

HepatitisSA
ANNUAL REPORT
2015–16

Chairperson's Report

Just prior to Christmas 2015, Sussan Ley, the Australian Health Minister, announced 1 billion dollars for new hepatitis C direct acting antiviral (DAA) medications to be made available on the Pharmaceutical Benefits Scheme (PBS) to all Australians with hepatitis C from 1 March 2016. This was a world first and a watershed moment in the response to hepatitis C in this country.

It followed many months of advocacy by many people, including all hepatitis organisations and many community advocates, but I would particularly like to acknowledge the leadership of Hepatitis Australia CEO, Helen Tyrrell, and Hepatitis NSW's equal treatment access campaign as key factors in achieving this result.

Following the PBS listing in March, Hepatitis SA was kept busy updating information resources, promoting information relating to the new DAAs, and organising education events for GPs, allied health and community members. As PBS access was also available for prisoners, briefings were also arranged for Department for Correctional Services and Community Corrections staff and the annual Heplink Forum in early May had the title 'Eliminating Hepatitis C in SA Prisons: Realistic Target or Wishful Thinking'. Our Information and Resources team continued to develop Hepatitis SA's social media presence during the year, and many tweets were sent out re the new DAAs. Board member Jeff Stewart also did

a radio interview to inform the SA community about the new treatments.

It was indeed heartening to hear from the Kirby Institute, which was monitoring the uptake of the new DAAs, that in the first 3 months since the PBS listing of the DAAs, close to 1,000 South Australians had commenced treatment.

In early September 2015, Hepatitis SA's Executive Officer, Kerry Paterson and Helpline Coordinator, Deborah Warneke-Arnold represented our organisation at the inaugural World Hepatitis Summit in Glasgow. The World Hepatitis Alliance and the World Health Organisation partnered to organise the Summit, which was hosted by the Scottish government and had delegates from 80 countries. The Summit concluded with the **Glasgow Declaration** which urged national governments globally to develop and fund viral hepatitis strategies for their countries and to support the adoption of new global elimination targets at the World Health Assembly in May 2016. Subsequently, the first global viral hepatitis strategy, with elimination goals by 2030, was unanimously endorsed.

There was also some good news for Hepatitis SA in relation to hepatitis B in May 2016, when we learnt we had secured funding for 5 Hepatitis B Community Education grants from the Australian government, and administered by Hepatitis Australia, to work with community partners from the Filipino, Chinese, Vietnamese and African communities over the next 2 years.

Amidst all the excitement generated by the HCV medications and more funding for hepatitis B work, we also sadly know that the HCV DAAs arrived too late for some, and that there is still much work to be done to better support South Australians with advanced liver disease. We must also continue to develop models of care to ensure that the most disadvantaged in our community can access testing, monitoring and treatment, and, if we are ever to realise our elimination goals, we must continue to enhance our prevention efforts.

Thank you to all staff and volunteers for your hard work and I congratulate you all on your many achievements during the year. Dr Judith Peppard and Howard Jillings left the Board this year and I would like to thank them both for their valuable contributions to our organisation. I would like to welcome Sam Raven and Sharon Jennings who joined the Board at our 2015 Annual General Meeting and thank them and the other members of the Board for their support during the year.

I would like to finish by thanking all our partner organisations who supported our work this year and our main funding administrators, the staff at the STI & BBV Section at SA Department of Health and Ageing, the SA Branch of the Australian Government Department of Health, and Drug and Alcohol Services South Australia.

Arieta Papadelos
Chairperson

CNP Peer Projects Report

CNP PEERS

The CNP Peer Projects team provide a range of services to people who inject drugs (PWID), including an extended range of sterile injecting equipment such as tourniquets, sterile water and specialised filters, on a cost recovery basis. As well as providing equipment, they deliver information and education on health issues relating to injecting drug use, from a harm reduction perspective, and make referrals for their CNP clients to a range of health and social services.

Peers provide services through CNP sites that are co-located with agencies that provide general health and community services to priority population groups such as people who inject drugs, youth, CALD, homeless, Aboriginal etc. There are three fixed CNP sites which are staffed full time by Peer Educators at Wonggangga Turtpandi (Port Adelaide), GP Plus Noarlunga and Salisbury Anglicare.

In addition to the fixed sites, CNP peer educators also provide services at other high volume CNP sites in order to reach a broader cross section of the community by working at these sites part time on regular days, generally one full day per week. These sites are referred to as sessional sites. During 2015-2016 the sessional CNP sites were Community Access and Services (CASSA), Streetlink Youth Services, Mission Australia Hindmarsh, Nunkuwarrin Yunti, Northern DASSA and Drug Arm, Warradale. During the year CASSA ceased being a sessional site due to needing more CNP peers at Mission Australia Hindmarsh, the busiest site in South Australia,

when funding changes for Mission Australia impacted their capacity to staff the site. Hepatitis SA peer educators now work at Hindmarsh each afternoon from Tuesday – Friday.

During the 2015-2016 year, there were 13,614 client contacts at fixed sites and 2,693 at sessional sites, with 983 referrals at fixed sites and 346 at sessional sites being made to services such as other CNP outlets, medical practitioners, mental health, legal, hepatitis, accommodation, HIV and alcohol and other drug services. The CNP Peer Projects team also provided peer education about harm reduction and other topics as well as more intensive support for individuals. During the year, there were 2,396 occasions of peer education/information provided at fixed sites and 867 at sessional sites; with 241 occasions of intensive support provided to clients at fixed sites and 101 at sessional sites. Intensive support mostly related to safer injecting, drug effects, blood-borne virus (BBV) testing, vein care, mental health, domestic violence, withdrawal/dependence, drug treatment and specialised injecting equipment such as filtering.

EDUCATION

There were more than 15 workforce development sessions provided to a range of groups including university students, Aboriginal health workers, clean needle program staff and prison staff. Sessions covered a wide range of topics including equipment use, specialised equipment/cost recovery, prevention of BBVs, stigma/



discrimination, performance and image enhancing drugs, methamphetamine, overdose awareness and response, how to engage with people who inject drugs (PWID), common health issues experienced by PWID and ways to help reduce potential harms associated with injecting drug use.

We also provided 19 community education sessions, including a joint project with Hepatitis SA educators and other partners within the Adelaide Women's Prison entitled 'Keeping Safe.' Our contribution to the project was providing education relating to harm reduction.

AWARENESS RAISING

In the past year the team produced **Overdose Awareness** response cards to raise awareness of access

to naloxone from GPs or over the counter at pharmacies due to its rescheduling. The cards provide information on responding to an opioid overdose, using CPR and administering naloxone.

In response to the new hepatitis C treatments, each site has raised awareness and promoted the new regime. Use of blackboards at each site has helped to commence conversations and referrals for the treatment pathways.

RURAL DISTRIBUTION

Due to difficulty accessing injecting equipment in rural areas, this project continues to provide country orders for clients in need of equipment they cannot access in their area, whether due to confidentiality or lack of the range of equipment outside of 1mls syringes. There were 31 client contacts for this service in the past year. Primarily we provide barrels, winged infusion kits, needle tips and wheel filters through this program on a cost recovery basis.

SALEN

Carol Holly, Project Officer in the CNP Peer Projects, continued to co-facilitate the SALEN (SA Lived Experience) Peer Network. A network of peer educators from agencies including mental health, HIV, CALD and gambling. The forums continue to have high attendance rates and are an opportunity for peers across other agencies and areas to brainstorm, network and provide support to one another.

CONCLUSION

The CNP Peer Projects team would like to acknowledge and thank the community accessing our services, our partner organisations with whom we have worked collaboratively, and the broader team of Hepatitis SA for their support.

CNP Peer Projects is staffed completely by peers, the team consisting of a Coordinator, Project Officer and eleven peer educators.

I would like to thank them all for the dedication to their work in the past year, including Patrick Kavanagh who resigned from his position at the end of the year. Patrick had been a CNP peer educator for over ten years and we were sad to see him go. We wish him the best in whatever the future may bring him.

The CNP Peer Projects are now in their third year with Hepatitis SA, and all is running smoothly. We continue to raise awareness of issues affecting the injecting community, including stigma and discrimination. We believe through the CNP Peer Projects, understanding and knowledge of what peer education is amongst sector workers has increased as has the level of respect for peer educators being 'experts in their field' and valued for the unique support and services they provide for their clients.

Michelle Spudic

CNP Peer Projects Coordinator

Education Program Report

EDUCATION

WORKFORCE

This year the Hepatitis SA education team provided 159 education sessions to 2,218 people from various workforces across South Australia (up from 2014/15 - 108 education sessions to 1,570 people), including health care, Aboriginal health, alcohol and other drug services, multicultural services, youth services, general practice, sexual health services, mental health services, correctional services, dental services, residential youth services, tertiary education institutions and social services.

Education sessions for Department for Correctional Services staff begun late in the previous year continued in 15-16, with 42 sessions provided for 612 participants across the following South Australian prisons: Port Augusta, Mt Gambier, Adelaide Pre-release Centre, Adelaide Women's Prison, Adelaide Remand Centre, Mobilong, Cadell and Port Lincoln, as well as new officers.

COMMUNITY

In addition to workforce development sessions, the education team also provided 102 community sessions for 1,306 community members.

The community education sessions mainly targeted various priority populations, which included people who inject drugs, young people (including those in the juvenile justice system), indigenous Australians, people from culturally and linguistically diverse backgrounds, people

affected by mental illness, people in custodial settings, people experiencing homelessness, as well as people affected by viral hepatitis and people from the broader community who do not identify with any particular priority population.

Some of the community education highlights in the 2015/16 year included:

New Hepatitis C Treatments Community Forum

Hepatitis SA Educators held a community information forum in April 2016. The forum was to increase community knowledge of the new hepatitis C treatments which were made available by the Australian Government on the 1 March 2016. A total of 28 community members attended the event where information was provided by a Viral Hepatitis Clinical Practice Consultant, a peer educator with lived experience of the new treatments and the Coordinator of Hepatitis SA's Helpline and Support Services. The attending community members asked lots of questions of the presenters and all provided positive feedback about the event.

Tarpari Wellbeing Day – Port Pirie

Tarpari Wellbeing Day is Port Pirie's biennial celebration of health, community and Aboriginal culture and reconciliation. 'Tarpari' means 'healing' in the Nukunu language and this year's theme was 'Together, let's close the gap'. This event had much to offer the whole community of Port Pirie and the Mid North area,



O'liver at Tarpari Wellbeing Day

including traditional Aboriginal Dancers, Aboriginal Entertainers, art displays, health information and attractions, such as a reptile zoo and Kondile the story-telling whale.

To engage community members at the event, Hepatitis SA educators facilitated a quiz with a \$50 voucher prize. Over 100 people visited the Hepatitis SA information stall to learn about the new hepatitis C treatments through the quiz. The participating community members were very interested in learning about the new treatments, and informed the educators they would pass the information onto family and friends who were living with hepatitis C.

Pass the Parcel – New interactive activity

In order to engage community members in education sessions, the Education Team is continually devising new activities. During the 2015/16 financial year the Education

Team implemented the ‘Hepatitis C Pass the Parcel’ game. It proved to be a highly effective means of assessing knowledge gained by participants during education sessions. Following an education presentation, often with the use of pictorial Powerpoint, participants play pass the parcel, where each layer of the parcel has a question about hepatitis, and if a participant answers it correctly, he/she gets to unwrap the layer and get a chocolate. It is then passed to the next person. The final layer contained a large block of chocolate. Educators were able to evaluate the level of knowledge increase in the group through the correct answers provided during the game. It also gives the educators a chance to address any incorrect information. It was a huge success and it will be continued to be used into the future.

Mission Australia’s Flexible Learning Options Project

The Educators facilitated a project with young people within

Mission Australia’s Flexible Learning Options (FLO) Program. This program offers educational opportunities to young people aged 12-19 who have dropped out of school, or are at risk of doing so. The project consisted of three 1-hour sessions over a three week period. Up to 8 students attended each session, with most attending all three.

The sessions covered hepatitis C, safer body art, and drugs and harm reduction. The students reported enjoying the sessions and through various evaluation methods, demonstrated that they had increased their knowledge of the topics covered.

THE EDUCATION TEAM

The Education Team for 2015/16 was comprised of Claire Hose, Jenny Grant, Nicole Taylor, Shannon Wright and Tess Opie. Thank you to all the team for a tremendous effort.

Jenny Grant
Education Coordinator

Information & Resources Program Report

INFO & RESOURCES

The listing of revolutionary new hepatitis C treatment on the PBS was undoubtedly the highlight of 2015-16. For Hepatitis SA's Information and Resources program this meant a massive review and update of resources to reflect new treatment information, as well as developing new resources to promote the new medicines and how to access them.

In all, we distributed over **97,023** resource items. About 8% of resources distributed this year were hepatitis B specific and 21.6% ,hepatitis C-specific. Others were resources relevant to both hepatitis B and C. The flood of interest in the new treatments contributed to the large amount of hepatitis C information disseminated.

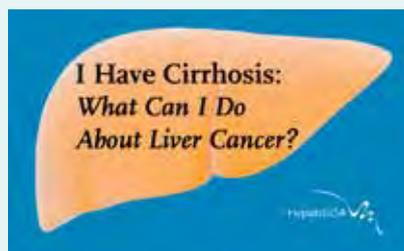
Over 16,600 items were distributed during the World Hepatitis Day 2015 campaign, and over 19,800 through Down Your Street 2015, totalling almost 34,500 items going to the affected community, workforce and the wider community.

Over 22,600 items were distributed to individuals in the wider community and over 16,500 items went to **drug and alcohol services** which in the last three years have topped the list of services receiving resources from Hepatitis SA. This was clearly driven by Hepatitis SA's CNP Peer Program.

WORLD HEPATITIS DAY

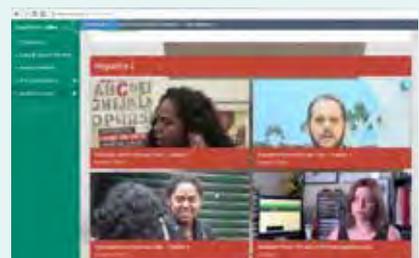
There were two major community events: Love Your Liver day at Victoria Square and the Love Your Liver Day Lunch organised in partnership with PEACE multicultural services. The first event gave us the opportunity to make contact with about 125 members of the public around the square providing them with information about viral hepatitis. The second event was attended by 150 people from multicultural communities who were given a presentation on hepatitis B, followed by a Q&A session.

2015-16 New Resources



Liver check-up reminder card

This card was developed in response to suggestions from liver nurses who were concerned about people with liver cirrhosis missing regular screening for liver cancer. It was designed in consultation with the liver nurses, and distributed to relevant clinics at the Flinders, Royal Adelaide and Queen Elizabeth hospitals.



Teach Yourself Viral Hepatitis eBox Learning Package

This is a self-directed learning package aimed at health workers in country hospitals. Piloted in 2014-15, it was tweaked and polished, based on feedback from the pilot, and deployed this year.

Hepatitis SA offered small grants which were taken up by 12 community groups and three partner organisations. There were six first-time groups who participated in our World Hepatitis Day small grants this year.

ONLINE SERVICES

We maintained an active online presence and stepped up our social media activities. A more coordinated and concerted effort in engaging with social media was started around May 2015. Between July 2015 and June 2016, we gained **215** new twitter followers and received over **5,600** profile visits. Check out our pages:

Twitter page:

twitter.com/hep_sa

Facebook:

www.facebook.com/HepatitisSA/

The Hepatitis SA library online collection continued to provide credible, up-to-date resources

available at the click of a button. Our online collection of 1,470 plus items makes up about half of our total collection, and continues to grow.

PUBLICATIONS

In all, **26** new or redeveloped resources were produced in 2015-16. This does not include regular issues of Hepatitis SA Community News which goes out to about 600 recipients – individuals as well as organisations – in printed form. Electronic versions of the magazine go to over 200 recipients. See boxed section for examples of our new resources.

SUPPORT

The Information and Resources team also provided ongoing support to all Hepatitis SA programs and activities, producing certificates, promotional posters, flyers, cards and other items too numerous to list.

VOLUNTEERS

The nine volunteers who worked with us during the year were from diverse backgrounds: with ages ranging from 18 to over 50; five were of Nepalese cultural background, one Burmese and three Anglo. Two have been in Australia all their lives, one had been here less than a year; one was born, and spent her childhood, in Africa, another was born in Burma and had lived 13 years in Saudi Arabia; one was born in a refugee camp in Nepal, others in Bhutan. Two volunteers have lived experience with viral hepatitis.

We are very grateful to Bal, Jo, Michelle, Nisha, Ruth, Sabitra, Sandy, Soma and Susmita for their contributions – and very interesting company.

Cecilia Lim

Information & Resources Coordinator



Hepatitis B & Mothers-to-be

Following a request for Chinese language resources from the Women's and Children's Hospital (WCH) Infectious Diseases team, the brochure, originally from Stanford University, was redeveloped for local context in consultation with WCH doctors. It was translated into Chinese in consultation with the local Chinese community and will be translated into Vietnamese next year.



New hepatitis C treatment posters and postcards

Set of posters promoting the new hepatitis C treatments. Different variations target prisoners, CNP clients and the clients of mental health and liver clinics. Set of postcards for distribution in prisons, promoting the new hepatitis C treatments.



Blood Spills posters

This set of posters was developed together with the education team, for the Youth Training Centre, using the development and consultation process as an awareness raising exercise for the residents as well as the staff

Hepatitis SA Helpline & Support Services Report

INFO & SUPPORT

The Hepatitis SA Helpline & Support Services Program operates a state-wide Helpline, a free call phone service for prisoners, in-person information and support, and facilitates support groups in the metropolitan area. Clients are provided with written information and appropriate referrals as required.

The Helpline is staffed by the Coordinator and a team of experienced volunteers with support for overflow calls by other Hepatitis SA staff. This year volunteers contributed 697.25 hours to staff the Helpline. This ranged from 116 to 296 hours for individual volunteers. We would like to thank Will, Debra, and Louise for their ongoing dedication to delivering a quality service to the community and especially thank Karan for many years of service and wish her success as she now focuses on other areas of hepatitis education within Hepatitis SA. This year also marks a significant milestone for Debra with 10 years of volunteering at Hepatitis SA. Debra has been an exceptionally reliable and conscientious worker who has demonstrated caring and sensitivity in all her interactions with clients. It has been a pleasure to have Debra working in our team.

Comments from clients working with Debra:

“Thank you for talking to me so honestly and I appreciate openness.”

“Thank you, you have made a big difference to me—I wish I could hug you!”

“I feel much better now that we

have talked it through.”

“Have you got a boss I could talk to, because you need a pay rise!”

HELPLINE

There were 515 contacts to the Hepatitis SA Helpline, including 28 emails. The bulk of contacts (93%) were from the primary target groups. Again this year, nearly half of calls were from people new to the service. The majority (79%) resided in the metropolitan area, 17% from country SA, five from interstate and 14 lived overseas, eight of whom lived in New Zealand.

The majority of queries (89%) related to hepatitis C, 9% were about hepatitis B and the remainder were viral hepatitis coinfections and other liver disease not related to viral hepatitis.

IN-PERSON INFORMATION & SUPPORT

There were 50 people who preferred to come in to Hepatitis SA to talk in person about hepatitis. Again, the majority of enquiries were hepatitis C related and most were from people who lived in Adelaide. Just over half the discussions were about the new treatments, with many people eager to access them as soon as possible.

SUPPORT GROUPS

Attending a support group can bring a sense of community and connection. Knowing that you're not alone can provide much needed hope and empowerment. Over the financial year, Hepatitis SA facilitated support groups

Affected by hepatitis C?



Calming the C

fortnightly at our Hackney office, 4 weekly at the GP Plus clinic in Elizabeth and 4 weekly at Wonggangga Turtpandi Aboriginal Primary Health Care Service in Port Adelaide. However due to falling attendances in the North, the group will not continue in the next financial year. We wish to thank Fred and Debra for their dedication and commitment to supporting clients in the North.

PRISONLINE

Sixty-six SA prisoners called the service for information and support. The majority of calls (41) came from rural prisons (Port Augusta 34, Mount Gambier 5, Mobilong 1 and Port Lincoln 1). Seventeen were from Yatala or the pre-release centre and eight from the Adelaide Remand Centre.

25% were seeking information regarding the new treatments.

Postcards that raise awareness of the benefits of the new hepatitis C treatments were developed and are being distributed within the prisons. The key messages are that the new treatments are more effective, resulting in a cure for 90% - 95%; are taken orally, with few side-effects and for most, taken for as little 12 weeks.

TRAINING

All Helpline volunteers are expected to keep their knowledge up-to-date including attending four-weekly team debriefing and professional development sessions. The main focus of training over the year was the new direct acting antiviral treatments, common call scenarios and

managing crisis calls. Recruitment and training of new Helpline volunteers commenced during the latter part of the year and the on-the-job training component will continue into the new financial year.

What the clients said about the service they received:

“I was impressed by the level of knowledge and helpfulness.”

“All questions answered plus some!”

“Not much to say other than great understanding between us for me to receive what I needed!”

“Excellent service.”

Deborah Warneke-Arnold
Hepatitis SA Helpline Coordinator

Outreach Hepatitis C Peer Education & Support Report

OUTREACH

The Hepatitis C Peer Education and Support team have had an exciting year with the new hepatitis C treatment options becoming available. They were kept busy informing clients about these long awaited direct-acting anti viral (DAA) medicines, as well as providing support and a vast range of information about liver health and living well. Hepatitis C peer education and support services were provided at 19 host service locations in 15/16, mainly in AOD, mental health and homeless services throughout the metropolitan area, and in rural prisons.

Over the past 12 months, peer educators had a total of 599 client contacts whom they engaged one-on-one about a broad range of hepatitis C information. They also provided 112 hepatitis C information and education sessions to 715 client contacts from the hepatitis C priority population groups in Adelaide. Of these 1,314 clients contacts, there were 716 (54%) clients who were new to our service and the remainder were return clients, who had engaged with a peer educator on a previous occasion.

The peer educators also provided a further **38** group sessions for **548** prisoner contacts and **85** individual sessions with prisoners across **8** of the **9** adult custodial settings in this state. Peer educators engaged a further **589** male prisoners at various activities within prisons, such as health expos, an event for NAIDOC Week at Yatala Labour Prison and during two promotional activities for World Hepatitis Day at Pt Lincoln and Mobilong Prisons.

In conjunction with the other programs at Hepatitis SA, for World Hepatitis Day (WHD) 2015, which is celebrated globally each year on the 28 July, we held an event in Victoria Square/ Tarntanyangga in the Adelaide CBD. Entertainment was provided by The South Australian Police Band, and local television personality Rob Morrison demonstrated visually spectacular liver related science experiments to educate and entertain. A henna artist and a DJ also attracted members of the public throughout the day, while peer educators engaged with **211** members of the general community, who stopped by. The event received attention from ABC local radio and some social media with the assistance of some of our host agency services and we were honoured to receive a visit from, The Lady Mayoress of Adelaide, Genevieve Theseira-Haese, who we all found to be delightful and gracious.

The peer educators also conducted **8** other WHD activities, as well as participating in numerous other community events throughout the year to raise awareness about hepatitis C. A number of these were Aboriginal focused community events, such as an event during Reconciliation Week 2016. The theme of this event was "Together we are strong, together we are healthy", funded by a \$2000 Quick Response Community Development Grant from the Adelaide City Council.

Later in the year for NAIDOC Week, peer educators provided **473** printed resources regarding all aspects of hepatitis C, engaging with **276** people at the NAIDOC



Nathan May performs at Hepatitis SA's Reconciliation Week event

Family Fun Day at Bonython Park on the Western outskirts of the Adelaide CBD.

The team also staffed a stall at the annual Aboriginal Sobriety Group (ASG) Sober Walk. At this event, 63 participants, all of whom were Aboriginal or Torres Strait Islander participated in the "Little Liver Quiz". There were 10 other Indigenous service providers also in attendance and over **270** people took part in the 'Sober Walk', aimed at encouraging people who are affected by drugs and alcohol to seek the help they need, and to increase awareness of the harmful impact drug use and alcohol is having on Indigenous families, individuals and the community. **416** printed information resources and Hepatitis SA promotional items were distributed at this event.

In an effort to highlight the change in hepatitis C treatment options this year the peer educators developed a short video with a series of hand-drawn cards that demonstrate the key differences between the "old treatment" and the "new treatment" contrasting the difference in treatment work up, duration, ease of administration, side effects and success rates. The video was shared on Hepatitis SA social media channels, and is viewable on YouTube Channel at <https://youtu.be/ofYkbRnrZls>. Peer educators are also able to show the video to their clients on their personal electronic devices, to increase awareness about the new treatments.

This has been a momentous year with the introduction of the new treatments, and the peer educators

have been promoting the treatments as well as providing a number of their clients with a simple pathway to treatment, through South Australia's wonderful viral hepatitis nurses - who always go that extra step. Since the DAAs became available on the 1 March, two of the team have also commenced and completed the new treatments, and at the time of writing, they are awaiting their post-treatment test results. We all look forward to the elimination of hepatitis C in our lives and in our community in the near future.

**Lisa Carter
Coordinator**

Treasurer's Report

TREASURER

Total revenue for 2015-2016 was \$1,845,798. This was largely made up from grant income, which was the net result of 12 months recurrent funding for the financial year for Hepatitis SA's 4 main grants consisting of \$831,366 for the **SA Viral Hepatitis Prevention and Health Promotion Program**; \$108,083 for the **Viral Hepatitis Workforce Development Project**; \$479,377 for the **Clean Needle Program Peer Education Projects** from SA Health; and \$243,640 for the **Outreach Hepatitis C Peer Education and Support Project** from the Non-Government Organisation Treatment Grants Program funded by the Australian Government Department of Health.

As well as the main grant income, other sources of revenue included \$15,644 Social and Community Services supplementation from the Australian Government Department of Health and \$77,306 from SA Health as their contribution to costs for the Equal Remuneration Order; \$9,034 interest; \$11,159 in recoupments, being mainly cost recovery for information resources distributed interstate, and for the full range of Clean Needle Program equipment distributed in South Australia, \$37,728 in donations, \$6,672 in sponsorship mainly for World Hepatitis Day and GP education events, \$3,992 in sundry income, and \$2,453 in fund raising distribution of funds raised in the previous year.

Total expenditure for the year was \$1,784,870. The major expense was the Employee Benefits expense of \$1,492,417 comprised of **Salaries and wages**

of \$1,285,384 and **On-costs** of \$207,033.

Other large expenses were **Premises Rent and On-costs** of \$104,799; **Office expenses** of \$57,005, as well as **Other expenses** of \$72,914, which were comprised of **Program costs** of \$67,972, and **Other staff costs** of \$4,942.

Motor vehicle expenses were \$18,172, **Travel and accommodation** was \$27,661, and the **Depreciation and amortisation expense** was \$11,902.

For the 2015-2016 financial year, Hepatitis SA had a surplus of \$60,928 resulting in total equity of \$252,710 as at 30 June 2016.

Hepatitis SA would like to thank the STI and BBV Section at the SA Department of Health and Ageing, Drug and Alcohol Services South Australia and the SA State Office of the Australian Government Department of Health, for administering Hepatitis SA's major recurrent funding during the 2015-2016 financial year.

Sam Raven
Treasurer

INDEPENDENT AUDITOR'S REPORT

Hepatitis SA Incorporated

We have audited the accompanying financial report of the **Hepatitis SA Incorporated**, which comprises the Statement of Financial Position as at 30 June 2016, and the Statement of Income and Expenditure for the year then ended, a summary of significant accounting policies and other explanatory notes.

The **Hepatitis SA Incorporated** are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations). This responsibility includes designing, implementing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor's responsibility

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

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

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

Auditor's Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the **Hepatitis SA Incorporated** as of 30 June 2016, and of its financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations).



Peter Hall Chartered Accountant

Dated 26th September 2016

General information

The financial report covers Hepatitis SA Incorporated as an individual entity. The financial report is presented in Australian dollars, which is Hepatitis SA Incorporated's functional and presentation currency.

The financial report consists of the financial statements, notes to the financial statements and the board members' declaration.

The financial report was authorised for issue by the board members at the Annual General Meeting held in Adelaide.

STATEMENT OF INCOME AND EXPENDITURE
FOR THE YEAR ENDED 30 JUNE 2016

	NOTE	2016 \$	2015 \$
REVENUE	2	1,845,798	1,815,894
EXPENSES			
Employee benefits expense		(1,492,417)	(1,490,436)
Depreciation and amortisation expense		(11,902)	(13,459)
Motor Vehicle Expenses		(18,172)	(16,498)
Office expenses		(57,005)	(59,894)
Premises Rent and On Costs		(104,799)	(97,293)
Travel and Accommodation		(27,661)	(29,711)
Other expenses		<u>(72,914)</u>	<u>(90,221)</u>
TOTAL EXPENSES		<u>(1,784,870)</u>	<u>(1,797,512)</u>
SURPLUS FOR THE YEAR	11	<u><u>60,928</u></u>	<u><u>18,382</u></u>

The above statement of Income and Expenditure should be read in conjunction with accompanying notes

Hepatitis SA Incorporated

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2016

	NOTE	2016 \$	2015 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	674,783	559,214
Trade and other receivables	4	9,526	8,994
Other	5	822	5,989
Total current assets		<u>685,131</u>	<u>574,197</u>
NON-CURRENT ASSETS			
Plant, Equipment and Motor Vehicles	6	<u>55,591</u>	<u>52,180</u>
Total non-current assets		<u>55,591</u>	<u>52,180</u>
TOTAL ASSETS		<u>740,722</u>	<u>626,377</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	7	9,288	10,797
Employee benefits	8	117,566	96,522
Grants in Advance		331	21,235
Other	9	46,905	36,003
Total current liabilities		<u>174,090</u>	<u>164,557</u>
NON CURRENT LIABILITIES			
Provision for Asset Replacement		10,000	10,000
Employee Benefits	10	<u>303,922</u>	<u>260,038</u>
Total non-current liabilities		<u>313,922</u>	<u>270,038</u>
TOTAL LIABILITIES		<u>488,012</u>	<u>434,595</u>
NET ASSETS		<u>252,710</u>	<u>191,782</u>
EQUITY			
Retained surpluses	11	<u>252,710</u>	<u>191,782</u>
TOTAL MEMBERS EQUITY		<u>252,710</u>	<u>191,782</u>

The above statement of financial position should be read in conjunction with the accompanying notes

Hepatitis SA Incorporated

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2016

	NOTE	Retained Surplus \$	Total Equity \$
BALANCE AT 1 JULY 2014		173,400	173,400
Surplus for the year		18,382	18,382
		<hr/>	<hr/>
BALANCE AT 30 JUNE 2015		<u>191,782</u>	<u>191,782</u>
BALANCE AT 1 JULY 2015		191,782	191,782
Surplus for the year		54,517	60,928
		<hr/>	<hr/>
BALANCE AT 30 JUNE 2016		<u>246,299</u>	<u>252,710</u>

The above statement of changes should be read in conjunction with the accompanying notes.

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2016

Note 1. Significant accounting policies

The principal accounting policies adopted in the preparation of the financial statements are set out below. These policies have been consistently applied to all the years presented, unless otherwise stated.

New, revised or amending Accounting Standards and Interpretations adopted

The incorporated association has adopted all of the new, revised or amending Accounting Standards and Interpretations issued by the Australian Accounting Standards Board (AASB) that are mandatory for the current reporting period.

The incorporated association has early adopted AASB 1053 'Application of Tiers of Australian Accounting Standards', AASB 2010-2 'Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and later amending Standards, as relevant. No other new, revised or amending Accounting Standards or Interpretations that are not yet mandatory have been early adopted.

Any significant impact on the accounting policies of the incorporated association from the adoption of these Accounting Standards and Interpretations are disclosed below. The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the incorporated association.

The following Accounting Standards and Interpretations are most relevant to the incorporated association:

AASB 1053 Application of Tiers of Australian Accounting Standards

The incorporated association has early adopted AASB 1053 from 1 July 2012. This standard establishes a differential financial reporting framework consisting of two Tiers of reporting requirements for preparing general purpose financial statements, being Tier 1 Australian Accounting Standards and Tier 2 Australian Accounting Standards- Reduction Disclosure Requirements. The incorporated association being classed as Tier 2 continues to apply the full recognition and measurements requirements of Australian Accounting Standards with substantially reduced disclosure in accordance with AASB 2010-2 and later amending Standards, as relevant.

AASB 2010-2 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements

The incorporated association has early adopted AASB 2010-2 from 1 July 2012. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations, to introduce reduced disclosure requirements to the pronouncements for application by certain types of entities in preparing general purpose financial statements. The adoption of these amendments has significantly reduced the incorporated association's disclosure requirements.

AASB 2011-2 Amendments to Australian Accounting Standards arising from the Trans-Tasman Convergence Project- Reduced Disclosure Requirements

AASB 2012-7 Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements and AASB 2012-11 Amendments to Australian Accounting Standards- Reduced Disclosure Requirements and Other Amendments
The incorporated association has early adopted AASB 2011-12, AASB 2012-7 and 2012-11 amendments from 1 July 2012, to the extent that they related to other standards already adopted by the incorporated association. These amendments make numerous modifications to a range of Australian Accounting Standards and Interpretations to significantly reduce the incorporated association's disclosure requirements.

AASB 2011-9 Amendments to Australian Accounting Standards- Presentation of Items of Other Comprehensive Income

The incorporated association has applied AASB 2011-9 amendments from 1 July 2012. The amendments requires grouping together of items within other comprehensive income on the basis of whether they will eventually be 'recycled' to the profit or loss (reclassification adjustments). The change provides clarity about the nature of items presented as other comprehensive income and the related tax presentation. The amendments also introduced the term 'Statement of profit or loss and other comprehensive income' clarifying that there are two discrete sections, the profit or loss section (or separate statement of profit or loss) and other comprehensive income section.

Basis of preparation

These general purpose financial statements have been prepared in accordance with Australian Accounting Standards- Reduced Disclosure Requirements and Interpretations issued by the Australian Accounting Standards Board (AASB), legislation the Associations Incorporation Act 2009, the Charitable Fundraising Act 1991 and associated regulations, as appropriate for not-for-profit oriented entities.

Historical cost convention

The financial statements have been prepared under the historical cost convention.

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2016

Note 1. Significant accounting policies (continued)

Revenue recognition

Revenue is recognised when it is probable that the economic benefit will flow to the incorporated association and the revenue can be reliably measured. Revenue is measured at the fair value of the consideration received or receivable.

Sales revenue

Events, fundraising and raffles are recognised when received or receivable.

Donations

Donations are recognised at the time the pledge is received by the organisation.

Grants

Grants are recognised at their fair value where there is a reasonable assurance that the grant will be received and all attached conditions will be complied with.

Other revenue

Other revenue is recognised when it is received or when the right to receive payment is established.

Income tax

As the incorporated association is a charitable institution in terms of subsection 50-5 of the Income Tax Assessment Act 1997, as amended, it is exempt from paying income tax.

Plant and Equipment

Plant and equipment is stated at historical cost less accumulated depreciation and impairment. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

Cash and cash equivalents

Cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

Depreciation is calculated on a straight-line basis to write off the net cost of each item of property, plant and AASB1180 equipment (excluding land) over their expected useful lives as follows:

The residual values, useful lives and depreciation methods are reviewed, and adjusted if appropriate, at each reporting date.

An item of plant and equipment is written off upon disposal or when there is no future economic benefit to the incorporated association. Gains and losses between the carrying amount and the disposal proceeds are taken to profit or loss.

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2016

Note 1. Significant accounting policies (continued)

Trade and other payables

These amounts represent liabilities for goods and services provided to the incorporated association prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at cost.

Employee Benefits

Wages and salaries and annual leave

Liabilities for wages and salaries, including non-monetary benefits, and annual leave expected to be settled within 12 months of the reporting date are recognised in current liabilities in respect of employees' services up to the reporting date and are measured at the amounts expected to be paid when the liabilities are settled.

Long service leave

The liability for long service leave is recognised in current and non-current liabilities, depending on the unconditional right to defer settlement of the liability for at least 12 months after the reporting date. The liability is measured as the present value of expected future payments to be made in respect of services provided by employees up to the reporting date.

Goods and Services Tax (GST) and other similar taxes

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the tax authority. In this case it is recognised as part of the cost of the acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the tax authority is included in other receivables or other payables in the statement of financial position.

Note 2. Revenue

	2016	2015
	\$	\$
Revenue		
Grants Received	1,768,301	1,779,462
Interest Income	9,034	16,530
Other Income	68,463	19,902
	<u>1,845,798</u>	<u>1,815,894</u>

Note 3. Current assets - cash and cash equivalents

	2016	2015
	\$	\$
Cash at Bank - Current Account	23,630	22,647
Online Saver	207,167	536,317
Term Deposit	400,000	-
Gift Fund	43,736	5,989
Petty Cash	250	250
	<u>674,783</u>	<u>565,203</u>

Note 4. Current assets - trade and other receivables

	2016	2015
	\$	\$
Deposits	120	120
Receivables	2,823	801
Prepayments	6,583	8,073
	<u>9,526</u>	<u>8,894</u>

Hepatitis SA Incorporated

Notes to the financial statements
For the Year Ended 30 June 2016

Note 5. Current assets- other

	2016	2015
	\$	\$
WorkCover Premium Refund	822	-
	<u>822</u>	<u>-</u>

Note 6. Non-current assets- Plant, Equipment and Motor Vehicles

	2016	2015
	\$	\$
Plant, Equipment and Motor Vehicles- at cost	189,871	183,782
Less: Accumulated depreciation	<u>(134,280)</u>	<u>(131,602)</u>
	<u>55,591</u>	<u>52,180</u>

Note 7. Current liabilities- trade and other payables

	2016	2015
	\$	\$
Creditors	7,145	8,654
Hep Fest Fund Provision	<u>2,143</u>	<u>2,143</u>
	<u>9,288</u>	<u>10,797</u>

Note 8. Current Liabilities- Employee Benefits

	2016	2015
	\$	\$
Provision for Annual Leave and Sick Leave	<u>117,566</u>	<u>96,522</u>

Note 9. Current liabilities- other

	2016	2015
	\$	\$
PAYG Employee Tax	12,430	10,846
GST Payable	<u>34,475</u>	<u>25,157</u>
	<u>46,905</u>	<u>36,003</u>

Note 10. Non-current liabilities- Employee Benefits

	2016	2015
	\$	\$
Provision for Long Service Leave	137,282	121,667
Provision for Employee Redundancies	<u>166,640</u>	<u>138,371</u>
	<u>303,922</u>	<u>260,038</u>

Note 11. Equity- retained surpluses

	2016	2015
	\$	\$
Retained surpluses at the beginning of the financial year	191,782	173,400
Surplus for the year	<u>54,517</u>	<u>18,382</u>
Retained surpluses at the end of the financial year	<u>246,299</u>	<u>191,782</u>

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2016

Note 12. Key management personnel disclosures

Compensation

There was no aggregate compensation made to officers and other members of key management personnel of the incorporated.

Note 13. Contingent liabilities

The incorporated association had no contingent liabilities as at 30 June 2016 nor 30 June 2015.

Note 14. Commitments

The incorporated association had no commitments for expenditure as at 30 June 2016 and 30 June 2015.

Note 15. Related party transactions

Transactions with related parties

There were no transactions with related parties during the current and previous financial year.

Receivable from and payable to related parties

There were no trade receivables from or trade payables to related parties at the current and previous reporting date.

Loans to/from related parties

There were no loans to or from related parties at the current and previous reporting date.

Note 16. Events after the reporting period

No matter or circumstance has arisen since 30 June 2015 that has significantly affected, or may significantly affect the incorporated association's operations, the results of those operations, or the incorporated association's state of affairs in future financial years.

**HEPATITIS SA INCORPORATED
FINANCIAL REPORT
FOR THE YEAR ENDED 30 JUNE 2016**

BOARD REPORT

The Board members submit the financial report of the **Hepatitis SA Incorporated** for the financial year ended 30 June 2016.

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

Arieta Papadelos
William Gaston
Lindsay Krassnitzer
Samantha Raven
Catherine Ferguson
Jeffrey Stewart
Nicola Parkin
Kirsten Hicks
Ratan Gazmere
Sharon Jennings
Kerry Paterson

In accordance with Section 35(5) of the Associations Incorporations Act 1985, the Board of the **Hepatitis SA Incorporated** hereby states that during the financial year ended 30 June 2016.

- (a) (i) No officer of the association;
(ii) No firm of which the officer is a member;
(iii) No body corporate in which an officer has a substantial financial interest;

Has received or become entitled to receive a benefit as a result of a contract between the officer, firm or body corporate and the association.

- (b) No officer of the association has received directly or indirectly from the association any payment or other benefit of a pecuniary value.

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


BOARD MEMBER


BOARD MEMBER

Dated this 19th day of September 2016

