



*annual report*

**2012-2013**



HAEMOPHILIA FOUNDATION AUSTRALIA

# 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 - Dr Richard G Pembrey, AM, MBBS, MD, FRACP, FRCPA

WESTERN AUSTRALIA - Mr Michael McCusker, AC, CVO, QC, 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

## **LIFE GOVERNORS**

**Jennifer Ross AO**

**Ted Troedson (dec)**

**Alison Bellamy**

**Maxine Ewart**

**Alan Ewart (dec)**

**Bevlee Cassell**

**Barbara Volk OAM**

**Fred Wensing**

**Mike Barry**

**Dawn Thorp**

**Bruce Fielding**

**Rob Christie**

## EXECUTIVE BOARD



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

President

**Gavin Finkelstein**, Western Australia

Treasurer

**Ann Roberts**, Victoria

Vice President

**Jonathan Spencer**, Tasmania

Executive Members

**Daniel Credazzi**, New South Wales

**Maria Wensing**, Australian Capital Territory

## COUNCIL MEMBERS

**Maria Wensing**

Australian Capital Territory

**Jonathan Spencer**

Tasmania

**Gavin McKay** and **Daniel Credazzi**

New South Wales

**Ann Roberts** and **Michelle Sullivan**

Victoria

**Paul Bonner** (*observer*)

South Australia

**Gavin Finkelstein** and **Shane Meotti**

Western Australia

**Leanne Stephenson** and **David Stephenson**

Queensland

## STAFF

**Sharon Caris**, Executive Director

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

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

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

**Janine Staunton**, Fundraising Officer (Part-time) from January 2013

**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, Janine Staunton, Suzanne O'Callaghan, Kristine Robertson, Kate Walton.*

## PRESIDENT'S REPORT - *Gavin Finkelstein*



It is my pleasure to report on the Foundation's activities for 2012-2013. I am confident we have continued our representation and advocacy for people with inherited bleeding disorders as well as their families and carers, in line with our obligations during the year.

We have worked with government and community stakeholders to make sure the supply and delivery of blood products make the lives of people with bleeding disorders a little easier and our priority remains for there to be access to a range of best practice treatment products to meet community needs.

We have developed education resources for people living with a bleeding disorder and we have collaborated carefully with specialist health professionals to ensure those educational resources are accessible and user friendly for those who will use them.

HFA has undertaken some of its own policy research when resources allow and we have also collaborated with other organisations to make the best use of time and resources.

The following issues have been considered in workshops and HFA submissions throughout the year:

- consumer participation in research
- patient privacy, protection of individuals' health data in large databases, access to individual health data for research
- privacy issues with genetic testing
- informed consent and how doctors and patients make decisions about the patient's treatment and how informed decision-making can be achieved in the healthcare process
- consumer participation in government processes to evaluate medical services included in the government Medical Benefits Schedule (MBS)
- improving and developing skills in health consumer advocacy
- health technology assessment and government funding for medicines
- National Disability Insurance Scheme (NDIS)

We value our stakeholder relationships and partnerships with other organisations highly and during the year we were able to pursue common issues and concerns for our community in a broader context. This work involved 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 Australia (NAPWHA), the Australian Red Cross Blood Service and the Australasian Society for HIV Medicine (ASHM).

The care and treatment needs of people with bleeding disorders can be complex. During the year we have turned our attention to different parts of the community, including youth, those who are ageing and women with bleeding disorders. We have much work to do in relation to the special needs of people who live with the complications of hepatitis C and also those co-infected with hepatitis C and HIV. The treatment and financial needs of people with hepatitis C are pressing and we have consulted with experts about the best way to approach the extensive treatment and care needs of this group within our community.

I am delighted the work between HFA and the National Blood Authority to develop MyABDR is on track. Consultation with the community to understand their needs and requirements for a new app for smartphones and web site for people with bleeding disorders or parents/caregivers to record their bleeds and home treatments has commenced and the project will continue over the next few months. The idea for MyABDR was first proposed by HFA Council delegates in October 2011. The app and computer web site will link directly to the Australian Bleeding Disorders Registry (ABDR) which is used nationally by Haemophilia Centres for the clinical care of their patients. The ABDR is overseen by the ABDR Steering Committee, which includes AHCDO, NBA, HFA and state/territory/federal governments in its membership. The main requirement in addition to serving as an adjunct to improve care and treatment outcomes is that it affords patients privacy and we are confident the steps to be put in place will achieve this.

Following the recommendations of Council in 2012, the HFA Board has continued its governance review and is now consulting about the possible constitution changes that we want to help us achieve a more agile and inclusive Council decision making process and to ensure the voice of all member Foundations is heard. The HFA Board met with HFQ in August 2012 and will continue to make State/Territory visits and meetings with each member Foundation Committee over the next year.

HFA is working with World Federation of Hemophilia towards the 2014 World Congress in Melbourne in May 2014. This requires support at many levels and we will need to work closely with our member Foundations to ensure strong support and engagement to make the Congress a success.

We appreciate 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 valuable partnerships it makes with the organisations, our Corporate Partners and other supporters with whom we share common objectives of improving care and treatment to people with bleeding disorders. I wish to thank Council Delegates and State/Territory Presidents, and Committee Members of each of our member Foundations as well as our HFA staff who have worked hard during the year in support of HFA's objectives.

# HIGHLIGHTS

## Representation and advocacy

HFA seeks to actively represent the interests of the bleeding disorder community across Australia. This involves proactive work to speak up about the needs of the community, comment on relevant issues, and monitor the review and redevelopment of the Australian health care and social services systems.

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

- The criteria for disability care and support (National Disability Insurance Scheme)
- Access to new hepatitis C antiviral treatments

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

- Review of Australian Blood Donor Deferrals Relating to Sexual Activity
- National Blood Authority Technical Evaluation Committee
- Australian Bleeding Disorders Registry Steering Committee
- Medicines Australia Code of Conduct Committee
- Meetings convened by Consumers Health Forum on consumer participation in health research, informed consent and medical benefits policy.

## 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.

New antiviral treatments for hepatitis C with much higher success rates has given hope to some, especially if they have the harder to treat HCV genotype 1. HFA has actively participated in the government process to approve new treatments and assess them for government subsidies, through stakeholder meetings and submissions giving the perspectives of people with bleeding disorders and hepatitis C. In February 2013 we were pleased to hear the announcement from the Australian Government that two new hepatitis C treatments, boceprevir (Victrelis®) and telaprevir (Incivo®), would be made available on the Pharmaceutical Benefits Scheme (PBS) for adults with hepatitis C genotype 1. This is an important step forward, although the combination therapies including these antivirals have significant side effects for many. There is much optimism among specialist clinicians that the next wave of hepatitis C antiviral treatments will have high success rates, shorter treatment courses and fewer side-effects. HFA is monitoring the development of these treatments with interest.

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. Haemophilia Centres have reported concern at the number of their patients with hepatitis C who have begun developing advanced liver disease in recent years, 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.

Over the last several years, HFA's community consultation has confirmed the complexities of living with both a bleeding disorder and long term infection with hepatitis C. Many community members have reported overload with health conditions and difficulties negotiating the health services required to manage them. They have experienced 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. Although health promotion campaigns can raise awareness, this is an ongoing problem that requires proactive management and resources to move beyond this.

HFA continues to discuss these issues with governments and other stakeholders and the work towards solutions that will improve the lives of people with bleeding disorders living with the long term effects of hepatitis C.

### **Australian Bleeding Disorders Registry (ABDR)**

The supply, availability and safety of treatment products used by people with bleeding disorders are priorities for HFA. This goes hand-in-hand with HFA's support for best practice comprehensive care in Haemophilia Centres across Australia. We also need to be sure we have adequate supplies of the most appropriate clotting factors in coming years and that the system for buying and supplying clotting factor is efficient and sustainable. Having accurate data about the treatment needs of our community will make it easier for governments to predict what is needed to meet demand.

Over the last year there has been exciting new work on the Australian Bleeding Disorders Registry (ABDR). It has been important to HFA to be involved and support these developments.

The ABDR is now in a new phase of redevelopment. This will enable more data about the treatment of people with bleeding disorders to be collected and be available:

- Clinicians in Haemophilia Centres will be able to use this information for the day-to-day care of individuals
- De-identified and aggregated statistics can be used to understand trends and patterns in bleeding disorders treatments and health outcomes
- These statistics can also be used by governments to plan for treatment product purchase and supply.

### **MyABDR - Closing the loop**

In another important step, HFA, the Australian Haemophilia Centre Directors' Organisation (AHCDO) and the National Blood Authority (NBA) have joined in a collaborative partnership to develop MyABDR - a secure app and web site linked to the ABDR for people with bleeding disorders to record their treatments. The intention is to support the best practice clinical care and treatment of people with bleeding disorders. The system will be supported by Australian governments.

This initiative resulted from a resolution by HFA Council in October 2011 to explore with AHCDO the feasibility of adopting a national online treatment recording system for people with bleeding disorders that integrated with the ABDR. We are pleased to report that development of the MyABDR app and web site is planned to begin in July 2013, with a first release in February 2014. HFA will take a lead role in facilitating community consultation, developing patient education materials and promoting MyABDR to the community.

# EDUCATION AND INFORMATION

## Mild haemophilia fact sheet

People with mild haemophilia may not have bleeding problems very often, which can mean bleeding problems are unfamiliar to them and they may not know how to manage them. HFA's consultation highlighted a need for a short and simple fact sheet aimed at people newly diagnosed with mild haemophilia or people who want brief information. The *Mild haemophilia fact sheet* has been developed with consumer and health professional review groups and includes clear messages and diagrams on what to do to manage bleeding. It was released in October 2012.

### MILD HAEMOPHILIA FACT SHEET

**If you have mild haemophilia it may have little impact on your life as long as you know what to do, how to manage it, and what you should tell the professionals who provide your health care.**

Haemophilia is a rare genetic health condition, often inherited, where a person's body has problems forming blood clots. It results from not having enough clotting factor in the blood. A clotting factor is a protein in blood that helps control bleeding.

If a person with haemophilia has an injury causing bleeding, they may bleed for longer or their blood will clot more slowly than other people.

**What type of haemophilia?**

If you or your child has haemophilia, it is important to know what type of haemophilia it is.

There are two types of inherited haemophilia. Each type needs a different clotting factor treatment. Both have the same symptoms:

- **Haemophilia A** - lower than normal levels of clotting factor VIII (8).
- **Haemophilia B** - lower than normal levels of clotting factor IX (9).

**What to tell your doctors**

Obtain the wallet-sized **treatment card** from your Haemophilia Centre. This has:

- Brief details about your or your child's diagnosis and type of haemophilia.
- Recommended treatment.
- Who to contact in an emergency.

Keep this card on you and show it to doctors, nurses, ambulance officers and other health professionals who provide your or your child's care.

**Who has haemophilia?**

The haemophilia gene is sex-linked and nearly all people who have haemophilia are male. Haemophilia does occur in females, but is very rare. However, some women and girls who carry the haemophilia gene also have bleeding problems. If females with bleeding symptoms have low levels of clotting factor in their blood, with levels in the range for mild haemophilia, they are sometimes described as having mild haemophilia or as being a "symptomatic carrier".

**Common physical signs of mild haemophilia in males and females**

- Bruising easily
- More painful swelling and bruising than you would expect after an injury, eg falling off a bike, car accident, football injury
- Bleeding for an unusually long time with wounds or after surgery, dental extractions or medical procedures that cut or scrape any part of the body.

And also for girls and women

- Heavy and/or long menstrual periods
- Heavy bleeding for an unusually long time in the weeks after childbirth.

**Treatment**

Haemophilia treatment helps the blood to clot normally and stop the bleeding. If internal bleeding is not stopped quickly with treatment, it will result in pain and swelling. Without treatment, bleeding may continue for longer and may cause further problems. Treatment can include the drug desmopressin (DDAVP) for haemophilia A, or factor VIII (8) or IX (9) concentrates. You or your child might need testing beforehand with DDAVP to determine the optimal treatment. Not all hospitals have these products, so you might have to wait for treatment or go to a larger hospital. If you have any concerns, ask the doctors to contact the Haemophilia Centre or a Clinical Haematologist directly. Treatment can also include other ways of treating symptoms, rest or physiotherapy.

**Where to go for help with mild haemophilia**

Register with your local Haemophilia Centre and let them know if your contact details change. Stay in touch regularly for advice and care. The Haemophilia Centre team will develop a treatment plan specific to your or your child's needs and can teach you how to manage your or your child's mild haemophilia. There is at least one Centre in every Australian state or territory, located in a major public hospital. Haemophilia Centres have a team of health professionals who specialise in haemophilia care and treatment, including doctors (haemophilia care and treatment), physiotherapists and laboratory services. See [www.haemophilia.org.au](http://www.haemophilia.org.au) or phone 1800 807 173 for details.

**Haemophilia Foundation Australia**  
P: 03 9885 7800 Toll free: 1800 807 173  
E: [hfaust@haemophilia.org.au](mailto:hfaust@haemophilia.org.au)  
[www.haemophilia.org.au](http://www.haemophilia.org.au)

## COMMUNICATING 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. Features have covered issues such as young people and the new HFA youth program, personal stories from people with bleeding disorders, managing joints and posture, updates on hepatitis C and HIV, as well as Haemophilia Awareness activities, reports from the WFH World Hemophilia Congress and articles on HFA's work to represent the community.

The **HFA Facebook page** and **free email newsletter** are important and popular ways of connecting online with bleeding disorder community members and supporters, particularly younger people. They give regular updates about HFA activities, new HFA publications and other news, and link 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 continues to be one of HFA's strongest communication tools. It is a reliable and respected source of information on bleeding disorders, treatment and support services and HFA activities and is used widely by the bleeding disorder community, health professionals, stakeholders, the general community and students. It regularly receives large numbers of visitors, many of whom look at several pages, rather than leaving quickly after a few seconds. With the upcoming World Hemophilia Congress in Australia in 2014, there has been a surge in visits to the web site, showing an increased interest from the world haemophilia community.

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 2013

- 1812 copies of *National Haemophilia* posted to members
- 401 copies of *National Haemophilia* downloaded from web site
- 585 HFA members received e-news
- 12,242 HFA web site visits
- 1313 HFA facebook fans/"likes"
- 762 people read HFA facebook page postings monthly
- 56% of HFA facebook fans/"likes" in 13-34 age group

## **YOUTH PROJECT**

HFA's work with young people in the bleeding disorders community took another exciting step forward during 2012-13.

### **Leadership and Mentoring program**

Building on young people's recommendations in the Beyond Prophylaxis youth needs assessment, the HFA Youth Project Officer put together a Leadership and Mentoring program for young people.

A core element of this program is the process to select and train suitable young people to make sure the program is sustainable. State and Territory Foundations and health professionals were approached by the HFA Youth Project Officer to be involved in the program and identified young people locally who may be suitable. Next the HFA Youth Project Officer spoke to the young people individually. If they wanted to be involved, the young people were then invited to take part in the HFA Leadership and Mentoring training.

Recognition of young people's individuality and fluctuating time availability is crucial to the program. Young people were invited to identify specific roles they were interested in: 'organiser', 'mentor' or 'champion' (promoter). The aim is for them to work closely with their local Foundation to organise activities for young people. There could be multiple young people in each role, providing support for the times when they needed to step back for a while to manage study, work or personal commitments.

### **Training**

Of the 25 young people who agreed to be involved in the program, 18 were able to attend the training weekend. Training was held in two venues, Melbourne and Perth, in June 2013 and young people attended the training closest to them.

The aim was to learn more about their roles as leaders and mentors, increase their peer support communication skills, and work with their Foundation to prepare a local 'catch-up' activity. This work would continue with the support of the Foundation after the training. The training took a light-hearted and practical approach to very serious subjects, so that the young people had fun and got to know each other while exploring new skills and learning about their community, their Foundation and the complexities of taking on leadership and mentoring roles in the bleeding disorders community. It was an opportunity for them to connect with like-minded young people from around Australia and build new friendships.

The training drew on the resources of the local community. Older or more experienced mentors from their community were involved in the training and gave real-life examples and advice. Local Foundations took the opportunity to be available in the training or on email to help the young people begin organising informal “catch-ups” for other young people in their own state or territory.

Both the young people and the local Foundations evaluated the training as very successful. The young people were inspired by each other’s motivation and had learned a great deal about communication, building relationships and organising events. The Foundations were very impressed at the calibre and commitment of the young people involved.

A training kit has been developed and circulated to state and territory Foundations.

### **What motivated the youth leaders to be involved?**

**“be a role model”**

**“learn new skills”**

**“forge new relationships”**

**“support young people”**

**“reach out and make a positive impact”**

**“give something back to the haemophilia community”**

### Factored In youth web site

Launched in June 2012, the Factored In web site (factoredin.org.au) is an interactive blog-style online community developed from the ideas and input of the HFA Youth Working Group and based on the findings of the needs assessment. Education material on the web site is evidence-based and reviewed by specialist health professionals and the Youth Working Group, and is written in accessible, youth-friendly language. Members can comment on any of the topics or stories and upload their own stories. Topics include:

- Haemophilia, von Willebrand disorder, and treatment
- Sport, travel, employment
- Personal stories
- Q & A - sports issues for teenagers, vein problems, effects of vitamins and supplements on joints and bleeding

The next step is to recruit and train some young leadership trainees as online moderators and mentors.

### Factored In Snapshot – June 2013

- 80 members (59 male/21 female).
- Average pageviews per month - 1,482
- Average pages per visit - 6
- Average visit duration - 6 mins
- Australian visitors - 82%



## PUBLIC AWARENESS

### World Hepatitis Day

World Hepatitis Day was celebrated globally on 28 July 2012. With a national theme of “Love Your Liver on World Hepatitis Day”, the campaign poster had an Olympics theme, with the tagline “Get your liver over the line”. The aim of the campaign was to raise awareness of liver health in the general community and present viral hepatitis B and C neutrally as health conditions linked to liver health. The intention 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 promotional postings on their Facebook pages, articles on the HFA web site and in their newsletters, and shopfront window displays.

### World AIDS Day 2012

In 2012 the World AIDS Day international theme was “**Getting to zero - zero new HIV infections, zero discrimination, zero AIDS related deaths**”. The national campaign focussed on the role of HIV positive people in strengthening community spirit. It is a reminder how important it is for people living with HIV to share their experiences and knowledge and educate others about HIV, their resilience and the personal skills needed to adapt and manage hardship. This is particularly true of the bleeding disorders community where people may live with and manage multiple health conditions. In December 2012 HFA publications featured the National Association of People with HIV Australia (NAPWHA)’s HIV Stigma Audit study, which explored the experiences and strategies of people with HIV to manage stigma. Highlighted in this feature were strategies contributed by people with bleeding disorders and HIV.

### Haemophilia Awareness Week and Red Cake Day, October 2012



Haemophilia Awareness Week and Red Cake Day was held from 7 to 13 October 2012. Haemophilia Foundation Australia and Haemophilia Foundations around the country

worked together with our supporters to raise awareness about inherited bleeding disorders. The theme this year was **‘Achieving your Dream’**.

We had a strong response and sincerely thank each and every person who helped us fundraise and raise awareness during the week. The week raised over \$19,000 for programs and services across Australia. We had incredible support from 100 schools, hospitals, libraries, families and local communities across the country. A range of different events were held and many organisations displayed promotional materials and information about bleeding disorders, as well as hosting Red Cake Days.

## WFH 2012 CONGRESS PARIS

**The XXX World Federation of Hemophilia (WFH) 2012 World Congress was held in Paris, France, from Sunday 8 July to Thursday 12 July 2012.**

Not only was the meeting important to us because it is such a valuable medical and scientific meeting that brings all the experts together in the one place, but it is a great networking meeting for people with bleeding disorders and their families and we supported and encouraged Australians as possible to attend.

HFA had a booth in the Congress Exhibition to promote the 2014 Congress in Melbourne. Our booth had been designed to promote Melbourne as a great meeting and tourist destination and focussed on the opportunities for travel to other parts of Australia and the region.



## CAMPS AND WORKSHOPS

### Camps, groups and workshops

HFA supports a range of program and services run by the state/territory foundations such as camps, parent 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 2012-2013 HFA supported 8 programs around Australia.

### HFNSW Family Camp, November 2012

The annual Family Camp saw 130 people attending over the course of the weekend. New families joined in the fun and activities. Everyone, particularly the kids, really enjoyed the great activities on offer, the giant slide, go karts, archery, canoeing, paddle boarding, swimming, and craft activities and a special appearance from The Reptile Man.



### HFV Family Camp, March 2013

17 families from all over Victoria joined together for the HFV Camp held at Lake Dewar Lodge, near Bacchus Marsh. The weekend themed "Superheros" had activities run by Purple Soup. Over the weekend families got to participate in canoeing, high ropes and a trivia night. Most importantly the weekend was a time to meet new people or see old friends and share experiences.



## TREASURER'S REPORT ~ Ann Roberts



I am pleased to provide my Treasurer's Report for 2012-2013. Overall our performance was solid and results aligned with expectations. Although our overall income decreased by 21% compared to the previous year our expenses were managed and they too decreased by 18% overall so that we returned a net surplus of \$55,875 for the year.

Whilst corporate sponsorship and government grants remained relatively strong, we did not meet our general fundraising and trust targets for the year and general donations declined by 8%. However our fundraising expenses were lower than the previous year which had also included costs for consultancy support.

The most significant reason for HFA's lower income is not at all alarming as this was simply because there was no national conference in 2012. This conference effect occurs every two years and the reduced sponsorship levels are expected and taken into account in our financial and operational plans with a net effect of both reduced income and expenditure in non-conference years.

We have changed some of our approaches to improve our general donation performance and whilst this work is ongoing, it is a constant struggle to reach our fundraising targets. If some of the work we have done to improve our situation is successful, it may still take 2-4 years before it is reflected in additional revenue, and there is a risk that we will not increase our revenue as required. I note that our situation is not dissimilar to other organisations, and many are under increasing pressure because their fundraising income is down on previous years. HFA's government grants will finish in the next 2 years and we will need to renegotiate these with government in an increasingly competitive environment. The youth project funding is due to end in August 2013 and the important ongoing requirements of this work will need to be rolled into other programs. We are currently making plans for this.

Our investments increased by 5% from \$1,094,132 to \$1,150,007 in the reporting period. It must be remembered that almost 70% of this includes funds held in the Haemophilia Foundation Research Fund, Damon Courtenay Memorial Endowment Fund and funds transferred to HFA by the former Haemophilia Foundation South Australia and these can only be used for those special purposes.

Nevertheless, I am pleased to report we have maintained a planned level of service delivery and funded additional human resources requirements, including undertaking overdue remuneration reviews which resulted in a 25% increase in our personnel expenses. Many of our outputs and savings have been achieved from within the capacity of our staff and we have continued to add skillsets required to our staff group as we can afford to do so. This has resulted in a staff contingent of 7 staff, with only 2 of these being full time, with most working for very small time fractions. Although this brings some additional human resources costs, it gives HFA a greater capacity to do the range of work expected by the community without having to outsource at greater cost. To support the team we upgraded our accounting and donor management software during the year.

You will also see that our investment income decreased this year, and our effective interest rate for the year was 2.95% compared to 3.58% in 2012. This is mainly due to the current economic climate and beyond our control, however we had been working over the years to consolidate our investments with Macquarie Funds Management services for our research fund and discretionary reserves to seek improved interest rates. These investments remain in government guaranteed funds but our overall interest income decreased by 25% from \$50,290 to \$37,686.

We have actively sought to preserve funds over the last two years in anticipation of additional expenditure requirements for significant special projects for people with bleeding disorders which may not attract government or other funding in the future as well as to meet 2014 Congress requirements.

The 2014 Congress is by far a greater business activity than any of HFA's undertakings ever. HFA has a significant responsibility to support World Federation of Hemophilia (WFH) in this major event. We will receive some financial compensation from WFH for agreed activities and other work will be done by HFA staff and volunteers as part of our regular work plans. WFH has overall responsibility for the Congress budget and our contract with WFH means that HFA will not bear any financial risks from the Congress. Nevertheless, HFA and the Australian bleeding disorders community will carry a great responsibility for Congress success. The WFH Congress budget relies heavily on a high attendance and participation of Australians - both health professionals and the patient community - and we need to work hard to ensure we reach our target for registered Australians at the Congress. For this reason HFA will conduct a specific fundraising campaign to assist people with bleeding disorders and their families to attend and we will work with State/territory foundations to increase their capacity to fund their members who need financial assistance. The Congress is a one off opportunity that will benefit to our community in the long term as HFA will also share a 20% of net congress profit with WFH. This would go a long way to HFA becoming more sustainable and being in a stronger position to support member foundations with programs and infrastructure initiatives. I urge you to support the Congress.

Overall I am confident however that we returned a positive financial result this year, and I am pleased to report we have increased our savings to enable us to meet our upcoming objectives in line with the objectives of Council.

# FINANCIAL REPORTS AND AUDIT REPORT

## HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED

ABN 89 443 537 189

### INCOME STATEMENT

FOR THE YEAR ENDED 30 JUNE 2013

	<u>Note</u>	2013	2012
		\$	\$
<b>INCOME</b>			
Commonwealth government grants		335,010	316,866
Other government grants		83,431	50,178
Fundraising and donations		406,681	402,279
Conference sponsorships and income		-	237,760
Interest		37,686	50,290
State member levies		619	1,600
Other income		26,931	68,689
<b>TOTAL INCOME</b>		<u>890,358</u>	<u>1,127,662</u>
<b>LESS : FOUNDATION OPERATING EXPENSES</b>			
<b><u>Administration</u></b>			
Advertisement/recruitment		1,569	1,849
Audit		7,459	6,593
Annual reports		1,939	1,612
Bank fees and other service charges		764	1,239
Council meetings		12,987	13,383
Executive meetings		14,833	9,562
Personnel expenses		459,167	370,733
Professional insurance		2,878	3,724
Liaison and business development		1,867	1,451
Staff training		2,338	-
Travel		1,015	720
Provision/(write back) for long service leave		8,232	(10,183)
		515,048	400,683
<b><u>Property</u></b>			
Depreciation of assets		10,236	6,874
Leasing of photocopier		2,635	2,635
Lighting and heating		4,864	4,110
Insurance		1,246	1,300
Rent		40,435	39,340
Repairs and maintenance		3,524	5,067
Security		786	2,090
		63,726	61,416
<b><u>Fundraising</u></b>			
Appeals and production		21,516	25,359
Consultancy		-	13,850
Resource development		4,689	2,410
		26,205	41,619
<b>TOTAL FOUNDATION OPERATING EXPENSES</b>		<u>604,979</u>	<u>503,718</u>
<b>SURPLUS OF INCOME OVER OPERATING EXPENSES</b>		<u>285,379</u>	<u>623,944</u>

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

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**INCOME STATEMENT**  
**FOR THE YEAR ENDED 30 JUNE 2013 (continued)**

	<u>Note</u>	<u>2013</u>	<u>2012</u>
<b>SURPLUS OF INCOME BROUGHT FORWARD</b>		\$ 285,379	\$ 623,944
<b>LESS : FOUNDATION OBJECTIVES EXPENSES</b>			
<u>Services and Care</u>			
Information technology		20,399	18,360
Executive		6,053	7,791
Financial assistance		1,900	500
Haemophilia conference and education sponsorships		6,189	191,795
WFH and other conferences		6,731	71,742
WFH twinning expenses		-	4,403
Health professionals		29,914	27,895
Newsletter		31,870	30,999
Postage		2,224	3,010
Printing and stationery		3,378	5,780
Specific project expenses		77,772	113,839
Sponsorship and funding		10,013	-
Subscriptions		3,624	2,938
Telephone		7,343	7,166
		207,410	486,218
<u>Education</u>			
Brochures and resources		2,015	2,151
Community awareness activities		5,290	7,595
		7,305	9,746
<u>Research</u>			
Research grants allocated		14,733	15,445
Expenses incurred		56	256
		14,789	15,701
<b>TOTAL FOUNDATION OBJECTIVES EXPENSES</b>		<u>229,504</u>	<u>511,665</u>
<b>TOTAL SURPLUS FOR THE YEAR</b>		55,875	112,279
<b>ACCUMULATED FUNDS BROUGHT FORWARD</b>		870,386	767,422
<b>TOTAL AVAILABLE FUNDS</b>		<u>926,261</u>	<u>879,701</u>
<b>TRANSFER (TO) / FROM RESERVE</b>	8	(6,207)	(9,315)
<b>ACCUMULATED FUNDS CARRIED FORWARD</b>	7	<u>920,054</u>	<u>870,386</u>

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 2013**

	Note	2013 \$	2012 \$
<b>CURRENT ASSETS</b>			
Cash and Cash Equivalents	2	354,679	285,649
Investments	3	923,046	987,800
Trade and Other Receivables		163	41,399
Other assets		-	3,045
<b>Total Current Assets</b>		1,277,888	1,317,893
<b>NON CURRENT ASSETS</b>			
Property, plant and equipment	4	15,363	24,910
<b>Total Non Current Assets</b>		15,363	24,910
<b>TOTAL ASSETS</b>		<u>1,293,251</u>	<u>1,342,803</u>
<b>CURRENT LIABILITIES</b>			
Trade and Other Payables	5	10,582	21,348
Short-term Provisions	6	112,550	95,163
Amounts received in advance		9,109	122,540
<b>Total Current Liabilities</b>		132,241	239,051
<b>NON CURRENT LIABILITIES</b>			
Long-term Provisions	6	11,003	9,620
<b>Total Non Current Liabilities</b>		11,003	9,620
<b>TOTAL LIABILITIES</b>		<u>143,244</u>	<u>248,671</u>
<b>NET ASSETS</b>		<u>1,150,007</u>	<u>1,094,132</u>
<b>FOUNDATION'S FUNDS</b>			
Accumulated funds	7	920,054	870,386
Reserve	8	229,953	223,746
<b>TOTAL FOUNDATION'S FUNDS</b>		<u>1,150,007</u>	<u>1,094,132</u>

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

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**STATEMENT OF RECOGNISED INCOME AND EXPENDITURE**  
**FOR THE YEAR ENDED 30 JUNE 2013**

	Note	Reserve \$	Accumulated Funds \$	Total Equity \$
<b>BALANCE AS AT 1 JULY 2006</b>		203,496	663,092	866,588
Surplus for the year		9,566	111,799	121,365
<b>BALANCE AS AT 30 JUNE 2007</b>		213,062	774,891	987,953
Surplus/(deficit) for the year		248	(36,124)	(35,876)
<b>BALANCE AS AT 30 JUNE 2008</b>		213,310	738,767	952,077
Surplus/(deficit) for the year		(6,288)	(96,162)	(102,450)
<b>BALANCE AS AT 30 JUNE 2009</b>		207,022	642,605	849,627
Surplus/(deficit) for the year		6,578	(30,305)	(23,727)
<b>BALANCE AS AT 30 JUNE 2010</b>		213,600	612,300	825,900
Surplus for the year		831	155,122	155,953
<b>BALANCE AS AT 30 JUNE 2011</b>		214,431	767,422	981,853
Surplus for the year		9,315	102,964	112,279
<b>BALANCE AS AT 30 JUNE 2012</b>		223,746	870,386	1,094,132
Surplus for the year		6,207	49,668	55,875
<b>BALANCE AS AT 30 JUNE 2013</b>	7 & 8	229,953	920,054	1,150,007

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 2013**

	Note	2013 \$	2012 \$
<b>CASH FLOWS FROM OPERATING ACTIVITIES</b>			
Interest received		37,686	50,290
Grants received		305,010	448,675
Receipts from constituents		434,231	710,328
Payments to suppliers and employees		(771,962)	(1,024,045)
<b>Net cash flows from operating activities</b>		4,965	185,248
<b>CASH FLOWS FROM INVESTING ACTIVITIES</b>			
Acquisition and disposal of property, plant and equipment		(689)	(28,164)
<b>Net cash flows used in investing activities</b>		(689)	(28,164)
<b>NET INCREASE CASH HELD</b>		4,276	157,084
<b>CASH BALANCE BROUGHT FORWARD</b>		1,273,449	1,116,365
<b>CASH BALANCE CARRIED FORWARD</b>		1,277,725	1,273,449
<b>Cash balance carried forward comprises :-</b>			
Cash and cash equivalents	2	354,679	285,649
Investments	3	923,046	987,800
		1,277,725	1,273,449
<b>Reconciliation of surplus for the year to the net cash flows from operating activities :-</b>			
Total operating surplus for the year		55,875	112,279
Depreciation and amortisation		10,236	6,874
Changes in assets and liabilities			
Increase/(Decrease) in creditors and provisions		(105,427)	83,809
(Increase)/Decrease in receivables and other assets		44,281	(17,714)
<b>Net cash flows from operating activities</b>		4,965	185,248

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 2013**

**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**  
**FOR THE YEAR ENDED 30 JUNE 2013 (continued)**

(g) Inventories

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

(h) Leases

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

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

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

(i) Goods and Services Tax (GST)

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

(j) Investments

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

(k) Comparative Figures

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

<b>NOTE 2 : CASH AND CASH EQUIVALENTS</b>		
	2013	2012
	\$	\$
Cash at bank - CBA Office	80,444	51,933
Cash at bank - CBA Main	210,757	233,716
Cash at bank - Bendigo	63,478	
	354,679	285,649
<b>NOTE 3 : INVESTMENTS</b>		
Short term Deposits - Perpetual Trustees	267,468	295,578
Short term Deposits - Macquarie's Management	655,578	692,222
	923,046	987,800

**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**NOTES TO THE FINANCIAL STATEMENTS**  
**FOR THE YEAR ENDED 30 JUNE 2013 (continued)**

	2013	2012
	\$	\$
<b>NOTE 4 : PROPERTY, PLANT AND EQUIPMENT</b>		
Furniture and office equipment - at cost	142,238	141,549
Accumulated depreciation	(126,875)	(116,639)
	15,363	24,910
<b>NOTE 5 : TRADE AND OTHER PAYABLES</b>		
Trade creditors and accruals	10,582	21,348
	10,582	21,348
<b>NOTE 6 : PROVISIONS</b>		
Current		
- Annual leave	71,837	61,298
- Long Service leave	40,713	33,865
	112,550	95,163
Non-Current		
- Long Service leave	11,003	9,620
	11,003	9,620
<b>NOTE 7 : ACCUMULATED FUNDS</b>		
Accumulated funds are set aside for the following purposes: -		
- research	455,517	450,687
- discretionary projects and reserves	464,537	419,699
	920,054	870,386
<b>NOTE 8 : RESERVE</b>		
Damon Courtenay Reserve		
- balance at beginning of year	223,746	214,431
- special appeals and interest income	6,207	9,315
- sponsorships, allocations and costs	-	-
	6,207	9,315
- balance at end of year	229,953	223,746

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**  
**FOR THE YEAR ENDED 30 JUNE 2013 (continued)**

<b>NOTE 9 : FINANCIAL INSTRUMENTS</b>			
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 2.95% (2012: 3.58%)
(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.

**NOTE 10 : RELATED PARTY TRANSACTIONS**

The members of the Council of Haemophilia Foundation Australia Incorporated during the financial year ended 30 June 2013 were :-

Dan Credazzi	Gavin Finkelstein
Gavin McCay	Shane Meotti
Ann Roberts	Jonathan Spencer
David Stephenson	Leanne Stephenson
Michelle Sullivan	Maria Wensing

No material related party transactions occurred during the financial year.

**NOTE 11 : 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 12 : EVENTS AFTER THE BALANCE SHEET DATE**

There have been no events after the balance sheet date that would materially affect the results contained within this report.

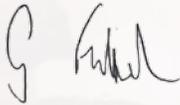
**HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED**  
**ABN 89 443 537 189**  
**STATEMENT BY MEMBERS OF THE COUNCIL**

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 2013 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



Ann Roberts  
Treasurer

10 October 2013

## 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 2013 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 2013 and of their performance for the year ended on that date; and
- ii. complying with Australian Accounting Standards (including the Australian Accounting Interpretations) and the Associations Incorporation Act.

**Cook Jones & Co.**  
Chartered Accountant



**David Wynne Jones AM. FCA.**  
Principal  
Camberwell  
Date: 22 October 2013

# 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 2012-2013.

## Individual Donors over \$250

Dr G A Ajam  
Mrs Lorna Aplin  
Dr M J Baikie  
Mr Paul Bedbrook  
Mr Raymond Bridges  
Ms Trish Britten  
Dr M G Brooke  
Mrs Maria Burgess  
Mr B & Mrs S Butler  
Dr F Carrangis  
Dr Christopher Caton  
Ms Vicki Childs  
Mrs Mary Coles  
Mr & Mrs C N Crick  
Dr Philippa H Currie  
Mrs Sue Davidson  
Mrs Lorraine Donaldson  
Mr Graham & Mrs Carol Ebert  
Mrs Wendy R Farley  
Mr K Fitzpatrick  
Mr W & Mrs M Fletcher  
Mrs Margaret Freer  
Dr W R Fuller  
Mr Daniel Griffiths  
Mr Boyd C Holdenson  
Dr AC King  
Mr Merv King  
Ms T Kirby  
Mr A L & Mrs L A Lane  
Mr Ron & Mrs Jenny Lees  
Dr C M Moten  
Mr Richard Muszynski  
Mr Aongus & Mrs Natalie O'Gorman  
Ms H Penfold  
Mrs C Piantedosi  
Mr Ian Prescott  
Ms Sasha Prien  
Dr A T Ramsay  
Ms Dhyana Rasaku  
Mr Ross Redfern  
Mr Paul Rhodes  
Mrs Jennifer Ross AO  
Dr Timothy Ross

Mr Jeremy St John  
Mr N & Mrs E Tana  
Mrs Dawn Thorp  
Ms Yvette Timmins  
Dr Vasil Tulevski  
Mr Johan van den Bosch  
Mr Shannon Wandmaker  
Mr Fred & Mrs Maria Wensing  
Mr Russell Williamson  
Mr Peter & Mrs Kristen Wilson

## Service Clubs, Churches & Schools over \$250

Lioness Club of Broome  
Lioness Club of Camden  
Lioness Club of Dromana  
Lions Club of Blacktown City  
Lions Club of Bright  
Lions Club of Brisbane Macgregor  
Lions Club of Coonamble  
Lions Club of Crescent Head  
Lions Club of Dookie  
Lions Club of Engadine  
Lions Club of Gawler  
Lions Club of Haddon and District  
Lions Club of Innisfail  
Lions Club of Jervis Bay  
Lions Club of Maitland  
Lions Club of Merbein  
Lions Club of Murray Bridge  
Lions Club of Richmond  
Lions Club of Rockhampton  
- Fitzroy River  
Lions Club of Speed  
Lions Club of Victor Harbor  
& Port Elliot  
Lions Club of Warners Bay  
Rotary Club of Albany-Hume  
Rotary Club of Palm Beach  
Rotary Club of Wagga Wagga

## Trusts & Foundations

Australian Executor Trustees Limited  
Freemasons Public Charitable Foundation

Goldschlager Family Charity Foundation  
Kraus Charitable Foundation  
Pierce Armstrong Foundation  
The Greatorex Foundation  
The Marian & EH Flack Trust  
The William Angliss VIC Charitable Fund

## Donations Received in Memory of:

Mr Alan Ewart  
Mrs Betty Hansen  
Dr John Lloyd  
Mr Robert Williams

## Bequests received from the Estates of:

The Late Joan Snell  
The Late Marie Lillian Monckton

## Corporate Donors over \$250

Bravo Pty Ltd  
Brierley Investments Ltd  
Eastbeth Services Pty Ltd  
Foot Print Electrical  
H Stevens Pty Ltd  
Happy Valley Clinic  
Telstra Consumer & Country Wide

## Corporate Partnerships

Bayer Australia \$50,000  
Biogen Idec \$27,500  
CSL Behring (Australia) \$40,000  
Novo Nordisk Pharmaceuticals \$40,000  
Pfizer Australia \$40,000

## Nurse Education Awards (over 3 years):

Pfizer Australia \$30,000

## Haemophilia Foundation Australia Vision & Leadership Awards

Pfizer Australia \$11,000

**Haemophilia Awareness Week  
& Red Cake Day**

Advanced Mailing Solutions  
Bendigo Bank  
Mr Troy & Mrs Leah Bonner  
Mr Paul Bonner  
Ms Tammy Borg  
Burleigh Heads Medical Centre  
Central Plaza Doctors  
Ms Tracey Churchill  
Ms Karlie Clegg  
CSL Behring (Australia) Pty Ltd  
Mr Graham & Mrs Carol Ebert  
Mr David & Mrs Mandy Fagan  
Orthopaedics, Fremantle  
Hospital, WA  
Ms Amanda Friend  
Ms Melanie Gilbert  
Ms Renee Gilmore  
Goodstart Early Learning,  
Sunbury  
Grey Melbourne

Ms Chenoa Hunter  
Ms Jen Jeske  
Ms Sarah Jones  
Ms Julie Karklis  
Ms Lorelle Keller  
Ms Rhiannon Mavromatakis  
Moruya Library  
Rainbow Street Public School  
Ms Karen Rogers  
Physiotherapy Department,  
Royal Children's Hospital, VIC  
South East Regional Community  
Health Service, Millicent SA  
Ms Felicia Stretton  
Mr Michael & Mrs Michelle Sullivan  
Ms Janelle Swan  
Ms Sharyn Wishart  
WMS Gaming Australia  
Physiotherapy Department,  
Women's & Children's Hospital, SA  
Ms Lyn Wong

**Special Event Fundraisers**

Mr Greg Davis  
Haematology Warriors  
MTD Products Australia Pty Ltd  
Pfizer Australia  
Mr Timothy Ross  
Telstra Consumer & Country Wide

**Red Run Classic Sponsors**

Bayer Australia Limited  
Baxter Healthcare Pty Ltd  
Brisbane City Council

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

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



**HAEMOPHILIA FOUNDATION AUSTRALIA**

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