



2023–24
ANNUAL
REPORT

Chairperson's Report

Hepatitis SA had another busy year both with continuing projects and new initiatives. Early in the new year Hepatitis SA staff met with SA Health along with others from Shine SA, SAMESH, Drug and Alcohol Services South Australia and the Adelaide Primary Health Network to discuss the syphilis response in South Australia, and in particular in the Alcohol and Other Drug (AOD) setting, following a report that someone who presented late for syphilis treatment, had presented to AOD services on a number of occasions prior to this. From this meeting, Hepatitis SA initiated a number of activities to add syphilis awareness raising and education to our core viral hepatitis activities, to support the South Australian response.

Continuing projects that kept us busy included our partnership work with research institutions, particularly with the Centre for Social Research in Health in relation to the HBV Stigma and Discrimination Monitoring Project, and the Kirby Institute with the TEMPO Study comparing outcomes related to new HCV rapid technologies. Hepatitis SA also signed up to be a site in the Kirby's National HCV Point of Care Testing Program.

During the year, Hepatitis SA twice hosted international visitors. In June 2023, Professor Joshua Sharfstein, Vice Dean for Public Health Practice and Community Engagement, Johns Hopkins Bloomberg School of Public Health visited a Needle and Syringe Program where Hepatitis SA peers

and a CALHN nurse were operating HCV Point of Care testing. Prof Sharfstein has a leadership role in the USA's \$11 billion HCV elimination effort and was interested to see how new HCV testing technologies were being implemented in Australia. Then in November, a group of health professionals from Indonesia on a study visit to Adelaide University visited our Hackney office to talk to us about the community-based response to viral hepatitis in South Australia.

A welcome announcement from Drug and Alcohol Services South Australia that occurred mid-year was that the Clean Needle Program was being renamed the Needle and Syringe Program, thus bringing our state into alignment with the rest of Australia.

Another very welcome announcement came with the 2024 May Budget, with the Australian government investment of \$23.7 million over two years for hepatitis B and hepatitis C initiatives. The sector is also keenly awaiting the release of the new National Hepatitis B and Hepatitis C Strategies, which have been delayed during the year. The release of these documents and related jurisdictional implementation plans are of great importance in guiding the 2030 hepatitis elimination targets. It is now hoped that they will be released before the end of 2024.

Locally, Hepatitis SA was fortunate to have both our main SA Health grants receive additional 2.3% indexation on top of the usual 2.5% indexation, in recognition of the increased costs of award wage rises

in July 2023 and general inflationary pressures. Both these grants were due to finish at the end of this financial year but have been extended for two years until the end of June 2026, when it is likely that tenders will be called for the ongoing funding of both programs. The Hepatitis SA office lease was also due to expire in October this year, and we have negotiated with our landlord for a 2-year extension so that decision making about any further long term lease on our current premises can be considered after our longer-term funding is known.

I would like to thank Board members who left during the year for their contribution and support - Sam Raven for her AOD sector expertise she brought to the Board, Salma Safi and particularly Catherine Ferguson who has provided thoughtful consideration of numerous issues and wise counsel over many years. To fill these Board vacancies, I was pleased to welcome new Board members Lindy Brinkworth, Lucy Ralton and Janice Scott who all joined the Board at the 2023 Annual General Meeting. Thankyou to these new members and continuing members for their support during the year.

Finally, I would like to thank all staff at Hepatitis SA for their commitment to providing quality services to the South Australian community; all those from our partner organisations who support our work, including Hepatitis Australia who administered funding to us from the Australian government, and our state funding administrators, the staff at the STI & BBV Section at the South Australian Department for Health and Wellbeing, and Drug and Alcohol Services South Australia.

Arieta Papadelos
Chairperson



NSP Peer Projects Report

○ This year saw the long-awaited name change for the overarching program, and individual services, in SA that provide new injecting equipment. The SA program has always been called the Clean Needle Program, but this year it was renamed as the Needle and Syringe Program to align with the rest of Australia.

Hepatitis SA NSP Peer Projects consists of a team of Peer Educators placed at high volume NSP sites to provide harm reduction services to people who inject drugs. The Peer Education team is supported by a Coordinator and a Project Worker.

This year Peer Educators continued to provide services full-time at 3 'Primary' NSPs: Noarlunga Health Village, Noarlunga Centre; Wonggangga Turtpandi Aboriginal Health Service, Port Adelaide; and DASSA Northern Service, Elizabeth.

Peer Educators also continued providing NSP services on a sessional (part time) basis at Uniting Communities Streetlink, Adelaide and at DASSA Central, Stepney.

From December, an NSP Peer Educator was placed at the Salvation Army Sobering Up Unit (SUU) NSP in Whitmore Square on a sessional basis. The SUU NSP client base is predominantly male (90%) and in the majority homeless, living rough or living in supported accommodation. Having someone available in the NSP with lived experience, providing up-to-date safer injecting education without judgement, has enabled

many SUU clients to improve the safety of their injecting practices.

NSP Client Interactions: Primary & Sessional Peer Sites

This year the NSP Peer Projects recorded about 2,000 more client interactions than last year. There were increases in all areas – more new client interactions; 220,000 more syringes distributed; and 500 more interactions with Aboriginal and Torres Strait Islander service users. This year information/peer education interactions almost doubled as a result of NSP Peer Educators ensuring that clients were informed about new potent opioid substances that have been found in illicit drugs. There were over twice as many referrals to pharmacies for naloxone (from 71 to 205) in response to the nitazene warnings.

Use of Performance and Image Enhancing Drugs (PIEDS/steroids) is becoming increasingly prevalent amongst younger people, and NSP interactions related to PIEDs outnumbered heroin related interactions for the first time.

Methamphetamine related NSP interactions made up approximately 71% of total NSP interactions.

- 15,270 client interactions (72% male; 28% female)
- 1,385,373 syringes distributed
- an average of 91 syringes provided per client interaction
- 840 new clients
- 2,474 interactions with Aboriginal and/or Torres Strait Islander clients

- 5,085 occasions of information and peer education
- 194 intensive support/complex needs interactions

NSP Client Interactions: Hackney NSP

Client numbers increased significantly this year with 1,415 client interactions recorded at Hackney NSP (74% male; 26% female), including a doubling in the number of new clients

- 128 new clients
- 73 Aboriginal and Torres Strait Islander client interactions
- 149,954 syringes distributed
- 278 occasions of information/education
- 103 referrals to other NSPs, AOD services and hepatitis C testing/treatment
- 40% of clients reported using amphetamines
- 21% of clients reported using heroin
- 26% of clients reported using PIEDS

NSP Peer Projects Highlights

A harm reduction quiz running for 3 months at all peer NSP sites, with a prize and a different question each month, led to increased engagement with clients about safer injecting practices

Hepatitis SA NSP Peer Projects, in collaboration with SANDAS, facilitated quarterly AOD Peer Network meetings. The AOD Peer Network is a forum for AOD peer workers to debrief, share knowledge and develop skills.

Margie, one of the NSP Peer Educators, presented at the APSAD Conference and SANDAS Symposium on peer work and the AOD Peer Network.

Resources developed:

1. a card resource to distribute with condoms, and a poster, to encourage people to get tested for syphilis due to the higher

incidence of syphilis amongst people who inject drugs

2. a postcard sized resource and a sticker for fitpacks encouraging the use of sterile water (which is now available free at all NSPs)

Participation in national and international days/events including International Overdose Awareness Day, World Hepatitis Day, Support Don't Punish Global Day of Action and NAIDOC Week provided opportunities to raise awareness of important issues such as overdose and stigma.

Once again, the NSP Peer Projects team put in an amazing effort throughout the year, with NSP service users and workers at host sites providing positive feedback about the NSP peers. A big thank you to: Andrea, Bernadette, Bridget, Fiona, Justin, Margie, Mark, Meagan, Penni and Ruby.

Carol Holly
Coordinator



Education Program Report

This year brought the biggest changes to the Education Team in a long time. Shannon took on a temporary role at Macquarie University, and Gary officially locked in his retirement. We're excited to welcome Shannon back in March 2025, and we wish Gary all the best in his new adventures. Thank you, Gary, for your incredible contributions over the past eight years! From your start with the hepatitis B community education project in the Filipino community to your recent collaboration with SA Police to establish a structured training code for officers, your impact has been invaluable.

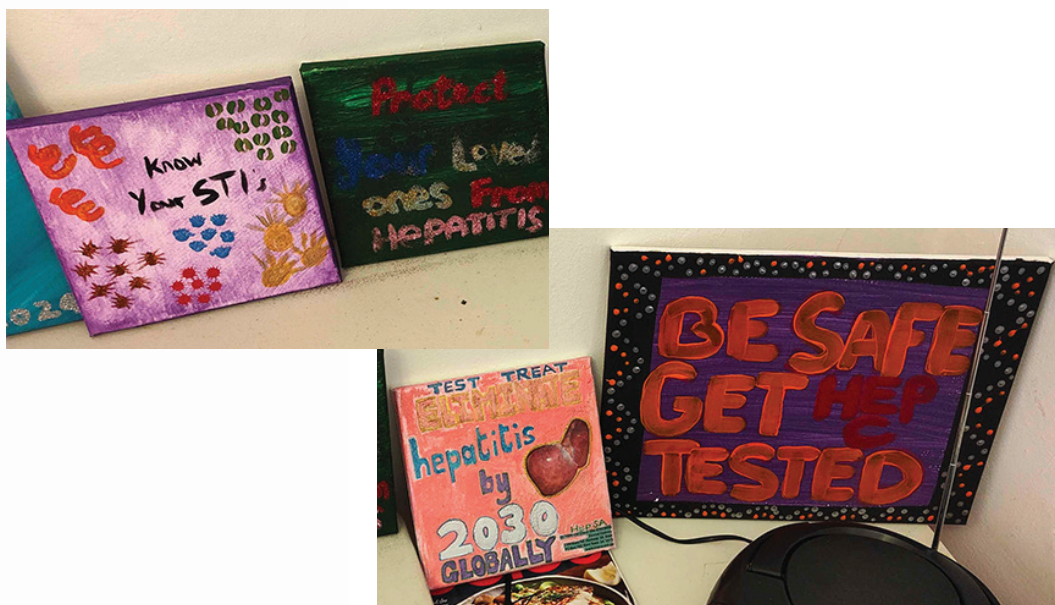
We also welcomed two new Educators, Yingbin and Jesse, who have quickly adapted and become integral members of our team.

Despite the staff changes, the Education Team had a bumper year, delivering 61 community sessions to 1,091 participants across prison sites, multicultural services, drug and alcohol services, mental health services, and Aboriginal health services.

One highlight was the 'Viral Hepatitis and Syphilis' art

project with Aboriginal Community Connects women's and men's groups. Over three weeks, we provided education to the groups on viral hepatitis as well as syphilis, we were also fortunate enough to have a viral hepatitis nurse attend a number of the sessions and conduct hepatitis C point-of-care testing. Whilst we provided the education and testing the group attendees participated in painting canvases which had focused on viral hepatitis and syphilis prevention and treatment. This project effectively combined education, health promotion, and creative expression while fostering meaningful discussions about these important health issues.

Our team also participated in 12 health expos, engaging with 1,636 community members. A number of these events featured one of our hepatitis C treatment peers. We're always brainstorming creative ways to connect with attendees, from quiz raffles to our new bingo game, where participants spin a wheel and answer questions related to their number for a chance to win



small prizes. We're happy to assist if anyone needs help with answers!

Here's a list of the expos we attended:

- City of Salisbury Women's Day Luncheon
- World Hepatitis Day Event at Arndale
- Women's Prison Health Expo
- Cadell Training Centre Health Expo
- Mobilong Prison Health Expo
- Harmony Day event – CAaSSA
- ARA Health Expo
- Flinders University Wellbeing Week Health Expo
- Tarpari Wellbeing Day
- Aging, Wellness and Diversity Expo
- Cantonese Opera and the Overseas Chinese Association Health Expo

Our efforts within the South Australian prison system were also significant this year, with 16 education

sessions delivered to 344 prisoners across five sites. We revamped our approach by moving education sessions to industry areas, allowing inmates to participate without missing work. The feedback has been fantastic, with comments like:

"It really makes you think about life; you can't judge your mates."

"Thanks for coming all the way to Mount Gambier!"

"I enjoyed the session and would 100% recommend people to come to the next one."

"Great facilitators, very engaging."

"I had no idea hep C could be cured!"

Additionally, we provided 45 workforce development sessions to 531 staff from various organizations, including drug and alcohol services, youth services, and correctional staff.

Hepatitis SA's Positive Speaker Program continued

this year, and we invited NSP peers and Hepatitis C peers to specific sessions. In total, positive speakers accompanied educators to five workforce and 17 community sessions. Hearing from lived experience speakers adds immense value, and participants often express their gratitude. Here are a few comments:

"Thank you, Dean, for sharing your incredible journey. I wish you all the best for the future."

"Kath, what an incredibly brave thing you do! Thank you for sharing your story!"

"Hearing from someone with hep C changed my views in many ways."

I want to extend my heartfelt thanks to the Education team—Shannon, Gary, Yingbin, and Jesse—for your hard work and commitment to making a difference. Here's to another amazing year ahead!

**Jenny Grant
Coordinator**



The Hepatitis SA Communications team is responsible for the development, design and production of resources for Hepatitis SA activities and events, and occasionally on request, for partners such as the viral hepatitis nurses. In 2023-24, Hepatitis SA produced significant resources ranging from brochures to innovative materials for specific communities.

Life Relationships and Hepatitis B

One highlight this year was the Life, Relationships, and Hepatitis B online quiz, a collaborative project between the Communications, Education, and Information & Support teams (with special thanks to Lisa for her videography work). This World Hepatitis Day activity focused on living well with hepatitis B, promoting regular monitoring and vaccination for close contacts.

The sophisticated multi-lingual interactive quiz site, featuring videos in four languages presented by members of priority communities, was developed on a tight three-month turnaround and deployed as part of the 2023 World Hepatitis

Day (WHD) campaign.

The Aboriginal Health Council of SA, Community Access and Services SA, Chinese Association of SA and the Filipino Association of SA, reviewed content and participated in the video production, allowing opportunities for closer cooperation.

The quiz was used as an engagement tool for education sessions and conversations, with feedback suggesting its multi-lingual content facilitated outreach to diverse communities. Spin-off resources – postcards, flyers, and factsheets – were distributed, contributing significantly to the 35,589 items disseminated in the WHD campaign.

There were 2,039 unique visitors to the quiz site with over 2,344 sessions. We received 454 entries (mostly online) and reached 305 people through education/information sessions and face-to-face conversations.

Cantonese Opera Concert Hong Bao and More

Another favourite this year was the Cantonese Opera Concert Hong Bao Info Sheet handed out to audience and performers at the Cantonese Opera Concert. The A4-size



hepatitis B factsheet, folded into a traditional hong bao (red packet) enveloping a chocolate “gold” coin, was reminiscent of red envelopes commonly exchanged at Chinese celebrations. The unique design combined cultural familiarity with health education, making it an engaging resource for the Chinese community.

Other significant resources included the easy-read Hepatitis C Testing Information brochure (very well received because of its accessible style), a set of Hepatitis and Diabetes factsheets (also in easy-to-understand presentation), the Hepatitis Testing and Vaccination Appointment Card for non-English speaking communities, and a hepatitis B lived experience video featuring an interview in Cantonese with Joseph Li

discussing how a fibroscan “saved his life” by helping in the early detection of his hepatitis B-related liver cancer.

Resources Distribution and Online Activity

Hepatitis SA’s information dissemination strategy included a mix of physical mail-outs, electronic dissemination and web-based tools.

This year we distributed 64,672 resource items, with nearly half of them (49%) in electronic formats. A notable portion was disseminated during the WHD campaign, contributing to a significant increase in the number of hepatitis B-specific resources distributed. There were also 21,497 resource items distributed to non-clinical workforce, mostly through education sessions.

In 2023-24, 16,558 resource items were distributed to the South Australian clinical workforce. Hepatitis-related information to GPs and health professionals were provided via GP packs and a regularly updated online portal with links to up-to-date, credible information resources for patients. The GP packs, usually requested by doctors managing newly diagnosed hepatitis B or hepatitis C patients, are print versions of key resources available via the GP Portal.

We also maintained regular contact with members, organisations and other individuals on our mailing list of around 1,000, through mailouts, both physical and electronic.

We continued to publish, in print, our quarterly *Hepatitis SA Community News*, this year distributing 3,581





printed copies, along with 3,237 electronic versions. To celebrate our 100th issue milestone, we released a special supplement and quiz, distributing 731 printed copies and 987 electronic versions.

Our suite of web assets, included our main website, a GP portal, a specialist library, and an active blog which transitioned into the HepSA Community News site in February to coincide with the publication of issue 100. This new site complements the print magazine by hosting articles published in the quarterly magazine, as well as regular library updates and additional news on relevant hepatitis-related issues.

The Hepatitis SA Library continued to provide free-to-access hepatitis-related resources relevant to service

providers, policy makers and the affected community. It held over 2,300 items with new resources added weekly, and regular e-updates provided on new titles as well as on special topics like Aboriginal and Torres Strait Islander self-determination and peer support.

Hepatitis SA had an active presence on Facebook, Twitter (or X) and Issuu throughout the financial year. On Facebook, we posted 366 times reaching 139,907 people, much of this reach bolstered by a World Hepatitis Day ad campaign funded by Gilead. Despite a decline in new followers over the past few years, our Twitter account, with 1,208 followers, remained a platform for sharing key developments, such as the release of the World Health Organization's first consolidated global report

on viral hepatitis. We posted 210 tweets generating 14,313 impressions.

World Hepatitis Day

As always, World Hepatitis Day was a central focus for Hepatitis SA's outreach efforts. As well as the Life, Relationships, and Hepatitis B online quiz, activities included a community hepatitis C rapid testing clinic at Arndale Shopping Centre, which saw four individuals tested and 30 shoppers informed about hepatitis. WHD resource drops were made to several community organisations, and a hepatitis C quiz run in four prison sites received 46 entries. Internal competitions were also held at two other prisons.

Hepatitis SA's social WHD media advertising campaign had a reached over 128,000 users, and we were able to get the Adelaide Oval, Parliament House and Unley City Council to light up green around WHD as part of the national Glow Green campaign.

Conclusion

The 2023-24 financial year was a very productive one for the Communications team. The Life, Relationships and Hepatitis B quiz was an example of what teamwork can achieve and we would like to express appreciation and thanks to our Hepatitis SA colleagues as well as partners in other organisations. Finally, we want to thank our wonderful volunteers, Fred, Debra and Vivien whose contributions and great company make our work possible and enjoyable.

Cecilia Lim
Coordinator

Information & Support Program Report

🌐 This year we started to wind up the Kirby Institute's TEMPO Study that had been keeping a number of our peer workers busy at 4 South Australian Needle and Syringe Program (NSP) sites since 2022. TEMPO is a randomized controlled trial to compare point-of-care HCV RNA testing, dried blood spot testing, and standard of care to enhance treatment uptake among people with HCV who have recently injected drugs. Hepatitis SA peers were part of the study team at each of the 4 SA sites in partnership with the three Adelaide Local Health Networks. By the end of the financial year, only one site was still recruiting and one site was doing participant follow-up visits. This national research study is due to finish in South Australia in early 2025.

Aside from this work, the Hepatitis C peers also engaged 889 people throughout the year, providing their lived experience of hepatitis C, along with information regarding transmission, testing, (which included pre and post-test counselling), and referrals, with a focus on increasing access to hepatitis C treatment.

The Hepatitis C peers also conducted rapid testing for hepatitis C virus antibodies and/or RNA, working closely with Viral Hepatitis Nurses who provided Direct Acting Antiviral medications for anyone who tests positive for hepatitis C infection at homelessness services, NSP sites and custodial settings.

The homelessness services attended during this past year were WestCare – Baptist Care Services, Hutt Street

Day Centre, The Arches – Anglicare and Common Ground – Housing Choices where the peers tested 106 people (76 men and 30 women).

In custodial settings the peers attended the Adelaide Remand Centre on a weekly basis, providing 436 HCV RNA tests for the males on remand, who volunteered to be tested as they wanted to know their hepatitis C status. The Viral Hepatitis Nurses were able to provide the DAA treatment quickly to any participants who tested HCV RNA positive.

At the Adelaide Women's Prison, the peers had harm reduction conversations with 120 women there and provided 16 HCV RNA tests with women who believed they may have been at risk of hepatitis C.

The peers attended a Health Expo at Cadell Training Centre speaking with 113 male prisoners about safer injecting (24 individuals), debunking myths about treatment for HCV (74 people), and allayed concerns about re-infection and how this can be avoided (8 people). Hepatitis SA's 'Eating In' resource, with all recipes based upon the most basic of prison buy-lists was hugely popular with those prisoners who are able to self-cater and we handed out 109 of these booklets that day.

Hepatitis SA received a certificate of recognition from SA Prison Health Services for our significant contribution toward the health of prisoners in South Australia.

We also commenced a three month trial for the provision

of hepatitis C rapid testing with the Nunkuwarrin Yunti Mobile Outreach Needle and Syringe Program, which has a mobile van providing NSP services at locations across the CBD at specific times Monday to Friday. However, this was not popular as most accessing the service were in a hurry to be elsewhere and were aware that they could access our services nearby at the Hutt St Day Centre or WestCare Baptist Care Services at a time more convenient for them. Only 8 tests were conducted during the 3-month trial.

This year our Hepatitis Helpline continued to provide a free confidential, non-judgemental information, support, and referral service. It operates

during office hours Monday to Friday and people can make contact via the Helpline, Prisonline (available from any prison telephone in South Australia), web chat, email or in person at the Hackney Rd office.

The service is provided to people living with hepatitis B or C, their family, friends, or clinical and non-clinical service providers, assisting them with information that can increase understanding of viral hepatitis in a non-judgemental manner which supports informed decision making.

In total, there were 184 contacts to Helpline services. The majority of these, 118 (64%) were from community members and mostly those affected by viral hepatitis; with 28(15%) from prisoners;

and 38 (21%) were workforce enquiries.

Staff and fully trained volunteers offer information and support on all aspects of viral hepatitis. Some workers have a lived experience of viral hepatitis (including hepatitis C treatment), and callers can request to speak to someone with lived experience if that is preferred.

Our phonline volunteers Fred and Debra have built extensive knowledge over their time with us (combined service of 44 years), and we sincerely thank them for their dedication to providing a high-quality service that is sensitive to the needs of our callers..

Lisa Carter
Coordinator

Free Hep C Fingerprick Testing
here at Priceline Pharmacy, Pt Lincoln
9AM-12.30PM, Friday, 7 June, 2024

I can provide a fingerprick test for hep C with a result in just 20 minutes!
I was cured of hep C with just pills and no side effects in a matter of weeks.
You can be too!

hep C
GET CURED
I did

The Antibody test by fingerprick, with the result in 20 minutes, shows if you have ever been exposed to hepatitis C.
Then if required, another fingerprick test that day will indicate if you have the hep C virus, with the result in 1 hour.
Hepatitis C can be cured, with just pills daily for 8 or 12 weeks.
With your permission Lisa will connect you to Viral Hepatitis Nursing Support if you need to be cured.

For more information call Hepatitis SA on 1800 437 222 (easy to remember as 1800 HEP ABC).

SA Health has contributed funds towards this program

Certificate of appreciation

This certificate is awarded to
Hepatitis SA

In recognition of your valuable participation and contribution to the Health Expo organized by the South Australian Prison Health Service. Your dedication and efforts have significantly contributed to the success of this event and the promotion of health and wellness within our community.

On behalf of Central Adelaide Local Health Network, thank you for your valued contribution.

Andrew Wiley
Andrew Wiley
Director
SA Prison Health Service

Shyamsundar M.
Shyamsundar Muthuramalingam
Manager – Consumer Engagement & Health Promotion

Shaping the future of health with world-class care and world-class research

Government of South Australia
Health
Central Adelaide Local Health Network

Treasurer's Report

Total revenue for Hepatitis SA for 2023-2024 was \$2,162,302. This was made up from grant income of \$2,104,541 for our 2 main recurrent grants from SA Health and for the National Hepatitis Infoline Project administered by Hepatitis Australia, as well as other income of \$57,761 which included interest, profit on sale of motor vehicles, reimbursements and sponsorship.

Total expenditure for the year was \$2,155,469 The major expense was the Employee Benefits expense of \$1,919,042 with other large expenses being Premises Rent and Outgoings of \$112,488, Office expenses of \$52,460 as well as other expenses of \$48,370 which was largely comprised of Program costs of \$44,896.

Motor vehicle expenses were \$9,220, Travel and accommodation was \$10,514 and the Depreciation and amortisation expense was \$3,375.

For the 2023-2024 financial year, Hepatitis SA had a surplus of \$6,833 and this resulted in total equity of \$358,574 as at 30 June 2024.

Hepatitis SA would like to thank the STI and BBV Section at the South Australian Department for Health and Wellbeing and Drug and Alcohol Services South Australia for administering Hepatitis SA's major grants during the 2023-2024 financial year. We would also like to thank Hepatitis Australia for administering funding from the Australian government and Gilead for their sponsorship.

Michael Larkin
Treasurer



Hepatitis SA Incorporated

Financial Report For the Year Ended 30th June 2024

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General information

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

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

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

Hepatitis SA Incorporated

STATEMENT OF FINANCIAL PERFORMANCE
FOR THE YEAR ENDED 30 JUNE 2024

	NOTE	2024 \$	2023 \$
REVENUE	2	2,162,302	2,063,038
EXPENSES			
Employee benefits expense		(1,919,042)	(1,789,159)
Depreciation and Loss on Disposals		(3,375)	(4,000)
Motor Vehicle Expenses		(9,220)	(5,465)
Office Expenses		(52,460)	(59,294)
Other Expenses		(48,370)	(61,010)
Premises Rent and On Costs		(112,488)	(111,845)
Travel and Accommodation		<u>(10,514)</u>	<u>(16,616)</u>
TOTAL EXPENSES		<u>(2,155,469)</u>	<u>(2,047,389)</u>
SURPLUS FOR THE YEAR	10	<u>6,833</u>	<u>15,649</u>

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

Hepatitis SA Incorporated

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2024

	NOTE	2024 \$	2023 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	1,206,135	1,137,296
Trade and other receivables	4	8,826	36,777
Total current assets		<u>1,214,961</u>	<u>1,174,073</u>
NON-CURRENT ASSETS			
Plant, Equipment and Motor Vehicles	5	80,189	60,352
Total non-current assets		<u>80,189</u>	<u>60,352</u>
TOTAL ASSETS		<u>1,295,150</u>	<u>1,234,425</u>
LIABILITIES			
CURRENT LIABILITIES			
Trade and other payables	6	11,165	6,585
Employee benefits	7	181,601	165,026
Grants in Advance		8,851	38,097
Other	8	69,887	67,904
Total current liabilities		<u>271,504</u>	<u>277,612</u>
NON CURRENT LIABILITIES			
Provision for Asset Replacement		10,000	10,000
Employee Benefits	9	655,072	595,072
Total non-current liabilities		<u>665,072</u>	<u>605,072</u>
TOTAL LIABILITIES		<u>936,576</u>	<u>882,684</u>
NET ASSETS		<u>358,574</u>	<u>351,741</u>
EQUITY			
Retained surpluses	10	321,074	314,241
Reserve : Cash Flow Boost		37,500	37,500
TOTAL MEMBERS EQUITY		<u>358,574</u>	<u>351,741</u>

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

Hepatitis SA Incorporated

Declaration of Independence under Section 60-40 of the ACNC Act 2012

By Peter Hall to the Committee of

Hepatitis SA Incorporated

As lead auditor of Hepatitis SA Incorporated for the year ended 30 June 2024, I declare that to the best of my knowledge and belief, there have been no contraventions of:

- (a) The auditor independence of the ACNC Act 2012 in relation to the audit; and
- (b) Any applicable code of professional conduct in relation to the audit.

The declaration is in respect of Hepatitis SA Incorporated.



Peter Hall
Peter Hall Chartered Accountant

Adelaide
Dated this 17th day of October 2024

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2024

Note 1. Summary of Significant Accounting Policies

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

Basis of Preparation

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

Historical Cost Convention

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

Revenue recognition

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

Other Revenue

Events, fundraising and raffles are recognised when received.

Donations

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

Grants

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

Other Revenue

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

Income Tax

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

Cash and Cash Equivalents

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

Plant, Equipment and Motor Vehicles

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

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

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

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

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2024

Note 1. Summary of Significant Accounting Policies (continued)

Trade and Other Payables

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

Employee Benefits

Wages and salaries and annual leave

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

Long Service Leave

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

Goods and Services Tax (GST) and Other Similar Taxes

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

Receivables

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

Note 2. Revenue

	2024	2023
	\$	\$
Grants Received	2,104,541	2,002,891
Interest Income	16,245	8,806
Other Income	41,516	51,341
	<u>2,162,302</u>	<u>2,063,038</u>

Note 3. Current Assets - Cash and Cash Equivalents

	2024	2023
	\$	\$
Cash at Bank - Current Accounts	85,369	28,760
Online Saver	1,085,244	667,605
Term Deposit	-	405,413
Gift Fund	35,272	35,268
Petty Cash	250	250
	<u>1,206,135</u>	<u>1,137,296</u>

Note 4. Current Assets – Trade and Other Receivables

	2024	2023
	\$	\$
Deposits	120	120
Receivables	1,188	28,274
Prepayments	7,518	8,383
	<u>8,826</u>	<u>36,777</u>

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2024

Note 5. Non-Current Assets- Plant, Equipment and Motor Vehicles

	2024	2023
	\$	\$
Plant, Equipment and Motor Vehicles- At Cost	106,664	91,453
Less: Accumulated depreciation	<u>(26,475)</u>	<u>(31,101)</u>
	<u>80,189</u>	<u>60,352</u>

Note 6. Current liabilities- Trade and Other Payables

	2024	2023
	\$	\$
Creditors	<u>11,165</u>	<u>6,585</u>

Note 7. Current Liabilities- Employee Benefits

	2024	2023
	\$	\$
Provision for Annual Leave	97,772	93,500
Provision for Sick Leave	<u>83,829</u>	<u>71,526</u>
	<u>181,601</u>	<u>165,026</u>

Note 8. Current Liabilities- Other

	2024	2023
	\$	\$
PAYG Employee Tax	25,138	22,720
GST Payable	<u>44,749</u>	<u>45,184</u>
	<u>69,887</u>	<u>67,904</u>

Note 9. Non-Current Liabilities- Employee Benefits

	2024	2023
	\$	\$
Provision for Long Service Leave	249,362	189,362
Provision for Employee Redundancies	<u>405,710</u>	<u>405,710</u>
	<u>655,072</u>	<u>595,072</u>

Note 10. Equity- Retained Surpluses

	2024	2023
	\$	\$
Retained surpluses at the beginning of the financial year	314,241	298,592
Surplus for the year	<u>6,833</u>	<u>15,649</u>
Retained surpluses at the end of the financial year	<u>321,074</u>	<u>314,241</u>

Hepatitis SA Incorporated

Notes to the financial statements For the Year Ended 30 June 2024

Note 12. Key Management Personnel Disclosures

Compensation

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

Note 13. Contingent Liabilities

The incorporated association had no contingent liabilities as at 30 June 2024 nor 30 June 2023.

Note 14. Commitments

The incorporated association had no commitments for expenditure as at 30 June 2024 and 30 June 2023.

Note 15. Related Party Transactions

Transactions with related parties

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

Receivable from and payable to related parties

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

Loans to/from related parties

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

Note 16. Events After The Reporting Period

No matter or circumstance has arisen since 30 June 2024 that has significantly affected, or may significantly affect the incorporated association's operations, the results of those operations, or the incorporated association's state of affairs in future financial years.

Note 17. Economic Dependence

The Association is dependent on operating grants from the South Australian Federal Government and other sources. The Financial Statements have been prepared on a going concern basis on the expectation that such funding will continue.

Hepatitis SA Incorporated

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2024

	RETAINED SURPLUS	TOTAL EQUITY
BALANCE 1ST JULY 2022	298,592	298,592
Surplus for the Year	<u>15,649</u>	<u>15,649</u>
BALANCE AT 30TH JUNE 2023	<u>\$ 314,241</u>	<u>\$ 314,241</u>
BALANCE 1ST JULY 2023	314,241	314,241
Surplus for the Year	<u>6,833</u>	<u>6,833</u>
BALANCE AT 30TH JUNE 2024	<u>\$ 321,074</u>	<u>\$ 321,074</u>

Hepatitis SA Incorporated

**STATEMENT OF CASH FLOWS
FOR THE YEAR ENDED 30 JUNE 2024**

Reconciliation of cash flows from operations with a surplus for the year

	\$
Surplus for the year	6,833
NON CASH FLOWS IN SURPLUS	
Depreciation	3,375
CHANGES IN ASSETS AND LIABILITIES	
Decrease in Trade and Other Receivables	27,951
Purchase of Fixed Assets	(66,232)
Increase in Trade and Other Payables	6,563
Decrease in Grants Received in Advance	29,246
Increase in Employee Entitlements	(76,575)
NET CASH PROVIDED BY OPERATING ACTIVITIES	\$ 68,839
Cash at Beginning of Year	<u>1,137,296</u>
Cash at the End of the Year	<u><u>\$ 1,206,135</u></u>

The above Statement of cash flows should be read in conjunction with the accompanying notes

Hepatitis SA Incorporated

Financial Report For the Year Ended 30th June 2024

BOARD REPORT

The board members submit the financial report of the Hepatitis SA Incorporated for the financial year ended 30 June 2024.

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

Chairperson	Arieta Papadelos
Vice Chairperson	Bill Gaston
Secretary	Sharon Eves
Treasurer	Michael Larkin
Ordinary Members	Bernadette McGinnes Joshua Riessen Lindy BrinkWorth Lucy Ralton Janice Scott Kerry Paterson(CEO)

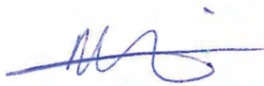
In accordance with Section 35(5) of the Associations Incorporations Act 1985, the Board of the Hepatitis SA Incorporated hereby states that during the financial year ended 30 June 2024:

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

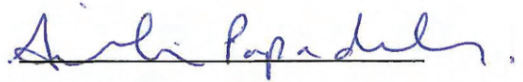
Has received or become entitled to receive a benefit as a result of a contract between the officer, firm or body corporate and the association.

- (b) One office of the association has received a gift with a total value of \$150 from the association, in recognition of their long service as a volunteer Board Member.

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



BOARD MEMBER



BOARD MEMBER

Dated this 16th day of October 2024

Hepatitis SA Incorporated

**Financial Report
For the Year Ended 30th June 2024**

STATEMENT BY MEMBERS OF THE BOARD OF MANAGEMENT

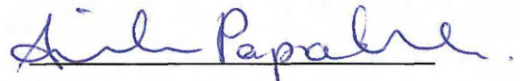
In the opinion of the Board, the financial report:

1. Presents fairly the position of Hepatitis SA Incorporated for the year ended 30th June 2024 and its performance for the year ended on that date.
2. At the date of this statement, there are reasonable grounds to believe that Hepatitis SA Incorporated will be able to pay its debts as and when they fall due.

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



BOARD MEMBER



BOARD MEMBER

Dated this 16th day of October 2024

T 08 8231 6326

13A Wigley Street
Largs Bay SA 5016

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Port Adelaide SA 5015

M 0400 499 014

F 08 8231 0285

E peter@phall.com.au

INDEPENDENT AUDITOR'S REPORT

Hepatitis SA Incorporated

I have audited the accompanying financial report of **Hepatitis SA Incorporated** which comprises the Statement of Financial Position as at 30 June 2024, and the Income and Expenditure Statement for the year then ended, a summary of significant accounting policies and other explanatory notes.

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

Auditor's responsibility

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

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

As is common for organisations of this type, it is not practicable for the Association to maintain a system of internal control over cash receipts until the entry into the accounting records. My audit over cash receipts has been limited to the amounts recorded in the accounting records of the Association.

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

Auditor's Opinion

In my opinion, the financial report presents fairly, in all material respects, the financial position of the **Hepatitis SA Incorporated** as of 30 June 2024, and of its financial performance for the year then ended in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations).

Independence

In conducting my audit, I have complied with the independent requirements of Australian Professional Accounting Bodies.



Peter Hall Chartered Accountant

Dated 17th October 2024

