



Annual Report **2017/18**

Annual Report

The Board of the International Network on Hepatitis in Substance Users (INHSU) is pleased to present the Annual Report for the year 1 July 2017 - 30 June 2018.

This Report provides a comprehensive review of INHSU's performance in relation to its strategic goals, as supported by its membership.

We hope that this report highlights INHSU's commitment to scientific knowledge exchange, knowledge translation, and advocacy on hepatitis C prevention and care for people who use drugs.

We are grateful for the combined efforts of all our members, collaborators and steering committee participants whose work reflects a vibrant and dedicated network.

We would like to extend thanks to the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) who continue to provide organisation and governance support to the network.

Organisation Vision and Structure

Purpose

To create a global network that works with local partners to support health care workers, policy makers, researchers and people who use drugs to increase hepatitis C prevention and care among people who use drugs.

Objectives

- Support and facilitate scientific exchange and dissemination of knowledge
- Strive to educate health care workers, policy makers, researchers, and people who use drugs on hepatitis C prevention, screening, linkage to care, and treatment
- Seek to collaborate with other societies, government organisations, professional associations, community members, institutions and individuals to advocate for hepatitis C prevention and care among people who use drugs

INHSU Governance

The General Assembly Meeting of Members is the highest decision-making body of the organisation.

The Governing Board are an elected body responsible for ensuring the functions of the organisation are performed efficiently and with the maximum benefit to members.

The organisation is supported by an Executive, responsible for managing the organisation's activities and operations. The Executive works in partnership to ensure activities meet the vision, purpose and values of the organisation. Currently, this position is held by the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) who provide organisation support to INHSU.

Specific activities, such as the Education Program and Annual Conference, are led by Steering Committees with an interest in the content area. Committees are guided by the Executive.

Vision

All people have access to high quality, compassionate, and equitable health care.

Values



Integrity

We act with trustworthiness, honesty and fairness.



Excellence and Innovation

We encourage new ways of thinking and strive to reflect best practice in all we do.



Respect

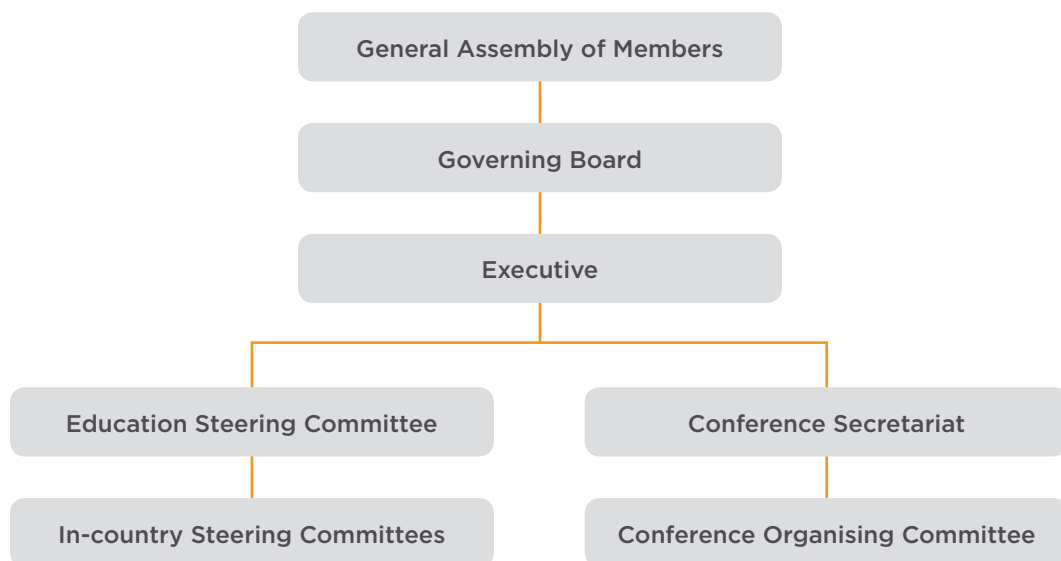
We value the input of all of those working in or affected by hepatitis and/or drug use. We believe that better decisions are made when all perspectives are shared and respected.



Collaboration

We value collaboration with other agencies and partners in our community. We understand that we can accomplish more when we work together to develop complimentary initiatives and resources.

Organisational Structure



Membership

The INHSU membership program seeks to be inclusive and collaborative, drawing together members representing a wide-range of expertise; clinicians, community members, researchers, clinical educators, activists, policy makers, and those working in drug and alcohol and addiction.

The number of members registered as of 30 June 2018 was 760, an increase from 114 in June 2017. By continuing to expand the network, together we can increase knowledge sharing on an international scale.



2017 Member Survey - Key Results

INHSU surveyed members to garner feedback on current activities, gain insight into member expectations and areas of interest, and seek ideas for further activities and organisational growth.

The survey was circulated to all current members (316) via email on the 6th December 2017, with two subsequent requests for completion (13th December and 15th February).

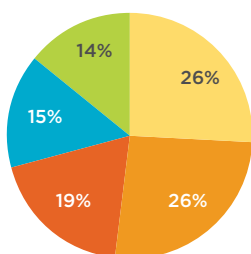
75 members responded to the survey (24% of total members).

The Board has reviewed the results of the survey and will continue to incorporate member feedback into decision making and strategic planning.

The survey comprised 32 questions in 7 sections:

1. About You
2. Communication with Members
3. INHSU Organisation and Governance
4. INHSU Conference
5. Where should INHSU Focus its Efforts? Education
6. Where should INHSU Focus its Efforts? Policy and Advocacy
7. Net Promoter Score and Final Suggestions

Key Survey Results



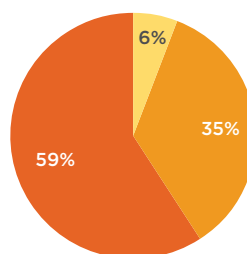
What do you value most about INHSU membership?

- Feel like I am part of a broad community of action
- Supporting an organisation whose values align with my own
- Reduced conference rate
- Regular member newsletter
- Ability to vote at the annual general meeting and influence the organisation direction



Which professional groups should INHSU focus on providing education programs for?

- **90%** Addiction / Harm Reduction Clinic Front Line Staff
- **86%** GPs
- **84%** Nurses



How likely is it that you would recommend INHSU membership to someone similar to you?

- 0 to 6 (out of 10)
- 7 to 8 (out of 10)
- 9 to 10 (out of 10)



What information are you interested in receiving from INHSU?

- **81%** journal articles on hepatitis specifically focused on people who use drugs.
- **74%** information regarding advocacy on increasing access to hepatitis care for people who use drugs at.

Further member feedback

"The conference was a great opportunity to learn from international colleagues. Being a member is a great way to stay in the loop with what's happening in hep C and drug user health around the world."

"I am happy to see a movement focusing on hepatitis and drug use that is led by scientist activists. Coming from HIV, I had the impression this was missing. INHSU very nicely fills that gap."

"Extraordinary and unique organisation"

"Amazing development of the organisation in the past 3 years! Congrats"

"It appears to me that INHSU has been governed and guided well over the years and has been genuine in working with the affected community."



Board of Directors

The role and responsibility of the INHSU Board is to ensure the functions of the Network are performed efficiently and with maximum benefit to members and the communities we represent.



The Kirby Institute,
UNSW, Australia

Jason Grebely (President) is an Associate Professor and NHRMC Career Development Fellow in the Viral Hepatitis Clinical Program at the Kirby Institute, UNSW Australia.

Jason's research has contributed to understanding the epidemiology and natural history of HCV; evidence supporting the care of HCV among PWUD; the development of international recommendations for the management of HCV among PWUD; and has informed state-based, national, and international strategies for viral hepatitis.



Arud Centres for Addiction
Medicine, Switzerland

Philip Bruggmann is an Internal Medicine Specialist and has been Head of Internal Medicine at Arud in Zürich, Switzerland since 2003. Arud runs 4 outpatient clinics for addiction medicine that provide an interdisciplinary care setting with substitution treatment, psychiatric and psychosocial therapy, and a full range of hepatitis and HIV care. Philip serves as Head of the Executive Board of Swiss Experts in Viral Hepatitis (SEVHep). In this function he leads the project of the Swiss Hepatitis Strategy. He is a founding member and former president of INHSU.

Philip is also a Privatdozent at the University of Zürich, where his main research focus is hepatitis C care for people who use drugs.



University of
Montreal, Canada

Julie Bruneau is a Professor in the Department of Family and Emergency Medicine at Université de Montréal. She is currently Head of the Primary Care Department at the Centre Hospitalier de l'Université de Montréal (CHUM).

She is the principal investigator of HEPACO, an ongoing cohort of HCV-seronegative injectors followed to identify factors associated with HCV transmission. Over the past 20 years, her research contributed to a better understanding of factors impeding and facilitating harm reduction efforts, such as syringe exchange and Opioid Agonist Therapy (OAT) among people who use drugs.

She is recognized as a leader in addiction medicine in Canada, and was central in the development of the Opiate Agonist Treatment (OAT) and Syringe Distribution Program networks in Quebec. At the CHUM, she implemented what became the largest academic mental health and addiction medicine facility in the province, where she is still practicing. Julie also established a multidisciplinary program for HCV treatment of active and recent injectors, and has clinical experience in the management of HCV among active drug users.



Akershus University
Hospital, Norway

Olav Dalgard is a Consultant and Professor at Akershus University Hospital and the University of Oslo, Norway.

Olav's research has focused on hepatitis C in PWUD and has included both clinical and epidemiological work; shortened interferon based treatment in genotype 2/3 infection, side effects to interferon treatment, treatment to PWUD, prevalence of HCV, natural history of HCV infection in PWUD and reinfection after successful HCV treatment. He has published 44 peer-reviewed publications. He has initiated low threshold HCV clinics in Norway and is a consultant for these clinics.



Burnet Institute,
Australia

Margaret Hellard is the Deputy Director (Programs) at the Burnet Institute, Head of Hepatitis Services in the Department of Infectious Disease at The Alfred Hospital and an Adjunct Professor of Infectious Diseases Epidemiology at Monash University in Melbourne, Australia. Margaret is a member of numerous advisory committees and working groups on viral hepatitis and HIV within Australia and globally including being Co-Chair of the WHO Strategic and Technical Advisory Committee on HIV and Viral Hepatitis.

Margaret's principal research interests are in preventing the transmission and improving the management of blood borne viruses and sexually transmitted infections, focusing on people who inject drugs (PWID), gay and bisexual men (GBM) and other vulnerable populations.



University of Bristol,
United Kingdom

Matt Hickman is a Professor in Public Health and Epidemiology at University of Bristol, and Honorary Public Health Consultant at Bristol City Council and Public Health England. He is the director of NIHR Health Protection Research Unit on Evaluation of Interventions, and a member and co-investigator of NIHR School of Public Health Research.

His research programme focuses on epidemiology and public health consequences of drug use – including adolescent substance use, and epidemiology and prevention of HCV and drug related mortality. He is also the Deputy Regional Editor of Addiction and a member of the Scientific Committee of European Monitoring Centre on Drugs and Drug Addiction and WHO Technical Advisory Group on alcohol and drug epidemiology.



Montefiore Medical
Center, United States

Alain Litwin is a Professor of Medicine and Psychiatry and Behavioral Sciences at Albert Einstein College of Medicine and Montefiore Medical Center.

He is board certified in internal medicine and addiction medicine, and has been providing medical care to people who use drugs with complex social, psychiatric and medical needs within an integrated primary care and methadone maintenance treatment program since 2000. As HCV Medical Director at Einstein's Division of Substance Abuse (DoSA), he developed a comprehensive on-site HCV treatment program and peer educator program to improve medical care of HCV-infected people who use drugs. Dr. Litwin's research is focused on developing and studying models of HCV care, and on advocating for increasing access to effective care for all HCV-infected patients.



University of California
San Diego, United States
of America

Natasha K. Martin is an Associate Professor in the Division of Infectious Diseases and Global Public Health in the Department of Medicine at the University of California San Diego. She is also an Honorary Senior Lecturer at the University of Bristol. She is an infectious disease modeler whose work evaluates the impact and cost-effectiveness of viral hepatitis and HIV prevention interventions among high risk populations such as people who inject drugs, men who have sex with men, and incarcerated populations. She is one of the leading modelers examining the potential impact of HCV treatment as prevention, and what prevention scale-up is required for HCV elimination. In 2016, she was selected by The Economist magazine as a "HCV Change Maker", providing "fresh thinking on the road to elimination of HCV."



Oslo University
Hospital, Norway

Håvard Midgard is a fellow in gastroenterology and hepatology at Oslo University Hospital, Norway. He completed his MD in 2007 and submitted his PhD thesis on management of HCV infection among PWID in 2017. Håvard's main research interests include HCV treatment uptake, low-threshold models of care, HCV reinfection and risk behaviours. He co-chaired the INHSU 2016 Symposium in Oslo.



Consultant, New York,
United States of America

Tracy Swan has been active in HIV-related work since 1990; she added hepatitis C in 1998. Since then, she has worked at community health centers, hospitals, syringe exchange and addiction treatment programs, correctional facilities and homeless shelters.

These experiences informed her work as Hepatitis/HIV Project Director at Treatment Action Group (TAG), where Ms. Swan combined her passion for social justice with her interest in research and policy from 2003 until 2016. During that time, Ms. Swan served as a community representative to the AIDS Clinical Trials Group and the US FDA Antiviral Advisory Committee. She has worked with allies around the world to advocate for evidence-based policies to create and broaden access to affordable, high-quality HCV information, prevention, diagnostics, care and treatment for people who use and inject drugs. Ms. Swan worked in the communications department at the Médecins Sans Frontières Access Campaign from 2016- 2017. She now works as an independent consultant with other activists, non-governmental and UN agencies, with a focus on access to treatment for HIV and HCV and education.

Hepatitis C Education Program

INHSU has collaborated with the **Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM)** and the **Kirby Institute at the University of New South Wales, Sydney (UNSW)** to deliver hepatitis C education, globally.

Supported through unrestricted education grants from AbbVie, Gilead Sciences and Merck, The *Hepatitis C in Primary Care and Drug and Alcohol Settings Education Program* provides healthcare practitioners with the knowledge and skills to expand hepatitis C care beyond hospital settings.

Program delivery



Country specific online learning modules introducing the learner to topics related to epidemiology, natural history, assessment, management and treatment of hepatitis C.



Full day interactive face-face workshop enabling practical and collaborative application of concepts and theory through case discussions, facilitated by experts in the field of hepatitis C.



Tailored capacity strengthening toolkit providing participants with practical tools with which to implement hepatitis C testing and treating processes in their setting.

International Roll-out



The program has been implemented in Belgium, Canada, France, Spain, Switzerland and the UK in 2017/18

Education Program developed in partnership with:

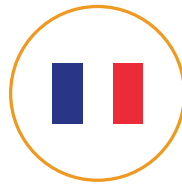


Belgium



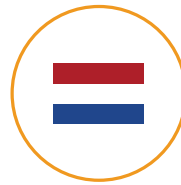
44

attendees



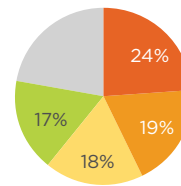
18

attended the
French course



26

attended the
Dutch course



Professions:

- Social Worker
- General Practitioners
- Nurses
- Needle and Syringe Program Workers
- Other

The Program was tailored for delivery in Belgium by a local Expert Steering Committee. One face-to-face workshop was delivered in Brussels in Belgium on 3 May 2018. Two separate sessions were held in parallel, one in French and one in Dutch. This was the first time a workshop was organised for different healthcare workers who work with HCV in a drug and alcohol settings in Belgium and created a unique opportunity for participants to network with colleagues from different areas.

Canada



8 workshops:

Vancouver, Surrey,
Calgary, Saskatoon,
Mississauga, Toronto,
Niagara, Montreal

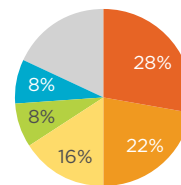


166

attendees



37% worked in primary
care settings and
24% in drug and
alcohol clinics



Professions:

- Physician
- Nurse
- Family Physician
- Nurse Practitioner
- Health Promotion
- Other

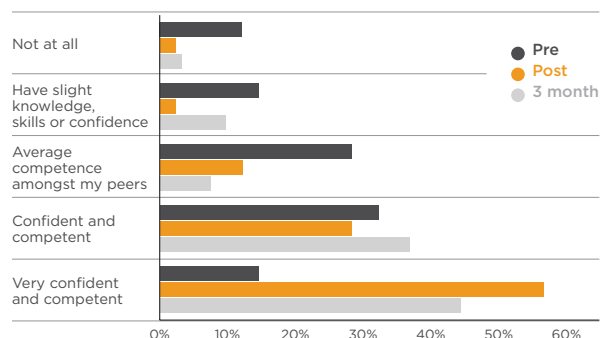
The Program was developed and delivered in collaboration with CanHepC, CATIE, the Canadian Association for the Study of the Liver and the University Health Network. The Program is accredited for CME by the College of Family Physicians Canada, the Royal College of Physicians and Surgeons of Canada and the Canadian Association for the Study of the Liver.

Outcomes

Participants rated their confidence against the 6 core competencies of the Program before attending the face-to-face workshops, immediately post-workshop, and again 3 months following their attendance.

Overall, the proportion of respondents reporting to be confident or very confident increased by over 60% for each competency from pre- to post-training. Confidence levels remained high at 3-month follow up; at least 47% above pre-workshop levels.

Example: How confident are you in your ability to interpret test results and diagnose hepatitis C?



Participant feedback

- "I feel better able to counsel patients diagnosed with HCV and provide education. I also feel that prescribing treatment could fit into my practice."
- "Excellently delivered messages and clear transfer of knowledge and experiential understanding of real world activity."
- "I feel more comfortable being the primary provider for HCV care"

France

In March 2018, the *Société Française d'Hépatologie* (AFEH) released new recommendations for a simplified management pathway of hepatitis C for General Practitioners and have outlined where a specialised care pathway is required, providing clear management pathways for all physicians.

The French implementation of the Education Program is ideally positioned to support the Primary Care and Drug and Alcohol workforce to begin testing for and providing hepatitis C treatment in their practices. The program has so far received endorsement from Fédération Addiction and the Fédération Française d'Addictologie and will look to collaborate with other local organisations on the six workshops to be delivered in the coming year.

Spain



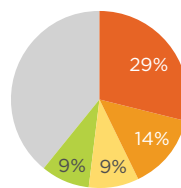
5 workshops:
Barcelona,
Valladolid, Madrid,
Valencia & Seville



56
attendees



35% worked in a
non-hospital based drug
and alcohol service and
46% in urban areas



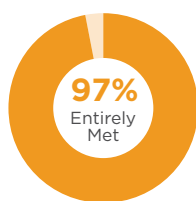
Professions:

- Nurses
- Physicians (unspecified)
- General Practitioners
- Psychiatrists
- Other

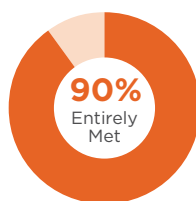
Collaborating and endorsing organisations include the Associació Catalana de Malalts d'Hepatitis (ASSCAT), Alianza para la Eliminación de las Hepatitis Viricas en España (AEHVE), ISGlobal and the Grupo de Estudio de Hepatitis Viricas (GEHEP). These organisations were instrumental in their contribution to the formation, promotion and delivery of the Program across Spain.

Outcomes

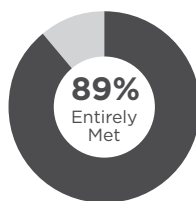
In the post course evaluation survey, participants were asked to rate the extent to which each of the Program learning objectives were met. **For 4 out of the 5 Program learning objectives, the percentage of participants who indicated either partially or fully met was 100%.**



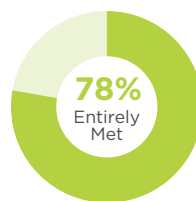
01. Describe the risk factors for HCV infection enabling effective practice screening processes and recall systems



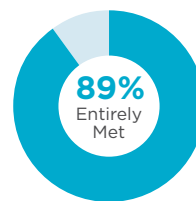
02. Demonstrate competence conducting and interpreting tests to diagnose HCV



03. Recognise risk factors, clinical signs, symptoms and complications of liver disease



04. Demonstrate understanding of DAA therapy for the treatment of HCV and competence in selecting appropriate therapy



05. Describe recommended on-treatment monitoring and post-treatment follow up protocols

Feedback

- *"Very accessible, excellent clinicians of great professional prestige, it has been a very valuable opportunity..."*
Milagros Vegue González, General Practitioner, Madrid
- *"It has helped me to be able to detect and advise patients about hepatitis C"*
Ana P. Madruga, Addiction Physician, Salamanca

Switzerland



2
workshops:
Lugano & Zurich



18
attendees



Program developed
in **French, German**
and **Italian**



Next workshop:
October 2018 in
Lausanne (delivered
in French)

The Program was developed and delivered in collaboration with InfoDrog, the Swiss Association for the Medical Management in Substance Users (SAMMSU), ARUD Centres for Addiction Medicine, Ingrado Addiction Services, CHUV University Hospital and L'Association Vaudoise de Médecins concernés par les addictions (AVMCA). The Program is accredited by the Swiss Society of General Internal Medicine and the Swiss Society of Gastroenterology.

UK



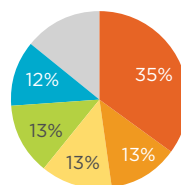
5
workshops
across the UK



114
attendees



66% worked in drug and
alcohol services and
11% worked in primary
health care settings



Professions:

- Nurses
- Program and Service Managers
- Support Workers
- Medical Doctors
- Nurse Prescribers
- Other

The Program was developed and delivered in collaboration with the British Association for the Study of the Liver; the British Viral Hepatitis Group; Public Health England; the British Liver Trust; Change, Grow, Live (CGL); the Hepatitis C Trust; and the Primary Care Society for Gastroenterology. The Program is accredited for CME by the Royal College of General Practitioners and the Royal College of Nurses.

Participant feedback

- "I am more confident in my ability to get patients into treatment. I understand the pathway in more detail."
- "Best study day/workshop I have attended in a long while. Pre-workshop e-learning resources were also excellent."
- "Course materials, online modules and today's face to face training have been first class... I have learned so much about treatment and gained confidence in specialist care."
- "Just wanted to say thank you [...] I gained such a greater understanding and it was honestly one of the best educational workshops I have attended in years. Very professional and knowledgeable practitioners sharing their expertise and knowledge and I was able to make some changes to our service with the new knowledge that I acquired."

Facilitator feedback

- "Really enjoyed the day it was educational for me as well as I learnt about other peoples setting and how they deal with their clients"
- "I thought this was an extremely well organised course which met an urgent need. It was great to be part of this."
- "It's really encouraging to see the improvement in confidence and knowledge in the delegates before and after the course. I have to say that this is one of the best organised and resourced courses I've ever taught on, (and I've done many such events over the years!), and the enthusiasm of the delegates was terrific"

INHSU Symposium 2017

Strengthening the *International Symposium on Hepatitis Care in Substance Users* is a key focus under the first pillar of the INHSU 2016-19 Strategic Plan; 'enhance scientific knowledge exchange and dissemination'.

2017 Symposium: New Jersey, USA



524
attendees
(410 in 2016)



230
abstracts submitted
(151 in 2016)



75
speakers
(65 in 2016)



141
posters
(75 in 2016)



66
scholarships
(28 in 2016)

Delegate Profile

Top 5 affiliations

1. Research - Epidemiology/ Public Health
2. Medical Specialist - Infectious Diseases
3. Public Health
4. Nursing - Viral Hepatitis
5. Community (e.g. person who injects drugs, person with hepatitis)

37 Countries Represented

Australia	Finland	Italy	Poland	Switzerland
Austria	France	Kuwait	Portugal	Thailand
Belgium	Georgia	Montenegro	Puerto Rico	Ukraine
Brazil	Germany	Myanmar	Russia	United Kingdom
Canada	Greece	Nepal	Serbia	United States
Czech Republic	Iceland	Netherlands	Slovenia	Vietnam
Denmark	Indonesia	New Zealand	Spain	
	Ireland	Norway	Sweden	

Strengthening the Conference

Continuously improving the **quality of research presented** is a key quality improvement target in the INHSU Strategic Plan. The 2017 conference was a great example of this in action:

20/20

2 abstracts received an average score of 20/20

17/20

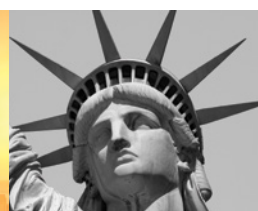
9 abstracts received an average score of 17 or above

The 2017 conference also provided increased opportunities for community involvement:

- Community Day
- Community welcome in opening plenary
- 1 x peer panel
- Peer representative on panel discussion
- 4 x presentations from community representatives
- 1 x workshop: More Than Tested, Cured - A User-led Model'



**INHSU
2017**



6th International Symposium on Hepatitis Care in Substance Users • Jersey City/New York, USA • 6 - 8 September 2017 • www.inhsu2017.com

Advocating for hepatitis C prevention and care among people who use drugs

The Change Project – Access for All

Supported by a grant from Gilead Sciences Europe Ltd., *The Change Project – Access for All* is an awareness campaign aiming to improve access to hepatitis C treatment. The documentary project examines restrictions and barriers to access for people who inject drugs through real patient and health provider stories.

The video series provides insight into the frustrations and desperation of patients facing unethical reimbursement restrictions in Europe and North America.

The Project was launched at the INHSU 2017 conference in New Jersey and continues to be disseminated via social media. View and share the video via INHSU's YouTube channel: [INHSU Video](#).

By targeting health professionals, policy makers and community groups, and through sharing the latest research, challenging stigma and discrimination, and creating a community dedicated to eradicating hepatitis C INHSU and The Change Project strive to ensure that all people have access to high quality, compassionate and equitable health care.



Straight Shooters

Addressing myths, stigma and stereotypes surrounding people who inject drugs

'Straight Shooters' is a video awareness campaign led by Harm Reduction Victoria in Australia in collaboration with INHSU and partners. The video asks a panel of people who inject drugs the awkward & uncomfortable, the hard and sometimes inappropriate questions that you've always wanted to know the answers to but were too afraid to ask.

Modelled on a popular Australian internet series, this video aims to challenge the way we all see people who inject drugs. The video was launched at the INHSU 2017 conference in New Jersey and continues to be disseminated via social media. See the [INHSU Video](#) YouTube channel.



Financial report

International Network on Hepatitis in Substance Users INHSU, Zürich
BALANCE SHEET AS AT JUNE 30, 2018
(with 2017 comparative figures)

	Notes	30.06.2018 EUR	30.06.2017 EUR	30.06.2018 CHF	30.06.2017 CHF
ASSETS					
Cash and cash equivalents	3.1.	63,161	61,153	75,889	67,264
Trade receivables		82,165	-	98,721	-
Other receivables	3.2.	30,009	30,012	36,056	33,010
Prepaid expenses and accrued income	3.3.	68,449	17,600	82,241	19,358
Total current assets		243,784	108,765	292,907	119,632
Total assets		243,784	108,765	292,907	119,632
LIABILITIES					
Trade creditors		2,095	-	2,517	-
Other liabilities	3.4.	79,940	-	96,048	-
Accrued expenses	3.5.	4,000	19,725	4,806	21,696
Total current borrowed capital		86,035	19,725	103,371	21,696
Balance carried forward		89,040	53,785	97,936	58,973
Currency translation adjustment		-	-	11,694	464
Profit of the period		68,709	35,255	79,906	38,499
Total net assets		157,749	89,040	189,536	97,936
Total liabilities		243,784	108,765	292,907	119,632

International Network on Hepatitis in Substance Users INHSU, Zürich

PROFIT AND LOSS ACCOUNT FOR THE PERIOD ENDED JUNE 30, 2018
(with 2017 comparative figures)

	Notes	From 01.07.2017 to 30.06.2018 EUR	From 01.07.2016 to 30.06.2017 EUR	From 01.07.2017 to 30.06.2018 CHF	From 01.07.2016 to 30.06.2017 CHF
Membership fees		35,180	3,910	40,913	4,270
Management fees		74,092	-	86,166	-
Sponsorship fees		406,981	343,806	473,302	375,433
Surplus of conferences		9,009	73,354	10,477	80,102
Total operating income		525,262	421,070	610,858	459,805
Operating expenses					
Administration expenses	3.6.	48,111	41,894	55,951	45,748
Other operating expenses	3.7.	407,423	343,807	473,816	375,434
Total operating expenses		455,534	385,701	529,767	421,182
Operating profit		69,728	35,369	81,091	38,623
Financial income / (costs)					
Exchange rate, net loss		(686)	-	(798)	-
Financial costs		(333)	(114)	(387)	(124)
Total financial income / (costs)		(1,019)	(114)	(1,185)	(124)
Profit of the period		68,709	35,255	79,906	38,499

International Network on Hepatitis in Substance Users INHSU, Zürich

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2018

1. General information

International Network on Hepatitis in Substance Users (INHSU), Zürich is an Association (so called "Verein" under Swiss Code of Obligation) established on October 20, 2010 and registered in the Swiss Register of Commerce on December 17, 2010 with the purpose to improve the knowledge exchange, knowledge translation, and advocacy focused on hepatitis C prevention and care with people who use drugs. In particular the Association aims to support and facilitates scientific exchange and dissemination of knowledge among specialists, strives to educate international health professionals, researchers, community organisations, people who use drugs and policy makers on hepatitis C prevention, screening, linkage to care, and treatment among people who use drugs and seeks to collaborate with other societies, government organisations, professional associations, community members, institutions and individuals to advocate for hepatitis C prevention and care among people who use drugs. The Association is established in Schützengasse 31, 8001 Zürich, Switzerland.

2. Key accounting and valuation principles

These financial statements have been prepared in accordance with the requirements of Swiss law (Swiss Code of Obligations) and the articles of incorporation.

The main accounting and valuation principles used are described as follows.

Functional currency and conversion of the financial statements

The Association's functional and presentation currency is EUR.

Consequently, as required by Swiss law, these financial statements present also the comparative figures in CHF under the following rules:

- Equity: historical exchange rate;
- Balance sheet: closing exchange rate at June 30, 2018 of EUR/CHF 1.20150 (June 30, 2017: EUR/CHF 1.09990);
- Profit and Loss account: average exchange rate of the period July 1, 2017 - June 30, 2018 of EUR/CHF 1.1630 (July 1, 2016 - June 30, 2017: EUR/CHF 1.092).

Conversions of foreign currency items

Transactions in foreign currencies are converted in EUR at the exchange rate on the day the transaction takes place. Monetary assets and liabilities denominated in foreign currencies are converted into EUR accounts at the exchange rate on the balance sheet date. Any profits or losses resulting from the conversion are recorded in the profit and loss account.

Non-monetary assets and liabilities in foreign currencies are converted at the foreign exchange rate at the time of the transaction. Any foreign exchange profits resulting from the conversion at the exchange rate on the balance sheet date are deferred in the balance sheet whereas exchange losses are recorded in the profit and loss account.

Cash and cash equivalents

Cash and cash equivalents are recorded at their nominal value.

Trade receivables and Other receivables

Trade receivables and Other receivables are presented at their nominal value.

If a debtor is considered unlikely to be able to pay the debt, a value adjustment is made.

Prepaid expenses and accrued income

Prepaid expenses and accrued income are recorded at their nominal value.

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2018

Trade creditors and Other liabilities

Trade creditors and Other liabilities are recorded at their nominal value.

Accrued expenses

Accrued expenses are recorded at their nominal value.

Taxes

According to the Swiss tax authorities the Association is tax-exempt.

Revenue recognition

The Association finances its activities through annual membership fees, sponsorship fees and conferences.

3. Information relating to items on the balance sheet and profit and loss account

3.1. Cash and cash equivalents

The item includes bank account balances for EUR 63,161, equivalent to CHF 75,889 as at June 30, 2018 (June 30, 2017: EUR 61,153 equivalent to CHF 67,264).

3.2. Other receivables

The caption, amounting to EUR 30,009 equivalent to CHF 36,056 as at June 30, 2018, relates to receivables for conference seed funding (June 30, 2017: EUR 30,012 equivalent to CHF 33,010).

3.3. Prepaid expenses and accrued income

Prepaid expenses amounting to EUR 68,449 equivalent to CHF 82,241 as at June 30, 2018 (June 30, 2017: EUR 17,600 equivalent to CHF 19,358) relate to amounts paid to the Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM) for education courses that will take place in the next financial year. In the year to June 30, 2017 prepaid expenses related to the fees for management services provided by ASHM.

3.4. Other liabilities

Other liabilities are due to third parties and include advance payments from customers, amounting to EUR 79,940 equivalent to CHF 96,048 as at June 30, 2018 (June 30, 2017: nil) mainly related to sponsorships for various projects in Europe.

3.5. Accrued expenses

As at June 30, 2018, the caption amounts to EUR 4,000 equivalent to CHF 4,806 and mainly relates to audit and accounting expenses. As at June 30, 2017 the caption of EUR 19,725 equivalent to CHF 21,696 referred to expenses for the project named "The Change Project", a global awareness raising project to enhance access to care for people with hepatitis C infection.

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NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED JUNE 30, 2018

3.6. Administration expenses

This caption can be split as follows:

	From 01.07.2017 to 30.06.2018 EUR	From 01.07.2016 to 30.06.2017 EUR	From 01.07.2017 to 30.06.2018 CHF	From 01.07.2016 to 30.06.2017 CHF
Governance and planning	11,638	-	13,535	-
Bookkeeping and financial management	10,500	-	12,211	-
Website maintenance	5,550	-	6,454	-
Membership administration	5,207	-	6,056	-
Insurance expenses	4,775	-	5,553	-
Consulting & Professional service fees	4,050	3,000	4,710	3,276
Travel and accommodation expenses	3,886	-	4,519	-
Various expenses	2,505	1,154	2,913	1,260
ASHM administration service fee	-	37,740	-	41,212
Total administration expenses	48,111	41,894	55,951	45,748

In the year to 30th June 2018 the ASHM administration service fee has been accounted for in more detail to reflect the nature of the services provided to INHSU. In addition, various administration expenses previously paid for by ASHM and reimbursed by INHSU via this services fee are now paid for directly by INHSU.

3.7. Other operating expenses

The caption, amounting to EUR 407,423 equivalent to CHF 473,816 as at June 30, 2018 (June 30, 2017: EUR 343,807 equivalent to CHF 375,434) mainly relates to expenses for the funding of INHSU projects.

Independent auditor's report to the members of International Network on Hepatitis in Substance Users (INHSU), Zurich

I have audited the statutory financial statements of INHSU which comprise:

the balance sheet as at June 30, 2018

the profit and loss account for the period ended June 30, 2018

the notes to the financial statements for the year ended June 30, 2018

In my opinion, the statutory financial statements of INHSU:

give a true and fair view of the state of INHSU's affairs as of June 30, 2018 and of its profit of the period ended June 30, 2018

have been properly prepared in accordance with Swiss GAAP.



Dipl. Oec. Christa Berchtold (auditor)

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Zurich, August 13, 2018



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