Annual Report 07-08
Haemophilia Foundation Australia (HFA) represents people with inherited bleeding disorders and their families. We are committed to improving treatment and care through representation and advocacy, education and the promotion of research. HFA supports a network of State and Territory Foundations in Australia. As a National Member Organisation of the World Federation of Haemophilia, HFA participates in international efforts to improve access to care and treatment for people with bleeding disorders around the world.

The Foundation was incorporated in 1986 after a history over several years of providing advocacy and support to people with haemophilia and their families.

Funded by government grants and donations from private companies, service organisations and individuals, the Foundation is governed by a Council of Delegates representing State/Territory Member Foundations which set policy and strategic objectives. A small staff team manages the operations of the organisation.

HFA is an income tax exempt not for profit organisation. Donations of $2 and over are tax deductible.

NATIONAL PATRON ~ The Right Honourable Sir Ninian Stephen, KG, AK, GCMMG, GCVO, KBE.

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I am pleased to report on an active year in which the Foundation consolidated its work in its key focus areas:
- advocacy and representation
- education and community awareness
- services and care
- research

The treatment and care available in Australia generally meets world’s best practice standards. Our priority is to ensure everyone in this country has access to the best care and treatment for their bleeding disorder. It is also important that people have the support and services they need to sustain and improve their quality of life.

We encourage everyone with bleeding disorders to be linked with a haemophilia centre that provides multidisciplinary specialist services for the complex needs of the person with a bleeding disorder. This includes specialist medical and nursing services, physiotherapy, social work/counselling and other allied health services and support and referral for related health problems, such as arthritis and joint problems, pain management, hepatitis C and HIV. Some people may not have access to such services due to rural and regional isolation, however they should take steps to have regular reviews and consultation with specialist services where possible.

Haemophilia Foundation Australia will continue to promote the need for comprehensive care and treatment services in each State/Territory so our members have access to the care and services they need.

Children with haemophilia can now expect to grow up with little joint damage. The availability of regular preventive treatment with clotting factor means most children will have normal life expectancy. It is important they learn to take good care of themselves and make responsible decisions and choices about their treatment, education and career, recreation and sport, travel, community participation and personal life. Nevertheless there will always be challenges for a child born with a chronic illness and our objective is to ensure they have the information and resources they need as they go through life. We are currently undertaking a review of education resources and redeveloping material for individuals with bleeding disorders and their families and carers.

Our focus on youth leadership and mentoring continued through the year as the Foundation supported and promoted opportunities for young people to share their experiences and learn from each other. It is important that our youth are capable of living away from their families and can lead full, independent lives. From an early age they should be encouraged to act responsibly about their treatment and care needs so they are in a position to make thoughtful choices about the risks and benefits of their decisions. Learning to treat at a young age is a key to this development and we keenly support our youth demonstrating to younger children how to self-infuse treatment products. This also gives the parents of these children confidence as they are sometimes very nervous about their children taking over their treatment.
The HFA Youth Committee provides opportunities for young people with bleeding disorders and their siblings to develop leadership skills and to influence and shape the future of the Foundation. We have developed processes for our youth leaders to represent the ideas and concerns of youth through attendance at Council meetings and regular reports to State/Territory Foundations. We were delighted that World Federation of Hemophilia selected Rob McCabe, one of the Co-Chairs of the HFA Youth Committee for a Youth Fellowship to attend the National Member Organisation Training and International Congress in Istanbul in May 2008. We have also included youth representation in our representation at twinning workshops in Thailand. We hope these local and international experiences for youth will motivate and encourage them to participate actively in the bleeding disorders community in Australia and overseas.

The needs of older people in our community have also emerged as an important area for our focus. Many of these people were young when there were insufficient supplies of clotting factor; suffered severe bleeding over many years and now live with permanent and disabling joint damage. The health complications of hepatitis C and HIV and other illnesses common to everyone who is ageing, as well as living with a bleeding disorder makes it very difficult for many of these people. By general community standards some of these people are not old, but they have prematurely damaged joints. A focus on how issues such as work and career, retirement planning, future accommodation and support needs for the individuals affected and their carers and families is essential as we go forward. Hepatitis C has indeed become a major issue for our community, and the health, psychosocial and financial impact of this illness is being addressed.

During the year the Foundation has maintained its strong profile with government decision makers and its relationships with other organisations involved in the development and provision of health care services to ensure attention is paid to the needs of the bleeding disorders community in their work, as this very small group of people can easily be overlooked.

HFA has participated actively in the redevelopment of the Australian Bleeding Disorders Registry (ABDR). The ABDR has been operated by Australian Haemophilia Centre Directors’ Organisation (AHCDO) for more than 15 years since it was first funded by HFA, however it has become outdated and is no longer capable of meeting needs. The redeveloped registry will assist health professionals to provide care and treatment to their patients and will provide information about the bleeding disorders community to assist service planning and treatment product supply.

The redeveloped registry will mean little change for people with bleeding disorders. Their personal information will remain confidential and will only be available to health professionals at the haemophilia centre where they receive treatment and arrange product supplies. Confidentiality and privacy is paramount. Strong security measures to make sure personal health information is kept secure and confidential will be in place as it is with the existing registry. The data collected at haemophilia centres is de-identified when consolidated for reporting purposes and this data will assist organisations such as HFA in understanding the demographic profile of the community and help us to develop our programs and activities. Importantly, relevant information will be available for planning purposes and to ensure treatment products are ordered and available according to patient need.

The XXVIII International Congress of the World Federation of Hemophilia held in Turkey in May 2008 was attended by 4200 delegates including several from Australia. HFA supported haemophilia community representatives to attend and a representative
from the Australia/New Zealand Haemophilia Social Workers’ and Counsellors’ Group, Australian Haemophilia Nurses’ Group and the Australian and New Zealand Physiotherapy Haemophilia Group.

The Congress is a valuable way for the bleeding disorders community to learn more about developments in treatment and care and to be informed about different medical, health, research and patient advocacy issues. Valuable information about current thinking on the prevention and management of inhibitors, new treatments, ageing with haemophilia and laboratory diagnosis were included in the extensive program. Each of the representatives funded by the Foundation provided reports to their constituencies and to the bleeding disorders community through newsletters and other presentations.

The needs and views of the bleeding disorders community have been represented through various consultations by governments and other organisations. Representation on topics and issues including the safety and supply of treatment products, health consumer issues, research, data management and e-health, migration, overseas travel, the risk of variant Creutzfeldt-Jacob disease (vCJD), blood borne viruses and treatments for hepatitis C and HIV, quality use of medicines, income and pension eligibility criteria reviews by staff and volunteers of the Foundation have been important to outcomes for the community or are the subject of ongoing discussions.

The Foundation has consulted regularly with key patient support and advocacy organisations which also deal with issues that impact on our community. Our long term relationships with Consumers’ Health Forum of Australia (CHF), Hepatitis Australia, Australian Federation of AIDS Organisations (AFAO), and National Association of People Living With HIV/AIDS (NAPWA) include collaboration, consultation and information sharing.

Liaison with officials from the Department of Health and Ageing and National Blood Authority during the year has meant HFA has been able to raise issues of concern for members, and to contribute to relevant policy on issues affecting people with bleeding disorders and also identify emerging issues for the patient community.

HFA auspiced annual meetings of the Australia/New Zealand Haemophilia Social Workers’ and Counsellors’ Group, Australian Haemophilia Nurses’ Group, Australian and New Zealand Physiotherapy Haemophilia Group, and worked with each of these groups on special projects including the development of new education resources, participation in the hepatitis C project and the conference program.

Relationships with Australian Haemophilia Centre Directors’ Organisation (AHCDO) and Australasian Society for HIV Medicine (ASHM) have been valuable to ensure continuing access to information and discussion about critical issues for the health of people affected by bleeding disorders during the year. HFA is grateful for the support of AHCDO in reviewing material and making comment on policy issues, and helping to shape treatment services and care which meet the needs of the bleeding disorders community in this country.

The Foundation is in its second year of its twinning relationship with the National Hemophilia Foundation of Thailand and the Thai Patient’s Club. Some of the plans put in place have led to successful outreach to identify and support new patients in regional areas of Thailand.
I am pleased to report HFA made distributions from the Damon Courtenay Memorial Endowment Fund during the year. The Fund was established by the late Benita Courtenay and Bryce Courtenay in memory of their son, Damon, to provide care, treatment, education and welfare for people with bleeding disorders.

The Haemophilia Foundation Australia Vision and Leadership Awards have been made for the second year. These awards were established to provide funds to give people a chance to undertake education, training, career or other personal development or other activities to develop their skills for leadership and participation in the bleeding disorders community. The awards provide an excellent opportunity for individuals to undertake a project or initiative they would not otherwise have the chance to do and we look forward to making further awards in the future.

HFA values the support and cooperation of member Foundations and their delegates to Council who set the agenda for HFA and support the organisation to reach its objectives. I sincerely thank the President of each member Foundation and their individual members, the many community and government organisations, and the individual donors, service organisations and our valuable Corporate Partners which have supported HFA throughout the year.

Gavin Finkelstein
President
SERVICES AND CARE
Major project – impact of hepatitis C on the bleeding disorders community
In Australia there may be 3000 or more people with inherited bleeding disorders, including males and a few females with haemophilia, female carriers of the haemophilia gene, and males and females with von Willebrand disorder.

Without adequate treatment people with bleeding disorders are at risk of life-threatening bleeding episodes. When clotting factor concentrates became available to more effectively treat haemophilia in the 1960s, people were able to inject their clotting factor at home. They could manage their bleeding disorders themselves without the need for as frequent hospital visits. This positively impacted on the lives of those people and their families.

Unfortunately clotting factor concentrates were not adequately screened and virally inactivated against blood borne viruses in the 1970s and 1980s. Many adults and children with bleeding disorders were infected with hepatitis C through their clotting factor treatment during this time. Some were also coinfected with HIV.

The safety of clotting factor products is a priority in Australia. Products made from human plasma are now considered safe from hepatitis C and HIV due to effective donor screening and manufacturing processes to inactivate hepatitis C and HIV. Most people in Australia with haemophilia are now treated with recombinant treatment products which are manufactured in laboratories and contain little or no human or animal material. However, some people with haemophilia or von Willebrand disorder still require products made from human plasma. Although these products are now much safer, there is still possible risk from viruses and agents that are unknown or cannot yet be screened or removed through treatment processes.

Haemophilia remains a potentially life-threatening and disabling disorder for which there is no cure. Preventive treatment, or prophylaxis, has enabled many younger people to grow up with little or no joint and muscle damage and disability caused by bleeding. However, others, particularly older people, live with the day to day effects of chronic joint damage and other health complications and are aware these problems will increase as they age.

Many people have now been living with a bleeding disorder and hepatitis C for more than 20 years and HFA has been concerned about its impact on them and their partners, families and carers. In 2003 HFA surveyed its members about hepatitis C and found many affected people were struggling with health, psychological, financial and social difficulties.

As part of its strategy to deal with these issues in more depth, HFA employed a Policy Officer in October 2006 to further understand the needs of the bleeding disorders community affected by hepatitis C and develop and carry out a plan to address these needs.

The HFA Hepatitis C Needs Assessment commenced in November 2006. The support and advice of the bleeding disorders community and experts in the area has been essential to HFA’s work on hepatitis C. Guidance on priority issues has been provided by
the HFA Hepatitis C Advisory Group, which includes representatives from the bleeding disorders community, specialist health professionals, social researchers and Hepatitis Australia. The Group also helps to maintain the quality of HFA’s publications on hepatitis C, generously giving their expertise to review information critically before it is published.

In 2007 and 2008 State and Territory Haemophilia Foundations and haemophilia social workers/counsellors assisted HFA to hold focus groups to discuss the impact of hepatitis C with local members of the bleeding disorders community. HFA also consulted nationally with State and Territory Foundations, haemophilia and hepatitis health professionals, Hepatitis Councils and People Living With HIV/AIDS organisations. In February 2007, HFA developed:

- An information booklet on hepatitis C for people with bleeding disorders
- A section on hepatitis C on the HFA web site

The report from the Needs Assessment “A double whammy” living with a bleeding disorder and hepatitis c was launched at the 14th Australian & New Zealand Haemophilia Conference in October 2007. Along with its findings and recommendations, the report included many personal stories from the focus groups. It was distributed widely to the community and other key stakeholders.

The Needs Assessment confirmed that the day-to-day issues of living with hepatitis C have compounded other health problems. Overload with managing health problems and health and social services is common. The Needs Assessment highlighted several serious issues:

- Lack of knowledge about hepatitis C and treatments and the need to monitor liver health
- Hepatitis C treatment access issues, side-effects
- Impaired quality of life and ability to work or manage household tasks
- Difficulties in personal and family relationships, parenting, socialising
- Fears for future, isolation, depression and anxiety, distrust of medical system
- Prejudice and stigma; people rarely disclose hepatitis C status
- Income/financial hardship, need for a carer

In response to these findings, HFA has:

- Made a submission to government on access to hepatitis C retreatment and support (April 2008)
- Produced brief fact sheets on hepatitis C/liver health tests and treatment (May 2008)
- Provided education sessions on hepatitis C issues for the community and haemophilia health professionals at the Haemophilia Conference (October 2007)
- Sought expert advice on the complex finance and insurance issues facing people with bleeding disorders affected by hepatitis C

In the first half of 2008 HFA asked the bleeding disorders community and health professionals for feedback on the hepatitis C work HFA had completed by that stage. This was through focus groups in a number of States/Territories, a feedback form/survey and consultation with community and health professionals.
The strongest response to the Report related to the personal stories: community members felt that the stories helped them feel connected and some were motivated to take action on their health. A summary of the evaluation results will be available later in 2008.

Responding to the complexity of these issues is a challenge for HFA and involves a multidimensional strategy. This includes information and education programs that support wellbeing, resilience, social connection and personal skills. HFA continues to work with community and health professionals on comprehensive health care which includes support for managing multiple health problems and negotiating the health system and social services.

**FOUNDATION ACTIVITIES**

HFA supports a range of programs and activities conducted by State/Territory Foundations for their members. During 2007-2008 full or part funding was provided by HFA for 25 programs or activities of different sizes and focus including:

- Camps
- Family, men’s, women’s and youth groups
- HIV and hepatitis C peer support groups
- Carers’ and partners’ support groups
- Rural visits

**Haemophilia Foundation Western Australia (HFWA) Community Camp**

The HFWA Community Camp was held in March 2008 at Ern Halliday Recreation Camp. Forty three people, including eighteen children attended the weekend. The weekend was run with a theme of a Prison Camp, and was facilitated by Purple Soup. When campers arrived they were processed, which included being photographed behind bars, and provided with a uniform of white HFWA 2008 – Many Faces of Haemophilia T-shirts. During the weekend a range of activities allowed people to challenge their fears and address concerns about living with, or being affected by, a bleeding disorder. There was a giant swing and indoor climbing, and a range of team building exercises and workshops for parents with a child with a bleeding disorder.

**Haemophilia Foundation Queensland (HFQ) Family Weekend**

In May 2008, over 100 people came together at Noosa North Shore for the HFQ family weekend. The camp was attended by people who had been to previous camps, as well as others who had never had the benefit of coming together with other members of the bleeding disorders community before. The weekend is an opportunity for families to share experiences with others, to network, and for children to make new friends and learn from each other’s experiences. Over the weekend the children had the opportunity to do a high ropes course, archery, and everyone had an opportunity for beach walks and participated in a trivia night.
Haemophilia Foundation Victoria (HFV) Women’s Group
African Tribal influences on Brighton Beach were the feature of the annual women’s group. We joined together as a group to discover the satisfying, and very liberating experience of the African beats. Positioned with our Djembe (drum) between our knees we recreated the sounds of Ghana. We managed to beat our stresses and made some good music together. This was followed with lunch and massages – what a day! Julie Boal, Organiser

The group provides an informal setting to network and provide peer support to one another. This covers the key elements of support, information and discussion – and fun! The group has a range of backgrounds – partners of both older and younger men, carers and mothers of people with haemophilia. The group of women came with very different experiences but the key to the success of their group is the one thing they have in common, their experience of a bleeding disorder.

Haemophilia Foundation Tasmania (HFT) Family Fun Day
The HFT Family Fun Day & Barbecue in November 2007 at ZooDoo Wildlife Park was great for families to re-unite again after meeting the previous year, and to meet new friends, and talk about their experiences. It was a great day out for the children who could play together in a delightful environment.

RESEARCH
The Haemophilia Foundation Research Fund was established in 1994 to support Australian based medical, scientific and social research to benefit the treatment and care of people with haemophilia and related bleeding disorders. The Fund has provided for 21 research projects over its 13 year history, representing a total amount of $467,592.

During 2007 the Haemophilia Foundation Research Fund Committee was chaired by Dr Scott Dunkley, Haemophilia Centre Director at Royal Prince Alfred Hospital, NSW. HFA is grateful to Dr Dunkley and the following Committee members for their participation and recommendations:

- Dr John Rowell  Australian Haemophilia Centre Directors’ Organisation
- Dr Chris Barnes  Australian Haemophilia Centre Directors’ Organisation
- Janine Furmedge  Australian Haemophilia Nurses’ Group
- Salena Griffin  Australian Haemophilia Nurses’ Group
- Heather Head  Australian and New Zealand Physiotherapy Haemophilia Group
- Leonie Mudge  Australia/New Zealand Haemophilia Social Workers’ and Counsellors’ Group
- Vicky Mrowinski  Australian Haemophilia Centre Directors’ Organisation
- Gavin Finkelstein  HFA President
An allocation of $45,000 was made to two research projects:

- Ms Dilnie Herbert (Monash University, Victoria)
  Social and ethical dimensions of genetic testing ($20,000)
- Professor Eric Gowans (Burnet Institute, Victoria)
  The identification and analysis of antiviral agents which target the HCV IRES ($25,000)

**COMMUNITY AWARENESS**

**Haemophilia Awareness Week 2007**

Haemophilia – One Community, Many Faces was celebrated from 7-13 October 2007. The aim of Haemophilia Awareness Week is to inform the general public and stakeholders about inherited bleeding disorders. The personal experiences of people with haemophilia, von Willebrand disorder or other rare bleeding disorders demonstrate how people live with their bleeding disorder and how many overcome major obstacles.

Haemophilia Awareness Week was coordinated by Haemophilia Foundation Australia in collaboration with representatives of most member Foundations. A media campaign resulted in 20 print articles and five radio interviews during the week.
World Haemophilia Day 2008

Every year, countries around the world join the World Federation of Hemophilia (WFH) to celebrate World Haemophilia Day on April 17. World Haemophilia Day was started by WFH in 1989. April 17 was chosen as the official date in honour of WFH founder Frank Schnabel, who was born on that day.

The common goal for World Haemophilia Day is to increase awareness and reaffirm our commitment to improve care for everyone with bleeding disorders around the world. The theme for this year was Count Me In and focused on the benefits for patient communities if patients are identified and registered. Knowing how many people with bleeding disorders in a community there are and where they are located, can have a great impact on how services are provided and steps patient organisations may take to advocate for their community.

Global Feast

Haemophilia Foundation Australia (HFA) joined other member organisations of World Federation of Hemophilia for Global Feast for the third year. Patient organisations from Argentina, Iran, Nepal, The Netherlands, New Zealand, Nigeria, Portugal, United Kingdom and Canada each had events or activities to raise funds for the bleeding disorders community.

HFA has been involved since WFH started this program in 2005 to bring the community together globally and locally in support of the worldwide bleeding disorders community. For many who wish to participate, it is as simple as inviting friends for a meal and inviting them to make a small donation instead of a gift for their host.

In Australia, a range of events including a restaurant dinner by HFA staff, morning teas at haemophilia treatment centres and afternoon teas and dinners in people’s homes were held and all funds were directed to WFH for use in global initiatives.
Website
The HFA website is a valuable communication tool and reference point for people with bleeding disorders and the general community. The website is updated regularly and E-News is sent to registered members each month.

FUNDRAISING
Fundraising objectives are met through direct mail campaigns, trusts and foundations and fundraising events.

Appeals
Direct Mail campaigns are mailed four times each year to donors on our database in September (Spring), November (Christmas), February (Autumn) and May (Tax). Income from Direct Mail has increased by 7% over the last two years and indicates our donors appreciate our reliance on this form of income for our services.

Donations to the appeals are supported by individuals, corporations, service clubs, churches and schools. Donations are directed to programs and services such as family camps, support groups and resources.
Trusts and Foundations

Trust and foundation applications are made throughout the year and HFA values grants made for its activities. Some of the grants from trusts and foundations specifically supported QLD Family Camp, WA Community Camp, Youth Program and Youth Weekend, VIC Men's and Women's support groups and Family Camp, and the NSW Family Camp. Although income from this source decreased from last year, the previous year was unusual in that large amounts had been granted for the hepatitis C project in that year.

Red Run Classic

The second Red Run Classic was held at New Farm Park on Sunday 25 May 2008. 145 runners participated in this year’s 5km run, walk or jog. Cr David Hinchliffe (Councillor for Central Ward) officially started the race and the first runner finished in 19.26 minutes. We thank all those who participated and assisted with the event.

Men’s Division

1st 376 Salvatore Mazzullo 19.26
2nd 343 Grant Rogerson 19.57
3rd 369 Rick McLaren 20.07

Women’s Division

1st 354 Charlotte Nunn 20.25
2nd 306 Saleena Roberts 21.29
3rd 283 Inga Savage 22.54

Child Division

1st Boy 255 Angus Douglas 24.35
1st Girl 373 Kelsie Guerden 25.57

Nothing’s going to stop him now

WHEN he was three months old, Adam Lish’s parents suspected he had haemophiliac, the doctors performed an operation, which revealed a blood disorder that left Adam a paraplegic. Haemophiliacs in Australia are approximately 2000 Australians and without proper treatment can be life-threatening.

It seems when one of the essential clotting factors in a person’s blood is missing. It is not usually found in children until four years and then begins to decrease. The condition becomes noticeable from internal bleeding in the joints and muscles. “He’s a very brave boy. He is very tired at times, but he just gets on with it,” Adam’s mother said.

Adam, who is going to be a seven-year-old, had a haemophiliac’s existence. He enjoys soccer, swimming, baseball and archery when he gets the chance.

“I’ve never heard of a person losing the capacity to do a sport, but it was a risk factor for everybody really,” Adam’s mother said.

“It’s a rare disease, and you see it in young men,” Adam’s mother said. “It’s a rare disease, and you see it in young men.”

“I’m so proud of Adam, and he loves life, and he’s just a wonderful boy.”

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Picture: Lisa Clarke

GOOD sport… Adam Lish, who has haemophiliac and is a paraplegic, will take part in a fundraiser to raise money for the Haemophiliac Foundation of Australia.
TWINNING – AUSTRALIA AND THAILAND

Haemophilia Foundation Australia (HFA) commenced a twinning partnership with the National Hemophilia Foundation of Thailand (NHFT) and Thai Patient’s Club in 2006 with the support of World Federation of Hemophilia (WFH).

Significant efforts have led to improved care and treatment, and through the WFH Global Alliance for Progress (GAP) WFH has provided support, nevertheless supplies of clotting factor are limited. Prof Pattraporn Isarangkura, the President of NHFT and Director of the haemophilia centre at the Ramathibodi Hospital in Bangkok and her team have facilitated outreach and training to health professionals in several areas of Thailand to increase access to care and treatment for the bleeding disorders community. More government funding is available for treatment products which has meant more people have been able to access treatment.

HFA participated in a successful workshop in early 2007 and a plan was made to undertake more outreach work in regional and rural areas to increase patient numbers on the registry and to provide peer support. Through this outreach more patients have been identified and the volunteers in Bangkok and peer leaders in regional areas have regular contact to encourage and support each other. The next phase of the twinning plan is for representatives of the Thai Patient’s Club to visit Australia to learn more about haemophilia foundation activities in Australia.

The twinning partnership is greatly beneficial to both Australia and Thailand and new friendships and collaborations have emerged to strengthen each of the communities.

YOUTH LEADERSHIP AND MENTORING PROGRAM

The Youth Leadership and Mentoring Program commenced in 2003 to encourage and motivate young men and women to become more involved with the bleeding disorders community, to encourage leadership and to benefit from personal development and peer support.

The Youth Committee had a productive year and changed the structure of how it works. Members met monthly via teleconference and undertook a range of tasks such as quarterly newsletter Youth News and worked with the Canberra Conference Program Committee to incorporate concurrent sessions for all delegates, including youth, and identified appropriate session topics.

Membership (from January 2008)
Youth Council
Co-Chairs: Paul Bonner (HFSA), Robert McCabe (HFWA)
Members:
Anna Sznyter (HFT), Scott Christie (HFSA), Simon McMenamin (HFQ), Craig Bardsley (HFQ), Sam Duffield (HFWA)

Youth Leaders:
Chantel Roberts (HFV), Dale Spencer (HFWA), Michael Lucken (HFV), Matthew Blogg, (HFV) Erin James (HFWA), Lauren Albert (HFQ)

HFA Representative – Natashia Coco
The 14th Australian & New Zealand Haemophilia Conference

The 14th Australian & New Zealand Haemophilia Conference, held at Hyatt Canberra 4-7 October 2007, was described as a great success by those in attendance.

The Conference brought people with an interest in bleeding disorders together to learn more about the treatment and care and future directions.

The multidisciplinary program featured presentations by Australian, New Zealand and international experts. The program included topics of interest and relevance to health professionals, government officials and people with bleeding disorders and their families. HFA is grateful for the support of the Conference Program Committee, chaired by Dr Scott Dunkley from the Royal Prince Alfred Hospital, Sydney.

The Welcome Cocktail Party held on Thursday evening started the Conference with an informal gathering for people to meet and greet. HFA President, Gavin Finkelstein took the opportunity to thank the Foundation's Corporate Partners for their ongoing support to the organisation and to thank the official sponsors of the Conference and open the exhibition.

The Remembrance Service has a long tradition at national haemophilia conferences and is a special time set aside for people from all parts of the bleeding disorders community to remember friends and relatives, and the people they have cared for who have died, and those who are living with complications of bleeding disorders and blood borne viruses.

The non-denominational service was planned by Fred Wensing and Clare Reeves from HFACT and facilitated by Jane Foulcher, an Anglican Minister. The service was held at Nara Park which is a beautiful Japanese tea garden alongside Lake Burley Griffin. In the twilight of a lovely spring Canberra evening Maria Wensing, Craig Bardsley, Grant Hook and Gavin Finkelstein presented short readings. At the conclusion of the service, all those present lit a candle in memory of their friends and loved ones.

The Gala Dinner was a special evening to remember for 200 of the Conference delegates who attended. The dinner was held at the Hyatt and featured Harri Bandu and his quartet who entertained guests during the evening.
HEMOPHILIA 2008 WORLD CONGRESS, ISTANBUL, TURKEY

The XXVIII International Congress of the World Federation of Hemophilia held in Istanbul, Turkey, 1-5 June 2008 attracted more than 4200 participants from over 115 countries and was the largest WFH Congress ever.

Haemophilia Foundation Australia had a cost sharing arrangement with State/Territory Haemophilia Foundations which enabled six representatives to be funded to attend the Congress. Many other Australian patients and health professionals, government officials and industry representatives also attended the Congress which is well known as a leading meeting for the entire bleeding disorders community.

Gavin Finkelstein, President and Sharon Caris, Executive Director represented HFA at the Congress and the following people were funded to attend:

- Debbie Kermode (Head of Unit, Orthopaedic Physiotherapy, Women’s and Children’s Hospital, Adelaide, representing the Australian and New Zealand Physiotherapy Haemophilia Group)
- Salena Griffin (Clinical Nurse Consultant, Haemophilia and Bleeding Disorders, Royal Children’s Hospital, Brisbane, representing the Australian Haemophilia Nurses’ Group – part-funding)
- Kelly Brady (Haemophilia Social Worker, Queensland Haemophilia Centre, Royal Brisbane & Women’s Hospital, representing the Australia/New Zealand Haemophilia Social Workers’ and Counsellors’ Group)
- Robert McCabe (community member from HFWA – part-funding and Youth Fellowship)

One thing I have experienced, is that sometimes people treat you differently after you tell them you have a bleeding disorder.

I found the small group discussions to be the most useful things on the program - it is always great to hear the stories of other people and surprisingly (or maybe not) we all seem to have fairly similar experiences with school, friends, work and all sorts of other things.

It was great sharing with people who have the same sorts of problems as me – other people don’t really know what it’s like – I learned a lot too.

The best thing is I made new friends and learned things about haemophilia and looking after my haemophilia that I didn’t know before.

People could push their personal limits in a safe environment.

I realised I could help more with Foundation activities.
I am pleased to report on the financial year 1 July 2007-30 June 2008. Haemophilia Foundation Australia has continued to enjoy the support of Corporate Partners, trusts and foundations, service organisations and many individuals from around Australia that provided financial support throughout the year. Many of these donors have supported the Foundation for many years, and along with new donors attracted this year, form the backbone of our work.

Although the Red Run Classic promises to be a successful fundraising and community awareness activity it is yet to yield the outcome we desire. We look forward to attracting sponsorship which will take us forward with this event and will continue to monitor the costs and benefits of this initiative going forward.

We have been able to make a continued commitment to the hepatitis C project, and with the savings put aside for this work in previous years, and the donations specifically for the project this year, I am pleased to report we were able to fund the Policy Officer full time for the year and support workshops and publications associated with the project. Further, a commitment has been made to continue the work into 2008-2009.

The increased volume of reporting and financial activities to support more program outputs is in evidence as the Foundation this year reports its highest income and expenditure for any year of its operations.

Total income increased by 7% to $842,750 from the previous year. This was largely due to the impact of education sponsorship received for the national conference in Canberra, income from trusts for the hepatitis C project, and camps and workshops. The high level of activity is reflected in a reduction of operating expenses by 2% and an increase in objective expenses by 93%. This included significant allocations for education and conferences, projects run by member Foundations and support for clinical excellence through health professionals’ meetings and research. Overall there was a net decrease of 32% in total expenses during the year from $878,626 to $663,157 to which led to a net deficit for the year of $35,876.

The two government grants remained steady in line with each Agreement with the Department of Health and Ageing (DOHA) to fund some of our core outputs. We look forward to new agreements with DOHA for the next three year period, to enable us to plan and fund our ongoing activities.

Although corporate partnership income remained steady as expected, our general donations increased by 6% during the year. Member Foundations contributed to a levy for the costs of funding representation to the World Federation of Hemophilia Congress, and other income was received from the World Federation of Hemophilia to offset some of the costs of our twinning partnership with Thailand and for part payment of a Youth Fellowship.
The effective interest rate on our investments for the year was 5.93% compared to 5.86% in 2007. Funds held for Damon Courtenay Memorial Endowment Fund, the Haemophilia Foundation Research Fund and surplus funds are invested in interest bearing securities with the Commonwealth Bank and Perpetual Trustees. HFA has continued to take a conservative approach to investment which has shielded us from major market fluctuations. Moving forward, it should be noted that financial conditions may result in a fall in earnings in these types of investments in the next year.

HFA receives a small proportion of income for the recovery of the cost of renting office space to other medical organisations and for fees paid to HFA for the Executive Director’s membership of an external committee.

Administration expenses decreased by 2% from $347,684 in the previous year to $339,224. These expenses include personnel and office expenses, and those associated with governance including Council and Executive Board. The decrease occurred because of some variations to hours worked by staff and maternity leave requirements. Work was re-arranged and covered by existing staff, and no additional recruitment was required.

Property expenses increased 8% from $49,820 to $53,783 due to an increase in the cost of insurance required as part of the Foundation's lease.

Fundraising expenses reduced by 16% from $24,440 to $20,425 due to a different work plan developed to cover the absence of a staff member on leave.

The Foundation reports a significant increase in the expenses of HFA which align with its objectives including services and care, education and research during the year. HFA planned and organised the biennial national conference and associated health professionals’ meetings and a funding commitment was made for HFA representatives and health professionals to attend the XXVIII International Congress of the World Federation of Hemophilia.

Allocated funding for special projects for the year was increased during the year in the areas of State/Territory Foundation camps and workshops, youth leadership training and hepatitis C workshops which were conducted on a national basis. The hepatitis C project is now in its second year, and the salary component of this work is included in personnel costs.

Distributions from the Damon Courtenay Memorial Endowment Fund and allocations under the Vision and Leadership Awards provided financial support to individuals affected by bleeding disorders.

Two research grants totaling $41,916 were paid during the year in line with the Haemophilia Foundation Research Fund requirements.

We have funds in reserve for specific purposes, including research and distributions under the Damon Courtenay Memorial Endowment Fund. We also have accumulated funds available to meet the needs of the community and I am pleased to report the Foundation is in good shape to meet those demands. I look forward to working with Council and our member Foundations to ensure we achieve our objectives.

Peter Fogarty
Treasurer
## HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
### INCOME STATEMENT
#### FOR THE YEAR ENDED 30 JUNE 2008

<table>
<thead>
<tr>
<th>Note</th>
<th>2008 $</th>
<th>2007 $</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INCOME</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commonwealth government grants</td>
<td>286,750</td>
<td>280,562</td>
</tr>
<tr>
<td>Fundraising and donations</td>
<td>464,605</td>
<td>439,804</td>
</tr>
<tr>
<td>Interest</td>
<td>59,037</td>
<td>44,917</td>
</tr>
<tr>
<td>State member levies</td>
<td>20,183</td>
<td>9,516</td>
</tr>
<tr>
<td>Other income</td>
<td>12,175</td>
<td>9,723</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td>842,750</td>
<td>784,522</td>
</tr>
</tbody>
</table>

| **LESS : FOUNDATION OPERATING EXPENSES** | | |
| **Administration** | | |
| Advertisement/recruitment | - | 4,389 |
| Audit | 5,589 | 5,918 |
| Annual reports | 2,688 | 2,032 |
| Bank charges and service charges | 1,866 | 1,526 |
| Council meetings | 9,123 | 6,559 |
| Executive meetings | 6,102 | 11,765 |
| Personnel expenses | 302,292 | 297,708 |
| Professional insurance | 2,664 | 3,164 |
| Provision for long service leave | 5,317 | 11,753 |
| Resource material | 45 | 49 |
| Staff amenities and training | 350 | 640 |
| Travel | 1,592 | 1,432 |
| Liaison and business development | 1,596 | 749 |
| **TOTAL ADMINISTRATION** | 339,224 | 347,684 |

| **Property** | | |
| Depreciation of assets | 7,637 | 6,766 |
| Lighting and heating | 3,176 | 2,744 |
| Insurance | 3,073 | 1,720 |
| Lease photocopier | 3,336 | 3,347 |
| Rent | 31,996 | 30,998 |
| Repairs and maintenance | 4,201 | 3,736 |
| Security | 364 | 509 |
| **TOTAL PROPERTY** | 53,783 | 49,820 |

| **Fundraising** | | |
| Appeals and production | 17,171 | 15,978 |
| Planned giving | 573 | 582 |
| Resource development and travel | 2,681 | 7,880 |
| **TOTAL FUNDRAISING** | 20,425 | 24,440 |

| **TOTAL FOUNDATION OPERATING EXPENSES** | 413,432 | 421,944 |

| **SURPLUS OF INCOME OVER OPERATING EXPENSES** | 429,318 | 362,578 |

The above Income Statement should be read in conjunction with the accompanying notes.
### HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
### INCOME STATEMENT (CONTINUED)
### FOR THE YEAR ENDED 30 JUNE 2008

#### Note 2008 2007

<table>
<thead>
<tr>
<th>Description</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SURPLUS OF INCOME BROUGHT FORWARD</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>429,318</td>
<td>362,578</td>
</tr>
<tr>
<td><strong>LESS : FOUNDATION OBJECTIVES EXPENSES</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Services and Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awards and presentations</td>
<td>475</td>
<td>-</td>
</tr>
<tr>
<td>Information technology</td>
<td>11,736</td>
<td>10,359</td>
</tr>
<tr>
<td>Executive</td>
<td>5,715</td>
<td>6,678</td>
</tr>
<tr>
<td>Financial assistance</td>
<td>1,155</td>
<td>1,393</td>
</tr>
<tr>
<td>Haemophilia conference and sponsorships</td>
<td>185,190</td>
<td>11,987</td>
</tr>
<tr>
<td>WFH and other conferences</td>
<td>20,880</td>
<td>5,148</td>
</tr>
<tr>
<td>WFH twinning expenses</td>
<td>-</td>
<td>7,509</td>
</tr>
<tr>
<td>Health professionals</td>
<td>20,604</td>
<td>25,807</td>
</tr>
<tr>
<td>Newsletter</td>
<td>26,370</td>
<td>28,442</td>
</tr>
<tr>
<td>Postage</td>
<td>3,767</td>
<td>3,375</td>
</tr>
<tr>
<td>Printing and stationery</td>
<td>10,740</td>
<td>9,288</td>
</tr>
<tr>
<td>Specific project expenses</td>
<td>100,614</td>
<td>69,386</td>
</tr>
<tr>
<td>DCMEF allocations</td>
<td>12,901</td>
<td>1,775</td>
</tr>
<tr>
<td>Subscriptions</td>
<td>3,568</td>
<td>3,591</td>
</tr>
<tr>
<td>Telephone</td>
<td>7,738</td>
<td>9,526</td>
</tr>
<tr>
<td>Travel</td>
<td>508</td>
<td>265</td>
</tr>
<tr>
<td>Volunteers’ expenses</td>
<td>-</td>
<td>680</td>
</tr>
<tr>
<td></td>
<td>411,961</td>
<td>195,209</td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Brochures and resources</td>
<td>420</td>
<td>6,195</td>
</tr>
<tr>
<td>Education incidental costs</td>
<td>10,897</td>
<td>5,199</td>
</tr>
<tr>
<td></td>
<td>11,317</td>
<td>11,394</td>
</tr>
<tr>
<td>Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research grants allocated</td>
<td>40,909</td>
<td>34,091</td>
</tr>
<tr>
<td>Research grants incidental costs</td>
<td>1,007</td>
<td>519</td>
</tr>
<tr>
<td></td>
<td>41,916</td>
<td>34,610</td>
</tr>
<tr>
<td><strong>TOTAL FOUNDATION OBJECTIVES EXPENSES</strong></td>
<td>465,194</td>
<td>241,213</td>
</tr>
<tr>
<td><strong>TOTAL SURPLUS/(DEFICIT) FOR THE YEAR</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(35,876)</td>
<td>121,365</td>
</tr>
<tr>
<td><strong>ACCUMULATED FUNDS BROUGHT FORWARD</strong></td>
<td>774,891</td>
<td>663,092</td>
</tr>
<tr>
<td><strong>TOTAL AVAILABLE FUNDS</strong></td>
<td>739,015</td>
<td>784,457</td>
</tr>
<tr>
<td><strong>TRANSFER (TO)/FROM RESERVE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>(248)</td>
</tr>
<tr>
<td></td>
<td>(9,566)</td>
<td></td>
</tr>
<tr>
<td><strong>ACCUMULATED FUNDS CARRIED FORWARD</strong></td>
<td></td>
<td>738,767</td>
</tr>
<tr>
<td></td>
<td>774,891</td>
<td></td>
</tr>
</tbody>
</table>

The above Income Statement should be read in conjunction with the accompanying notes.
## HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED

### BALANCE SHEET

**AS AT 30 JUNE 2008**

<table>
<thead>
<tr>
<th>Note</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Cash at call</td>
<td>410,313</td>
<td>519,319</td>
</tr>
<tr>
<td>Cash short term investments</td>
<td>584,644</td>
<td>547,498</td>
</tr>
<tr>
<td>Receivables</td>
<td>6,287</td>
<td>4,544</td>
</tr>
<tr>
<td>Prepayments</td>
<td>47,064</td>
<td>29,000</td>
</tr>
<tr>
<td><strong>Total Current Assets</strong></td>
<td><strong>1,048,308</strong></td>
<td><strong>1,100,361</strong></td>
</tr>
<tr>
<td><strong>NON CURRENT ASSETS</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Property, plant and equipment</td>
<td>9,967</td>
<td>15,126</td>
</tr>
<tr>
<td><strong>Total Non Current Assets</strong></td>
<td><strong>9,967</strong></td>
<td><strong>15,126</strong></td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td><strong>1,058,275</strong></td>
<td><strong>1,115,487</strong></td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Accounts payable</td>
<td>12,551</td>
<td>35,822</td>
</tr>
<tr>
<td>Provision for annual leave</td>
<td>40,465</td>
<td>43,848</td>
</tr>
<tr>
<td>Provision for long service leave</td>
<td>43,988</td>
<td>21,594</td>
</tr>
<tr>
<td><strong>Total Current Liabilities</strong></td>
<td><strong>97,004</strong></td>
<td><strong>101,264</strong></td>
</tr>
<tr>
<td><strong>NON CURRENT LIABILITIES</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Provision for long service leave</td>
<td>9,194</td>
<td>26,270</td>
</tr>
<tr>
<td><strong>Total Non Current Liabilities</strong></td>
<td><strong>9,194</strong></td>
<td><strong>26,270</strong></td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td><strong>106,198</strong></td>
<td><strong>127,534</strong></td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td><strong>952,077</strong></td>
<td><strong>987,953</strong></td>
</tr>
<tr>
<td><strong>FOUNDATION’S FUNDS</strong></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Accumulated funds</td>
<td>738,767</td>
<td>774,891</td>
</tr>
<tr>
<td>Reserve</td>
<td>213,310</td>
<td>213,062</td>
</tr>
<tr>
<td><strong>TOTAL FOUNDATION’S FUNDS</strong></td>
<td><strong>952,077</strong></td>
<td><strong>987,953</strong></td>
</tr>
</tbody>
</table>

The above Balance Sheet should be read in conjunction with the accompanying notes.
HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
STATEMENT OF RECOGNISED INCOME AND EXPENSE
FOR THE YEAR ENDED 30 JUNE 2008

Note Reserve Accumulated Total Equity
$ $ $

BALANCE AS AT 1 JULY 2006
Surplus for the year 203,496 663,092 866,588

BALANCE AS AT 30 JUNE 2007
Surplus for the year 9,566 111,799 121,365

BALANCE AS AT 30 JUNE 2008 248 (36,124) (35,876)

The above Statement of Recognised Income and Expense should be read in conjunction with the accompanying notes.

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
CASH FLOW STATEMENT
FOR THE YEAR ENDED 30 JUNE 2008

Note 2008 2007
$ $ $

CASH FLOWS FROM OPERATING ACTIVITIES
Interest received 59,037 44,917
Grants received 286,750 280,562
Receipts from constituents 496,963 459,043
Payments to suppliers and employees (912,132) (562,390)
Net cash flows from operating activities (69,382) 222,132

CASH FLOWS FROM INVESTING ACTIVITIES
Acquisition and disposal of property, plant and equipment (2,478) (12,697)
Net cash flows used in investing activities (2,478) (12,697)
NET INCREASE/(DECREASE) IN CASH HELD (71,860) 209,435

CASH BALANCE BROUGHT FORWARD 1,066,817 857,382
CASH BALANCE CARRIED FORWARD 994,957 1,066,817

Cash balance carried forward comprises :
Cash at call 410,313 519,319
Cash short term investments 584,644 547,498

994,957 1,066,817

Reconciliation of (deficit)/surplus for the year to the net cash flows from operating activities:
Total operating (deficit)/surplus for the year (35,876) 121,365
Depreciation and amortisation 7,637 6,766
Changes in assets and liabilities
Increase/(Decrease) in creditors and provisions (21,336) 36,556
(Increase)/Decrease in receivables and other assets (19,807) 57,445
Net cash flows from operating activities (69,382) 222,132

The above Cash Flow Statement should be read in conjunction with the accompanying notes.
NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

This financial report covers Haemophilia Foundation Australia Incorporated as an individual entity. Haemophilia Foundation Australia Incorporated is an association incorporated in Victoria under the Associations Incorporations Act 1981.

Basis of the preparation of the accounts

The financial report is a general purpose financial report that has been prepared in accordance with Australian Accounting Standards, Australian Accounting Interpretations, other authoritative pronouncements of the Australian Accounting Standards Board and the Associations Incorporations Act 1981.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in a financial report containing relevant and reliable information about transactions, events and conditions to which they apply. Compliance with Australian Accounting Standards ensures that the financial statements and notes also comply with international Financial Reporting Standards. Material accounting policies adopted in the preparation of this financial report are presented below. They have been consistently applied unless otherwise stated.

The financial report has been prepared on an accruals basis and is based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities.

(a) Property, plant and equipment

Each class of property, plant and equipment is carried at cost or fair value as indicated less, where applicable, any accumulated depreciation and impairment losses.

Plant and equipment are measured on the cost basis less depreciation and impairment losses.

The carrying amount of plant and equipment is reviewed annually by directors to ensure it is not in excess of the recoverable amount from these assets. The recoverable amount is assessed on the basis of the expected net cash flows that will be received from the assets’ employment and subsequent disposal. The expected net cash flows have been discounted to their present values in determining recoverable amounts.

The cost of fixed assets constructed within the association includes the cost of materials, direct labour, borrowing costs and an appropriate proportion of fixed and variable overheads.

Subsequent costs are included in the asset’s carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the association and the cost of the item can be measured reliably. All other repairs and maintenance are charged to the income statement during the financial period in which they are incurred.

The depreciable amount of all fixed assets, including buildings and capitalised lease assets, is depreciated on a straight-line basis over the asset’s useful life commencing from the time the asset is held ready for use. Leasehold improvements are depreciated over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

The depreciation rates used for each class of depreciable assets are:

<table>
<thead>
<tr>
<th>Class of Fixed Asset</th>
<th>Depreciation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leasehold improvements</td>
<td>20%</td>
</tr>
<tr>
<td>Leased plant and equipment</td>
<td>20%</td>
</tr>
<tr>
<td>Office equipment</td>
<td>20%</td>
</tr>
</tbody>
</table>
The assets’ residual values and useful lives are reviewed and adjusted, if appropriate, at each balance date.

An asset’s carrying amount is written down immediately to its recoverable amount if the asset’s carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains and losses are included in the income statement. When revalued assets are sold, amounts included in the revaluation relating to that asset are transferred to retained earnings.

The majority of the useful lives of the Office Furniture and Equipment are between three to ten years.

(b) Income tax
The Foundation has obtained tax exempt status as a non-profit organisation under Section 50-50 of the Income Tax Assessment Act 1997.

(c) Employee benefits
Provision is made for the association’s liability for employee benefits arising from services rendered by employees to balance date. Employee benefits that are expected to be settled within one year have been measured at the amounts expected to be paid when the liability is settled.

(d) Comparative figures
When required by Accounting Standards and where necessary, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

<table>
<thead>
<tr>
<th>Note</th>
<th>2008</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td><strong>NOTE 2: CASH SHORT TERM INVESTMENTS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perpetual Trustees</td>
<td>255,397</td>
<td>240,521</td>
</tr>
<tr>
<td>ANZ Trustees</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Commonwealth Bank</td>
<td>329,247</td>
<td>306,977</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>584,644</strong></td>
<td><strong>547,498</strong></td>
</tr>
</tbody>
</table>

| **NOTE 3: PROPERTY, PLANT AND EQUIPMENT** |        |        |
| Furniture and office equipment at cost | 105,059 | 102,582 |
| Accumulated depreciation | (95,092) | (87,456) |
| **Total** | **9,967** | **15,126** |

| **NOTE 4: ACCOUNTS PAYABLE (CURRENT)** |        |        |
| Creditors and accruals | 12,551 | 35,822 |
| **Total** | **12,551** | **35,822** |

| **NOTE 5: ACCUMULATED FUNDS** |        |        |
| Accumulated funds are set aside for the following purposes: |        |        |
| - research | 379,033 | 396,802 |
| - discretionary projects and reserves | 359,734 | 378,089 |
| **Total** | **738,767** | **774,891** |
NOTE 6: RESERVE

Damon Courtenay Reserve
- balance at beginning of year 213,062 203,496
  - special appeals and interest income 13,149 11,341
  - sponsorships, allocations and costs (12,901) (1,775)
- balance at end of year 248 9,566

The Damon Courtenay Memorial Endowment Fund was established with funds donated by the family of Damon Courtenay. The funds are to be set aside in a perpetual trust, with income generated being used to finance care, treatment, education and welfare of people with haemophilia and their families, subject to conditions specified by the Courtenay family.

NOTE 7: SEGMENT INFORMATION

The Foundation's objectives are to promote the welfare and education of all people affected by haemophilia and related bleeding disorders and to initiate and encourage research in Australia.

NOTE 8: RELATED PARTY TRANSACTIONS

The members of the Council of Haemophilia Foundation Australia Incorporated during the financial year ended 30 June 2008 were:

Bill Atkinson
David Bell
Rob Christie
Gavin Finkelstein
Judi Fisher
Peter Fogarty
Beth Large
Peter Mathews
Simon McMenamin (from July 2007)
Janet Quaggin (to November 2007)
Ann Roberts
Jonathan Spencer (from November 2007)
Sharyn Wishart

No material related party transactions occurred during the financial year.

NOTE 9: EVENTS AFTER THE BALANCE SHEET DATE

There have been no events after the balance sheet date that would materially affect the results contained within this report.
NOTE 10: FINANCIAL INSTRUMENTS
The terms and conditions of each class of financial asset and liability of the Foundation at the balance date are as follows:

<table>
<thead>
<tr>
<th>Financial Instrument</th>
<th>Note</th>
<th>Accounting Policies</th>
<th>Terms and Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Financial Assets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Receivables</td>
<td></td>
<td>Carried at nominal amounts due, less any provision for doubtful debts.</td>
<td>Credit normally on 30 days terms.</td>
</tr>
<tr>
<td>- Cash at call and cash short term investments</td>
<td>2</td>
<td>Cash short term investments are stated at net realisable value. Interest is recognised in the statement of income and expenditure when earned.</td>
<td>Short term deposits have maturity from one to twelve months. Other investments are at call. Average effective interest rate is 5.93% (2007: 5.86%).</td>
</tr>
<tr>
<td>b) Financial Liabilities</td>
<td></td>
<td>Liabilities are recognised for amounts to be paid in the future for goods and services received and for amounts received for the services to be provided in the future.</td>
<td>Liabilities are normally settled on 30 day terms.</td>
</tr>
</tbody>
</table>

NOTE 11: COMPLIANCE WITH INTERNATIONAL FINANCIAL REPORTING STANDARDS (IFRS)
Australian Accounting Standards include Australian equivalents to International Financial Reporting Standards (AIFRS). Compliance with AIFRS ensures that the financial report, comprising the financial statements and notes hereto, complies with International Financial Reporting Standards (IFRS).

The following Australian Accounting Standards issued or amended and are applicable to the association but not yet effective and have not been adopted in preparation of the financial statements at reporting date.

<table>
<thead>
<tr>
<th>AASB Amendment</th>
<th>Standards Affected</th>
<th>Application Date of Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td>AASB 2007 - 3 Amendments to Australian Accounting Standards</td>
<td>AASB 107 Cash Flow Statements, AASB 119 Employee Benefits</td>
<td>01/01/2009</td>
</tr>
<tr>
<td>AASB 2007 - 6 Amendments to Australian Accounting Standards</td>
<td>AASB 101 Presentation of Financial Statements, AASB 107 Cash Flow Statements, AASB 116 Property, Plant and Equipment</td>
<td>01/01/2009</td>
</tr>
<tr>
<td>AASB 2007 - 8 Amendments to Australian Accounting Standards</td>
<td>AASB 101 Presentation of Financial Statements</td>
<td>01/01/2009</td>
</tr>
<tr>
<td>AASB 101</td>
<td>AASB 101 Presentation of Financial Statements</td>
<td>01/01/2009</td>
</tr>
</tbody>
</table>
HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
STATEMENT BY MEMBERS OF THE COUNCIL

STATEMENT BY MEMBERS OF THE COUNCIL

In the opinion of the Council, the financial report as set out on pages 1 to 9:
1) presents a true and fair view of the financial position of Haemophilia Foundation Australia Incorporated as at 30 June 2008 and its performance for the year ended on that date in accordance with Australian Accounting Standards, mandatory professional reporting requirements and other authoritative pronouncements of the Australian Accounting Standards Board.

2) at the date of this statement, there are reasonable grounds to believe that Haemophilia Foundation Australia Incorporated will be able to pay its debts as and when they fall due.

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

Gavin Finkelstein
President

Peter Fogarty
Treasurer

8 October 2008
INDEPENDENT AUDIT REPORT

To The Members of Haemophilia Foundation Australia Incorporated

We have audited the accompanying financial report of Haemophilia Foundation Australia Incorporated (the association) which comprises the balance sheet as at 30 June 2006 and the income statement, statement of recognised income and expenditure and cash flow statement for the year ended on that date, a summary of significant accounting policies and other explanatory notes and the statement by members of the committee

Executive Committee’s Responsibility for the Financial Report
The Executive Committee of the association is responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act 1981. This responsibility includes establishing and maintaining internal control relevant to the preparation and fair presentation of the financial report that is free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditor’s Responsibility
Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. These Auditing Standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

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

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion:

Independence
In conducting our audit, we have complied with the independence requirements of Australian professional ethical pronouncements.

Auditor Opinion
In our opinion:
The financial report of Haemophilia Foundation Australia Incorporated, is in accordance with the Association Incorporation Act 1981 including
1. giving a true and fair view of the Association’s financial position as at 30 June 2006 and of their performance for the year ended on that date; and
2. complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act 1981.

Cook Jones & Co.

David Kenne Jones
Principal
Camberwell
Date: 8 October 2006
ACKNOWLEDGEMENTS

We are appreciative of the generous support of our Corporate Partners

**Baxter**  **CSL Bioplasma**  **Novo Nordisk**  **Wyeth**

Haemophilia Foundation Australia sincerely thanks all individuals, businesses, service clubs, trusts and foundations for their support to our programs and education resources throughout the year:

**Individual Donors over $150**
- Mr D Rodric
- Mr David Allam
- Mrs Lorna Apio
- Mrs Ruby Ashcroft
- Dr M J Babie
- Dr John & Mrs Joan Bates
- Dr D M J Bennett
- Mr William D Bowness
- Ms Trish Britten
- Dr Christopher Cation
- Ms Viki Chico
- Ms Karle Clegg
- Mr Allan Costame
- Mrs Mary Coles
- Mrs A Costa
- Dr Filippo H Currie
- Mrs Sue Davidson
- Mr Kurt Elmer
- Mr Wendy K Fairley
- Mr G Faun
- Mr Bruce Fielding
- Mr Jenny Fitzpatrick
- Mr K Fitzpatrick
- Mr Karen Fox
- Mrs Margaret Freer
- Dr W R Fuller
- Mrs M Gomez
- Mr Geoffrey Gray
- Mrs Susan Haring
- Mr Ian Hicks
- Mr K D Hill
- Mr M O HIl
- Mr Rex Holborst
- Mrs Wendy Hunter
- Dr H D Irwin
- Mr B & Mrs V Ivery
- Mrs Rae Jones
- Mr & Mrs L A Lane
- Ms & Mrs L Lukis
- Dr A S Malcolm
- Mr George Ostrin & Ms Margaret Frangos
- Ms Jennifer O’Hagan
- Ms M Penfold
- Mr & Mrs C Piantedosi
- Mr Thomas Rigby
- Mrs Margaret Ross AO
- Dr Ronald J Sawers
- Mrs Felicity Siro
- Dr Jeremy St John
- Mrs Dawn Thorp
- Mr Simon Tush
- Ms Penelope Tuscui
- Mrs C R Truscott
- Mr Shannon Wardmaker
- Mr K Waugh
- Mrs R & Mrs P Venable
- The Hon Sir John Young AC, KCMG

**Businesses, Unions, Schools & Municipalities**
- Astek Pharmacels Australia Pty Ltd
- Axileen Walker & Brochan
- Alana Normeers Pty Ltd
- BMS Mire 10
- BB Printing Pty Ltd
- City of Bayswater
- Crown Melbourne
- Doug Hall Enterprises Pty Ltd
- Eastfield Australia Pty Ltd
- Frank L Burns
- H Stevens Pty Ltd
- Harvey Norman
- Heidelberg Graphic Equipment
- Hollingsworth Greens Medical
- H & W Electrical
- J J Richards & Sons Pty Ltd
- Juanda Scott Travel
- Kailis Consolidated Pty Ltd
- Kangaroo Brothers
- Mathews Constructions Pty Ltd
- McCann Erickson
- North Sydney Executive Centre

- Singleton Physio & Sports Injury Centre
- Sprayfas Pty Ltd
- Textile Clothing & Footwear Union (NSW)
- Wills Frozen Foods
- Willspace

**Service Clubs & Churches**
- Apex Club of Bielorr
- Balnakh Neighbourhood Club
- CWA - Lawson
- Lions Club of Ballarat
- Lions Club of Coolang Beach
- Lions Club of Dromana
- Lions Club of Lorne
- Lions Club of Malanda
- Lions Club of Tara
- Lions Club of Tully
- Lions Club of Woodendong Heights
- Lions Club of Albury
- Lions Club of Armidale
- Lions Club of Beaumont-Rivoli Bay
- Lions Club of Berregrug & District
- Lions Club of Bridgewater
- Lions Club of Buxley & Districts
- Lions Club of Canberra-Kambah
- Lions Club of Churchil & District
- Lions Club of Cootamundra
- Lions Club of Cootamundra
- Lions Club of Cowell
- Lions Club of Daylesford/Hepburn Springs
- Lions Club of Friends Forest
- Lions Club of Goove
- Lions Club of Greenvale
- Lions Club of Harrold & Districts
- Lions Club of Hoxton
- Lions Club of Kiama
- Lions Club of Kangaroo Island
- Lions Club of Kiewas Tangambilanga
- Lions Club of Kinnumba
- Lions Club of Latrobe
- Lions Club of Macquarie Valley-Newry
- Lions Club of Maryborough Mary River
- Lions Club of Meningie & Districts
- Lions Club of Mildura
- Lions Club of Minto
- Lions Club of Mortunand
- Lions Club of Myrtleford
- Lions Club of Neerim and District
- Lions Club of Oakey
- Lions Club of Ouyen
- Lions Club of Pool Farry-Best
- Lions Club of Rainbow
- Lions Club of Scarletta
- Lions Club of Speed
- Lions Club of Scone
- Lions Club of Tallarook - Murray Bridge
- Lions Club of Ulluna
- Lions Club of Wamba
- Lions Club of Wentworth Falls
- Lions Club of Wentworth Falls
- Lions Club of Willunga & Districts
- Lions Club of Winchessa
- Lions Club of Woodford
- Lions Club of Wychebrook
- Lions Club of Wynnend
- Marcus Oldham College
- Mary Beal Preschool Inc
- Quota Club of Beaudesert
- Rotary Club of Rockingham
- Rotary Club of Preston
- Stawell West Primary School
- Stawell Uniting Church Fellowship

**Trusts & Foundations**
- Australian Executor Trustees Limited
- Equity Trustees Foundation
- Freemasons Public Charitable Foundation
- Gambling Support Bureau Tasmania
- Goldsbrough Family Charity Foundation
- H V McKay Charitable Trust
- L R Coady Trust Fund
- Lord Mayor’s Charitable Fund
- The Law Foundation
- The Creatures Foundation
- The William Angliss VIC Charitable Fund

**Haemophilia Foundation Australia Vision and Leadership Awards**
- Supported by Wyeth Australia

**14th Australian & New Zealand Haemophilia Conference**
- Major Conference Partners: Baxter
- CSL Bioplasma
- Wyeth
- Special Conference Partner: Novo Nordisk
- Conference Partner: Orxipharma Australia
- Conference Supporter: ACT Health

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- Dr David Hinchliffe
- Gable Force Running
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