

# Annual General Report



Hepatitis B Free

B Free B Aware B Well

# 2016



Hepatitis B Free is a volunteer-run charity based in Sydney dedicated to working towards a world free of hepatitis B.

Locally and internationally, we aim to address the serious lack of awareness and services for hepatitis B.

#### Our goals: are

- To facilitate hepatitis B prevention and delivery of care in communities with limited healthcare access;
- To raise awareness about hepatitis B, especially among high-risk groups;
- To provide sustainable support for resource-poor regions through collaboration between volunteers, health care workers, community members and Local Health Authorities; and
- To advocate for greater efforts to provide services for, and ultimately eliminate hepatitis B

Our mission is to facilitate vaccination, testing and life-saving treatment, particularly for those at higher risk.

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B Free B Aware B Well

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# Year in Review

## Co-Directors

Alice Lee & Sue Huntley

It has been an incredible year for Hepatitis B Free. Our team of wonderful volunteers continues to expand and work with enthusiasm. The range of backgrounds of our volunteers testifies to the premise that hepatitis B affects all aspects of society and is highly relevant to everyone. Students from high school and universities have been involved, including the University of New South Wales and the University of Sydney, drawing not only medical students but those from law, accounting and economics backgrounds. When recently asked about what skills were required to contribute to our organisation, it was a simple answer: just the heart to make a difference.

Our bimonthly meetings are a flurry of activity, with both old and new friends keen to see what we do and how we can increase our reach. This involves planning local activities as well as international programs, and working on increasing awareness through a range of social media platforms.

Local programs to address gaps in key communities at risk of hepatitis B have continued. We have undertaken Korean community education forums addressing key areas of interest for the community. Volunteers spoke about hepatitis B, cancers, dental care, as well as legal matters. Point of care testing for hepatitis B was offered through a simple finger prick test. This can identify those who are positive for hepatitis B. If needed, we offer additional counselling and information from health care professionals. Events like these are run in partnership with the Korean Australian Medical Society (KAMS) and volunteers of the Korean Health Committee.

For the first time, similar activities were started in partnership with both the Burmese community and the medical association. Both were extremely well received with ongoing commitment to collaborating in 2016. We are also exploring partnerships for projects this year and beyond with other key, at-risk communities.

Other work has included the development of resources that are relevant and engaging at the community level. These have been disseminated in print, online and other forms of social media, including our website, Facebook and Twitter, as well as radio interviews and newspaper articles.

Our international programs continue to challenge and reward us. We have spent this year identifying our key strengths and the most effective ways we can support our partners. For now, this means continuing to remain focused on our strong technical expertise, particularly in hepatitis B. Adding to this, we are drawing on the specific skills of our volunteers including optometry and pharmacy.

We returned to Papua New Guinea with a stronger sense of how we can deliver support. Our networking has enabled access to goods-in-kind, with a shipment of supplies sent to our partners in Popondetta at New British Palm oil. Elizabeth Cazalet, the health manager remains a powerful facilitator for our works. Through this partnership, we were able to reach people not only in the vicinity of Popondetta, but also to those at Kokoda village. We feel incredibly blessed to be supported by such generous partners.



Taking this forward, our plans are to develop strong partnership with the Provincial Health and the hospital with the support of the Oro provincial governor. Education of community health care workers is a priority with our formal sessions and workshops being well-received.

We returned to Itokama at the invitation and welcome of our old friends. Each visit is filled with promise and hope for those waiting for us. For us, it is a way to make a small contribution by working side-by-side with local health care workers who have such a challenging task. More than 1000 persons were cared for and we gained a better understanding of some of the issues affecting these areas. Water and basic health care clinics are very much in need, and we hope to work towards improving this situation. This project remains possible through collaboration with Baptist Redeemer and their heart for the people, who are an extension of their family. Funds were also raised to support the education of two students from Itokama to attend nursing school, with the hope that they return to their community.

Another area of technical support is the work in Fiji, where the hepatitis B program is not well established. The biggest and perhaps most ambitious and

challenging international program is in the Democratic Peoples Republic of North Korea (DPRK). In a place filled with challenges, we are exploring the real possibility of providing hepatitis B care; working with Christian Friends of Korea, the World Health Organization (WHO) and the Ministry of Public health of DPRK. Hepatitis B is one of the most significant health care burdens for the people of DPRK, who face many hardships. At a time and in a place where there is little available, we hope that our program brings real hope and in time, healing, to those in need.

Hepatitis B Free is currently a small organisation, fully run by volunteers, who work to address gaps in health care. In a short period of time this has taught me that it is not the about the size of the program, the money available or the time that people give. Rather, it is about the intent; the desire to be kind, to share and to give a little. Each act of kindness has a rippling effect, and what a powerful effect this has. Nothing is too small, no one too insignificant. We are grateful for this opportunity and celebrate a wonderful year of sharing and giving to others. We are inspired everyday by the heroes we are blessed to be surrounded by.

# Where we work



# Glossary of Hepatitis Terms

## What is hepatitis B?

The hepatitis B virus 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 the virus. Every year around 700,000 people die from complications associated with chronic hepatitis B. Its highest prevalence is in sub-Saharan Africa, East Asia, the Pacific Islands, and the Amazon basin of South America.

Hepatitis B infection can be acute or chronic. It affects people differently – some have mild illness, while in others it can be severe. Acute infection usually resolves, especially in adults. However, it is fatal in 1% of cases. 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. This increases the risk of developing liver cancer or serious scarring (cirrhosis) in the future. It is estimated that there are 240 million people worldwide living with chronic hepatitis B.

## Vaccination

Vaccination is one of the most cost-effective ways to prevent disease. Available since 1982, the hepatitis B vaccine is safe and highly effective in providing immunity against infection. If newborns and children are exposed to hepatitis B virus at a young age, they are more likely to develop chronic hepatitis B as their immune response is not strong enough to clear the virus. Therefore, timely vaccine delivery is absolutely vital in areas with high rates of hepatitis B. The full dose schedule of the vaccine should be given as recommended in the national immunization programme of each country. The World Health Organization (WHO) recommends universal hepatitis B vaccination for all infants, with the first dose given as soon as possible after birth. Administered within 24 hours and followed by at least two other doses, the three doses are 90-95% effective in preventing infection and decreasing transmission.

Vaccination in other target groups at risk of infection include household and sexual contacts of people with hepatitis B, young adolescents, migrants from countries

with high hepatitis B prevalence, people who inject drugs, men who have sex with men, and persons with multiple sex partners. Health care worker vaccination is also recommended or mandatory in many countries.

## Testing

Testing is important because many people with hepatitis B infection do not have 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.

Doctors can also order a specific test (hepatitis B DNA) 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.

Rapid point of care test kits are used in some settings; such as community screening programs, rural settings and in developing countries where laboratory testing is slow or impractical.

## Treatment

Hepatitis B is not curable but it can be controlled with treatment, which is long term in most cases. Not all people with chronic hepatitis B need treatment. However, all people should enter a monitoring program where their liver function tests, viral load and general liver condition can be checked regularly by a doctor. There are different options for people who meet criteria for treatment (including raised liver function tests), with either long term oral antiviral therapy or pegylated interferon.

# Overview of Activities

## Current Activities

Country	Project Commenced <sup>+</sup>	Hepatitis B testing & education	Vaccination	Patient Consultations	Eye Services
Papua New Guinea	2013	✓	✓	✓	✓
Democratic Republic of North Korea	2015	✓		✓	
Australia	2015	✓			
Myanmar*	2016		✓	✓	

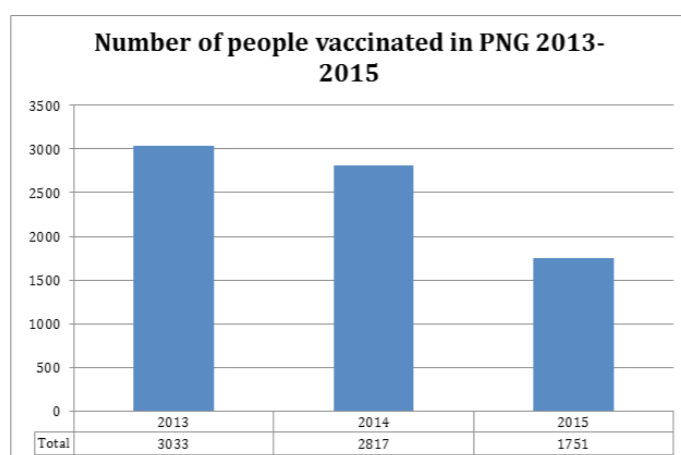
\*Data for Myanmar will be reported in the Annual General Report 2016

+ Date of project implementation, not accounting for prior planning and collaboration with local partners.

## Vaccinations

7601

vaccinations given to date, mostly hepatitis B



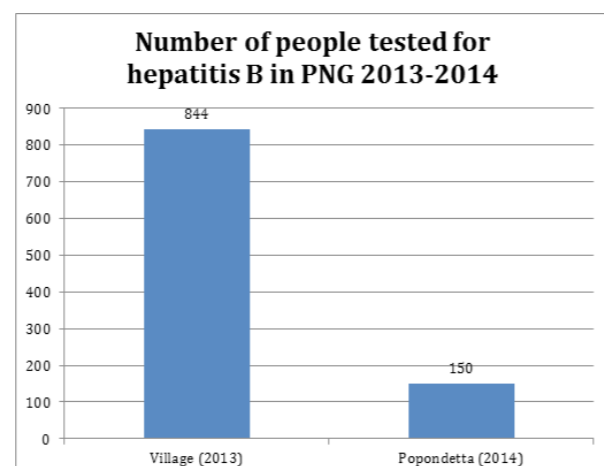
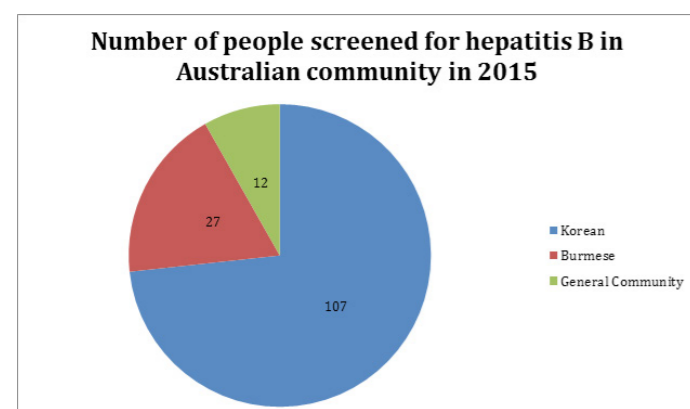
## Hepatitis B Testing

146

people tested for hepatitis B in Australia in 2015

994

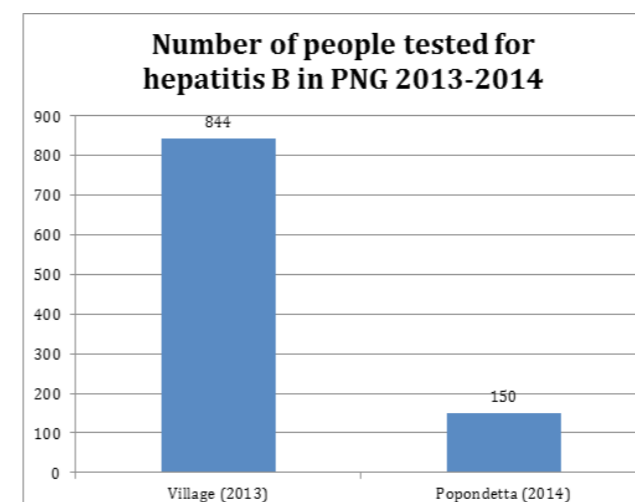
people tested for hepatitis B in PNG in 2013 & 2014



## Patient Consultations

>834

patient consultations in PNG to date



## Eye Care

554

eye examinations to date

194

glasses distributed

153

eye surgery referrals

## Medical Equipment

Item	Quantity
Ultrasound machines	5
Fibroscan	1
Sanitary packs (Days For Girls)	380
Birthing kits	150
Vaccination fridge	1
Blood pressure monitors	5
Mobility aids:	
• Crutches	20
• Wheelchairs	10
• 4 Wheel Walkers	
Hepatitis B Testing Kits	
• Papua New Guinea - Popondetta hospital, Siroga health post	
• Solomon Islands - hepatitis B project	
• Timor-Leste - Bairo Pite Hospital, hepatitis B antenatal project	
• Myanmar - Myanmar Liver Foundation vaccination and testing projects	
• Democratic Republic of Korea	
Other equipment and resources to support health posts, hospitals and vaccination programs, including:	
• Endoscopy equipment	
• Cannulation equipment	
• Suture kits	
• Personal protective equipment	
• Neonatal resuscitation equipment	
• Blankets, soap, clothing	
Education sessions for healthcare workers and nurses	

# Activities By Country

## Australia

In Australia, over 200,000 people are living with chronic hepatitis B, but nearly half of these people are unaware of their diagnosis.



This places them at risk of developing cirrhosis (liver scarring), liver cancer or liver failure. Unaware of their condition, many may be missing out on treatment.

Whilst the overall rate of hepatitis B in Australia is low compared to other countries globally, hepatitis B rates are much higher in certain populations. These include migrants from countries with endemic hepatitis B, and Aboriginal and Torres Strait Islanders. At-risk communities often face other challenges in accessing health care due to cultural, social and language barriers.

Hepatitis B Free is committed to increasing awareness and prevention of hepatitis and liver disease in Australia. Our particular focus is on those most at risk: those with higher rates of infection who are less likely to have access to testing or be aware of the risk of hepatitis. Our team of dedicated volunteers has conducted hepatitis B testing and education events in collaboration with local and cultural communities. In 2015, we screened over 140 in at-risk populations for hepatitis B. All work has been done in close partnership with those communities and their leaders.

Many of our local events in 2015 focused on outreach to ethnic communities with a higher prevalence of hepatitis B. Collaborating with the Korean Australian Medical Society (KAMS), we held educational and

testing events at the Strathfield Russian Club in May and June and Phillips Park, Lidcombe in May. In June, we provided hepatitis B testing and education at a Burmese community food festival held at the Villawood Senior Citizen's Centre. In addition, we held a stall at a Women's Wellness Day at Balmain Community Centre.

Moving forwards, we hope to continue this positive engagement with various communities. Strong local partnerships have also benefited our progress with international projects: partnering with the Burmese community and the Burmese Medical Association locally has strengthened the project in Myanmar commenced in 2015.

Another significant local partner is the Lions Club, with whom we have delivered several educational presentations to clubs in Maroubra, Mortdale, Cherrybrook and Ryde.

Our awareness program will continue through 2016, with plans to reach more communities and spread the word about screening and early diagnosis. If you would like to join the growing list of organisations keen to collaborate with us, please get in touch.

## Papua New Guinea

Papua New Guinea (PNG) is one of the most diverse countries in the world; geographically, biologically, linguistically, and culturally. 87% of the population live in rural areas, often in remote communities with very limited road access. This poses a great challenge to healthcare delivery. Healthcare is managed at a provincial level with funds from the National Government. There are two separate health care services, one for the hospitals and one for rural health. Rural health services are mostly staffed by community health care workers (CHWs), nurses and health extension officers.

Hepatitis B is endemic in PNG. Hepatitis B birth dose and triple dose are included in the national immunisation programme, and a policy to vaccinate all health care workers from hepatitis B was established in 2013. However, the progress in vaccination does not address the large pool of people already living with chronic hepatitis for whom there are limited testing and treatment options. Like many other Pacific Island nations, there is a paucity of published data about the

prevalence of hepatitis B in Papua New Guinea. It is estimated to be higher than 8%.

To date, we have worked in isolated regions of the Oro Province, including Itokama and surrounding villages, as well as Kokoda and Popondetta. Working closely with tribal leaders and community health workers of the Barai villages has been a key community link for immunisation and medical outreach. Close partnership and logistical support from health staff of New Britain Palm Oil has greatly facilitated our work in Popondetta and surrounding health posts.

Since the project began in 2013, more than 7600 vaccines have been given. These include pentavalent, hepatitis B, tetanus, and measles, mumps and rubella (MMR), in accordance with the national immunisation policy. We focus on isolated areas as in these communities, not all are able to receive timely immunisation due to challenging terrain, distance from health services, and a low health care worker : population ratio. This is particularly problematic for birth dose hepatitis B vaccination, as many mothers give birth at home. It was not uncommon to see mothers who travelled for days carrying their *pikini* (children), sometimes in colourful weaved billum bags, to be immunised at our clinics.

During the trip in 2015, we worked at 3 clinics at Popondetta and 3 village clinics (Gajot, Tahama and Itokama). Continuing the work commenced in 2013, we returned to the villages to complete the third dose of the hepatitis B vaccination series. Promoting hepatitis B immunisation has enhanced awareness among the health workers, according to informal staff feedback at the Popondetta health clinics. We provided 1751 vaccinations and 7781 medical consultations. We provided as much training as possible, with each member of the Hepatitis B Free medical team paired with a local health worker to maximise skills transfer as we worked.

Women's health is a particularly challenging issue in the remote regions. Following traditional custom, many women do not feel comfortable discussing antenatal care with male healthcare workers, and give birth at home or out in the bush, with or without female birth attendants. Women and girls also remain



at home during menstruation, and this affects school attendance. During our project, we distributed birthing kits and sanitary packs to female village elders. These elders were educated about how to use them and will be responsible for their distribution to women and girls across the villages. The reusable sanitary packs were assembled and donated to us by the charity Days Out For Girls.

New team members, including a paediatrician, pharmacist and optometrist, brought valuable skills and knowledge. Formal in-service training for health workers in Popondetta about appropriate antibiotic usage was led by the pharmacist. We had previously identified the need for eye care, and in 2015 an optometrist provided 554 eye examinations and distributed 191 eyeglasses.

Safeguarding the health of the community is the responsibility of community health workers. Two CHWs provide the health services for over 12 Barai villages. One of these clinics is a small bamboo hut with no electricity or running water, and only bare-

# Democratic People's Republic of Korea

Hepatitis B is the one of the most significant public health problems in the DPRK. Resources to support hepatitis needs are limited. Screening, diagnostics, preventative intervention, monitoring and therapy are very much in need of support. Access to antiviral therapy is not possible for most of the population of 25 million people.

On the positive side, there is a strong vaccination program for infants as part of the universal vaccination program, as well as a successful catch-up vaccination for children. Those with chronic infection are cared for by a well-established, structured medical system, with dedicated health care workers in specific hepatitis facilities. Care includes rest, nutrition and some Korean traditional remedies.

Limited access to hepatitis B treatment is not unique to DPRK. Globally, barriers to treatment include the complexity of management; insufficient laboratory capacity in terms of infrastructure, consumables and skilled workers; and the high costs of antiviral treatments and diagnostics. Recent World Health

minimum equipment. In the wider community, limited access to clean water contributes to the high burden of diseases associated with poor sanitation, such as diarrhoeal illness and grille, a fungal infection. Two local students are also currently undertaking nursing education in Port Moresby. Hepatitis B Free provided a donation to support one semester of their studies.

Next steps:

- Continue to support health workers at clinics in Popondetta and villages
- Continue to disseminate educational materials and provide training for health care workers
- Explore avenues to support other isolated communities in the Oro Province
- Logistic planning underway to set up water tank at Itokama health clinics
- Facilitate improvement of eye services, including potential referral for cataract and other eye surgery from NGOs working in the Oro Province (Fred Hollows, YWAMs)

Organization guidelines on hepatitis B testing and treatment, released in 2015, provide recommendations on treatment in resource-poor settings. The components of such a programme include access to patients for clinical assessment and prioritisation for treatment; basic diagnostic and monitoring investigations, including blood tests and imaging; and the provision and use of antiviral medicines.

## Hepatitis B Free Projects

Hepatitis B Free, in partnership with Christian Friends of North Korea (CFK), and the Ministry of Public Health, is in the initial planning and implementation phase of a pilot programme to introduce antiviral treatment for hepatitis B in DPRK. The first two hepatitis hospital sites have been selected, including a rural health facility.

In November, a multidisciplinary team accessed the two hospital sites, surveyed the need for a hepatitis B treatment program and engaged with

local stakeholders including physicians and other healthcare workers, and health officials. Nearly 400 persons have been assessed for potential suitability for treatment. This includes full lab assessment with over 1300 assays done, as well as clinical assessment.

Ongoing work is underway to support the lab requirements, training of health care workers and access to life saving antivirals. This is a collaborative program with full support from the stakeholders in DPRK who remain dedicated to the care of their patients, as well as international NGOs – notably, including WHO and UNICEF. Other in kind supporters are also critical to the success and sustainability of the program.

Hepatitis B Free will help to provide technical support for the program as well as engage with relevant global partners to ensure that best care can be provided for those in DPRK. Specialists in liver disease including hepatologists and radiologists, nurses, pharmacists, as well as data managers are engaged in this program. All are participating in developing resources and training opportunities, as the transfer of education and skills is core to the sustainability of our programme.

Hepatitis B Free will help to provide technical support as well as engage with relevant global partners to ensure that best care can be provided for those in DPRK.

## Future of the Program

Despite the challenges of working in DPRK, this life-saving project will continue. There are plans for four trips in 2016, with the hope of starting the first group of patients on hepatitis B treatment later this year. Our work includes establishing a technical program, renovating lab facilities; procuring and ensuring supply of lab hardware as well as ongoing consumables, water and power supply; providing nutritional support; and providing ultrasounds, Fibroscan, and antiviral therapy. Ensuring long term viability and ability to scale up are also key goals.

A selected group of trained volunteers will continue to participate in this program, with the support of a wider group of similarly-minded people who wish to support those suffering from hepatitis B in DPRK, providing them with real hope for the first time.



# Myanmar

## Hepatitis in Myanmar

Myanmar has a population of 51 million people. A recent national survey estimated that 3.5 million people are living with hepatitis B and another 1.1 million are living with hepatitis C. The country faces some major challenges in providing adequate screening and treatment for hepatitis.

### 1. Lack of resources

Hepatitis services are seriously under-resourced, particularly in the public sector. As patients face high costs in the private sector, this makes treatment inaccessible for the majority of people with chronic hepatitis B in Myanmar.

Within the public sector, there are only six hepatologists working in Myanmar who must supplement their income by also working in the private sector. There is no public budget for hepatitis C therapy. Standard imaging is available, including ultrasound and CT scan. However, there are few qualified radiologists in Myanmar and there is no MRI available in the public system. Liver biopsies are not routinely done and antenatal screening is not available.

The private sector offers better services but it is usually US\$5-10 for a single consultation. In the private sector, lab services support basic biochemistry, haematology and serology for viral hepatitis. Viral load and genotype is also available, costing up to US\$200 for genotype. Only private labs are able to perform molecular testing, usually at over US\$100 per test. Even the rapid point of care testing kits (US 50 cents-\$2) and liver function tests (around US\$20 each) used to diagnose hepatitis are significant expenses for most of the population, whose average income is less than US\$50 per month.

### 2. Availability of drugs

For hepatitis C, the availability of drugs is a significant barrier to treatment. Only sofosbuvir is currently registered in Myanmar; no other hepatitis C drugs are registered. There is access to generic Harvoni (ledipasvir/sofosbuvir) and daclastavir via the black market, with uncertain product quality. Sofosbuvir is US\$300 per month, Harvoni US\$500 per month and daclastavir US\$150 per month. With multiple months

of treatment required, these prices are inaccessible to the majority of the population.

Most of the antiviral therapies for hepatitis B are available in Myanmar and have been registered. They range in cost from US\$5 for lamivudine and around US\$20 for tenofovir or entecavir. Nevertheless, these are imported generics from India, and hence the purity of these agents is not well established and the effectiveness is questionable.

### 3. National vaccination programs

Although the childhood hepatitis B vaccination programme has been implemented for 10 years, including birth doses where possible, there are challenges to implementation. There is likely low coverage of the birth dose, particularly in the rural setting where cold chain may not be available. In addition, there are no current national policies or vaccination programmes for high risk groups including health care workers, catch up programmes for children, vaccination of those with HIV, and those living in institutions such as orphanages.

### 4. Individual vaccinations

Vaccines cost around US\$5-10 per dose and hence are out of the budget for most of the population. Some hospitals have offered ad hoc vaccinations for doctors and nurses at various time points, but most other hospital staff remain unvaccinated. Although many NGOs provide a free screening test and some provide vaccination, scope for this is limited by costs.

### 5. Immunisation programs

A range of immunisation programmes are currently being implemented using privately donated funds; however, the capacity of these projects is limited due to the high costs of vaccines and testing kits. Other NGOs, such as Medical Action Myanmar (MAM), continue to screen and where appropriate provide vaccines. These efforts are also limited due to the significant costs of the tests kits and vaccines in a setting of limited funding and competing needs.



## Trip Summary

During the most recent trip to Myanmar, Hepatitis B Free took part in teaching, investigative and collaborative work to assess the situation of hepatitis in Myanmar and lay the groundwork for future programs.

Dr Alice Lee gave lectures to about 100 people, delivered hands-on endoscopy training, ward rounds and case discussions, and talked with colorectal surgeons and hepatology professors to further understand current needs in both the public and private sectors. We also held discussions focused on the needs and status of hepatitis programs with the Myanmar Liver Foundation (MLF), which has provided over 100 000 vaccinations to date, and Medical Action Myanmar (MAM), an NGO with strong programs in HIV and malaria. There is strong potential for future collaboration with both organisations.

## Future Plans

### 1. Vaccination

In the short-term, Hepatitis B Free plans to study the effect of vaccine delivery outside of the cold chain, and to bring together local NGOs to deliver effective screening and treatment for hepatitis. We hope to collaborate with MLF and MAM to test and vaccinate at-risk groups: those with HIV, children in orphanages, children attending MAM clinics and health care workers.

### 2. Training

We plan to engage with local partners to establish and support training modules and resource development for both government and non-government hepatologists; gastroenterologists and other relevant specialists; primary health care providers, nurses including community health workers, midwives, traditional birth

attendants; and the general public. We will facilitate training and resource development for Endoscopic Retrograde Cholangiopancreatography (ERCP), radio frequency ablation and liver biopsies.

### 3. Advocacy

We will also advocate for changes to primary prevention using screening and vaccination.

Test kits: We will advocate for the global community and relevant partners to provide access to rapid point of care tests that are more affordable. The majority of the work done by WHO is undertaken using the Alere Kits, which cost up to US\$2 per test.

Vaccines: We will advocate for access to cheaper vaccines to immunise at risk populations, in line with the aims of the WHO Global Vaccine Action Plan 2011-2020. Vaccines procured by UNICEF are as low as US 30 cents but are not currently available for purchase by NGOs without the collaboration of the Ministry of Health in Myanmar.

Treatment: We will continue to assist local partners to establish locally relevant guidelines for treatment of hepatitis B and C. Dialogue is already underway with local partnerships and with pharmaceutical companies.

Internationally: We will explore opportunities and facilitate access to more affordable antiviral therapy for hepatitis B and C, such as the Gilead scheme reference. We also hope to explore and advocate for cost-appropriate lab services with international partners and facilitate technical resources and expertise.

Research: We hope to support research activities and provide resources and technical expertise in the design, execution and publication of locally relevant studies.



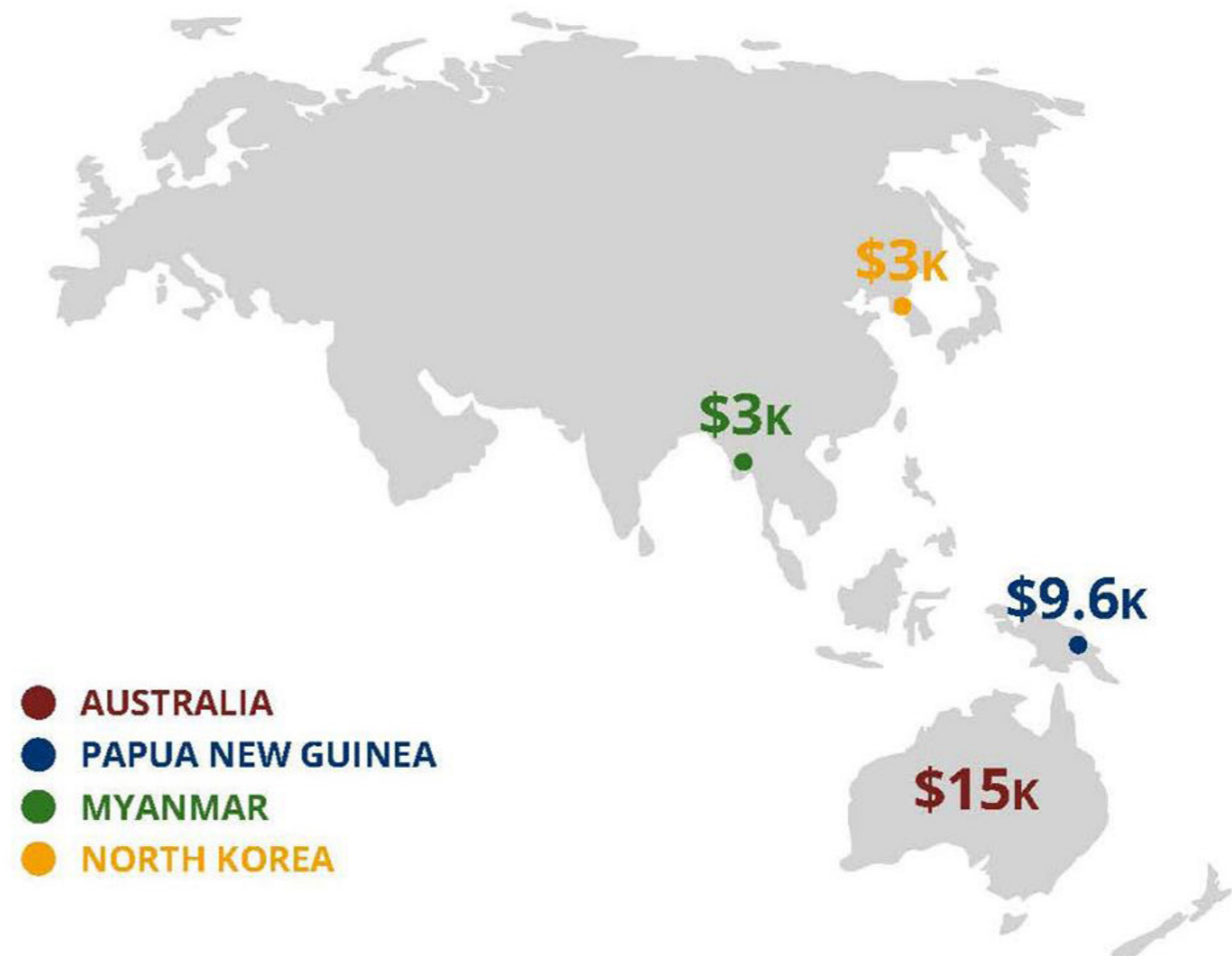


# 2015 FINANCIAL REPORT

## REVENUE BREAKDOWN



## OVERVIEW BY COUNTRY



## EXPENSES BREAKDOWN

MEDICAL EQUIPMENT	MANAGEMENT & ADMIN.	COMMUNITY INFRASTRUCTURE	EDUCATION	FUNDRAISING EVENTS
MYANMAR - \$3K	PNG - \$0.2K	PNG - \$0.4K	PNG - \$5.2K	AUSTRALIA - \$15K
NORTH KOREA - \$3K				
PNG - \$3.7K				

# How You Can Help

## 1. Donate

As a small not-for-profit charity, run entirely on donations, grants, in-kind support and the generosity of volunteers, we are grateful for any donation you can give. Every dollar you donate goes directly towards our work improving awareness, education and services for hepatitis B in areas of great need. You can make a tax-deductible donation by visiting our website at [www.hepatitisbfree.org.au](http://www.hepatitisbfree.org.au).



## 2. Spread the word

Helping us can be as simple as talking to others about hepatitis B and Hepatitis B Free. We also hold fundraisers and various social events - come along and bring your friends and colleagues! If you know people who may be at higher risk of contracting chronic hepatitis B, please advise them to consult their local GP for screening.



## 3. Get Involved

If you have skills in fundraising, grant-writing, marketing, communications or administration, or any other skills you feel would be of use, please get in touch. We are also open to feedback, suggestions and new ideas. Our e-mail address is [team.hepatitisbfree@gmail.com](mailto:team.hepatitisbfree@gmail.com).



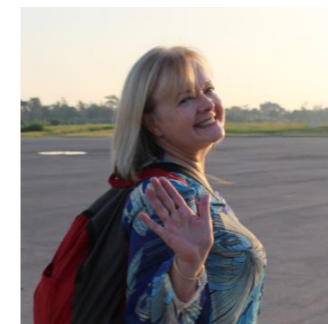
# Team Members

## Board Members



### Alice Lee, Co-Founder & Co-Director

Associate Professor Alice 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, Associate Professor 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.



### Sue Huntley, Co-Founder & Director

Sue 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.



### Melissa Kermeen, Executive Coordinator

Melissa Kermeen 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.



### Liz Walsh, Chief Medical Officer

Dr Liz Walsh is a staff specialist in Emergency Medicine working in Wollongong Hospital. Originally from Cork, Ireland, she completed her medical degree in Trinity College Dublin. Grateful for access to free education in her own country, she has a strong desire to share the benefits of this with others.

## Committee Members



### Magdalena Budzinska

Magdalena Budzinska is a Bioinformatician and PhD candidate at the University of Sydney, at Sydney Medical School. Her research interests include genomic changes leading the evolution of hepatocytes toward liver cancer and using Big Data to solve biological questions. As an avid traveller she has already visited over 70 countries and set foot in each of the seven continents. Her travel experiences have substantially enhanced her motivation towards giving back to the disadvantaged communities and returning the favour to those who have helped her. She believes that every single person has the power to change the world and lives of other people.



### Jessica Cheng, Youth & Communications Officer

Jessica is a law student passionate about social justice and equal access to healthcare. Inspired by our charity's mission, she founded the Hepatitis B Free Society at the University of Sydney in 2015 to campaign for greater awareness of hepatitis B and to raise funds. Her roles include promoting student involvement, creating and developing communication materials, and sourcing new connections through her university group. In her spare time, Jessica enjoys music, writing and long-distance running.



### Fiona Doukas, Pharmacist

Fiona Doukas is a pharmacist specialising in Infectious Diseases and Antimicrobial Stewardship (which involves improving the quality use of anti-infective medications). Fiona is a clinical educator at the University of Sydney and is currently secretariat for the Antimicrobial Stewardship Committee for Concord Hospital, Canterbury Hospital and the Concord Centre for Mental Health. Fiona has completed a Bachelor of Pharmacy and a Master of Public Health, specialising in Infectious Diseases Epidemiology and Control and has an interest in improving patient medication use. With respect to Hepatitis B Free, Fiona assists with medicines information and pharmacovigilance.



### Carrie Lee, Youth & Communications Officer

Carrie 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 documenting, promoting the cause through social media, fundraising, and facilitating ways for students to put their creativity and skills to use.



### Peter McGhee, Legal Counsel

Peter 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.



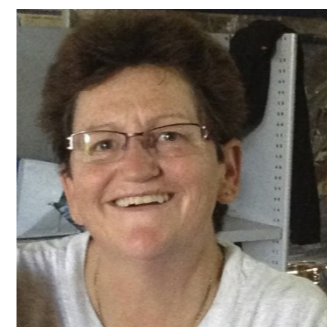
### Calvin Park, Medical Officer

Calvin is a new member to Hepatitis B Free. He is currently working as a doctor in Nepean Hospital and has a special interest in hepatology.



### Moe Moe Thinn, Medical Officer

Dr Moe Moe Thinn graduated medicine from the University of New South Wales after completing her high school education in Myanmar. She is currently working at Sydney Children's Hospital Network to become a paediatrician. She joined the Hepatitis B Free team following the loss of her beloved father from liver related illness in 2013. Moe travelled to Papua New Guinea in 2015 and Myanmar in 2016 for screening and vaccination in remote villages and orphanages. She is actively involved in promoting awareness of hepatitis B in the local migrant community in Australia. Her passion towards volunteering grows, working with dedicated team members, inspired by her late father, and with the support from her partner and family.



### Jodee Wise, Procurement Officer

Jodee Wise commenced her nursing training in the late '70s and have been working at Canterbury hospital ever since. As a registered nurse working in the operating theatre/day surgery over the last 20 or so years Jodee has always wanted to do volunteering to assist the less fortunate people in the world. "What more could I do than this?" says Jodee.

- Salwa Barmarky
- Michael Cheung
- Sarah Chu
- Joseph Chung
- Damindri Fernando
- Emma Glascott
- John Granata
- David Ho
- Su Aye Htun
- Bushra Iqbal
- Iram Khan
- Thao Lam
- Esther Lee
- Erica Longhurst
- Sharanya Mohan
- David Ng
- Alexander Nguyen
- Rengen Parlane
- Sai Sankare Siritharan
- Christine Tran
- Gary Williams
- Joel Winney

## Volunteers

