



Shifting the boundaries

HEPATITIS C COUNCIL
OF VICTORIA

ANNUAL REPORT

2002 | 2003

The Hepatitis C Council of Victoria is a state wide organisation representing and catering to the needs of people with hepatitis C, their carers, partners, family and friends.

The Council works to achieve this through support, advocacy, education and consultation.

OUR VISION

- that hepatitis C is recognised as a health and social issue requiring understanding and appropriate resources;
- that stigmatisation of and discrimination against people with hepatitis C no longer occurs;
- that people affected by hepatitis C receive appropriate and accessible services, support, health and social care in order to maximise their quality of life;
- that there are no new hepatitis infections.

OUR MISSION

Is to contribute to our broad vision by providing support, advocacy, information, education and training to Victorians affected by hepatitis C and the general Victorian community.

WHAT IS HEPATITIS C?

Hepatitis C is the most commonly diagnosed notifiable disease in Australia. It is estimated that the number of people living with hepatitis C in Victoria is greater than 63,000. In Victoria, in the last 12 months, there have been 4,109 people diagnosed with hepatitis C. The number of people diagnosed each year continues to rise. Projections indicate that in 2020 between 321,000 - 836,000 people in Australia are likely to have been infected with hepatitis C. These alarming statistics clearly demonstrate that the hepatitis C epidemic poses a serious threat to population health and well being.

Hepatitis C is a blood borne virus that can cause inflammation of the liver. It may damage the liver, with the amount of damage ranging from slight to serious. A small number of people with hepatitis C will develop cirrhosis (scarring of the liver) and a very small number may develop liver cancer. For transmission of hepatitis C to occur, the blood of an infected person needs to enter the bloodstream of another person.

Living with hepatitis C continues to be difficult for many people. The physical, emotional, social and financial impact for individuals is often profound. Many people with hepatitis C continue to experience discrimination and stigmatisation. With this comes social isolation, marginalisation and difficulty in accessing appropriate services and care. It is not only individuals who are affected, however. Hepatitis C affects our whole community, not least because of the economic impact on the health care system.

| CHAIR'S REPORT

The past year has been one of shifting boundaries as the Hepatitis C Council of Victoria prepares to take on new challenges in the face of a complex public health problem. The urgency to act has never been so great. The beginning of this annual report clearly demonstrates that the hepatitis C epidemic in Australia is not under control, and is unlikely to be unless significant increases in funding are received. In addition, the hepatitis C community faces the ongoing challenges of educating the wider community to reduce the stigma and discrimination experienced by people with hepatitis C.

The past year has seen the release of the Victorian Hepatitis C Strategy 2002-2004 and the National Hepatitis C Strategy 1999-2000 to 2003-2004. These strategies have identified several key priorities to Australia's future response to hepatitis C including:

- developing partnerships and involving affected communities;
- health maintenance, care, support and pharmaceutical treatments;
- access and equity;
- preventing discrimination and reducing stigma and isolation;
- harm reduction, prevention and control of hepatitis C transmission;
- health promotion;
- research and surveillance;
- linked strategies and infrastructures.

The Hepatitis C Council of Victoria has actively contributed to each one of these priority areas. The challenge for the future, however, is to ensure that the issue of hepatitis C remains on the political agenda and that the sector is adequately resourced to tackle these issues. Despite current funding constraints and a small number of staff, the Council's commitment to ➔



COMMITTEE OF MANAGEMENT

July 2002 - June 2003

Thank you for the hard work, commitment, advice and support provided by the members of our Committee of Management.

Mark Stooev

(Chair) Deakin University

Jacqui Richmond

(Vice Chair) St Vincent's Hospital

Sandy Breit

Haemophilia Foundation

Danielle Croall

Austin Repat Hospital

Sue James

Secondary School Nurse (Rural)

Andrea Kahn

Victorian Aboriginal Health Service

Jia-yee Lee

Victorian Infectious Disease
Reference Laboratory

Ronald McCoy

General Practitioner

Jill Meade/Clare Roberts

VIVAIDS

Michelle Thompson

Youth Projects (Foot Patrol)

Mark Young

Open Family

⇒ making a difference for those with, or at risk of acquiring hepatitis C remains steadfast.

2003 marked the farewell of Carlo Campora. Carlo had worked at the Council since 1998 and was appointed Manager in October 2000. He worked tirelessly during his time as Manager and oversaw a significant expansion of the Council's work. His contribution to the sector was considerable and we thank Carlo and wish him the best for the future.

We welcomed the appointment of Helen McNeill as the new Executive Officer in May. Helen has come to us from the Arthritis Foundation of Victoria. She has shown herself to be an effective leader and a valuable advocate for people with hepatitis C and the work of the Council. We are fortunate to have such an enthusiastic and capable person to lead the Council to the next stage of its development.

I would especially like to thank the staff team who have worked extremely hard this year to achieve some terrific outcomes. I would also like to take this opportunity to thank the Department of Human Services and all the people and organisations that have worked with us to help facilitate our work.

There is still much to be done, but the Council's commitment to shifting boundaries, raising the profile of the sector and making a difference for people with, or at risk of acquiring hepatitis C has never been stronger.

MARK STOOVÉ
CHAIR,
COMMITTEE OF MANAGEMENT



THE STAFF TEAM

The ability of an organisation to achieve its goals depends almost entirely on the skills and commitment of its people. There is an incredible and diverse blend of skills and experiences present in our team.

Helen McNeill Executive Officer
(from May 2003)

Venetia Brissenden Community Development
and Education Officer (Custodial Settings)

Carlo Campora Manager (to March 2003)

Linda Connor Community Development
and Education Officer (Rural)

Genevieve Dickson Office Coordinator
(from Feb 2003)

Barb Healy Community Development
and Education Officer (Rural)

Susan Howes Administration Officer
(to September 2002)

Jen Johnson Project Officer - Body Art
(to March 2003)

Piergiorgio Moro Community
Development and Education Officer
(Metro)

Heather Smith Communications
and Publications

| EXECUTIVE OFFICER'S REPORT

It has been a year of change at a management level for the Hepatitis C Council of Victoria, and with any change in management comes a period of review and shifting boundaries.

One of the first areas reviewed was the level of involvement from the affected community. Being involved is unfortunately still an extremely difficult issue for most people living with hepatitis C. Despite the fact that there were around a quarter of a million people in Australia with hepatitis C in 2002-03, it is still largely a hidden community. The reasons for this are not hard to understand when we hear on a daily basis about people being exposed to discrimination and difficulty in virtually every aspect of their life as a result of the fact that they are living with hepatitis C.

Active involvement from the affected community, through being visible and heard, is critical. It was exciting to find that, in the last 12 months, this community has been involved at the Council in a number of ways. The Members Advisory Group (MAG) was established in October 2002, and although still in its infancy, MAG is a valuable way of consulting with members about their views and seeking advice about specific issues. There are also a small, but extremely committed number of volunteers who regularly assist the Council with an array of tasks: ranging from administrative functions to supporting Hepatitis C Awareness Week activities. A number of volunteers have also been willing to speak to the media, which is vital in increasing public awareness of hepatitis C.

Another important area of community involvement is through our membership

program. In the last 12 months 62 new members were welcomed. Members are important to the Council for the financial contribution that they make when they pay their membership fees, but more importantly, members participate in a variety of the Council's activities. Many are involved in research that expands current knowledge about the virus and their sharing of views, experience and knowledge, allows the Council to truly represent the hepatitis C community.

To all of these special people, I offer sincere thanks on behalf of the Council. Your willingness to be involved is gratefully acknowledged. I hope that the voice of the community affected by hepatitis C will get louder and louder in the years to come.

The other key area of review has been the Council's funding structure. The Council is fortunate to receive core funding via a service agreement with the Public Health Division of the Department of Human Services. However, some of the most important outcomes achieved in 2002/03 have been as a result of projects funded by the Commonwealth Hepatitis C Education/Prevention Initiative. The funding for these projects finished in June 2003. The Council's rural programs, Custodial Settings Project, Body Art Project and Awareness Week activities have all been funded through this initiative. It is an anxious time as we negotiate with the Department of Human Services, administrators of this funding, to ensure that the Council can continue its vital work in these high need areas.

HELEN MCNEILL
EXECUTIVE OFFICER



VENETIA BRISSENDEN

LINDA CONNOR

BARB HEALY

| ACCESS AND EQUITY

People affected by hepatitis C come from many different communities, locations, age groups and social and economic circumstances. The Council is committed to ensuring access to services for all people affected by hepatitis C.

Custodial settings

Prevalence of hepatitis C is considerably higher in custodial settings than it is in the general population. This high prevalence is partly due to a high proportion of prisoners having a history of injecting drug use, but is also due to the lack of access to harm reduction measures, which are available in the wider community. Studies show that a period of incarceration, independent of a history of injecting drug use, is a risk factor for hepatitis C infection.

The past 12 months has seen a strengthening of relationships between the Council and key agencies in the correctional sector. The main focus of the Custodial Settings Project has been on delivering 33 education sessions on hepatitis C within prisons, to both prison inmates and prison staff. These sessions have been supported by a comprehensive manual designed to resource prison peer educators in conducting their own two hour education session on hepatitis C for fellow prisoners.

Where possible, the Council has sought to link into existing structures or programs already operating within prisons: such as peer educator training and pre release programs. Peer educators in the ten public prisons in Victoria have received intensive training on how to use the manual, with follow up training planned for the first half of the next financial year. Another important initiative has been the establishment of a regular monthly education session for new prisoners (both sentenced and on remand) entering the Youth Unit at Port Phillip Prison.

Rural communities

Living with hepatitis C in rural communities is very difficult for many due to the lack of access to appropriate services and knowledge. There is often overwhelming isolation due to the stigma and discrimination that people affected by the virus can experience.

The Council has two dedicated rural staff who have worked in a large number of rural communities in the last year. Using a community development framework they have delivered education, training, consultation, support and advocacy to hundreds of people including a large number of health care workers in rural communities.

Key achievements this year have been the strong partnerships developed with rural agencies such as the Country Aids Network (Bendigo), Western Region Alcohol and Drug Centre Inc (Warrnambool), Sunraysia Hepatitis, AIDS Resource and Education Committee (Mildura) and the Family Resource Centre (Camperdown).

Other outcomes of the Council's rural work are reported throughout this annual report.

Young People

An increasing number of young people in our community are affected by hepatitis C. This can be either through having a family member or friend with hepatitis C, or by having the virus themselves. Education about the virus and harm reduction strategies are vital components of the response to the hepatitis C epidemic.

The Council's Body Art Project has focussed on young people and the specific transmission risk areas of tattooing and body piercing.

Key achievements of the project include:

- delivery of a youth targeted writing campaign focussing on student newspapers, campus publications, youth publications and magazines;
- development of two A3 posters, one focussing on tattooing and the other on body piercing. Each poster raises the potential link between body art and hepatitis C. The posters have been displayed in schools, youth settings,

health settings and by professional tattooing and body piercing businesses;

- development of a Victorian Secondary School Nurses Educator Kit that will be launched in October 2003. The kits will enable the project to reach as many young Victorian people as possible and sustain the outcomes of the project beyond its life;
- delivery of three education sessions specifically addressing hepatitis C transmission in body art practices to a total of 150 secondary school students;
- provision of a secondary consultation service for school nurses with students affected by hepatitis C;
- provision of blood borne virus education sessions to secondary school students.

Indigenous communities

Early in 2003 the Victorian Aboriginal Community Controlled Health Service Inc (VACCHO) approached the Hepatitis C Council Victoria Inc (HCCV) and the Aids Hepatitis Sexual Health Line Inc (AHSHL) to work in partnership to develop a submission through the Office of Aboriginal and Torres Strait Islander Health (OATSIH) to provide training in indigenous communities about blood borne viruses and injecting drug use issues.

The submission was successful and work on the project started in May this year. To date, a memorandum of understanding (MOU) has been completed, a sub group organised and a two-day cultural awareness and team building residential workshop at 'Common Ground' in Seymour has taken place.

Work has begun on a three-day training project, which will take place in November with 15-20 indigenous workers from around the state ➡

⇒ attending. There will be a second training in February 2004.

The organisations in the sub group of the project are: Victorian Aboriginal Health Service, VIVAIDS (Victorian Drug User Organisation), OATSIH, and the Department of Human Services, Victoria.

The partners of the MOU and the sub group of the project are also part of the Sexual Health/BBV sub committee of the Victorian Advisory Committee on Koori Health (VACKH), which is accountable to the Federal Minister of Health.

Apart from the above project, over the last year the Council also participated in a series of Well Persons Clinics run by VACCHO.

For the Council, these projects offered an exciting and important collaboration with indigenous community groups to address the issues of blood borne viruses and injecting drug use within indigenous communities.

Cultural and Linguistically Diverse Communities

The Hepatitis C Council of Victoria is committed to working with all communities. During the last 12 months the Council:

- participated in a successful submission for the Multicultural, HIV, Hepatitis C and STI Service project. (We are proud to be a member of the steering group committee of this project, which has just commenced.);
- explored the cultural issues around hepatitis C for various CALD communities and provided tailored training sessions.

| HEALTH PROMOTION

Awareness Week

The 2003 Hepatitis C Awareness Week took place again in March. This year's theme, 'one every 32 minutes', was based on the alarming infection rate figures released in the report: Estimates and Projections of the hepatitis C Virus Epidemic in Australia 2002. This year the Week included:

- the 'Time to get serious' one-day community conference that attracted 140 national and local delegates;
- a 300% increase in participation with resource and information packs supplied to over 210 organisations state wide;
- 35,000 postcards, 2000 posters and 20,000 fit pack stickers disseminated;
- the participation of 45 metro and rural organisations including schools, prisons, hospitals, community health centres, City councils and private companies who held information/education sessions, events or displays;
- media coverage with the best response from rural and regional radio across Victoria.

Our appreciation and thanks go to all our sponsors, guest speakers, volunteers and participants for their generous assistance.

Sponsors and supporting organisations included: Department of Human Services; Roche; Slater & Gordon Lawyers; Shering-Plough; VIDRL; AvantCard; Melbourne City Council; Waterwheel Press; 3CR; 3RRR; Access Information Centre; AIDS, Hepatitis and Sexual Health Line; VIVAIDS.

Education and training

Delivery of education and training sessions throughout the state continues to strengthen awareness about hepatitis C. Sessions were provided for health care professionals, organisations, community groups, people in custodial settings and a wide range of individuals. There has also been involvement in the education of General Practitioners and the Council is grateful for the particular support offered to this initiative by the presence of our members as guest speakers.

From the sessions, it is quite clear that there are still many misconceptions about how hepatitis C is transmitted and the likely outcomes of the virus. There is a high level of interest and willingness to discuss the issues surrounding discrimination, injecting of drugs and how to reduce new infections.

One outcome of the rural education and community development activities has been the gradual increase of a sound body of knowledge about hepatitis C amongst rural workers across the state of Victoria. A key aim of the education sessions is to add value to the skills, expertise and knowledge that local workers have about the communities they work and live in.

In summary, 109 education and training sessions were delivered, which included:

- 35 training sessions for health workers;
- 10 education sessions in schools;
- 3 General Practitioner training sessions;
- 25 community education sessions;
- 33 sessions delivered in a custodial setting;
- an inaugural parent and child clinic at the Royal Children's Hospital.

HepChat

The Council's weekly radio program, heard every Thursday morning on 3CR Radio, has continued to grow during this year with the 100th show going to air in early April.

HepChat continues to raise the profile of hepatitis C and gives people who live with the virus a safe forum to speak and tell their stories. The program also provides an opportunity for the hepatitis C sector to talk about their services.

The debate around hepatitis C continues to be inextricably linked with the issues of people injecting drugs illicitly. HepChat continued to tackle the hard political issues around prevention, discrimination and harm reduction policies. At a recent international conference in Thailand, HepChat was recognised as a unique radio program and as an innovative harm reduction strategy.

| POLICY

The development of policy is a key area in management of the hepatitis C epidemic. The Council is represented on the Australian Hepatitis Council Policy Reference Group, which developed national policies this year on mental health, liver biopsy, health literacy and hepatitis B.

The Council also contributed to a Department of Human Services working party to develop pre and post test counselling training course guidelines.

| RESOURCES, INFORMATION AND SUPPORT



GENEVIEVE DICKSON

PIERGIORGIO MORO

HEATHER SMITH

Resources

Working within our funding constraints, it can be a difficult task to adequately address the resource needs of the diverse range of groups that make up our membership. When developing a resource the Council chooses carefully, endeavouring to fill a perceived gap or to compliment the existing resources produced by the Australian Hepatitis Council. The Council produced the following resources in 2003:

- GOOD LIVER (the quarterly newsletter) continues to provide information, news and issues of interest to our members. Currently over 1,500 copies are distributed across the state each quarter;
- IMPACT (the Council's main information resource on hepatitis C) was rewritten and redesigned for its third edition. The series of Information sheets that compliment 'Impact' are being revised and updated;
- the web site was relaunched in November 2002;
- the Council produced a Victorian version of the NSW Streetwise 'What is hep C' low-literacy leaflet;
- a hepatitis C toilet poster campaign was produced through working collaboratively with the City of Melbourne.

Information and Support

The Council receives constant requests for information and support from the public. Over the last year the Council has responded to over 1,200 telephone calls from the public and over 100 people have visited the Council seeking information or support. Also noted was a significant increase in the number of requests for information via email and through our web site.

Advocacy

This area of work has continued to grow (in both rural and metro areas) and is particularly time consuming and resource intensive for the Council. It often requires workers to obtain relatively specialist legal knowledge. Over the last 12 months, the majority of work has been related to cases of alleged hepatitis C-related discrimination.

The Council has supported some people in court, referred others to legal support and been involved in some representations at Centrelink. Employment issues, access to Disability Support Pensions and issues within the public health system are still numerous.

| MAG, VOLUNTEERS AND SUPPORT GROUPS

Two of the most important aspects of the Council's work are the services it offers people living with hepatitis C and the feedback and support it receives from its members.

If our mailed information package was not sufficient and clients were unable to come to our office, we were able to provide flexible support as required by each case. For example, this year the Council responded to several requests for individual advocacy related to discrimination, including interventions with Centrelink and family court matters.

For people who were looking for a friendly and supportive place to exchange views and experiences, we continued to run our monthly information/support group meetings every second Sunday of the month.

Being a small organisation, many of our members generously volunteered their time and experience to the Council, thereby enriching our knowledge and service delivery. This relationship was further strengthened by the formation in 2002 of the Members Advisory Group, a forum where members can have more of a formal input into the work of the Council.

| RESEARCH

In the past year the Council has been involved in several research projects, either as reference group members, or as key informants to projects. Members will be aware that we have also facilitated their involvement in the data collection aspects of some of these projects. Research involvement included:

- *The Cost of Chronic Illness in a Rural Setting* by the Chronic Illness Alliance;
- *The Impact of Health Professionals Hepatitis C Knowledge and Attitudes and Their Influences on the Health Care Experience* by Jacqui Richmond;
- *Barriers to Accessing Treatment and Health Care* by ARCSHS at La Trobe;
- *Casting the Net: the Challenge of Locating Hepatitis C Services in Rural Regions of Victoria* by School of Health Sciences, Deakin University;
- *Hepatitis C Internet Education Activity for Young People*. A partnership between the Hepatitis C Council of Victoria, ARCSHS at La Trobe University and Access Information Centre.
- *A sense of belonging*. A needs assessment by the Australian Hepatitis Council.

| PARTNERSHIPS AND EXTERNAL COMMITTEES

The achievements of the Hepatitis C Council of Victoria could not have been possible without the many partnerships and networks with whom we have worked over the last twelve months. To all these people and organisations we offer our heartfelt thanks for their generous collaboration.

FINANCIAL REPORT

THE FOLLOWING
DATA IS EXTRACTED
FROM THE AUDITED
ACCOUNTS, COPIES
OF WHICH ARE
AVAILABLE FROM
THE COUNCIL

INDEPENDENT AUDIT REPORT TO THE MEMBERS OF THE HEPATITIS C COUNCIL OF VICTORIA INC.

SCOPE

I have audited the attached financial statements, being a special purpose financial report, of Hepatitis C Council of Victoria Inc. for the year ended 30th June, 2003. The Committee of Management is responsible for the financial statements and have determined that the accounting policies used and described in Note 1 to the financial statements are appropriate to meet the requirements of the Associations Incorporation Act 1981 and the needs of the members. I have conducted an independent audit of the financial statements in order to express an opinion on them to the members of Hepatitis C Council of Victoria Inc. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the members.

The financial statements have been prepared for distribution to the members for the purpose of meeting the requirements of the constitution. I disclaim any assumption of responsibility for any reliance on this report or on the financial statements to which it relates to any person other than the members, or for any purpose other than for which it was prepared.

My audit has been conducted in accordance with Australian Auditing Standards. My procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statements and the evaluation of significant accounting estimates. These procedures have been undertaken to form an opinion as to whether, in all material respects, the financial statements are presented fairly in accordance with the accounting policies described in Note 1 to the financial statements. (These policies do not require the application of all Accounting Standards and UIG Consensus Views).

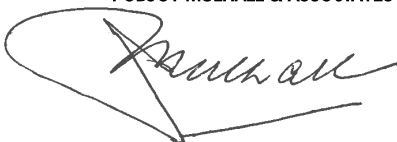
The audit opinion expressed in this report has been formed on the above basis.

AUDIT OPINION

In my opinion the financial statements present fairly, in accordance with the accounting policies described in the Notes to the financial statements and the requirements of the Associations Incorporation Act 1981, the financial position of Hepatitis C Council of Victoria Inc. as at 30th June, 2003, and the results from operations for the year then ended.

Dated this 12th day of September, 2003.

POBJOY MULHALL & ASSOCIATES CERTIFIED PRACTISING ACCOUNTANTS



JOHN MULHALL CPA
Registered Company Auditor
19-21 Argyle Place South, Carlton 3053

STATEMENT OF FINANCIAL PERFORMANCE FOR THE YEAR ENDED 30 JUNE 2003		\$	\$
	INCOME:	2003	2002
Grant - Dept. of Human Services		639,095	496,986
Membership Fees		3,842	5,084
Donations		1,679	952
Reimbursement & Project Administration		788	3,560
Other Income		1,047	4,991
Interest Received		4,538	5,746
Fee for Service		914	7,291
GST (Net)		-	-
Awareness Week (DHS Grant & Sponsorship)		12,477	18,775
		<u>664,380</u>	<u>543,385</u>
LESS EXPENDITURE: (as per statement attached)		659,342	544,349
SURPLUS (DEFICIT) FOR THE YEAR:		<u>\$ 5,038</u>	<u>\$ (964)</u>

STATEMENT OF FINANCIAL POSITION AS AT 30 JUNE 2003		\$	\$
	ACCUMULATED FUNDS	2003	2002
Balance as at 30th June, 2002		58,754	59,718
Surplus/(Deficit) for the Year		5,038	(964)
BALANCE AS AT 30TH JUNE, 2003		\$ 63,792	\$ 58,754
Represented by:			
CURRENT ASSETS			
Cash at Fitzroy Carlton Credit Co-Op		340,295	239,749
LESS LIABILITIES			
Creditors		13,696	7,185
Provision for:			
Expansion	129,500		39,500
Audit Fees	1,320		1,200
Holiday Pay	17,532		23,400
F.B.T.	-		2,020
Grant in Advance - Capital	144,470	306,518	141,850
		<u>306,518</u>	<u>215,155</u>
WORKING CAPITAL		33,777	24,594
NON CURRENT ASSETS			
Furniture & Equipment	68,888		65,532
Less Provision for Depreciation	38,872	30,016	31,372
		<u>30,016</u>	<u>34,160</u>
NET ASSET		<u>63,793</u>	<u>\$ 58,754</u>

**STATEMENT OF FINANCIAL
PERFORMANCE FOR THE
YEAR ENDED 30 JUNE 2003**

**NOTES TO AND FORMING
PART OF THE SPECIAL
PURPOSE FINANCIAL
STATEMENTS FOR THE
YEAR ENDED 30 JUNE 2003**

**NOTE 1 - STATEMENT OF
ACCOUNTING POLICIES**

These financial statements are special purpose financial reports prepared for use by the Committee and members of Hepatitis C Council of Victoria Inc. The Committee has determined that the Association is not a reporting entity and there is no requirement to apply Accounting Standards and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views) in the preparation and presentation of these statements.

These statements are prepared on an accrual basis from the records of the Association. They are based on historic costs and do not take into account changing money value or except where stated, current valuations of non current assets. Accounting policies have been consistently applied, unless otherwise stated.

	\$ 2003	\$ 2002
EXPENDITURE:		
Advertising & Promotions	4,668	4,002
AGM Costs	1,343	3,609
Amenities	1,188	897
Audio & Visual Aids	-	284
Audit	1,320	1,200
Awareness Week Costs	21,434	18,775
Capital Expenditure	-	3,590
Car Leasing/running Costs	23,234	24,855
Cleaning	3,689	-
Computer Software	2,017	859
Database Development	5,000	-
Depreciation	7,500	7,454
Equipment (Minor)	194	2,232
F.B.T.	962	2,290
Financial Services	4,311	6,823
Information Costs	21,771	8,979
Insurance	4,466	3,833
Internet Costs	537	759
Meeting Costs	468	1,313
Metro Support Meetings	228	415
Petty Cash	(40)	(268)
Photocopier Service and Printing	5,724	5,513
Postage & Courier	10,149	7,525
Projects - Strategic Planning	3,153	4,045
Provision for Expansion	90,000	-
Provision for Long Service Leave/Annual Leave	5,868	20,400
Publications & Subscriptions	1,854	1,368
Removal Costs	-	14,469
Rent	29,760	26,009
Repairs & Maintenance	2,376	4,535
Rural Com. Dev. & Education	20,230	30,871
Salaries (and Superannuation & Workcare)	354,980	311,141
Staff Development	2,485	1,009
Stationery	5,209	6,525
Sundry Expenses	2,193	3,810
Supervision	340	850
Telephone & Fax	7,280	7,091
Travel & Accommodation	925	650
Utilities	4,057	4,191
Website Upgrade	6,501	390
Workshops & Conferences	1,968	2,056
TOTAL EXPENDITURE:	\$ 659,342	\$ 544,349

| HISTORY

In late 1992 two meetings were held in Melbourne for anyone interested in hepatitis C. The meetings were lead by gastroenterologists who were starting to see a number of patients diagnosed with hep C and were becoming increasingly aware of the need for support outside of the clinical environment.

The group started regular meetings in the members' homes and a telephone support line was established. Through information nights membership began to grow.

In December 1993, an offer of office space and equipment was made by Fairfield Hospital and gratefully accepted. This gave the group a focus and credibility as well as providing crucial links with professionals in the field of hepatitis C treatment and research. In April 1994, the group changed its name to the Hepatitis C Foundation of Victoria, became incorporated and applied successfully for funding to the Sydney Myer Foundation. This favourable turn of events led to the employment of the first part-time paid worker.

It was in June 1995 that the recognition of the organisation was further enhanced by a grant from the then Victorian Department of Health and Community Services. In late 1997, the Foundation changed its name to the Hepatitis C Council of Victoria in line with its sister organisations in other Australian states and territories. Since then, the organisation has continued to steadily grow both in terms of human resources, breadth of activities and degree of impact on the sector.

As the complexity of issues generated by the impact of hepatitis C on the Australian community has grown, so has the capacity of the Hepatitis C Council of Victoria to meet its many challenges.

| JOIN US!

To advocate on behalf of the hepatitis C community with a strong and relevant voice at State and Federal levels, the Council must be representative of that community. To this end, a strong membership base is essential.

Become a member and let us work together for hepatitis C education, advocacy, support and consultation.

| DONATIONS

For a community organisation such as the Hepatitis C Council of Victoria, donations are the 'bit extra' that helps our activities flourish.

Donations to the Council are tax deductible.



For more information about the Hepatitis C Council of Victoria, about becoming a member or volunteer, or to find out more about our resources please contact the Council.

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Telephone: 03 9380 4644

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Web: www.hepcvic.org.au