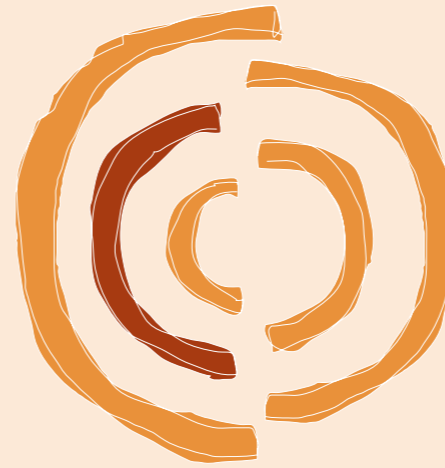


Back row L-R Stuart Loveday, Emma Ward, Paul Harvey, Grant Malpas
 Front row L-R Gabrielle Lipscomb, Prue Astill, Zakir Hossain, Holly Beasley,
 Teresa Clonan, Peter Middleton



Hepatitis C Council of NSW

ANNUAL REPORT 2005 - 2006

www.hepatitisc.org.au

SERVICE DELIVERY - THE NUMBER CRUNCH

3,000

calls taken by *Helpline* workers

3,000

calls to the recorded information service

34%

calls about HCV treatment

50%

increase in callers discussing treatment from previous 5 years

38%

of our callers have hepatitis C

59

education sessions delivered

16

of which were in rural or regional areas

862

healthcare worker participants reached in workforce development sessions

16

C-eeen & Heard speaker presentations

224

meetings attended in 58 committees

20,000

copies of *I have Hepatitis C: What could happen to me* in its first print run

18,000

copies of *The Hep C Review* distributed each quarter

36,000

is the estimated quarterly readership of *The Hep C Review*

33

media contacts aiming to improve public awareness



Grenville Rose



A MESSAGE FROM THE PRESIDENT

The Australian response to the hepatitis C epidemic continues to expand and change as our understanding of its nature increases. We are now better informed about the transmission and effects of hepatitis C, and there are better treatment outcomes than ever before, with side effects more manageable

than ever. But of course despite these positive developments there are still major challenges ahead for people with hepatitis C and for the Hepatitis C Council of NSW.

“Thousands of people contract hepatitis C in Australia each year, and many of these people are young people beginning their adult lives.”

Out of the 260,000 Australians who have been exposed to hepatitis C infection, around 75% will develop an ongoing or chronic infection. The important mission for the Council is to ensure that those people in NSW with chronic hepatitis C are supported to manage their health more effectively and for the Council to continue to provide appropriate information and support, referrals, education and advocacy services.

2005/06 got off to a good start with the launch of Australia's 2nd National Hepatitis C Strategy on 1 July by Federal Health Minister, Tony Abbott. This strategy will guide the national response, and the forthcoming 2nd NSW Hepatitis C Strategy will provide more detailed plans for reducing the impact of the hepatitis C epidemic in NSW.

Changes that have taken place during the last year in Area Health Services structures in NSW have presented a challenge to ongoing effective hepatitis C planning coordination, but with the Council's representation on the NSW Ministerial Advisory Committee on Hepatitis and a wide range of other advisory committees and working groups, we have ensured the community voice continues to be heard.

The removal of liver biopsy on 1 April this year as a criterion for government funded treatment was a boost to efforts to increase treatment numbers. Awareness of treatment options and successes remains low. Yet even so, treatment services are presently starting to show strain and one of the many opportunities the Council has in the forthcoming year is assisting to find and promote ways of expanding treatment models and reach.

“The Council also looks forward to the 2006/07 review of care and treatment services in NSW. Treatment numbers need to triple if we are to make the necessary dent in the large numbers of people who are likely to progress to more serious liver damage in the absence of treatment.”

Prevention of the spread of hepatitis C also continues to present major challenges and there is no doubt that a strong focus for any hepatitis C strategy must involve research and implementation of more effective prevention efforts in both the general community and prison environments. To this end the Council continues to advocate for an evidenced based, pragmatic and compassionate approach to illicit drug policy and practice, and we maintain open dialogue with all relevant people and organisations in order to achieve this.

I would like to thank my fellow Management Committee members, our Executive Officer and staff, volunteers, *C-eeen & Heard* speakers, our Medical Research and Advisory Panel, the staff of the AIDS/ Infectious Diseases Branch of NSW Health, the Australian Hepatitis Council, researchers and the many stakeholders who have contributed to the Council's work. All of you have helped us make a positive difference to the hepatitis C affected communities in NSW and it has been my personal pleasure to be involved with the work of the Hepatitis C Council and its partners over the past year.

Grenville Rose
President

MANAGEMENT COMMITTEE

Jennifer Holmes, Magdalena Harris, Paul Coady, Rob Wilkins, Robert Tinsey, Sallie Cairnduff, Anita Long, Miriam Reja, Joey Wong and Matthew Smith

Stuart Loveday



EXECUTIVE OFFICER'S SUMMARY

2005/06 has been a particularly good year for the Council with the welcome news of an increase to our core grant from NSW Health which enabled us to maintain our existing services and continue to improve the quality of our work both with the communities in NSW directly affected by hepatitis C

and with key stakeholders, particularly the healthcare workforce whose work impacts so much on the quality of the lives of people in NSW with hepatitis C. Our sincere thanks go to NSW Health, the Australian Government Department of Health and Ageing, our members and donors.

“The year saw a successful membership drive begin and donations increase. An overview of our financial performance is contained in the Finance Report in this Report.”

We carried out a major community and stakeholder consultation process that assessed what our membership, affected communities and key partners consider the future direction of the Council should be. This led to a strategic planning process that will provide overall direction for the Council over the next four years to 2009/10.

Having originally achieved organisational accreditation in July 2003, it was time to re-examine our systems and processes that ensure we pay constant attention to continuous quality improvement of our work. We are pleased that once again we were accredited by the Quality Improvement Council of Australia.

Underlying our service delivery work is the community advocacy we carry out in order to encourage policy makers and those agencies that influence the lives of people with hepatitis C to pay greater heed to the needs of our affected communities. By sitting on a wide range of committees, through awareness raising via print and electronic media and through network and partnership building and maintenance we continue to help influence the work that we do to meet our overall objectives.

Once again our sincere and heartfelt thanks go to those many people who are part of the Council and who enable the Council to be effective: our members, our volunteers including *Helpline* and administration office-based workers and Management Committee members, our *C-eeen & Heard* workers and media speakers and our Medical and Research Advisory Panel. We thank our communities of interest for contributing directly to the response and for helping to improve the quality of their own and others' lives. Last but not least we thank our committed team of ten staff for providing the backbone of our service delivery, administrative and financial and advocacy work.

As has been the case since our foundation the Council is here to support all people in NSW with hepatitis C – regardless of its mode of transmission.

“We will continue to advocate for the expansion of treatment services and to help improve equity within and equal access to those services. We will continue to raise effective public awareness to help reduce the discrimination and stigma that associates itself so often with hepatitis C.”

And the Council will continue to contribute to policies and programs that help prevent the transmission of hepatitis C and to minimise the harms associated with injecting drug use.

Stuart Loveday
Executive Officer



PARTNERSHIPS & COLLABORATIONS

The Council takes a partnership approach to all of its work. This approach recognises the limitations we face in working toward a broad range of aims across the whole of NSW, as well as recognising the expertise held by other organisations in working with specific priority groups and in particular geographic areas. Below is a selection of our partnerships that have been particularly active in the 2005/06 period:

- *HepLink*, a State-wide network of hepatitis C related workers for which we provide secretariat support
- Aboriginal Health and Medical Research Council with whom we have a Memorandum of Understanding that guides our partnership work
- Multicultural HIV AIDS and Hepatitis C Service, with whom we have been working collaboratively on a number of projects and education sessions, and
- The various Area Health Services with whom staff of the Council work closely on a variety of area and project based initiatives.

REPRESENTATION

As a key aspect of our partnership approach and capacity building work, Council is represented by its staff on a broad range of national, state, local and project based committees, advisory bodies and working groups. Below is a brief selection of some of the new and ongoing committees that we currently take part in:

- We are represented on the Australian Hepatitis Council (AHC) Board. (The AHC is the national NGO peak organisation for hepatitis.)
- The Council is also represented on the NSW Ministerial Advisory Committee on Hepatitis, a committee which advises the State Health Minister on all relevant aspects of hepatitis and related issues.
- Council staff members also sit on a variety of other committees including:
 - Department of Corrective Services Harm Reduction Education Programs Reference Committee
 - the state wide Chronic Illness Alliance, and
 - various organisational, project and Area Health Service level committees and reference groups

GENERAL RESOURCES

Our range of factsheets continues to grow. Our most recent 4-page factsheet, *Symptoms of Hepatitis C and their Management*, is # 41 in our series.

“ I have hepatitis C is a new booklet released this year which helps predict an individual person’s hepatitis C prognosis. In the first six months after release, over 680 doctors have placed orders and our initial print run of 20,000 has run out.”

A new resource initiative, the production of bookmarks with basic hepatitis C prevention messages has also been extremely successful with close to 71,000 bookmarks printed and distributed across NSW at public libraries, book stores, public schools and TAFE/university libraries.

The year has also seen the Council conduct a large scale reprint of the *What is hep C?* brochure, a low literacy cartoon-style resource aimed at young people. Distribution of this resource to personal development health and physical education teachers in all NSW public schools has been very effective.

HEP C HELPLINE

STAFF & VOLUNTEER ROLE CHANGE

In the lead up to the end of the financial year, staff and management of the Council held a series of discussions resulting in a decision in June 2006 to modify the service delivery model of the *Hep C Helpline*. The modified model of service delivery involves paid staff taking all *Helpline* calls, while volunteers assist in support and administration duties, such as mailouts, data entry and publicity and promotions activities.

MARKETING & PROMOTIONAL ACTIVITIES

In the last year the *Helpline* staff and volunteers have undertaken a range of promotion, marketing and mailout activities targeted at specific sectors including alcohol and other drug rehabilitation and detoxification services, secondary school teachers, community employment services, Corrections staff, Justice Health staff, Juvenile Justice staff, and online web-based health and community directories.

EVALUATION OF CLIENT SATISFACTION

Over a four month period in late 2005 and early 2006, a one page *Helpline* evaluation survey was included with each information pack sent to callers. In total, 553 surveys were sent out and the return rate was 13% (72 surveys). Among respondents, there was an extremely high level of satisfaction with their contact with the *Helpline*. Almost all respondents felt they had received the help they needed (99%), that the worker was well informed about hepatitis C and had excellent skills (98%). As part of continuous quality improvement, the *Helpline* has designed a client feedback form that will be sent (from 1 July 2006) on an ongoing basis to all clients who receive an information pack.

EDUCATION & WORKFORCE DEVELOPMENT

EDUCATION SESSIONS

The Education and Development team have continued to provide education sessions on hepatitis C to health care and community workers around NSW, visiting 6 out of the 8 new Area Health Services during this period. The range of workers accessed by education sessions has once again been broad including nurses, alcohol and other drug workers, needle and syringe program staff, TAFE students, GPs, Justice Health staff, methadone program staff and youth workers.

RURAL EDUCATION TRIPS

During the reporting period we have also worked in collaboration with Mid North Coast Area Health Services and Mid West Area Health Services to organise a series of education sessions with their local workers and services. These rural education trips not only reached a variety of workers with hepatitis C information, but also assisted in the development of valued partnerships with rural hepatitis C staff in those areas.

C-EEN & HEARD SPEAKERS' SERVICE

The *C-een & Heard* positive speakers' service continues to grow, with 9 speakers providing their personal experiences of living with hepatitis C to health care and community workers around Sydney. Recent changes have seen the target group of the speaker's service expand to include not only workers, but relevant community and client groups affected by, or at risk of, hepatitis C, as well as the removal of fees for NGO's and Council member organisations.

INFORMATION & RESOURCES

HEP C AUSTRALASIA

This internet discussion forum has developed into a strong community network of people with chronic hep C who chat passionately about how it affects their lives. Council involvement in the forum is welcomed by forum members and this has been formalised within the forum guidelines with formal representation on the moderating group. The major activity of the online *Hep C Australasia* forum during the past year has been the move to a cost saving freeware hosting platform.

COUNCIL WEBSITE

Our website has continued to grow over the year in response to the development of new resources by the Council. These new additions to the website include such resources as the *Hep ABC* game, jointly developed by the Council and Northern Sydney Central Coast Area Health Services, and our new symptoms factsheet.

THE HEP C REVIEW

Our magazine continues in its quarterly pattern of publication. 18,000 copies are printed every three months and a crew of committed volunteers manage each 2-tonne mail out with good-natured efficiency. Each new edition of *The Hep C Review* is also uploaded to our website either just before publication or in the two weeks following publication. This includes the centrespread harm minimisation posters in PDF format.

Distribution of the magazine within NSW prisons continues as a priority. During the year, due to Department of Corrective Services restructuring, the Council has taken on the overall role of distribution and now sends supplies of each edition directly to 56 custodial centres across NSW.

PREVENTION POSTERS

During the year, we decided to capitalise on the good feedback received about our centrespread harm minimisation posters and produce large-sized glossy poster versions. 400 sets of the 8 posters were distributed to primary needle and syringe programs across NSW. These health services contribute a great deal to prevention of HCV transmission.

FINANCE REPORT

2005/06 was another successful year for the Council from a financial perspective.

Total income amounted to \$1,048,026 in 2005/06, the first time income has gone over the \$1million mark. Expenditure totaled \$996,919, and in 2006/07 it is budgeted to be \$1,062,240, which assumes services continuing at the same, no-growth level.

The small 2005/06 accounting surplus of \$51,107 comprises a one-off grant of \$53,100 received from NSW Health during the year to fund capital building works. These funds remain unspent at 30.6.06 but held over as the work will be carried out in 2006/07. So in effect, revenue expenditure (in other words normal operating, ongoing expenditure) matched revenue income for the 2005/06 year.

We are funded primarily by NSW Health. NSW Government funding began in 1993/94, with an initial grant totaling \$40,000 in that year. Our funding continues on a three year cycle subject to our meeting satisfactory performance requirements. We shall apply for continuation of our core grant before the current cycle ends in 2007/08.

In 2005/06, our NSW Health core grant of \$811,000 accounted for 77% of total income.

A further \$140,000 was received via NSW Health from the Australian Government Dept of Health and Ageing's Hepatitis C Education and Prevention (HCEP) lapsed funding program.

Membership subscriptions amounted to \$18,275 in 2005/06, an increase of 20% over 2004/05. The Council is justifiably proud of this achievement as not only does this private income contribute to operating costs but our expanding membership numbers evidence increasing involvement by the affected communities in the work of the Council and in the formal response to the epidemic as a whole. This private income plus private donations totaling \$3,292 funds those activities not covered by our NSW Health base or HCEP grants.

Other income is derived from donations, sales, interest and fees and amounted to \$25,651 in 2005/06.

As with previous years most of our expenditure paid for staff salaries, information production and postage costs. Overheads were maintained at a low 14% of total operating costs.

We have submitted an expression of interest to NSW Health AIDB for a significant enhancement to our core funding for 2006/07 and beyond to enable us to expand our existing services and also for one-off funding to enable us to carry out a one-off project upgrade to our website and for essential one-off capital expenditure.

We have a healthy cash position at 30.6.06, with \$396,764 in the bank at financial year end. We need to retain this of course – so as to fund our revenue shortfall of \$70,760 predicted for the current year 2006/07 and also to have cash on hand in the event of unforeseen circumstances.

A full set of audited accounts is available on request from the Council. Extracts, in the form of the Income and Expenditure Statement and Balance Sheet are shown here in this review.

Our sincere thanks and appreciation go to our members, donors, NSW Health and the Australian Government Department of Health and Ageing for your ongoing support.

BALANCE SHEET AS AT 30 JUNE 2006

	2006	2005
CURRENT ASSETS		
Cash and cash equivalents	\$396,763.86	\$295,394.73
Trade and other receivables	\$4,487.72	\$883.99
Other current assets	\$5,379.11	\$7,763.27
TOTAL CURRENT ASSETS	\$406,603.69	\$304,041.99
NON-CURRENT ASSETS		
Property, plant and equipment	\$46,584.06	\$59,402.75
TOTAL NON-CURRENT ASSETS	\$46,584.06	\$59,402.75
TOTAL ASSETS	\$453,214.75	\$363,444.74
CURRENT LIABILITIES		
Trade and other payables	\$24,339.36	\$18,661.01
Provisions	\$92,010.21	\$59,025.39
TOTAL CURRENT LIABILITIES	\$116,349.57	\$77,686.40
TOTAL LIABILITIES	\$116,349.57	\$77,686.40
NET ASSETS	\$336,865.18	\$285,758.34
MEMBERS' FUNDS		
Accumulated funds	\$336,865.18	\$285,758.34
TOTAL MEMBERS' FUNDS	\$336,865.18	\$285,758.34

FINANCE REPORT (CONTINUED)

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDED 30TH JUNE 2006

	2006	2005
INCOME		
Membership fees	\$18,274.66	\$15,103.67
Interest received	\$13,807.36	\$10,003.52
Grant Income - NSW Health Department	\$1,004,100.00	\$832,000.00
Sundry Income	\$983.65	\$1,785.24
Product Income	\$7,567.97	\$20,837.95
Donations received	\$3,292.00	\$3,588.95
	\$1,048,025.64	\$883,319.33
Less: EXPENSES		
Advertising and Promotion	\$9,817.22	\$1,387.00
Accreditation Expense	\$2,027.27	\$5,000.00
Legal Fees	\$213.65	\$961.50
Recruitment	\$3,494.31	\$6,615.11
Auditor's remuneration	\$5,047.50	\$5,100.00
Bank charges	\$751.73	\$428.94
Computer software	\$642.27	\$5,310.87
Consultancy fees	\$17,800.00	\$865.45
Depreciation	\$22,750.24	\$24,511.27
Information production costs	\$115,855.96	\$91,976.04
Insurance	\$11,680.74	\$10,417.18
Conferences	\$4,841.08	\$9,594.94
Minor office expenses	\$352.88	\$159.37
Postage and Courier	\$61,425.88	\$58,969.92
Printing and stationery	\$11,867.26	\$13,162.57
Provision for employee benefits	\$32,984.82	(\$18,509.74)
Rent	\$36,520.00	\$31,955.00
Repairs and maintenance	\$8,775.15	\$10,546.29
Subscriptions and Publications	\$4,444.43	\$5,018.32
Sundry expenses	\$359.80	\$932.99
Superannuation contributions	\$88,371.65	\$73,116.12
Telephone	\$27,136.96	\$25,449.83
Travelling expenses	\$27,886.26	\$34,182.72
Training	\$1,083.13	\$1,486.36
Wages	\$500,788.61	\$467,400.25
	\$996,918.80	\$866,038.30
OPERATING SURPLUS (DEFICIT) before Income Tax	\$51,106.84	\$17,281.03