

HAEMOPHILIA FOUNDATION AUSTRALIA

annual report '11-'12

HAEMOPHILIA FOUNDATION AUSTRALIA

Haemophilia Foundation Australia (HFA) represents people with haemophilia, von Willebrand disorder and related inherited bleeding disorders and their families throughout Australia.

Our goal is to improve treatment and care through national representation and advocacy, education and the promotion of research.

Our vision is for 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 each of the State/Territory Haemophilia Foundations around Australia which each nominate delegates to form the Council and Executive Board.

Our Funding

HFA has a national fundraising program. Our partners include governments, corporate organisations, philanthropic trusts and foundations, individuals and service clubs.

Donations over \$2 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 - The Honourable Alex Chernov, AO, QC, Governor of Victoria

TASMANIA - Lady Green

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

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Alison Bellamy

Maxine Ewart

Alan Ewart (dec 2013)

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(l-r) Dan Credazzi, Maria Wensing, Ann Roberts, Jonathan Spencer, Gavin Finkelstein

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Gavin Finkelstein and **Shane Meotti**

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STAFF

Sharon Caris, Executive Director

Natashia Coco, Development Manager (Part-time)

Kevin Lai, Accountant (Part-time)

Joanne Luciani, Administration Assistant (Part-time)

Suzanne O'Callaghan, Policy Research and Education Manager

Kristine Robertson, Fundraising Manager (Part-time)

Kate Walton, Youth Project Officer (Part-time)



(L-R) Sharon Caris, Natashia Coco, Joanne Luciani, Suzanne O'Callaghan, Kristine Robertson, Kate Walton

PRESIDENT'S REPORT - *Gavin Finkelstein*



It is my pleasure to report another successful year for the Foundation. Our priorities have remained focused on our key role of representing people with inherited bleeding disorders and their families and carers. We have done this through our national advocacy work and by seeking to inform policies that affect their health and wellbeing. We have also continued our work to provide a range of high quality education resources and opportunities for our community members to gather the information they need to live independently with a bleeding disorder and the support needed by their carers and loved ones.

As we operate in a more complex funding environment we have also commenced a process to evaluate our fundraising approach so that our organisation remains strong and viable for the future.

We rely very much on strong stakeholder relationships and partnerships with other community organisations. These relationships enable us to pursue common issues and concerns for our community in a broader context. Strategic partnerships can help HFA achieve its objectives for people with bleeding disorders as well as improve outcomes for others. We have worked with many organisations in the community and health sectors during the year including collaborations 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), the Australian Red Cross Blood Service and the Australasian Society for HIV Medicine (ASHM).

Although our community is small in numbers, the care and treatment needs of people with bleeding disorders are complex. We are aware of health complications for men and women with bleeding disorders, people who are ageing and the added complications for those living with hepatitis C and/or HIV. We have addressed health and social support needs for children, young people and families during the year and we are considering ways we can support communities by increasing peer support, online activities and information services through the HFA web site www.haemophilia.org.au and the newly developed web site for young people, factoredin.org.au

Services for the bleeding disorders community around Australia are not equal and we are aware of access difficulties especially for people living in rural, regional and remote areas of Australia. A significant issue remains that there is no consistent approach to comprehensive care at

Haemophilia Centres. HFA has raised this issue with health professionals' groups and governments and we will continue to pursue ways to achieve more consistent services that meet agreed standards.

HFA is concerned about the safety, appropriate use and supply of medicines for the treatment of people with bleeding disorders and the complications of bleeding disorders. It is important that there is ongoing access to an adequate supply of the most effective treatments for all Australians with bleeding disorders. It is also important that they have access to new treatments as these become available when they are more suitable for their needs or effective. As significant amounts of the health budget expenditure at both federal and state/territory level are invested in providing health services and clotting factor to people with bleeding disorders, I believe HFA needs to play an active part in supply planning decisions and for the community to be an equal partner in evaluating the benefits of this government expenditure. Although people with bleeding disorders well know the benefit of our treatments from their personal experience, it is important this is documented and evaluated so that evidence based funding decisions can be made by governments so that best practice treatment and care is ongoing and that steps are taken to be sure it is sustainable.

I believe that a plan needs to be made for the appropriate evaluation from a clinical, patient and purchaser point of view of new haemophilia treatment products which are likely to come onto the market over the next couple of years. These products may have impact on patient demand and supply, and the costs and benefits need to be assessed. It should not be assumed that new products will be more expensive. The most important principle is that people with bleeding disorders have the ability to make their treatment decisions based on the clinical recommendations of their doctors and that they have access to the most suitable products for their treatment.

The HFA Council took a proactive approach in 2011 when it proposed a collaborative partnership with the Australian Haemophilia Centre Directors' Organisation (AHCDO) to explore the feasibility of a national system for patients to record their clotting factor usage. Council proposed a system that would link with the Australian Bleeding Disorders Registry (ABDR) to support the best practice clinical care and treatment of people with bleeding disorders and provide useful data for supply planning. In so many ways this tool would help people using clotting factor products to be more involved and responsible for their treatment. The Council resolution acknowledged the need for relevant stakeholders to explore and evaluate appropriate options, financial and resource requirements, and an effective implementation and evaluation plan. Most important for this is community engagement and confidence. I believe there is jurisdictional support for this work and we look forward to our collaboration with AHCDO and the National Blood Authority (NBA) to consult with the community and health professionals to develop and implement the tool.

During the year we have advocated to governments for funding for new hepatitis C treatments that may be beneficial for some people with bleeding disorders who have treatment resistant hepatitis C and for all people with hepatitis C and their families who require financial assistance because of the impact of long term hepatitis C infection on their health, career and lifestyle. The health of many people in our community has deteriorated and some can no longer work or undertake treatment options due to the impact of hepatitis C and liver disease. We will continue this work to make sure all parts of our community receive the assistance they need.

Our ongoing work with governments is positive and we are grateful to the Department of Health and Ageing (DOHA) and the National Blood Authority (NBA) for their interest, consultation and support to the bleeding disorders community. In particular, we appreciate the funding and support received from the Australian Department of Health and Ageing which funds the national HFA secretariat and supports HFA to produce newsletters, support specialist health professionals groups and enables HFA to consider provide advice to assist the development of policy.

HFA is working towards the 2014 World Federation of Hemophilia Congress to be held in Melbourne. Our international profile during this time gives us the chance to show how the Australian bleeding disorders community works well together to achieve its objectives. We look forward to working with member Foundations around Australia and with the World Federation of Hemophilia to make the 2014 Congress one of the most successful.

The 16th Australian & New Zealand Haemophilia Conference held in Sydney was our most successful conference to date and was followed by the Australia/New Zealand Inhibitors Workshop. This was the first time we offered a specialised education forum for people affected by the inhibitors and their families and carers and the evaluations were positive and encouraged further workshops in the future.

Our capacity to fund Australian based research is limited by our relatively small Research Fund, however we have established a policy to allocate an annual grant of \$20,000 from the Haemophilia Foundation Research Fund every year and we hope this will stimulate ongoing interest in small grants for valuable local research that might improve outcomes for people with bleeding disorders

It was unfortunate that it became necessary for HFSA to voluntarily wind up during the year, due to lack of numbers of volunteers to run the organisation properly. I hope that HFSA will be re-established with full support of the South Australian bleeding disorders community in the future. In the meantime the HFA will continue to provide informal support in South Australia and we will continue to seek ways to ensure the community is represented, and HFA will work with stakeholders in South Australia to keep informed of the local situation and community needs.

The HFA Executive Board has taken steps during the year to increase contact and communications with member Foundations, and we have commenced a process to meet with State/Territory Foundations over the next two years, commencing with Queensland early in the next year. I hope this will increase the opportunity for more timely dialogue with our member Foundations. I am grateful to Council Delegates for their participation on Council and for providing regular feedback on policy and other issues to HFA during the year.

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.

HFA values the partnerships it makes with many organisations, our Corporate Partners and other supporters with whom we share common objectives of improving care and treatment to people with bleeding disorders. We thank them for their support.

I wish to thank Council Delegates and State/Territory Presidents, and committee members of each of our member Foundations as well as the HFA staff who have worked hard during the year in support of HFA's objectives.

FROM THE EXECUTIVE DIRECTOR – *Sharon Caris*



As we report HFA highlights for the year, I am very aware of the importance of communication and our stakeholder relationships.

HFA interacts and engages with all the levels of government that provide health and other services, as well as with other not for profit organisations that also provide peer support, health information and other services to individuals and families affected by bleeding disorders. Our communities of interest often overlap. While HFA has developed an in-depth knowledge of the bleeding disorders community, and is often called on to give advice on this to other stakeholders and organisations, at other times we rely on others' organisation and services to provide the quite specialised expertise that we do not have. This gives HFA a great sense of community connection. It also highlights that the lives of people with bleeding disorders and their families are

complex and at times people need different types of help from quite a wide range of services.

One of the most important challenges for our community is to make sure we evaluate the impact of treatment and care. Treatment product availability and supply has improved greatly in recent years in Australia. This has led to new challenges and choices about treatment products for people using these products and for policy makers, treating health professionals and HFA. We need to be equal partners when treatment products and services are evaluated. This also involves a good understanding of existing treatment and services and whether needs have been met as well as identifying the gaps to be addressed. To undertake this work, HFA needs to ensure we remain in touch with the current needs and experiences of community members.

I am pleased we have improved our communications so that we have more relevant and complete information about the needs of the community and more timely ways of responding. Following consultation with members and our broader stakeholder networks, including through our web sites and social media, we have concentrated this year on refining our response to community needs in targeted programs and activities. We have focussed on finding different ways to help people affected by bleeding disorders to live as full and independent lives as possible and will continue this work over the next year.

OUR HIGHLIGHTS

Representation and advocacy

HFA takes an active role to ensure that bleeding disorder community interests are represented across Australia. It was another busy year, and we took care to monitor progress on the review and redevelopment of various aspects of the Australian health care and social services systems, as well as comment on other relevant issues.

Over the last year HFA has made several submissions to government and other regulatory or professional bodies on policy matters and initiated dialogue including:

- Demand and supply of treatment products
- Disability care and support (National Disability Insurance Scheme)
- New hepatitis C antiviral treatments
- National hepatitis C testing policies.

HFA volunteers and staff were also invited or nominated for several special expert committees and consultation meetings to represent consumer views and expertise including:

- The Review of Australian Blood Donor Deferrals Relating to Sexual Activity
- The National Blood Authority Technical Evaluation Committee
- The Australian Bleeding Disorders Registry Steering Committee
- The Medicines Australia Code of Conduct Committee
- Meetings convened by Consumers Health Forum on quality use of medicines and electronic health records

Australian Bleeding Disorders Registry (ABDR)

The supply, availability and safety of treatment products used by people with bleeding disorders are priorities for HFA. This year has seen exciting new work on the Australian Bleeding Disorders Registry (ABDR) to achieve this. It has been important to HFA to be involved and support these developments.

The ABDR grew from a small database funded by HFA many years ago. The purpose of this was for clinicians to collect information about their treatment of people with bleeding disorders. It is now in a new phase of redevelopment that will mean more data is available. The information about individuals is used by their Haemophilia Centres to help with their clinical management. Only de-identified statistics about Australians with bleeding disorders, their use of clotting factor products and their health outcomes are available outside their Haemophilia Centre, but this is crucial to the work of several stakeholders:

- Helping to understand more about Australians with bleeding disorders and their treatment outcomes. The national data can also be compared to database information from other similar countries, which is invaluable in rare health conditions.
- Enabling the National Blood Authority (NBA) to better forecast demand for treatment products and make sure government funding is available to cover the cost of the product required for people across Australia to have the treatment they need.
- Providing data for the World Federation of Hemophilia Global Survey. This information is used around the world for benchmarking and advocacy to improve care and treatment.

Closing the loop

For the ABDR to be effective, it is important to make it easier for people with bleeding disorders to contribute their own treatment information to the ABDR and for this information to be consistent. In October 2011 HFA Council resolved to seek a collaborative partnership with the Australian Haemophilia Centre Directors' Organisation (AHCDO) to explore the feasibility of adopting a national system for patients to record their clotting factor usage that links with the ABDR. The intention is to support the best practice clinical care and treatment of people with bleeding disorders.

This approach was received enthusiastically by AHCDO and as a result HFA, AHCDO and the NBA have begun work on a national online system. The aim is also to develop an app so that anyone with a bleeding disorder using treatment product can enter their own treatment details. We hope this will be finished and available in 2013.

Hepatitis C

The impact of hepatitis C on people with bleeding disorders who acquired the virus through their treatment products remains a high priority for HFA.

HFA's community consultation has highlighted the overwhelming complexities of living with both a bleeding disorder and long term infection with hepatitis C. Many community members have reported overload with the complications and interactions of their co-morbidities and the health services required to manage them. They are experiencing deteriorating health and income. Barriers such as illness and extreme fatigue, financial costs and inability to access financial safety nets or services can cause them to miss out on essential health care, such as liver health testing or treatment.

The progress of new treatments for hepatitis C with much higher success rates has given hope to some people with advancing liver disease, especially those with the harder to treat HCV genotype 1. This genotype is common among people with bleeding disorders and hepatitis C, and many have previously had unsuccessful treatment. HFA has watched the development of these new treatments with interest and their progress through the government process to approve new treatments and assess them for government subsidies. Over the last 12 months

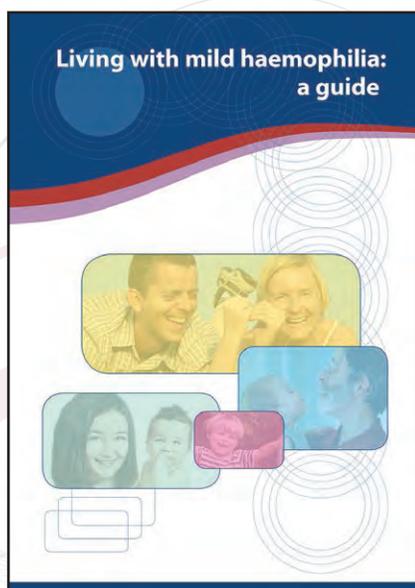
we have participated actively in this process, for example, through stakeholder meetings and submissions to represent the perspectives of people with bleeding disorders and hepatitis C.

At the same time we have continued our collaborative work with the specialist Haemophilia Centres to keep abreast of the priority issues for people with bleeding disorders and hepatitis C. There are deep concerns about the increasing rates of advanced liver disease and the need to trace and review people who may not be aware of their current hepatitis C or liver health status. HFA and Haemophilia Centres are working together on strategies to deal with this, including targeted information for general practitioners.

Over the last year HFA has continued the discussions with governments and other stakeholders about these issues and the work towards solutions that will improve the lives of people with bleeding disorders living with the long term effects of hepatitis C.

Education and Information

Mild haemophilia booklet



People with mild haemophilia may not have bleeding problems very often, but this can create its own challenges when bleeding problems are unfamiliar and people are not sure how to manage them. HFA worked with a group of people with mild haemophilia and expert health professionals on this and published a comprehensive guide to living with mild haemophilia in October 2011.

Copies distributed by end of June 2012:

- 599 print booklets
- More than 400 downloads of full booklet from HFA web site.

A middle aged fellow was newly diagnosed with mild haemophilia a couple of days before having cardiac surgery. As you can imagine he was very distressed and overwhelmed. Well, I gave him a copy of the mild haemophilia book and said I would pop back the next day to answer any questions. The next day he had a big smile on his face. He found the book very reassuring and the pitch was just right. It had answered all of his questions!! - Haemophilia Nurse



16th Australian & New Zealand Haemophilia Conference

The 16th Australian & New Zealand Haemophilia Conference was a great success. It was attended by 250 delegates, including people with bleeding disorders, their families and carers, health professionals, policy makers, industry representatives and many other stakeholders who came together to meet, share information and learn from each other.

The diverse program was developed by a multidisciplinary committee chaired by Dr Julie Curtin, and covered a range of interesting and challenging topics. We thank all the speakers and session chairs who contributed to our meeting.

Thank you to our conference sponsors and supporters –

Platinum Sponsors: **Biogen Idec CSL Biotherapies Pfizer**

Gold Sponsors: **Baxter Healthcare Bayer Australia Novo Nordisk**

Supported By: **Business Events Sydney National Disability Conference Initiative – FaHCSIA**

“Thought the topics were very interesting and varied, would have liked to have attended all concurrent sessions – but obviously not possible”

“The sessions that were relevant to me I found really interesting and informative. The intro session with Anna Louise Bouvier was a great way to kick off the conference too”

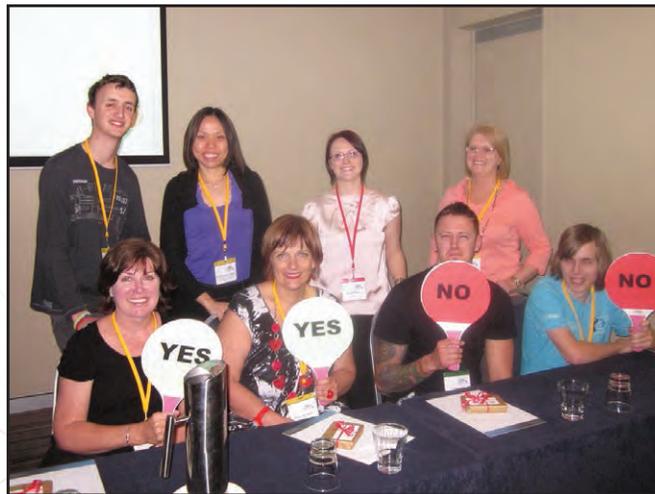
“Overall I was totally in awe of the whole conference experience. This was my first conference and I was extremely impressed by the organization of the conference and the amount of work contributed in providing a professional and informative media. I was equally impressed with the amount of research that is being carried out regarding bleeding disorders and the dedication of those involved within the bleeding disorder community. The support I received and the opportunity to discuss my issues and concerns was of great benefit to me. I felt reassured with this support and have been encouraged to speak up for my family even when there is opposition. The conference experience has strengthened me as a carer...”

“One of the best conferences I have been too. Staff, speakers and attendees were amazing.”

The first Australian & New Zealand Inhibitors Workshop was held after the Conference to provide information and education about haemophilia and inhibitors as well as a forum for the discussion of issues associated with living with haemophilia and inhibitors. Inhibitors are a serious medical problem that can occur when a person with haemophilia has an immune reaction to treatment with clotting factor concentrates and is considered one of the biggest challenges in haemophilia care today. We were delighted that 25 people from around Australia and New Zealand, including parents of children with inhibitors, as well as men with inhibitors of all ages and their partners or a support person attended the workshop. Attendees reported a great sense of community within the group and benefited from the networking opportunities and mutual support. The Inhibitors Workshop was supported by Novo Nordisk.



Remembrance Service.



Transitions: Becoming an adult.



HFA Booth.



Anna Louise Bouvier.



Joanne Luciani, Megan Sarson and Kate Walton at the Gala Dinner.



Claire Bell & Chanal Lauzon at the Poster display



HFNZ at the Gala Dinner.



Young people at the Gala Dinner.

Communication with the Community



National Haemophilia, HFA's quarterly journal, is recognised in the community as a source of high quality, relevant and up-to-date educational information and news. Over the last year features have included Haemophilia Conference presentations, young people and the new HFA youth program, personal stories from people with bleeding disorders, women who carry the gene and parents, sport and exercise, managing bleeds and working, new and upcoming treatments, management and treatment of complications such as hepatitis C and HIV, updates on HFA's work to represent the community, grants and awards available to people with bleeding disorders and special events such as Haemophilia Awareness Week.



In a world where rapid online communication has become the norm, the HFA free email newsletter and facebook page are important and increasingly popular ways of connecting with bleeding disorder community members and supporters, particularly younger people. The e-news and facebook page provide regular updates about HFA activities, new HFA publications and other news, with links to more information on the HFA web site. The facebook page is also a lively space for community questions and comments, which are moderated and responded to by HFA.

The Haemophilia Foundation Australia web site is a reliable and respected source of information for the bleeding disorder community members, health professionals, stakeholders, the general community and students. They use the web site to obtain information about bleeding disorders, treatment and support services and HFA activities. There is a large number of visitors to the web site and most visitors look at several pages, rather than leaving quickly after a few seconds. With the upcoming World Hemophilia Congress in Australia in 2014, there has also been a surge of interest in web site pages about HFA as an organisation.

HFA is an accredited information partner with HealthInsite, which provides a national online gateway to high quality health information for the Australian community on behalf of governments in Australia.

HFA communications snapshot – June 2012

1796 copies of National Haemophilia posted to members
330 copies of National Haemophilia downloaded from web site
552 HFA members received e-news
9815 HFA web site visits
984 HFA facebook fans/"likes"
814 people read HFA facebook page postings monthly
59% of HFA facebook fans/"likes" in 13-34 age group

Beyond Prophylaxis youth project

An exciting development for HFA has been its work with young people in the bleeding disorders community. The youth project started in April 2011 and a Youth Project Officer was employed and began in this role in August 2011.

Key aims for the project are to provide a space for young people to connect and enable them to make positive and informed choices about their lifestyle. It is important to HFA to make sure young people's experiences and preferences drive the development of the project.

Needs assessment

As there is little information about the impact of bleeding disorders on young people in Australia, HFA undertook a needs assessment to assist in better understanding the needs of young people. The needs assessment involved consultation with 29 young people, who form the Youth Working Group (YWG), State and Territory Foundations, the HFA Youth Committee and haemophilia health professionals about issues for young people. A preliminary report was completed in January 2012, and this report pointed to the need for further consultation, so younger people and parents were recruited and the final report will now be prepared.

Youth Working Group

A key part of the project has been to form a national Youth Working Group (YWG) of young people affected by bleeding disorders. There are young people from every state in the YWG, except the Northern Territory. The YWG have been answering the consultation questions for the needs assessment and will assist in deciding what the communication tool will look like and what information it will provide.

YWG weekend workshop

The weekend workshop was held on 24 – 26 February 2012 in Melbourne. Over the weekend the YWG played an active role in shaping the content and structure of the new website. They worked with the design company to develop the concept and design of the website to ensure it meets their needs and expectations.

Youth web site

The development process for the website continued after the weekend workshop and some of the ideas and preferences of the YWG were taken into account. The website aims to create an accessible and attractive communication and education resource that responds to the needs of young people. Users will be able to connect, share experiences and obtain information about relevant life and life style choices, including work, travel, sport, recreation, relationships and socialising. 'Factored In' was launched on 26 June 2012.

Developing the Factored In web site - suggestions from the Youth Working Group

“Keep it Simple”

“Don't use medical mumbo-jumbo”

“Use dot points”

“Tips for”

“Video and video diaries would be great”

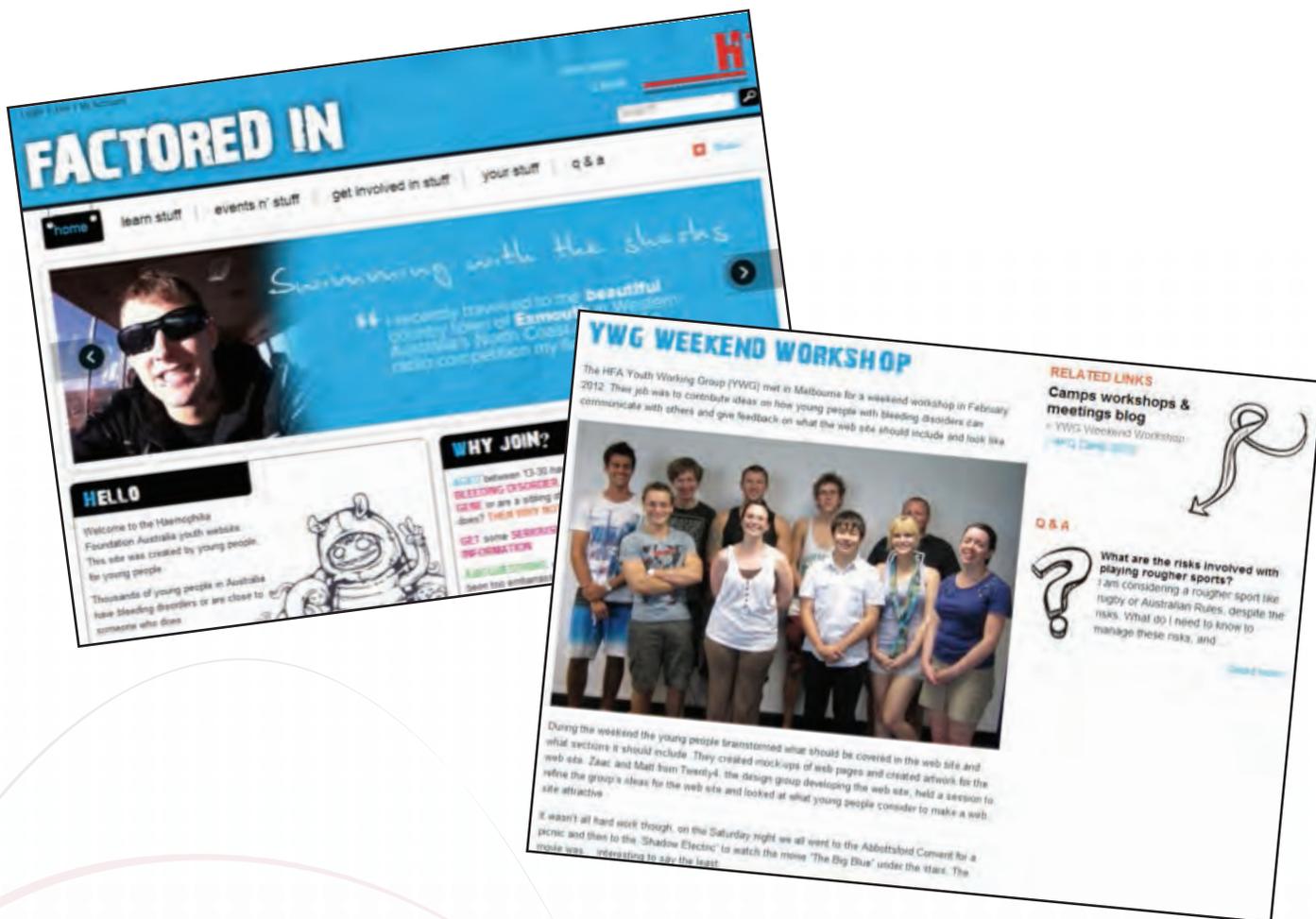
“Real stories of others dealing with the disorder”

“A good user interface which is easy to understand and navigate”

“Not just haemophilia, not just boys”

“Bold and in your face”

“More visual – videos, pictures”



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 generally distributed every 12-18 months. There was no distribution this year, but we expect a further distribution next year after the review of the Trust.

Vision & Leadership Awards

The Vision & Leadership Awards provide an opportunity for people affected by a bleeding disorder to seek and achieve new goals. The Awards program has been sponsored by Pfizer since 2007 and this program has made a difference to the lives of Australians with bleeding disorders through the various education, personal and career development opportunities it has created. The Awards give people a chance to do something they have always wanted to do, such as to undertake training or strive towards a goal that they have not been able to afford to do in the past.

The Awards this year were distributed to three people. One young Scout was funded to attend a jamboree, which had been his lifelong ambition while another young man got the chance to make further progress on a novel he had been writing passionately for two years. The Award enabled him to seek assessment and mentoring from literature experts. The third young man was able to travel overseas to pursue his dream of an overseas soccer study tour.

We are grateful to our sponsors as the awards give people new opportunities to fulfil their dreams and overcome some of their challenges.

Camps, groups and workshops

HFA supports a range of program and services run by the State/Territory Foundations such as camps, “parent and carers groups, men’s group, women with inherited bleeding disorders group and rural education workshops. These programs and services bring the community together, provide education and peer support. In 2011-2012 HFA supported 8 programs from around the nation.

HFWA Family Camp, March 2012



Over 50 members of the Western Australia haemophilia community headed to Point Walker for the HFWA family camp. The weekend challenged everyone’s boundaries by sending people up poles, down the abseiling tower and along the flyer fox.

“... on the second day we went on the leap of faith, the cave ladder and the caterpillar ladder. Even though I had a cast on my leg, I still completed the ladders. It was difficult but I just kept telling myself a bit more, and I did it. I felt so proud of myself.”

HFV Family Camp, March 2012



17 families from all over Victoria joined together for the HFV Camp held at Lake Dewar Lodge, near Bacchus Marsh. The weekend had activities such as canoeing, abseiling, high ropes and a night pirate treasure hunt. Most importantly the weekend

was a time to meet new people or see old friends and share experiences.

Public Awareness



Haemophilia Awareness Week was held from 9-15 October 2011. HFA and Haemophilia Foundations around the country worked together with our supporters to raise awareness about inherited bleeding disorders. The theme this year was **“Health and wellbeing into the future - the decade ahead”**.

The week had incredible support from 50 schools, hospitals and local communities across the country that held events and displayed promotional materials and information about bleeding disorders.

World Haemophilia Day 2012

An estimated 1 in 1,000 women and men has a bleeding disorder. However, 75% still receive very inadequate treatment or no treatment at all. What will it take to close the gap?

On World Haemophilia Day 2012 help us “Close the Gap” of care around the world. Together, we can work towards a day when treatment will be available for all globally.

On World Haemophilia Day we want to inspire people to help close the gap and to improve accessibility and quality of care so that Treatment for All becomes a reality.

Every year on April 17, World Haemophilia Day is celebrated around the world in order to increase awareness of haemophilia and other inherited bleeding disorders. World Haemophilia Day was started in 1989 and the World Federation of Hemophilia (WFH) chose April 17 in honor of WFH founder Frank Schnabel, who was born on that day.

On April 17, the Australian community helped us spread the message to **“Close the Gap”** of care around the world. We asked people to wear red to show their support.



Upper row l-r: HFA Staff, HFA Executive Board, Australian Haemophilia Centre Directors' Organisation (AHCDO), Wearing red at Baxter Healthcare

Lower row l-r: Wearing red at Pfizer, Joan Bates and friends (x2), Members of the staff team at Hepatitis Queensland - for WHD

World Hepatitis Day

In 2011 World Hepatitis Day was celebrated globally on 28 July. With a theme of **“Love your liver”**, the Australian campaign focussed on raising awareness about viral hepatitis in the general community in the context of good liver health. The aim is to create a better quality of life for people with viral hepatitis by reducing stigma in the community. HFA is a Partner in the World Hepatitis Day Campaign and worked together with Hepatitis Australia and state and territory Foundations to support the campaign with a range of community activities, including articles on the HFA web site and in newsletters, and shopfront window displays. Some State Foundations also had education workshops and organised poster displays in hospitals and workplaces.

World AIDS Day 2011

With a theme of **“HIV is still here”**, World AIDS Day in 2011 also aimed to highlight the role of people living with HIV in strengthening community spirit. To illustrate this, HFA reprinted Neil Boal’s compelling account of his experience of living with haemophilia and HIV and hepatitis C co-infection in *National Haemophilia*. Neil Boal is the former President of Haemophilia Foundation Victoria and has been very active as a Positive Speaker. He is committed to breaking down the barriers and stigma surrounding HIV and hepatitis C and has done a great deal of community work on both bleeding disorders and blood borne viruses. His story touched many people and received much positive feedback.

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.

Dr Vivien Chen - \$20,250

Von Willebrand Factor Lateralisation defects: a previous unidentified cause of bleeding. Approximately 30% of patients with a clinically significant bleeding history have normal von Willebrand Factor (VWF) and platelet function results on routine testing and do not have a specific diagnosis. This research will involve understanding more about the VWF protein and how it works to assist future diagnosis and testing.

Participation in 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 and care. The HFA web site ‘Participating in research’ section is a tool to help community members make their own decisions about taking part in research studies and gives information about current studies. Over the past year HFA has been approached by many researchers to promote their research and works with them on appropriateness for the bleeding disorders community.

International Development

World Congress 2014



In 2010, the majority of National Member Organisations of WFH voted for the World Congress to be held in Melbourne in 2014. WFH President Mark Skinner, and HFA President Gavin Finkelstein signed official contracts in December 2011. We look forward to working with WFH to making 2014 Congress a most successful one.

HFA twinning with National Hemophilia Foundation of Thailand and Thai Patients' Club.

The twinning collaboration between the National Hemophilia Foundation of Thailand (NHFT), Thai Patient's Club (TPC) and HFA commenced in 2006 with the support of WFH and since that time we have participated in workshops in Thailand and hosted representatives from TPC in Australia. NHFT and TPC have worked together to identify and register more patients from rural and regional areas of Thailand and to work to ensure they have access to treatment and care. HFA volunteers have visited Thailand and shared their experiences as volunteers and the work they have done in Australia to develop peer support programs and education resources.



WFH President, Mark Skinner and HFA President Gavin Finkelstein, signing contracts

During the year HFA hosted Dr Monthon Suwannuraks (Chairman of TPC) and Mr Pongsak Jarupintusophon (a TPC member and father of a boy with haemophilia) to attend the national conference in Sydney and to visit to HFA and to the Australian Red Cross Blood Service, the Ron Sawers Haemophilia Treatment Centre for adults, and the Henry Ekert Haemophilia Treatment Centre at the Royal Children's Hospital to discuss the multidisciplinary haemophilia treatment programs. There was also a visit to CSL Biotherapies for a meeting with CSL staff and a tour of the fractionation facility in Melbourne. Dr Monthon also gave a very informative and interesting presentation to Council about haemophilia care in Thailand.

Fundraising and Development

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

Our direct mail appeal program was successful this year and we thank the generosity of those who have supported HFA for many years as well as many new supporters. Our appeals used the experiences of young men in the bleeding disorders community to highlight the importance of two initiatives - Health and Wellbeing into the Future and the HFA Beyond Prophylaxis project. Both Paul Bonner and Chris Gordon generously shared their experiences and promoted the programs to demonstrate the importance of family camps and mentoring programs around the country.

We thank our regular donors who made monthly, quarterly or annual donations throughout the year. This 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 received are used to fund programs and services, education resources, and to support family camps, peer support groups and our ongoing work for the community.

We acknowledge donations made in memory of members in our communities who have passed away during the year; Mrs P Garvin, Mr Nick Hirsch, Mrs Margaret Rae Janes, Mrs Rona Lauder, Mr Michael Lucken, Mr Peter Mathews, Mrs Doris Paterson and Mr Alan Warner.

We also thank the following people and groups for special event fundraisers; St Arnaud Primary School, Mrs Donna Field, the township of Neerim South, Ms Kate Brown. Mr Peter and Mrs Debbie Coulter, Mrs Monica De Leo, Mr Robert Telleson and the Cake Stall Kids - Tom, Toby, Emily, Grace, Chrissy, Georgie, Ella, Edwina.

TREASURERS REPORT - Ann Roberts



I am pleased to report that the Foundation has had a strong financial year where we built on the steps taken in the previous year to reduce some expenditure and commenced strategies to increase our fundraising capacity. This year saw total income increase by 28% to \$1,127,662 from the previous year. The Foundation's operating expenses increased by 16% and objectives expenses increased by 76%, resulting in a net increase of 40% in total expenses during the year to \$1,015,383. Overall, this resulted in a 40% net increase in total expenses to \$1,015,383 and a net surplus of \$112,279 for the year. During the year total Foundation funds grew by 11% from \$981,853 to \$1,094,132.

HFA received grants from the Australian Department of Health and Ageing (DOHA) for the HFA secretariat (3 years) and for education and policy development (2 years remaining). These grants are critical for HFA as they underpin our capacity to operate the organisation and to undertake our core objectives. An extension of the grant for the Beyond Prophylaxis Youth Project will enable us to continue the project for a further year. The first year of the Youth Project had been partially funded by the government grant and a philanthropic trust. There is a degree of uncertainty about future government grants following the introduction of a new funding process by DOHA and HFA may be required to participate in a different process for competitive grants in the future.

Fundraising and sponsorship increased by 27% to \$640,039 (2011: \$509,910). We were pleased to welcome an additional Corporate Partner and we continue to seek additional corporations interested in the sort of partnerships HFA can offer. The Sydney Conference attracted strong interest and was successful from a financial point of view for HFA and its supporters.

HFA investment income of \$50,290 increased by 22% (\$8,923) from \$41,367 in 2011. The effective interest rate for the year was 3.58% compared to 4.13% in 2011. We have continued our plan to gradually re-invest funds to higher yield term deposits and most of our surplus funds are managed in Macquarie Bank accounts. When this plan is completed, we hope to benefit from higher yields and more convenient banking processes.

During the year Haemophilia Foundation South Australia (HFSA) voluntarily wound up because it was unable to meet governance obligations and reporting requirements due to insufficient membership. The net remaining funds of \$58,418 were transferred to HFA and reported as 'other income'. This amount was invested separately under the Macquarie Management Accounts and the HFA Board has decided the funds will be used for the benefit of people with bleeding disorders in South Australia. Policy guidelines will be developed for the use of these funds.

The Foundation's operating expenses increased this year mainly due to staffing changes and the engagement of a fundraising consultant to assist with the development of a strategic fundraising plan. We have increased our fundraising capacity through additional staff resources, taking into account the work we will do with the World Federation of Hemophilia to plan and organise the 2014 Congress. Adjustments were made to our long service leave provision to bring this in line with Victorian legislation during the year. It is important to note that HFA continues to operate with only 2 full time and 5 part time staff members.

HFA has a policy to review and plan for its office infrastructure requirements and during the year we purchased a new server and desktop computers as a part of a regular IT maintenance and upgrade program and commenced a lease on a new photocopier/printer.

HFA Objectives Expenses increased considerably during the year, compared to the previous year, however this is a cyclical effect, as we held our biennial national conference in Sydney in October 2011. Further, HFA met its obligations to undertake a range of special projects during the year including Beyond Prophylaxis youth project and youth website, four editions of newsletters, haemophilia awareness promotional materials, camps and workshops around Australia and support to national health professionals groups.

Two grants amounting to \$15,701 were made from the Haemophilia Foundation Research Fund for two research projects which will be conducted over two financial year periods.

As reported last year, HFA commenced a process to review and consolidate investments into one major provider, Macquarie Management, with the objective of obtaining better investment outcomes. We now have 3 providers, namely Commonwealth Bank (for the office and main banking accounts), Perpetual (for DCMEF) and Macquarie Management (for Research and Discretionary funds), and will continue this review over the next year.

Overall I am pleased to report an active and successful financial year where HFA met its obligations to its members whilst generating additional income that can be put aside for important future requirements, including the 2014 Congress. We are in a sound financial position and I would like to thank Council and staff for their commitment and support during the year to achieve this strong result.

FINANCIAL REPORTS AND AUDIT REPORT

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
 ABN 89 443 537 189
 INCOME STATEMENT
 FOR THE YEAR ENDED 30 JUNE 2012

	Note	2012	2011
INCOME			
Commonwealth government grants		316,866	311,472
Other government grants		50,178	5,000
Fundraising and donations		402,279	414,929
Conference sponsorships and income		237,760	89,981
Interest		50,290	41,367
State member levies		1,600	1,385
Other income		68,689	15,802
TOTAL INCOME		1,127,662	879,936
LESS : FOUNDATION OPERATING EXPENSES			
Administration			
Advertisement/recruitment		1,849	180
Audit		6,593	6,942
Annual reports		1,612	1,933
Bank fees and other service charges		1,239	843
Council meetings		13,383	12,003
Executive meetings		9,562	8,631
Personnel expenses		370,733	312,765
Professional insurance		3,724	3,574
Legal fees		-	767
Liaison and business development		1,451	1,046
Travel		720	1,496
(Write back)/provision for long service leave		(10,183)	7,047
		400,683	357,227
Property			
Depreciation of assets		6,874	2,660
Leasing of photocopier		2,635	-
Lighting and heating		4,110	3,232
Insurance		1,300	2,669
Rent		39,340	37,002
Repairs and maintenance		5,067	4,381
Security		2,090	863
		61,416	50,807
Fundraising			
Appeals and production		25,359	22,128
Consultancy		13,850	-
Resource development		2,410	2,640
		41,619	24,768
TOTAL FOUNDATION OPERATING EXPENSES		503,718	432,802
SURPLUS OF INCOME OVER OPERATING EXPENSES		623,944	447,134

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 2012

	Note	2012	2011
SURPLUS OF INCOME BROUGHT FORWARD		623,944	447,134
LESS : FOUNDATION OBJECTIVES EXPENSES			
Services and Care			
Information technology		18,360	17,698
Executive		7,791	9,111
Financial assistance		500	550
Haemophilia conference and education sponsorships		191,795	4,667
WFH and other conferences		71,742	11,558
WFH twinning expenses		4,403	2,365
Health professionals		27,895	26,620
Newsletter		30,999	41,231
Postage		3,010	2,765
Printing and stationery		5,780	5,990
Specific project expenses		113,839	140,442
DCMEF allocations and expenses		-	8,690
Subscriptions		2,938	2,981
Telephone		7,166	7,333
		486,218	282,001
Education			
Brochures and resources		2,151	746
Community awareness activities		7,595	1,250
		9,746	1,996
Research			
Research grants allocated		15,445	6,241
Expenses incurred		256	943
		15,701	7,184
TOTAL FOUNDATION OBJECTIVES EXPENSES		511,665	291,181
TOTAL SURPLUS / (DEFICIT) FOR THE YEAR		112,279	155,953
ACCUMULATED FUNDS BROUGHT FORWARD		767,422	612,300
TOTAL AVAILABLE FUNDS		879,701	768,253
TRANSFER (TO) / FROM RESERVE	8	(9,315)	(831)
ACCUMULATED FUNDS CARRIED FORWARD	7	870,386	767,422

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 2012

	Note	2012	2011
CURRENT ASSETS			
Cash and Cash Equivalents	2	285,649	472,699
Investments	3	987,800	643,666
Trade and Other Receivables		41,399	1,730
Other assets		3,045	25,000
Total Current Assets		1,317,893	1,143,095
NON CURRENT ASSETS			
Property, plant and equipment	4	24,910	3,620
Total Non-Current Assets		24,910	3,620
TOTAL ASSETS		1,342,803	1,146,715
CURRENT LIABILITIES			
Trade and Other Payables	5	21,348	12,116
Short-term Provisions	6	95,163	91,964
Amounts received in advance		122,540	40,909
Total Current Liabilities		239,051	144,989
NON CURRENT LIABILITIES			
Long-term Provisions	6	9,620	19,873
Total Non Current Liabilities		9,620	19,873
TOTAL LIABILITIES		248,671	164,862
NET ASSETS		1,094,132	981,853
FOUNDATION'S FUNDS			
Accumulated funds	7	870,386	767,422
Reserve	8	223,746	214,431
TOTAL FOUNDATION'S FUNDS		1,094,132	981,853

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 2012

	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		214,431	767,422	981,853
Surplus for the year		9,315	102,964	112,279
BALANCE AS AT 30 JUNE 2012	7 & 8	223,746	870,386	1,094,132

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 2012

	Note	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES			
Interest received		50,290	41,367
Grants received		448,675	352,381
Receipts from constituents		710,328	527,097
Payments to suppliers and employees		(1,024,045)	(686,901)
Net cash flows from operating activities		185,248	233,944
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition and disposal of property, plant and equipment		(28,164)	(2,797)
Net cash flows used in investing activities		(28,164)	(2,797)
NET INCREASE/(DECREASE) IN CASH HELD		157,084	231,147
CASH BALANCE BROUGHT FORWARD		1,116,365	885,218
CASH BALANCE CARRIED FORWARD		1,273,449	1,116,365
Cash balance carried forward comprises:			
Cash and cash equivalents	2	285,649	472,699
Investments	3	987,800	643,666
		1,273,449	1,116,365
Reconciliation of (deficit)/surplus for the year to the net cash flows from operating activities:			
Total operating (deficit)/surplus for the year		112,279	155,953
Depreciation and amortisation		6,874	2,660
Changes in assets and liabilities			
Increase/(Decrease) in creditors and provisions		83,809	55,506
(Increase)/Decrease in receivables and other assets		(17,714)	19,825
Net cash flows from operating activities		185,248	233,944

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 2012

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).

(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.

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
NOTES TO THE FINANCIAL STATEMENTS (cont...)
FOR THE YEAR ENDED 30 JUNE 2012

(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

	2012	2011
	\$	\$
Cash at bank - CBA Office	51,933	48,057
Cash at bank - CBA Main	233,716	264,939
Cash at bank - Bendigo	-	59,590
Cash at bank - Macquarie	-	100,113
	285,649	472,699

NOTE 3: INVESTMENTS

Short term Deposits - Perpetual Trustees	295,578	285,040
Short term Deposits - Macquarie's Management	692,222	358,626
	987,800	643,666

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED
ABN 89 443 537 189
NOTES TO THE FINANCIAL STATEMENTS (cont...)
FOR THE YEAR ENDED 30 JUNE 2012

	2012	2011
	\$	\$
NOTE 4 : PROPERTY, PLANT AND EQUIPMENT		
Furniture and office equipment - at cost	141,549	113,385
Accumulated depreciation	(116,639)	(109,765)
	24,910	3,620
NOTE 5 : TRADE AND OTHER PAYABLES		
Trade creditors and accruals	21,348	12,116
	21,348	12,116
NOTE 6 : PROVISIONS		
Current		
- Annual leave	61,298	58,169
- Long Service leave	33,865	33,795
	95,163	91,964
Non-Current		
- Long Service leave	9,620	19,873
	9,620	19,873
NOTE 7 : ACCUMULATED FUNDS		
Accumulated funds are set aside for the following purposes:		
- research	450,687	444,373
- discretionary projects and reserves	419,699	323,049
	870,386	767,422
NOTE 8 : RESERVE		
Damon Courtenay Reserve		
- balance at beginning of year	214,431	213,600
- special appeals and interest income	9,315	9,521
- sponsorships, allocations and costs	-	(8,690)
	9,315	831
- balance at end of year	223,746	214,431

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...)
FOR THE YEAR ENDED 30 JUNE 2012

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 2012 were:

Bill Atkinson	Paul Bonner (see note (i) below)
Dan Credazzi	Gavin Finkelstein
Peter Fogarty (to August 2011)	Tony Kennewell (to October 2011)
Shane Meotti	Ann Roberts
Jonathan Spencer	David Stephenson
Leanne Stephenson (from August 2011)	Michelle Sullivan
Maria Wensing	

No material related party transactions occurred during the financial year.

Note (i) - Paul Bonner ceased to be a council member in February 2012 as Haemophilia Foundation South Australia was voluntarily wound up under the Associations Incorporation Act 1985 (SA). He was invited by Council to participate as an observer from March 2012.

NOTE 11: EVENTS AFTER THE BALANCE SHEET DATE

There 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 3.58% (2011: 4.13%)
(b) Financial Liabilities			
(i) Creditors and accruals	5	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 2012 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 *Ann Roberts*

10 October 2012

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 2012 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 2012 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.

Acknowledgments

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 2011-2012 Financial Year

Individual Donors

Mr M and Mrs S Barry
Mr John and Mrs Joan Bates
Mr Paul Bedbrook
Mr and Mrs C Bournes
Dr Christopher Caton
Ms Vicki Childs
Mrs Mary Coles
Dr Philippa H Currie
Mrs Sue Davidson
Mrs Lorraine Donaldson
Ms V J Eastment
Mr K Fitzpatrick
Mrs Margaret Freer
Dr W R Fuller
Mrs DM Hill
Ms M Holland
Mr B and Mrs V Ivory
Dr AC King
Mr A L and Mrs L A Lane
Mr Ron and Mrs Jenny Lees
Ms Melissa Luig
Mr A McCarthy and Ms J Mok
Mr Richard Muszynski
Mr Aongus and Mrs Natalie O'Gorman
Mr Ric and Mrs Mez Oldham
Professor M J Osborne
Mrs P M Pak Poy
Ms H Penfold
Mrs C Piantedosi
Ms Sasha Prien
Mr Jian Wei Qiao
Ms Dhyana Rasaku
Dr Timothy Ross
Mrs Jennifer Ross AO
Mr Jeremy St John
Ms Caroline Suhardjono
Mr N and Mrs E Tana
Mrs Dawn Thorp
Mrs C R Truscott
Ms Dianne Turner
Mr Shannon Wandmaker
Mr Fred and Mrs Maria Wensing
Mr Bob Williams

Service Clubs, Schools & Churches

Inner Wheel Club of Gosford North
Lioness Club of Berwick
Lioness Club of Broome
Lioness Club of Dromana
Lioness Club of Gwandalan

Lions Club of Anglesea
Lions Club of Austinmer/Thirroul
Lions Club of Bankstown
Lions Club of Bundarra
Lions Club of Canberra-Kambah
Lions Club of Coonamble
Lions Club of Croydon
Lions Club of Dookie
Lions Club of Engadine
Lions Club of Goulburn City
Lions Club of Launceston Windmill Hill
Lions Club of Lismore
Lions Club of Lugarno
Lions Club of MacAlister Valley-Newry
Lions Club of Mount Barker
Lions Club of Richmond
Lions Club of Speed
Lions Club of Tallygaroopna
Lions Club of Toronto
Lions Club of Toukley
Lions Club of Victor Harbor and Port Elliot
Lions Club of Warners Bay
Rotary Club of Griffith
Rotary Club of Margaret River
Rotary Club of Rockingham Districts
Rotary Club of Wagga Wagga
St Peters Anglican Opportunity Shop

Trusts & Foundations

Australian Executor Trustees Limited
Gambling Support Bureau - Tasmania
Goldschlager Family Charity Foundation
H V McKay Charitable Trust
Lord Mayor's Charitable Foundation
The Greatorex Foundation
The Marian and EH Flack Trust
The William Angliss VIC Charitable Fund

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