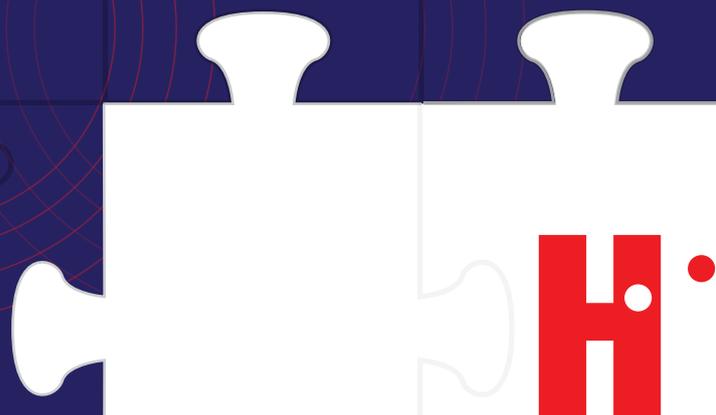


# Annual Report **09-10**

A decorative red ribbon graphic that starts on the left, loops under the word 'Annual', and then loops under the year '09-10'.

## *Life Challenges*



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.

### **How do we operate?**

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.

## MEET THE ORGANISATION

**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 Professor David de Kretser, AC, Governor of Victoria**

**TASMANIA Lady Green**

**SOUTH AUSTRALIA Dr Donald Handley, MBBS, FRACP, FRCPA**

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

### LIFE GOVERNORS

**Jennifer Ross AO, Ted Troedson, Alison Bellamy, Maxine Ewart, Alan Ewart, Bevlee Cassell, Barbara Volk OAM, Fred Wensing, Mike Barry, Dawn Thorp, Bruce Fielding, Rob Christie**

### EXECUTIVE BOARD

*President*

**Gavin Finkelstein,**  
*Western Australia*

*Vice President*

**Peter Fogarty,**  
*Queensland*

*Treasurer*

**Jonathan Spencer,**  
*Tasmania*

*Executive Members*

**Ann Roberts,**  
*Victoria*

**Paul Bonner,**  
*South Australia*

### COUNCIL MEMBERS

**Lorraine Saunders,**  
*Australian Capital Territory*

**Bill Atkinson,**

**Peter Mathews** (to September 2009)

**David Taylor** (from September 2009)  
*New South Wales*

**Peter Fogarty,**

**Beth Large** (to September 2009)

**David Stephenson** (from September 2009)  
*Queensland*

**Paul Bonner, Tony Kennewell,** *South Australia*

**Jonathan Spencer,** *Tasmania*

**Ann Roberts, Chantel Roberts,** *Victoria*

**Gavin Finkelstein, David Bell,** *Western Australia*



*HFA Council Meeting 11-12 October 2009*

### STAFF

**Sharon Caris,** *Executive Director*

**Natashia Coco,** *Development Manager (Part-time)*

**Kevin Lai,** *Accountant (Part-time)*

**Allison Loran,** *Administrative Officer*

**Joanne Luciani,** *Administration Assistant (Part-time)*

**Suzanne O'Callaghan,** *Policy Officer*



## PRESIDENT'S REPORT

### Gavin Finkelstein



As Haemophilia Foundation Australia celebrated 30 years of its work in 2009 we have again been reminded of past challenges, achievements and future opportunities. We have come a long way in Australia and now have adequate supplies of safe treatment products and most people can attend haemophilia centres which provide a range of services and care.

We look to a future where everyone can realise their hopes for a full and rewarding life. For our children this means ongoing access to treatment products to stop bleeds, and for education, care and support to help them to make wise life choices and optimise their opportunities. And perhaps, it will mean a cure in their lifetime. For adults in our community, it will mean access to health and support services that can respond to their changing needs as they age, including helping them to live as well as possible with long term HIV and/or hepatitis C and coping with severe joint damage and the complications of ageing which affect health, relationships, career and well being.

Our priorities for the year have been to focus on the education requirements of different parts of our community, to advocate for best practice services and care and for a fair go for people living with the complications of bleeding disorders, to promote research and to support our member Foundations.

We are pleased that governments have put in place good processes for treatment product demand and supply management and we are ever mindful of the need for treatment to be clinically managed using the models of comprehensive care based on the experiences of health professionals and their patients world wide. We need to make sure policy makers place people with bleeding disorders at the centre of policy and planning for models of treatment and care.

We will continue to encourage people with bleeding disorders to take responsibility for their health and independence by working with their health professionals. We have moved from a situation in Australia only a few years ago where there was insufficient clotting factor product to meet the needs of everyone who needed prophylaxis, tolerisation or joint replacement surgery, and where the barriers for people to access treatment and care for hepatitis C prevented optimal health outcomes, to a situation where most people in this country can access the treatment and care they require. We need to make sure this continues, and that we do not become complacent.

A major activity for this year was the 15th Australia and New Zealand Haemophilia Conference in Brisbane in October. To make our conference successful we relied on many people to assist. We appreciate the contribution of all haemophilia health professionals who helped with the conference and provided policy advice and assistance with HFA resource development during the year. I 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.

The majority of people with bleeding disorders in the world still lack access to adequate care and treatment and we must remain vigilant and play our part in improving the situation for all people with bleeding disorders around the world. HFA has continued its work with the National Hemophilia Foundation of Thailand and the Thai Patients' Club (TPC) and was honoured to host two representatives of TPC in Brisbane for the national conference and annual Council meeting in October. HFA continued to work with World Federation of Hemophilia on activities such as Global Feast to raise awareness and funds to support the global community. Three HFA delegates attended the Safety and Supply Forum and Advocacy training in September 2009.

The HFA bid to host the 2014 World Congress was an important focus of our work for the year. A Congress in Australia will have benefit to the whole community. We have garnered support from governments, industry and tourism and our partners in different parts of the blood sector, and we look forward to the vote that will take place at the General Assembly of WFH in July 2010 in Argentina.

HFA has worked with a broad range of stakeholders during the year and we thank the organisations and individuals who have contributed to our work. HFA has collaborated with government, particularly the Department of Health and Ageing, Therapeutic Goods Administration and the National Blood Authority on policy and regulatory matters. We also value greatly the funding and support from the Australian Department of Health and Ageing. Without this we could not operate. Our work with community organisations included collaboration and information sharing with the 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.

Our communication and education activities have been focussed on the specific needs of different parts of our community. The HFA website has been used increasingly by members for their health information and the general public, especially by younger people. We are pleased to have achieved our objective to include more timely and up to date resources on the website and use web based technologies more proactively.

This year's Hepatitis Awareness Week focused on youth and in May 2010 HFA launched two hepatitis C resources on its web site, both with a strong contemporary design and a focus on issues that are relevant to young people. The HFA Youth Committee worked with the HFA Hepatitis Awareness Week Working Group during 2009-10 to advise on what hepatitis C issues young people with bleeding disorders are interested in and how to present them.

We included web pages for young people about hepatitis C and why it is relevant to the Australian bleeding disorders community in a web-site resource called *Hep C – what is it all about?* *Hep C – my story* contained inspiring personal stories of Australians with bleeding disorders and hepatitis C republished as an attractive and colourful PDF booklet.

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 in support of HFA's objectives. My thanks also to our donors and supporters who have made our work possible.

## EXECUTIVE DIRECTOR'S REPORT

### Sharon Caris



It has been a busy year for HFA volunteers and staff as we've worked together to ensure that HFA meets the needs of people with bleeding disorders and their families and that we are accountable, transparent and effective.

Our vision is that people with bleeding disorders of all ages in Australia have access to the world's best practice treatments and care, and all the necessary supports to lead fulfilling and active lives. Our strategy to achieve this is to ensure HFA is well represented on committees that give advice or make decisions affecting our community and through our representation to governments and community organisations.

A priority area has been to work with community, hospitals, governments and others on treatment and care issues, and the management of complications such as hepatitis C. We have also worked with health professionals, relevant committees and the National Blood Authority to ensure effective service delivery and treatment product access and reporting. HFA continues to work with relevant stakeholders to make sure the redeveloped Australian Bleeding Disorders Registry is robust, and reliable for research and future treatment product supply planning.

One of our strengths is our positive relationships with a number of community and government stakeholders and it is through these relationships that we can make sure the health needs and interests of people with bleeding disorders are taken into account. Where we had similar concerns as other community organisations we formed alliances and partnerships, and where we had points of difference we have maintained a respect for those different views.

Our consultations with our member Foundations and their members - that is, the people with bleeding disorders and their families around the country - have been critical. It is the personal stories of our members that helped us express the needs of our community in our advocacy work, and helped us shape our education activities, and we are grateful for everyone who shared their experiences with us to help us respond to the challenges during the year.

A snapshot of some of these achievements are described in this report.

## REPRESENTATION AND ADVOCACY

HFA made several submissions to government on policy matters including migration and disability, overseas travel, treatment product supply and safety, pathology services and medical benefits, HIV and hepatitis C and drug strategies. Most of the submissions were responded to by government and in some cases resulted in further in-depth consultation. In the case of HIV and hepatitis C, people with bleeding disorders were included in the national strategies as a special area of interest. This is a first step but there is still much advocacy work to be done to ensure that our affected community's needs are acknowledged and dealt with effectively.

Financial issues for people with bleeding disorders affected by hepatitis C remain a high priority. HFA has continued to raise these issues with government and has highlighted that the situation of community members is becoming more urgent as time passes. In January 2010, the Treasurer asked for community feedback on what should be considered in the Australian Government 2010 budget. HFA drew the Treasurer's attention to the financial needs outlined in the HFA hepatitis C needs assessment *Double Whammy* and *Getting it Right* reports. HFA also met with Mark Butler, the Parliamentary Secretary for Health, to discuss HFA's proposal for a government funded no fault financial assistance scheme. On request from Mr Butler, HFA provided additional information. There are many complex aspects of this proposal and HFA expects to have further discussions with government in the future.

### The cost of living with a bleeding disorder and hepatitis C

*"I am self employed with a wife and 2 kids – I had two lots of unsuccessful interferon treatment for hepatitis C. We had to sell the house because of financial problems because I couldn't work a couple of years ago. My family has had to endure our decline from a normal lifestyle with security to not knowing what tomorrow will bring and living from day to day. I have the disease, but the others are the ones suffering."*

*"As I get older, it gets increasingly complex. One issue plays off the other issue, that affects the third thing, so it's becoming more complicated to manage as I mature."*

*"My doctor said I should have treatment, but I am worried about whether I would cope – they say its pretty bad and I live on my own – besides I am not sure that I could cope with work as well – and I couldn't afford not to work – I already use most of my sick leave and recreation leave on time off because of bleeds."*

## EDUCATION AND INFORMATION



The 15th Australia and New Zealand Haemophilia Conference was held in Brisbane in October 2009. The Conference brought together 229 community members, government officials, industry and health professionals to participate in a vibrant program of sessions based around the life challenges of living with a bleeding disorder. Attendance was 6% higher than the previous Conference and it was judged a great success by Conference delegates, most of whom described the program and speakers as excellent.

The multidisciplinary program featured a comprehensive range of presentations from Australian, New Zealand and international experts, including the well-known Australian adolescent psychologist Dr Michael Carr-Gregg, and the UK haematologist Dr Paula Bolton-Maggs and Canadian physiotherapist Kathy Mulder, who are both consultants to the World Federation of Hemophilia. Topics covered current and future issues for people with bleeding disorders and highlighted groundbreaking research in areas such as gene therapy. Presentations were supplemented by a poster exhibition which showcased programs and research relevant to the Conference theme. HFA is grateful for the support of the Conference Program Committee, chaired by Dr James Daly from the Royal Hobart Hospital.

*"This is my fourth Conference and I came away with the most benefit of any I've attended; great program and very well run"*  
*"It gave me a new energy as a health professional and a new insight into the experience of haemophilia"*  
*"Well-organised and a comprehensive spread of topics covering all age groups and all blood disorders"*



An active social program is also a hallmark of the Conference. At the opening of the Conference the *Welcome Cocktail Party* provided an informal gathering for people to meet and greet. It was also an opportunity for HFA President, Gavin Finkelstein, to thank the Foundation's Corporate Partners for their ongoing support, to thank the official Conference Sponsors and open the exhibition. The *Remembrance Service*, held on the verandah at Hillstone in St Lucia, was a reflective moment for people at the Conference to remember friends, relatives and people they have cared for who have died or live on with the complications of bleeding disorders and blood borne viruses. This was followed by the *Gala Dinner* in the restaurant at Hillstone. As a special event, delegates and their partners at the Dinner viewed a video on the history of HFA and the people involved in it to celebrate HFA's 30 year anniversary.

### Education materials

During 2009-10 HFA published new booklets on haemophilia and von Willebrand disorder (VWD), two of its priority areas for education resources.

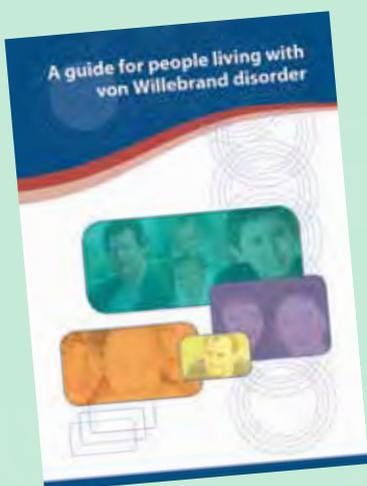
HFA works to make sure its education resources are relevant to community questions and needs today as well as medically accurate, and that they describe current health care practice in Australia. Community members have given feedback that personal stories and experiences help them to feel connected, so these were also included in the VWD booklet. Both booklets were developed with the input of people and parents of children with haemophilia or VWD and expert health professionals and our sincere thanks go to those who contributed to this work.



The *Haemophilia* booklet is a general overview of haemophilia, with diagrams of inheritance and how bleeding occurs along with tips on living well and updated information on carrying the haemophilia gene for women.

*"The haemophilia brochure looks terrific, and it's nice to see the change of language about women!"*

*"Just wanted to tell you that the Haemophilia booklet is really great. I like everything about it...the cover, layout, order, the red headings."*



*A guide for people living with von Willebrand disorder* explains VWD, with special issues for women and girls and a range of quotes about personal experiences and tips for managing VWD positively.

*"I am so excited. This is the first time I've been able to give anyone any up-to-date information about my condition. And I now have a grand-daughter with von Willebrand disorder and my daughter would like to give some information to her school. This booklet will be really helpful."*

*"It's great to have information on VWD written in plain language and we particularly liked the way the booklet finished on a positive and encouraging note. It is reassuring without being condescending."*

## COMMUNICATING WITH THE COMMUNITY

HFA's ongoing commitment to provide education and information to its members through newsletters continued with latest news and information in *National Haemophilia*, HFA's quarterly journal. This included updates on Haemophilia Conference presentations, managing joints, women's issues, management and treatment of complications such as hepatitis C, grants and awards available to people with bleeding disorders and special events such as World Haemophilia Day and Red Run Classic.



Making sure up-to-date information is accessible is key to HFA's communication with the community. While some community members like to receive printed information, others have said they prefer information through email, the web site or social networking communication technologies, such as Facebook.

In 2009 HFA redesigned its free email newsletter and provides monthly updates with online versions of its new publications along with other news of interest to the bleeding disorders community. This has had positive feedback from the community.

The Haemophilia Foundation Australia web site is a very popular source of information for the bleeding disorder community members, health professionals, stakeholders, the general community and students. Most visitors look at several pages, rather than leaving quickly after a few seconds. The most popular pages or downloads are information about bleeding disorders or special events, other HFA publications and session presentations from the biennial Haemophilia Conference.



HFA is also an accredited information partner with HealthInsite, a section of the Department of Health and Ageing which provides an online gateway to high quality health information for the Australian community.

HFA developed a Facebook page in March 2009 to communicate with the large number of younger community members who are active on Facebook. HFA's page gives updates on HFA events, new resources and other news, with links to the HFA web site. During 2010, the number of fans and visits to the page increased dramatically.

### HFA communications snapshot – June 2010

- 1833 copies of *National Haemophilia* and *Youth News* posted to members
- 321 HFA members received e-news
- 9623 HFA web site visits
- 191 HFA Facebook fans
- 891 HFA Facebook page visits
- 56% of HFA Facebook fans in 13-34 age group

## YOUTH LEADERSHIP AND MENTORING



Youth delegates at the 2009 Haemophilia Conference challenged their boundaries with an abseiling activity at Kangaroo Point Cliffs. The Conference was an opportunity for them to learn about bleeding disorders and meet and talk with other people their own age.

*"The whole group enjoyed abseiling. Climbing down was lots of fun. Some people had trouble getting started (the straight drop to the bottom was a little off-putting...)"*

The Youth Leadership and Mentoring Program began in 2003 to encourage and motivate young men and women to become more involved in the bleeding disorders community, to encourage leadership and to benefit from personal development and peer support. Since then a small group of youth have worked with HFA to ensure youth needs are incorporated into our programs and activities.

It has been a busy 12 months for the HFA Youth Committee. They met monthly by teleconference to give input to the Brisbane Conference Program Committee about appropriate session topics and develop special activities for Youth Delegates at the Conference as well as to prepare the quarterly newsletter *Youth News*. In 2010 Hepatitis Awareness Week had a youth focus and the Committee joined the HFA Hepatitis Awareness Week Working Group to develop youth-specific resources on hepatitis C for the HFA web site and *Youth News*.

The Youth Committee also worked with HFA to assess and promote Livewire, an online community for young people which is an initiative of the Starlight Foundation. HFA is an affiliate partner of Livewire.

**Youth Committee** (from January 2010)

**Co-Chairs** ~ Dale Spencer (WA), Lauren Albert (QLD)

**Youth Council** ~ Paul Bonner (SA), Craig Bardsley (QLD), Hamish Robinson (NSW)

**Youth Leaders** ~ Michael Lucken (VIC), Chris Poulton (VIC), Belinda Broughton (WA)

**HFA Representative** ~ Natasha Coco



*Youth Council member Hamish Robinson discussing Livewire with Ryan (Livewire) and Suzanne O'Callaghan (HFA)*

## DEVELOPMENT PROGRAMS

### Jennifer Ross Award

In 2009 the HFA Jennifer Ross Award was awarded to:

Wendy Poulsen, paediatric physiotherapist, Royal Children's Hospital, Queensland  
Brendan Egan, paediatric physiotherapist, Royal Children's Hospital, Victoria

in recognition of their outstanding contribution as physiotherapists to the bleeding disorders community.



*Wendy Poulsen receiving the Jennifer Ross Award*



### Damon Courtenay Memorial Endowment Fund (DCMEF)

The Damon Courtenay Memorial Endowment Fund (DCMEF) was established in 1993 by Bryce Courtenay and the late Benita Courtenay as a perpetual trust to be administered by Haemophilia Foundation Australia in memory of their son, Damon. The fund provides grants for the care, treatment, education and welfare for people with bleeding disorders and their families.

Over the years the DCMEF has assisted individuals with training and education, career development, personal development courses, conferences, and medical appliances and equipment required to assist people to live more independently.

The interest received from the investment is distributed approximately every eighteen months. A funding round was announced in the last quarter of the year and allocations will be determined in the first part of next year. The DCMEF capital of \$213,600 is reflected as a special purpose fund in the Foundation's accumulated funds in the financial statements.

### Vision and Leadership Awards

The Haemophilia Foundation Australia Vision and Leadership Awards enable people who are affected by a bleeding disorder to seek and achieve new goals in their lives. A judging panel which included an external education consultant and a personal development expert and a Board representative made recommendations for these Awards.



The Awards have been given since 2007 and have been used for overseas study tours, education and training, career development or re-training for people of varying ages since that time.

### CAMPS, GROUPS AND WORKSHOPS

HFA supports a range of programs and activities conducted by state/territory Foundations to enable people from the bleeding disorders community to come together to learn, build connections and develop peer support networks. During 2009-10 HFA provided full or part funding for 17 different programs and activities, including:

- Family or community camps
- Family, men's, women's and youth groups
- HIV and hepatitis C support groups
- Carer and partner support groups
- Workshops about parenting and on pain management
- Rural visits.

### **Haemophilia Foundation South Australia (HFSA) Family Camp**

Woodhouse Activity Centre was the venue for a great adventure when 40 adults and children met for the HFA Family Camp in May 2010. The Camp was filled with fun, educational, challenging and exciting activities and was a time for sharing experiences and making and renewing friendships for both parents and children. Nurses and physiotherapists from the Haemophilia Centres talked with the campers about bleeds and joints and taught exercises to increase strength. The Flash Rovers Scout Group helped to provide activities for all ages, with rock-climbing, the flying fox, an earth ball, archery, night orienteering and a campfire on Saturday night with damper and toasted marshmallows.



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

In March 2010 67 people, including 30 children, came together for the HFWA Community Camp at Point Walter, Bicton. The weekend Camp was run on a theme of an "Amazing Race" and was facilitated by Purple Soup. Campers were given an Amazing Race t-shirt on arrival and took part in fun activities to get to know each other, before embarking on an exciting weekend of team building, watching some participants demonstrate how to give themselves clotting factor treatment and challenging their comfort zone with high rope, abseiling and flying fox activities. The Camp was an opportunity for children and families in the bleeding disorders community to interact socially, share experiences and form life long friendships that will see them into the future.



### **Parents Empowering Parents (PEP) Workshop, Perth, WA 28-30 August 2009.**

The first Parents Empowering Parents (PEP) program was introduced to Australia by HFA in 2007 with a training program for haemophilia nurses, social workers and parents. PEP had been available to families in the USA for many years and aims to help parents who have children with a bleeding disorder learn more about parenting and help them manage their child's bleeding disorder more effectively. Parents learn new parenting skills to enable them to deal better with the daily challenges of raising a child with a bleeding disorder.

Haemophilia health professionals and HFA have collaborated by sharing resources and expertise to offer the program in different parts of Australia. The program was offered to Western Australian and South Australian families this year, and it is envisaged that further programs will be run in other States in the next two years. The advantages of running the program in this way is that health professionals who have had PEP training can work with a health professional from another centre to offer the program to families from each centre. This has been valuable where a centre has small numbers of families and or limited staff resources and where families are scattered due to rural and regional isolation.

*"PEP is an invaluable opportunity for social workers, nurses and trained parent facilitators to give information and support to a group of parents of children with bleeding disorders on the normal stages of development and parenting roles. The group environment also enables parents to share their own unique experiences of being a parent to a child with a bleeding disorder."*

*Sharon Hawkins, Haemophilia Counsellor, Haemophilia Centre, Royal Perth Hospital*

## PUBLIC AWARENESS

### Haemophilia Awareness Week 2009

Haemophilia Awareness Week - **Life Challenges** - was held from 11-17th October 2009. Haemophilia Foundation Australia (HFA) and Haemophilia Foundations around the country worked together to develop a campaign to raise community awareness about the challenges faced every day by people with a bleeding disorder and to celebrate the ways that they overcome these challenges.



More than 45 schools, hospitals, businesses and local communities across the country held events and displayed promotional materials and information about bleeding disorders to help us raise the profile of this important cause.



Donna Field organised "Paint the town red" in Neerim South during Haemophilia Awareness Week. Donna placed posters, balloons and promotional items around the town, ran a sausage sizzle and organised a "best dressed in red" competition. Thank you to Donna, her family and the local community for their support.

### World Haemophilia Day 2010

On April 17 haemophilia organisations around the world join the World Federation of Hemophilia (WFH) to increase awareness of haemophilia and other related bleeding disorders. WFH chose April 17 as the official day in honour of WFH founder Frank Schnabel, who was born on that day.

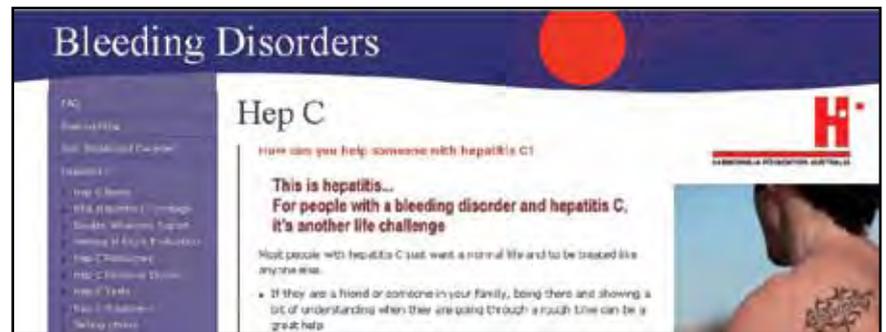
The 2010 theme, *"The Many Faces of Bleeding Disorders: United through the WFH to achieve Treatment for All"*, highlighted the many different types of inherited bleeding disorders that affect both males and females. It also affirmed the WFH commitment to treatment for ALL people with bleeding disorders - most people around the world with inherited bleeding disorders are not diagnosed and do not have access to appropriate treatment.

A poster for World Hemophilia Day 2010. The top section has a red background with the text 'The Many Faces of Bleeding Disorders' in white. Below this, it says 'United to achieve Treatment for All'. A list of disorders includes Hemophilia, Rare clotting factor deficiencies, Hemophilia symptomatic carriers, von Willebrand disease, and Inherited platelet disorders. The middle section is a collage of photos showing diverse people. At the bottom, it says 'WORLD HEMOPHILIA DAY | APRIL 17' and 'For more information, visit www.wfh.org/whd'. The WFH logo is in the top right corner, and a globe logo is in the bottom right corner.

## Hepatitis Awareness Week



How is hepatitis C relevant to young people with bleeding disorders? On May 19 2010, World Hepatitis Day, HFA launched a youth-based section on its web site explaining why hepatitis C has been so important in the history of bleeding disorders in Australia and answering FAQs about hepatitis C. It also included personal stories about living with the challenges of hepatitis C and a bleeding disorder.



## Global Feast



in support of people worldwide  
with bleeding disorders



Global Feast events give Australians the opportunity to invite family, friends and work colleagues to a meal, highlight the challenges faced worldwide by people with bleeding disorders and ask their visitors to bring a donation to the World Federation of Hemophilia (WFH)'s Global Feast program rather than a gift for their hosts. Funds raised for Global Feast are spent directly on treatment products and programs for people in urgent need in some of the poorest regions of the world.

HFA has been involved in the development of Global Feast since its inception in 2005. In Australia over the past year this has resulted in a number of events including dinners or morning teas organised by individual members, HFA Council members and HFA staff, and Foundations raising money at family camps.



Joan from Victoria organised a Middle Eastern dinner with 17 family and friends and in total raised \$355 for Global Feast.

## PROMOTING RESEARCH

Taking part in research can give people with bleeding disorders a voice in decisions that might affect them in the future and access to new treatments or care.

HFA's new web site section on research is a tool for community members to make their own decisions about participating in research and encourages them to take an active role in research about bleeding disorders. It gives information on types of research, questions to ask, links to regulatory bodies if they have other questions or want to make a complaint and updates on relevant research studies. This also gives some guidance to researchers who are preparing studies.

### Research grants for 2009-10

Due to an administrative timing anomaly and a larger allocation of \$63,182 in the previous year HFA did not make any research grant payments during the year. However, a funding round was advertised and the Haemophilia Foundation Research Fund Committee considered applications for research project proposals in June. A grant of \$13,731 to Dr John Rowell to undertake a Quality of Life Assessment at the Queensland Haemophilia Centre in the following year was announced.

This project will use a well validated tool to collect data about the perceptions of people with haemophilia about their quality of life across the domains of physical, emotional and social health. Of significant interest is that Queensland is a vast geographical area and the haemophilia community is highly decentralised. Health services need to be provided in different ways to smaller states of Australia. In order to provide a service that meets the needs of their patients, Queensland Haemophilia Centre staff travel to 5 regional hospitals and run 9 regional outreach clinics each year.



### Haemophilia Foundation Research Fund snapshot – 2006-2010

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 grants to 23 research projects over its 16 year history, to a total amount of \$537,092. Over the last 5 years research study grants have included:

- Dr Michaela Lucas, Royal Perth Hospital, WA - \$25,000  
*Characterisation of cross-genotype HCV-specific T lymphocyte responses in HCV-exposed haemophilia patients – implications for the design of a protective vaccine and immunotherapy*
- Prof Paul Komesaroff, Monash University, Victoria - \$12,500  
*The social and ethical dimensions of genetic testing: a longitudinal study of the haemophilia community*
- Dr Keith Hill, National Ageing Research Institute, Victoria - \$39,946  
*Balance, strength and related falls risk factors in people with haemophilia and other bleeding disorders (PWH), and feasibility of a targeted home exercise program to improve balance*
- Dr Chris Barnes, Melbourne University, Victoria - \$16,588  
*Thrombin generation, the role of hyperfibrinolysis (levels of Thrombin Activatable Fibrinolysis Inhibitor; TAFI) and levels of Tissue Factor Pathway Inhibitor (TFPI) in children with severe haemophilia: correlation to clinical outcomes*
- Dr Chris Barnes, Melbourne University, Victoria - \$2,860  
*Head injury in children with haemophilia – clinical predictors of outcome*
- Ms Dilinie Herbert, Monash University, Victoria - \$20,000  
*Social and ethical dimensions of genetic testing*
- Professor Eric Gowans, Burnet Institute, Victoria - \$25,000  
*The identification and analysis of antiviral agents which target the HCV IRES*
- 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*

## INTERNATIONAL DEVELOPMENT

### Haemophilia Organisation Twinning - Thailand and Australia

HFA is actively involved in activities of World Federation of Hemophilia (WFH) and shares the WFH vision of Treatment for All. One of the main goals of the World Federation of Hemophilia is to improve haemophilia care in developing countries. WFH works with national haemophilia organizations, health care providers, and government officials to assess needs and develop a national plan for haemophilia care. To achieve this task the WFH uses a range of program tools, such as workshops, training fellowships, and twinning partnerships. HFA has participated during the year in advocacy training and the WFH Haemophilia Organisation Twinning Program (HOT).

The twinning collaboration between the National Hemophilia Foundation of Thailand, Thai Patient's Club and Haemophilia Foundation Australia commenced in 2006. Workshops in Bangkok aimed at identifying, training and supporting volunteers, and visits to Australia by Thai parents of children with haemophilia have added to the development of knowledge and increased confidence of the Thai Patient's Club to provide peer support to its members. Some of this work has also helped to identify larger numbers of people living with haemophilia in Thailand and ways of providing support to them and their families. The work has extended to regional areas of Thailand and has brought the haemophilia community closer together.

The bleeding disorders community in Australia was pleased to welcome two mothers of children with haemophilia from Thailand to attend the National Conference in Brisbane in October and to give a presentation to the HFA Council about haemophilia care and treatment in Thailand. A significant achievement has been the increase of patients on the national patient registry. This has partly been achieved due to successful regional outreach undertaken by Thai health professionals and volunteer patient leaders of the Thai Patient's Club who have worked actively in local areas to find more people with haemophilia who were as yet untreated and to help them to access to care, treatment and peer support.

The twinning partnership has had benefits for both countries because it has enabled participants from each country to share ideas, learn from each other and take on leadership roles to help people meet the challenges of living with haemophilia. It has also built a meaningful cross cultural understanding and friendships between the Thai and Australian haemophilia patient communities.



## FUNDRAISING AND DEVELOPMENT

HFA's fundraising and development program is critical to ensure HFA has sufficient funds for HFA education programs and peer support activities and to support state and territory based camps and workshops undertaken by our member foundations.

A key objective for HFA during the year was to strengthen and develop its relationships with corporate partners, charitable funds and philanthropic trusts, companies and individuals. The generosity of these supporters has meant we have been able to achieve positive outcomes for people living with bleeding disorders of different ages around Australia.

### Our generous supporters

We are fortunate to have a loyal and committed group of individuals, families, service groups and schools that support our work by making donations throughout the year. Their generosity helps us continue to provide many of services that improve quality of life for people with bleeding disorders. This includes providing financial assistance in emergency situations, subsidies for camps and peer support workshops and important advocacy work such as for people with bleeding disorders who require financial assistance due to the impact of hepatitis C on their lives.

### Appeals

Direct mail appeals to donors were mailed four times during the year and we thank each individual who made a donation. The donations raised from these campaigns are used to support programs and services such as family camps, support groups and the development of new educational resources.

### Regular Giving

As haemophilia is a lifelong disorder, support and services are required throughout a person with haemophilia's entire life – from diagnosis, through childhood and youth, to the transition into adulthood and then to older age. Support and assistance is also needed at different times by parents, siblings and other relatives of people with bleeding disorders. Regular donations provide the ongoing support we need to meet the challenges faced by members of our community at each life stage. Thank you to each of the individuals that have committed to give a monthly, quarterly or annual donation towards our work.

### Bequests

HFA was extremely grateful to hear that some of our donors have provided for a bequest to HFA in their will. As there is as yet no cure for haemophilia, HFA will need to be financially viable to be able to meet the needs of our community for many years. Gifts left to HFA by people in their wills help us ensure that every person affected by a bleeding disorder is represented and cared for—now and in the future. Thank you to all our supporters who have made the decision to include HFA in their will.

## SPECIAL EVENTS

### Red Run Classic 2010



The 2010 Red Run Classic held at New Farm Park on Sunday 16 May 2010 attracted greater numbers and continues to be a popular event for Brisbane runners. This year 649 runners and walkers took part in the 5km or 10km races to raise funds to support people with haemophilia and other rare inherited bleeding disorders. We thank everyone who participated and assisted with the event.

A special thank you to all the volunteers, In Training, those who donated prizes and our event sponsors Brisbane City Council, BMAG and Bayer Healthcare.

HFA has worked closely with Haemophilia Foundation Queensland (HFQ) since the event was first developed towards a goal that HFQ would take over the event as a local fundraising activity. HFA is pleased the event has grown in strength and responsibility can now be handed over to HFQ. HFA will retain the naming rights and will now support HFQ to take over the event. This will enable HFA to explore opportunities for similar collaborations with other member foundations to assist them to build their local fundraising capabilities.



## TREASURER'S REPORT

### Jonathan Spencer



I am pleased to present the Haemophilia Foundation Australia (HFA) financial reports.

Government grants and Corporate Partnerships remained steady and represented 52% of our annual income which highlights HFA's reliance on these regular sources of income. Operating expenses amounted to almost 53% of all income for the organisation which reflects the heavy emphasis of HFA on its secretariat activities to undertake its work.

Overall, our income increased by 29% compared to the previous year. The Foundation's operating expenses increased by 3% and our expenses for care and services objectives increased by 33% which resulted in a net income increase of 16%, and a net deficit of \$23,727 for the year.

The biennial national conference held in Brisbane in October was a major activity for the year. Although the conference is run on a break even basis it generates a significant amount of sponsorship funds which is reported as general income and used for the expenses of the conference. The success of the conference also relies on the generosity of volunteers from all parts of the bleeding disorders community who freely donate their time and expertise to help to plan and speak at the conference.

For the last 10 years HFA has guaranteed significant financial support to State/Territory foundations for camps and workshops. To fund these important activities, HFA has sought specific donations from private trusts and charitable foundations. Over recent years, HFA has added an increasing amount from its general income to meet its commitment to member foundations. While our member foundations rely on this source of financial support for the services provided to their members, HFA's capacity to fund events from general income has declined. This year, HFA received less donations from trusts due to the recent global economic downturn. Further, our ongoing commitment to support policy development to assist people affected by hepatitis C and other policy work from general donation income has reduced general funds available to member foundations. In June 2010, HFA advised member foundations that it would not be able to guarantee funding for camps and workshops in the 2010-2011 period unless HFA received specific trust donations for these activities which would be passed on to member foundations. This was a significant decision that was taken to ensure that the policy objectives of HFA remained achievable from general income. Regardless, HFA continues to vigilantly seek income from Trusts, for the next year, as part of its commitment to member Foundations.

HFA has supported the Red Run Classic in Brisbane since the first RRC event in 2007. We are pleased to hand responsibility for the Red Run Classic over to Haemophilia Foundation Queensland after its success in May 2010 event, and HFA will explore other opportunities for local fundraising through the establishment of similar events in other States.

The financial reports show that no payments were made from the Damon Courtenay Memorial Endowment Fund and the Haemophilia Foundation Research Fund during the year, however applications for distributions from each of these funds were advertised towards the end of the financial year and are expected to be made in the first quarter of 2010- 2011.

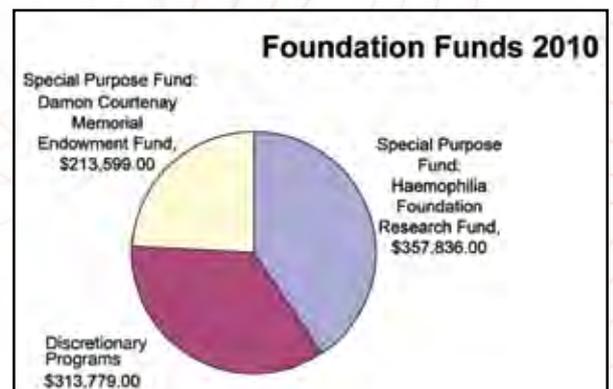
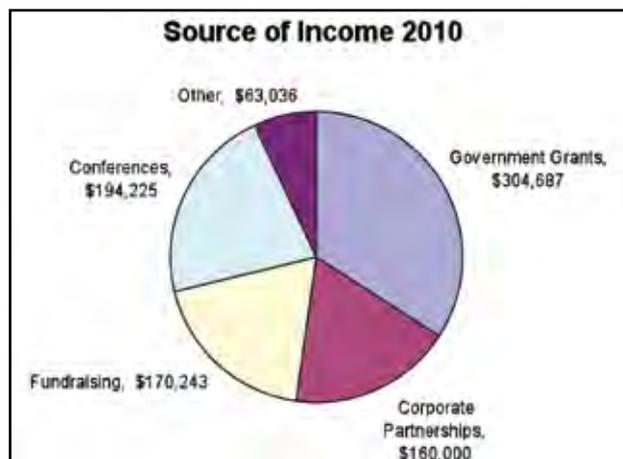
Our investment income declined this year, and we will conduct a review of our investment funds which are held mainly in interest bearing securities, and term deposits.

HFA has made a bid to host the 2014 Congress of the World Federation of Hemophilia. The bid has been funded from industry grants to date. Should we be successful in winning this bid, we would work hard with WFH to ensure a successful Congress that generates significant funds for both WFH and HFA.

HFA is appreciative of the donors who provide valuable funds to HFA. We value our Corporate Partners, and the service organisations and individuals who have given to HFA to enable us to support our activities.

I wish to thank the HFA Council, Board and staff for their work during this year.

Jonathan Spencer



**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**INCOME STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2010**

	Note	2010 \$	2009 \$
<b>INCOME</b>			
Commonwealth government grants		304,687	296,901
Fundraising and donations		524,468	321,084
Interest		29,480	46,320
State member levies		16,343	16,378
Other income		17,212	8,385
<b>TOTAL INCOME</b>		<b>892,190</b>	<b>689,068</b>
<b>LESS : FOUNDATION OPERATING EXPENSES</b>			
<b><u>Administration</u></b>			
Advertisement/recruitment		553	498
Audit		6,035	5,749
Annual reports		3,748	3,157
Bank fees and other service charges		1,768	1,693
Council meetings		15,606	11,368
Consultancy fees		4,725	-
Executive meetings		5,968	12,184
Personnel expenses		344,069	334,550
Professional insurance		3,708	3,646
Provision for long service leave		7,005	14,887
Staff amenities		990	583
Travel		156	615
Liaison and business development		-	1,357
		<b>394,331</b>	<b>390,287</b>
<b><u>Property</u></b>			
Depreciation of assets		5,531	6,482
Lighting and heating		3,448	3,158
Insurance		2,559	2,330
Lease photocopier		-	3,436
Rent		36,000	33,740
Repairs and maintenance		4,485	4,319
Security		654	364
		<b>52,677</b>	<b>53,829</b>
<b><u>Fundraising</u></b>			
Appeals and production		22,447	15,536
Planned giving		1,673	418
Resource development		5,034	2,027
		<b>29,154</b>	<b>17,981</b>
<b>TOTAL FOUNDATION OPERATING EXPENSES</b>		<b>476,162</b>	<b>462,097</b>
<b>SURPLUS OF INCOME OVER OPERATING EXPENSES</b>		<b>416,028</b>	<b>226,971</b>

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

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**INCOME STATEMENT ( CONTINUED )**  
**FOR THE YEAR ENDED 30 JUNE 2010**

	Note	2010 \$	2009 \$
<b>SURPLUS OF INCOME BROUGHT FORWARD</b>		416,028	226,971
<b>LESS : FOUNDATION OBJECTIVES EXPENSES</b>			
<u>Services and Care</u>			
Awards and presentations		585	-
Information technology		21,247	19,643
Executive		7,759	8,957
Financial assistance		1,000	1,710
Haemophilia conference and education sponsorships		194,225	3,307
WFH and other conferences		48,713	5,677
WFH twinning expenses		4,026	882
Health professionals		29,341	26,699
Newsletter		25,170	26,699
Postage		2,843	3,080
Printing and stationery		9,649	9,689
Specific project expenses		77,793	106,342
DCMEF allocations		109	16,282
Subscriptions		3,306	4,678
Telephone		6,712	8,835
Travel		87	9,216
		432,565	251,696
<u>Education</u>			
Brochures and resources		4,736	2,756
Education other		2,454	11,787
		7,190	14,543
<u>Research</u>			
Research grants allocated		-	63,182
		-	63,182
<b>TOTAL FOUNDATION OBJECTIVES EXPENSES</b>		439,755	329,421
<b>TOTAL SURPLUS / (DEFICIT) FOR THE YEAR</b>		(23,727)	(102,450)
<b>ACCUMULATED FUNDS BROUGHT FORWARD</b>		642,605	738,767
<b>TOTAL AVAILABLE FUNDS</b>		618,878	636,317
<b>TRANSFER (TO) / FROM RESERVE</b>	8	(6,578)	6,288
<b>ACCUMULATED FUNDS CARRIED FORWARD</b>	7	612,300	642,605

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

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**BALANCE SHEET**  
**AS AT 30 JUNE 2010**

	Note	2010 \$	2009 \$
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents	2	249,960	250,765
Investments	3	635,258	616,961
Trade and Other Receivables		21,155	63,291
Prepayments		25,400	77,361
<b>Total Current Assets</b>		931,773	1,008,378
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	4	3,483	7,059
<b>Total Non Current Assets</b>		3,483	7,059
<b>TOTAL ASSETS</b>		<u>935,256</u>	<u>1,015,437</u>
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	5	5,500	21,072
Short-term Provisions	6	86,887	110,616
Amounts received in advance		-	21,000
<b>Total Current Liabilities</b>		92,387	152,688
<b>NON CURRENT LIABILITIES</b>			
Long-term Provisions	6	16,969	13,122
<b>Total Non Current Liabilities</b>		16,969	13,122
<b>TOTAL LIABILITIES</b>		<u>109,356</u>	<u>165,810</u>
<b>NET ASSETS</b>		<u>825,900</u>	<u>849,627</u>
<b>FOUNDATION'S FUNDS</b>			
Accumulated funds	7	612,300	642,605
Reserve	8	213,600	207,022
<b>TOTAL FOUNDATION'S FUNDS</b>		<u>825,900</u>	<u>849,627</u>

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

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**STATEMENT OF RECOGNISED INCOME AND EXPENDITURE**  
**FOR THE YEAR ENDED 30 JUNE 2010**

	Note	Reserve \$	Accumulated Funds \$	Total Equity \$
<b>BALANCE AS AT 1 JULY 2006</b>		203,496	663,092	866,588
Surplus for the year		9,566	111,799	121,365
<b>BALANCE AS AT 30 JUNE 2007</b>		213,062	774,891	987,953
Surplus for the year		248	(36,124)	(35,876)
<b>BALANCE AS AT 30 JUNE 2008</b>		213,310	738,767	952,077
Surplus for the year		(6,288)	(96,162)	(102,450)
<b>BALANCE AS AT 30 JUNE 2009</b>		207,022	642,605	849,627
Surplus for the year		6,578	(30,305)	(23,727)
<b>BALANCE AS AT 30 JUNE 2010</b>	7 & 8	213,600	612,300	825,900

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

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**CASH FLOW STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2010**

	Note	2010 \$	2009 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Interest received		29,480	46,320
Grants received		304,687	296,901
Receipts from constituents		558,023	345,847
Payments to suppliers and employees		(872,743)	(812,725)
<b>Net cash flows from operating activities</b>		<b>19,447</b>	<b>(123,657)</b>
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Acquisition and disposal of property, plant and equipment		(1,955)	(3,574)
<b>Net cash flows used in investing activities</b>		<b>(1,955)</b>	<b>(3,574)</b>
<b>NET INCREASE/(DECREASE) IN CASH HELD</b>		<b>17,492</b>	<b>(127,231)</b>
<b>CASH BALANCE BROUGHT FORWARD</b>		<b>867,726</b>	<b>994,957</b>
<b>CASH BALANCE CARRIED FORWARD</b>		<b>885,218</b>	<b>867,726</b>
<b>Cash balance carried forward comprises : -</b>			
Cash and cash equivalents	2	249,960	250,765
Investments	3	635,258	616,961
		<b>885,218</b>	<b>867,726</b>
<b>Reconciliation of (deficit)/surplus for the year to the net cash flows from operating activities : -</b>			
Total operating (deficit)/surplus for the year		(23,727)	(102,450)
Depreciation and amortisation		5,531	6,482
Changes in assets and liabilities			
Increase/(Decrease) in creditors and provisions		(56,454)	59,612
(Increase)/Decrease in receivables and other assets		94,097	(87,301)
<b>Net cash flows from operating activities</b>		<b>19,447</b>	<b>(123,657)</b>

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

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2010**

**NOTE 1 : STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES**

This financial report is a special purpose financial report prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Act Victoria. The council has determined that the Association is a prescribed association for reporting purposes.

The financial report has been prepared on an accrual basis on historic costs and does not take into account changing money values, or except where specifically stated, current valuations of non-current assets.

The following significant accounting policies, which are consistent with the previous period unless otherwise stated, have been adopted in the preparation of this financial report.

**(a) Income Tax**

The Haemophilia Foundation Australia Inc has obtained tax exempt status as a non-profit organisation and is exempt from the payment of Income Tax.

**(b) Property, Plant and Equipment (PPE)**

Leasehold improvements and office equipment are carried at cost less, where applicable, any accumulated depreciation.

The depreciable amount of all PPE is depreciated over the useful lives of the assets to the association commencing from the time the asset is held ready for use.

Leasehold improvements are amortised over the shorter of either the unexpired period of the lease or the estimated useful lives of the improvements.

**(c) Employment Benefits**

Provision is made for the association's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits have been measured at the amounts expected to be paid when the liability is settled.

**(d) Provisions**

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

**(e) Cash and Cash Equivalents**

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

**(f) Revenue and Other Income**

Revenue from the sale of literature is recognised upon delivery of the goods to customers.

Interest revenue is recognised using the effective interest rate method, which for floating financial assets is the rate inherent in the instrument.

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

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

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**NOTES TO THE FINANCIAL STATEMENTS ( continued )**

**(g) Inventories**

Inventories are valued at the lower of cost and net realisable value. Costs are assigned on a first-in first-out basis. Net realisable value is determined on the basis of normal sales patterns.

**(h) Leases**

Lease of PPE, where substantially all the risks and benefits incidental to the ownership of the asset, but not the legal ownership, are transferred to the association, are classified as finance leases.

Finance Leases are capitalised, recording an asset and a liability equal to the present value of the minimum lease payments, including any guaranteed residual values. Leased assets are amortised on a straight line basis over their estimated useful lives where it is likely that the association will obtain ownership of the asset or over the term of the lease.

Lease payments are allocated between the reduction of the lease liability and the lease interest expense for the period.

**(i) Goods and Services Tax (GST)**

Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Taxation Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the balance sheet are shown inclusive of GST.

**(j) Investments**

Investments held are originally recognised at cost which includes transactions costs. They are subsequently measured at fair value which is equivalent to their market bid price at reporting date. Movements in fair value are recognised through an equity reserve.

**(k) Comparative Figures**

When required by Accounting standards comparative figures have been adjusted to conform with changes in presentation for the current year.

**NOTE 2 : CASH AND CASH EQUIVALENTS**

	2010	2009
	\$	\$
Cash at bank - CBA Office	23,940	45,643
Cash at bank - CBA Main	169,795	149,947
Cash at bank - Bendigo	56,225	0
Cash at bank - CBA	-	55,175
	249,960	250,765

**NOTE 3 : INVESTMENTS**

Short term Deposits - Perpetual Trustees	274,268	266,703
Short term Deposits - Bendigo Bank	360,990	350,258
	635,258	616,961

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**NOTES TO THE FINANCIAL STATEMENTS ( continued )**

	2010	2009
	\$	\$
<b>NOTE 4 : PROPERTY, PLANT AND EQUIPMENT</b>		
Furniture and office equipment - at cost	110,589	108,634
Accumulated depreciation	<u>(107,106)</u>	<u>(101,575)</u>
	<u>3,483</u>	<u>7,059</u>
<b>NOTE 5 : TRADE AND OTHER PAYABLES</b>		
Trade creditors and accruals	<u>5,500</u>	<u>21,072</u>
	<u>5,500</u>	<u>21,072</u>
<b>NOTE 6 : PROVISIONS</b>		
Current		
- Annual leave	57,235	55,669
- Long Service leave	<u>29,652</u>	<u>54,947</u>
	<u>86,887</u>	<u>110,616</u>
Non-Current		
- Long Service leave	<u>16,969</u>	<u>13,122</u>
	<u>16,969</u>	<u>13,122</u>
<b>NOTE 7 : ACCUMULATED FUNDS</b>		
Accumulated funds are set aside for the following purposes: -		
- research	357,837	338,152
- discretionary projects and reserves	<u>254,463</u>	<u>304,453</u>
	<u>612,300</u>	<u>642,605</u>
<b>NOTE 8 : RESERVE</b>		
Damon Courtenay Reserve		
- balance at beginning of year	207,022	213,310
- special appeals and interest income	<u>6,687</u>	<u>9,994</u>
- sponsorships, allocations and costs	<u>(109)</u>	<u>(16,282)</u>
	6,578	(6,288)
- balance at end of year	<u>213,600</u>	<u>207,022</u>

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

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**NOTES TO THE FINANCIAL STATEMENTS ( continued )**

**NOTE 9 : 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 10 : RELATED PARTY TRANSACTIONS**

The members of the Council of Haemophilia Foundation Australia Incorporated during the financial year ended 30 June 2010 were :-

Bill Atkinson	David Bell
Paul Bonner	Gavin Finkelstein
Peter Fogarty	Tony Kennewell
Beth Large (to September 2009)	Peter Mathews (to September 2009)
Ann Roberts	Chantel Roberts
Lorraine Saunders	Jonathan Spencer
David Stephenson (from September 2009)	David Taylor (from September 2009)

No material related party transactions occurred during the financial year.

**NOTE 11 : 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 12 : 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 3.36% (2009: 4.97%)
(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.

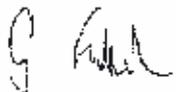
HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED  
ABN 89 443 537 189  
STATEMENT BY MEMBERS OF THE COUNCIL

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

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 Inc. as at 30 June 2010 and its performance for the year ended on that date.
- 2) At the date of this statement, there are reasonable grounds to believe that Haemophilia Foundation Australia Inc. 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:

  
PRESIDENT.....  
Gavin Finkelstein

  
TREASURER.....  
Jonathan Spencer

Date: 18 October 2010



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**INDEPENDENT AUDIT REPORT**

To The Members of Haemophilia Foundation Australia Incorporated

**Report on the Financial Report**

We have audited the accompanying financial report, being a special purpose financial report, of Haemophilia Foundation Australia Incorporated which comprises the balance sheet as at 30 June 2010 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. 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 including:

- i. giving a true and fair view of the Association's financial position as at 30 June 2010 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.

**Cook Jones & Co.**  
**Chartered Accountant**

**David Wayne Jones AM. FCA.**  
Principal  
Camberwell  
Date: 20 October, 2010

## ACKNOWLEDGEMENT TO OUR DONORS

We acknowledge and thank all supporters and donors for their generous support to HFA programs and education activities throughout the year:

### Corporate Partnerships

HFA is grateful to each of its Corporate Partners for annual donations of \$40,000 and for education grants of \$4950: Baxter CSL Bioplasma Novo Nordisk Wyeth

Haemophilia Foundation Australia thanks the following donors who gave over \$250 in the 2009-2010 Financial Year.

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