepatitis Australia's resources.

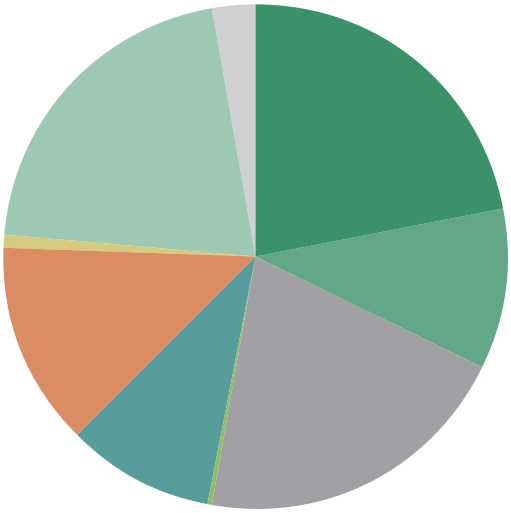
The audit revealed that there was a broad range of general information about hepatitis B and hepatitis C but suggested more could be done to target this information to the relevant populations. In particular, there was a very small number of resources developed by Hepatitis Australia for both hepatitis B and hepatitis C that had been translated into other languages. The former Hepatitis B Community Education - Grants Program led to the development of a variety of translated hepatitis B materials by member organisations. However, a lack of systems and tools for sharing this information meant there was uneven distribution of resources around the country. In general, larger organisations were able to produce more resources.

To support ongoing reviews, all the Hepatitis Australia resources were catalogued to enable the development of a resources tracking tool, allowing for updates and changes to be logged. In addition, to inform the review

of material, a literature review was conducted to look at the principles and effectiveness of delivering health information in digital formats.

In May 2019, Hepatitis Australia presented findings from the desktop audit and literature review to a face-to-face workshop of educators from each of our member organisations. Experts with knowledge of hepatitis B, multicultural communications, and the lived experience of hepatitis attended the first day of the workshop to provide additional insights. The workshop facilitated discussions on education challenges and achievements, effective resource development, information gaps and innovation in the delivery of health information.

Representatives from culturally and linguistically diverse communities shared their stories of living with viral hepatitis and what types of resources would help them. They talked about their experiences with stigma and trying to combat long-held misconceptions. Publicly visible resources with images that counter misconceptions were seen as beneficial to challenging beliefs and enabling conversations.



DISTRIBUTION OF ONLINE RESOURCES BY HEPATITIS AUSTRALIA AND ITS MEMBER ORGANISATIONS

For educators, the workshops were not only a chance to provide information regarding this project, but also enabled better collaboration and the sharing of ideas for their own work –

> **(The most useful part of the workshop for me was) "meeting other hepatitis workers and developing working relationships that provides ongoing sharing of information and resources".**

To support the development of quality resources, an expert reference group was established in June 2019. The group includes members with clinical and epidemiological knowledge of hepatitis B and hepatitis C, experience in culturally and linguistically diverse communications and high-level understandings of accessible communications. The reference group is available to provide feedback and advice on resources as they are developed, ensuring that new and updated resources are accurate, accessible and trustworthy.

Policy, Advocacy and Representation

Hepatitis Australia represents the interests of people affected by viral hepatitis by providing a national voice for our member organisations and advocating for the needs of people impacted by viral hepatitis.

Through our committed advocacy and provision of expert advice we strengthen national hepatitis policy, investment, programs and services to improve the lives of people who are affected. Our extensive influence results from an understanding of the evidence and a critical network of partnerships and collaborations.

National Strategies 2018-2022

Hepatitis Australia played a key role in the development of the *Third National Hepatitis B Strategy, the Fifth National Hepatitis C Strategy,* and the *Fifth National Aboriginal and Torres Strait Islander BBV/STI Strategy 2018-2022*. These documents, released in November 2018, set the direction for Australia's continuing response to hepatitis B and hepatitis C, building upon the achievements and lessons learned from previous iterations. Hepatitis Australia helped ensure these Strategies contain targets for 2022 and key areas for action that, if delivered, position Australia to achieve the 2030 global hepatitis elimination goals.

The five-year cycle of the National Strategies presents both opportunity and challenge. The stop/start nature of funding linked to the National Strategies creates uncertainties and inhibits momentum in Strategy implementation. Hepatitis Australia continues to advocate for changes to address these structural inefficiencies and to amplify the voice of affected communities to ensure their needs are reflected.

Federal Election 2019

In the lead up to the May 2019 Federal Election, Hepatitis Australia presented a detailed brief of evidence and recommendations to the major political parties, seeking their commitment to address identified gaps and opportunities affecting the achievement of goals and targets within the National Hepatitis B and Hepatitis C Strategies. Their responses were collated, compared and published by Hepatitis Australia for the information of member organisations and our communities of interest.

> **'Our extensive influence results from an understanding of the evidence and a critical network of partnerships and collaborations'.**

My Health Record

Hepatitis Australia completed a submission to *The Senate Community Affairs Reference Committee* on the *My Health Records Amendment (Strengthening Privacy) Bill* in September 2018. We did not support the 'opt-out' approach and identified a range of other ways to enhance the system and improve its suitability for our communities of interest. We also provided factual information via the Hepatitis Australia website and social media to inform people living with viral hepatitis about the possible impacts of My Health Record.

Review of the Quality Use of Medicines Program Delivery

Hepatitis Australia welcomed the review of Program delivery by National Prescribing Service (NPS MedicineWise) and made detailed remarks in respect of the Program's role, objectives and funding.

Pharmaceutical Benefits Scheme and National immunisation Program

Hepatitis Australia supports cost recovery but expressed concerns about the unintended consequences of significant fee increases and the new processes related to the Cost Recovery Implementation Statement (CRIS) Listing of Medicines on the Pharmaceutical Benefits Scheme (PBS) and Designated Vaccines on the National Immunisation Program 1 July 2019 – 30 June 2020.

Pharmaceutical Benefits Advisory Committee (PBAC)

Hepatitis Australia contributed to the PBAC review of prescribing requirements for PBS-subsidised access to hepatitis C direct-acting antiviral treatments. We supported the simplification of PBS listing of the direct-acting antivirals in recognition of a sustained slowdown in treatment uptake.

Review of new and existing policy documents

Hepatitis Australia contributed to the Review of the implementation of the National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses. Input was also provided into the development of the draft National Men's Health Strategy.

National Representation

As a national peak organisation Hepatitis Australia is often called upon or seeks to participate in high level national forums and committees relevant to viral hepatitis. Some examples of include: the Blood Borne Viruses and Sexually Transmitted Infections Sub-committee (BBVSS) (Australian Government Department of Health); National Prisons Hepatitis Network; Australian Centre for HIV and Hepatitis Virology Research (*ACH*^{2}) – Advisory Board; Centre for Social Research in Health (UNSW) – Scientific Advisory Committee and Stigma Indicators Advisory Committee; Kirby Institute – Advisory Committee for Annual Surveillance Report, Care Cascades and Surveillance and Monitoring Report; EC Australia (Macfarlane Burnet Institute for Medical Research and Public Health) Advisory Committee.

Australasian Viral Hepatitis Conference 2018

Hepatitis Australia is proud to provide substantial support for the Australasian Viral Hepatitis Conference – an initiative of the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) – and is a formal conference partner, maintaining positions on the convening and organising committees. The Conference is conducted every two years and has a stream specifically for the community sector and social research.

In August 2018, the Australasian Viral Hepatitis Conference showcased and critically examined ways to effectively reach everyone living with viral hepatitis, while being inclusive of their experiences and concerns. The Conference theme was 'No One Left Behind' – inspired by the *2030 Agenda for Sustainable Development* and its focus on inclusion and health for all.

The Conference provides rich opportunities for those working in the community sector to hear from experts, showcase their own work, network with colleagues and integrate research and best practice into their own programs. Staff from Hepatitis Australia and many of our member organisations provided presentations and participated in panel discussions and various satellite events. Hepatitis Australia's information stand was well patronised by member and partner organisations alike.

World Hepatitis Day 2018

World Hepatitis Day on 28 July 2018 saw the introduction of the Why Miss Out campaign theme in Australia. This introduced the Golden Ticket concept, which represented the opportunities available to many people in Australia living with either hepatitis B or hepatitis C.

The *Why Miss Out* theme was chosen to demonstrate alignment with the global theme of *Find the Missing Millions* but recognised the unique situation in Australia at the time. This also was translated into advocacy messages around the need for access to gold standard care for people impacted by viral hepatitis.

Developed in partnership with a media company the campaign was rolled out nationally by Hepatitis Australia and our state and territory member organisations. In line with contemporary marketing approaches the campaign had a strong focus on the use of social media channels. The mainstream media elements were staged so that messaging around hepatitis C and hepatitis B were not confused.

The national campaign was rolled out with an initial media release at the end of May and the commencement of a social media campaign from 2 July 2018. This escalated from 23 July with the issue of a national media release focused on access to hepatitis C treatment via general practitioners (GPs) and the need to increase awareness among GPs and people who may be living with chronic hepatitis C infection. This generated significant media attention when combined with the personal stories of people who had been cured of hepatitis C.

A hepatitis B media release was issued after WHD to create separation of the associated issues from hepatitis C and to align with the Australasian Viral Hepatitis Conference. This focused on the importance of systemic approaches to diagnosis and health monitoring. Overall the media coverage generated from the media releases, reached an estimated six million people in Australia.

6 million

people reached by mainstream media

103,978

Facebook users reached by Hepatitis Australia

111,880

users reached via the 'Starts @ 60' Facebook page

24,689

video views

5,196

Facebook post engagements

The Hepatitis Australia Facebook page and Twitter accounts were utilised to distribute World Hepatitis Day collateral and reinforce the key messages. Facebook was the primary tool for reaching the public besides news media and reached 103,978 users. A paid article on the *Starts @ 60* Facebook page reached an additional 111,880 users.

A small grants program was conducted and supported twelve World Hepatitis Day activities around the country.

Our Digital Profile

New website

During the year Hepatitis Australia embarked on the development of new organisational website, made possible through a successful application for a TITAN grant. Working with the team at Joyful we looked at the key elements required in a new website with the main aim being to provide a hub for nationally relevant information about viral hepatitis for both the affected communities and the workforce. Increasing the usability of the site and building community engagement was also a priority. The move to develop a new website was timely with use of the older site starting to decline. The new corporate website was launched at the end of June 2019.

National Hepatitis Infoline

Associated with our online promotions, the National Hepatitis Infoline is included on the website and many circulated materials. The 1800 437 222 phone number allows callers to be directed to the Hepatitis Australia member organisation in the state or territory where the call originates from. During 2018/2019 there were 3,190 calls taken, representing a nine per cent increase over the previous twelve months.

Social Media

Enhancing Hepatitis Australia's online presence has meant an increased focus on social media. Hepatitis Australia has maintained profiles on Facebook, Twitter and YouTube for many years and during 2018/19 expanded this to include LinkedIn and Instagram. The latter profiles are developing slowly but significant increases were achieved on Facebook and Twitter.

Twitter	@HepAus #hepfreeaus #hepatitisaustralia
Facebook	@HepAus
Instagram	@hepatitis_australia
LinkedIn	linkedin.com/company/hepatitisaustralia

40% Increase in Tweets

117% Increase in Tweet impressions

67% Increase in mentions of @HepAus on Twitter

8% Increase in followers

165 Posts

111% Increase in unpaid post impressions

17% Increase in followers

The Board

At the end of 2018/2019 the Hepatitis Australia Board was made up of the following individuals from around Australia. In addition, the Board would like to also thank Kerrie Jordan, Lauren Bradley and Sharon Jacobs who participated as Board members during 2018/2019.

Felicity McNeil – President

Felicity commenced as the independent Board President in November 2017.

Currently the Managing Director of strategic management consulting firm Perspicacité, Felicity spent 20 years in the Australian public service including senior management roles in the areas of health policy and services. These included pharmaceuticals, organ and tissue donation, immunisation, communicable diseases, blood and food borne viruses and emergency management response. Prior to this Felicity spent 12 years in the Department of Finance.

On Australia Day 2016 Felicity was awarded the Public Service Medal in recognition of "outstanding public service in modernising and reforming the PBS".

Andrew Little – Vice President / Community Board Member

Andrew joined the Board in 2013 as an independent Community Board Member and commenced as Vice President in 2017. Andrew previously held the position of Treasurer from 2013 to 2017.

Andrew has over 30 years' personal and professional experience working in the HIV and Disability sectors in the UK and Australia. Since returning to Australia in 2011, and until recently, he worked as the Deputy Executive Director at the National LGBTI Health Alliance. Diagnosed with hepatitis C in 2008, Andrew is passionate about using his experience to advocate for improvement in hepatitis treatment, care and support. Andrew was cured of hepatitis C in 2013.

Cameron Brown – Treasurer

Cameron is the Chief Executive Officer 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 in both the public and private sectors and is a Member of the Australian Institute of Company Directors and holds a Graduate Certificate in Business from QUT, majoring in Public Sector Management. Cameron has achieved exceptional results across the Australian public service and several national and multinational organisations. Cameron's public sector work delivered exceptional public value and positive customer outcomes for the Medicare, Centrelink and Child Support agencies. 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 Member

Brent is the CEO of HepatitisWA and a Board Member 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. Highlights in Brent's career include successful reduction in recidivism rates at Acacia Prison by using a responsible prisoner model and educational reform that included performing arts, nutrition, horticulture, construction trades, and a range of cultural studies and blended learning programs from basic to university level. He now brings his innovation to our cause for the elimination of hepatitis B and C.

Melanie Eagle – Board Member

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

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

Michelle Kudell – Board Member

Michelle joined the Board in June 2017 soon after her appointment as CEO at Hepatitis Queensland.

With a Bachelor of Visual Arts and a Graduate Diploma in Teaching, Michelle has experience in managing a diverse range of primary health and community service portfolios in Queensland and the Northern Territory, specialising in Indigenous health, health workforce, community engagement and strategic development of collaborative health service delivery. Previously, Michelle was the Area Manager for Mission Australia, operating the Katherine Sobering Up Shelter and delivering community service programs. Michelle was on the Board of the Association of Alcohol and Other Drug Agencies in the Northern Territory prior to acting as CEO during its strategic redevelopment.

Stuart Loveday – Board Member

Stuart is the CEO of Hepatitis NSW, Australia's first community based organisation and health promotion charity working for and on behalf of people with viral hepatitis.

Stuart is a former President and was a founder and continuous Executive Board member of Hepatitis Australia from 1997 to 2013. Stuart has served on a range of NSW and Australian hepatitis committees and working parties since 1994. Stuart has a strong interest in improved and equitable community access to hepatitis C and B management and treatment in Australia and contributes extensively to advocacy for evidence-based harm reduction policy and practice in illicit drug settings and in prisons. He has written for a wide range of publications and education resources

Sarah-Jane Olsen – 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 Paterson – Board Member

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 Australian Hepatitis Council 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 Scarlet - Board Member

Maria was appointed to the Board in November 2019 and is also the current President of the Northern Territory AIDS and Hepatitis Council (NTAHC).

Maria was diagnosed with hepatitis C in 2013, acquired via emergency blood transfusions in 1985, and joined a NTAHC hepatitis support group, which provided camaraderie and understanding of the disease. This inspired a sense of purpose and a desire to give back to community by promoting understanding of the hepatitis C, the impact of language and misunderstanding, stigma, and discrimination. Maria was appointed to the NTAHC Board in 2014 as hepatitis C consumer representative. Maria brings an extensive knowledge in health research ethics, Indigenous health issues, including workforce development and working within the Aboriginal cultural landscape and has a strong understanding of Board processes.

Pam Wood – 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 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

Board Member	Eligible Meetings	Meetings Attended
Andrew Little	7	7
Brent Bell	6	6
Cameron Brown	7	5
Felicity McNeill	7	7
Kerrie Jordan	2	1
Kerry Paterson	7	7
Lauren Bradley	3	3
Maria Scarlett	5	4
Melanie Eagle	7	7
Michelle Kudell	7	6
Pamela Wood	7	6
Sarah-Jane Olsen	3	3
Sharon Jacobs	2	1
Stuart Loveday	4	4

Chief Executive Officer

Helen Tyrrell

Helen Tyrrell commenced as the Chief Executive Officer at Hepatitis Australia in January 2005. Prior to this, Helen worked in the health care sector for over 25 years and held clinical, management and executive positions in public hospitals in the UK and Australia.

In addition to her Registered Nurse qualifications, Helen has been awarded a Bachelor of Social Sciences, a Master of Business Administration and an Australian Institute of Company Directors' Diploma. She is a Fellow, and past ACT President of the Australasian College of Health Service Management. Helen was one of the founding Board members of the World Hepatitis Alliance and continues to serve as a non-executive director. Helen is an active member of a wide range of national advisory, governance and research committees across the Australian viral hepatitis sector.

Hepatitis Australia Incorporated

ABN 38 442 686 487

Financial Statements

For Year Ended 30 June 2019

Treasurer's Report

On behalf of the Board of Hepatitis Australia, I am pleased to present the audited Financial Statements for the financial year ending 30 June 2019.

Hepatitis Australia continues to uphold a strong financial position with total equity of $569,735 as at June 30, 2019. This equity is predominately in the form of cash assets.

Total revenue and other income for the financial year ending June 30, 2019 amounted to $1,840,016 which was a significant increase on $1,134,396 in 2018. Hepatitis Australia delivered a modest operating profit of $2,235 at the end of this financial year, against a deficit of $28,940 in 2018.

Hepatitis Australia continued to maintain excellent financial management practices over the past year, ably supported by the tireless work of our Finance and Executive team, and the transition to a new best-practice accounting software platform.

Cameron Brown
Treasurer

Hepatitis Australia Incorporated

ABN 38 442 686 487

Board Report

For the Year Ended 30 June 2019

The board members present their report on Hepatitis Australia Incorporated for the financial year ended 30 June 2019.

1. General information

Board Members

The names of the board members in office at any time during, or since the end of, the year are:

Names	Position	Appointed/Resigned
Felicity McNeill	President	
Andrew Simon Marr Little	Vice President	
Cameron Brown	Treasurer/Secretary	
Pamela May Wood	Board Member	
Kerry Paterson	Board Member	
Melanie Sue Eagle	Board Member	
Michelle Kudell	Board Member	
Stuart Loveday	Board Member	Appointed: February 2019
Sharon Jacobs	Board Member	Resigned: February 2019
Maria Scarlett	Board Member	Appointed: October 2018
Sarah Jane Olsen	Board Member	Appointed: February 2019
Brent Bell	Board Member	Appointed: October 2018
Lauren Bradley	Board Member	Resigned: December 2018
Kerrie Jordan	Board Member	Resigned: October 2018

Board members have been in office since the start of the financial year to the date of this report unless otherwise stated.

Principal activities

The principal activities of the Association during the financial year were to provide a program of education and prevention activities to reduce the impact of hepatitis in Australia.

Significant changes

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

2. Operating results

The surplus of the Association for the financial year amounted to $ 2,235 (2018: Deficit $ 28,940).

Signed in accordance with a resolution of the Members of the Board:

Director: ..... Director: .....

Dated 16 OCT 2019

1

Hepatitis Australia Incorporated

ABN 38 442 686 487

Statement of Profit or Loss and Other Comprehensive Income

For the Year Ended 30 June 2019

	Note	2019 $	2018 $
Revenue	5	**1,309,731**	1,133,756
Other income	5	**530,285**	640
Conference, travel and accommodation costs		**(102,345)**	(131,524)
Consultants		**(116,670)**	(140,555)
Deliverables		**(203,468)**	(112,915)
Depreciation	10(a)	**(11,817)**	(3,226)
Employee benefits expense		**(714,697)**	(609,497)
Office and administrative costs		**(688,784)**	(165,619)
Surplus/ (Deficit) before income tax		**2,235**	(28,940)
Income tax expense	3(a)	**-**	-
Surplus/ (Deficit) for the year		**2,235**	(28,940)
Other comprehensive income		**-**	-
Total comprehensive income for the year		**2,235**	(28,940)

The accompanying notes form part of these financial statements.

Hepatitis Australia Incorporated

ABN 38 442 686 487

Statement of Financial Position
As At 30 June 2019

	Note	2019 $	2018 $
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	6	**2,067,530**	2,483,456
Trade and other receivables	7	**49,500**	1,012
Other financial assets	8	**10,450**	-
Other assets	9	**2,209**	2,704
TOTAL CURRENT ASSETS		**2,129,689**	2,487,172
NON-CURRENT ASSETS			
Plant and equipment	10	**145,330**	13,421
TOTAL NON-CURRENT ASSETS		**145,330**	13,421
TOTAL ASSETS		**2,275,019**	2,500,593
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	11	**70,533**	43,301
Employee benefits	13	**123,023**	94,111
Other financial liabilities	12	**1,510,932**	1,780,077
TOTAL CURRENT LIABILITIES		**1,704,488**	1,917,489
NON-CURRENT LIABILITIES			
Employee benefits	13	**796**	9,104
Make good provision	14	**-**	6,500
TOTAL NON-CURRENT LIABILITIES		**796**	15,604
TOTAL LIABILITIES		**1,705,284**	1,933,093
NET ASSETS		**569,735**	567,500
EQUITY			
Reserves		**158,368**	158,368
Retained earnings		**411,367**	409,132
TOTAL EQUITY		**569,735**	567,500

The accompanying notes form part of these financial statements.

Hepatitis Australia Incorporated

ABN 38 442 686 487

Statement of Changes in Equity
For the Year Ended 30 June 2019

2019

	Retained Earnings	End of Contract Reserve	Total
	$	$	$
Balance at 1 July 2018	**409,132**	**158,368**	**567,500**
Surplus for the year	**2,235**	**-**	**2,235**
Balance at 30 June 2019	**411,367**	**158,368**	**569,735**

2018

	Retained Earnings	End of Contract Reserve	Total
	$	$	$
Balance at 1 July 2017	438,072	158,368	596,440
(Deficit) for the year	(28,940)	-	(28,940)
Balance at 30 June 2018	409,132	158,368	567,500

The accompanying notes form part of these financial statements.

Hepatitis Australia Incorporated

ABN 38 442 686 487

Statement of Cash Flows
For the Year Ended 30 June 2019

	Note	2019 $	2018 $
CASH FLOWS FROM OPERATING ACTIVITIES:			
Receipts from customers		**1,602,899**	2,307,316
Payments to suppliers and employees		**(1,867,715)**	(1,364,790)
Interest received		**3,066**	3,006
Net cash provided by/(used in) operating activities	19(a)	**(261,750)**	945,532
CASH FLOWS FROM INVESTING ACTIVITIES:			
Purchase of plant and equipment	10	**(143,726)**	(7,832)
Payment for held-to-maturity investments		**(10,450)**	-
Net cash (used in) investing activities		**(154,176)**	(7,832)
Net increase/(decrease) in cash and cash equivalents held		**(415,926)**	937,700
Cash and cash equivalents at beginning of year		**2,483,456**	1,545,756
Cash and cash equivalents at end of financial year	6	**2,067,530**	2,483,456

The accompanying notes form part of these financial statements.

Hepatitis Australia Incorporated

ABN 38 442 686 487

Notes to the Financial Statements
For the Year Ended 30 June 2019

The financial report covers Hepatitis Australia Incorporated as an individual entity. Hepatitis Australia Incorporated is a not-for-profit Association, registered and domiciled in Australia.

The functional and presentation currency of Hepatitis Australia Incorporated is Australian dollars.

Comparatives are consistent with prior years, unless otherwise stated.

1 Basis of Preparation

These general purpose financial statements have been prepared in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and Australian Accounting Standards and Interpretations of the Australian Accounting Standards Board. The entity is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

2 Change in Accounting Policy

Financial Instruments - Adoption of AASB 9

The Association has adopted AASB 9 *Financial Instruments* for the first time in the current year with a date of initial adoption of 1 July 2018.

As part of the adoption of AASB 9, the Association adopted consequential amendments to other accounting standards arising from the issue of AASB 9 as follows:

- AASB 101 *Presentation of Financial Statements* requires the impairment of financial assets to be presented in a separate line item in the statement of profit or loss and other comprehensive income. In the comparative year, this information was presented as part of other expenses.

- AASB 7 *Financial Instruments: Disclosures* requires amended disclosures due to changes arising from AASB 9, this disclosures have been provided for the current year.

The key changes to the Association's accounting policy and the impact on these financial statements from applying AASB 9 are described below.

Changes in accounting policies resulting from the adoption of AASB 9 have been applied retrospectively except the Association has not restated any amounts relating to classification and measurement requirements including impairment which have been applied from 1 July 2018.

Notes to the Financial Statements
For the Year Ended 30 June 2019

2 Change in Accounting Policy

Financial Instruments - Adoption of AASB 9

Classification of financial assets

The financial assets of the Association have been reclassified into one of the following categories on adoption of AASB 9 based on primarily the business model in which a financial asset is managed and its contractual cash flow characteristics:

- Measured at amortised cost
- Fair value through profit or loss (FVTPL)
- Fair value through other comprehensive income - equity instruments (FVOCI - equity).

Impairment of financial assets

The incurred loss model from AASB 139 has been replaced with an expected credit loss model in AASB 9 for assets measured at amortised cost, contract assets and fair value through other comprehensive income. This has resulted in the earlier recognition of credit loss (bad debt provisions).

Classification of financial assets and financial liabilities

The table below illustrates the classification and measurement of financial assets and liabilities under AASB 9 and AASB 139 at the date of initial application.

	Note	Classification under AASB 139	Classification under AASB 9	Carrying amount under AASB 139	Carrying amount under AASB 9
				$	$
Financial assets					
Trade and other receivables	7	Loans and receivables	Amortised cost	1,012	1,012
Cash and cash equivalents	6	Loans and receivables	Amortised cost	2,473,006	2,473,006
Term deposits (i)	8	Held to maturity	Amortised cost	10,450	10,450
Total financial assets				2,484,468	2,484,468

Notes to the table:

(i) Reclassification from Held to Maturity to Amortised Cost

Term deposits that would previously have been classified as held to maturity are now classified at amortised cost. The Association intends to hold the assets to maturity to collect contractual cash flows and these cash flows consist solely of payments of principal and interest on the principal amount outstanding. There was no difference between the previous carrying amount and the revised carrying amount of these assets.

Notes to the Financial Statements
For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(a) Income Tax

The Association is exempt from income tax under Division 50 of the *Income Tax Assessment Act 1997*.

(b) Leases

Lease payments for operating leases, where substantially all of the risks and benefits remain with the lessor, are charged as expenses on a straight-line basis over the life of the lease term.

(c) Revenue and other income

Revenue is recognised when the amount of the revenue can be measured reliably, it is probable that economic benefits associated with the transaction will flow to the Association and specific criteria relating to the type of revenue as noted below, has been satisfied.

Revenue is measured at the fair value of the consideration received or receivable and is presented net of returns, discounts and rebates.

Grant revenue

Grant revenue is recognised in the statement of profit or loss and other comprehensive income when the Association obtains control of the grant, it is probable that the economic benefits gained from the grant will flow to the entity and the amount of the grant can be measured reliably.

When grant revenue is received whereby the Association incurs an obligation to deliver economic value directly back to the contributor, this is considered a reciprocal transaction and the grant revenue is recognised in the statement of financial position as a liability until the service has been delivered to the contributor, otherwise the grant is recognised as income on receipt.

Hepatitis Australia Incorporated receives non-reciprocal contributions of assets from the government and other parties for zero or a nominal value. These assets are recognised at fair value on the date of acquisition in the statement of financial position, with a corresponding amount of income recognised in the statement of profit or loss and other comprehensive income.

Donations

Donations and bequests are recognised as revenue when received.

Subscriptions

Revenue from the provision of membership subscriptions is recognised on a straight line basis over the financial year.

Other income

Other income is recognised on an accruals basis when the Association is entitled to it.

Notes to the Financial Statements
For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(d) Goods and services tax (GST)

Revenue, expenses and non current assets are recognised net of the amount of goods and services tax (GST), except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO).

Receivables and payables are stated inclusive of GST.

Cash flows in the statement of cash flows are included on a gross basis and the GST component of cash flows arising from investing and financing activities which is recoverable from, or payable to, the taxation authority is classified as operating cash flows.

(e) Plant and equipment

Each class of plant and equipment is carried at cost or fair value less, where applicable, any accumulated depreciation and impairment.

Items of plant and equipment acquired for nil or nominal consideration have been recorded at the acquisition date fair value.

Plant and equipment

Plant and equipment are measured using the cost model.

Depreciation

Plant and equipment is depreciated on a straight-line basis over the assets useful life to the Association, commencing when the asset is ready for use.

Leased assets and leasehold improvements are amortised over the shorter of either the unexpired period of the lease or their estimated useful life.

The depreciation rates used for each class of depreciable asset are shown below:

Fixed asset class	Depreciation Rate
Computer Equipment	25%
Office equipments	20%
Leasehold improvements	15%

At the end of each annual reporting period, the depreciation method, useful life and residual value of each asset is reviewed. Any revisions are accounted for prospectively as a change in estimate.

Notes to the Financial Statements
For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(f) Financial instruments

For current year

Financial instruments are recognised initially on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial assets

All recognised financial assets are subsequently measured in their entirety at either amortised cost or fair value, depending on the classification of the financial assets.

Classification

On initial recognition, the Association classifies its financial assets into the following categories, those measured at:

- amortised cost
- fair value through profit or loss - FVTPL
- fair value through other comprehensive income - equity instrument (FVOCI - equity)

Financial assets are not reclassified subsequent to their initial recognition unless the Association changes its business model for managing financial assets.

Amortised cost

Assets measured at amortised cost are financial assets where:

- the business model is to hold assets to collect contractual cash flows; and
- the contractual terms give rise on specified dates to cash flows that are solely payments of principal and interest on the principal amount outstanding.

The Association's financial assets measured at amortised cost comprise trade and other receivables and cash and cash equivalents in the statement of financial position.

Subsequent to initial recognition, these assets are carried at amortised cost using the effective interest rate method less provision for impairment.

Interest income and impairment are recognised in profit or loss. Gain or loss on derecognition is recognised in profit or loss.

Notes to the Financial Statements
For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(f) Financial instruments

Financial assets

Fair value through other comprehensive income

Equity instruments

The Association has no strategic investments in listed and unlisted entities over which they have significant influence or control.

The Association does not hold any assets that fall into this category.

Financial assets through profit or loss

All financial assets not classified as measured at amortised cost or fair value through other comprehensive income as described above are measured at FVTPL.

Impairment of financial assets

Impairment of financial assets is recognised on an expected credit loss (ECL) basis for the following assets:

- financial assets measured at amortised cost

When determining whether the credit risk of a financial assets has increased significantly since initial recognition and when estimating ECL, the Association considers reasonable and supportable information that is relevant and available without undue cost or effort. This includes both quantitative and qualitative information and analysis based on the Association's historical experience and informed credit assessment and including forward looking information.

The Association uses the presumption that an asset which is more than 30 days past due has seen a significant increase in credit risk.

The Association uses the presumption that a financial asset is in default when:

- the other party is unlikely to pay its credit obligations to the Association in full, without recourse to the Association to actions such as realising security (if any is held); or

- the financial assets is more than 90 days past due.

Credit losses are measured as the present value of the difference between the cash flows due to the Association in accordance with the contract and the cash flows expected to be received. This is applied using a probability weighted approach.

Trade receivables

Impairment of trade receivables have been determined using the simplified approach in AASB 9 which uses an estimation of lifetime expected credit losses. The Association has determined the probability of non-payment of the receivable and multiplied this by the amount of the expected loss arising from default.

Notes to the Financial Statements
For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(f) Financial instruments

Financial assets

The amount of the impairment is recorded in a separate allowance account with the loss being recognised in finance expense. Once the receivable is determined to be uncollectable then the gross carrying amount is written off against the associated allowance.

Where the Association renegotiates the terms of trade receivables due from certain customers, the new expected cash flows are discounted at the original effective interest rate and any resulting difference to the carrying value is recognised in profit or loss.

Other financial assets measured at amortised cost

Impairment of other financial assets measured at amortised cost are determined using the expected credit loss model in AASB 9. On initial recognition of the asset, an estimate of the expected credit losses for the next 12 months is recognised. Where the asset has experienced significant increase in credit risk then the lifetime losses are estimated and recognised.

Financial liabilities

The Association measures all financial liabilities initially at fair value less transaction costs, subsequently financial liabilities are measured at amortised cost using the effective interest rate method.

The financial liabilities of the Association comprise trade payables, bank and other loans.

For comparative year

Financial instruments are recognised initially using trade date accounting, i.e. on the date that the Association becomes party to the contractual provisions of the instrument.

On initial recognition, all financial instruments are measured at fair value plus transaction costs (except for instruments measured at fair value through profit or loss where transaction costs are expensed as incurred).

Financial assets

Financial assets are divided into the following categories which are described in detail below:

- loans and receivables;
- financial assets at fair value through profit or loss;
- available-for-sale financial assets; and
- held-to-maturity investments.

Financial assets are assigned to the different categories on initial recognition, depending on the characteristics of the instrument and its purpose. A financial instrument's category is relevant to the way it is measured and whether any resulting income and expenses are recognised in profit or loss or in other comprehensive income.

Notes to the Financial Statements
For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(f) Financial instruments

Financial assets

All income and expenses relating to financial assets are recognised in the statement of profit or loss and other comprehensive income in the 'finance income' or 'finance costs' line item respectively.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. They arise principally through the provision of goods and services to customers but also incorporate other types of contractual monetary assets.

After initial recognition these are measured at amortised cost using the effective interest method, less provision for impairment. Any change in their value is recognised in profit or loss.

The Association's trade and other receivables fall into this category of financial instruments.

In some circumstances, the Association renegotiates repayment terms with customers which may lead to changes in the timing of the payments, the Association does not necessarily consider the balance to be impaired, however assessment is made on a case-by-case basis.

Financial assets at fair value through profit or loss

Financial assets at fair value through profit or loss include financial assets:

- acquired principally for the purpose of selling in the near future
- designated by the Association to be carried at fair value through profit or loss upon initial recognition or
- which are derivatives not qualifying for hedge accounting.

Assets included within this category are carried in the statement of financial position at fair value with changes in fair value recognised in finance income or expenses in profit or loss.

Held-to-maturity investments

Held-to-maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity. Investments are classified as held-to-maturity if it is the intention of the Association's management to hold them until maturity.

Held-to-maturity investments are subsequently measured at amortised cost using the effective interest method, with revenue recognised on an effective yield basis. In addition, if there is objective evidence that the investment has been impaired, the financial asset is measured at the present value of estimated cash flows. Any changes to the carrying amount of the investment are recognised in profit or loss.

Notes to the Financial Statements
For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(f) Financial instruments

Financial assets

Available-for-sale financial assets

Available-for-sale financial assets are non-derivative financial assets that do not qualify for inclusion in any of the other categories of financial assets or which have been designated in this category.

All available-for-sale financial assets are measured at fair value, with subsequent changes in value recognised in other comprehensive income.

Gains and losses arising from financial instruments classified as available-for-sale are only recognised in profit or loss when they are sold or when the investment is impaired.

In the case of impairment or sale, any gain or loss previously recognised in equity is transferred to the profit or loss.

Financial liabilities

Financial liabilities are classified as either financial liabilities 'at fair value through profit or loss' or other financial liabilities depending on the purpose for which the liability was acquired.

The Association's financial liabilities include borrowings, trade and other payables (including finance lease liabilities), which are measured at amortised cost using the effective interest rate method.

Impairment of Financial Assets

At the end of the reporting period the Association assesses whether there is any objective evidence that a financial asset or group of financial assets is impaired.

Financial assets at amortised cost

If there is objective evidence that an impairment loss on financial assets carried at amortised cost has been incurred, the amount of the loss is measured as the difference between the asset's carrying amount and the present value of the estimated future cash flows discounted at the financial assets original effective interest rate.

Impairment on loans and receivables is reduced through the use of an allowance account, all other impairment losses on financial assets at amortised cost are taken directly to the asset.

Subsequent recoveries of amounts previously written off are credited against other expenses in profit or loss.

Notes to the Financial Statements
For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(f) Financial instruments

Impairment of Financial Assets

Available-for-sale financial assets

A significant or prolonged decline in value of an available-for-sale asset below its cost is objective evidence of impairment, in this case, the cumulative loss that has been recognised in other comprehensive income is reclassified from equity to profit or loss as a reclassification adjustment. Any subsequent increase in the value of the asset is taken directly to other comprehensive income.

(g) Impairment of non-financial assets

At the end of each reporting period the Association determines whether there is any evidence of an impairment indicator for non-financial assets.

Where an indicator exists and regardless for indefinite life intangible assets and intangible assets not yet available for use, the recoverable amount of the asset is estimated.

Reversal indicators are considered in subsequent periods for all assets which have suffered an impairment loss.

(h) Cash and cash equivalents

Cash and cash equivalents comprises cash on hand, demand deposits and short-term investments which are readily convertible to known amounts of cash and which are subject to an insignificant risk of change in value.

(i) Employee benefits

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

Employee benefits expected to be settled more than one year after the end of the reporting period have been measured at the present value of the estimated future cash outflows to be made for those benefits. In determining the liability, consideration is given to employee wage increases and the probability that the employee may satisfy vesting requirements. Cashflows are discounted using market yields on Australian Government's 10 years bond rate, with terms to maturity that match the expected timing of cashflows. Changes in the measurement of the liability are recognised in profit or loss.

(j) Provisions

Provisions are recognised when the Association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured.

Notes to the Financial Statements
For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(k) New Accounting Standards and Interpretations

The AASB has issued new and amended Accounting Standards and Interpretations that have mandatory application dates for future reporting periods. The Association has decided not to early adopt these Standards. The following table summarises those future requirements, and their impact on the Association where the standard is relevant:

Standard Name	Effective date for entity	Requirements	Impact
AASB 16: Leases	1 July 2019	Leases and related Interpretations. AASB 16 introduces a single lessee accounting model that eliminates the requirement for leases to be classified as operating or finance leases. The main changes introduced by the new Standard are as follows: -new lessee accounting requirements for leases at significantly below-market terms and conditions (commonly known as 'peppercorn leases') principally to enable the lessee to further its objectives. This requires the lessee to recognise the leased asset / right-of-use asset at fair value per AASB 13, the lease liability per AASB 117/AASB 16 and the residual as income (after related amounts) at the inception of the lease per AASB 1058; -recognition of a right-of-use asset and liability for all leases (excluding short-term leases with less than 12 months of tenure and leases relating to low-value assets); -depreciation of right-of-use assets in line with AASB 116: Property, Plant and Equipment in profit or loss and unwinding of the liability in principal and interest components; -inclusion of variable lease payments that depend on an index or a rate in the initial measurement of the lease liability using the index or rate at the commencement date; -application of a practical expedient to permit a lessee to elect not to separate non-lease components and instead account for all components as a lease; and -inclusion of additional disclosure requirements.	Based on the entity's assessment, it is expected that the first-time adoption of AASB 16 for the year ending 30 June 2020 will have a material impact on the transactions and balances recognised in the financial statements, in particular: - lease assets and financial liabilities on the balance sheet will increase by $300,587 and $280,548 respectively (based on the facts at the date of the assessment) - there will be a reduction in the reported equity as the carrying amount of lease assets will reduce more quickly than the carrying amount of lease liabilities - EBIT in the statement of profit or loss and other comprehensive income will be higher as the implicit interest in lease payments for former off balance sheet leases will be presented as part of finance costs rather than being included in operating expenses - operating cash outflows will be lower and financing cash flows will be higher in the statement of cash flows as principal repayments on all lease liabilities will now be included in financing activities rather than operating activities. Interest can also be included within financing activities

Notes to the Financial Statements

For the Year Ended 30 June 2019

3 Summary of Significant Accounting Policies

(k) New Accounting Standards and Interpretations

Standard Name	Effective date for entity	Requirements	Impact
AASB 1058: Income of Not-for-Profit Entities	1 July 2019	This Standard is applicable when an entity receives volunteer services or enters into other transactions where the consideration to acquire the asset is significantly less than the fair value of the asset principally to enable the entity to further its objectives. The significant accounting requirements of AASB 1058 are as follows: -Income arising from an excess of the initial carrying amount of an asset over the related amount being contributions by owners, increases in liabilities, decreases in assets and revenue should be immediately recognised in profit or loss. For this purpose, the assets, liabilities and revenue are to be measured in accordance with other applicable Standards. -Liabilities should be recognised for the excess of the initial carrying amount of a financial asset (received in a transfer to enable the entity to acquire or construct a recognisable non-financial asset that is to be controlled by the entity) over any related amounts recognised in accordance with the applicable Standards. Income must be recognised in profit or loss when the entity satisfies its obligations under the transfer.	The entity is yet to undertake a detailed assessment of the impact of AASB 1058. However, based on the entity's preliminary assessment, the Standard is not expected to have a material impact on the transactions and balances recognised in the financial statements when it is first adopted for the year ending 30 June 2020.
AASB 2016-8 Amendments to Australian Accounting Standards	1 January 2019	AASB 2016-8 inserts Australian requirements and authoritative implementation guidance for not-for-profit (NFP) entities into AASB 9 Financial Instruments (2014) and AASB 15 Revenue from Contracts with Customers. This guidance will assist not-for-profit entities in applying those Standards. NFP entities will generally apply AASB 15 where an agreement creates enforceable rights and obligations and includes sufficiently specific promises to transfer goods or services to the customer or third party beneficiaries.	Refer to the section on AASB 1058 above.

Notes to the Financial Statements
For the Year Ended 30 June 2019

4 Critical Accounting Estimates and Judgments

Those charged with governance make estimates and judgements during the preparation of these financial statements regarding assumptions about current and future events affecting transactions and balances.

These estimates and judgements are based on the best information available at the time of preparing the financial statements, however as additional information is known then the actual results may differ from the estimates.

The significant estimates and judgements made have been described below.

Key estimates - provisions

As described in the accounting policies, provisions are measured at management's best estimate of the expenditure required to settle the obligation at the end of the reporting period. These estimates are made taking into account a range of possible outcomes and will vary as further information is obtained.

Key judgments - Employee benefits

For the purpose of measurement, AASB 119: *Employee Benefits* defines obligations for short-term employee benefits as obligations expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service. The entity expects most employees will take their annual leave entitlements within 24 months of the reporting period in which they were earned, but this will not have a material impact on the amounts recognised in respect of obligations for employees' leave entitlements.

5 Revenue and Other Income

	2019	2018
	$	$
Revenue		
- Government grants	**1,142,613**	1,015,960
- Interest	**3,066**	3,006
- Other grants	**164,052**	114,790
	1,309,731	1,133,756
Other revenue		
- Other income	**530,285**	640
	530,285	640
Total revenue and other income	**1,840,016**	1,134,396

Notes to the Financial Statements
For the Year Ended 30 June 2019

6 Cash and Cash Equivalents

	2019	2018
	$	$
Cash at bank and in hand	**2,067,530**	2,473,006
Term deposits	**-**	10,450
	2,067,530	2,483,456

Reconciliation of cash

Cash and Cash equivalents reported in the statement of cash flows are reconciled to the equivalent items in the statement of financial position as follows:

	2019	2018
	$	$
Cash and cash equivalents	**2,067,530**	2,483,456
Balance as per statement of cash flows	**2,067,530**	2,483,456

7 Trade and Other Receivables

	2019	2018
	$	$
CURRENT		
Trade receivables	**49,500**	1,012
Total current trade and other receivables	**49,500**	1,012

8 Other Financial Assets

	2019	2018
	$	$
CURRENT		
Term deposit	**10,450**	-
	10,450	-

9 Other Assets

	2019	2018
	$	$
CURRENT		
Prepayments	**2,209**	2,704
	2,209	2,704

Notes to the Financial Statements
For the Year Ended 30 June 2019

10 Plant and equipment

	2019	2018
	$	$
Office equipment		
At cost	**18,831**	16,206
Accumulated depreciation	**(16,273)**	(16,206)
Total office equipment	**2,558**	-
Computer equipment		
At cost	**77,537**	60,873
Accumulated depreciation	**(54,010)**	(47,452)
Total computer equipment	**23,527**	13,421
Leasehold Improvements		
At cost	**148,123**	23,685
Accumulated amortisation	**(28,878)**	(23,685)
Total leasehold improvements	**119,245**	-
Total plant and equipment	**145,330**	13,421

(a) Movements in carrying amounts of plant and equipment

Movement in the carrying amounts for each class of plant and equipment between the beginning and the end of the current financial year:

	Leasehold improvements	Office Equipment	Computer Equipment	Total
	$	$	$	$
Year ended 30 June 2019				
Balance at the beginning of year	**-**	**-**	**13,421**	**13,421**
Additions	**124,438**	**2,624**	**16,664**	**143,726**
Depreciation expense	**(5,193)**	**(66)**	**(6,558)**	**(11,817)**
Balance at the end of the year	**119,245**	**2,558**	**23,527**	**145,330**

	Leasehold improvements	Office Equipment	Computer Equipment	Total
	$	$	$	$
Year ended 30 June 2018				
Balance at the beginning of year	-	344	8,471	8,815
Additions	-	-	7,832	7,832
Depreciation expense	-	(344)	(2,882)	(3,226)
Balance at the end of the year	-	-	13,421	13,421

Notes to the Financial Statements
For the Year Ended 30 June 2019

11 Trade and Other Payables

	2019	2018
	$	$
Current		
Accrued expenses	**68,869**	41,883
GST payable	**1,664**	1,418
	70,533	43,301

Other payables are unsecured, non-interest bearing and are normally settled within 30 days. The carrying value of trade and other payables is considered a reasonable approximation of fair value due to the short-term nature of the balances.

12 Other Liabilities

	2019	2018
	$	$
CURRENT		
Grants received in advance	**1,380,848**	1,660,941
Sponsorship Income	**130,084**	119,136
Total	**1,510,932**	1,780,077

13 Employee Benefits

	2019	2018
	$	$
Current liabilities		
Long service leave	**66,574**	50,331
Provision for Annual Leave	**56,449**	43,780
	123,023	94,111

	2019	2018
	$	$
Non-current liabilities		
Long service leave	**796**	9,104
	796	9,104

14 Provisions

	2019	2018
	$	$
NON-CURRENT		
Make good provision	**-**	6,500
	-	6,500

Notes to the Financial Statements
For the Year Ended 30 June 2019

15 Capital and Leasing Commitments

Operating Leases

	2019	2018
	$	$
Minimum lease payments under non-cancellable operating leases:		
- not later than one year	**63,439**	6,002
- between one year and five years	**248,980**	-
	312,419	6,002

The association has a entred into a new operating lease on it office premises beginning on 4 February 2019 at Level 1, Unit 6 Thesiger Court, Deakin ACT. The lease term is 5 years expiring on 3 February 2024 and is subject to a 3% increase annually. A security bond has been established in this regard.

16 Financial Risk Management

The Association is exposed to a variety of financial risks through its use of financial instruments.

The Association's overall risk management plan seeks to minimise potential adverse effects due to the unpredictability of financial markets.

The most significant financial risks to which the Association is exposed to are described below:

Specific risks

- Liquidity risk
- Credit risk
- Market risk - interest rate risk

Financial instruments used

The principal categories of financial instrument used by the Association are:

- Trade receivables
- Cash at bank
- Trade and other payables

Notes to the Financial Statements
For the Year Ended 30 June 2019

16 Financial Risk Management

Summary Table

	Note	2019 $	2018 $
Financial assets			
Cash and cash equivalents	6	**-**	2,483,456
Trade and other receivables	7	**-**	1,012
Held at amortised cost:			
Cash and cash equivalents	6	**2,067,530**	-
Other financial assets	8	**10,450**	-
Trade and other receivables	7	**49,500**	-
Total financial assets		**2,127,480**	2,484,468
Financial liabilities			
Trade and other payables	11	**-**	41,883
Financial liabilities at fair value:			
Trade and other payables	11	**68,869**	-
Total financial liabilities		**68,869**	41,883
Total		**2,058,611**	2,442,585

Objectives, policies and processes

Those charged with governance have overall responsibility for the establishment of Hepatitis Australia Incorporated's financial risk management framework. This includes the development of policies covering specific areas such as interest rate risk and credit risk.

Risk management policies and systems are reviewed regularly to reflect changes in market conditions and Hepatitis Australia Incorporated's activities.

The day-to-day risk management is carried out by Hepatitis Australia Incorporated's finance function under policies and objectives which have been approved by those charged with governance. The Chief Financial Officer has been delegated the authority for designing and implementing processes which follow the objectives and policies. This includes monitoring the levels of exposure to interest rate and assessment of market forecasts for interest rate.

Those charged with governance receive monthly reports which provide details of the effectiveness of the processes and policies in place.

Mitigation strategies for specific risks faced are described below:

Liquidity risk

Liquidity risk arises from the Association's management of working capital and the finance charges and principal repayments on its debt instruments. It is the risk that the Association will encounter difficulty in meeting its financial obligations as they fall due.

The Association's policy is to ensure that it will always have sufficient cash to allow it to meet its liabilities as and when they fall due. The Association maintains cash and marketable securities to meet its liquidity requirements for up to 30-day periods. Funding for long-term liquidity needs is additionally secured by an adequate amount of committed credit

Notes to the Financial Statements
For the Year Ended 30 June 2019

16 Financial Risk Management

Liquidity risk
facilities and the ability to sell long-term financial assets.

The Association manages its liquidity needs by carefully monitoring scheduled debt servicing payments for long-term financial liabilities as well as cash-outflows due in day-to-day business.

Liquidity needs are monitored in various time bands, on a day-to-day and week-to-week basis, as well as on the basis of a rolling 30-day projection. Long-term liquidity needs for a 180-day and a 360-day period are identified monthly.

At the reporting date, these reports indicate that the Association expected to have sufficient liquid resources to meet its obligations under all reasonably expected circumstances and will not need to draw down any of the financing facilities.

Financial guarantee liabilities are treated as payable on demand since Hepatitis Australia Incorporated has no control over the timing of any potential settlement of the liabilities.

Credit risk

Credit risk refers to the risk that a counterparty will default on its contractual obligations resulting in a financial loss to the Association.

Credit risk arises from cash and cash equivalents and deposits with banks and financial institutions, as well as credit exposure to customers, including outstanding receivables and committed transactions.

The credit risk for liquid funds and other short-term financial assets is considered negligible, since the counterparties are reputable banks with high quality external credit ratings.

Trade receivables

The Association has adopted a policy of only dealing with creditworthy counterparties as a means of mitigating the risk of financial loss from defaults. The risk management committee has established a credit policy under which each new customer is analysed individually for creditworthiness before the Association's standard payment and delivery terms and conditions are offered. The Association review includes external ratings, if they are available, financial statements, credit agency information and industry information. Credit limits are established for each customer and the utilisation of credit limits by customers is regularly monitored by line management. Customers who subsequently fail to meet their credit terms are required to make purchases on a prepayment basis until creditworthiness can be re-established.

Those charged with governance receive monthly reports summarising the turnover, trade receivables balance and aging profile of each of the key customers individually and the Association's other customers analysed by industry sector as well as a list of customers currently transacting on a prepayment basis or who have balances in excess of their credit limits.

Management considers that all the financial assets that are not impaired for each of the reporting dates under review are of good credit quality, including those that are past due.

The Association has no significant concentration of credit risk with respect to any single counterparty or group of counterparties.

Notes to the Financial Statements
For the Year Ended 30 June 2019

16 Financial Risk Management

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices.

(i) Interest rate risk

The Association is exposed to interest rate risk as funds are invested in term deposit at fixed rates.

17 Key Management Personnel Remuneration

The totals of remuneration paid to the key management personnel of Hepatitis Australia Incorporated during the year are as follows:

	2019	2018
	$	$
Short-term employee benefits	**165,535**	160,385
Long-term benefits	**20,442**	20,048
	185,977	180,433

18 Auditors' Remuneration

	2019	2018
	$	$
Remuneration of the auditor, Hardwickes Chartered Accountant, for:		
- auditing or reviewing the financial statements	**8,500**	8,300
Total	**8,500**	8,300

19 Cash Flow Information

(a) Reconciliation of result for the year to cashflows from operating activities

	2019	2018
	$	$
Surplus/ (Deficit) for the year	**2,236**	(28,940)
Non-cash flows in profit:		
- depreciation	**11,817**	3,226
Changes in assets and liabilities:		
- (increase)/decrease in trade and other receivables	**(48,488)**	(762)
- (increase)/decrease in prepayments	**495**	3,885
- increase/(decrease) in income in advance	**(269,145)**	971,955
- increase/(decrease) in trade and other payables	**27,231**	(12,537)
- increase/(decrease) in provisions	**(6,500)**	3,300
- increase/(decrease) in employee benefits	**20,604**	5,405
Cashflows from operations	**(261,750)**	945,532

Notes to the Financial Statements
For the Year Ended 30 June 2019

20 Events after the end of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, the results of those operations or the state of affairs of the Association in future financial years.

21 Statutory Information

The registered office and principal place of business of the association is:

Hepatitis Australia Incorporated
1st Floor
Unit 6, Thesiger Court
Deakin ACT 2600

Hepatitis Australia Incorporated

ABN 38 442 686 487

Responsible Persons' Declaration

The responsible persons declare that in the responsible persons' opinion:

- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable; and
- the financial statements and notes satisfy the requirements of the *Australian Charities and Not-for-profits Commission Act 2012.*

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profit Commission Regulation 2013.*

Responsible person ..... Responsible person .....

Dated 16 OCT 2019

Hardwickes
more than accounting

6 Phipps Close Deakin ACT 2600
PO Box 322 Curtin ACT 2605

T 02 6282 5999
F 02 6282 5933
E info@hardwickes.com.au

www.hardwickes.com.au

Hardwickes
ABN 35 973 938 183

Hardwickes Partners Pty Ltd
ABN 21 008 401 536

Liability limited by a scheme approved under Professional Standards Legislation

Independent Audit Report to the members of Hepatitis Australia Incorporated

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Hepatitis Australia Incorporated, which comprises the statement of financial position as at 30 June 2019, the statement of profit or loss and other comprehensive income, the statement of changes in equity and the statement of cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the responsible persons' declaration.

In our opinion the financial report of Hepatitis Australia Incorporated has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012*, including:

(i) giving a true and fair view of the Association's financial position as at 30 June 2019 and of its financial performance for the year ended; and

(ii) complying with Australian Accounting Standards and Division 60 of the *Australian Charities and Not-for-profits Commission Regulation 2013*.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the Association in accordance with the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Responsibilities of Board Members for the Financial Report

The Board Members of the Association are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act, and for such internal control as the responsible entity determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

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

Those charged with governance are responsible for overseeing the Association's financial reporting process.

Auditor's Responsibilities for the Audit of the Financial Report

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

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

Hardwickes
more than accounting

6 Phipps Close Deakin ACT 2600
PO Box 322 Curtin ACT 2605

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Independent Audit Report to the members of Hepatitis Australia Incorporated

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

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

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

Hardwickes
Chartered Accountants

R Johnson

Robert Johnson FCA
Partner

Canberra

16 October 2019

CHARTERED ACCOUNTANTS
AUSTRALIA + NEW ZEALAND

Thank you to our supporters

Hepatitis Australia's achievements during the year would not have been possible without the support of many people and organisations that have assisted us along the way. We greatly appreciate all the support we have received and thank everyone for their contributions.

People living with, or affected by viral hepatitis, continue to play an integral role informing our projects and helping to deliver a strong advocacy voice. Increasingly, individuals have generously shared their personal experiences of hepatitis B or hepatitis C to help improve community understanding and assist others to link to community and clinical services.

Hepatitis Australia values the support of our sector partners with whom we work closely on shared advocacy goals and the delivery of key projects. Individuals representing sector partners, or as experts in their own right, inform and help deliver many aspects of our work. These partners include our member organisations, other community-based organisations, research institutes and professional bodies.

While Hepatitis Australia gratefully receives grants from the Australian Government, we also direct other sources of funding to additional priority work throughout the year. Donors to the organisation come in a variety of forms. This includes in-kind contributions or personal donations of money or time. All of these contributions are very much appreciated.

In particular, Hepatitis Australia would like to acknowledge the team at Maddocks for their pro bono legal advice throughout the year. We would also like to thank TITAN (The Institute of Technology in Australia and New Zealand) for the provision of a grant to allow the redevelopment of our corporate website.

Also important are grants provided by corporate businesses, including pharmaceutical companies, to help support the roll-out of activities for which we receive no government funding, such as World Hepatitis Day. Hepatitis Australia acknowledges with gratitude the ongoing support of AbbVie Pty Ltd, Gilead Sciences Pty Ltd and GlaxoSmithKline Australia Pty Ltd assist with the roll out of World Hepatitis Day in Australia and other awareness raising activities. Each of these grants is compliant with the Medicines Australia code of conduct and Hepatitis Australia's own policy on donations and sponsorship.

Finally, Hepatitis Australia would like to acknowledge the funding provided by the Australian Government Department of Health. Without these grants, Hepatitis Australia would not be able to deliver the all-important community-led response to viral hepatitis in Australia.

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