

HAEMOPHILIA FOUNDATION AUSTRALIA

ANNUAL REPORT

2010-11

Haemophilia Foundation Australia (HFA) represents people with inherited bleeding disorders and their families. Our mission is to improve treatment and care through representation and advocacy, education and the promotion of research to enable people with bleeding disorders to lead active, independent and fulfilling lives.

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.

Our Governance

HFA is an incorporated association in Victoria and its members are all of the State/Territory Haemophilia Foundations around Australia which each nominate delegates to form the HFA Council and Executive Board. The Executive Board plays an important role ensuring the governance of HFA. Sub committees are established to assist the Executive Board.

Our Funding

HFA has a national fundraising program which includes government grants, donations from corporate organisations, service organisations and private individuals, as well as Trusts and Foundations.

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 The Honourable Alex Chernov, AO, QC, 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



*Back l-r: Paul Bonner, Gavin Finkelstein, Peter Fogarty
Front l-r: Jonathan Spencer, Ann Roberts*

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 (to September 2010)

Maria Wensing (from September 2010)

Australian Capital Territory

Bill Atkinson

David Taylor (to October 2010)

Dan Credazzi (from October 2010)

New South Wales

Peter Fogarty

David Stephenson

Queensland

Paul Bonner

Tony Kennewell

South Australia

Jonathan Spencer

Tasmania

Ann Roberts

Chantel Roberts (to February 2011)

Michelle Sullivan (from February 2011)

Victoria

Gavin Finkelstein

David Bell (to September 2010)

Shane Meotti (from September 2010)

Western Australia

STAFF

Sharon Caris, *Executive Director*

Suzanne O'Callaghan, *Policy Officer*

Janine Staunton, *Development Manager (Part-time) (Maternity leave replacement for Natasha Coco)*

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

Alison Loran, *Administrative Officer (to August 10)*

Kevin Lai, *Accountant (Part-time)*



Sharon Caris



Suzanne O'Callaghan



Janine Staunton



Joanne Luciani

Gavin Finkelstein



I am pleased to report a successful year for our organisation. Our priorities have continued to include working to ensure best practice care and treatment for people with all bleeding disorders. This has led to extensive advocacy work with governments and other stakeholders during the year. In all our activities we have worked hard to ensure we are a transparent and credible organisation, and I am pleased to report that a strong community perspective has been represented by HFA to our stakeholders.

We have worked with many organisations in the community and health sectors during the year and we thank the organisations and individuals who have contributed to our work. HFA collaborated with government, particularly the Department of Health and Ageing, Therapeutic Goods Administration and the National Blood Authority on matters of policy affecting people with bleeding disorders and their families and carers.

We appreciate the funding and support received from the Australian Department of Health and Ageing (DOHA). DOHA commissioned a funding review which involved extensive consultation with our stakeholders, including with our member foundations.

Our work with community organisations included 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 strategic partnerships are important to help achieve HFA objectives, and also improve outcomes for other groups.

I am confident our organisation is well regarded and that we have strong channels for providing policy advice through government and other consultative processes. We made several submissions during the year on various health policy areas including clotting factor supply, treatments for hepatitis C, and general health service delivery.

We continue to advocate for comprehensive care for people with bleeding disorders and I am well aware we do not yet have standardised access to multidisciplinary services for everyone with bleeding disorders across Australia. This will become a priority for us.

We have continued our advocacy for a financial assistance scheme for people who acquired hepatitis C through contaminated clotting factor treatments. Whilst our work in this area has been stepwise and unrelenting, it has not yet brought the outcome we require for our community. There is still much work to do, and I want us to continue to advocate for the care, treatment and financial support these individuals and their families need.

We commenced a new youth project to address unmet needs of our young people towards the end of this year. This work has been generously funded by grants from the Australian Department of Health and Ageing and a private trust. We look forward to the outcomes of this work during the next twelve months of the project.

Two years of hard work came to fruition in July in Argentina when HFA won the bid to host the 2014 World Federation of Hemophilia Congress. This work involved the effort of our staff and volunteers and it also needed the support of governments to help us build our case for Australia to be considered the best option for WFH to hold the World Congress. The Congress will need the strength and support of all stakeholders, including haemophilia health professionals, member Foundations and others to make the Congress a success. We will soon commence our work with WFH in the countdown to Melbourne 2014.

Our education activities have continued with the development of new materials which have been published as brochures and handbooks and in line with regular policy all of these materials are adapted as electronic resources. We are currently working with a multidisciplinary committee to develop the program for the upcoming national conference. This is an important education vehicle for everyone who works in the bleeding disorders community.

Whilst our capacity to fund Australian based research is limited by our small research fund, I am pleased to confirm there remains strong interest in the grants we give. From this year, an annual grant of \$20,000 from the Haemophilia Foundation Research Fund will be available for research. This will provide some certainty to the research community that relies on our funds for their work.

I believe our connection with member Foundations has been strong during the year and we have worked on many common issues. I sincerely thank Council Delegates for providing a link to State/Territory Foundations, and for seeking feedback on policy and other issues which enabled us to build into our policy and education development processes.

We remain indebted to the Co Chairs of Australia/New Zealand Haemophilia Social Workers' and Counsellors' Group, Australian Haemophilia Nurses' Group, Australian & New Zealand Physiotherapy Haemophilia Group and Australian Haemophilia Centre Directors' Organisation (AHCDO) for their willingness to participate and support HFA activities during the year and for their strong collaborations and alliances which bring positive outcomes for our community.

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. Our commitment to support some of the work of World Federation of Hemophilia programs continued during the year. We also offered support to our near neighbours, Haemophilia Foundation of New Zealand after the Christchurch earthquakes.

We have been privileged to continue our collaborative activities with the National Hemophilia Foundation of Thailand and Thai Patient's Club and valued the continued financial support continued by World Federation of Hemophilia for this. Australian representatives, Peter Fogarty and Jonathan Spencer participated in a workshop with the Thai Patients Club in Bangkok Thailand in November 2010. The Thai and Australian work together was recognised at the workshop by the attendance of the Australian Ambassador to Thailand, His Excellency, Mr James Wise.

I wish to thank Council Delegates and Presidents and 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.

Sharon Caris



The 2010-2011 financial year has been one of achievement and engagement at all levels of the bleeding disorders community in Australia and around the world for HFA.

As we review and reflect on our highlights for the year I am pleased we have been able to continue providing our activities and services as we have done over many years, as well as several new initiatives aimed at supporting and strengthening our community and ensuring we have the capacity to respond to future needs.

A key focus has been on communicating with people affected by bleeding disorders to find out what they and their families need and expect from HFA. Our objective to be transparent and accountable has led to extensive communications with our donors and funders about their expectations. Our organisation has also had a major government funding review by independent consultants. This external scrutiny and accountability is important to HFA and helps us check that our activities are aligned with the needs and expectations of our community.

At a very personal level our work touches individuals and families who have needed information and education resources, and referral for peer support at critical times in their lives. This may be at a time of diagnosis or when children with bleeding disorders start school, when serious health complications have occurred, at times of life changes or when youth travel overseas. Some of the work done by the Foundation might appear focussed on the individual - but it is this level of connection with people with bleeding disorders and the personal stories of the members of our local Haemophilia Foundations that inform our education resources, advocacy campaigns and policy submissions. From these personal stories we have developed issue based solutions for our members, and have worked with our broader stakeholder community including haemophilia health professionals, governments and industry.

These stakeholder relationships have always been important to HFA, and this year they played a major part in our significant achievement to win our bid to host the 2014 WFH Congress in Australia. WFH relies on successful congresses to fund its development work around the world, and the congresses are only successful through the participation of haemophilia organisations, the work of volunteers around the world as well as humanitarian aid contributed by industry. The 2014 Congress will give us an opportunity to play an important part in this international work. This opportunity of a lifetime to attend and participate in such a valuable scientific and medical meeting is now available to our whole community. It is also a great chance to see the outcome of the work of so many of our volunteers who have worked to improve treatment and care around the world in action. Our planning towards the 2014 Congress commenced with the first meetings between HFA and WFH about contracts and roles and responsibilities soon after the bid was won in July and this work will increase as we get closer to the Congress.

The highlights which follow in this report are examples of the achievements of HFA volunteers and staff who have passionately worked together during the year to develop and run programs and activities. Our staff has worked diligently to achieve a surplus through some cost reduction and human resources reallocations and their personal and professional contribution to these efficiencies is recognised and highly valued.

Representation and advocacy

HFA has been actively involved in monitoring the ongoing national work to review and restructure the health and social services systems and ensuring that bleeding disorder interests are represented. HFA made several submissions to government and other regulatory or professional bodies on policy matters including blood donor deferral and treatment product safety, disability care and support, medicines approval and subsidisation, and blood borne viruses in health professionals. HFA staff and volunteers were invited or nominated for several special expert committees to represent consumer views and expertise including the Australian Red Cross Blood Service Advisory Committee on the Safety of Blood Tissues and Organs, the NH&MRC Transmissible Spongiform Encephalopathies Advisory Committee, the National Blood Authority Technical Evaluation Committee, the Australian Bleeding Disorders Registry Steering Committee, and the Medicines Australia Code of Conduct Committee.

Financial issues for people with bleeding disorders affected by hepatitis C continue to be a high priority. As their health and financial circumstances deteriorate, the need for a solution is becoming increasingly urgent. HFA has had further correspondence and meetings with governments about this issue, and about the HFA proposal for a financial assistance scheme. Consultation with the affected community in early 2011 highlighted that the out-of-pocket costs not covered by existing government schemes and financial safety nets are a serious problem. This information was documented and discussed in correspondence with the federal government in April 2011. HFA expects to have further meetings with governments about this in the future.

The complications of living with a bleeding disorder and hepatitis C

"I tried out combination therapy for hepatitis C but it didn't work. I live in a regional town but my partner and I both had to give up work and come and live in the capital city for months while I went through the treatment. The side effects were severe and I needed my partner to care for me. Normally my partner needs to keep working to pay the bills. There was a big loss of income for us and we completed the paperwork for a carer allowance but it kept being returned with a note saying that we did not meet the criteria. It has been very stressful for me and my partner."

"My liver disease is getting worse and I have had treatment a couple of times but it wasn't successful. I try to deal with the depression and the fatigue but I worry that I'm not able to adequately perform my duties at work. With haemophilia and hep C I have used up my sick leave in the first couple of months and there is no money left for extras. You apply yourself, struggle and deal with issues as they arise or persist, but when you do go looking for help or assistance there seem to be too many hurdles in your way and it just gets too hard and you wonder what the point is. With a little extra assistance it would make a difference to my life. I would be more inclined to use alternate therapies, or other treatments as the financial burden would not fall solely on myself."

Accountability

Independent review of HFA's performance is an important means of measuring the quality of HFA programs and activities and ensuring that HFA is maintaining a standard comparable to our peers.

The Australian Government Department of Health and Ageing commissioned an external evaluation of HFA programs to review the outputs of the government grants. The outcome of this review was very positive and reflected HFA's capacity to respond to issues, develop policy and formulate timely plans to meet the needs of the bleeding disorders community.

The reviewers noted that they had found HFA to be "a professional, reputable organisation that effectively advocates for and supports those in our community impacted by bleeding disorders... Despite HFA's very modest funding base (both in terms of government grants and donations) it consistently 'over-delivers' across a range of outputs and outcomes."

An interesting point made by the reviewers was that HFA currently carries out unique roles on behalf of the bleeding disorders community and no other existing organisation could perform these roles in HFA's place. They noted that HFA's accumulated knowledge base and networks enables HFA to provide government with high quality and expert advice on a range of relevant issues and in turn HFA also communicates government policy decisions and implementation very effectively to those affected by bleeding disorders. It was their view that if government used a consultant service as an alternative, this would be significantly more expensive and the quality of data could quite possibly be inferior.

"HFA continues to successfully support and protect the best interests of Australians impacted by bleeding disorders. Their work programs are appropriate, effective and efficient. In essence, they are an organisation that knows what needs to be done to promote high quality, effective care for their constituents and do the range of required tasks very well."

Education and information

Resources

Although people with mild haemophilia do not have bleeding problems as often as those who have moderate or severe haemophilia, this can often lead to challenges because bleeding problems are unfamiliar and people are not sure how to deal with them. Over the last 12 months HFA has undertaken intensive work with a group of people with mild haemophilia and expert health professionals to complete a comprehensive guide to living with mild haemophilia in Australia. The booklet is due for publication in October 2011.

World Congress

Hemophilia 2010, the XXIX International Congress of the World Federation of Hemophilia, was held in Buenos Aires, Argentina in July 2010. HFA had a larger delegation than usual to support HFA's bid to host the 2014 World Congress. The Congress was a great opportunity for delegates from the HFA Council and staff and representatives from local Foundations to share experiences and learn from the world wide bleeding disorders community. Congress sessions provided state of the art information on treatment and care and all aspects of living with bleeding disorder to patients and their families, health professionals, policy makers and industry.



16th Australian & New Zealand Haemophilia Conference

HFA hosts its annual education meeting every two years. Planning has commenced for the meeting to be held in October 2011 in Sydney. A multidisciplinary program committee has been formed to develop a broad education program.



16th Australian & New Zealand Haemophilia Conference

20 - 22 October 2011

Health and wellbeing – the decade ahead

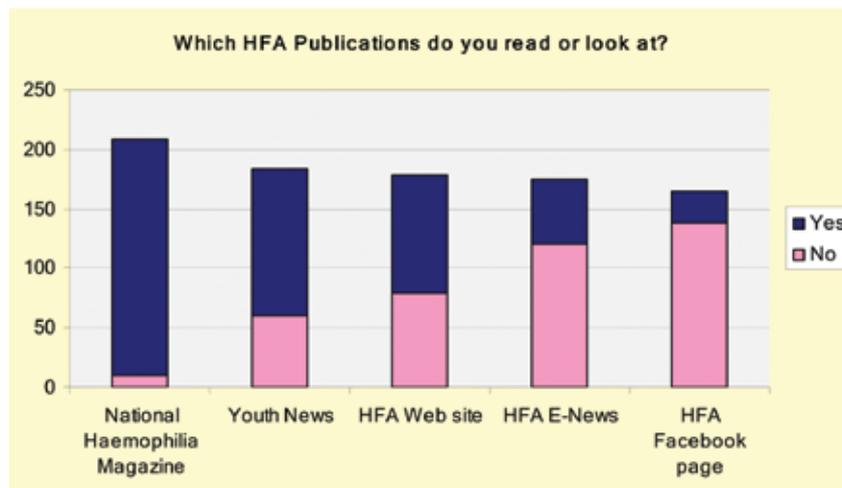


Communicating with the community

HFA National Survey

In 2010 HFA conducted a national member survey, which gave us valuable information about priorities for the bleeding disorders community and their preferences for information and education. HFA has been working with different technologies – print, web site, email and social media such as facebook – to meet the needs of different members of the community and it is important to touch base with how this is working.

In total 229 people from all states and territories completed the survey, 27% online and 73% returning the print survey. In general they had confidence in HFA's directions and work in representation and advocacy and felt that HFA 'does a great job with limited resources'. They spoke of the need to remain vigilant; that while HFA's work on treatment and care has enabled great improvements for quality of life, the health policy environment is constantly changing and we need to ensure priority areas remain on the agenda: treatment and care, safety and supply of treatment product, living with co-morbidities and inhibitors, von Willebrand disorder, rare factor deficiencies, ageing and mental health.



HFA publications such as National Haemophilia, Youth News, HFA information booklets and the web site rated most highly as useful sources of information. Many of all age groups still preferred print versions, even if they had computer access. The survey highlighted the need to promote and explain HFA activities, services and advocacy work more in its publications. Other suggested topics included: personal stories, ageing, issues for women and girls, genetics and reproduction, von Willebrand disorder and rare factor deficiencies, research and new treatment products, youth stories and music, sport, exercise, parenting and siblings.

"Treatment and care is very good and remain paramount priorities. However, HFA should be vigilant to government and communities thinking that the "job is done" and relaxing on other health-related issues such as: living with co-morbidities and inhibitors; emerging issues such as ageing; and, of course, the 'next big thing' around the corner."

"There needs to be more support of teenage males in particular who may say they are coping but in fact may not be. "

"As a mild haemophiliac, my contact with the bleeding disorders community is small to non-existent. Receiving the email newsletters keeps me in touch with bleeding issues which have not affected me yet, but may in the future as I get older. I run a lot, so the sport issues news is interesting to me. I would have loved to receive these newsletters when I was a teenager in the 1970s - 1980s, when there was really nothing around in the way of information and I was quite ignorant about haemophilia. It is crucial to inform teenagers with bleeding issues about them. I have only ever met one other haemophiliac in my life - my brother!"

How has HFA responded?

- Promoted HFA e-news
- Made direct link from HFA web site to HFA facebook page
- Actively sourced articles on popular topics for National Haemophilia and Youth News
- Promoted HFA's development activities, including awards
- Explained HFA's advocacy work in more detail in National Haemophilia.

HFA communications



National Haemophilia, HFA's quarterly journal, provided the latest news and education and information updates, including World Hemophilia Congress presentations, young people, ageing, parenting, managing joints, new and upcoming treatments and treatment issues, management and treatment of complications such as hepatitis C and HIV, grants and awards available to people with bleeding disorders and special events such as World Haemophilia Day.

The HFA free email newsletter and facebook page are important ways of updating community members who use email or social media to connect, particularly younger members of the bleeding disorders community. Regular updates have provided links to online versions of new HFA publications along with other news of interest to the bleeding disorders community. The popularity of both has increased dramatically, with a 74% increase in e-news clients and a 325% increase in HFA facebook fans.

The Haemophilia Foundation Australia web site is a well-respected 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 bleeding disorder treatment services, other HFA publications, session presentations from the biennial Haemophilia Conference and special events.

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 communications snapshot – June 2011

1804 copies of National Haemophilia and Youth News posted to members

559 HFA members received e-news

8320 HFA web site visits

812 HFA facebook fans

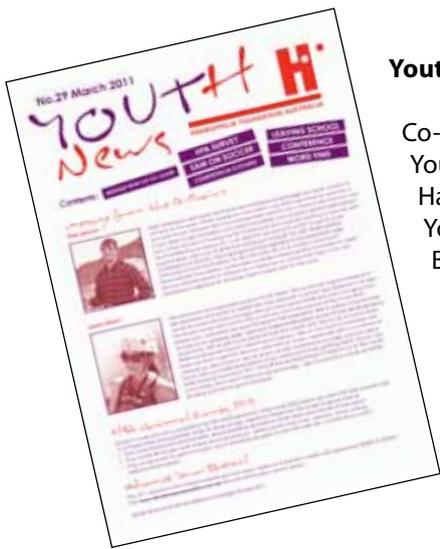
1143 views of HFA facebook news item posting

59% of HFA facebook fans in 13-34 age group

Youth Leadership and Mentoring Program

HFA's work with young people in the bleeding disorders community took a large step forward with a new HFA youth project plan. The project will employ a Youth Project Officer and work towards engaging the broad spectrum of young people with bleeding disorders and equipping them with the tools to manage the realities of living with a bleeding disorder. As part of the project a Youth Working Group will be recruited to work with the Youth Project Officer and develop a web-based communication tool to enable young people to connect, share experiences and obtain information about relevant life and lifestyle choices, including work, travel, sport, recreation, relationships and socialising. The Youth Project Officer will begin in this role in the second half of 2011.

A number of young people with bleeding disorders completed the HFA member survey. Their comments were of great value to the HFA Youth Committee, particularly in their work on Youth News. The Youth Committee discussed the survey results in their monthly teleconferences and, as a result, sourced new stories on sport, music, leaving school and personal stories of young people with bleeding disorders.



Youth Committee 2010/2011

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)

Development Programs

Damon Courtenay Memorial Endowment Fund

The Damon Courtenay Memorial Endowment Fund (DCMEF) was established by Bryce Courtenay and the late Benita Courtenay in memory of their son, Damon as a perpetual Trust in 1993. The trust is administered by Haemophilia Foundation Australia (HFA). The trust income is distributed every 12 -18 months.

DCMEF income can be distributed for care, treatment, education and welfare services for people with bleeding disorders and/or their families, and for education programs and other activities of HFA and member Foundations. This year five grants totalling \$8690 were given to assist people with mobility and transport, medical treatment and equipment and education and training.

Advance Your Passion Awards

The Advance Your Passion Awards program was developed for people with bleeding disorders by Baxter Healthcare in 2008 for young people with bleeding disorders with a passion to make their dream a reality. HFA established a memorandum of understanding with the company to run this awards program this year and \$15,000 was made available. Awards were given to eight young people for a range of activities including business development, education and training courses, post graduate education, film making and music education.

Vision & Leadership

The Haemophilia Foundation Australia Vision and Leadership Awards were established through collaboration between HFA and Pfizer (formerly Wyeth) in 2007 to enable people affected by a bleeding disorder to seek and achieve new goals. The awards give people a chance to do something they have always wanted to do, but not been able to afford. Over the years this program has made a difference to the lives of Australians with bleeding disorders through education, personal and career development and by providing opportunities for leadership training to encourage and support participation in the bleeding disorders community.

This year an amount of \$8,379 was shared between five people for contributions to their expenses for training courses, an overseas study tour, and career re-development.

Camps, groups and workshops

HFA supports a range of program and services run by the State/Territory Foundations. These programs and services bring the community together, provide education and peer support. In 2010-2011 HFA support 8 programs from around the nation.

HFNSW Family Camp, November 2010

The camp was held at the Sydney Academy of Sport and Recreation. Once again it was very successful and all enjoyed it. In total 47 adults and 32 children attended the camp. Activities included 10 pin bowling, massages for the adults, a karaoke night and a wet slide, which was very popular.

HFV Family Camp, March 2011

13 families from all over Victoria joined together for the HFV Camp held at Briars Outdoor Camp in Mount Martha. The weekend included activities such as canoeing, mask making and team trivia and most importantly a time to meet new people or see old friends and share experiences.

HFWA Men's Group

The Men's Group in WA is well established and aims to develop and maintain a peer support network for men with inherited bleeding disorders and viruses for men of all ages. The group meets about 5 times a year.

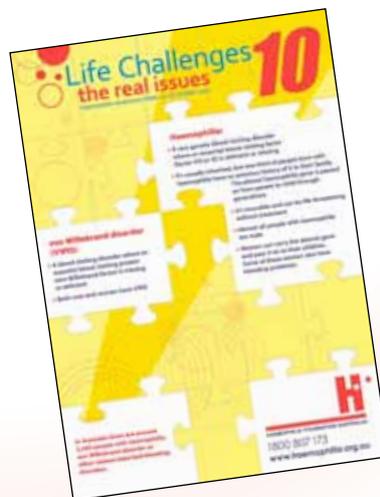


Public awareness



Haemophilia Awareness Week 2010

Haemophilia Awareness Week was held this year from 10-16 October. HFA and Haemophilia Foundations around the country worked together with our supporters to raise awareness about inherited bleeding disorders. The theme this year was **"Life Challenges ~ the real issues"**.



The week had incredible support from 50 schools, hospitals and local communities across the country, which held events and displayed promotional materials and information about bleeding disorders. Individual supporters also took action on facebook and other social media sites, which raised the profile of this important cause.

World Haemophilia Day 2011

World Haemophilia Day is celebrated on 17 April and this year the theme was **Be inspired, get involved in Treatment for All!** The day was an opportunity to raise awareness around the world about the impact of haemophilia on the person and their family and the need to make adequate treatment available to all. HFA took this message to the Australian community with a media release and highlighted the story of the Fogarty family from Queensland on the HFA web site, e-news and Facebook page.

The Fogarty family appeared on the Channel 10 News program *In Their Own Words* to talk about their experience of discovering that Felix and Clancy have haemophilia and Felix's journey growing up with severe haemophilia. The video of the Fogarty family story is available at http://www.youtube.com/watch?v=gBr_DkPlgqk
Thanks to Channel 10, Brisbane, for permission to provide access to this video.



Sunday Mail Brisbane 17 April 2011

World AIDS Day 2010

In 2010 the theme for World AIDS Day was "Take action. No discrimination". The Australian campaign focused on challenging HIV-related stigma with a new stigma survey. HFA's consultation with people with bleeding disorders and HIV has emphasised how much stigma and discrimination can still mar their quality of life. In the December 2010 issue of National Haemophilia HFA joined the national campaign with personal accounts from HIV positive people with bleeding disorders describing the strategies they use to overcome or manage stigma and discrimination.

Promoting research

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 25 research projects over its 17 year history, representing a total amount of \$571,074.

This year the second half of a "Quality of Life" Research Project run by Dr John Rowell (\$6,865.00), at the Royal Brisbane Hospital was funded and a new funding round for research grants up to an amount of \$20,000 was advertised and will be determined early in the next financial year.

International development

Twining with Thailand

HFA representatives Peter Fogarty (Haemophilia Foundation Queensland) and Jonathan Spencer (Haemophilia Foundation Tasmania) participated in a Training Workshop in Bangkok and regional outreach visit to Sakolnakorn Province in November 2010.

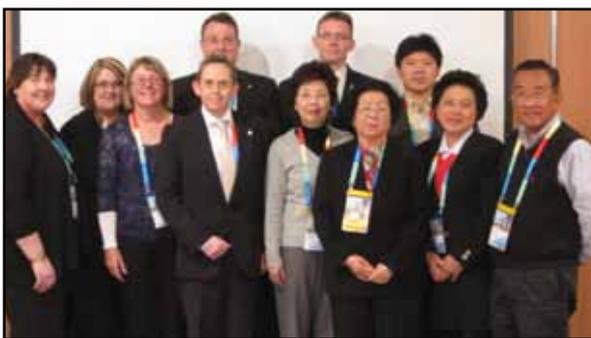
The workshop at Ramathipodi Hospital was attended by 74 people – this included people with haemophilia and their parents, government officials, health professionals and some representatives of other patient organisations. It was a great honour that His Excellency, James Wise, Australian Ambassador in Thailand attended the opening session of the Workshop, and acknowledged the successes of the National Hemophilia Program in Thailand and the Twining relationship between Australia and Thailand.

Over the years there has been much progress in Thailand with improved clinical outcomes, reduced patient hospitalization and raised quality of life for patients and families. With increased access to treatment and care, patients miss less work and school and feel more confident about dealing with haemophilia. The overall success of the national haemophilia care program in Thailand has resulted from government support, a good care delivery system, clinical and laboratory expertise, treatment product availability and a strong patient organization. This is supported by an active patient support program and a regular schedule of family camps which are enthusiastically attended by more than 100 people each time.

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 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.

From the perspective of HFA it is certainly a revitalizing experience to witness first-hand the work being done by the health professionals, the enthusiasm of the Thai Patient Club members and its increasing strength as a patient organization and HFA has learned much from the way their work has been undertaken.



Fundraising and Development

Our fundraising and development program raises funds for education programs and peer support activities and to fund state and territory programs including camps, workshops and groups.

The direct mail appeal program was very successful this year due to the generous response of those who have supported HFA for many years, as well as new supporters who joined the HFA donor program to give their assistance to HFA activities. The appeals covered important and current issues such as ageing, family camps and children with haemophilia and highlighted the need for this ongoing financial support to HFA programs.

We acknowledge our regular donors who made monthly, quarterly or annual donations throughout the year. This ongoing regular support is an important part of our fundraising campaign and gives us confidence that we will have funds available when we need them.

Donations raised are used to fund programs and services, education resources, and support family camps, peer support groups and our ongoing work for the community.

Bequests

With a cure for haemophilia still some time away for most people, the bleeding disorders community will always require support and services. HFA will need to be able to support the future generations of people who inherit a bleeding disorder.

We acknowledge the generosity of the late Marie Lillian Monckton who made a generous bequest to HFA during the year. We appreciate the consideration of those who have made a decision to remember HFA in their wills.

People with haemophilia are living longer. As a result, there are a growing group of men facing challenges we have not had to deal with before. They face complex health problems as a result of growing up and ageing with haemophilia — problems that are affecting men from as young as 30.

Erl Roberts shares the challenges of growing up and older with severe haemophilia.

When Erl was born there were no factor concentrates available for haemophilia. His older brother died because of a bleeding at five years old.

By the time Erl was growing up, frozen plasma became available to help people to survive bleeding, stop the swelling and the pain.

Repeated bleeds into his muscle caused permanent problems for Erl — in the back of his leg requiring surgery, arthritis in his joints, severe stiffness.

Most of Erl's joints have been affected by arthritis caused by haemophilia and he has a serious reduction in joint movement.

He has had a heart attack and undergone bypass surgery, had two knee replacements, a hip replacement and a shoulder replacement and has severe arthritis in his elbow.

Because of this there are many things he can't do that others would take for granted - gardening, mowing the lawn, bending down to get things out of a cupboard, getting up a ladder, changing a light bulb, putting his socks on, putting a jacket on or having a soak in the bath.

Please make a donation today and help men like Erl who are facing problems as they are ageing with haemophilia.

With your support to raise \$63,400 by the end of the financial year, Australia can ensure all men ageing with haemophilia have access to programs about physical and emotional wellbeing; peer support; and information resources to help them improve their health outcomes.

"The hardest thing about living with haemophilia is other people's attitudes. When people don't understand they try to 'scare me up' when I try new things and why and uncomfortable." - Ty Wihart

"The camps are great because I can get involved in activities without being restricted. Everyone is comfortable and understands what living with haemophilia is like." - Ty Wihart

"I love the way I can catch up with friends who all have haemophilia. I also get to do things like climbing." - Ty Wihart

THANK YOU

Jonathan Spencer



I have pleasure in reporting our financial position to our membership.

Our overall income decreased very marginally this year, as did our expenses which lead to a surplus for the year. There are two main reasons for this. Firstly, in 2010 we reported our usual biennial national conference as one of our major activities for the year. For the conference we generated significant income from sponsorship that was later offset against conference expenses. Secondly, our income generated by Corporate Partnerships reduced compared to the previous year. Our government grants remained stable. However, we have been no less productive than in previous years and I am pleased to report that we increased our general donations significantly in 2011 by implementing some changes in our donor relationship program. Our individual donor base is the key to a sound financial base in the future and we aim to continue to strengthen this area of our work.

We made some significant cost savings during the year by not replacing a staff member who left the organisation and undertaking an office administration restructure. We appreciate the efforts of staff for their willingness to increase their workload to achieve these savings.

We were grateful for education grants and sponsorship to support the funding of our delegation to the International Congress of the World Federation of Hemophilia in July 2010. In addition to the valuable education experience for our delegates, the 2010 World Congress was a very important meeting for us because we had submitted a bid to host the 2014 Congress in Melbourne. Our bid was successful and we are now working towards a successful Congress in 2014.

Our special projects increased in 2011, including our twinning partnership with Thailand which involved two people to attend a workshop in Bangkok. I am pleased we were able to secure the funds required by our State/Territory Foundations for local camps, workshops and peer support activities. HFA had previously flagged we could no longer draw down on reserves for these expenses, but fortunately we were able to attract sufficient trust and foundation income to enable all local activities to proceed during the year.

An allocation of \$8,690 was made to several individuals from the Damon Courtenay Memorial Endowment Fund and a payment of \$7184 was paid from the Haemophilia Foundation Research Fund. HFA received a bequest of \$72,000 to be directed to the Research Fund. This very generous gift to HFA was greatly appreciated and has considerably strengthened the Fund.

A review of HFA investments lead to developing a new banking relationship with Macquarie with a view that we will consolidate our investments into one major provider that can offer us better investment outcomes.

As a result of the surplus for the year our investment funds have grown by 19%. I am pleased the decisions we have taken during the year are likely to continue to increase our interest income and we are in a position where we can make realistic plans for our future directions.

I sincerely thank the HFA Council, Board and staff for their hard work during the year.

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
INCOME STATEMENT
FOR THE YEAR ENDED 30 JUNE 2011

	Note	2011	2010
INCOME		\$	\$
Commonwealth government grants		311,472	304,687
Fundraising and donations		509,910	524,468
Interest		41,367	29,480
State member levies		1,385	16,343
Other income		15,802	17,212
TOTAL INCOME		879,936	892,190
LESS : FOUNDATION OPERATING EXPENSES			
Administration			
Advertisement/recruitment		180	553
Audit		6,942	6,035
Annual reports		1,933	3,748
Bank fees and other service charges		843	1,768
Council meetings		12,003	15,606
Consultancy fees		-	4,725
Executive meetings		8,631	5,968
Personnel expenses		312,765	345,059
Professional insurance		3,574	3,708
Provision for long service leave		7,047	7,005
Travel		1,496	156
Legal fees		767	-
Liaison and business development		1,046	-
		357,227	394,331
Property			
Depreciation of assets		2,660	5,531
Lighting and heating		3,232	3,448
Insurance		2,669	2,559
Rent		37,002	36,000
Repairs and maintenance		4,381	4,485
Security		863	654
		50,807	52,677
Fundraising			
Appeals and production		22,128	22,447
Planned giving		-	1,673
Resource development		2,640	5,034
		24,768	29,154
TOTAL FOUNDATION OPERATING EXPENSES		432,802	476,162
SURPLUS OF INCOME OVER OPERATING EXPENSES		447,134	416,028

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

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
INCOME STATEMENT cont...
FOR THE YEAR ENDED 30 JUNE 2011

	Note	2011	2010
		\$	\$
SURPLUS OF INCOME BROUGHT FORWARD		447,134	416,028
LESS : FOUNDATION OBJECTIVES EXPENSES			
<u>Services and Care</u>			
Awards and presentations		-	585
Information technology		17,698	21,247
Executive		9,111	7,759
Financial assistance		550	1,000
Haemophilia conference and education sponsorships		4,514	194,225
WFH and other conferences		11,558	48,713
WFH twinning expenses		2,365	4,026
Health professionals		26,620	29,341
Newsletter		41,231	25,170
Postage		2,765	2,843
Printing and stationery		5,990	9,649
Specific project expenses		140,442	77,793
DCMEF allocations and expenses		8,690	109
Subscriptions		2,981	3,306
Telephone		7,333	6,712
Travel		153	87
		282,001	432,565
<u>Education</u>			
Brochures and resources		746	4,736
Education other		1,250	2,454
		1,996	7,190
<u>Research</u>			
Research grants allocated		6,241	-
Expenses incurred		943	-
		7,184	-
TOTAL FOUNDATION OBJECTIVES EXPENSES		291,181	439,755
TOTAL SURPLUS / (DEFICIT) FOR THE YEAR		155,953	(23,727)
ACCUMULATED FUNDS BROUGHT FORWARD		612,300	642,605
TOTAL AVAILABLE FUNDS		768,253	618,878
TRANSFER (TO) / FROM RESERVE	8	(831)	(6,578)
ACCUMULATED FUNDS CARRIED FORWARD	7	767,422	612,300

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

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
BALANCE SHEET
FOR THE YEAR ENDED 30 JUNE 2011

	Note	2011	2010
		\$	\$
CURRENT ASSETS			
Cash and Cash Equivalents	2	472,699	249,960
Investments	3	643,666	635,258
Trade and Other Receivables		1,730	21,155
Prepayments		25,000	25,400
Total Current Assets		1,143,095	931,773
NON CURRENT ASSETS			
Property, plant and equipment	4	3,620	3,483
Total Non Current Assets		3,620	3,483
TOTAL ASSETS		1,146,715	935,256
CURRENT LIABILITIES			
Trade and Other Payables	5	12,116	5,500
Short-term Provisions	6	91,964	86,887
Amounts received in advance		40,909	-
Total Current Liabilities		144,989	92,387
NON CURRENT LIABILITIES			
Long-term Provisions	6	19,873	16,969
Total Non Current Liabilities		19,873	16,969
TOTAL LIABILITIES		164,862	109,356
NET ASSETS		981,853	825,900
FOUNDATION'S FUNDS			
Accumulated funds	7	767,422	612,300
Reserve	8	214,431	213,600
TOTAL FOUNDATION'S FUNDS		981,853	825,900

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 2011

	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		213,310	738,767	952,077
Surplus for the year		(6,288)	(96,162)	(102,450)
BALANCE AS AT 30 JUNE 2009		207,022	642,605	849,627
Surplus for the year		6,578	(30,305)	(23,727)
BALANCE AS AT 30 JUNE 2010		213,600	612,300	825,900
Surplus for the year		831	155,122	155,953
BALANCE AS AT 30 JUNE 2011	7 & 8	214,431	767,422	981,853

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 2011

	Note	2011	2010
		\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES			
Interest received		41,367	29,480
Grants received		352,381	304,687
Receipts from constituents		527,097	558,023
Payments to suppliers and employees		(686,901)	(872,743)
Net cash flows from operating activities		233,944	19,447
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition and disposal of property, plant and equipment		(2,797)	(1,955)
Net cash flows used in investing activities		(2,797)	(1,955)
NET INCREASE/(DECREASE) IN CASH HELD		231,147	17,492
CASH BALANCE BROUGHT FORWARD		885,218	867,726
CASH BALANCE CARRIED FORWARD		1,116,365	885,218
Cash balance carried forward comprises : -			
Cash and cash equivalents	2	472,699	249,960
Investments	3	643,666	635,258
		1,116,365	885,218
Reconciliation of (deficit)/surplus for the year to the net cash flows from operating activities : -			
Total operating (deficit)/surplus for the year		155,953	(23,727)
Depreciation and amortisation		2,660	5,531
Changes in assets and liabilities			
Increase/(Decrease) in creditors and provisions		55,506	(56,454)
(Increase)/Decrease in receivables and other assets		19,825	94,097
Net cash flows from operating activities		233,944	19,447

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 2011

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 cont...

(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	2011	2010
	\$	\$
Cash at bank - CBA Office	48,057	23,940
Cash at bank - CBA Main	264,939	169,795
Cash at bank - Bendigo	59,590	56,225
Cash at bank - Macquarie	100,113	-
	472,699	249,960
NOTE 3 : INVESTMENTS		
Short term Deposits - Perpetual Trustees	285,040	274,268
Short term Deposits - Bendigo Bank	358,626	360,990
	643,666	635,258

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
NOTES TO THE FINANCIAL STATEMENTS cont...

	2011	2010
	\$	\$
NOTE 4 : PROPERTY, PLANT AND EQUIPMENT		
Furniture and office equipment - at cost	113,385	110,589
Accumulated depreciation	(109,765)	(107,106)
	3,620	3,483
NOTE 5 : TRADE AND OTHER PAYABLES		
Trade creditors and accruals	12,116	5,500
	12,116	5,500
NOTE 6 : PROVISIONS		
Current		
- Annual leave	58,169	57,235
- Long Service leave	33,795	29,652
	91,964	86,887
Non-Current		
- Long Service leave	19,873	16,969
	19,873	16,969
NOTE 7 : ACCUMULATED FUNDS		
Accumulated funds are set aside for the following purposes: -		
- research	444,373	357,837
- discretionary projects and reserves	323,049	254,463
	767,422	612,300
NOTE 8 : RESERVE		
Damon Courtenay Reserve		
- balance at beginning of year	213,600	207,022
- special appeals and interest income	9,521	6,687
- sponsorships, allocations and costs	(8,690)	(109)
	831	6,578
- balance at end of year	214,431	213,600

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 cont...

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 2011 were:-

Bill Atkinson	David Bell (to September 2010)
Dan Credazzi (from October 2010)	Paul Bonner
Gavin Finkelstein	Peter Fogarty
Tony Kennewell	Beth Large (to September 2009)
Peter Mathews (to September 2009)	Ann Roberts
Chantel Roberts (to February 2011)	Shane Meotti (from September 2010)
Michelle Sullivan (from February 2011)	Lorraine Saunders (to September 2010)
Jonathan Spencer	David Stephenson
David Taylor (to October 2010)	Maria Wensing (from September 2010)

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 4.13% (2010: 3.36%)
(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 2 to 9:

- 1) Presents a true and fair view of the financial position of Haemophilia Foundation Australia Inc. as at 30 June 2011 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:



Gavin Finkelstein
President



Jonathan Spencer
Treasurer

10 October 2011



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CAMBERWELL VIC 3124

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Fax (03) 9889 9009

PO Box 2067
CAMBERWELL WEST VIC 3124

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 2011 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 2011 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

A handwritten signature in black ink, appearing to read 'David Wynne Jones', is written over the printed name and title.

David Wynne Jones AM. FCA.
Principal
Camberwell
Date: 13 October, 2011

ACKNOWLEDGEMENTS

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

Haemophilia Foundation Australia thanks the following donors who donated over \$250 in the 2010-2011 Financial Year

Individual Donors

Dr G A Ajam
Mr Steve Antonio
Mr Paul Bedbrook
Mr & Mrs C Bournes
Ms Trish Britten
Mr James Cartledge
Dr Christopher Caton
Ms Vicki Childs
Mrs Mary Coles
Dr Philippa H Currie
Mrs Sue Davidson
Mrs Anita Davis
Mr Allan & Mrs Myrtle Dickfos
Mrs Lorraine Donaldson
Ms Miffy English
Mrs Donna Field
Mr Bruce Fielding
Mr K Fitzpatrick
Mrs Margaret Freer
Dr & Mrs Godwin
Mrs Betty Hansen
Mr Boyd C Holdenson
Ms M Holland
Mr Ronald Howatson
Dr H D Irish
Mr Donald Jones
Dr AC King
Mr Ron & Mrs Jenny Lees
Ms Melissa Luig
Mr Len Minty
Mr A McCarthy & Ms J Mok
Dr C M Moten
Ms Miriam Mulcahy
Mr Richard Muszynski
Mr Ric & Mrs Mez Oldham
Ms H Penfold
Dr S & Mrs J Pilbrow
Ms Dhyana Rasaku
Dr Timothy Ross
Mrs Jennifer Ross AO
Mr Steve & Mrs Dianne Sanday
Mr Jeremy St John
Dr Kerrin Sullivan
Mr Michael & Mrs Michelle Sullivan
Mrs Dawn Thorp
Mrs C R Truscott
Mr Darren Tull
Ms Dianne Turner
Mr Shannon Wandmaker
Mrs Ruth Wardlaw
Mr Fred & Mrs Maria Wensing
Mr Bob Williams
Mrs Marilyn Williams

Service Clubs, Schools & Churches

Lioness Club of Ballan
Lioness Club of Berwick
Lioness Club of Dromana
Lioness Club of Kimba
Lions Club of Anglesea
Lions Club of Bondi
Lions Club of Braidwood
Lions Club of Brisbane
Lions Club of Brunswick Mullumbimby
Lions Club of Clarence
Lions Club of Clifton
Lions Club of Coonamble
Lions Club of Endeavour Hills
Lions Club of Engadine
Lions Club of Forrest and District
Lions Club of Haddon and District
Lions Club of Innisfail
Lions Club of Lakes Entrance
Lions Club of MacAlister Valley-Newry
Lions Club of Mannum
Lions Club of Merbein
Lions Club of Mount Barker, SA
Lions Club of Mount Barker, WA
Lions Club of Pingrup
Lions Club of Richmond
Lions Club of Seymour
Lions Club of Speed
Lions Club of Stanthorpe
Lions Club of Toukley
Lions Club of Victor Harbor and Port Elliot
Lions Club of Warners Bay
Lions Club of Werribee
Lions Club of West Tamar
Rotary Club of Griffith
Rotary Club of Jerrabomberra
Rotary Club of Lockhart
Rotary Club of Margaret River
Rotary Club of Woden
St John's Catholic Primary School

Trusts & Foundations

Australian Executor Trustees Limited
Freemasons Public Charitable Foundation
Goldschlager Family Charity Foundation
Dinron Pty Ltd
James N Kirby Foundation
Kraus Charitable Foundation
L R Cazaly Trust Fund
Lord Mayor's Charitable Foundation
Scobie & Claire MacKinnon Trust
The Flew Foundation
The Greatorex Foundation
The Marian & EH Flack Trust
The William Angliss VIC Charitable Fund

Donations received in memory of:

Mr Mark Antonio
Mr Franz Weber

CORPORATION DONORS

Brierley Investments Ltd
Clarke & Severn Electronics
Eaststyle Australia Pty Ltd
H Stevens Pty Ltd
J J Richards & Sons Pty Ltd

Corporate Partnerships

HFA is grateful to each of its Corporate Partners for grants of \$40,000 for HFA programs:
Baxter Healthcare
CSL Biotherapies
Novo Nordisk Pharmaceuticals
Pfizer Australia (Formerly Wyeth)

Haemophilia Foundation Australia Vision and Leadership Awards

Pfizer Australia (Formerly Wyeth) \$8,379

Parent Empowering Parents Program

Novo Nordisk Pharmaceuticals \$5,500
Pfizer Australia (Formerly Wyeth) \$5,500

Advance Your Passion Awards

Baxter Healthcare \$15,000

WFH Congress Education Grants

Novo Nordisk Pharmaceuticals \$4,950
Pfizer Australia (Formerly Wyeth) \$4,950
Baxter Healthcare \$4,950

Education and Community Camp Grant

Bayer Australia \$11,000

Note: During the year a number of companies took up sponsorship packages to sponsor the 16th Australian and New Zealand Haemophilia Conference. These sponsorships will be acknowledged in the 2011/2012 annual report.

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



HAEMOPHILIA FOUNDATION AUSTRALIA

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Registered as Haemophilia Foundation Australia Incorporated
Reg No: A0012245M ABN: 89 443 537 189