2019-2020 ANNUAL REPORT





HIGHLIGHTS OF OUR YEAR

HAEMOPHILIA FOUNDATION AUSTRALIA

For 41 years, Haemophilia Foundation Australia has been working to inspire excellence in treatment, care and support through representation, education and promotion of research. Our vision is for people with bleeding disorders to lead active, independent and fulfilling lives.

Who do we represent?

- State/territory Foundations and their members
- Diagnosed and undiagnosed people with a bleeding disorder
- Partners, families, carers of people with a bleeding disorder
- Extended family and friends

In Australia there are more than **6,200** people diagnosed with haemophilia, von Willebrand disease (VWD) or other related inherited bleeding disorders.

- Haemophilia/Carry the gene = 2,930
- VWD = 2,221
- Rare clotting factor deficiencies/other bleeding disorders = 1,093

(Australian Bleeding Disorders Registry Report 2019)

What have we achieved in 2019-2020?

Together with your support, we have

Education resources

- 3,743 resource print copies distributed
- More than **45,277** PDF downloads
- **6,872** copies of National Haemophilia posted to members
- More than 22,300 copies of National Haemophilia viewed online or downloaded
- **946** HFA members received regular e-news
- **152,980** views of HFA web pages
- Over 3900 followers on our social pages
- Gene therapy for haemophilia resource published
- Getting Older recommendation report published and Hub launched

Support & Referral

 Funded family camps in VIC and NSW for 46 families (WA camp postponed to 2021)







- Supported peer support programs in WA for over **70** people
- Supported foundations across the country
- Provided information and support and referral to people affected by bleeding disorders across Australia

Factoredin.org.au

- 6730 website visits
- **11,759** page views
- 62% of visitors were aged between 18-34

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Representation and advocacy

- Made 14 submissions to government or regulatory bodies
- Participated in 20 advisory body meetings or discussions
- Held 21 rounds of community consultation
- Held 91 rounds of consultation with health professionals, consumer and professional health organisations and other experts
- Auspiced 3 specialist health professional groups in the disciplines of nursing, counselling and physiotherapy
- Held 2 workshops to develop consensus statement on new and emerging therapies

International Work

- Progressed annual workplan via internet and telephone meetings with our twinning partner Myanmar Haemophilia Patient Association
- HFA representatives attended the virtual 2020 WFH World Congress

Awareness

- Bleeding Disorders Awareness Week 2019
- Over **60** Red Cake Day events and awareness activities
- Over 30 Bendigo Bank Branches participated
- Raised just over \$7,500 across the country
- World Haemophilia Day 2020
- 31 landmarks across Australia turned red in support of the day
- 30th anniversary of World Haemophilia Day celebrated

Conference 2019

- 218 delegates
- 12 sessions
- Run over two days
- Two international speakers,
 Prof Alfonso Iorio and Greig Blamey



19th Australian Conference on haemophilia, VWD & rare bleeding disorders

Challenging the Status Quo



~ Sydney 10-12 October 2019 ~

Haemophilia Foundation Australia

Haemophilia Foundation Australia (HFA) is the national peak body which represents people with haemophilia, von Willebrand disease and other bleeding disorders and their families throughout Australia.

Our Governance

HFA is incorporated in Victoria. Its members are each of the state/territory Haemophilia Foundations around Australia. HFA is a National Member Organisation of the World Federation of Hemophilia and participates in international efforts to improve access to care and treatment for people with bleeding disorders around the world.

HFA provides annual reports of its activities to Consumer Affairs Victoria and the Australian Charities and Not for Profits Commission.

Our Mission:

to inspire excellence in treatment, care and support through representation, education and promotion of research.

Our Vision:

for people with bleeding disorders to lead active, independent and fulfilling lives.

Our Goals:

- effective advocacy
- · strategic education and communication
- financial sustainability
- to advance research, care and treatment
- best practice governance
- to be the trusted national representative organisation and recognised community voice on bleeding disorders

Our Funding & Donor Partners

HFA has a national fundraising program. All donations, grants and sponsorships are managed in a spirit of transparency and best practice, and we only develop partnerships with supporters where there is a meaningful and strong alignment with the mission and goals of the Foundation.

Our donors and funding partners include government, companies, philanthropic trusts and foundations, service clubs and individuals. Government grants and corporate sponsorships are underpinned by memorandums of agreement or contracts that identify the obligations, responsibilities and benefits of the partnership to each party.

Our Organisation

STATE PATRONS

AUSTRALIAN CAPITAL TERRITORY Dr Richard G Pembrey, AM, MBBS, MD, FRACP, FRCPA WESTERN AUSTRALIA Her Excellency the Honourable Kerry Sanderson, AO, Governor of Western Australia NEW SOUTH WALES Dr Kevin A Rickard, AM, RFD

VICTORIA Dr Alison Street, AO

TASMANIA Lady Green

QUEENSLAND His Excellency The Honourable Mr Paul de Jersey, AC, Governor of Queensland

President: Gavin Finkelstein

Executive Director: Sharon Caris

LIFE GOVERNORS

Jennifer Ross AOTed Troedson (dec)Alison BellamyMaxine Ewart (dec)Alan Ewart (dec)Bevlee CassellBarbara Volk OAMFred WensingMike BarryDawn ThorpBruce FieldingRob ChristieAnn Roberts

HFA COUNCIL (2019-2020)

The HFA Constitution establishes a Council as its main governing committee. One Delegate is nominated by each State and Territory Foundation to form the Council. Council elects office-bearers from its own number. Face-to-face Council meetings were held on 7 July 2019 (carried over from June 2018 date), 13 October 2019 (including the Annual General Meeting), 14 March 2020. All Delegates to the Council act in a voluntary capacity. Each member Foundation was represented at every meeting for the year.

Haemophilia Foundation Australian Capital Territory

Claudio Damiani

Haemophilia Foundation New South Wales

Daniel Credazzi

Haemophilia Foundation Victoria

Leonie Demos

South Australia

Paul Bonner and Griffin Farley, Observers

Haemophilia Foundation Queensland

David Stephenson until October 2019 Adam Lish from October 2019

Haemophilia Foundation Tasmania

David Fagan

Haemophilia Foundation Western Australia

Gavin Finkelstein

Office Bearers



Gavin Finkelstein - President,

Daniel Credazzi - Vice President,

David Fagan - Treasurer

I-r David Fagan, Gavin Finkelstein, Daniel Credazzi

HFA STAFF

Sharon Caris, Executive Director

Suzanne O'Callaghan, Policy Research and Education Manager

Natashia Coco, Development & Relationships Director (Part-time)

Kevin Lai, Accountant (Part-time)

Jasmin Lai, Administration Assistant (Part-time)

Litsa Bantrouhas, Fundraising Coordinator (Part-time) until February 2020

Poppy Sparsi, Administration Officer, (Part-time) from February 2020

Marita Christopher, Administration Officer, (Part-time) until December 2019

Preetha Jayaram, Project Officer, Getting Older Project (Part-time) until February 2019



Sharon Caris



Suzanne O'Callaghan



Natashia Coco



Litsa Bantrouhas



Poppy Sparsi



Marita Christopher



Preetha Jayaram

President's Report - Gavin Finkelstein



I am pleased to present my 2020 report to Council.

It has been a full and productive year and in this report I will reflect on some of the activities we have completed in line with our Strategic Plan. We are grateful to all Council delegates and members of State and Territory Foundations who have contributed to this, and for the work of our dedicated staff, and many volunteers who have supported HFA's work throughout the year.

Council is committed to its mission to inspire excellence in treatment, care and support through advocacy and representation, education and the promotion of research. I am confident that our work this year has been relevant to our community, that we have provided the resources and support needed by our member Foundations, and their members in turn,

and that we have raised and addressed important issues that affect the lives of our members, including those issues that require ongoing work and collaboration with others to resolve them.

Never has our work been as relevant and directly related to our vision that people with a bleeding disorder will live active, independent and fulfilling lives. We are living in an era of new and emerging therapies for the treatment of bleeding disorders - from new clotting factor treatments, non-clotting products right through to gene therapy. For so many years these new therapies were sitting as promises on the horizon, but some are now available, accessible and within reach.

We can be grateful for those who have entered clinical trials to pave the way for some of these new treatments. Some will offer so much more than previous and some current treatments, and even more importantly, people will be able to choose a treatment that is best geared to their needs and their bleeding patterns. We can expect many people to use a treatment that reduces or stops their bleeding, overcomes complications including inhibitors, with much improved health outcomes – and with this, the new therapies will bring a better quality of life, and for many people the first time they can really make choices about how they live and work without the interruption of uncontrolled bleeds.

These new treatments will significantly reduce some of the burden of living with a bleeding disorder for many individuals and their families, but they are sophisticated treatments and require expert and specialist care and management, and the role of our Haemophilia Treatment Centres will remain central to our health outcomes, even if we do not need to attend as frequently 'in person'. Further, our real-life experiences with these treatments will be a very important part of the data collection and evaluation necessary for ongoing government funding for the treatments.

This year we held two roundtable discussions between people with haemophilia and treating health professionals with experience of the new therapies to explore how we can work with governments and industry to ensure more timely access to new treatments. We also had case studies from people with bleeding disorders who gave the real life experience and we thank them for sharing this with us. We are mindful that treatments for bleeding disorders represent a high cost for governments and our roundtables identified improvements to some of the necessary assessment processes and how the community can play an important part towards a system for treatment and care that is cost effective and sustainable for governments who pay for them.

We can already see the cost benefit improvements from so many people in our community who will have better health, less hospitalizations, and more productive lives with less interruption to school, work and community life, and it is important these factors are taken into account in health technology assessment and the evaluation processes for the treatments funded by government.

HFA has encouraged our members to participate in research during the year that will product evidence-based data that we believe will be important for government decision making around availability and access to new treatments in the future such as through PROBE. We have made a strong commitment to the collection of data through the Australian Bleeding Disorders Registry and we encourage our members to record in MyABDR so this can be used with their treating clinicians to improve the outcomes of their treatment.

During the year HFA has represented community views and experiences in submissions to government inquiries and provided input to policy in the blood sector and for more general issues impacting health consumers, and I am confident we represent the different needs of our community.

Much of our important achievements this year brought our education and policy development work together with our communications. Our education remit is a priority, and this year we held a successful national conference in Manly, NSW. We publish high quality information and education materials in print and digital format, including our quarterly *National Haemophilia* publication. The new Gene Therapy resource was published in October 2019 in response to requests from the community for a simple generic publication that would help address their questions. Our evidence-based education resources are supported by a range of videos and vignettes with the personal experiences of community members to bring to life the experiences of people affected by a bleeding disorder, as others can strongly identify with some of these experiences and feel supported by them and less alone.

Work on our digital communications strategy was undertaken to underpin all HFA's objectives and has resulted in a fresher look on our website and social media, as well as improvements on our main HFA website and factoredin.org.au for youth. This has been designed to improve access and navigation as well as the scope of information available so people can get the information they require in their preferred format. This is important work for HFA and will continue into next year as we consolidate our digital communications. It has benefits from member foundations via our websites. A valuable aspect of the Factored In website is for young people to share their experiences and the updated home page showcases youth stories in an attractive way.

A major project for the year was the completion of the Getting Older Project and this involved analysis of community and other stakeholder survey findings and other rich data collected as part of this work. We have published the Getting Older Report and will now systematically work through the recommendations. Treatment improvements give hope people will be able to enjoy a better quality of life, however many will continue to live with joint and muscle damage, arthritis, pain and mobility problems. The HFA Getting Older Info Hub was launched in June 2020 and provides a go-to location for information about getting older with a bleeding disorder, based on findings in the Report. We have published a raft of 30 recommendations which relate to health and wellbeing and access to services and other necessary treatment and care. Amongst these recommendations was the ongoing impact of hepatitis C, even for those cured with treatment,

and the ongoing burden of discrimination, advanced liver disease and cirrhosis. Some people have fallen through the cracks and may not have access to the services they want and need. In addition to the physical issues to be addressed by people as they enter their senior years, some lack access or financial resources and may need assistance to access the services they require. We will work on these recommendations.

I want to acknowledge the specialist health professional groups – physiotherapists, social workers, psychologists, counsellors and nurses and the Australian Haemophilia Centre Director's Organisation (AHCDO) whose members provide services through HTCs across Australia and support HFA in many different ways. We value the partnerships we have with health professionals, community organisations, governments and industry, as each of them help us achieve goals and outcomes for our community.

HFA has worked with the World Federation of Hemophilia and the Myanmar Haemophilia Patient Association and after an assessment visit undertaken by Leonie Demos (HFV) and Sam Duffield (HFNSW) in March 2019 further work towards a twinning partnership is planned. However, this was interrupted by the COVID-19 pandemic and we look forward to future possibilities.

I wish to thank Council and staff for their input and commitment to the outcomes of HFA this year. It has been an extraordinary year for us. The first half of the year was busy and productive, but we had no idea what was to come. We had started the year optimistically.

Our fundraising plan for a new acquisition was bearing fruit and we made a decision to continue that work with a further capital investment, we had a very successful national conference and work was progressing well with the Getting Older Project. Suddenly we were faced with the impact of the COVID-19 pandemic and could not travel or have face-to-face events, our staff needed to work from home for an extended period and teleconferences and online meetings became the new way for our work. We can be grateful that HFA is well placed and has strong relationships with stakeholders and its community, such that I do not believe we have failed to meet any of the objectives we set out to do this year. We have met our governance obligations, held all meetings as required and with a very flexible approach I believe we have taken HFA to a further level. But in doing so we have relied heavily on the commitment of our staff and volunteers to achieve this and I thank everyone for their effort.

REPRESENTATION AND ADVOCACY

In 2020 the COVID-19 pandemic has overshadowed much of our work, and the last year has seen some great challenges - but also some important achievements.

COVID-19

After finishing 2019 on a very upbeat note after our exciting national conference and the promise of new treatments, 2020 took us in a very different direction. As the terrible situation resulting from COVID-19 started to unfold around the world, we were soon to discover we were living in a pandemic that would bring the world to a halt in so many ways.

It has been important for HFA to remain connected with our community during this difficult time. HFA staff have been working from home, but our digital infrastructure has meant that we have been able to continue with business as usual as much as possible. We have worked with our Haemophilia Treatment Centres and the National Blood Authority to communicate with community members in a timely way across the range of our communication platforms and reassure them that Centre services remained available to them, although sometimes via telephone or video call, and that product supply will meet their treatment product needs. We are grateful for the extra work done by our Haemophilia Treatment Centre staff in extraordinary circumstances to keep connected and to be available to help their patients in a safe way.

OUR ACHIEVEMENTS

In spite of the COVID-19 pandemic, this year we have made some significant steps forward in several areas. The bleeding disorders community is diverse – not only as a cross-section of the Australian community, but in the range of bleeding disorders that affect this community. We work closely with our community members around Australia so that our representation and advocacy takes this diversity into account.

BEST PRACTICE TREATMENT AND CARE

New treatment products

We have entered an era of new treatments for haemophilia, and research and clinical trial experience suggests a cure for haemophilia is not far away! Timely access to innovative treatment is a priority for HFA.

However, further funding delays became concerning this year as we saw the global pipeline for new products growing and promising a better future to our community, while some Australians did not have access to the treatments that could make a difference to their health and quality of life.

HFA is committed to the national framework for blood and blood products and wants to be sure the national blood arrangements remain capable of delivering the most up-to-date, effective treatments to Australians living with a bleeding disorder. Haemophilia treatment has moved forward in recent years and new types of treatment may inevitably replace clotting factor therapies. We want to be sure they are evaluated for public funding in a timely way.

In September 2019 we brought a small group of specialist doctors and nurses together with HFA community leaders for a briefing on the pipeline and what the community could expect. We saw evidence emerging from those who have switched from standard half-life clotting factor products to extended half-life products and we were privileged to have patients with clinical trial experience of a non-clotting factor product (emicizumab) and gene therapy share their experiences at this roundtable discussion.

The unacceptably long delay for access to extended half-life products was raised as a serious concern at the September 2019 roundtable and a further discussion took place in February 2020 with a broader representative group to explore the necessary elements for the delivery of treatment products under the national blood arrangements.

Although extended half-life (EHL) clotting factor products had been recognised globally as a treatment standard and registered for use in Australia by the Therapeutic Good Administration (TGA) since 2014, these were not approved by the Medical Services Advisory Committee (MSAC) for public funding until 2018. Following a favourable health technology assessment, a limited access program was introduced in 2018 for patients who satisfied specific criteria. However, others would need to wait until the National Blood Authority (NBA) conducted a tender which was called in June 2019. An announcement was made by the NBA on 30 June 2020 that EHLs would be available on the National Product List from 1 July 2020. This would be six years after registration by the Therapeutic Goods Administration.

We had also become concerned about the delay to funded access for Hemlibra (emicizumab), which was the first of the non-clotting factor products developed and used increasingly globally for the treatment of severe and moderate haemophilia A with and without inhibitors. Other similar products were in the pipeline and there needed to be certainty about the evaluation and funding of these products in Australia for the future health of our community. Patients and their treating doctors were reporting life-changing outcomes and we wanted to be sure there was an appropriate pathway to reimbursement for this new treatment and similar products coming to the market.

We invited a small group of specialist doctors, nurses, a physiotherapist and psychosocial worker and several community representatives to our second roundtable workshop to share their experiences, and to be further informed about new treatments and to discuss potential roadblocks to access. We were pleased to come to a consensus about 6 key areas that we considered needed to be addressed and now look forward to discussing these with government, industry and community stakeholders going forward:

- a commitment to innovation and access to best practice care within the National Blood Agreement
- a clear, transparent and accountable process for the reimbursement of new therapies for Australians with haemophilia
- faster access to safe, cost effective therapies
- a clear target and timeframes against which the reimbursement process can measure the performance of new products
- recognition that clinical expertise and patient expectations are critical to the development of best practice in evidence-based decision making
- an accepted benchmark against which new therapies can be evaluated to provide consistency and accountability.

ABDR and MyABDR

Patient registries are immensely valuable for understanding the characteristics of particular health conditions and the **Australian Bleeding Disorders Registry (ABDR)** continues to demonstrate the robust and comprehensive data it has collected about people with bleeding disorders. The ABDR supplied, for example, an age distribution breakdown for the *Getting Older report* that was hard evidence of the new generation of older people with bleeding disorders.

The ABDR is much more than a static database: it is an entire system used by HTCs nationally for the clinical management of their patients. It documents bleeding episodes, treatments and their outcomes and the patient's inventory of treatment stock at home. It enables HTCs to monitor treatments and bleeds with their patients and to carefully manage the supply, delivery and usage of these highly specialised treatments. The ABDR also creates real world health data to determine the effectiveness of various treatments and will be crucial to the evaluation of new and emerging therapies for bleeding disorders.

People with bleeding disorders and parents/caregivers record treatments and bleeds at home and manage their treatment product inventory with



In these times of personalised treatment, the ABDR and MyABDR have a vital role to play. Pharmacokinetic analysis can show clinicians and their patients how long their clotting factor levels remain high after a specific treatment, so that they can develop an individualised treatment plan. With the ABDR and MyABDR, both clinicians and patients can record and monitor the outcomes of these personalised treatment plans in real time and communicate about them with the recorded data on hand. With the potential for many people with haemophilia to transition to new therapies in the future, use of these two tools to monitor and review the outcomes will become even more critical.

Regular recording with MyABDR is key. MyABDR is a collaboration between HFA, the Australian Haemophilia Centre Directors' Organisation (AHCDO) and the National Blood Authority (NBA) on behalf of Australian governments to support best practice clinical care and treatment of people with bleeding disorders. HFA works with AHCDO and the NBA to promote the system to the community and encourage people with bleeding disorders to use it to record their treatments and bleeds. Use of MyABDR has been a requirement of special access schemes for extended half-life treatments in Australia. We have heard anecdotally from HTCs that this has been very successful and look forward to the data on MyABDR uptake and usage that will be reported by AHCDO at the ISTH Virtual Congress in July 2020.

To maintain their value, it is important for the ABDR and MyABDR to fit with the current and future treatment needs of people with bleeding disorders and HTCs. We maintain an active interest in potential innovations to the system and we are keen to work with AHCDO and the NBA to develop the tool further.

GETTING OLDER



In May 2020 we released our *Getting older with a bleeding disorder needs assessment report*. This was the culmination of a comprehensive consultation with the community, state and territory Haemophilia Foundations, health professionals at Haemophilia Treatment Centres and other experts and stakeholders.

Improvements to treatment and care over the last few decades have led to a steady increase in length of life and we now have for the first time a generation of people with bleeding disorders who are living into their senior years. With the newer and emerging therapies, there is hope that this generation will also be able to enjoy a better quality of life.

This is a welcome change, but it has its challenges. Older people with bleeding disorders are entering new territory. They are encountering the issues of ageing faced by the general

population and are also the first group to experience the impact of ageing on their bleeding disorder.

How old is 'older'? This is very variable and 'early ageing' is also a problem for some in our community. Many relatively young people with bleeding disorders live with complications that usually come with growing older, including joint and muscle damage, arthritis, pain and mobility problems.

To understand the needs of older people with bleeding disorders into the future, we conducted wide national consultation during 2019 and early 2020 – interviews, community forums, a community survey, and age-related data from the PROBE (Patient Reported Outcomes Burdens and Experiences) Australia study.

We also had valuable guidance and information from the HFA Getting Older Project Advisory Group, which included bleeding disorder community members, specialist health professionals, peer support workers from HIV organisations and researchers in the area of ageing, including from the Rehabilitation, Ageing and Independent Living (RAIL) Research Centre at Monash University and the National Ageing Research Institute (NARI)

GETTING OLDER - A SNAPSHOT

Aspirations and goals

'To remain fit, healthy and well. Travel. Support my children in caring for their future children, who may have haemophilia. Volunteer work.'

'Maintaining my quality of life as I am noticing my health is getting more challenging year by year.'

'To continue to be active and find a way to reduce stiffness and pain.'

Challenges and concerns

'Resilience is my strength. It's a marathon and you've got to have resilience.'

'I can find myself getting a bit shakier now which can make intravenous injections little bit harder.'

'It's difficult to shave, I can't reach my top button. Brushing teeth, cutting up pieces of food, tying up shoelaces are a problem. I buy slip-on shoes. My partner dries and dresses me.'

'As I age I was led to believe that von Willebrands would not be such an issue. I have NOT found this so. My body says otherwise!!!!'

Improving health and quality of life

'A bleeding disorder needs holistic care.'

'Having to treat less could help. Accessing veins will become an issue the older you get, also with my elbow getting worse – and I think about getting dementia or something like that.'

'Lots of things [will help to keep working]. Flexibility of work hours, having an understanding/ supportive employer, career advice, support to retrain if required, pain management, physio, counselling, psychosocial support, you name it.'

The *Getting older report* published the findings from the consultation, along with recommendations to provide a roadmap for a strategic response into the future. Both the full report and a shorter community report have been made available for download on the HFA website and circulated widely in print and online. Community members and colleagues in Australia and internationally have been enthusiastic about the value of the report.

'I have just read the Getting older report, and think you have done a fantastic job. You have covered all the issues the bleeding disorders community will, and are facing as we age.'

'Just wanted to congratulate you all on such incredible work on the Getting Older project. It is such an in-depth report that will be such a powerful advocacy tool for our community. Excited to be able to share this with the community and see the future impact...knowledge is power!'

'You have produced what I'm sure will be an invaluable resource, for the HFA as well as for the international community. It's a really great piece of interdisciplinary research, with a lot to unpack, and helps to solve the real need for the different stakeholders to better understand what will be needed for the community now and what needs will need to be met in the near future.'

Getting older is a priority area for HFA and we are excited to be embarking on the next stage of our work to achieve our vision of 'active, independent and fulfilling lives' for older people with bleeding disorders.

A VOICE IN RESEARCH

Developing a knowledge base around the experience and treatment of bleeding disorders has become a priority both for HFA and others in Australia and nationally. If patients with bleeding disorders are to have a voice in their treatment and care, there needs to be reliable evidence of their preferences and experiences to contribute to health technology assessment and other evaluation processes for new and emerging therapies and policy development. HFA encourages community members to take part in relevant high-quality research projects. We highlight opportunities to participate in research both on the HFA website and through social media and e-news and our community has responded with interest.



In February 2020 we were excited to have access to the first round of data from the real-world implementation of the **PROBE (Patient Reported Outcomes Burdens and Experiences) Australia Study.**

PROBE is a validated international study which collects high quality evidence on patient experiences of haemophilia, treatment and quality of life, from the patient perspective. The PROBE questionnaire includes different sets of questions to measure health-related quality of life: specific haemophilia-related questions (the PROBE score), and the internationally recognised EQ-5D-5L utility index and EuroQol visual analog scale (EQ-VAS) of global health.

Haemophilia Foundation Australia joined the international PROBE Study in 2014 and was involved in the initial validation phases to ensure the study was appropriate to Australians with bleeding disorders. The PROBE Australia Study has ethics approval from Monash University, Melbourne. Australia was the first country to implement the real-world study, commencing in May 2019, and the commencement of the study was received very enthusiastically by our community. The high number of responses meant that HFA was able to draw credible age-related data from the February 2020 PROBE data dashboard as a key source of evidence in the *Getting older report*.

The findings were convincing and have been supported by analysis of the global database by the international PROBE Study investigators. The global database findings will be presented at the ISTH 2020 Virtual Congress and the American Society of Hematology (ASH) Annual Meeting later in 2020.

Among the experiences reported were those of men and women with mild haemophilia, where very little evidence has previously been available. These findings were consistent with the interviews and community survey for the HFA Getting older report and give some solid directions for further research.

The PROBE Study provides unique information about the quality of life impact of various current treatments and we are collecting questionnaire responses from a wider sample of our community to support more specific analysis. The PROBE Study itself continues to evolve and some innovations, including mobile app and longitudinal versions, are currently being trialled internationally. We are monitoring these trials to see whether they will be appropriate and feasible for the Australian Study.

VWD

HFA joined the World Federation of Hemophilia Global Call to Action on von Willebrand disease (VWD) in May 2018 and represents the Western Pacific Region in the WFH VWD Global Group. Countries who join are asked to take action to create awareness, resources and provide support to improve the lives of those living with VWD.

HFA has established a VWD focus group to help with community education and engagement. Responding to the needs of our community members with VWD is a priority. Over the last year we have continued to highlight VWD information and personal stories in awareness campaigns such as Bleeding Disorders Awareness Week and in our education materials and events. We also recruited people with VWD and their partners and family to the Getting Older needs assessment.

As part of the Call to Action, HFA has made specific commitment to support the development of national VWD clinical guidelines. The international (ASH/ISTH/NHF/WFH) Guidelines on the Diagnosis and Management of VWD will be published in December 2020. AHCDO will develop Australian guidelines from these during 2021-22. We look forward to working with AHCDO and other health professional groups on the community education and health services outcomes that will result from the new guidelines.

COMMUNICATING WITH THE COMMUNITY

EDUCATION AND INFORMATION

Education resources snapshot - in 2019-20

HFA education materials about bleeding disorders

3,743 print copies distributed More than **45,277** PDF downloads **99,470** web pages viewed

We work closely with our community and experts to develop our education resources to make sure they are relevant and accurate, with a strong evidence-base, and focus test them with the community members they are intended for.

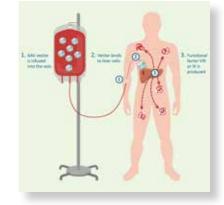
Gene therapy



In October 2019 we published *Gene therapy for haemophilia*, both as a booklet and as a section on the HFA website.

We had conducted a community survey in early 2019 to identify common questions about gene therapy in haemophilia. We were surprised to see just how many questions our community members had! We were grateful to the experts in gene therapy for haemophilia

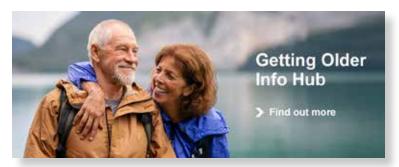
who helped us to transform complex scientific information into plain language explanations and simple diagrams for this resource. Our community focus group were also very generous in the time they gave to feedback and suggestions.



The resource was distributed widely, very well-received and generated a lot of community discussion on social media.

'We were really impressed with it - it was an excellent read, easy to grasp and visually appealing.'

Getting Older Info Hub



One of the key recommendations in the HFA Getting Older report was to develop a **Getting Older Information Hub** on the HFA website for people with bleeding disorders who are getting older, their partners and family, and health professionals in the wider community who provide their care.

We held a community focus group to develop the concept and then have been working with an enthusiastic group of expert health professionals to develop and link relevant information. Web accessibility for older users has been an important consideration – a simple and clear design with links that are easy to click on.

The Info Hub was launched in June 2020 as the 'go-to zone to find information on getting older with a bleeding disorder'. The Hub includes information and links to services, more detailed articles on issues when you are getting older with a bleeding disorder and guidelines for health and aged care professionals in the community developed by the expert haemophilia health professional groups.

The Info Hub will continue to grow and evolve as more information is developed or sourced.

Women and Girls' Project





In July 2019 we undertook an evaluation survey of our two latest The Female Factors education resources, *Female Factors - information for young women with bleeding disorders* and *Telling others about bleeding disorders*. We are working on the next The Female Factors resources and wanted to have feedback on the booklets we have published and what improvements to make in the future.

87% thought they were very or extremely useful100% thought the design and layout was very good or excellent72% passed booklets on or showed them to others

'Easy to read small sections meant I could absorb info more easily than long walls of text.'

'Topics previously avoided were addressed head on.'

'The front cover was inviting and the stories were great to read and not too long.'

'It was really good, gave it to my niece's parents (her dad has haemophilia and she is also a carrier).'

COMMUNICATIONS

HFA communications snapshot - in 2019-20

6,872 copies of National Haemophilia posted to members

More than 22,300 copies of National Haemophilia viewed online or downloaded

946 HFA members received regular e-news

152,980 views of HFA web pages

Social media

2,788 HFA Facebook 'likes'

68% of HFA Facebook 'likes' are aged 13-44 years

689 HFA followers on Twitter

446 followers on Instagram



National Haemophilia, HFA's quarterly journal, continues to receive high praise from both community and health professionals and is well-recognised for its high-quality information and news about bleeding disorders. It has topical educational articles in plain language by Australian bleeding disorder experts, and personal stories from people with bleeding disorders. We recognise that our readership has diverse preferences, so it is available in multiple formats - digitally with each article as a web page, as a PDF, as a magazine through ISSUU, and also in print.

The most popular articles from the last year were:

- What do we know about (haemophilia) carriers?
- World Haemophilia Day 2020
- Rock climbing challenge 2 brothers with severe haemophilia
- And travel tips even though COVID-19 prevented Australians from travelling.

With each article available as a web page, back issues can be searched with search engines such as Google and are very popular - for example, a 2014 article on special issues for women and girls with VWD had 3,794 pageviews.



The **Haemophilia Foundation Australia web site** is our major communication platform. We update it continuously with new information and news and all of our publications are available for download. For the Australian bleeding disorders community, health professionals, stakeholders, the general community and students, who use it regularly, it is a respected and accessible source of current, relevant and evidence-based information.

Our website in 2019-2020

- A very high ranking in Google searches
- Visitors stay on the site and look at more than 1 page, download publications and watch videos
- What's the most popular? Our high quality information about haemophilia and von Willebrand disease, followed by special events like World Haemophilia Day and articles in National Haemophilia
- 51% of visitors access it with mobile devices such as smartphones and ipads/tablets.

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

The HFA website is part of a high quality website infrastructure shared by HFA and State and Territory Foundations.

The **HFA free email newsletter** is a popular way of connecting with bleeding disorder community members and supporters about HFA activities and news. It is well-received, with an open rate at the level of international benchmarks.

Social media

With so many in our diverse community active in social media, our Facebook, Instagram and Twitter platforms are a valuable and timely way for us to communicate with the bleeding disorders community and supporters.

These platforms are particularly effective for engaging the community with important new information and generating awareness about activities and health promotion messages.

- Our **World Haemophilia Day Light it up red** post had an organic reach of 5,800, with 196 post clicks and 282 reactions, comments and shares
- The post on our **new gene therapy for haemophilia resource** had an organic reach of more than 5,500, with 526 post clicks and 353 reactions, comments and shares

Instagram is one of the fastest growing social media platforms worldwide. It is a way for us to engage more visually with the community, using images, infographics and links to the HFA and Factored In websites for more information. We have continued to grow our presence on Instagram.

In 2019-2020 we made 45 Instagram posts and have increased our followers by 70%.



AWARENESS

GLOBAL VWD CALL TO ACTION



In 2018 HFA joined the World Federation of Hemophilia Global VWD Call to Action and committed to taking action to create awareness, resources and provide support to improve the lives of those living with von Willebrand disease (VWD) and other rare bleeding disorders. The 2019 Conference provided a great opportunity to put this into action. Our VWD focus group gave ideas on topics and how to promote the conference to people with VWD. We had sessions on VWD and speakers with VWD in several sessions, including From Girls to Women and Youth. The personal stories on VWD from the Conference were published in *National Haemophilia* and on Factored In

and promoted on our social media platforms. There they were received with great enthusiasm and discussion.

WORLD HEPATITIS DAY

World Hepatitis Day is marked internationally on 28 July. In 2019 the Australian campaign took the theme of 'Why miss out?' to encourage people with hepatitis C to have treatment for their hep C. New and effective treatments mean that there is now the potential of a cure for nearly all. HFA has joined the global commitment to eliminate hepatitis C by 2030. HFA believes we can achieve this much earlier in the bleeding disorders community.

HFA is a partner in the national World Hepatitis Day Campaign and worked together with Hepatitis Australia, state and territory Foundations and haemophilia and hepatitis experts to develop a social media campaign specifically targeted at the bleeding disorders community.



Nearly all of our community members with hepatitis C who are in contact with their Haemophilia Treatment Centres have now been treated and cured of their hepatitis C. This year our campaign aimed to reach people with bleeding disorders with liver cirrhosis resulting from their hepatitis C, encouraging them to continue to have ongoing liver health monitoring – even if they are cured, they remain at risk of liver cancer. We had messages targeted at people with mild bleeding disorders who visit a Treatment Centre rarely, may not be aware they were at risk of hepatitis C infection and so have missed out on treatment.

WORLD AIDS DAY 2019

In 2019 the World AIDS Day campaign theme was 'Every journey counts'. For HFA this was a time to acknowledge the impact of HIV on our community, both in the past in the early days of the HIV epidemic and now. In particular, this includes the people with bleeding disorders who acquired HIV from infected clotting factor treatment products during the 1980s, some of whom live on with HIV while others were so tragically lost. It is also important to recognise the experience of their family and friends, the community leaders and the Haemophilia Treatment Centre teams who have cared for them, shared their hardships and still grieve for those who passed away.

HIV continues to be part of our community's experience. We marked this day across all our communication platforms and gave our affected community the opportunity to comment and support each other. Their responses remind us how vital it is to create a supportive, non-judgemental and stigma-free environment for our community members affected by HIV.

BLEEDING DISORDERS AWARENESS WEEK AND RED CAKE DAY 2019

Bleeding Disorders Awareness Week and Red Cake Day was held this year from 13-19 October 2019. Haemophilia Foundation Australia and Haemophilia Foundations around the country worked together to raise awareness about bleeding disorders.

We had many supporters to help us fundraise and raise awareness over the week. Bendigo Bank branches across Victoria joined in partnership once again and schools, hospitals, libraries, families and local communities around the country also took part to help spread the message.

We are grateful for the support and uptake of this exciting event which we hope is becoming a regular feature on everyone's calendar.

Today Hamlyn Banks Primary dressed in red. We are raising funds for Bleeding Disorders Awareness Week. The money that we raise will go to the Haemophilia Foundation Australia to put towards research.

At our school, we have two students who have haemophilia, Harrison and Callum. Their blood is different to other students because it does not clot, meaning the blood takes a while to stop. 'Every second day I have a small needle put into my vein, which feeds me the medicine and it helps my blood clot,' says Harrison.

During the week, all students have been learning how blood disorders affect people's lives.

Renee B - Grade 5 Hamlyn Banks Primary School



COLOURING-IN COMPETITION 2019

Congratulations to all the winners and thank you to everyone who participated.



- Ruby VIC

SNAPSHOT

- Over 60 Red Cake Day events and awareness activities
- Over 30 Bendigo Bank Branches participated
- Raised just over \$7,500 across the country

WORLD HAEMOPHILIA DAY 2020



Every year on 17 April World Haemophilia Day is recognised worldwide to increase awareness of haemophilia, von Willebrand disease and other inherited bleeding disorders. This is a critical effort since with increased awareness comes better diagnosis and access to care for the millions who remain without treatment.

CELEBRATING 30 YEARS!

2020 saw the 30th anniversary of World Haemophilia Day. The longevity of this celebration is proof of the dedication and tight-knit nature of our community.

The theme of World Haemophilia Day in 2020 was **Get+involved**. We encouraged our community to help increase the awareness of inherited bleeding disorders and of the need to make access to adequate care possible everywhere in the world.

THE VIRTUAL CAMPAIGN

In April 2020 Haemophilia Foundation Australia once again celebrated World Haemophilia Day – but this year in a very different style. HFA developed a virtual pack for families to use in the comfort of their own home. The virtual pack included World Haemophilia Day and Light It Up Red landmark colouring-in sheets, an online quiz and word find. And of course, kids were able to test their friends' knowledge and their own with the online quiz about bleeding disorders!

We thank everyone who took part in our virtual campaign. What a great success it was, and so wonderful to see people taking part.

LIGHT IT UP RED



The following landmarks turned red in support of the day and we thank the authorities that organised this.



ACT

Telstra Tower, Shine Dome, The Australian Mint, Deakin

NSW

Sydney Town Hall

QLD

Story Bridge, Victoria Bridge, Reddacliff Place Steam Sculptures, Brisbane City Town Hall, Sandgate Town Hall, King George Square, Munro Martin Parklands, Tropical Dome (Brisbane Botanic Gardens), Gasometer @ Gasworks Plaza, Heritage Façade Light, Town Hall Warwick Clock Face, Mackay City Fountain Precinct, Sir Albert Abbott Admin Building, Mackay, Kurilpa Bridge, Parliament House Brisbane

SA

The new Riverbank lighting feature

TAS

Cardinal Lights

VIC

Melbourne Star Observation Wheel, Geelong intersection Moorabool & Malop St Geelong

WA

Optus Oval, Trafalgar Bridge, The Bell Tower, Elizabeth Quay, Crown House, Yagan Square Matagarup, Mount Street and Sky Ribbon Bridges, Perth Concert Hall

FACEBOOK LIGHTING UP RED!

What a great showcase of support with people changing their Facebook profile pictures for the day!



SNAPSHOT

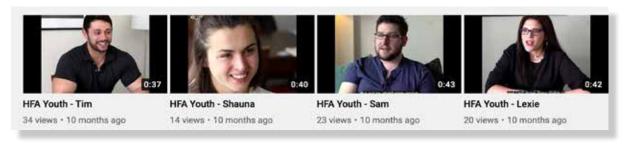
• 31 landmarks across Australia turned red in support of the day

WWW.FACTOREDIN.ORG.AU

Factored In is the HFA youth website. It was created by young Australians for young people in 2012, to talk about life, being young and having a bleeding disorder. The website features personal stories from young people, as well as evidence-based information specific to young people and bleeding disorders. Topics include managing your health, treatment and self-infusing, employment, disclosure, sport, travel and issues for young women.

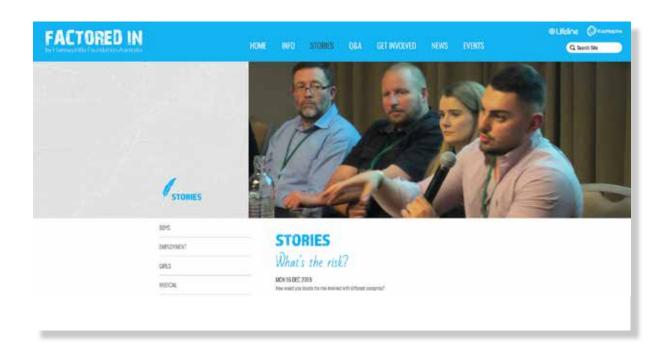
While the information pages are a robust backbone for the Factored In website, personal stories are key to engage young people.

At National Conference in October 2019 we engaged with Ntegrity, a digital strategy agency, to interview our youth delegates about the future of Factored In and engagement with local foundations, HFA and with each other. This also included a survey sent out to all HFA youth contacts and on social media. The response was very constructive and so we began a revamp of the Factored In website with a launch date of early July 2020. Part of this project was producing 5 digital videos on youth engagement and personal stories.



Examples of Factored In articles 2019-2020

- Playing competition wheelchair football Joe Chivers tells his story of playing elite competition wheelchair football with VWD.
- What's the risk? The debate about risks at the 2019 Australian Haemophilia Conference
- Managing my VWD Shauna tells her story of her experiences with Type 3 VWD and how she has managed the challenges she has faced
- This might just be me At the recent national Conference in Sydney, some youth delegates took time out to share their experiences for the HFA Digital Stories project.
- Coronavirus (COVID-19) what you need to know here



Factored In snapshot

In 2019-2020 there were:

- 6730 website visits
- **11,759** page views
- 61.8% of visitors were female
- 62% of visitors were aged between 18-34

HAEMOPHILIA FOUNDATION RESEARCH FUND

The Foundation's Haemophilia Foundation Research Fund is made up of \$603,113 from income from the donations, fundraising and bequests received by HFA specifically for research over many years, and the bequest of \$1,430,481 from the estate of Maxine Ewart in 2016 which is now valued at approximately \$1,578,050.

Due to the COVID-19 pandemic we did not advertise a funding round for new grants this year. However, a relatively small distribution of \$10,000 was paid to Dr Nicholas J. Hunt for his project at the University of Sydney which is exploring the transport of CRISPR via nanomedicine to the liver endothelium for the treatment of Haemophilia A. This is part of a broader project which had been expanded to include haemophilia A. We were able to contribute the second part of the HFA grant, in anticipation of necessary materials being transported from the United States so the project could continue later in the calendar year.

2019 CONFERENCE



The **19th Australian Conference on haemophilia**, **VWD & rare bleeding disorders** in October 2019 seemed to be enjoyed by all participants - in fact, informal feedback from delegates is rating it as one of the best!

The Conference was attended by people with bleeding disorders, their families and carers, health professionals, policy makers, industry representatives and 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 Liane Khoo and covered a range of interesting and challenging topics. We thank all the speakers and session chairs who contributed to our meeting.

- Meeting other families is always a big bonus
- Exciting new opportunities + importance of individual patient specificity everyone has many unique considerations
- the quality has been outstanding, probably the best one yet.
- It was well put together with a good variety of information provided by all of the speakers, it was also good to meet new people and reconnect with others as always

CONFERENCE SPONSORS

Thank you to our conference sponsors and supporters.



DEVELOPMENT PROGRAMS

GO FOR IT GRANTS

The Go For It Grants program is open to people affected by haemophilia, von Willebrand disease and other rare inherited bleeding disorders of all ages throughout Australia. They aim to inspire and support people affected by a bleeding disorder. Each year, two grants of \$2500 each are given for initiatives by community members with a passion to achieve new personal goals, develop a new opportunity, learn something new or further develop expertise in an area of their work.

We awarded two grants this year. One of these was to support a young community leader to attend the 2020 WFH World Congress in Kuala Lumpur. Unfortunately the Congress was cancelled due to COVID-19, but we will work with the recipient towards another learning objective when the opportunity arises.

The second grant was awarded to a man who is a secondary school teacher. He saw an opportunity to develop his IT skills to enable him to extend his role at his school by developing a program to address cybersecurity issues. He realised all businesses needed to develop in this area and he was keen to blend his teaching role with a cyber awareness program at his school, and over time, he hoped to extend this expertise to other schools in his area.

Go For It Grants were established by Haemophilia Foundation Australia (HFA) with sponsorship from Pfizer Australia several years ago, and we are grateful to Pfizer for their ongoing support.

WORLD FEDERATION OF HAEMOPHILIA (WFH)

Programs and General Assembly

HFA continues to participate in the work of the World Federation of Hemophilia (WFH). As a National Member Organisation of WFH we were privileged to contribute to the von Willebrand disease Call to Action and the WFH Twinning Program. Sharon Caris, HFA Executive Director, was a member of the WFH Development Grants Committee and Gavin Finkelstein, HFA President, and Sharon Caris attended the General Assembly of the Federation via teleconferences.

Congress

Sadly the COVID-19 pandemic forced WFH to cancel the WFH 2020 World Congress due to take place in Kuala Lumpur, Malaysia in June 2020. HFA had planned to send a delegation to attend, however this was not possible. We were delighted that WFH was able to run an alternate virtual summit and there was wide attendance from Australians at the virtual sessions held 14-17 June 2020 instead.

Twinning

HFA started a twinning partnership with the Myanmar Haemophilia Patient Association in 2018. Some further work via internet and telephone meetings has been progressed since the first assessment visit to Myanmar by Leonie Demos and Sam Duffield. Unfortunately, the planned visit and further work scheduled for the 2020 WFH Congress was not possible due to the COVID-19 pandemic and the workplan has been interrupted significantly. We look forward to progressing this work with our twinning partners to establish priorities and a new workplan during the next year.

DAMON COURTENAY MEMORIAL ENDOWMENT FUND (DCMEF)

The Damon Courtenay Memorial Endowment Fund (DCMEF) was established by Haemophilia Foundation Australia in 1994 with financial support from the late Bryce Courtenay and the late Benita Courtenay in memory of their son, Damon. HFA has added to this fund so it continues to grow for the benefit of the community.

The Fund is used to provide grants to individuals or patient support organisations for the care, treatment, education and welfare of people affected by haemophilia or related bleeding disorders.

This year an amount of \$7,535 was allocated to support 4 people living with a bleeding disorder in different areas of their life, including for more accessible bedroom furniture, a laptop for a tertiary student, a retraining course to enable a person to take on more suitable employment and an online training course for a child with haemophilia to build confidence and self esteem.

FUNDRAISING

HFA's fundraising program raises much needed funds for education resources, projects and peer support activities.

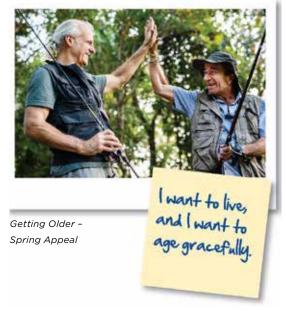
We are extremely lucky to have a committed group of individuals, families, service clubs, schools and businesses that make donations throughout the year to support our work. Their generosity helps us to continue to provide many of services to assist at every age and stage.

Appeals

Direct mail appeals to donors are sent during the year and we thank each individual who made a donation. The donations raised from these campaigns are used to support programs and services including peer support, family camps, women's resources and local community projects. We had planned for another donor acquisition campaign in March 2020. This was postponed due to the fire fundraising campaigns held earlier in the year and then COVID-19. This was then lodged in Sep 2020, though most of the expenses have been accounted for in this 2019/2020 financial year.



Baby Jack's -Christmas Appeal



PEER SUPPORT PROGRAMS - CAMPS, GROUPS AND WORKSHOPS

HFA supports a range of program and services run by the state/territory Foundations such as camps, and groups run specifically for parents and carers, men, women with bleeding disorders group and rural education workshops. These programs and services serve to bring people with common needs together, and to provide education and peer support. HFA supported 3 family camps around Australia and 2 peer support groups. One family camp has been postponed to March 2021 due to COVID.

HFV Family Camp, February 2020

Twenty-two families attended the annual family camp at Adanac CYC in Yarra Junction from 14-16 February 2020. The weekend provided peer support and through group discussions enabled sharing of information and learnings. Adventure therapy and team building sessions helped to build resilience in boys and their families helping them to better manage the condition.

"What a great weekend we had, so nice to meet other families and for our kids to run off and try new activities."



Treasurer's Report, David Fagan



I am pleased to present my report to Council.

It has been an extraordinary year for HFA as we set a large work agenda for our education, communications and advocacy as well as steps to help our organisation work more effectively. This work had significant financial implications.

The financial reports show that HFA's income decreased by 13.3% from \$1,157,714 in 2019 to \$1,003,664 this year and our expenses increased by 19.7% from \$1,111,873 to \$1,324,979. It is important to note that expenses for administration, property, education and grant distributions were relatively consistent with the previous year. However, our costs for services and care increased by 36.9% from \$585,111 to \$801,000 which led to a deficit of \$321,315 and this needed to be funded from our discretionary reserves.

Our donation income was somewhat up and down this year. General donations decreased from \$197,000 last year to \$131,000, but income from philanthropic trusts increased from \$24,000 to \$56,000 which meant we could provide support for the state/territory family camps and peer support programs which needed funds. Our trust applications are generally targeted to our specific needs, but we observe that the financial climate and the COVID-19 pandemic have impacted the availability of grants and this may lead to a further loss of income going forward. We were fortunate that corporate sponsorship for special projects returned to a more regular level of \$157,313 after the sudden decline to \$39,000 last year. Overall, corporate income and donations together amounted to \$353,000 this year, compared to \$267,000 last year. These fluctuations are largely due to external factors which typically vary from year to year. We cannot predict the ongoing impact of the pandemic, but we are working proactively to minimise income reduction in all areas of our business.

HFA's government grant income for the year was consistent with our Commonwealth Department of Health Agreements. Government grant income reduced from \$517,000 in the previous year to \$455,000 when the funding for the Getting Older Project finished as expected. We are grateful for these grants as they fund the partial costs of our secretariat and some of our education and communications services, and we would not be able to operate our national secretariat without such support. Further we received \$73,000 from the Commonwealth and Victorian governments in business support, cash flow boost and Jobkeeper grants in the latter half of the year to offset some of the financial burden of the pandemic. This boost was valuable in the face of the uncertainty and inevitable slowdown.

Our secretariat costs and other operational costs for administration, health professionals' meetings and liaison and governance activities remained stable compared to the previous year and there were no budget overruns. A restructure of the fundraising department during the year is expected to produce cost savings next year. We have reduced our overall fundraising staffing and reorganised some of our operations following the new digital communications initiatives we have undertaken. The digital communications activities have been mostly funded from one of our government grants. These steps are expected to improve the performance of our business in several areas.

HFA was already serviced by Cloud technology well ahead of the COVID-19 pandemic, but when the government restrictions required the HFA office to be closed we had some unplanned costs as we had to bring forward some plans for new hardware and software to enable staff to work more effectively from their homes. Staff were able to set up to work from their homes quickly and administration changes were made so our business continued to function as well as possible. Nevertheless, we remain worried about the impact the COVID-19 pandemic will continue to have on our fundraising program. We are grateful for the loyalty of our staff and their commitment to make this difficult period as productive as possible.

HFA has never realised its desire for operational self-sufficiency because we do not run profit-making activities and therefore must work within our limited reserves and we aim to 'break even' each year. We have embarked on the acquisition plan to build our cash reserves so that we will be able to expand our work when required, but we are generally unable to fund additional operational expenses or new services and care programs without a specific additional grant. Very often we need to wait until we have completed an activity or project before we can move on to another, regardless of their importance or urgency. This year we made exceptions to this. We have drawn down heavily from our discretionary reserve which holds the funds received funds from our share of the 2014 WFH Congress profit. The combined impact of the following five activities contributed to our deficit of \$321,315 and we have been reliant on our discretionary reserves to fund these costs.

- 1. We made a commitment to further costs for the donor acquisition program this year as it is critical that new donors are attracted to overcome the gradual attrition from our existing donor database so we can meet future income needs. We had invested \$105,000 in this project in 2018 with these costs incurred across two financial years. An amount of \$97,502 was received in income from new donors from this. Based on this success we decided to go ahead with the next stage of the acquisition plan this year. We spent \$41,836 for the necessary external consultancy, although a decision to delay the actual mailing until September 2020 was made due to concerns that the earlier bushfire appeals followed by the COVID-19 pandemic may negatively affect the outcome of this. Fortunately, we are on track to break even with this plan after our investment over 3 years, but I will continue to monitor this work carefully, and report the outcome to Council.
- 2. After a process of due diligence, a decision was made to purchase a new customer relationships management (CRM) system because the existing database was no longer fit for purpose. We have purchased a CRM that not only offers a more efficient donor database, but it will also allow more effective communications with stakeholders across our research, advocacy and education objectives. This year we have paid \$8,369 of the total cost of \$11,760 for the database and we can look forward to benefiting from the efficiencies this will bring to our organisation over many years.
- 3. An advocacy strategy to develop policy around access to new and emerging therapies has been necessary due to concern that people with bleeding disorders in Australia are falling behind others and not accessing new treatments in a timely way. This involved funding two facilitated multidisciplinary workshops in Melbourne and the development of an advocacy plan at a cost of \$55,290.

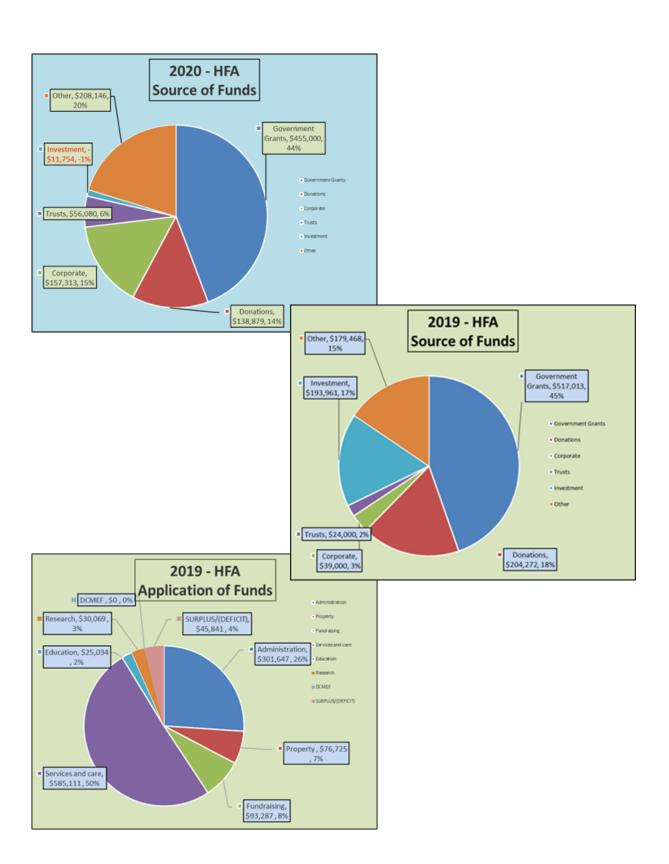
- 4. Our new digital communications project is largely funded by a government grant and this is improving our communications and relationships with different parts of our community greatly. The national conference gave us the opportunity to build on the work towards our digital communications strategy with a specific consultation with youth during the conference at a cost of \$32,643.
- 5. Lastly, we have experienced the usual biennial conference effect. We received sponsorship income of \$164,628 in the previous year and a further smaller amount of \$117,722 was received this year while \$204,960 for conference costs were spent this year compared to only \$19,578 in the previous year. While this impacts our current deficit, we had a tremendous result with the conference over the two years, because overall income exceeded total expenses by \$57, 812. It is nevertheless important to note that we don't factor the cost of staff resources into conference expenses, nor do we pay speakers, and we would not have this positive outcome if we were to outsource the conference or have the valuable input of so many skilled and expert volunteers to work with us to develop the program.

This extraordinary expenditure has had a significant impact on our savings. We now only have \$140,054 in discretionary funds for use for our projects and operations. We must be judicious about our expenditure going forward as we no longer have the Congress reserve to fall back on as we rely on our investment in the acquisition plan to yield returns so that it gradually reverses this situation.

However, in terms of our other reserves, I am pleased to report that our two major special purpose investment funds are stable. The investment plan adopted in 2017 continues to serve our interests well in the current economic climate as we invested our research funds with Vanguard and the Damon Courtenay Memorial Endowment Fund was invested with Schroders and we no longer rely on low yielding cash investments for these funds. These funds are of course, subject to market fluctuations.

Most of our accumulated funds are held as the Haemophilia Foundation Research Fund which is made up of two parts; this includes \$603,113 held in cash and term deposits with the Commonwealth Bank, ANZ and Westpac from income from the donations, fundraising and bequests received by HFA specifically for research over many years, and the bequest of \$1,430,481 from the estate of Maxine Ewart in 2016 which is now valued at approximately \$1,578,050. The Damon Courtenay Memorial Endowment Fund which holds \$237,704 after a distribution this year of \$7,535 this year is also relatively stable.

We made a relatively small distribution of \$10,000 this year from the research fund as part payment for a grant for a research project which had been delayed due to the pandemic. A further payment of \$10,000 will be paid next year along with any new grants awarded.



Financial Report

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED ABN 89 443 537 189 ANNUAL REPORT FOR THE YEAR ENDED 30 JUNE 2020

Your Council members submit the financial report of Haemophilia Foundation Australia Inc. for the financial year ended 30 June 2020.

Council Members

The names of Council members throughout the year and at the date of this report are :-

Haemophilia Foundation ACT Claude Damiani Haemophilia Foundation NSW Daniel Credazzi

Haemophilia Foundation QLD Adam Lish (David Stephenson until Oct 2019)

Haemophilia Foundation TAS David Fagan
Haemophilia Foundation VIC Leonie Demos
Haemophilia Foundation WA Gavin Finkelstein

Principal Activities

The principal activities of Haemophilia Foundation Australia during the financial year are to support people with bleeding disorders and their families through representation, education and the promotion of research. No significant change in the nature of these activities occurred during the year.

Operating Result

The deficit for the financial year amounted to \$321,315 (2019: surplus \$45,841).

Signed in accordance with a resolution of the members of the Council.

President

Gavin Finkelstein

Treasurer

David Fagan

Date: 21 October 2020

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED ABN 89 443 537 189 INCOME AND EXPENDITURE STATEMENTFOR THE YEAR ENDED 30 JUNE 2020

	Note	2020	2019
		\$	\$
INCOME			
Government grants		455,000	517,013
Sponsorships, donations and bequests		352,273	267,273
All other revenue		120,386	166,995
Interest income		83,821	105,852
Realised gains/(losses)		-	109
Unrealised gains/(losses)		(95,575)	88,000
Other income		87,759	12,472
TOTAL INCOME		1,003,664	1,157,714
EXPENSES			
Administration		309,259	301,647
Leasing of premises and office expenses		76,701	76,725
Fundraising		96,838	93,287
Services and care		801,010	585,111
Education		23,602	25,034
Research and other grants		17,569	30,069
TOTAL EXPENSES		1,324,979	1,111,873
(DEFICIT)/SURPLUS FOR THE YEAR		(321,315)	45,841
ACCUMULATED FUNDS BROUGHT FORWARD		2,636,619	2,601,672
TOTAL AVAILABLE FUNDS		2,315,304	2,647,513
TRANSFER (TO) / FROM RESERVE	8	5,913	(10,894)
ACCUMULATED FUNDS CARRIED FORWARD	7	2,321,217	2,636,619

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

HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED ABN 89 443 537 189 ASSETS AND LIABILITIES STATEMENT AS AT 30 JUNE 2020

	Note	2020 \$	2019 \$
CURRENT ASSETS		P	a
Cash and Cash Equivalents	2	506,208	811,857
Investments	3	2,269,114	2,304,245
Trade and Other Receivables		3,978	4,090
Other assets		-	-
Total Current Assets		2,779,300	3,120,192
NON CURRENT ASSETS			
Property, plant and equipment	4	45,904	57,490
Total Non-Current Assets		45,904	57,490
TOTAL ASSETS		2,825,204	3,177,682
CURRENT LIABILITIES			
Trade and Other Payables	5	23,950	81,610
Short-term Provisions	6	241,986	213,607
Total Current Liabilities		265,936	295,217
NON CURRENT LIABILITIES			
Long-term Provisions	6	347	2,229
Total Non-Current Liabilities	o o	347	2,229
			_,
TOTAL LIABILITIES		266,283	297,446
NET ASSETS		2,558,921	2,880,236
		_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FOUNDATION'S FUNDS			
Accumulated funds	7	2,321,217	2,636,619
Reserve	8	237,704	243,617
TOTAL FOUNDATION'S FUNDS		2,558,921	2,880,236
		_,,	_,,

The above Assets and Liabilities Statement 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 2020

	Note	2020	2019
		\$	\$
CASH FLOWS FROM OPERATING ACTIVITIES			
Investment income received		30,441	36,407
Grants received		455,000	517,013
Proceeds from sale of investments		-	26,611
Purchase of investments		-	-
Receipts from constituents		560,418	446,740
Payments to suppliers and employees		(1,341,576)	(1,015,974)
Net cash flows from operating activities		(295,717)	10,797
CASH FLOWS FROM INVESTING ACTIVITIES			
Acquisition and disposal of property, plant and equipment		(2,868)	(5,098)
Net cash flows used in investing activities		(2,868)	(5,098)
NET INCREASE CASH HELD		(298,585)	5,699
CASH BALANCE BROUGHT FORWARD		1,299,731	1,294,032
CASH BALANCE CARRIED FORWARD		1,001,146	1,299,731
Cash balance carried forward comprises : -			
Cash and cash equivalents	2	506,208	811,857
Short term deposits	3	494,938	487,874
		1,001,146	1,299,731
Reconciliation of surplus for the year to the net cash flows from operating activities: -			
Total operating surplus for the year		(321,315)	45,841
Depreciation and amortisation		14,454	13,669
Changes in assets and liabilities			
Increase/(Decrease) in creditors and provisions		(31,163)	81,818
(Increase)/Decrease in receivables and other assets		112	412
(Increase)/Decrease in investment assets		42,195	(130,943)
Net cash flows from operating activities		(295,717)	10,797

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

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020

NOTE 1: STATEMENT OF SIGNIFICANT ACCOUNTING POLICIES

The financial statements are special purpose financial statements prepared in order to satisfy the financial reporting requirements of the Associations Incorporation Reform Act 2012. The Council has determined that the association is not a reporting entity.

The financial report has been prepared on an accrual basis and are based on historic costs and do 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 these financial statements.

(a) Income Tax

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

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

The depreciable amount of all property, plant and equipment 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 twelve 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.

Dividend income and any reclaim thereto is recognised when the entity obtains control over the funds which is generally at the time of receipt.

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).

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020 (cont...)

(g) Leases

Lease of property, plant and equipment, 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.

(h) 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.

(i) 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.

(j) Comparative Figures

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

	2020	2019
NOTE 2: CASH AND CASH EQUIVALENTS	\$	\$
Cash at bank	506,208	811,857
NOTE 3: INVESTMENTS		
Short term deposits	494,938	487,874
Investment securities, at fair value	1,774,176	1,816,371
	2,269,114	2,304,245
NOTE 4: PROPERTY, PLANT AND EQUIPMENT		
Furniture and office equipment - at cost	265,970	263,102
Accumulated depreciation	(220,066)	(205,612)
	45,904	57,490

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020 (cont...)

NOTE 5: TRADE AND OTHER PAYABLES	2020	2019
Trade creditors and accruals	23,950	81,610
	23,950	81,610
NOTE 6: PROVISIONS		
Current		
- Annual leave	143,658	125,669
- Long Service leave	98,328	87,938
	241,986	213,607
Non-Current		
- Long Service leave	347	2,229
	347	2,229
NOTE 7: ACCUMULATED FUNDS Accumulated funds are set aside for the following purposes: -		
- research	2,181,163	2,203,034
- discretionary projects and reserves	140,054	433,585
	2,321,217	2,636,619
NOTE 8: RESERVE		
Damon Courtenay Reserve		
- balance at beginning of year	243,617	232,723
- special appeals and interest income	1,622	10,894
- sponsorships, allocations and costs	(7,535)	-
	(5,913)	10,894
- balance at end of year	237,704	243,617

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.

NOTES TO THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 30 JUNE 2020 (cont...)

NOTE 9: SUBSEQUENT EVENTS

"No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the Association, other than as follows:

During the financial year, the COVID-19 pandemic has caused significant disruption in multiple economies as governments take steps to contain and/or delay the spread of the virus.

These actions have resulted in significant disruption to business operations and a significant increase in economic uncertainty including more volatile asset prices, commodity prices and exchange rates and a decline in long-term interest rates in some economies.

The effects on the future of certain aspects of the Association's operations and cashflows are difficult to predict however the Council have taken steps to ensure the ongoing viability of the Association.

The Council have concluded that this uncertainty will not affect the ability of the Association to continue as a going concern for the 12 months from the date of this report."

ANNUAL STATEMENTS GIVE TRUE AND FAIR VIEW OF FINANCIAL POSITION AND PERFORMANCE OF HAEMOPHILIA FOUNDATION AUSTRALIA INCORPORATED

We, Gavin Finkelstein and David Fagan, being members of the Council of Haemophilia Foundation Australia Inc, certify that:-

the statements attached to this certificate give a true and fair view of the financial position and performance of Haemophilia Foundation Australia Inc. during and at the end of the financial year of the association ending 30 June 2020.

President

Gavin Finkelstein

Treasurer

David Fagan

Date: 21 October 2020

HAEMOPHILIA FOUNDATION AUSTRALIA INC (ABN 89 443 537 189)

INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF HAEMOPHILIA FOUNDATION AUSTRALIA INC

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Haemophilia Foundation Australia Inc. which comprises the assets and liabilities statement as at 30 June 2020, the income and expenditure statement and the cash flow statement for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the certification by members of the committee on the annual statements giving a true and fair view of the financial position and performance of the association.

In our opinion, the accompanying financial report gives a true and fair view of the financial position of Haemophilia Foundation Australia Inc. as at 30 June 2020 and of its financial performance for the year then ended in accordance with the accounting policies described in Note 1 to the financial statements, and the requirements of the Associations Incorporation Reform Act 2012.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the *Auditor's Responsibilities for the Audit of the Financial Report* section of our report. We are independent of the association in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110: *Code of Ethics for Professional Accountants* (the Code) that are relevant to our audit of the financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion

Emphasis of Matter - Basis of Accounting

We draw attention to Note 1 to the financial statements, which describes the basis of accounting. The financial report has been prepared to assist Haemophilia Foundation Australia Inc. to meet the requirements of the Associations Incorporation Reform Act 2012. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of the Committee for the Financial Report

The committee of Haemophilia Foundation Australia Inc. is responsible for the preparation and fair presentation of the financial report in accordance with the financial reporting requirements of the Associations Incorporation Reform Act 2012 and for such internal control as the committee determines is necessary to enable the preparation and fair presentation of a financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the committee is responsible for assessing the association's ability to continue as a going concern, disclosing, as applicable, matters relating to going concern and using the going concern basis of accounting unless the committee either intends to liquidate the association or to cease operations, or has no realistic alternative but to do so.

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Incorporating MVA Bennett Pty Ltd (ABN 90 623 319 022) & MVA Bennett (ABN 48 647 105 185) & The Bennett Group Pty Ltd (41 156 082 969) & MV Anderson & Co

Liability limited by a scheme approved under Professionals Standards Legislation

Melbourne

Level 5 North Tower 485 La Trobe Street Melbourne, Vic 3000

T. +61 9642 8000

E. info@mvabennett.com.au





HAEMOPHILIA FOUNDATION AUSTRALIA INC

(ABN 89 443 537 189)

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 association's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the committee.
- Conclude on the appropriateness of the committee's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the association's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the association to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the committee regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

MVA BENNETT

Chartered Accountants. Level 5 North Tower 485 La Trobe Street Melbourne Vic 3000

SHAUN EVANS Partner

Dated: 21 October 2020

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Incorporating MVA Bennett Pty Ltd (ABN 90 623 319 022) & MVA Bennett (ABN 48 647 105 185) A The Bennett Group Pry Ltd (41 156 082 969) & MV Anderson & Co.

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Melbourne

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T. +61 9642 8000

E. info@mvabennett.com.au





Acknowledgments

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

Individual Donors over \$250

Dr M J Baikie Mr M & Mrs S Barry Mrs Dulcie Battaglene Mr Paul Bedbrook Mr Heath Blake

Mr Philip & Mrs Carol Blake

Dr Neal Blewett Mrs Peggy Boorer Mr I Suey & Mrs D Boyd

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Mrs Dawn Thorp AO Ms Barbara Wall

Mr Fred & Mrs Maria Wensing

Dr Graeme Wood Dr M F Yee

Service Clubs over \$250

Lions Club of Adamstown Inc

Lioness Club of Ballan

Lions Club of Battunga Country The Lions Club of Ballajura Lioness Club of Broome Lions Club of Cooma

Cheltenham RSL Village Social Club

Lions Club of Emerald Lions Club of Gympie

Lions Club of Haddon and District Rotary Club of Korumburra The Lions Club of Lennox Head

Lions Club of Laidley Lions Club of Moore Park Lions Club of Merbein Lions Club of Millicent

The Lions Club of Nambucca Heads
The Lions Club of Phillip Island
The Lions Club of Southport
Lions Club of South Perth
Lions Club of Toronto
Lions Club of Wynyard

Corporate Donations over \$250

Accounting HQ Pty Ltd J J Richards & Sons Pty Ltd

Trusts & Foundations

The William Angliss VIC Charitable Fund The Marian & EH Flack Trust The Greatorex Fund – APSF Lotterywest WA Scobie & Claire MacKinnon Trust

Independent Special Events

Entertainment Books SA Goodwin Brothers - Climbing for Haemophilia fundraiser Alex Carter -Toyota Christmas fundraiser Paypal Australia

Bequests:

TG & JM Matthews Foundation Estate of Audrey Rose Kennewell

Corporate Grants & Sponsorship

Haemophilia Foundation Australia seeks grants and sponsorship for disease awareness activities, education projects and other special projects from charities and companies, including some pharmaceutical companies where there is a shared objective to improve the lives of people with bleeding disorders. All corporate grants and sponsorship arrangements must be compliant with Australian government regulatory requirements and HFA policy and subject to agreements which set out the terms, conditions and obligations of each party. HFA does not endorse any pharmaceutical product or treatment.

Education Grants & Sponsorship

CSL Behring (Australia) \$27,500 Education Grant

Novo Nordisk Global \$7,663.42

Donation from International Society on

Thrombosis and Haemostasis (ISTH)

Conference

Pfizer Australia \$36,300 Platinum Sponsorship 19th Australian Conference on haemophilia, VWD & rare bleeding disorders (10-12 Oct 2019)

\$34,650

Educational Grant - Disease Awareness

Roche Products Pty Ltd \$33,000 Education and Communications Sponsorship

Roche Diagnostics International \$3,000 Honorarium for International Society on Thrombosis and Haemostasis (ISTH) Conference

Sanofi Genzyme \$60,000 Education via digital communications

Bleeding Disorders Awareness Week

Bendigo Bank Branches Albury Bendigo Bank Branch Bairnsdale Bendigo Bank Branch Ballan & District Community Bank Branch Ballarat Central Bendigo Bank Branch Ballarat West Bendigo Bank Branch Barwon Heads Community Bank Branch Beaufort Community Bank Branch Bendigo Central Bendigo Bank Branch Bright Bendigo Bank Branch Buninyong Community Bank Branch Bunyip & District Community Bank Branch Castlemaine Bendigo Bank Branch Cobden & District Community Bank Branch Cohuna Bendigo Bank Branch Coleraine Community Bank Branch Corio Bendigo Bank Branch Daylesford & District Community Bank Branch Deniliquin Bendigo Bank Branch
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Heyfield Community Bank Branch
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Kingston Bendigo Bank Branch
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Launceston Bendigo Bank Branch
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Community Bank Branch
Shepparton Bendigo Bank Branch
Strath Hill Bendigo Bank Branch
Sunbury Bendigo Bank Branch
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Community Bank Branch
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Community Bank Branch
Wallan Community Bank Branch
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A & G Kaiser
Busy Bee Long Day Childcare
Calvary Mater Newcastle
CWA Neerim District Branch
Department of Health
Field Family
Hamlyn Banks Primary School

Field Family
Hamlyn Banks Primary School
Neerim District Secondary College
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