



passion energy commitment

Hepatitis C Council of Victoria  
Annual Report 2004/5

# passion energy commitment

## hepatitis C council of victoria

### WHAT IS HEPATITIS C?

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 can 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. Hepatitis C affects our whole community, not least because of the economic impact on the health care system.

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

The Council works to achieve this through support, advocacy, education, workforce development and information provision.

### OUR VISION

A world where people with hepatitis C are able to maximise their health and social outcomes, and where there are no new incidents of hepatitis C.

### OUR ROLE AND PURPOSE

The Hepatitis C Council of Victoria provides a strong and effective voice for people with hepatitis C. Our work is informed by the needs, views and experiences of people with hepatitis C.

The Hepatitis C Council of Victoria works in partnership to:

#### Build workforce capacity

Supporting the growth and development of a well-informed, knowledgeable and trained workforce; able to meet the needs of people affected by hepatitis C and to work to prevent new infections.

#### Bring about systemic change

Providing informed opinions and advocating for systems and policies which work towards the prevention of hepatitis C and the health and wellbeing of people affected by hepatitis C.

#### Supply expertise and resources

Fostering understanding and empowerment through the provision of accurate and credible information on hepatitis C and its prevention.

#### Provide leadership

Collaborating with other organisations on a state and national basis to ensure the needs of people with hepatitis C are met and efforts to prevent new incidents of hepatitis C are effective and coordinated.

#### Effect societal change

Working towards a society where people with hepatitis C have the same rights and privileges as any other person and where there are no new incidents of hepatitis C.

#### Be recognised as a strong and capable organisation

Ensuring effective alignment between the work of the organisation and the strategic framework through strong governance, management and a skilled, flexible and cohesive staff team.

## chair's report



I am pleased to report that it has been another successful year for the Hepatitis C Council of Victoria.

The Council continues to show strong leadership in effectively addressing many of the issues associated with hepatitis C in our community, with an ongoing commitment to systemic advocacy, workforce development, information provision and support.

The major work for the Committee of Management this year has been developing a new Strategic Framework for the Hepatitis C Council of Victoria. This task was pursued by the Committee and staff with enormous passion, energy and commitment.

Our objective was to develop a plan that saw the Council well positioned for the future, with clear priorities and mandates for action. This involved scoping the external political environment, honestly assessing our strengths and weaknesses as an organisation, and deciding what would be realistically achievable. Our many important partners and the Department of Human Services were also consulted. During the strategic planning process we were always mindful of focusing on the issues that our members tell us are important to people with hepatitis C.

We were extremely fortunate to be guided through this process by Ann Porcino from RPR Consulting. Ann showed enormous passion, energy and commitment in working with us over a number of months to ensure that we developed the best possible outcome for our organisation at this time. The

resultant Strategic Framework, which we will proudly launch at this Annual General Meeting, is bold, courageous and most importantly achievable. I thank everyone involved for the contribution that they made.

Of course, while we were focussed on developing the new Framework, the Committee of Management's ongoing commitment to effectively governing the Hepatitis C Council of Victoria did not cease. Some of the other important work in this year included:

- Preparing a submission, which went to the Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBSTI) for endorsement, that sought adequate funding to enable the Council to effectively function as the peak community body for hepatitis C
- Ensuring that all of our internal policies are up-to-date and reflect industry best-practice standards
- Monitoring organisational performance
- Carrying out financial governance responsibilities, such as ensuring an appropriate financial monitoring framework is in place
- Working with our Executive Officer to negotiate with the Department of Human Services for an increase in our ongoing core funding
- Reviewing the organisation's Constitution

We thank our primary funder, the Department of Human Services, Victoria. In particular, we thank the staff of the BBV/STI program for their

ongoing support and interest in our work. Heartfelt thanks go to all the organisations and individuals who worked with us this year. I also thank my fellow Committee of Management members for their continuing commitment to the evolution and success of the Hepatitis C Council of Victoria.

Finally, thank you to the Executive Officer, Helen McNeill for her creativity and enthusiasm in leading the Council through an exciting but, at times, challenging year. Helen's leadership has been instrumental in the achievement of the Council's success this year.

In partnership, the Committee of Management, Executive Officer and the staff have articulated a common vision for the future of the Hepatitis C Council of Victoria. In the coming year the Council will continue to make its own strong and unique contribution to the prevention and management of hepatitis C in our community. I am confident that this will be done with the same passion, energy and commitment that has driven our successes of this year.

Jacqui Richmond  
Chair  
Committee of Management



## executive report

- Coordinating a Victorian Hepatitis C Awareness Week.
- Working in partnership with VACCHO to address some of the issues associated with hepatitis C in the Aboriginal community.
- Responding to nearly 2,000 phone calls from members of the public and health care workers.

A large part of the Executive Officer's work involves sitting on national and state committees. Staff are also involved in this type of work and over the last year some of the Committees and Steering Groups that the Council has been represented on include:

- The Ministerial Advisory Committee on Blood Borne Viruses and Sexually Transmissible Infections (MACBSTI), its Hepatitis Sub-Committee, and the Injecting Drug Use and Hepatitis C working group
- The Board of the Australian Hepatitis Council (including the role of Vice President)
- The Australasian Society for HIV Medicine (Vic)
- The DHS Steering Group on Accountability for BBV agencies
- The Hepatitis C GP Education Project (a DHS project)
- The VIVAIDS (Victorian Drug User Organisation) Committee of Management
- Victorian Advisory Committee on Koori Health: Sexual health and blood borne virus subgroup.
- The Executive of the Steering Committee of the Multicultural Health Support Service.

Sitting on these and other committees enables the Council to contribute to the development of quality policies and services related to hepatitis C and its prevention.

The Council has also been active in preparing submissions and contributing at consultation meetings related to the development of key strategies such as the 2nd National Hepatitis Strategy 2005-2008, and the Australian Hepatitis C Surveillance Strategy Review by the Commonwealth Department Of Health and Ageing.

None of these achievements would be possible without the unwavering commitment that is constantly demonstrated by our staff, who work with determination to maximise outcomes for people with hepatitis C. I thank each staff member for their contribution to our outcomes this year. I would also like to extend my thanks to the Committee of Management, who through their support and guidance help to make my job as Executive Officer an enjoyable and rewarding one.

The coming 12 months promise to be busy as we strive to implement our new Strategic Framework. There is little doubt that a continued lack of appropriate funding to support our organisation as the peak community organisation representing people with hepatitis C will also make the next period challenging. Despite this, we look forward with a sense of energy and enthusiasm.

### SPECIAL THANKS

The Hepatitis C Council is extremely fortunate to receive pro bono legal advice from Corrs Chambers Westgarth. In the last 12 months we have received legal advice on multiple occasions related to our advocacy work (both at an individual and systemic level), changes to our Constitution and policy development. We are extremely grateful to Melissa Elliot, Simon Morris and colleagues at Corrs Chambers Westgarth.

Helen McNeill  
Executive Officer

It has been a challenging and action-packed year for the Hepatitis C Council of Victoria. As I reflect on the many outcomes for the year I am amazed at what we have managed to achieve with limited funding and resources.

With only eight staff in total (four of whom work part-time), some of our achievements this year have included:

- Delivering more than 211 education and training sessions to health and community workers, and to people with hepatitis C right across Victoria.
- Completing a pilot project aimed at reducing hepatitis C transmissions in young people who are experiencing homelessness.
- Working in every prison in Victoria to deliver education and training sessions to prisoners, peer educators and prison staff.
- Operating a monthly support group for people with hepatitis C.
- Producing and widely circulating four editions of Good Liver magazine.

# metropolitan services

This last year has been another busy period with many solid outcomes. In a large urban area such as Melbourne our work is never dull - the needs and requests we receive are as varied as the people who live here.

From Frankston, to the Basin, to Melton, we provided 33 education and training sessions to a large number of organisations. And whilst we worked predominantly with organisations in the harm reduction sector, we also provided expertise and resources to many service providers outside this area.

The range of education and training requests were diverse and included:

- school children wanting to know how to get illegal tattoos and body piercings - safely.
- workers wanting to remain safe while packing meat.
- foster carers concerned about clients and children having hepatitis C.
- Drug and Alcohol workers wanting to discuss the politics of harm reduction and prevention.

The Council continued to provide an advocacy service and support to a large number of people around hepatitis C discrimination. These included discrimination in the workplace, unsatisfactory performance by health providers, and issues in the area of sport and recreation.

On most occasions we were able to assist in securing a satisfactory outcome for the person involved. The Council did however become seriously concerned about several different aspects of the tattooing industry following involvement in a case where an operator denied a tattooing service to a man following his disclosure that he had hepatitis C. The case raised uncertainty about the extent to which the Equal Opportunity Act protects people with hepatitis C in the event they are denied a service. It also

caused the Council to have significant concern about infection control knowledge and practices within the tattooing industry.

The case spurred the Council to pursue systemic changes within the tattoo industry to ensure that all members of the public, regardless of their hepatitis C status, can safely access services.

Our focus on culturally and linguistically diverse communities has continued with the Council providing strong support to the Multicultural Health and Support Service. This service has grown in strength and is quite clearly establishing a presence in Melbourne's diverse population. Our knowledge of the Italian language has allowed the continued development of our relationship with SBS radio, resulting in a number of radio interviews for the Italian program.

## HepChat

Celebrating it's 4th birthday this year, the radio program HepChat remained an important part of the Council's media strategy. Still Australia's only radio program dedicated to the issues of hepatitis C, HepChat continued to present a range of weekly guests who explored the many aspects of preventing and living with hepatitis C.

## Support Groups

Members are a strong focus for the Council and our support group is an essential part of our services to them. Run on the second Sunday of every month, the feedback is consistently positive. People appreciate the informative and supportive atmosphere that this space provides.

## Members

Our Members Advisory Group continued in this period and offered an opportunity for members to have input into the work and direction of the Council.



PIERGIORGIO MOROMETRO COMMUNITY DEVELOPMENT & EDUCATION

## rural services

In April this year, Barb Healy, who worked tirelessly with great skill, passion and enthusiasm for the Council's rural program moved on to a new position. Barb's contribution - greatly appreciated and acknowledged - helped lay a strong and visionary base for the program.

In April the Council welcomed Jen Johnson as our new rural worker, and already she has shown her strong commitment to hepatitis C and the issues that arise in rural settings.

While it is always sad to lose a dedicated member of staff, the change offered an opportunity to take a fresh look at the program. A chance to evaluate the successes, as well as the future challenges of hepatitis C education and prevention in rural and regional Victoria.

The rural program has made significant inroads in the regions of Hume and Barwon South West. Many long-term partnerships have been forged, and the rural program's sustained effort and presence in these areas has resulted in improved outcomes for people living with, and at risk of, hepatitis C in rural Victoria.

Our next challenge has already begun. We are using our commitment, energy and passion to expand the impact of the rural program. This includes a renewed focus in regions such as Gippsland and the Grampians, as well as initiating hepatitis C prevention partnerships specifically targeting young people.

The partnership with the Victorian Aboriginal community Controlled Health Organisation (VACCHO) continues to develop. The Victorian Indigenous blood borne virus/ injecting drug use project, which was delivered in partnership with VACCHO and the Aids, Hepatitis, Sexual Health Line Inc, won the National Anex award for Program Excellence in Harm Reduction 2005.



Over the year, as part of the planning of future directions for the rural program, a range of focus groups with rural allied health workers, drug and alcohol workers, managers and community health nurses were carried out. The focus groups offered feedback about area needs, organisation needs and workforce development needs in regard to hepatitis C. This information has been very valuable in assisting us to prioritise our work plan for the coming year. It has also offered us new ideas about rural work and some new strategies to address the 'tyranny of distance'.

While this work was being done, the program continued to deliver advocacy and support services and 44 education and training sessions to rural organisations and people living with hepatitis C across Victoria.

Rural work can only be done with the support and time given by the rural

people, workers and organisations that we make contact with. With great respect and gratitude we would like to thank all of you for the time and passion that you give to us. Your local expertise, skills, knowledge and networks enable us to contribute to the already good work and 'best practice' that you are doing to address the needs of people with hepatitis C in rural Victoria.

LINDA CONNOR RURAL COMMUNITY DEVELOPMENT & EDUCATION

JEN JOHNSON RURAL COMMUNITY DEVELOPMENT & EDUCATION



## custodial settings program

During this past year the Custodial Settings program has moved from strength to strength. The Hepatitis C Council now has a presence in every prison throughout Victoria, with just over 130 education sessions delivered. We have also been able to offer education and training to the Community Corrections Service, which deals with people on parole from prison and those with a non-custodial sentence. There has also been some success in participating in Prison Officer training programs, but the bulk of our education work is with prisoners themselves.

With the incidence of hepatitis C among prisoners in Victoria around the 60% mark, there is no argument about the need for us to be involved. This is reflected in a more supportive attitude among prison authorities, which has given us access to this at-risk group.

Perhaps our most satisfying work is with Prison Peer Educators. These are groups of prisoners whose job it is to educate other prisoners on a range of topics including health issues. The program trains them thoroughly in hepatitis C issues, and then resources and supports them on a regular on-going basis. In return, they are our front line educators in prisons, who can confidently deal with hepatitis C issues using our specifically developed resource kit.

Other good work we are involved in includes regular sessions for young prisoners and for prisoners who are about to be released.

There are still challenges in prisons, particularly around the two issues of harm reduction and treatment. Harm reduction measures that are available outside prison, like needle and syringe programs and sterile tattooing, are not permitted in prisons for security reasons. At the moment there seems little political will to change this, despite acknowledgement of the high incidence of infections whilst in prison.

Very few Victorian prisoners are accessing treatment despite it being available to them. This is because the current protocol is burdensome and unattractive to eligible candidates. Our priority over the coming year will be the development of easier protocols to increase the number of prisoners going onto treatment.

Towards the end of the year the Custodial Program welcomed Venetia Brissenden back as co-worker. David and Venetia look forward to using their combined skills and experience to strive to achieve even greater things in 2006.



VENETIA BRISSENDEN COORDINATOR  
PROJECT BLOOD OATH

## project blood oath

For 10 months, finishing in March this year, the Hepatitis C Council of Victoria coordinated Project Blood Oath. This was a pilot project aimed at preventing hepatitis C transmission among young people experiencing homelessness.

The project represented collaboration between four organisations uniquely positioned to address the service and youth-related issues experienced by homeless young people. They also had the expertise to effectively evaluate the outcomes of the initiative. These organisations were: The Hepatitis C Council of Victoria; Open Family Australia; Melbourne Citymission; Project i at the Key Centre for Women's Health, and The University of Melbourne. The experience of other agencies, such as YSAS and VIVAIDS, was also called upon to help achieve the aims of the project.

The challenge for the Council and project partners was to develop, implement and evaluate a worthwhile and meaningful project within a tight 10-month time frame. Young people, and particularly homeless young people, can be a difficult target group to reach with prevention messages.

An in-depth and up-to-date 'train the trainer' package was developed and delivered to people working at the agencies young homeless people were likely to access. In addition, the Open Family youth outreach bus was utilised. Along with food, drink and general support, it delivered targeted and specific hepatitis C prevention information and referral to young people on the street.

For this purpose an information booklet 'Is getting hep C going to ruin your fun?' which included tips on safer using and where to get tested, was developed.

While not all the aims of this pilot project were achieved, it has offered the opportunity for the Council to forge new relationships with key agencies in the youth sector. We have strengthened our skills in providing resources and interventions relevant to young people at risk of acquiring hepatitis C.

Arising from the project is a new commitment to provide relevant and meaningful training to workers from the youth sector and useful and targeted resources for young people across Victoria.

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### Numbers crunched 2004 - 2005

Outreach bus out on site - two to three times a week over a five month period

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Over 500 people accessed the outreach bus

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3,000 booklets distributed to young people and organisations

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Five days training delivered to youth sector organisations

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12 outreach bus volunteers provided with information

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## workforce development initiative

The Workforce Development Initiative was an eighteen month project conducted across three Department of Human Services (DHS) defined regions of Victoria (1 metro, 2 rural regions). The project operated from July 2003 until December 2004. Due to the success of the first 12 months, a further six months of funding was received from the Commonwealth Hepatitis C Education/Prevention funding. This report is focussed on the specific activities conducted from July to December 2004.

A workforce development forum for the Upper Hume region was held in November 2004 in Wodonga. Twenty-nine participants came from a diverse range of services in the region including Upper Murray Health and Community Service, Goulbourn Valley Family Care, Ovens and Kings Community Health and Hume Region Infection Control Resource and Consulting Service.

During the last six months the project also delivered four rural and six metropolitan workplace-based education and training sessions to a range of participants, including general practitioners, youth workers, hospital medical officers, allied health staff and managers. The project assisted several organisations that sought support around developing and implementing change in their policies and procedures related to hepatitis C following staff involvement in one of the work force development forums.



GENEVIEVE DICKSON OFFICE COORDINATOR

## advocacy

Provision of advocacy services continues to be one of the core functions of the Council. As a peak body we primarily focus on systemic advocacy, and one way of doing this is via the media. The Council proactively seeks opportunities to educate the public via the media, but also responds to inaccurate or unfavourable media about people with hepatitis C. In the last 12 months the Council has been successful in having a large number of print media articles published, letters to the Editor printed and radio interviews right across metropolitan and rural Victoria.

The Council staff also sit on a range of advisory, strategic and management committees that are relevant to the needs and rights of people with hepatitis C. These include steering committees and working parties at a state and national level.

Unfortunately due to funding restrictions the Council is unable to offer an individual advocacy service to all those who request it. The requests for this form of advocacy come from a range of people who have experienced discrimination or poor treatment in a variety of settings and situations. All requests are assessed however, and if we believe that the outcomes may have broad implications for the community affected by hepatitis C the Council will assist where possible.



# Communication

discussed the changes needed to reduce and prevent hepatitis C in our community.

In partnership with the Victorian Infectious Diseases Reference Laboratory, we produced Hepatitis C Treatment Testing, an information sheet that includes an easy-to-read flow chart showing all the tests involved with treatment - before, during and after, what they mean and what can be expected.

GPs were one of the targets of the national campaign and this was beneficial to our own continuing efforts to reach doctors in Victoria. Requests for media, stories and display material were received from five Divisions of General Practice and we received positive response to a specifically targeted mailout to pharmacotherapy prescribers and dispensers.

We were also able to support a couple of interesting projects; one at Dhurringile prison involving inmates writing, recording and producing a CD of songs and experiences about hepatitis C, and a poster competition run for 8 to 16 year olds at Adolescent Forensic Health Service in Royal Park.

Again, one of the big positives was the extraordinary support we received from more than 110 organisations across Victoria who participated by distributing the promotional material and holding their own events.

On the national level, we have made a strong, solid start for any future awareness campaigns, with thanks to fellow NAWCC members for their collaboration. Thanks also to the Department of Human Services, Victoria for their financial input. And thanks go again to our hardworking HAPPE committee and the extended HAPPE email network for their help, expertise and support.

## RESOURCES

The Council continued its distribution of resources from the Australian Hepatitis Council and produced a selection of targeted resources of its own, including:

- Good Liver: our quarterly newsletter providing news and information on issues of interest to our 370 members, with currently over 1,500 copies being distributed across Victoria each quarter.
- Is getting hep C going to ruin your fun? booklet for Project Blood Oath.
- Impact: the revised and updated 4th edition.
- Hepatitis C treatment tests: information sheet for people who are about to embark on treatment.

## INFORMATION AND SUPPORT

The Council has had a noticeable increase in the number of memberships and requests for information and support from the general public.

Numbers crunched 2004 - 2005		
Members	Individual	284
	Professional	17
	Organisational	69
	Total	370
Phone calls	from public	843
	from Healthcare workers	1150
	Total	1993
Info kits	About 40 a month	

## AWARENESS WEEK

The Victorian Hepatitis C Council has been involved in 'awareness weeks' in various forms since 1998. This year we were delighted to join the rest of Australia in the first national awareness campaign - Get Hep C Free. As a single, resource-strapped Council, the awareness week has traditionally been a huge and exhausting effort, but this year it was different. With a national coordinating committee in the hot seat, Victoria could take a step back and concentrate on targeted events.

Our main event Hep C to hep free: the courageous solutions forum was very well attended by more than 150 people from a wide range of organisations including the Department of Human Services, the community sector, NSPs and general practice. Organised in conjunction with ARCSHS, the forum

HEATHER SMITH  
COMMUNICATIONS & PUBLICATIONS

# Financial Report

## INDEPENDENT AUDIT REPORT

To the Members of 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, 2005. 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, 2005, and the results from operations for the year then ended.

Dated this 25th day of August, 2005  
POBJOY MULHALL & ASSOCIATES  
CERTIFIED PRACTISING ACCOUNTANTS



JOHN MULHALL CPA  
Registered Company Auditor

19-21 Argyle Place South Carlton 3053

NOTES TO AND FORMING PART  
OF THE SPECIAL PURPOSE  
FINANCIAL STATEMENTS FOR THE  
YEAR ENDED 30TH JUNE, 2005

### 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.

STATEMENT OF FINANCIAL PERFORMANCE  
FOR THE YEAR ENDED 30TH JUNE, 2005

INCOME:	2005	2004
	\$	\$
Grant - Dept. of Human Services		
Commonwealth	291,725	149,500
Homeless Youth	63,656	26,799
Minor Works	-	19,395
Work Development	73,098	60,152
Core	267,962	298,100
Capital	-	14,620
Membership Fees		
Organisations & Professional	1,170	1,834
Individuals	214	878
Donations	965	3,005
Other Income	3,584	5,108
Interest Received	3,770	5,398
Fee for Service	1,165	1,016
Internet Project	-	4,593
Awareness Week (DHS Grant & Sponsorship)	4,818	23,421
	<u>712,127</u>	<u>613,819</u>
LESS EXPENDITURE: (as per statement attached)	<u>711,528</u>	<u>608,909</u>
SURPLUS(DEFICIT) FOR THE YEAR:	<u>599</u>	<u>4,910</u>

STATEMENT OF FINANCIAL POSITION  
FOR THE YEAR ENDED 30TH JUNE, 2005

ACCUMULATED FUNDS	2005	2004
	\$	\$
Balance as at 30th June, 2004	68,702	63,792
Surplus/(Deficit) for the Year	<u>599</u>	<u>4,910</u>
BALANCE AS AT 30TH JUNE, 2005	<u>69,301</u>	<u>68,702</u>
Represented by:		
CURRENT ASSETS		
Cash at Fitzroy Carlton Credit Co-Op	255,533	327,863
LESS LIABILITIES		
Creditors	33,307	24,575
Provision for:		
Expansion	74,525	74,525
Audit Fees	1,540	1,300
Holiday Pay	36,707	33,775
F.B.T.	11,603	4,768
Grants in Advance -		
Gap Funding	-	37,374
Youth Program	-	63,656
Awareness Week	6,634	6,634
Work Development	-	48,098
it Costs	15,000	-
Resource	21,100	-
Minor Work	11,280	-
	211,696	294,705
WORKING CAPITAL	<u>43,837</u>	<u>33,158</u>
NON CURRENT ASSETS		
Furniture & Equipment	93,862	90,392
Less Provision for Depreciation	<u>68,398</u>	<u>54,848</u>
	25,464	35,544
NET ASSET	<u>69,301</u>	<u>68,702</u>

STATEMENT OF FINANCIAL PERFORMANCE  
FOR THE YEAR ENDED 30TH JUNE, 2005

EXPENDITURE:	2005	2004
	\$	\$
Advertising & Promotions	2,759	3,237
AGM Costs	3,338	3,229
Amenities	1,542	987
Audit	1,500	1,300
Awareness Week Costs	15,600	19,054
Car Leasing Costs	10,835	10,926
Car Running Costs	10,647	9,228
Catering	487	876
Cleaning	5,106	3,651
Computer Software	16,162	16,536
Consultancy	5,680	4,585
Custodial Settings	4,517	-
Depreciation	13,550	15,976
Equipment (Minor)	1,364	2,715
F.B.T.	6,835	5,514
Financial Services	4,990	5,179
Homeless Youth Program Costs	18,280	20,020
Information Costs	11,545	25,113
Insurance	5,055	6,691
Internet Costs	2,674	1,788
Meeting Costs	731	700
Metro Support Meetings	609	643
Petty Cash	662	1,052
Photocopier Service	379	97
Photocopy and Printing	6,818	5,465
Postage & Courier	6,555	6,860
Projects - Strategic Planning	12,138	22
Provision for Expansion	-	(54,975)
Provision for Long Service		
Leave/Annual Leave	2,932	16,243
Publications & Subscriptions	2,842	3,401
Rent	36,372	29,900
Repairs & Maintenance	-	1,327
Rural Com. Dev. & Education	17,720	18,520
Salaries	399,052	340,766
Staff Development	4,572	6,530
Stationery	4,628	6,841
Sundry Expenses	2,042	2,401
Superannuation	35,063	30,394
Telephone & Fax	8,796	9,947
Travel & Accommodation	2,861	664
Utilities	2,759	3,637
Volunteer Costs	661	456
Workcover	13,299	12,104
Workforce Development Costs	5,576	8,516
Workshops & Conferences	1,995	793
<b>TOTAL EXPENDITURE:</b>	<b>711,528</b>	<b>608,909</b>

# acknowledgements

## TECHNICAL ADVISORY PANEL

The Council greatly appreciates the expertise and advice generously given by our technical advisory group.

Dr Bill Sievert Head of Hepatology  
Department of Medicine  
Monash Medical Centre

Dr Nick Crofts Director  
Turning Point

Dr Scott Bowden Head  
Molecular Microbiology Unit  
Victorian Infectious Diseases  
Reference Laboratory

Ms Jenny Adams Naturopath

Professor Peter Angus Director of  
Gastroenterology and Hepatology  
Austin and Repatriation Medical  
Centre

Ms Jo Mitchell Clinical Coordinator  
Department of Gastroenterology  
Alfred Hospital

Ms Rhonda McCaw Senior Scientist  
Molecular Microbiology Unit  
Victorian Infectious Diseases  
Reference Laboratory

Mr John Ryan Chief Executive Officer  
Anex

Ms Melissa Dent  
Mobile Drug Safety Worker  
WRAP

Dr Katrina Watson  
Department of Gastroenterology  
St Vincent's Hospital

Dr Sally Bell Gastroenterologist  
Department of Gastroenterology  
St Vincent's Hospital

Ms Jacqui Richmond  
Victorian Viral Hepatitis Educator  
Department of Gastroenterology  
St Vincent's Hospital

Mr Jim Arachne Complementary  
Therapies Treatment Officer  
Positive Living Centre  
Victorian AIDS Council

Ms Sandy Breit Counsellor  
Ronald Sawers Haemophilia Centre  
Alfred Hospital

Ms Maria Karvelas Project Officer  
Public Health Division  
Department of Human Services,  
Victoria

Dr Ian Kronborg Director,  
DASWest, Western Hospital

Associate Professor  
Stephen Locarnini Head  
Research and Molecular Development  
Victorian Infectious Diseases  
Reference Laboratory

Ms Melissa Elliot Senior Associate  
Workplace Relations  
Corrs Chambers Westgarth

## STUDENT PLACEMENTS

The Hepatitis C Council of Victoria would like to thank Sue Southern, Sophia Pappas and Alex Taylor, Community Development students from Kangan Batman TAFE College for their contribution to the work of the Council during their placements in 2004-2005.

Over 500 hours of work was completed and it added greatly to the work of the Council and to raising awareness about hepatitis C.

## Volunteers

We extend particular and heartfelt thanks to our administration and mail out volunteers for their enthusiastic participation in the work of the Council.

# hepatitis C council of victoria

## COMMITTEE OF MANAGEMENT

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

Sandy Breit  
Haemophilia Foundation

Rodger Brough  
Australian Rural Centre for Addictive Behaviours (from Feb 04)

Mark Farmer  
HCCV Member

Jonathon Goodfellow  
VIVAIDS

Bev Greet (Secretary)  
Victorian Community Controlled Health Organisation (VACCHO)

Geoffrey Hay  
HCCV Member (Resigned Jan 05)

Cathy Mead (Treasurer)  
Victorian Public Health Research and Education Council

Jacqui Richmond (Chair)  
St Vincent's Hospital

Mark Stoové (Vice Chair)  
Deakin University

Michelle Thompson  
Youth Projects (Foot Patrol)

Dr Eugenie Tuck  
Medical Director, St Vincent's Correctional Health Service

Sue White  
Access Health

## STAFF TEAM

The ability of an organisation to achieve its goals depends almost entirely on the skills and commitment of its people.

Helen McNeill  
Executive Officer

Venetia Brissenden  
Project Coordinator  
Project Blood Oath

David Clements  
Project Coordinator Workforce Development Initiative (to Dec 04)

Linda Connor  
Rural Community Development and Education

Genevieve Dickson  
Office Coordinator

Barb Healy  
Rural Community Development and Education (to April 05)

Jen Johnson  
Rural Community Development and Education (from April 05)

Piergiorgio Moro  
Metro Community Development and Education

David Samson  
Policy Development and Education  
Custodial Settings

Heather Smith  
Communications and Publications

## SUPPORT

For a community organisation such as the Hepatitis C Council of Victoria, donations are the 'bit extra' that help our activities flourish. Donations to the Council are tax deductible.

## JOIN

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 - it's free for individuals - and work with us for hepatitis C support, advocacy, education, workforce development and information provision.

## CONTACT

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.

Hepatitis C Council of Victoria Inc

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