

Annual Report

2019-2020



Hepatitis B Free

B Free B Aware B Well

www.hepatitisbfree.org.au | ABN: 25 167 817 389

Who are we

Our History

Hepatitis B Free is an Australian-registered tax-concession, not-for-profit charity. We are run by a group of passionate volunteers mostly based in Sydney, Australia who want to give back and make a difference. Our volunteers come from diverse backgrounds and professions, including doctors, nurses, allied health, lawyers, and students. Hepatitis B Free was founded in 2013 by five Australian doctors and nurses. The team was led by Dr. Alice Lee, a gastroenterologist and hepatologist with expertise in viral hepatitis and Sue Huntley, a clinical researcher with a background in nursing and project management. Galvanised by their experience in remote Papua New Guinea, where they travelled on foot to vaccinate and provide basic health clinics for tribal villages, they decided to continue taking action towards addressing the huge needs of those with hepatitis B in resource-poor areas.

Our Vision

To work together towards a world free of hepatitis B.

Our Mission

To facilitate improved awareness, vaccination, testing, and life-saving treatment of hepatitis B and care services aimed at those most in need.

Our goals are globally aligned

Our ultimate goal is the elimination of hepatitis B. The World Health Organization has called for the elimination of hepatitis B by 2030. Sustainable Development Goal 3.3 states that “by 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases”.

(United Nations, Sustainable Development Goal 3. <https://sustainabledevelopment.un.org/sdg 3>)

Our team

Dr. Alice Lee

Dr David Hilmers

Ms. Sue Huntley

Mr. Kar Chua

Ms. Melissa Kermeen

Dr. Thao Lam

Ms. Jodee Wise

Dr. Aiden Foy

Dr. Moe Moe Thinn

Dr. Carrie Lee

Mr. Peter McGhee

Dr. Isaac Chan

Dr. Calvin Park

And many other volunteers and consultants both local and international



Our values

Partnership

We identify and collaborate with key stakeholders in each community, including health care workers, community members, Local Health Authorities and government departments.

Education

We raise awareness about hepatitis B among key high-risk groups, including in countries with high prevalence rates of hepatitis B, people with limited access to health services, and culturally and linguistically diverse communities. We train and upskill local healthcare workers, who we believe are instrumental in providing ongoing health care to their communities. Through consultation, we provide skills and resources in areas they identify as most important.

Sustainability

We work towards making our impact long-term and sustainable, through combined efforts of education in the general community and/or healthcare workers, collaboration with local partners and government, regular evaluation of our projects, and advocacy at a policy level.

What is Hepatitis B

The hepatitis B virus (HBV) is the most common cause of liver infection in the world. It is spread via blood and certain body fluids, including through unprotected sex, sharing needles, and from mother to child at birth. One in three people in the world have been exposed to HBV.

There are 240 million people worldwide living with chronic hepatitis B. Every year around 700,000 people die from complications of hepatitis B. The highest rates are found in sub-Saharan Africa, East Asia, the Pacific Islands, and the Amazon basin of South America.

Hepatitis B infection can be acute or chronic.

When the infection lasts for longer than 6 months, it becomes chronic hepatitis B. The virus can remain in the body for many years, often without any symptoms.

Without treatment, chronic hepatitis B can lead to liver damage with increase the risk of scarring (cirrhosis) and liver cancer.

Vaccination

Vaccination is one of the most cost-effective ways to prevent disease. The hepatitis B vaccine is safe and highly effective in providing immunity against infection. Newborns are particularly vulnerable to hepatitis B – if they are exposed to the virus, they have >90% chance of developing lifelong infection, known as chronic hepatitis B. Therefore, the World Health Organization (WHO) recommends all infants should be vaccinated for hepatitis B at birth or as soon as possible (within 24-48 hours) followed by at least two other doses in infancy. These three doses are 95% effective in preventing infection. However, birth dose vaccination is a major challenge in countries with limited access to healthcare, particularly when women give birth at home without a skilled attendant.

Other priority groups for vaccination include:

- Health care workers
- Household and sexual contacts of people with hepatitis B
- Young adolescents
- Migrants from countries with high hepatitis B rates
- People who inject drugs
- Men who have sex with men
- Persons with multiple sexual partners

What is Hepatitis B

Testing

Testing is important because many people with hepatitis B infection do not experience noticeable symptoms. A blood sample tested in a laboratory is the gold standard to determine whether a person has been infected with the hepatitis B virus. There are a range of tests that are used and these can be ordered as individual tests or a series of tests.

These include:

- Hepatitis B Surface Antigen – the protein on the surface of the hepatitis B virus. A positive result means a person has hepatitis B virus in the blood.
- Hepatitis B Surface Antibody – the body normally produces antibodies (proteins that are part of the immune system) in response to infection. A positive test means that either: a person has been successfully vaccinated against hepatitis B; or they have recovered from an acute infection from hepatitis B and the body has produced an antibody.
- Hepatitis B DNA – can be used to quantify the amount of hepatitis B virus in the blood. This can assist doctors to assess if a person is at increased risk of liver damage.

In resource-limited settings, rapid point of care test kits, typically conducted via simple finger prick, can provide results within minutes and can be beneficial in the absence of laboratory infrastructure.

Treatment

Hepatitis B is not curable, but it can be treated. Not all people with chronic hepatitis B need treatment, however all people should be monitored by a health professional who can monitor their liver function and virus levels.

Treatment with antiviral therapy medicines such as tenofovir and entecavir reduces risk of death after five years from nearly 30% to about 5% in the sickest patients. Not only is this treatment lifesaving, it brings health and a future for patients and those around them. Treatment can turn a death sentence into a treatable condition

Where we work





A year in review:

A brief note from our Co-founders

The second half of 2019 found us exploring new programs. Introducing treatment to additional Pacific Islands, expanding our work in North Korea and treatment of HCV for the very remote and extremely vulnerable populations of Putao in Myanmar. Much of our work was done on the ground, meeting people, understanding the needs and exploring relationships so as to provide support in the best way we can. The beginning of 2020 brought promise of another year of ongoing travel, expanding treatment and training opportunities. This rapidly changed with the COVID pandemic and we were left to explore how and who we supported. We had experienced first hand the amazing work of our partner health care workers that we have had the privilege to work with over the past years, and their incredible dedication and hard work become even more evident throughout the year. As the pandemic soared, all we could do initially was to provide some technical support and wait. Even with the additional challenges, we worked tirelessly together with many international partners to ensure that medicines got to some of the more remote areas and avoided medicine shortage. Online communication and training took over as the main source of engagement and continues to remain so. We remain committed to the programs, the patients and the staff. Our goals remains unchanged.

Alice Lee

Co-Founder and Director
Hepatitis B Free

During a year of so much uncertainty, frustration, turmoil and sadness there have also been moments when we continue to celebrate things that give meaning to us, for which I am truly grateful. As I reflect on this year 2020 and the challenges, I believe we now do things a little differently and don't ever take our processes for granted. I am mindful of friends and colleagues both local and overseas and know they are still facing many challenges, including distance of family, loved ones and friends, along with everyday roles at work and home. Due to my close involvement with the Kiribati team, they are never far from my mind as they continue to strive to fit in the time to join virtual calls to discuss patients and expand knowledge, and where Hepatitis B Free is assisting.

Many of our projects in the region face challenges as well, but the local doctors and team members continue to strive to explore ways to gain increased knowledge, get treatments and look after their patients. I am in awe of them all. I am looking forward to the next chapter with a excitement that the momentum of chance forces us to look at the bigger picture and care for family and friends despite the distance between us.

Sue Huntley

Co-Founder and Director
Hepatitis B Free

Country snapshot:

Papua New Guinea

Throughout the year local doctors and healthcare workers have been conducting screening and patient assessments in preparation to commence antiviral therapy once medications arrived in country.

Dr. Luke Mair, an infectious disease physician from the United Kingdom, completed his three month volunteering stay this past July. He was based in Popondetta sharing his time between New Britain Palm Oil (NBPOL) clinics and health posts and Popondetta General Hospital. He was an extremely valuable asset for the local health team. Shortly after Luke left PNG, anti-viral medications purchased by Hepatitis B Free arrived in-country.

Dr. Thao Lam, Melissa Kermeen and Jodee Wise spent one week in country mid November 2019 to assist local doctors and healthcare workers with commencing the first few patients on treatment. Clinics were run at Siroga, Embi and Mamba estates for NBPOL workers. The FibroTouch machine was carried from Australia and used to assess patients liver fibrosis stage prior to commencing therapy. During this visit local doctors started the first 5 patients on antiviral treatment.

After the trip in November, Dr Alice Lee prepared a news article for the Popondetta local newspaper. The article titled: *Life-saving treatment for Hepatitis B starts in the Oro Province*, is pending publication. A journal article written about the program has been submitted for publication and is awaiting acceptance.

To support the program and the wider community in general, a laboratory upgrade at Siroga Clinic was essential. NBOPPL management approved the purchase of new haematology and biochemistry analysers and they were ordered prior to the end of the year. The analysers have arrived in PNG and are pending delivery to Popondetta.

Work on the patient Hepatitis B information booklet continues and is currently undergoing translation from English to Pidgeon by health workers in Siroga Clinic. We are hoping for the booklet to be completed and the first run printed for the next country visit.

Training is provided on an ongoing ad hoc basis by Alice Lee via Zoom teleconference. Whatsapp and email are used to assist with reviewing challenging cases together with local health workers.

To date eight patients are continuing on antiviral treatment and while the hepatitis program continues, competing resources due to the COVID-19 pandemic has meant health resources and staff man power have had to shift their focus for the time being.

Country snapshot:

Kiribati

In July, Sue Huntley and Aidan Foy visited Kiribati. They were happy to meet the new Hepatitis Project Officer. They found that a number of their recommendations from the previous trip had been adopted, including increasing hepatitis clinic time and the addition of a dedicated hepatitis clinic nurse. The clinics that they attended were functioning smoothly, and more patients have been referred for treatment. The trip corresponded with World Hepatitis Day, and the Kiribati Health Promotions Department organized activities including health fairs in which hepatitis information booklets were distributed, question and answer sessions were conducted, and point of care hepatitis testing was performed.

Patients testing positive were referred to the hepatitis clinic for treatment.

Sue and Aidan were able to visit one of the neighbouring islands, Abiang, for the first time. It is about two hours by speed boat from the main island of Tarawa. They evaluated the health care facilities on the island to see if a hepatitis B treatment program can be supported in the outer islands. The local health care providers are very enthusiastic about starting such a project.

Due to the extremely remote island location, online training is a core part of the program. Aidan runs regular online training via Zoom teleconferences for the physicians in Kiribati. This is an opportunity to talk about how to manage hepatitis B as well as to troubleshoot complex patient cases seen by the local doctors. In between these training sessions, they remain in regular contact via Whatsapp and email. However, there are still difficulties, including limited internet bandwidth, making things such as video conferencing and even occasionally email difficult.

Sue has a weekly meeting via zoom on a Wednesday with local Project Officer Tooma to troubleshoot any issues and run through general program business.

In collaboration with Kathy Jackson (Head of Molecular Microbiology) of the Australian-based Doherty Institute's Victorian Infectious Diseases Reference Laboratory plans are underway to introduce HBV viral load testing using the GeneXpert machine. This will be a great asset for the program and greatly assist local doctors with the management of patient with HBV.

With the program gaining momentum our goal is to extend this work to the outer islands of Kiribati. We are also planning expanding the program to include specific cohorts such as eliminating mother to child transmission by treating mothers with high viral loads with Tenofovir while they're pregnant. A mother to child transmission program is in the final planning stages, a program grant of \$159,350USD has been awarded by Gilead to support the program roll out.

Updating and translating the patient booklet to include the mother to child transmission treatment program information continues. Multiple publications have been submitted and published about the ongoing program in Kiribati. Sharing prevalence data and informing the wider Health and Scientific community is an important part of program sustainability and ongoing funding.

Country snapshot:

DPRK

Alice Lee is a regular face on in-country trips to North Korea with various other team members joining her on trips up to four times each year. Alice along with HBF Director Dr.

David Hilmers travelled to DPRK in October to continue the work. We are currently working in clinics in five different cities: Pyongyang, Hae-ju, Kae-song, Pyongsong and Sariwon and have just over 2,000 patients on therapy with more being added on each trip.

In December a treatment program for Hepatitis C (HVC) begun, with the first cohort of patients commenced on direct-acting-antiviral treatment. Medications for HCV are 100% donated to the program by DAK foundation- an Australian-based foundation.

David has started working on analysing the FibroScan/FibroTouch data by looking at pre-treatment and post-treatment median kPa scores. Preliminary data shows a statistically significant improvement in scores pre and post treatment.

COVID-19 has restricted visits to DPRK and we continue to hope to return as soon as the borders reopen.

Country snapshot:

Myanmar

Communication with local teams Medical Action Myanmar (MAM) and Myanmar Liver Foundation (MLF) are frequent. Dr Alice Lee corresponds via Zoom teleconference, Whatsapp and email for program updates to assist with reviewing challenging cases together with local health workers.

With the HOPE-C treatment program for Hepatitis C now concluded in Yangon, the program treated nearly 200 patients for HCV with current generation direct-acting-antivirals (DAA) with approximately 90-95 % cure rates. The medications used for the program are sofosbuvir and daclatasvir for 12 weeks (non-cirrhotic) or 24 weeks (cirrhotic).

The HOPE-C treatment program started in Putao for patients with or without coinfection with HIV, and in active drug users has been approved with the first cohort of patients starting treatment in early 2020. This is a micro elimination project.

Medications used for the HCV treatment program are donated by DAK foundation- an Australian-based foundation and program supported by a grant MAM received, with HBF support.

In January MLF sent 2 program proposals and funding requests. The first program was to support HBV testing and vaccination in 150 patients using intradermal vaccination. The funding request was for \$5,000USD and was approved at the HBF general meeting in February. The second program is for testing, vaccination and treatment for HBV and HCV patients and is a collaborative program with Community Partners International (CPI) proposed for Kayin State, Rakhine State and Winka. The details of this program are still being worked out at this stage.

The wonderful work done in Myanmar has been written up for publication in medical journals, one article is pending acceptance and publication, the other will be submitted for consideration in the coming few weeks.

Country snapshot:

Pacific Islands

Fiji, Vanuatu and Tonga

Fiji-

The first shipment of antiviral medications arrived in Fiji in December, the clinic commenced treatment on the first 3 patients soon after. As the program grows and more and more patients are being treated, additional clinics in other locations are needed to accommodate both patient access and capacity. Two other clinics are currently being reviewed for potential program roll out.

At present blood samples of HBV patients are being shipped to the Australian lab VIDRL for HBV viral load testing. This testing is run on a specific machine that is not yet available in country but is an additional test that assists local doctors with making treatment decisions for their patients and assists with monitoring for complex patients. Plans are underway to introduce HBV viral load testing using the GeneXpert machine in country which will greatly increase result turn around time.

During HBF last visit to Fiji the FibroScan was not working and was brought back to Australia for repair. Networking with other health care providers here in Australia meant that the machine could be returned to Fiji in a timely fashion by another volunteer medic.

Vanuatu-

The HBV program protocol for Vanuatu was finalised in September 2019. As soon as the program was finalized preparation for the medication order was completed and the order was placed a few short weeks later in October. Logistic issues meant that the international shipment would first need to be sent to Fiji then forwarded on to Vanuatu and Tonga.

HBF paid for the cost of the shipment of medications.

HBF is considering providing a grant of \$5,000AUD to assist with funding a co-ordinator for the program.

Tonga-

The HBV program protocol for Tonga was finalised in September 2019. The medication order was placed a few short weeks later in October at the same time as the order for Vanuatu. As with Vanuatu, logistic issues meant that the international shipment would first need to be sent to Fiji then forwarded to Tonga. HBF paid for the cost of the shipment of medications.

HBF is considering providing a grant of \$5,000AUD to assist with funding a local co-ordinator for the program.

Resources are limited and we are considering assisting the program start up with purchasing HBV test kits along with a tablet or laptop for HBV program use.

General Pacific Island information-

World Health Organisation are due to release the new HBV guidelines for the Pacific on Mother To Child Transmission (PMTCT). These guidelines will support policy changes to allow treatment of pregnant women to reduce HBV transmission during pregnancy and birth.

While regular in-country visits, email correspondence, meetings and training occurred pre COVID-19, a more formalised monthly meeting is now ran by Alice Lee via Zoom teleconference for the PI countries. Policy, guidelines, structured education along with reviewing challenging cases together with local health workers has been a focus of the monthly meetings.

Training: online and on the ground

Local health workers are the front-line of healthcare, and it is vital to support their work through resources and education.

All Hepatitis B Free (HBF) programs rely on good communication, collaboration and ongoing training with the local health workers who are primarily responsible for the care of their patients. This involves a combination of regular trips to countries to provide face-to-face training and maintain personal relationships; as well as online training (in countries where internet connection is available). Due to the remoteness of some locations, online training is a core part of the program. This is an opportunity to talk about how to manage hepatitis B and troubleshoot complex cases.

However, there are still difficulties, including limited internet bandwidth, making things such as video conferencing and even email difficult.

Until March 2020 when the COVID-19 pandemic forced all international travel to cease, HBF had been visiting most countries up to four times per year to support each country's program. Since March all programs have relied 100% on online training and communication (via various platforms).

Training for the Pacific Island countries is provided on a monthly basis by Dr Alice Lee via Zoom teleconference. The hour long sessions consist of slide presentations and case reviews. Topics are at times chosen by the local teams to assist with their specific education needs. Time is allocated during each session to assist with reviewing challenging cases together with local health workers to provide support with their patient management.

Kiribati program leads Director Sue Huntley and Dr Aiden Foy run the online education for the local health workers, as well as to troubleshoot complex patient cases seen by the local doctors.

Presentations for local organisations such as Lions and Rotary continue to occur ad hoc. The presentations on Hepatitis B in general and our work in various countries are always well-received and generate much discussion . Some clubs have also provided donations to help support programs.

General business

- Our volunteers have been working behind the scenes providing updates on Facebook, Instagram and on our webpage.
- Alice has provided multiple fact sheets and slide presentations that have been upload to the public area of our webpage.
- Alice is working with a local mobile app designer to create an education app that doctors in resource-limited settings can download and use without internet access. It will include treatment guidelines, algorithms and case reviews.
- David provides quarterly updates to international donation platform Global Giving. We have been very lucky to receive thousands of dollars in donations that have supported many of our programs via this platform .
- Our directors have attended multiple International conferences and symposiums pre-COVID-19.
- Further formalizing of HBF membership processes with a new membership form
 - Planning is underway for World Hepatitis Day 2020 in July



Hepatitis B Free

B Free B Aware B Well

Financial Report

Hepatitis B Free Limited

ABN 25 167 817 389

For the year ended 30 June 2020

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Directors' Report

Hepatitis B Free Limited

For the year ended 30 June 2020

Your directors present their financial report on the company for the year ended 30 June 2020.

Directors

The names of directors throughout the year and at the date of this report are:

Dr. Alice Unah Lee - Director and Co-Founder

Dr. Lee is a gastroenterologist and hepatologist, clinical associate professor at Macquarie University and currently leads the liver services at Concord and Canterbury Hospitals, where she is a senior staff member. A graduate from the University of Sydney, Dr. Lee completed a PhD in liver disease (Sydney University) and remains active in teaching and clinical research. In addition to providing general gastroenterology services, she has extensive experience in viral hepatitis.

Dr. Lee was appointed as a director on 31 January 2014.

Ms. Margaret Susan Huntley - Director and Co-Founder

Ms. Huntley is a Clinical Research Consultant, and after many years of nursing Sue owns her own research company and is working in various areas of clinical research and project management. Sue has volunteered for many Charity groups on projects globally.

Ms. Huntley was appointed as a director on 31 January 2014.

Dr. David Hilmers - Director and Chief Medical Officer

Dr. Hilmers is a Professor in the Departments of Internal Medicine and Pediatrics, the Center for Global Initiatives, and the Center for Space Medicine at the Baylor College of Medicine in Houston, Texas. In addition to teaching, his clinical pursuits have included international HIV, pediatrics special needs, adolescent medicine, emergency medicine, and inpatient internal medicine. His research interests have included infectious diseases such as malaria, HIV and Ebola, as well as refugee health, micronutrient malnutrition, and metabolic syndrome. He has done volunteer service and disaster relief work throughout the world. He served as a member and first chairman of the National Space Biomedical Research Institute's User Panel. Prior to entering medical school at the age of 42, he was a Marine Corps colonel, aviator and electrical engineer and served as a NASA astronaut on four space shuttle missions.

Dr. Hilmers was appointed to the board on 1 March 2019.

Mr. Kar Chua - Director and Company Treasurer

Mr. Chua is a member of the Institute of Chartered Accountants in Australia and has a range of experience in assisting a number of ASX-listed companies with their financial, taxation and corporate secretarial reporting, in addition to having a background in reporting responsibilities for multi-national companies, small and medium-sized enterprises. Currently, he holds the position of Associate Director at Enrizen Financial Group Pty Ltd and is also Company Secretary of ASX listed companies, Gateway Mining Limited and Gasfields Limited; and an unlisted coal exploration company, Futura Resources Limited.

Mr. Chua was appointed to the board on 1 March 2019.

Company Secretary

Ms. Melissa Kermen - Company Secretary

Ms. Kermen is a Registered Nurse specialising in Hepatology as a Clinical Trial Coordinator at Concord Hospital. Her passion is viral hepatitis and believes that prevention is always better than cure and that effective healthcare is a basic human right.

Originally from Ballarat, Victoria Melissa has made Sydney her home after living abroad and travelling to many developing countries.

Ms. Kermeen was appointed to the board on 31 January 2014.

Committee Members

Mr. Peter McGhee - Legal Counsel

Mr. McGhee has diverse experience working as a solicitor for 22 years. This has included acting as Executive Officer and Principal Solicitor of the Intellectual Disability Rights Service, teaching at UTS Law Faculty and working at the NSW Attorney General's Department in inquiries before the Independent Commission Against Corruption. Currently he is Senior Legal Officer at the Department of Education.

Miss. Carrie Lee - Project Manager Assistant

Miss. Lee is a medical student with a growing passion for global health and finding ways to improve health where access and resources are limited. Carrie travelled to Papua New Guinea with Hepatitis B Free for the first time in January 2014 and hasn't looked back since. Her roles include photographing and documenting, fundraising, and facilitating ways for students to put their creativity and skills to use.

Principal Activities

The principal activities of the company during the financial year were as a charitable organisation to working with communities and healthcare workers to stop hepatitis B through prevention, testing and treatment.

No significant change in the nature of these activities occurred during the year.

Significant Changes in the State of Affairs

No significant changes in the state of the company's affairs occurred during the financial year.

Operating Result

The total comprehensive income/(loss) of the company for the financial year amounted to (\$49,588) (2019: \$330,536). The total equity of the company is \$711,354 (2019: \$760,942).

Going Concern

The financial statements have been prepared on a going concern basis, which assumes that the company will be able to continue its trading activities. The company made a deficit of \$49,588 for the year ended 30 June 2020 with a equity position of \$ 711,354 at 30 June 2020.

The company's ability to meet its obligations as and when they fall due and continue as a going concern is dependent on a number of factors. The factors include the ability of the company to perform in line with budgets and cash flow projections in addition to achieving, sustainable levels of donations and sponsorship in the future.

Events Subsequent to the End of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

Dividends

The Constitution of the company prohibits the payment of dividends.

Meetings of Committee Members

During the financial year, a number of committee meetings were held. Attendances by each of committee member during the year were as follows:

Committee Members Name	Number Eligible to Attend	Number Attended
Dr. Alice Unah Lee	4	4
Ms. Margaret Susan Huntley	4	3
Dr. David Hilmers	4	3
Mr. Kar Chua	4	1
Ms. Melissa Kermeen	4	4
Mr. Peter McGhee	4	0
Miss. Carrie Lee	4	3

Options

No options over issued shares or interests in the company were granted during or since the end of the financial year and there were no options outstanding at the date of this report.

Indemnification of Officer

No indemnities have been given or insurance premiums paid, during or since the end of the financial year, for any person who is or has been an officer or auditor of the company.

Proceedings on Behalf of the Company

No person has applied for leave of court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or any part of those proceedings. The company was not a party to any such proceedings during the year.

Members' Liability

The company is incorporated under the Corporations Act 2001 and is a company limited by guarantee. If the company is wound up, the constitution states that each member is required to contribute a maximum of \$10 each towards meeting any outstanding obligations of the entity. At 30 June 2020, the total amount that members of the company are liable to contribute if the company is wound up is \$10 (2019: \$10).

Auditor's Independence Declaration

A copy of the auditor's independence declaration as required under s 307C of the Corporations Act 2001 is set out on page 7.

The directors' report is signed in accordance with a resolution of the Board of Directors on:



17-12-2020

Alice Unah Lee (Director)

Directors' Report

Date:



Margaret Susan Huntley (Director)

Date: 18 Dec 2020

Auditor's Independence Declaration

Hepatitis B Free Limited

For the year ended 30 June 2020

In accordance with section 307C of the Corporations Act 2001, I am pleased to provide the following declaration of independence to the Directors of Hepatitis B Free Limited.

As lead review of the financial statements of Hepatitis B Free Limited for the year ended 30 June 2020, I declare that to the best of my knowledge and belief, that there have been no contraventions of:

- (i) the auditor Independence requirements of the Corporations Act 2001 in relation to the audit; and
- (ii) any applicable code of professional conduct in relation to the audit.

Ronald Targett

Director

Targett Wellman Pty Ltd

Date:



21/12/2020.

Statement of Profit or Loss and Other Comprehensive Income

Hepatitis B Free Limited
For the year ended 30 June 2020

	2020	2019
Income		
Revenue	199,383	547,665
Total Income	199,383	547,665
Gross Surplus	199,383	547,665
Expenditure		
Administrative Expenses	42	33
Auditor's Remuneration	2,704	3,560
Bank Fees	13	9
Conference	1,582	1,790
Consultancy Fees	173,527	154,000
Depreciation	2,478	-
Fundraising Expenses	-	776
Insurance	-	2,264
Medicine	6,020	1,291
Office Expenses	377	293
Printing & Stationery	-	673
Repairs and Maintenance	44	-
Subscriptions	210	-
Superannuation	547	1,105
Travel and Accommodation	47,976	39,700
Wages and Salaries	5,760	11,636
Funding Program Supporting	7,689	-
Total Expenditure	248,971	217,130
Current Year Surplus/ (Deficit) Before Income Tax Adjustments	(49,588)	330,536
Current Year Surplus/(Deficit) Before Income Tax	(49,588)	330,536
Net Current Year Surplus/(Deficit) After Income Tax	(49,588)	330,536

The accompanying notes form part of these financial statements. These statements should be read in conjunction with the attached compilation report.

Statement of Financial Position

Hepatitis B Free Limited

As at 30 June 2020

	NOTES	30 JUN 2020	30 JUN 2019
Assets			
Current Assets			
Cash and Cash Equivalents	4	400,141	445,417
Trade and Other Receivables	5	348	249
GST Receivable	6	18,080	16,376
Other Current Assets	7	410,860	255,000
Total Current Assets		829,429	717,042
Non-Current Assets			
Financial Assets - Available For Sale	9	142,185	44,447
Total Non-Current Assets		142,185	44,447
Total Assets		971,613	761,488
Liabilities			
Current Liabilities			
Trade and Other Payables	10	2,875	-
Employee Entitlements	11	378	547
Grants Received in Advance	12	257,006	-
Total Current Liabilities		260,260	547
Total Liabilities		260,260	547
Net Assets		711,354	760,942
Member's Funds			
Retained Earnings		711,354	760,942
Total Member's Funds		711,354	760,942

The accompanying notes form part of these financial statements. These statements should be read in conjunction with the attached compilation report.

Statement of Changes in Equity

Hepatitis B Free Limited

For the year ended 30 June 2020

	2020	2019
Equity		
Opening Balance	760,942	430,406
Increases		
Profit for the Period	(49,588)	330,536
Total Increases	(49,588)	330,536
Total Equity	711,354	760,942

Depreciation Schedule

Hepatitis B Free Limited

For the year ended 30 June 2020

NAME	COST	OPENING VALUE	PURCHASES	DISPOSALS	DEPRECIATION	CLOSING VALUE
Computer Equipment						
Dell-XPS 13 (9370) (Laptop-Sue)	2,108	-	2,108	-	2,108	-
Total Computer Equipment	2,108	-	2,108	-	2,108	-
Office Equipment						
Powerpoint projector	370	-	370	-	370	-
Total Office Equipment	370	-	370	-	370	-
Total	2,478	-	2,478	-	2,478	-

Statement of Cash Flows

Hepatitis B Free Limited For the year ended 30 June 2020

	2020	2019
Operating Activities		
Receipts From Donations, Fundraising and Grant	449,931	541,463
Payments to Suppliers and Employees	(245,477)	(229,429)
Receipts from Investment Income	893	1,303
Interest Received	7,727	2,948
Finance Costs	(13)	(9)
Net Cash Flows from Operating Activities	213,060	316,278
Investing Activities		
Payment for Property, Plant and Equipment	(2,478)	-
Payment for Investments	(255,858)	(255,023)
Net Cash Flows from Investing Activities	(258,336)	(255,023)
Net Cash Flows	(45,276)	61,254
Cash and Cash Equivalents		
Cash and cash equivalents at beginning of period	445,417	384,163
Cash and cash equivalents at end of period	400,141	445,417
Net change in cash for period	(45,276)	61,254

Notes to the Financial Statements

Hepatitis B Free Limited

For the year ended 30 June 2020

1. Statement of Significant Accounting Policies

The directors have prepared the financial statements on the basis that the company is a non-reporting entity because there are no users who are dependent on general purpose financial statements. These financial statements are therefore special purpose financial statements that have been prepared in order to meet the requirements of the Corporations Act 2001. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

The financial statements have been prepared in accordance with the mandatory Australian Accounting Standards applicable to entities reporting under the Corporations Act 2001 and the significant policies disclosed below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with those of previous periods unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accruals basis and are based on historical costs unless otherwise stated in the notes. Material accounting policies adopted in the preparation of these financial statements are presented below, which the directors have determined are appropriate to meet the needs of members. Such accounting policies are consistent with those of previous periods unless stated otherwise. The amounts presented in the financial statements have been rounded to the nearest dollar.

The financial statements were authorised for issue by the Board of Directors.

Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under Div 50 of the Income Tax Assessment Act 1997.

Initial Measurement

Financial assets and financial liabilities are recognised when the entity becomes a party to the contractual provisions of the instrument. For financial assets, this is equivalent to the date that the company commits itself to either purchase or sell the asset (ie trade date accounting is adopted).

Financial instruments are initially measured at fair value plus transaction costs, except where the instrument is classified "at fair value through profit or loss", in which case transaction costs are recognised as expenses in profit or loss immediately.

Classification and Subsequent Measurement

Financial instruments are subsequently measured at fair value, amortised cost using the effective interest method, or cost. Where available, quoted prices in an active market are used to determine fair value. In other circumstances, valuation techniques are adopted.

Amortised cost is calculated as the amount at which the financial asset or financial liability is measured at initial recognition less principal repayments and any reduction for impairment and adjusted for any cumulative amortisation of the difference between that initial amount and the maturity amount calculated using the effective interest method.

The effective interest method is used to allocate interest income or interest expense over the relevant period and is equivalent to the rate that exactly discounts estimated future cash payments or receipts (including fees, transaction costs and other premiums or discounts) through the expected life (or when this cannot be reliably predicted, the contractual term) of the financial instrument to the net carrying amount of the financial asset or financial liability. Revisions to expected future net cash flows will necessitate an adjustment to the carrying amount with a consequential recognition of an income or expense item in profit or loss.

The company does not designate any interests in subsidiaries, associates or joint ventures as being subject to the requirements of Accounting Standards specifically applicable to financial instruments.

These notes should be read in conjunction with the attached compilation report.

- **Loans and receivables**

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost. Gains and losses are recognised in profit or loss through the amortisation process and when the financial asset is derecognised.

- **Financial liabilities**

Non-derivative financial liabilities other than financial guarantees are subsequently measured at amortised cost. Gains or losses are recognised in profit or loss through the amortisation process and when the financial liability is derecognised.

Financial Assets

Investments in financial assets are initially recognised at cost, which includes transaction costs, and are subsequently measured at fair value, which is equivalent to their market bid price at the end of the reporting period. Movements in fair value are recognised through profit or loss.

Impairment of Assets

At the end of each reporting period, the committee reviews the carrying amounts of its tangible and intangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, an impairment test is carried out on the asset by comparing the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, to the asset's carrying amount. Any excess of the asset's carrying amount over its recoverable amount is recognised in the income and expenditure statement.

Employee Benefits

Short-term Employee Benefits

Provision is made for the company's obligation for short-term employee benefits. Short-term employee benefits are benefits (other than termination benefits) that are expected to be settled wholly before 12 months after the end of the annual reporting period in which the employees render the related service, including wages, salaries and sick leave. Short-term employee benefits are measured at the (undiscounted) amounts expected to be paid when the obligation is settled.

The company's obligations for short-term employee benefits such as wages, salaries and sick leave are recognised as part of current trade and other payables in the statement of financial position.

Contributions are made by the entity to an employee superannuation fund are charged as expenses when incurred.

Provisions

Provisions are recognised when the association has a legal or constructive obligation, as a result of past events, for which it is probable that an outflow of economic benefits will result and that outflow can be reliably measured. Provisions are measured at the best estimate of the amounts required to settle the obligation at the end of the reporting period.

Cash on Hand

Cash on hand includes cash on hand, deposits held at call with banks, and other short-term highly liquid investments with original maturities of three months or less.

Accounts Receivable and Other Debtors

Accounts receivable and other debtors include amounts due from members as well as amounts receivable from donors. Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

Revenue and Other Income

Revenue is measured at the fair value of the consideration received or receivable after taking into account any trade discounts and volume rebates allowed. For this purpose, deferred consideration is not discounted to present values when recognising revenue.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument. Dividend revenue is recognised when the right to receive a dividend has been established.

Grant and donation income is recognised when the entity obtains control over the funds, which is generally at the time of receipt.

If conditions are attached to the grant that must be satisfied before the association is eligible to receive the contribution, recognition of the grant as revenue will be deferred until those conditions are satisfied.

All revenue is stated net of the amount of goods and services tax.

Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Taxation Office (ATO). Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the ATO is included with other receivables or payables in the assets and liabilities statement.

Accounts Payable and Other Payables

Accounts payable and other payables represent the liability outstanding at the end of the reporting period for goods and services received by the association during the reporting period that remain unpaid. The balance is recognised as a current liability with the amounts normally paid within 30 days of recognition of the liability.

Critical Accounting Judgements, Estimates and Assumptions

The directors evaluate estimates and judgments incorporated into the financial statements based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economic data, obtained both externally and within the company.

Key Estimates

Impairment - General

The company assesses impairment at the end of each reporting period by evaluating the conditions and events specific to the company that may be indicative of impairment triggers. Recoverable amounts of relevant assets are reassessed using value-in-use calculations which incorporate various key assumptions.

These notes should be read in conjunction with the attached compilation report.

There were no other significant key estimates made during the reporting period.

Key Judgements

There were no key judgements made during the reporting period.

2. Going Concern

The financial statements have been prepared on a going concern basis, which assumes that the company will be able to continue its trading activities. The company made a deficit of \$49,588 for the year ended 30 June 2020 with a equity position of \$711,354 at 30 June 2020.

The company's ability to meet its obligations as and when they fall due and continue as a going concern is dependent on a number of factors. The factors include the ability of the company to perform in line with budgets and cash flow projections in addition to achieving, sustainable levels of donations and sponsorship in the future.

	2020	2019
3. Revenue		
Donations	192,924	541,463
Fair Value adjustments	(2,260)	2,231
Interest Income	7,727	2,948
Investment Income	992	1,024
Total Revenue	199,383	547,665

	2020	2019
4. Cash and Cash Equivalents		
Cash on hand	10,000	10,000
BOQ Business Web	388,587	286,298
BOQ Everyday Saver	460	63
CBA Society Cheque Account	1,094	149,056
Total Cash and Cash Equivalents	400,141	445,417

	2020	2019
5. Trade and Other Receivables		
Other Receivables		
Distribution Receivable - Balmain	106	-
Distribution Receivable - ComnSec Shares	242	249
Total Other Receivables	348	249
Total Trade and Other Receivables	348	249

	2020	2019
6. GST Receivable		
GST	18,080	16,376
Total GST Receivable	18,080	16,376

These notes should be read in conjunction with the attached compilation report.

	2020	2019
7. Other Current Assets		
Term Deposit		
BOQ TD #22893552	261,433	255,000
CBA TD #2472	149,427	-
Total Term Deposit	410,860	255,000
Total Other Current Assets	410,860	255,000
	2020	2019
8. Fixed Assets		
Computer Equipment	2,108	-
Less Accumulated Depreciation on Computer Equipment	(2,108)	-
Office Equipment	370	-
Less Accumulated Depreciation on Office Equipment	(370)	-
Total Fixed Assets	-	-
	2020	2019
9. Financial Assets		
Available-for-sale financial assets at fair value		
Listed Investments		
ISHARES S&P DIV OPP ETF UNITS (IHD)	18,390	21,540
ISHS GLOBAL 100 ETF CDI 1:1 (IOO)	15,330	14,064
VNGD AUS SMALL ETF UNITS (VSO)	8,465	8,843
Total Listed Investments	42,185	44,447
Other Investments		
Investment - Balmain Discrete Mtg Trusts	100,000	-
Total Other Investments	100,000	-
Total Available-for-sale financial assets at fair value	142,185	44,447
Total Financial Assets	142,185	44,447
	2020	2019
10. Trade and Other Payables		
Accounts Payable	2,875	-
Total Trade and Other Payables	2,875	-
	2020	2019
11. Employee Entitlements		
PAYG Withholdings Payable	264	216
Superannuation Payable	114	331
Total Employee Entitlements	378	547

These notes should be read in conjunction with the attached compilation report.

	2020	2019
12. Grants Received in Advance		
Grants Received In Advance - Kiribati Project	257,006	-
Total Grants Received in Advance	257,006	-

	2020	2019
13. Cash Flow Information		
Cash Flow from Operations		
Profit (Loss) from Operating Activities after Income Tax	(49,588)	330,536
Adjustments for Fair Value Adjustments for Financial Assets	2,260	(2,231)
Adjustments for Depreciation	2,478	-
Change in Assets and Liabilities		
Decrease (Increase) in Receivables	(1,803)	(11,909)
Increase (Decrease) in Payable and Other Accrued Expenses	259,713	(119)
Total Change in Assets and Liabilities	257,910	(12,028)
Total Cash Flow from Operations	213,060	316,278
Cash Flows from Operations	213,060	316,278

14. Related Party Transactions

Interest in Contracts

During the year the association entered into a contract with G & H Specialist Pty Ltd to provide technical programmatic services to the association. Dr Alice Lee, who is a board member of the association, is also the managing director of G & H Specialist Pty Ltd. During the year \$190,880 was paid to G & H Specialist Pty Ltd for its services.

15. Contingent Liabilities

The Board of Directors believe that there are no contingent liabilities up to or subsequent to the 30th June 2020 (2019: nil) .

16. Events Subsequent to Reporting Date

No matter or circumstance has arisen since the reporting date that has significantly affected or may significantly affect the company's operations, the results of those operations or the company's state of affairs in future financial years.

17. Company Details

The registered office & sole principal place of business of the company is:
Hepatitis B Free Ltd

1 Haughton Street, Linley Point NSW 2066

Directors Declaration

Hepatitis B Free Limited

For the year ended 30 June 2020


The directors have determined that the company is not a reporting entity and that this special purpose financial report should be prepared in accordance with the accounting policies outlined in Note 1 to the financial statements.

The directors of the company declare that:

1. The financial statements and notes, present fairly the company's financial position as at 30 June 2020 and its performance for the year ended on that date in accordance with the accounting policies described in Note 1 to the financial statements; and
2. In the directors' opinion there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Director: Dr. Alice Unah Lee 

Director: Ms. Margaret Susan Huntley 

Independent Auditor's Report

Hepatitis B Free Limited For the year ended 30 June 2020

Independent Audit Report to the members of the Association

We have audited the accompanying financial report, being a special purpose financial report, of Hepatitis B Free Limited, which comprises the directors' report, the statement of financial position as at 30 June 2020, the statement profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year ended on that date, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

Directors' Responsibility for the Financial Report

The directors of Hepatitis B Free Limited are responsible for the preparation of the financial report that gives a true and fair view and have determined that the basis of preparation described in Note 1 to the financial report is appropriate to meet the requirements of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act). The responsible entities' responsibility also includes such internal control that the responsible entities determine is necessary to enable the preparation of a financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could be expected to influence the economic decisions or users taken on the basis of the financial report.

Conclusion

Based on our audit, nothing has come to our attention that causes us to believe that the financial report of Hepatitis B Free Limited does not satisfy the requirements of Division 60 of the Australian Charities and Not-for-profits Commission Act 2012 including:

- (a) giving a true and fair view of Hepatitis B Free Limited's financial position as at 30 June 2020 and of its financial performance and cash flows for the year ended on that date; and
- (b) complying with Australian Accounting Standards to the extent described in Note 1, and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2013.

Basis of Accounting

Without modifying our opinion, we draw attention to Note 1 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling Hepatitis B Free Limited's financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose.

Ronald Targett

Director

Targett Wellman Pty Ltd



Independent Auditor's Report

Dated: 21/12/2020.