



HAEMOPHILIA FOUNDATION AUSTRALIA

Annual Report 09



Haemophilia Foundation Australia

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 Hemophilia, 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 and territory Member Foundations which sets 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, GCMG, GCVO, KBE.

MEMBER FOUNDATIONS

AUSTRALIAN CAPITAL TERRITORY Major General Peter R Phillips, AO, MC.

WESTERN AUSTRALIA Dr Ken Michael, AC. Governor of Western Australia

NEW SOUTH WALES Dr. Kevin A. Rickard, AM, RFD.

VICTORIA Sir James Gobbo, AC. (to May 2007)

TASMANIA Lady Green

SOUTH AUSTRALIA Doctor Donald Handley, MBBS., FRACP., FRCPA.

QUEENSLAND Her Excellency Ms Penelope Wensley, AO. Governor of Queensland

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Alan Ewart

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Ted Troedson

Bevlee Cassell

Dawn Thorp

Alison Bellamy

Barbara Volk OAM

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Natashia Coco, *Development Manager (Part-time)*
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Heather Lauder, *Administrative Officer*
Joanne Luciani, *Administration Assistant (Part-time)*
Suzanne O'Callaghan, *Policy Officer*



Back (l-r) David Bell, Peter Fogarty, Gavin Finkelstein, Peter Mathews, Chantel Roberts, Bill Atkinson
Front (l-r) Ann Roberts, Beth Large, Jonathan Spencer, Lorraine Saunders



Back (l-r) Natashia Coco, Suzanne O'Callaghan, Joanne Luciani
Front (l-r) Sharon Caris, Heather Lauder

President's Report

Gavin Finkelstein



Haemophilia Foundation Australia (HFA) continued to focus on its key objectives to represent the Australian bleeding disorders community and advocate for best practice care and treatment for all during the year. We have raised awareness of the issues affecting people with bleeding disorders and their families and carers. We have learned more about the needs of people in different age groups and at different life stages and have looked at how to respond to those needs. Education programs and resources have been developed to meet current and emerging issues and we have supported our member Foundations to provide local activities in response to some of these challenges.

As I report on the 2008-2009 year I also reflect on the achievements of many people who have worked hard to improve care and treatment in Australia over many years. Our organisation has entered its thirtieth year. The Foundation faced some of its greatest challenges during the 1980s when the bleeding disorders community in Australia and around the world was devastated by the contamination of blood products with HIV and hepatitis C. Many families in Australia still feel the pain and sadness of those days and the years that followed and many people still live with hepatitis C or co-infection with hepatitis C and HIV.

Our volunteers and the health professionals who have treated and cared for our members in the past have given us much to be grateful for. Their advocacy led to dedicated haemophilia centres for specialised treatment, and people with bleeding disorders now have several safe and efficacious clotting factor products to choose for their treatment. Unless we understand and remember that history and the efforts of others before us, we are at risk of losing ground and we could fall behind to a point where we no longer have the best standards of care and treatment.

It is important for us to remember the work of volunteers who have helped improve the situation in Australia for the bleeding disorders community. It would not have been possible to bring about some of the improvements without volunteers who were willing to fight for what they believed would create a better future for the next generations.

Fortunately there are now government processes in place in Australia to plan and manage sufficient supplies of treatment products, prophylaxis is standard, and treatment products can be home delivered. Specialist haemophilia centres provide a range of clinical services which include psychosocial services and access to genetic counseling services for people with bleeding disorders and their families. Although governments have chosen not to purchase the full range of treatment products registered for use in Australia, people using the available products do have some choice. Home delivery, different combinations of vial sizes and improved administration devices have been developed to make treatment more efficient, portable and convenient. The promises of gene therapy and longer acting concentrates are not yet available to us, but there are novel treatments in the pipeline.

It is unhelpful to assume everything is straightforward, because it is not. There are still complications. There are still treatment product risks. We need to remain vigilant that plasma derivatives are as safe as possible, that all steps are taken to minimize risk in all treatments and that people who need to use these products can make informed treatment product choices in consultation with their clinicians, and that there are ongoing supplies of the best treatments for their condition.

There are many challenges for us. Although treatment and care has improved and changed for the better over the years, people born today with a bleeding disorder and those who have lived with a bleeding disorder for many years still face day to day challenges. Many adults living with a bleeding disorder also have complications of living with blood borne viruses over many years. Many are facing deteriorating symptoms or further antiviral treatments, and suffer from long term joint and organ damage or other complications such as life long inhibitors. Many face the complications of ageing with additional health conditions in addition to their bleeding disorder and may need complex and multiple health interventions and treatments, multiple clinic visits, and hospitalizations for surgery. These ongoing complications are onerous and may lead to increasing physical debility, major career and family disruption, and work and lifestyle changes. Some people do not have the financial resources required or the family or psychosocial support necessary and may find this to be a very difficult period in their lives.

Most children born with haemophilia in Australia today have a better opportunity to live full active lives with less intrusion of their bleeding disorder compared to the days when children spent long periods in hospital, away from school and isolated from their peers. However, this is not the case for all. Some children have complications such as developing inhibitors to their treatment and may require different services and care and their parents and siblings may need support.

Nevertheless, no children in Australia are likely to face treatment product shortages and fortunately because of this most will not have long term joint damage and disability. Most can look forward to a fulfilling career and active lifestyle. But we should not underplay the support they need from their families and health professionals to achieve this. Most children will face challenges and complications due to their bleeding disorder at times during their life and we have an obligation to help them to prepare for that and to have the resources and capabilities to manage the challenges that may arise. We need to be sure their parents are supported and that they grow up with a resilience and capacity to take charge of their lives, and to overcome the complacency which sometimes occurs in adolescence and early adulthood.

HFA is well aware of these challenges and remains well placed to assist families and support them. We need to make sure we are always ready for challenges that might occur at any time, just as our predecessors were. It is very important that we continue to strengthen the services we have and develop new programs to meet the emerging health issues that affect our community. Unless we work with health professionals and other stakeholders to maintain centres of excellence for the care and treatment of adults and children with bleeding disorders around Australia, they will not be able to maintain the level of care necessary.

Our work during the year has involved collaborations with government and community based stakeholders. The success of many of these relationships is a result of the goodwill across all sectors to improve services and care and to develop effective policy for the supply and delivery of haemophilia treatment products. We work hard to ensure stakeholders understand the needs of people with bleeding disorders and that there is a shared commitment of governments and processes in place to ensure treatment product supply is sufficient and sustainable.

HFA appreciates the contribution of all haemophilia health professionals who have provided policy advice and assistance with HFA resource development during the year, and I especially thank the Co Chairs of the Australia/New Zealand Haemophilia Social Workers' and Counsellors' Group, Australian Haemophilia Nurses' Group and the Australian and New Zealand Physiotherapy Haemophilia Group and Australian Haemophilia Centre Directors' Organisation (AHCDO) for their willingness to participate and support HFA activities during the year.

During the year we have appreciated the opportunity for consultation and collaboration with the Australian Government Department of Health and Ageing, including the National Blood Authority, on blood policy and blood borne virus matters and the needs of the bleeding disorders community.

A significant commitment of government officials, health professionals and data managers at Haemophilia Centres, AHCDO and the Foundation has been made to the redevelopment of the Australian Bleeding Disorders Registry (ABDR) during the year. The ABDR was initially established with HFA funding and has been operating for many years; however, it no longer met requirements. It is a clinical database and business system designed for use by clinicians, nurses, physiotherapists, social workers and data managers responsible for the care and treatment of people with bleeding disorders. It has four main components including patient details, clinical information, a record of patient interactions, and clotting factor product ordering and usage information. De-identified and aggregated data can be used to manage supply and demand planning to ensure the purchase of sufficient supplies for each patient. Individual patient data is only used by a person's haemophilia centre to assist with that person's clinical care and to ensure sufficient product is ordered for that person. An ABDR Steering Committee with representatives from AHCDO, HFA, the National Blood Authority and representatives from state/territory jurisdictions is responsible for oversight and governance of the ABDR. HFA will in time have access to aggregated data which will assist HFA to plan services to meet the needs of our members.

HFA has collaborated with many community organisations in its work during the year and values relationships with Consumers' Health Forum of Australia (CHF), Hepatitis Australia, Australian Federation of AIDS Organisations (AFAO), National Association of People Living With HIV/AIDS (NAPWA), Australasian Society for HIV Medicine (ASHM) and the Australian Red Cross Blood Service.

I am pleased to report that HFA developed several new and innovative education programs and resource materials for people affected by bleeding disorders and their treating health professionals and families and carers, and we launched our new website during the year.

HFA has a firm commitment to the World Federation of Hemophilia (WFH) goals to achieve treatment for all, and to enhance treatment product access and care for the bleeding disorders community around the world. Our active participation in the WFH twinning program has led to further work with the National Hemophilia Foundation of Thailand and Thai Patient's Club. We learnt much from the two Thai parents of children with haemophilia who visited Australia to participate in the National Youth Camp, the Haemophilia Foundation South Australia Family Camp and the Haemophilia Foundation Queensland in September 2008 and look forward to our ongoing work with the haemophilia community in Thailand.

HFA was pleased to make a further distribution from the Damon Courtenay Memorial Endowment Fund (DCMEF) during the year. The HFA Vision and Leadership Awards were also made during the year. Each of these awards are available to people with bleeding disorders from around Australia and provide a chance for people to undertake education or career development activities or other activities which will enhance their lives.

I wish to thank Council Delegates and Presidents, Committee Members of each of our member Foundations and the HFA staff who have worked hard during the year and supported HFA's endeavors to reach our objectives.

Highlights

Major project – impact of hepatitis c on the bleeding disorders community

It is estimated that there are more than 3000 people in Australia with inherited bleeding disorders, including males and a few females with haemophilia, female carriers of the haemophilia gene, males and females with von Willebrand disorder, and people with other rare inherited bleeding disorders.

Living with a bleeding disorder also impacts on others, especially parents, partners and families. HFA's current work on hepatitis C addresses the needs both of people with bleeding disorders affected by hepatitis C and those close to them, who also live with the day-to-day consequences of hepatitis C infection.

During the early 1990s many adults and children with bleeding disorders found they had been exposed to hepatitis C through their clotting factor treatments before their treatment products were screened and virally inactivated against blood borne viruses. Many of them have now been living with hepatitis C for more than 20 years.

Most people are now treated with recombinant clotting factor which is genetically engineered with little or no human or animal material and is extremely unlikely to transmit a blood borne virus. However, for those who were infected with hepatitis C, the complications of living with a blood borne virus and a bleeding disorder continue to have an impact. Many older people, especially those over 35, also grew up without adequate clotting factor treatment due to limited availability of treatment product and have developed arthritis, chronic joint damage and other health problems. Over time these problems have compounded with hepatitis C symptoms to create other health issues – which increase as people age. Younger people may have benefited from current prophylaxis treatment for haemophilia, which aims to prevent bleeding, pain and joint damage, but live with the impacts of hepatitis C on their relationships, social and work life and an ongoing fear for the future.

HFA's hepatitis C project has focused on developing and carrying out a plan to address the specific community needs identified in the HFA hepatitis C needs assessment. To refine its plan, in 2008 HFA asked the bleeding disorders community and health professionals for feedback on its hepatitis C work to date and for more information on particular issues. This was through community feedback surveys, focus groups in some states and territories, and national consultation with community and health professionals. In January 2009, HFA released its *Getting it right: Hepatitis C needs assessment evaluation and implementation report*.

The feedback on HFA's hepatitis C work and resources highlighted a higher awareness of hepatitis C nationally, motivating some people to review their hepatitis C status and reconsider treatment. Fear of discrimination and the resulting low levels of disclosure remain major issues, leading to isolation and depression/anxiety. Many community members commented that the personal stories in the 2007 HFA needs assessment report and hepatitis C fact sheets helped them to feel connected rather than alone.

This quote from a community member shows the complexity of issues faced:

If you ask about the perfect consultation, I think these haemophiliacs, they're like sports cars. They need to come into the pit lane. We get the arthritis, we get the hep C, we get the HIV, and those when they combine, create a mental health issue. And also there's counselling you need if you are in work. You are going to need some support to stay there. You need someone to help you get out of bed in the morning sometimes. You need rails in your bathroom. Other times you need other things.

Other priority issues were:

- Financial hardship; need for financial advice
- High need for confidential support for person and carer/partner. Men rarely ask for support directly. Carers/partners often don't know where to go for support

For many, access to hepatitis C treatment was still an issue. Treatment side-effects and loss of income over the 6-18 month treatment period was a barrier for many, while others described the difficulties in dealing with unsuccessful hepatitis C treatment or not being able to have treatment. After making a submission to government on access to hepatitis C retreatment and support in April 2008, HFA was pleased to see retreatment subsidised under the Pharmaceutical Benefits System in December 2008.

HFA's response has also included several community information and education initiatives:

- Fact sheets on disclosure in the workplace and to family/friends/new partners (May 2009)
- Personal stories on the HFA web site (May 2009)



- Series of newsletter articles on hepatitis C with personal stories for Haemophilia Foundation newsletters (Jul-Dec 2008)
- Media release on new hepatitis C treatments and people with bleeding disorders to reach those who don't normally attend Haemophilia Centre – resulted in several radio interviews and a TV news item, also displayed on the HFA web site (May-Jun 2009)



Looking for a constructive way forward with their situation, some community members had suggested a weekend education program with a holistic focus on wellbeing and hepatitis C. In October 2008 HFA received funding from the Lord Mayor's Charitable Fund to pilot a Wellbeing Weekend in Victoria. In June 2009 18 men with haemophilia and their partners/support person met at a rural retreat to participate in a weekend of guided activities to explore wellbeing, including managing hepatitis C, exercise, relaxation, emotional wellbeing, disclosure, self-advocacy, being creative and having fun together. Evaluations were very positive: participants enjoyed the practical approach and, as one commented - *"to be able to speak openly with others in similar situations has been wonderful. Learning from each other, drawing strength from each other is invaluable."* As a result, HFA has developed a toolkit on how to hold a Wellbeing Weekend for state and territory Haemophilia Foundations and other interested organisations.

Addressing the complexity of the community's needs around hepatitis C remains a challenge and HFA has developed a multi-dimensional strategy. This includes:

- Education and information on priority areas for community and health professionals
- Responding to the financial support needs of members
- Continuing to work with community and health professionals on a comprehensive health care approach to manage multiple health issues and social needs.

Clotting factor products made from human plasma are now considered safe from HIV and hepatitis C, although the risk of infection through new or unknown micro-organisms causing disease cannot be excluded. HFA continues to take a strong and watchful interest in product safety.

Camps and Workshops

HFSA Family Weekend, September 2008

After a gap of many years, 19 families in SA met for a family weekend at Wirrina Cove. The weekend ran in conjunction with the Youth Weekend. Activities included navigating the maze, team trivia, silly soccer and educational forums. The children on the last day made their own t/shirts in memory of their special weekend.



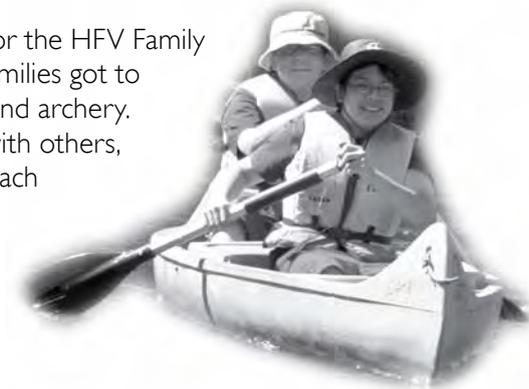
HFT Family Weekend, December 2008

12 families came together, mostly from North Tasmania, for the HFT Family Weekend. Workshops were arranged during the weekend focussing on: *Treatment and Care, Maintaining Quality of Life, What's in the future? and Information and resources.*

The weekend was very informative and gave an opportunity for new friendships and old ones to reunite.

HFV Camp, March 2009

12 families came together at Briars Outdoor Camp in Mt Martha for the HFV Family Weekend. The camp received rave reviews. Over the weekend families got to participate in activities such as canoeing, arts and crafts, flying fox and archery. 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.



HFVA Men's Group

The HFVA Men's Group meets on a quarterly basis socially. The group is for men with a bleeding disorder aged over 18 years. The group enables men of different ages to come together in an informative, non threatening environment to discuss their lives and the impact that their bleeding disorder and viruses have on them.

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).

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 SA Family Camp, Youth Program and Youth Weekend, VIC Men's and Women's support groups and HFA Hepatitis C Project.

Red Run Classic



Red Run Classic

Sunday 31 May 2009, New Farm Park, Brisbane

The 3rd Red Run Classic was held on Sunday 31 May at New Farm Park. 650 runners and walkers got together to raise money for people with haemophilia and inherited bleeding disorders. The morning was a most successful event. Cr David Hinchliffe (Councillor for Central Ward) officially started the race and the first runner finished in 17.17 minutes. We thank all those who participated and assisted on the day and most importantly we thank our sponsors.

Men

1st Men 5km - Stuart Bowden (#50) 17:17
1st Men 10km - Jackson Elliot (#495) 32:01
2nd Men 5km - Oscar McPhee (#876) 17:56
2nd Men 10km - Geoff Heydon (#854) 33:20
3rd Men 5km - Mark Tasney (#313) 18:22
3rd Men 10km - Hayden Pickering (#902) 34:58

Women

1st Women 5km - Michelle Woodhouse (289) 21:33
1st Women 10km - Roxie Schmidt (#435) 35:56
2nd Women 5km - Tyra Evans (#62) 22:30
2nd Women 10km - Emily Donker (#929)
3rd Women 5km - Allison Cresswell (#339)
3rd Women 10km - Annette O'Shea (493)

Child

1st Boy - Angus Douglas (#13)
1st Girl - Caitlin Large (#946)



Haemophilia Foundation Research Fund

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 23 research projects over its 15 year history, representing a total amount of \$517,092.

During 2009 the Haemophilia Foundation Research Fund Committee was chaired by Dr James Daly of Royal Hobart Hospital, Tasmania. HFA is grateful to Dr Daly and the following Committee members for their participation and recommendations:

Dr Scott Dunkley	Australian Haemophilia Centre Directors' Organisation
Wendy Poulsen	Australian and New Zealand Physiotherapy Haemophilia Group
Salena Griffin	Australian Haemophilia Nurses' Group
Leonie Mudge	Australia/New Zealand Haemophilia Social Workers' and Counsellors' Group
Megan Sarson	Australian Haemophilia Centre Directors' Organisation
Gavin Finkelstein	HFA President
Sharon Caris	HFA Executive Director

In 2009 an allocation of \$69,500 was allocated to two research projects:

Dr Simon McRae, Royal Adelaide Hospital SA - \$20,000
Thrombin generation in patients with discrepant haemophilia A

Prof J Rasko, Centenary Institute NSW- \$49,500
Towards a cure for haemophilia using gene therapy

Community Awareness

Haemophilia Awareness Week 2008

Haemophilia – factors that matter

Haemophilia Awareness Week

12-18 October 2008

Haemophilia Awareness Week – *Haemophilia – why is it so?* was celebrated from 12-18 October 2008. Haemophilia Foundation Australia and Haemophilia Foundations around the country work together to raise awareness about inherited bleeding disorders among the general community, community organisations and governments.

A media campaign resulted in 26 radio interviews, 5 Community Service Announcements and 20 print articles during the week.



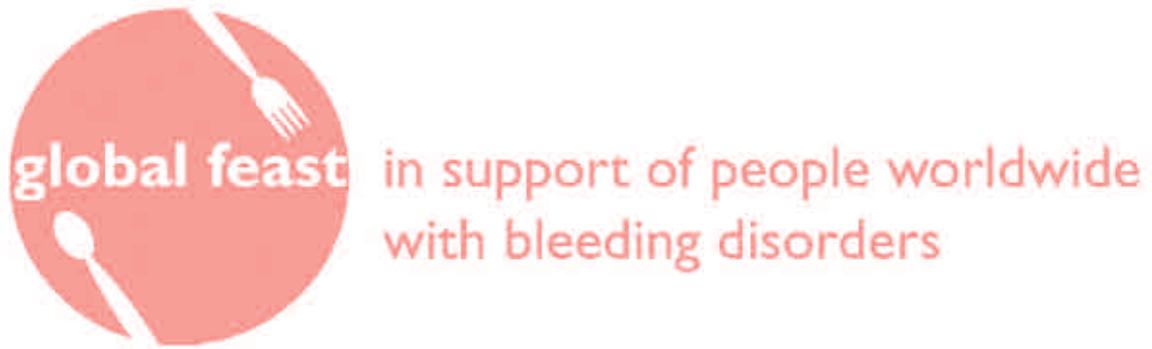
World Haemophilia Day 2008

World Haemophilia Day is celebrated on 17 April, the birthday of World Federation of Hemophilia (WFH) founder, Frank Schnabel, who died of AIDS in 1987 as a result of contaminated blood products. 2009 marks the 20th anniversary of the celebration of World Haemophilia Day.

Haemophilia organisations around the world came together with their partners in their own countries to raise awareness of bleeding disorders. The 2009 theme *Together, we care*, aimed to emphasise the importance of comprehensive care in haemophilia health care delivery.



Global Feast



Australians participated again in Global Feast. Global Feast is run by World Federation of Hemophilia (WFH) with several of its member organisations. HFA has been involved in Global Feast since its inception in 2005.

In Australia there have been a range of events including dinners by a number of HFA staff, foundations raising money at their family camps and other organisations organising morning or afternoon teas.

Website

The Haemophilia Foundation Australia website is one of HFA's most valuable communication tools. It is used frequently as a source of information for the bleeding disorders community, stakeholders and the general community, and school and tertiary students often access the web site for their study and assignments.

In April 2009, HFA launched the new version of its website. The redeveloped website has several new features, including a more contemporary design, more information and images, online videos and a new secure online registration and donation system. The new web site has been received well by the community and feedback about the design has been very positive.

HFA staff update the website regularly and HFA releases an E-News update via email every month.



WFH Haemophilia Organisation Twinning



Narong, Narwin and Sharon

and developing countries enable each country to share knowledge in areas including patient education, outreach, fundraising, and ways of operating a successful haemophilia organisation.

HFA's first visit to Thailand in November 2006 marked the start of a special relationship between the haemophilia communities in both countries. At that time Gavin Finkelstein (President) and Sharon Caris (Executive Director) represented Haemophilia Foundation Australia at meetings with clinicians and patient leaders and the Thailand National Health Security Office officials in Bangkok to discuss opportunities for the work that could be done between the patient organisations in each of the two countries.

In April 2007 Gavin Finkelstein, Sharon Caris, Paul Bonner (HFSA and representing HFA Youth Committee) and Rob Christie (representing WFH) participated in a workshop in Bangkok which was attended by 50 members of the Thai Patient's Club and health professionals working with haemophilia patients at Ramathibodi Hospital. Workshop sessions focussed on developing networking and outreach skills. An outcome of the workshop was the identification of several peer leaders who could work in their local regions around Thailand to strengthen local relationships and connections between patients and their families and health professionals and increase access to care and treatment. Since that time the Thai Patient's Club has participated in regional outreach programs which has identified new patients who have been included on the patient registry and are now in receipt of specialist haemophilia treatment services and peer support.



Narong with the Fogarty family



Narong and Narwin with HTC Staff at the Royal Children's Hospital Melbourne

The World Federation of Hemophilia (WFH) twinning programs are a part of several valuable initiatives of WFH to improve care and treatment around the world. HFA has worked with the National Hemophilia Foundation of Thailand and the Thai Patient's Club since 2006 in a twinning relationship sponsored and supported by World Federation of Hemophilia (WFH).

WFH now has 44 haemophilia organisation twinning relationships in 53 countries around the world. The links made between developed

and developing countries enable each country to share knowledge in areas including patient education, outreach, fundraising, and ways of operating a successful haemophilia organisation.

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In September 2008 Mr Nawin Pajakgo and Mr Narong Yamnuat, who are both fathers of boys with haemophilia came to Australia for a series of meetings and activities with representatives of the Australian bleeding disorders community. They attended the Annual General meeting of Haemophilia Foundation Queensland (HFQ) in Brisbane and later visited the HFA office in Melbourne

to meet people with bleeding disorders and HFA staff to discuss policies and procedures. They also made presentations about haemophilia services and care in Thailand to Haemophilia Foundation Victoria (HFV) representatives and health professionals from the Henry Ekert Haemophilia Centre at the Royal Children's hospital in Melbourne. They also travelled to Adelaide to meet with Royal Adelaide Hospital Haemophilia Centre staff and attended the Haemophilia Foundation South Australia Family Camp and HFA Youth Camp at Wirrina Cove.

The visit was valuable for Australian bleeding disorders community representatives to meet the Thai visitors, and learn more about the achievements and ongoing needs of the bleeding disorders community in Thailand and to share ideas and form new friendships. Our Twinning relationship is a positive two-way experience that has motivated our staff and volunteers, and has involved HFA and Thai Patient's Club youth and families affected by bleeding disorders in a positive way.

The plan for 2009-2010 includes a further workshop, an outreach visit to a regional area of Thailand and for two Thai Patient's Club representatives (mothers of boys with haemophilia) to attend the 15th Australian and New Zealand Haemophilia Conference in Brisbane in October 2009.

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.



Members met monthly via teleconference and undertook a range of tasks such as preparing the quarterly newsletter *Youth News* and organising the Youth Training weekend.

19 youth from around Australia attended the Youth Training weekend in South Australia from 19-21 September 2008. The weekend was a great success and gave the young men and women participants a chance to learn more about living positively with bleeding disorders as well as to develop new relationships and benefit from the peer support.

We got some new members, all with different backgrounds and perspectives, that really stimulated the conversation

I listened in awe to the stories of guys only a few years older than my brother, who have been through more than any person should ever have to.

Getting to know all the other people with haemophilia was really great and they knew so much more about it than I do and they seemed really interested in it, but I have never really cared about it. I sort of tried to pretend I didn't have anything and tried to avoid telling people I had it but thanks to the weekend and the people on it I'm not ashamed of it any more.

Membership (from January 2009)

Co-Chairs ~ Robert McCabe (WA) & Erin James (NSW)

Youth Council ~ Paul Bonner (SA), Anna Sznyter (TAS), Craig Bardsley (QLD), Matthew Blogg (VIC)

Youth Leaders ~ Sam Duffield (NSW), Dale Spencer (WA), Michael Lucken (VIC),

Lauren Albert (QLD), Chris Poulton (VIC), Hamish Robinson (NSW), Scott Coulter (SA)

HFA Representative ~ Natasha Coco



TREASURER'S REPORT

Peter Fogarty



I am pleased to report on the financial year 1 July 2008-30 June 2009. In a year that has challenged not for profit organisations world wide, Haemophilia Foundation Australia (HFA) maintained a stable income from government grants, trusts and corporate partnerships, but an overall decrease in income and an increase in operating expenses has led to a deficit for the year. This is in part explained by the effect of our biennial national conference held in the previous year, which is funded by sponsorship donations, and by an increase in operating expenses for the year. Investment income decreased from the previous year, but our conservative investment policies has offered some protection from the global economic conditions and yielded a 4.9% return on invested funds.

We have re-negotiated our two Department of Health and Ageing (DOHA) grants for a three year period. We appreciate the commitment of DOHA to core outputs including, some secretariat expenses, newsletters, support to specialist haemophilia health professionals' groups and some of the work of Council.

Our new website was redeveloped and launched during the year. This was cost effective due to a considerable effort by staff to undertake some of the work in-house. We are pleased with the result of this work and have received positive feedback. An increased workload for staff as new initiatives become a part of the regular work schedule has had an increasing impact on personnel expenses and our annual leave provision. We recognize that many of our activities require staff to work at weekends and evenings because of the nature of the work. As we cannot afford to pay overtime, time in lieu of this increases, and may be taken whilst an increasing annual leave provision accrues.

I am pleased we have been able to maintain our commitment to the HFA hepatitis C project and we met most of the state/territory requests for funding for camps, workshops and other education activities.

Distributions from the Damon Courtenay Memorial Endowment Fund and allocations under the HFA Vision and Leadership Awards provided financial support to individuals affected by bleeding disorders. These programs provide valuable opportunities for people to pursue education activities or obtain support to live more comfortably.

HFA increased its commitment to Australian based research through the Haemophilia Foundation Research Fund this year, and support of two projects that may result in better health outcomes for people affected by bleeding disorders.

The third Red Run Classic in Brisbane generated great interest from participants and we expect that sponsorship will grow steadily to help make the event a future success. With uncertain economic times we are keen to secure such an event that will provide stable revenue for the organization.

In the next year we will undertake a review of our fundraising activities and all services and care programs to make sure they met the needs of our community and are cost effective. We will continue to provide timely and accountable programs to our community.

I would like to thank staff for their hard work, the many volunteers who have served on Council and in other many ways, and to our donors, trust and foundations and corporations for their financial support.

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2009

	Note	2009	2008
		\$	\$
INCOME			
Commonwealth government grants		296,901	286,750
Fundraising and donations		321,084	464,605
Interest		46,320	59,037
State member levies		16,378	20,183
Other income		8,385	12,175
TOTAL INCOME		689,068	842,750
 LESS : FOUNDATION OPERATING EXPENSES			
<u>Administration</u>			
Advertisement/recruitment		498	-
Audit		5,749	5,589
Annual reports		3,157	2,688
Bank charges and service charges		1,693	1,866
Council meetings		11,368	9,123
Executive meetings		12,184	6,102
Personnel expenses		334,550	302,292
Professional insurance		3,646	2,664
Provision for long service leave		14,887	5,317
Resource material		-	45
Staff amenities and training		583	350
Travel		615	1,592
Liaison and business development		1,357	1,596
		390,287	339,224
 <u>Property</u>			
Depreciation of assets		6,482	7,637
Lighting and heating		3,158	3,176
Insurance		2,330	3,073
Lease photocopier		3,436	3,336
Rent		33,740	31,996
Repairs and maintenance		4,319	4,201
Security		364	364
		53,829	53,783
 <u>Fundraising</u>			
Appeals and production		15,536	17,171
Planned giving		418	573
Resource development and travel		2,027	2,681
		17,981	20,425
TOTAL FOUNDATION OPERATING EXPENSES		462,097	413,432
SURPLUS OF INCOME OVER OPERATING EXPENSES		226,971	429,318

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 2009

	Note	2009 \$	2008 \$
SURPLUS OF INCOME BROUGHT FORWARD		226,971	429,318
LESS : FOUNDATION OBJECTIVES EXPENSES			
<u>Services and Care</u>			
Awards and presentations		-	475
Information technology		19,643	11,736
Executive		8,957	5,715
Financial assistance		1,710	1,155
Haemophilia conference and sponsorships		3,307	185,190
WFH and other conferences		5,677	20,880
WFH twinning expenses		882	-
Health professionals		26,699	20,604
Newsletter		26,699	26,370
Postage		3,080	3,767
Printing and stationery		9,689	10,740
Specific project expenses		106,342	100,614
DCMEF allocations		16,282	12,901
Subscriptions		4,678	3,568
Telephone		8,835	7,738
Travel		9,216	508
		251,696	411,961
<u>Education</u>			
Brochures and resources		2,756	420
Education incidental costs		11,787	10,897
		14,543	11,317
<u>Research</u>			
Research grants allocated		63,182	40,909
Research grants incidental costs		-	1,007
		63,182	41,916
TOTAL FOUNDATION OBJECTIVES EXPENSES		329,421	465,194
TOTAL SURPLUS / (DEFICIT) FOR THE YEAR		(102,450)	(35,876)
ACCUMULATED FUNDS BROUGHT FORWARD		738,767	774,891
TOTAL AVAILABLE FUNDS		636,317	739,015
TRANSFER (TO) / FROM RESERVE	6	6,288	(248)
ACCUMULATED FUNDS CARRIED FORWARD	5	642,605	738,767

The above Income Statement should be read in conjunction with the accompanying notes.

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
BALANCE SHEET
AS AT 30 JUNE 2009

	Note	2009 \$	2008 \$
CURRENT ASSETS			
Cash at call		250,765	410,313
Cash short term investments	2	616,961	584,644
Receivables		63,291	6,287
Prepayments		77,361	47,064
Total Current Assets		1,008,378	1,048,308
NON CURRENT ASSETS			
Property, plant and equipment	3	7,059	9,967
Total Non Current Assets		7,059	9,967
TOTAL ASSETS		1,015,437	1,058,275
CURRENT LIABILITIES			
Accounts payable	4	21,072	12,551
Provision for annual leave		55,669	40,465
Provision for long service leave		54,947	43,988
Amounts received in advance		21,000	
Total Current Liabilities		152,688	97,004
NON CURRENT LIABILITIES			
Provision for long service leave		13,122	9,194
Total Non Current Liabilities		13,122	9,194
TOTAL LIABILITIES		165,810	106,198
NET ASSETS		849,627	952,077
FOUNDATION'S FUNDS			
Accumulated funds	5	642,605	738,767
Reserve	6	207,022	213,310
TOTAL FOUNDATION'S FUNDS		849,627	952,077

The above Balance Sheet should be read in conjunction with the accompanying notes.

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
STATEMENT OF RECOGNISED INCOME AND EXPENDITURE
FOR THE YEAR ENDED 30 JUNE 2009**

	Note	Reserve \$	Accumulated Funds \$	Total Equity \$
BALANCE AS AT 1 JULY 2006		203,496	663,092	866,588
Surplus for the year		9,566	111,799	121,365
BALANCE AS AT 30 JUNE 2007		213,062	774,891	987,953
Surplus for the year		248	(36,124)	(35,876)
BALANCE AS AT 30 JUNE 2008	5 & 6	213,310	738,767	952,077
Surplus for the year		(6,288)	(96,162)	(102,450)
BALANCE AS AT 30 JUNE 2009	5 & 6	207,022	642,605	849,627

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

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
CASH FLOW STATEMENT
FOR THE YEAR ENDED 30 JUNE 2009**

	Note	2009 \$	2008 \$
CASH FLOWS FROM OPERATING ACTIVITIES			
Interest received		46,320	59,037
Grants received		296,901	286,750
Receipts from constituents		345,847	496,963
Payments to suppliers and employees		(812,725)	(912,132)
Net cash flows from operating activities		<u>(123,657)</u>	<u>(69,382)</u>
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition and disposal of property, plant and equipment		(3,574)	(2,478)
Net cash flows used in investing activities		<u>(3,574)</u>	<u>(2,478)</u>
NET INCREASE/(DECREASE) IN CASH HELD		<u>(127,231)</u>	<u>(71,860)</u>
CASH BALANCE BROUGHT FORWARD		<u>994,957</u>	<u>1,066,817</u>
CASH BALANCE CARRIED FORWARD		<u>867,726</u>	<u>994,957</u>
Cash balance carried forward comprises : -			
Cash at call		250,765	410,313
Cash short term investments	2	616,961	584,644
		<u>867,726</u>	<u>994,957</u>
Reconciliation of (deficit)/surplus for the year to the net cash flows from operating activities : -			
Total operating (deficit)/surplus for the year		(102,450)	(35,876)
Depreciation and amortisation		6,482	7,637
Changes in assets and liabilities			
Increase/(Decrease) in creditors and provisions		59,612	(21,336)
(Increase)/Decrease in receivables and other assets		(87,301)	(19,807)
Net cash flows from operating activities		<u>(123,657)</u>	<u>(69,382)</u>

The above Cash Flow Statement should be read in conjunction with the accompanying notes.

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2009

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:

Class of Fixed Asset	Depreciation Rate
Leasehold improvements	20%
Leased plant and equipment	20%
Office equipment	20%

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
NOTES TO THE FINANCIAL STATEMENTS (continued)
FOR THE YEAR ENDED 30 JUNE 2009

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.

	2009	2008
NOTE 2: CASH SHORT TERM INVESTMENTS	\$	\$
Perpetual Trustees	266,703	255,397
Bendigo Bank	350,258	-
Commonwealth Bank	-	329,247
	616,961	584,644
NOTE 3: PROPERTY, PLANT AND EQUIPMENT		
Furniture and office equipment at cost	108,634	105,059
Accumulated depreciation	(101,575)	(95,092)
	7,059	9,967
NOTE 4: ACCOUNTS PAYABLE (CURRENT)		
Creditors and accruals	21,072	12,551
	21,072	12,551
NOTE 5: ACCUMULATED FUNDS		
Accumulated funds are set aside for the following purposes: -		
- research	338,152	379,033
- discretionary projects and reserves	304,453	359,734
	642,605	738,767

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
NOTES TO THE FINANCIAL STATEMENTS (continued)
FOR THE YEAR ENDED 30 JUNE 2009

	2009	2008
	\$	\$
NOTE 6: RESERVE		
Damon Courtenay Reserve		
- balance at beginning of year	213,310	213,062
- special appeals and interest income	9,994	13,149
- sponsorships, allocations and costs	(16,282)	(12,901)
	(6,288)	248
- balance at end of year	<u>207,022</u>	<u>213,310</u>

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 2009 were:

Bill Atkinson
David Bell
Gavin Finkelstein
Peter Fogarty
Beth Large
Peter Mathews
Ann Roberts
Jonathan Spencer
Judi Fisher (to August 2008)
Chantel Roberts (from August 2008)
Simon McMenammin (to October 2008)
Lorraine Saunders (from October 2008)
Rob Christie (to November 2008)
Paul Bonner (from November 2008)
Sharyn Wishart (to April 2009)
Tony Kennewell (from April 2009)

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.

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
NOTES TO THE FINANCIAL STATEMENTS (continued)
FOR THE YEAR ENDED 30 JUNE 2009

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:

Financial Instrument	Note	Accounting Policies	Terms and Conditions
(a) Financial Assets			
(i) Receivables		Carried at nominal amounts due, less any provision for doubtful debts.	Credit normally on 30 days terms.
(ii) Cash at call and cash short term investments	2	Cash short term investments are stated at net realisable value. Interest is recognised in the statement of income and expenditure when earned.	Short term deposits have maturity from one to twelve months. Other investments are at call. Average effective interest rate is 4.97% (2008: 5.93%)
(b) Financial Liabilities			
(i) Creditors and accruals	4	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.	Liabilities are normally settled on 30 day terms.

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.

AASB Amendment	Standards Affected	Application Date of Standard
AASB 2007 - 3 Amendments to Australian Accounting Standards	AASB 107 Cash Flow Statements	01/01/2009
	AASB 119 Employee Benefits	
AASB 2007 - 6 Amendments to Australian Accounting Standards	AASB 101 Presentation of Financial Statements	01/01/2009
	AASB 107 Cash Flow Statements	
	AASB 116 Property, Plant and Equipment	
AASB 2007 - 8 Amendments to Australian Accounting Standards	AASB 101 Presentation of Financial Statements	01/01/2009
AASB 101	AASB 101 Presentation of Financial Statements	01/01/2009

**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 2009 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

22 September 2009

INDEPENDENT AUDIT REPORT

To The Members of Haemophilia Foundation Australia Incorporated

Report on the Financial Report

We have audited the accompanying financial report of Haemophilia Foundation Australia Incorporated (the association) which comprises the balance sheet as at 30 June 2009 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

- i. giving a true and fair view of the Association's financial position as at 30 June 2009 and of their performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act 1981.

Cook Jones & Co.



David Wynne Jones

Principal
Camberwell

Date: 22 September 2009

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 David Allom
Mrs Lorna Apin
Mrs Jennifer Barry
Mr Paul Bedbrook
Mr & Mrs Begir
Ms Trish Britten
Ms Vicki Childs
Mrs Mary Coles
Mr W T Cooper
Mrs A Costa
Mrs M L Croker
Dr Philippa H Currie
Mrs Sue Davidson
Mr Allan & Mrs Myrtle Dickfos
Ms Miffy English
Mr K Fitzpatrick
Mrs Margaret Freer
Dr W R Fuller
Mr Geoffrey Gray
Mr K D Hill
Dr H D Irish
Mrs Rae Janes
Dr AC King
Miss Myra Lillywhite
Mr George Diavolitsis & Ms Margaret Frangos
Mr John Miles
Mrs Marie O'Connor
Professor M J Osborne
Mrs P M Pak Poy
Mrs C Piantedosi
Dr S & Mrs J Pilbrow
Mr Keith Rix
Mrs Jennifer Ross AO
Mrs Felicity Siro
Ms Judith Stephenson
Mrs Dawn Thorp
Mrs C R Truscott
Dr Vasil Tulevski
Mr Shannon Wandmaker
Hon A B C Wilson AM

Businesses, Unions & Municipalities

Atalina Nominees Pty Ltd
Babcock & Brown Infrastructure Ltd
Bayl Building Designers
BMS Mitre IO
BR Printing Pty Ltd
City of Bayswater
Crystal Angels
Doquile Perrett Meade Group
Doug Hall Enterprises Pty Ltd
Eaststyle Australia Pty Ltd
Foot Print Electrical
Frank L Burns
Genesis Instore Marketing Pty Ltd
H Stevens Pty Ltd
Happy Valley Clinic
Heidelberg Graphic Equipment
Hollingsworth Greaves Medical
HWI Electrical
Ian Boettcher Motors
J J Richards & Sons Pty Ltd
JANA Investment Advisors
Kailis Consolidated Pty Ltd
Kapis Brothers
Minotaur Tiling
N & E Pacchini & Sons
P Group Research
Red Inc.
Riverina Australia
Robins Harris (Adelaide)
Sound Nutrition
Textile Clothing & Footwear Union (NSW)
Weis Frozen Foods

Service Clubs, Schools & Churches

Blaxland Neighbourhood Club
Eden Hills Primary School
Fraser Lions Club Inc
Inner Wheel Club of Gosford North
Leo Club of Cobram
Lioness Club of Anglesea
Lioness Club of Ballan
Lioness Club of Coolool Beach
Lioness Club of Dromana

Lioness Club of Lakes Entrance
Lioness Club of Lorne
Lioness Club of Malanda
Lioness Club of Mareeba
Lioness Club of Redcliffe Central
Lioness Club of Tara
Lioness Club of Tully
Lioness Club of Warragul
Lioness Club of Woollongong Heights
Lions Club of Albury
Lions Club of Anglesea
Lions Club of Armidale
Lions Club of Arthurs Vale
Lions Club of Athelstone
Lions Club of Ballan
Lions Club of Bargara Inc
Lions Club of Barrooga & District
Lions Club of Blackwood
Lions Club of Bonalbo-Upper Clarence
Lions Club of Braidwood
Lions Club of Bridgetown
Lions Club of Bute & Districts
Lions Club of Camperdown
Lions Club of Canberra Woden
Lions Club of Canberra-Kambah
Lions Club of Canowindra
Lions Club of Chinchilla
Lions Club of Churchill & District
Lions Club of City of Devonport
Lions Club of Clarence
Lions Club of Collie-Wellington
Lions Club of Coolamon
Lions Club of Coonamble
Lions Club of Corryong
Lions Club of Cowell
Lions Club of Darlington Point
Lions Club of Deloraine
Lions Club of Dunsborough
Lions Club of Eildon
Lions Club of Emu Park
Lions Club of Endeavour Hills
Lions Club of Engadine
Lions Club of Euroa
Lions Club of Forrest and District
Lions Club of Gilles Plains
Lions Club of Goomalling
Lions Club of Gosford City
Lions Club of Grafton Big River
Lions Club of Grenfell
Lions Club of Haddon and District
Lions Club of Hampton Park
Lions Club of Heathcote
Lions Club of Heywood
Lions Club of Jamestown
Lions Club of Jeparit
Lions Club of Jervis Bay
Lions Club of Kadina
Lions Club of Karoonda and Districts
Lions Club of Kiewa Tangambalanga
Lions Club of Korumburra
Lions Club of Lake Charm-Mystic Park
Lions Club of Launceston Windmill Hill
Lions Club of Leigh Creek
Lions Club of Loxton
Lions Club of MacAlister Valley-Newry
Lions Club of Macarthur and District
Lions Club of Maitland & District
Lions Club of Mannum
Lions Club of Meningie & Districts
Lions Club of Mildura
Lions Club of Millicent
Lions Club of Mooroopna
Lions Club of Myrtleford
Lions Club of Nambucca Heads
Lions Club of Neerim and District
Lions Club of Numurkah
Lions Club of Oakey
Lions Club of Ororo and District
Lions Club of Ouyen
Lions Club of Port Cygnet
Lions Club of Port Fairy-Belfast
Lions Club of Port Macquarie
Lions Club of Proserpine
Lions Club of Rainbow
Lions Club of Richmond
Lions Club of Snowtown
Lions Club of Stanthorpe
Lions Club of Swansea

Lions Club of The Entrance
Lions Club of Tin Can Bay
Lions Club of Tintinara
Lions Club of Tongala
Lions Club of Ultima
Lions Club of Upper Kiewa Valley Inc
Lions Club of Victor Harbor and Port Elliot Inc
Lions Club of Walwa-Jingellic
Lions Club of Wentworth Falls
Lions Club of Werribee
Lions Club of West Tamar
Lions Club of Willunga & Districts
Lions Club of Winchelsea
Lions Club of Wollongong
Lions Club of Woodford
Lions Club of Wycheproof
Lions Club of Wynyard
Lions Club of Yinnar & District
Mallala Lions Ladies Auxiliary
Mary Beck Preschool Inc
Quota Club of Beaudesert
Rotary Club of Boggabri
Rotary Club of Canberra Weston Creek
Rotary Club of Cobar
Rotary Club of Griffith
Rotary Club of Lockhart
Rotary Club of Margaret River
Rotary Club of Preston
Toora Uniting Church Fellowship

Trusts & Foundations

Australian Executor Trustees Limited
Community Benefit South Australia
Goldschlager Family Charity Foundation
Helen Macpherson Smith Trust
Lord Mayor's Charitable Fund
The Flew Foundation
The Greatorex Foundation
The Marian & EH Flack Trust
The William Angliss VIC Charitable Fund

Haemophilia Foundation Australia

Vision and Leadership Awards
Supported by Wyeth Australia

Red Run Classic 2009

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Endura Sports Nutrition
Intraining
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Novo Nordisk Pharmaceuticals
Nutri-wise
Sullivan Nicolaides Pathology
Dario Vescovi

Global Feast Donations

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Ms Karen Cook
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CSL Bioplasma
Ms Elizabeth Duffy
Effective Painting
Ms Cassy Fenton
Ms Robyn Freeman
Haemophilia Foundation Victoria
Haemophilia Foundation New South Wales
C & C Herbert
Ms Celia Hodgson
Ms Joanne Luciani
Ms Natasha Coco
Ms Christine McKay
Ms Maria Purnell
Mr Paul & Mrs Annemarie Rohan
Mr Michael Salvestro
Ms Lorraine Saunders
Mr Richard & Mrs Marisa Smith
Mr Rudolf & Ms Lonny Van Dam
Walker Family
Ms Nancy Zanker



HAEMOPHILIA FOUNDATION AUSTRALIA

*Improving treatment and care through
representation and advocacy, education
and the **promotion of research**
for inherited bleeding disorders*

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W: www.haemophilia.org.au

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