



**australian doctors  
international**

*Working for a healthier PNG*

ANNUAL REPORT 2023/2024





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The Department of Foreign Affairs and Trade (DFAT) is the Australian Government agency in charge of managing Australia's overseas aid program. The goal of the Australian aid program is to promote Australia's national interests by contributing to international growth and poverty reduction.





## The ADI Way

Working with our local government and non government partners,, ADI delivers health services in rural and remote regions of Papua New Guinea.

We now work across four provinces – Western, New Ireland, West New Britain and Manus, with expansion into other provinces very much on our horizon.

The ADI Way of working has brought great respect from people of the communities we work within, and the partners with whom we collaborate.

The ADI Way of thinking begins by listening to and learning from local voices and lived experiences. We champion those living with disability and social exclusion. We hold fast to principles of equity, are highly sensitive to community values and culture, and ensure our environmental responsibility is upheld.

The ADI Way of working builds confidence that we do what we say, we do the right thing, and we hold true to stakeholder expectations, while operating at the highest level of accountability.

We are promise keepers.

**This is the ADI Way**



## VISION

A healthier rural and remote Papua New Guinea

## MISSION

ADI is committed to working with partners to provide and strengthen services in rural and remote communities of PNG. ADI strives for sustainable healthcare solutions, ensuring every individual, regardless of location, has access to quality healthcare and a healthy future.

## VALUES

- We keep our promises
- We embrace local voices
- We champion justice and equality
- We respect the natural environment
- We inspire innovation





# CEO and Chair message

This past year was a challenging but inspiring one for ADI. Thanks to the leadership, passion, and commitment of our staff, new opportunities to extend our work in Papua New Guinea with rural and remote communities emerged, both within our existing provincial regions as well as new.

ADI continues to make significant contributions to health care delivery in these communities. Through increased family planning activities, maternal/child health and emergency obstetric training, we have seen lives of mothers and children saved, and confidence grow in health care workers to deliver these services. Expanding our service offering this past year into training and advocacy for people with disabilities and Gender, Equity, Disability, Social Inclusion (GEDSI), we have seen grass roots impact, particularly for women living with a disability. During outreach patrols, ADI still finds communities where none of the children have been immunised. We have supported the immunisation of over 10,000 children in the past year. Without ADI supporting the health workers to deliver outreach, many of these children would die from totally preventable diseases.

Two critical milestones were achieved with success in achieving re-accreditation with both the Australian Council For International Development (ACFID) and the Australian NGO Cooperation Program (ANCP), DFAT's funding mechanism to the NGO community. The ADI team pulled together with great dedication (and many hours of work) to achieve this outcome, which maintains our accreditation status until the next renewal in 2029. The funding that results is material and multi-year, which gives us the confidence to plan our services and training programs well in advance.

In 2023 the former CEO, Ms Mimi Ziliacus, moved on from ADI to take up other opportunities. We thank Mimi for the significant contribution she made in advancing ADI's work during and after the COVID period. In December 2023, ADI's Founder and Chair, Dr Peter Macdonald, retired from his role with ADI. ADI owes its success to the great vision Peter had more than 21 years ago to provide health services, through volunteer doctor placements and training, in the most remote parts of PNG. A more complete tribute to Peter follows, and the Board extends its thanks and appreciation to him.

Following on from the origins of ADI, we continue to place volunteer doctors in the provinces where we work, and we look to boost this to even more placements, and extend to other clinical and allied health specialities in the coming period.

Training and building skills in areas such as family planning and emergency obstetrics is a major part of ADI's work.

These lifesaving training programs are possible because of the funding we receive from our supporters – both large and small organisations and individuals based in Australia. We are very grateful, as are our PNG teams and communities, for their ongoing, faithful support.

We begin 2024/25 with much optimism. With a refreshed Board and management team, ADI is now positioned to take the organisation forward on solid ground. We are in a new growth period and are excited about the year ahead.

**Thank you for your support.**



**Tracey Tatnell, CEO**  
Australian Doctors  
International



**Brent Emmett, Chair**  
Australian Doctors  
International

# A tribute to our founder, Dr Peter Macdonald

OAM MBBS MRCGPA DA DRCOG



Dr Peter Macdonald was the founder of ADI in 2002 and President, then Chairman of the Board until he retired in December 2023.

Peter has a remarkable history of service. He practised as a GP in Manly for over 30 years and then served as a locum in remote areas of South Australia after retiring from general practice. He was a Manly councillor for 15 years, including 4 years as Mayor, and concurrently served for 8 years as Independent Member for Manly in the NSW Parliament.

Peter worked with Médecins Sans Frontières in Iran and East Timor for 2 years and then became the director of international community development organisation, Plan International, for 3 years.

While working with refugees on the border of remote Western Province in Papua New Guinea and the Indonesian Province of West Papua, Peter was concerned at the inadequacy of rural health services and founded ADI to help improve public health for communities there.

ADI initiated regular outreach patrols in Western Province by volunteer doctors recruited in Australia. In partnership with Catholic Health, the patrols provided outpatient health services to remote areas which had received few health services since PNG Independence in 1975.

Under Peter's leadership, ADI's outreach patrols were progressively introduced into New Ireland, West New Britain and Manus Provinces in conjunction with local Provincial Health Authorities. ADI services have expanded to include healthcare worker education and capacity building, women's health, public and community health education and gender equity, family planning and inoculation programs to further improve the health and wellbeing of the rural and remote communities served by ADI.

**ADI wishes to pay tribute to Peter and his vision, selfless service and stewardship over the past 21 years.**

# A tribute to volunteer doctor, Dr Bruce Slonim

MBBS

In late January 2024, ADI received the sad news that one of our favourite volunteer doctors had lost his battle with cancer.

One of the few individuals to receive honorary membership of ADI, Dr Bruce Slonim not only completed four successful deployments in New Ireland from 2012 to 2017 but assisted in two scoping trips to assess both Gulf Province (2014) and West New Britain Province (2018) as potential projects. Bruce was also a member of ADI's program committee for over 10 years.

Dr Bruce was always available to advise new doctors on deployment or assist ADI's program team with advice when needed. He and his wife Gayle volunteered as a team in New Ireland Province, setting an example of how outreach should be delivered.

Always helping, always teaching, Dr Bruce's vast experience as an Australian country GP improved the lives of countless remote New Irelanders through the delivery of clinical services and the education of their health workers. Bruce introduced triage to patrol teams to improve efficiency and was instrumental with ADI's early family planning work. Bruce and Gayle helped develop a strong team spirit in New Ireland that is still evident today as the program concludes its thirteenth year.

Bruce was a skilled and extremely knowledgeable physician, and everyone at ADI is so grateful for his gift of time and knowledge to our program. He will be profoundly missed.





## Introducing ADI Ambassador, Marcus Bai



In 2023, Rugby League legend Marcus Bai, signed on as Ambassador for ADI.

Marcus comes from West New Britain Province in PNG and grew up in a large family in the small, remote village of Ulamona where he learned the values of a strong work ethic and values associated with caring for the community.

These values contributed to Marcus going on to be the finest rugby league PNG export to the Australian National Rugby League. He was an inaugural player of the Melbourne Storm in 1998, with the Storm going on to win the Premiership in 1999. During the course of his 10-year career with the NRL, Marcus scored over 70 tries, locking in his legendary status at Storm and was hailed as a hero in PNG.

Despite the 'glory' status of being a celebrated sportsman, the greatest love of Marcus's life is family. He has not forgotten the needs of his people and the hardship faced by vulnerable communities in hard-to-reach places. It was the desire to make life better for those in rural/remote PNG that inspired his decision to support ADI as Ambassador.

Early in 2024 Marcus joined the ADI team to celebrate the opening of the new ADI office building in Kimbe, West New Britain. ADI is very grateful for the time Marcus shares in supporting the work of ADI – spreading the word, discussing the need, and creating new connections for ADI to develop the delivery of rural and remote health services. He is serving his community and his country to improve health services in PNG with the same passion and drive that have seen him succeed in so many areas of his life.

Over 2023-2024, ADI delivered many facets of healthcare that have positively impacted rural communities, staff, and the wider population. Successes include:



**51**

**OUTREACH  
ACTIVITIES**

across 454  
outreach days



**55,800+**

**CLINICAL,  
COUNSELLING AND  
SCREENING SERVICES**



**25,479**

**DOSES OF ROUTINE  
IMMUNISATIONS**

to 10,250+ children



**89**

partner staff  
trained in principles of  
**GENDER EQUALITY,  
DISABILITY AND SOCIAL  
INCLUSION (GEDSI)**

**94 HEALTH  
WORKERS**

trained in Essential  
Maternal and Neonatal  
Care (EMNC)



Contributed to

**2,946**

**COUPLE-YEARS  
PROTECTION (CYP)**

– family planning



**6**

activities jointly  
planned with  
**ORGANISATIONS OF  
DISABLED PEOPLE**



**33,000+**

community members reached  
**WITH PUBLIC HEALTH  
EDUCATION AND  
AWARENESS**

**159**

women received  
**ANTENATAL/  
OBSTETRIC CARE**  
during outreach activities



**281**

**HEALTH WORKERS  
TRAINED**



**1,219**

**EDUCATION  
SESSIONS**

delivered to rural/  
remote communities







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*Working for a healthier PNG*

## Where we work

MANUS  
PROVINCE

NEW IRELAND PROVINCE

WEST NEW BRITAIN  
PROVINCE

WESTERN  
PROVINCE

Port  
Moresby



## Gender Equality, Disability and Social Inclusion (GEDSI):

# Creating equitable, inclusive and accessible opportunities for all

Gender inequalities and social exclusion remain significant issues in PNG, driven by entrenched harmful norms and shifting cultural, social, and political dynamics. Over 1.5 million people experience gender-based violence each year, with 60 per cent of women subject to physical and/or sexual violence. This violence not only affects women's participation in decision-making but also limits access to reproductive health services. Approximately 1.2 million people in PNG live with a disability, facing significant barriers to accessing essential services. People with disabilities (PWD), especially women and girls, face heightened risks of abuse and exclusion, compounded by limited data and services. Although the PNG National Policy on Disability (2015-2025) calls for action, challenges such as the underrepresentation of women and PWDs in decision-making persist.

To address institutional barriers, gendered and exclusionary norms, and empower marginalised groups, ADI has developed its GEDSI Strategy 2023-2025. Anchored by extensive gender and disability analyses conducted across several provinces, the strategy serves as a catalyst for more equitable, inclusive and accessible communities.



Here are the achievements we've accomplished based on our three strategic commitments:

### 1. Mainstream GEDSI across all ADI programs and operations

Trained 89 partner staff (51 female, 38 male) in GEDSI. This included input and participation from 10 persons with disabilities who are leaders of 5 Organisations for People with Disabilities.

### 2. Collaborate with rights groups and partners to advocate for inclusive opportunities

Conducted 8 joint activities with Organisations for People with Disabilities, including GEDSI awareness and International Day of Disability events.

### 3. Target equitable, inclusive health outcomes for marginalised groups

Over 50 per cent of clinical services were delivered to women and girls.

A post-training survey showed that 24 out of 28 participants intended to integrate GEDSI into their workplace through improved awareness, inclusive practices, policy development and staff training. Participants expressed a need for future training to include superiors, community members, and other organisations.

## Case Study: New Ireland GEDSI Training



In New Ireland, GEDSI sensitisation training prompted hospital staff to recognise the lack of safeguarding practices in their surgical ward for patients post-amputation. This realisation led to the development of protocols aimed at better preparing patients for life after discharge, with a focus on their physical and mental wellbeing.

ADI's GEDSI Strategy 2023-2025 represents a critical step toward more equitable, inclusive and accessible health outcomes in PNG. By addressing institutional, attitudinal and structural barriers, ADI is actively working toward long-term, transformative change for marginalised and vulnerable communities.



# Fostering family planning accessibility

Family planning services are vital for women to space pregnancies, reduce the risk of maternal and infant mortality, and make informed choices regarding their health. They provide autonomy and empowerment, and have transformative impact on the lives of women, their families and communities.

Access to information on family planning and contraceptives remains a critical need in PNG, particularly in rural areas, where more than 80 per cent of the country's population reside - evidenced by the fact that an estimated 29 per cent of women in rural areas are likely to use contraception compared to 42 per cent in urban areas.

ADI works with PHAs to bridge this gap, through the delivery of health worker training and outreach activities.



## Training

Many rural facilities are short-staffed, with limited opportunities to gain further experience in specific health areas such as family planning. Often, they must turn away women to larger health facilities and hospitals. ADI trains Provincial Health Authority (PHA) clinical health workers in family planning to equip them with the clinical skills and knowledge they need to effectively deliver family planning to their patients. Key topics include:

- Revision of male and female reproductive systems and available contraceptive options
- Conducting effective client consultation and counselling, informing women of their choices, side effects, advantages/disadvantages of various contraceptives and correcting misinformation
- Importance of inclusive and accessible family planning services, including for women with disabilities in rural areas
- Safe and effective Jadelle implant insertions and removals

Following the training, ADI supports supervisory, follow-up visits to rural health workers to monitor skills and knowledge gained from training put into practice and provide ongoing supervision and support where needed.



## Outreach

Together with PHAs, ADI co-delivers regular outreach activities to rural health facilities and communities. During outreach, clinicians and dedicated Family Planning Officers provide contraceptive methods to rural women and couples, alongside counselling, community awareness sessions and clinical training to rural health workers.

Through this impactful combination of training and outreach initiatives, ADI continues to improve access to essential family planning services, supporting rural women to accomplish their family goals in a safe, confident manner.

## Highlights

- 8 family planning training programs delivered across four provinces
- 80 health workers trained in family planning
- Approximately 2,946 Couple-Years Protection for women
- 126 public health education sessions delivered on family planning, sexual and reproductive health-related awareness

### Feedback from a rural health worker in New Ireland:

*"Implant insertion is one of the areas where I'm not trained and sometimes, we send mothers and women away, especially when the trained Family Planning nurse is not available for implant insertion. I used to only give health talks around family planning when mothers come in, but now that I have attended this training, I will make sure all mothers coming in for implant insertion and removal are attended to. Thank you for this opportunity, I have learned a lot and looking forward to being in such training in the future."*





### Difference between Australia's and PNG's Maternal Child Health stats

#### In Australia

**3.8 DEATHS**  
per 1,000 live births

**2.1 NEWBORN DEATHS**  
per 1,000 births

**96% OF CHILDREN** aged  
12-23 months immunised  
against measles

#### In PNG

**41.4 DEATHS**  
per 1,000 live births

**21 NEWBORN DEATHS**  
per 1,000 births

**44% OF CHILDREN** aged  
12-23 months immunised  
against measles

# Maternal and Child Health

## The state of maternal and child health in PNG

High maternal and child mortality rates persist in PNG, with the nation having some of the highest in the world. Maternal mortality ranges from 211 to 500 deaths per 100,000 live births, neonatal mortality is 21 per 1000 births, and the under-five child mortality rate is an estimated 41 deaths per 1,000 live births. However, under-reporting is not uncommon with only 56 per cent of deliveries attended by a skilled birth attendant.

Geographic isolation and staff shortages are key barriers for rural women and children who encounter pregnancy and labour-related challenges. Often, community members must travel hours to their closest health facility, which is sometimes only accessible by boat or on foot, proving a difficult and costly journey. Skilled health workers across the country are also limited, often working with limited resources, equipment and opportunities for upskilling and training. For these reasons, many mothers choose or are forced to deliver at home, without a skilled birth attendant, posing a risk to the immediate and future health of mother and baby.

ADI has continued our long-standing commitment to improving maternal and child outcomes in rural PNG. We seek to reduce the inequity faced by rural communities by working with PHAs and local health providers to conduct dedicated outreach activities that meet the health needs of rural women and children and deliver regular training to health workers to further reduce maternal and child mortality indicators.

## Upskilling health workers to save mothers' lives

Since 2019, ADI has been delivering regular, in-service training workshops, including The Essential Maternal and Neonatal Care (EMNC). EMNC is a four-day, refresher training focused on better response to maternal, obstetric and neonatal emergencies, and appropriate antenatal care in rural contexts. It combines theoretical sessions with hands-on practical demonstrations, encouraging learning through roleplays and reenacting obstetric complications such as postpartum haemorrhage (PPH), breech births and shoulder dystocia, and neonatal emergencies such as neonatal resuscitation. EMNC training equips staff with the skills and confidence to manage emergency cases within their own rural facilities, helping minimise the need for emergency referrals to district hospitals, lessen the reliance on larger facilities and, ultimately, save lives.

*"After the training conducted by ADI and returning to my workplace, we had a mother in labour who arrived at the health centre at 5am in the morning. After she gave birth, the mother was still bleeding. We asked ourselves, 'what was wrong with the mother?'. She was bleeding because of retained products. With the help of medication and manual removal, we were able to manage the postpartum haemorrhage. We saw signs of the mother going into shock, and we were able to manage it. We stabilized the mother. After attending the EMNC training, we can identify the issue and now manage PPH and other complications. It has given us knowledge and skills to manage issues when there is no HEO or doctor available."*

**- Nursing Officer, Dome Health Centre,  
Western Province**

## Protecting children from preventable diseases

Together with PHAs, the delivery of routine immunisations has been integrated into outreach activities in all four provinces where ADI operates. Through outreach, teams transport vaccines in challenging environments, to reach children in some of the country's most rural and remote regions, providing protection from preventable diseases such as measles, polio and pertussis. Teams also conduct nutrition screenings for children, and antenatal care for mothers. ADI also supports the distribution of Clinic Books, in which each child's vaccination history is recorded. Parents are reminded of the importance of ensuring their children receive follow-up doses according to the national schedule of immunisations.

## Strengthening routine immunisation coverage in rural Manus

In early 2024, at an annual performance review of national health indicators by Manus Provincial Health Authority (MPHA), it was identified that five rural health facility catchment areas - Bundralis, Patu, Tingou, Lombrum and Lorengau West - had much lower routine immunisation coverage compared to the rest of the province. These facilities face challenges ranging from geography and remoteness to limited funding, resources, equipment and health workers.

Between May and June, ADI supported the MPHA to undertake outreach to these facilities, with a maternal and child health focus. In addition to routine immunisations, integrated services such as nutrition screening, antenatal care and family planning were also provided.

During these visits, approximately 900 children were immunised. They were aged between the ages of one and seven and many had never received immunisations before. At each facility, the MPHA-ADI outreach team communicated with local health workers and community leaders to identify any children with disabilities in the community, to ensure their inclusion in receiving immunisations. This presented an opportunity to provide local health workers with additional training opportunities, including briefings on national immunisation schedule updates of which they were unaware.

Awareness was also raised on the importance of immunisations (to individuals and the community at large), family planning, general health and hygiene. Communities expressed that bringing essential services such as immunisations "to our doorstep" brought them great satisfaction and lessened the financial burden of travelling into town to receive health services for their children.

### Maternal and child health achievements

- 159 women received antenatal/obstetric care during outreach activities
- 25,479 doses of routine immunisations delivered to approximately 10,250 children
- 94 health workers trained in EMNC
- 17 health workers from rural facilities in West New Britain trained in strengthening immunisation coverage







## ADI Baby Bundle Project

In May 2024, ADI began a new maternal health project across all four provinces, designed to incentivise mothers to give birth in a health facility under the supervision of a skilled birth attendant. Based on successful projects by Professor Glen Mola in Simbu Province and Doctor Kirby in Milne Bay, who have both given their support, the ADI Baby Bundle Project has progressed through the following stages: preliminary research with each PHA, community engagement to assess interest and support, development, and roll-out of a 6-month pilot program.

Beginning in July 2024, the pilot program commenced in Western Province and is being expanded into New Ireland, Manus and West New Britain. ADI Maternal Health Technical Lead, Lois Berry, is working closely with ADI's provincial teams and partner staff to deliver the incentives to health facilities. The incentive for participants is an assortment of gifts suited to a new mother and her baby, which they will receive after giving birth in one of the

selected facilities. Along with the incentives, ADI provides vital training to rural health workers in managing maternal and neonatal complications. Facilities are selected based on strict criteria, spanning the presence of a skilled birthing attendant, infrastructure, location and ratio of mothers attending antenatal visits versus returning for births.

Early information in Western Province shows an increase in attendance and some very happy mothers. The involvement and support of local health workers has been excellent and initial feedback is very positive from all areas.

As well as enabling women to give birth safely under professional supervision, it is hoped that the ADI Baby Bundle Project will increase antenatal attendance over time. The pilot project will run until the end of 2024, when it will be assessed for continuation and possible expansion in 2025.





## Volunteer Doctor deployed to New Ireland

ADI deployed Australian volunteer doctor Dr Benjamin Dunton to the New Ireland town of Kavieng between August 2023 and July 2024. Harnessing his experience as an Australian College Rural and Remote Medicine (ACRRM) registrar in remote communities in the Northern Territory and emergency medicine in Tasmania, Dr Ben immersed himself in all aspects of project activities over the year – helping deliver many invaluable outcomes.

Dr Ben was the clinical lead for the ADI/NIPHA team on 10 two-week outreach patrols to remote communities spread across the New Ireland Province. During outreach, Dr Ben provided clinical services to over 2,200 patients and was instrumental in improving the referral process of complex patients back to Kavieng and Namatanai hospitals. He also worked closely with his team to provide numerous hours of training to health workers on the complex issues they face daily – arming them with essential skills.

When not on patrol, Dr Ben was invited by the PHA to work at Kavieng hospital ER, where he spent 27 additional weeks as an on-call doctor. This provided an opportunity to train over 20 of the hospital's Health Extension Officers (HEO), nurses, Community Health Workers (CHW) and junior doctors in emergency medicine. Dr Ben trained on a case-by-case basis and also delivered group training sessions every fortnight on key topics, spanning advanced life support, resuscitation, defibrillators, the use of ketamine in pain relief, advanced tuberculosis diagnosis, and cerebral malaria treatment in children. Dr Ben also managed to find time to treat over 30 expat patients, many of whom were holidaying in New Ireland.

During his debrief in Sydney, Dr Ben praised the hardworking health workers not only at the hospitals but also in the small Aid Posts across the province, whose workplaces are so often under-resourced. He also shared

his concern for the many remote small island communities where malaria and tuberculosis are thriving and whose only link to quality medical care is the ADI/PHA annual outreach patrol. While Dr Ben's deployment was a combination of "uncomfortable but exhilarating as well as difficult and sad", he remained motivated to give his best in training health workers and caring for communities.

During his year-long engagement, Dr Ben consolidated important relationships, provided vital care and education, and left the project in much better shape than when he arrived. ADI thanks Dr Ben for the generous gift of his time, expertise and service.



# Healthy Communities

## Case Study: Community Action Plan Project in Silanga, West New Britain

In PNG, communities are burdened by preventable illnesses, limited health facilities, and overwhelmed health workers. Common health issues such as tuberculosis, skin disease/yaws, malaria, and respiratory problems contribute to unnecessary deaths and hardship. The Healthy Communities Program was introduced to empower community members to take ownership of their health, practise healthy living, and address environmental health risks, by coming together to identify, prioritise, implement and monitor solutions.

As part of this participatory health governance program, a Community Action Participation (CAP) Project was piloted in Silanga, a village in West New Britain Province, in partnership with WNBPHA, Catholic Health Services, Talasea LLG, and WNB Provincial Government. The CAP Project enabled ADI and partners to train and equip community leaders, youth, women and people living with disabilities with knowledge, skills and attitudes on how they can look after themselves in their own homes, settings, communities and their surroundings.

This case study highlights the positive impact CAP has had on Silanga's health outcomes and overall community wellbeing.



This case study highlights the positive impact CAP has had on Silanga's health outcomes and overall community well-being.

### Environmental and Sanitation Achievements

- **20 Ventilated Improved Pit** toilets were built, increasing the ratio of one toilet to four to six households to one toilet per household, improving household sanitation.
- **18 tippy taps** were installed to promote proper handwashing for children, after using the toilets, significantly improving hygiene practices.
- **25 rubbish pits** were dug, for disposal of plastics, tins, and non-degradable materials, helping to improve waste management.
- **8 pig enclosures** were built to reduce contamination from pig faeces, a key cause of yaws.
- **4 rivers waters** were source tested, with two proven safe for drinking and cooking.
- **2 water tanks** were installed in villages where water sources were contaminated, ensuring safe drinking water.
- **1,900 mosquito nets** were distributed to households and antenatal mothers, reducing the incidence of malaria.

Monitoring and Evaluation trips have confirmed that these culminative actions had a clear link to the drastic improvements in community health outcomes.





## Health Improvements

With the help of CAP training, Silanga Health Centre went from treating 20 to 30 patients daily to 5 to 10 per day, with some days seeing no patients at all.

Disease incidence dropped significantly between January 2023 (before CAP) and July 2023 (after CAP): simple cough by 24.3%, pneumonia by 58.6%, malaria by 32.7%, other respiratory diseases by 48.3%, and skin diseases by 37.5%. This reduction in disease burden highlights the effectiveness of CAP in promoting healthy behaviours and reducing preventable illnesses. However, with fewer patients, the facility has faced a drop in user fees, affecting its ability to fund operational expenses.

## Gender Equality, Disability and Social Inclusion Impact

The CAP training raised awareness of gender-based violence, with women learning about their rights under PNG law. Previously silent on domestic violence, 53 women reported cases to village courts by the end of 2023 - a significant shift from earlier norms of underreporting. The presence of a female village magistrate, also a CAP participant, has empowered women to seek justice.

## Community Development and Partnerships

CAP has spurred community-driven development, including the construction of a Women's Rehabilitation Hall and the securing of funding for road maintenance. PNG Power connected electricity to the village following CAP-initiated cleanups, and the community successfully obtained government funding for infrastructure maintenance.

## Global Recognition and Future Plans

CAP Silanga's success attracted the attention of the World Health Organization, which pledged K80,000 to expand the program across West New Britain. Silanga serves as a model for other CAP sites, and ongoing monitoring will ensure the continued adoption of healthy practices. Moving forward, the lessons learned from Silanga CAP will be applied to other sites, as ADI expand this program into other PNG provinces.

The transformation of Silanga's health status demonstrates the power of community engagement in achieving sustainable health outcomes and fostering a healthier environment for all residents.





## West New Britain Office Opening

Following years of collaboration between ADI and the West New Britain Provincial Health Authority (WNBPHA), on 5 March 2024, ADI opened a new office in Kimbe, West New Britain. Excitingly, this fit-for-purpose facility is the first ADI provincial site to be allocated land in the province to build its very own office, and will enable improvements in team security, communication with government partners, and the delivery of project activities.

From concept to fruition, the building is a testament to the strong relationship between the local PHA and ADI, which began during ADI's pilot visits in 2018 and 2019 and continued to flourish during the challenging times of COVID. Recognising the powerful impact of this relationship, the PHA floated the idea that ADI's success in the province would be enhanced by a stable and safe office space, close to their own offices and the provincial hospital where the majority of outreach team members work. After creating a

design that considered environmental standards, securing generous funding from the Old Dart Foundation and the WNBPG, and engaging local contractors Rabaul Metal Industries to get the plans off the ground, the building became a reality. It took almost six months to have a fully furnished, secured and state-of-the-art building ready for the official opening.

The unveiling ceremony was attended by a small delegation, including ADI CEO Tracey Tatnell, ADI Deputy Chair Louise Walker, VIP representatives from the WNBPG and the PHA, key partner organisations, and ADI Ambassador Marcus Bai. Marcus is a Papua New Guinean Rugby League legend and native of West New Britain, and during his speech, he reaffirmed his dedication to advancing ADI's initiatives, further emphasising the organisation's commitment to community wellbeing.



This long-term expansion venture exemplifies the invaluable relationship between ADI and PHA, and how it's an essential part of ADI's ongoing success and reciprocal support project model. This milestone moment has not only boosted ADI's long-term confidence in the project but should significantly enhance project outcomes.





# ADI's 3 Year Project Evaluations in West New Britain and Western Provinces

The evaluations of ADI in West New Britain (WNB) and Western Province (WP) showcase the organisation's success in strengthening health systems and improving healthcare accessibility in remote areas. Key areas of focus included strengthening Human Resources for Health (HRH) capacity, improving access to health services, and promoting health-seeking behaviours.

## 1. Strengthening HRH Capacity

In WNB, ADI increased its training efforts, growing from 43 rural health workers in 2020 to 281 in 2023. Similarly, in WP, the number of trained workers rose from 21 to 193. Training covered family planning, maternal and child health, and emergency obstetrics, enhancing local health workers' ability to manage complex cases. Health workers in both provinces expressed a need for more frequent and comprehensive training.

## 2. Improved Access to Health Services

ADI's outreach patrols significantly expanded healthcare access. In WNB, outreach clinics increased from 24 in 2020 to 49 in 2023, while WP saw an increase from 40 to 134 clinics over the same period. These clinics provided essential services, including maternal care and immunisations. However, challenges like medical supply shortages and logistical barriers persisted.

## 3. Promoting Health-Seeking Behaviours

ADI conducted health education sessions targeting women's health and communicable diseases, with substantial growth in both provinces. In WP, sessions rose from 40 in 2020 to 203 in 2023, while in WNB, they increased from 42 to 448. These sessions fostered behavioural change, particularly in family planning and sanitation, though more consistent efforts were recommended.

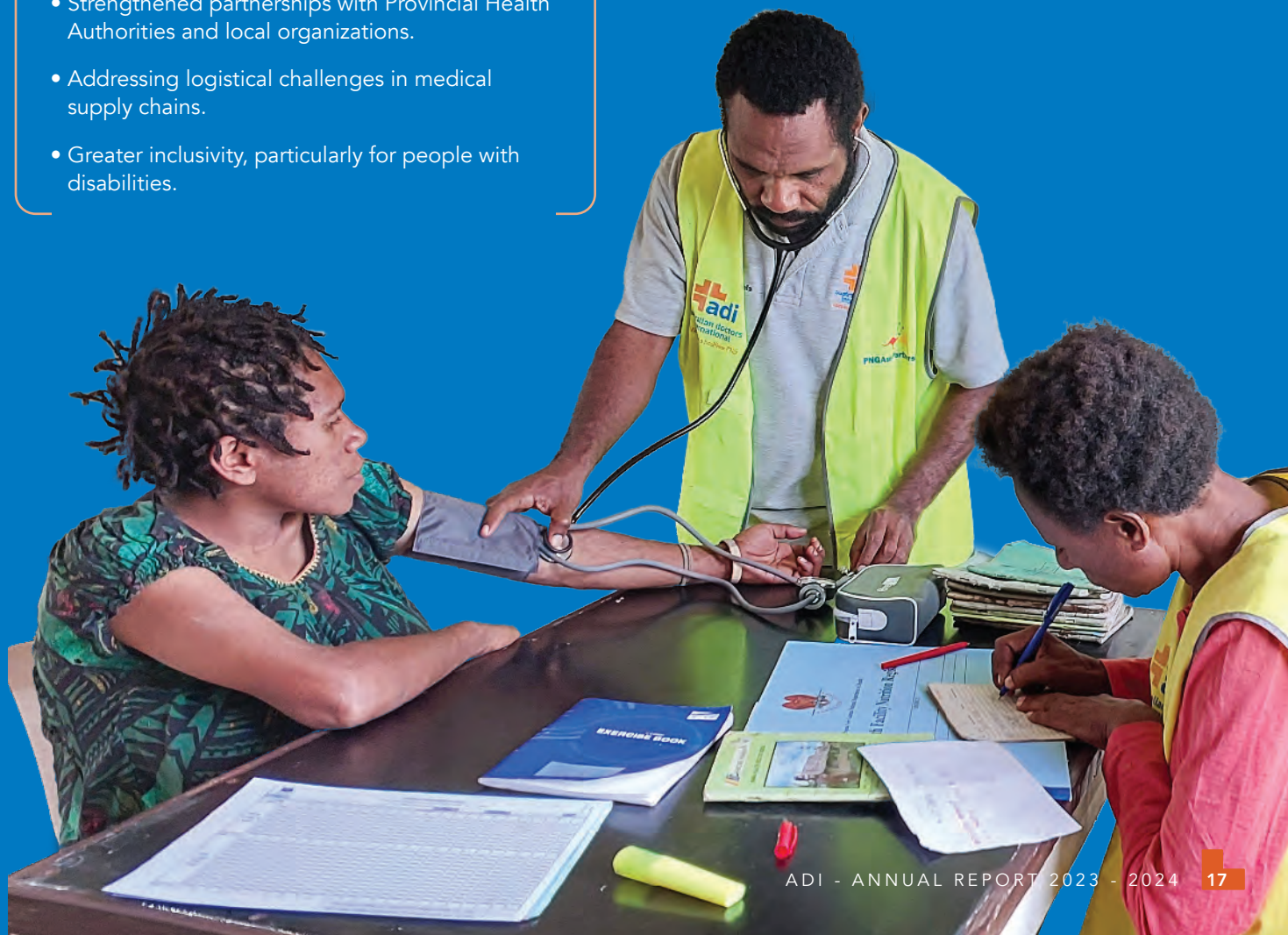
## Lessons Learned and Recommendations

The evaluations identified key areas for improvement:

- More frequent training, particularly in maternal health and diagnostics.
- Strengthened partnerships with Provincial Health Authorities and local organizations.
- Addressing logistical challenges in medical supply chains.
- Greater inclusivity, particularly for people with disabilities.

## Conclusion

While ADI made significant strides in strengthening health systems and improving healthcare access, challenges remain in logistics, medical supplies and inclusive services. Continuous training, strong partnerships, and frequent community engagement are critical to ensuring sustainable health outcomes in these provinces.







## Our People, Our Culture

ADI is more than staff, we are family. United by the same personal mission to serve the vulnerable and disadvantaged within rural communities of PNG, we care about each other, celebrate our achievements, and work together through challenges.

90 per cent of the ADI team are PNG nationals residing on home soil. Our team comprises approximately 50 full-time and part-time staff, with more than half being women, including management. The PNG National HR Manager sits on the Executive Management Team and all ADI HR functions are managed by the Port Moresby office.

Effectively delivering ADI services is a collective effort. It takes a diverse set of skills and specialities to bring our mission to life every day, alongside our valued partners,

and supported by our generous funders. This includes program management, project coordination, transport and logistics, operations, marketing and fundraising, compliance and risk management, reporting, monitoring and evaluation, gender, equity, disability and social inclusion, office cleaning, human resources, health specialists, volunteers, security, management, and finance.

Our management culture is to encourage our people to be all they can be, excel in their performance, and pave a pathway to continual career growth. We provide opportunities for training, development and mentoring, as well as ongoing support and a platform of learning, monitoring, appraisal and recognition, to help our team thrive personally and professionally.

At ADI, we embrace change, listen to the voices of all staff, and don't settle for 'that's the way we've always done it'. We invite our people to be innovative and share ideas of how we can advance our mission. We make room for mistakes and disagreements in a healthy learning environment, and always seek to do better. We keep our promises to each other.

With such a tight-knit culture, retention of staff is a primary HR priority. When we hire new staff, we undertake a rigorous recruitment process, detailed induction, and regular appraisal and performance feedback, to ensure they are an ideal cultural fit, happy to uphold the ADI Way, every day.

**ADI is our people and our people are ADI.**



# Board of Directors & Executive Staff



**Brent Emmett**  
Chair



**Louise Walker**  
Deputy Chair



**Beatrice Mahuru**  
Director



**Liz Cohen**  
Director



**Colin Plowman**  
Director



**Tracey Tatnell**  
Director/ CEO



**Yaman Kutlu**  
Head of Programs



**Bhawna Chandna**  
Senior Finance Manager



**Kim Roe**  
Operations and  
Compliance Manager



**Mackenzie Fono**  
National Human  
Resources Manager



# The Road Ahead

Opportunities continue to emerge to further develop ADI's services in existing locations, and to expand them into other provinces.

To ensure our growth remains relevant, targeted and sustained, ADI is currently developing its Corporate Strategy 2025-2028. This will bring greater emphasis to Gender Equality, Disability and Social Inclusion (GEDSI) across all programs, particularly livelihood programs for women living with disabilities, and examine our current business model to ensure we are maximising every dollar with greater efficiency.

On the HR front, we are constructing the ADI HR Strategy to bolster our professional development initiatives for staff and maintain equity and fairness in all our recruitment, remuneration and employment conditions.

As we move forward, ADI's core business will always be centred around the rural, remote and disadvantaged communities across PNG, and everything we do will be aligned to our Mission, Vision, Values and The ADI Way.



# Partnerships



Thank you to all our Partners for your continued support

**Minter  
Ellison.**

We would like to thank Minter Ellison for generously supplying their time and legal expertise pro bono to ADI; by working together, collectively, we are a stronger community.



# Financials - Directors' Report for the Financial Year Ended 30 June 2024

The directors' present their report on Australian Doctors International Limited (the "company") for the year ended 30 June 2024.

## Directors

The following persons were directors of Australian Doctors International Limited during the whole of the financial year and up to the date of this report unless otherwise stated:

Name	Date of Appointment	Date of Resignation
Dr Peter Macdonald, former Chair and Founder	23 August 2000	1 February 2024
Brent Emmett, Chair	23 April 2019	
Louise Walker, Deputy Chair	20 October 2018	
Dr Sue Craig	9 January 2022	1 February 2024
Colin Plowman	8 July 2016	
Liz Cohen	23 September 2022	
Beatrice Mahuru	29 May 2023	
Tracey Tatnell	26 July 2023	

## Principal activities

During the year the principal activity of the company was working in partnership with Provincial Health Authorities in Papua New Guinea to support access to health services for rural and remote communities.

There were no significant changes in the nature of the activity of the company during the year.

## Dividends

The company is limited by guarantee and has no share capital, no dividends are payable.

## Review of operations

The surplus of income over expenditure after income tax amounted to \$138,489 (2023: \$182,760).

## Objectives, strategy and performance measurement

Australian Doctors International Limited's vision is for a healthier Papua New Guinea. Australian Doctors International Limited works in partnership with Provincial Health Authorities in Papua New Guinea to support access to health services for rural and remote communities. The company demonstrates the commitment to upholding the universal right to health care by working with local partners to provide and strengthen health services in rural and remote communities. The company collaborates with local partners to create sustainable health outcomes; the company's programs are responsive and people-centred, and it works with respect and integrity. Australian Doctors International Limited's goals are: responsible corporate governance, delivery of quality programs to achieve vision of a healthier PNG, long term financial sustainability, and to improve operational capacity and efficiency.

## Significant changes in the state of affairs

There have been no significant changes in the state of affairs of the company during the year.

## Events since the end of the financial year

No matter or circumstance has arisen since 30 June 2024 that has significantly affected the company's operations, results or state of affairs, or may do so in future years.

## Likely developments and expected results of operations

The directors expect that the company will continue to carry out its principal activities as detailed above. There are no other known or likely developments which the directors foresee or which the directors wish to disclose at this time.

## Environmental regulation

The company is not affected by any significant environmental regulation in respect of its operations.

## Limited by guarantee

The company is a company limited by guarantee. In the event of the company being wound up each member is liable to contribute to the debts of the company incurred whilst they were a member or within one year from them ceasing to be member, or for the purpose of adjusting the rights of the contributors amongst themselves, such amount as may be required not exceeding \$10.

## Meetings of directors

The numbers of meetings of the company's board of directors and of each board committee held during the year ended 30 June 2024, and the numbers of meetings attended by each director were:

	Full meetings of directors	
	A	B
Dr Peter Macdonald, former Chair and Founder	2	4
Brent Emmett, Chair	7	7
Louise Walker, Deputy Chair	6	7
Dr Sue Craig	3	4
Colin Plowman	6	7
Liz Cohen	7	7
Beatrice Mahuru	3	7
Tracey Tatnell	7	7

A = Number of meetings attended

B = Number of meetings held during the time the director held office or was a member of the committee during the year

## Insurance of officers or auditors

During the financial year, Australian Doctors International Limited has paid premiums in respect of directors' and officers' liability for legal expenses and insurance contracts for the year ended 30 June 2024. Such insurance contracts insure against certain liability (subject to specific exclusions) persons who are or have been directors or executive officers of the company.

#### Proceedings on behalf of the company

No person has applied to the Court under section 237 of the *Corporations Act 2001* for leave to bring proceedings on behalf of the company, or to intervene in any proceedings to which the company is a party, for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

No proceedings have been brought or intervened in on behalf of the company with leave of the Court under section 237 of the *Corporations Act 2001*.

#### Auditor's independence declaration

The auditor's independence declaration as required under subdivision 60-C section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* for the year ended 30 June 2024 has been received and can be found on the following page, which forms part of the Directors' report.

#### Rounding of amounts

The company is of a kind referred to in ASIC Legislative Instrument 2016/191, relating to the 'rounding off' of amounts in the directors' report. Amounts in the directors' report have been rounded off in accordance with the instrument to the nearest dollar.

This report is made in accordance with a resolution of the directors



Brent Emmett  
Chair  
7 November 2024



ABN: 11 624 245 334  
P: PO Box 324  
West Pennant Hills NSW 2125  
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E: [info@sdja.com.au](mailto:info@sdja.com.au)  
W: [www.sdja.com.au](http://www.sdja.com.au)

#### Australian Doctors International Limited

#### Auditor's Independence Declaration to the Directors of Australian Doctors International Limited For the Financial Year Ended 30 June 2024

In accordance with the requirements of section 60-40 of the *Australian Charities and Not-for-profits Commission Act 2012* and the ACFID Code of Conduct, as lead auditor for the audit of Australian Doctors International Limited for the year ended 30 June 2024, I declare that, to the best of my knowledge and belief, there have been:

- a) No contraventions of the auditor independence requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ACFID Code of Conduct in relation to the audit; and
- b) No contraventions of any applicable code of professional conduct in relation to the audit.



SDJA



Sandeep Kumar  
Partner  
7 November 2024  
Sydney, New South Wales



## Statement of Profit or Loss and Other Comprehensive Income - For the Financial Year Ended 30 June 2024

	Notes	2024 \$	2023 \$
<b>Revenue</b>			
Grant income	4	4,142,790	3,843,962
Donations and gifts - monetary		147,850	158,960
Donations and gifts - non-monetary	5	217,135	52,607
Interest income		83,917	8,700
Net realised foreign exchange gain		-	13,702
<b>Total revenue</b>		<b>4,591,692</b>	<b>4,077,931</b>
<b>Expenses</b>			
Funds to international programs		(2,494,897)	(2,567,317)
Program support costs		(1,513,295)	(1,068,647)
Accountability and administration	6	(111,541)	(121,603)
Fundraising costs	7	-	(19,092)
Net realised foreign exchange losses		(920)	-
Net unrealised foreign exchange losses		(115,415)	(65,905)
Monetary expenditure	8	(4,236,068)	(3,842,564)
Non-monetary expenditure	5	(217,135)	(52,607)
<b>Total expenses</b>		<b>(4,453,203)</b>	<b>(3,895,171)</b>
<b>Net surplus for the year</b>		<b>138,489</b>	<b>182,760</b>
Income tax expense		-	-
<b>Surplus after income tax</b>		<b>138,489</b>	<b>182,760</b>
Other comprehensive income		-	-
<b>Total comprehensive income</b>		<b>138,489</b>	<b>182,760</b>

## Statement of Financial Position As at 30 June 2024

	Notes	2024 \$	2023 \$
<b>Assets</b>			
<b>Current</b>			
Cash and cash equivalents	9	1,917,117	3,342,047
Trade and other receivables	10	478,524	594,403
Other assets	11	30,891	15,738
<b>Total current assets</b>		<b>2,426,532</b>	<b>3,952,188</b>
<b>Non-current</b>			
Property, plant and equipment	12	175,978	17,083
Right-of-use assets	13	91,876	-
Intangible assets	14	-	57,575
<b>Total non-current assets</b>		<b>267,854</b>	<b>74,658</b>
<b>Total assets</b>		<b>2,694,386</b>	<b>4,026,846</b>
<b>Liabilities</b>			
<b>Current</b>			
Trade and other payables	15	374,314	509,459
Provisions	16	115,282	167,736
Lease liabilities	17	32,601	-
Contract liabilities	18	1,496,845	2,870,029
<b>Total current liabilities</b>		<b>2,019,042</b>	<b>3,547,224</b>
<b>Non-current</b>			
Trade and other payables	15	1,078	4,303
Lease liabilities	17	60,458	-
<b>Total non-current liabilities</b>		<b>61,536</b>	<b>4,303</b>
<b>Total liabilities</b>		<b>2,080,578</b>	<b>3,551,527</b>
<b>Net assets</b>		<b>613,808</b>	<b>475,319</b>
<b>Equity</b>			
Retained earnings		613,808	475,319
<b>Total equity</b>		<b>613,808</b>	<b>475,319</b>

The accompanying notes form part of these financial statements.

## Statement of Changes in Equity

### For the Financial Year Ended 30 June 2024

	Notes	Retained Earnings \$	Total Equity \$
Balance at 1 July 2022		292,559	<b>292,559</b>
Surplus for the year		182,760	<b>182,760</b>
Other comprehensive income		-	-
Total comprehensive income		<u>182,760</u>	<u><b>182,760</b></u>
Balance at 30 June 2023		<u>475,319</u>	<u><b>475,319</b></u>
Balance at 1 July 2023		475,319	<b>475,319</b>
Surplus for the year		138,489	<b>138,489</b>
Other comprehensive income		-	-
Total comprehensive income		<u>138,489</u>	<u><b>138,489</b></u>
Balance at 30 June 2024		<u><u>613,808</u></u>	<u><u><b>613,808</b></u></u>

## Statement of Cash Flows

### For the Financial Year Ended 30 June 2024

	Notes	2024 \$	2023 \$
<b>Cash flows from operating activities</b>			
Receipts from donors and grants		3,483,882	3,543,703
Payments to suppliers and employees		(4,713,041)	(2,153,824)
Interest paid		(2,568)	-
<b>Net cash (used in)/provided by operating activities</b>		<u><b>(1,231,727)</b></u>	<u><b>1,389,879</b></u>
<b>Cash flows from investing activities</b>			
Payments for property, plant and equipment		(176,163)	(74,659)
Interest received		83,917	8,701
<b>Net cash used in investing activities</b>		<u><b>(92,246)</b></u>	<u><b>(65,958)</b></u>
<b>Cash flows from financing activities</b>			
Net payments on lease liabilities		(10,302)	-
<b>Net cash used in financing activities</b>		<u><b>(10,302)</b></u>	<u>-</u>
Net change in cash and cash equivalents		(1,334,275)	1,323,921
Cash and cash equivalents at beginning of financial year		3,342,047	2,080,200
Effects of exchange rate changes on cash and cash equivalents		(90,655)	(62,074)
<b>Cash and cash equivalents at end of financial year</b>	9	<u><u><b>1,917,117</b></u></u>	<u><u><b>3,342,047</b></u></u>



# Notes to the Financial Statements For the Financial Year Ended 30 June 2024

## 1. General information

The financial report covers Australian Doctors International Limited as an individual entity. The Australian Doctors International Limited, is a company limited by guarantee, incorporated and domiciled in Australia. The entity is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards and a registered charity under the *Australian Charities and Not-for-profits Commission Act 2012* and the Australian Council for International Development (ACFID) Code of Conduct.

The entity's principal activity was working in partnership with Provincial Health Authorities in Papua New Guinea to support access to health services for rural and remote communities.

The entity's principal place of business is Level 15, 115 Pitt Street, Sydney NSW 2000.

The financial report was authorised for issue by the Directors on 6 November 2024.

## 2. Changes in accounting policies

### New and revised standards that are effective for these financial statements

A number of revised standards became effective for the first time to annual periods beginning on or after 1 January 2023. The adoption of these revised accounting standards has not had a material impact on the entity's financial statements.

### Accounting Standards issued but not yet effective and not been adopted early by the entity

A number of new and revised standards have been issued but are not yet effective and have not been adopted early by the entity. The Directors are currently assessing the impact such standards will have on the entity.

## 3. Summary of material accounting policy information

### Financial reporting framework

The general purpose financial statements of the entity have been prepared in accordance with the requirements of the *Australian Charities and Not-for-profits Commission Act 2012* and the ACFID Code of Conduct.

### Statement of compliance

The general purpose financial statements of the entity have been prepared in accordance with Australian Accounting Standards – Simplified Disclosures and other authoritative pronouncements of the Australian Accounting Standards Board.

### Basis of preparation

The financial statements are presented in Australian dollar (\$), which is the entity's functional and presentation currency.

The material accounting policy information that has been adopted in the preparation of this report are as follows:

### Revenue from contracts with customers

Revenue is recognised on a basis that reflects the transfer of promised goods or services to customers at an amount that reflects the consideration the entity expects to receive in exchange for those goods or services.

Revenue is recognised by applying a five-step model as follows:

1. Identify the contract with the customer
2. Identify the performance obligations
3. Determine the transaction price
4. Allocate the transaction price to the performance obligations
5. Recognise revenue as and when control of the performance obligations is transferred

### Funds to International Programs Expenditure

Funds to International Programs Expenditure include travel, accommodation, salaries and property, plant and equipment incurred by ADI and our downstream partner Kokoda Track Foundation.

### Income tax

The entity is a not-for-profit Charity and is exempt from income tax under the *Australian Charities and Not-for-profits Commission 2012*.

### Trade and other receivables

For all sources of recurrent income, trade receivables are recognised initially at fair value and subsequently measured at amortised cost, less allowance for expected losses. Collectability of trade receivables is reviewed on an ongoing basis. Trade receivables are generally due for settlement within 30 days.

### Property, plant and equipment

#### Depreciation

Property, plant and equipment, excluding freehold land, is depreciated on a straight-line basis over the asset's useful life to the entity, commencing when the asset is ready for use.

The useful life used for each class of depreciable assets are:

Class of fixed asset	Useful life
Buildings	10 years
Motor vehicles	5 years
Furniture, fittings and equipment	3 years

# Notes to the Financial Statements For the Financial Year Ended 30 June 2024

### Right-of-use assets

Right-of-use assets are depreciated on a straight-line basis over the shorter of the lease term and the estimated useful lives of the assets, as follows:

	2024	2023
Premises	3 years	N/A

### Intangible assets

#### Finite life intangibles assets

Finite life intangible assets are subsequently measured at cost less amortisation and any impairment. The method and useful lives of finite life intangible assets are reviewed annually.

Class of intangible asset	Useful life
Software	5 years

### Trade and other payables

These amounts represent liabilities for goods and services provided to the entity prior to the end of the financial year and which are unpaid. Due to the short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Trade and other payables are presented as current liabilities unless payment is not due within 12 months of the reporting date. They are recognised originally at their fair value and subsequently measured at amortised cost using the effective interest method.

### Liabilities relating to contracts with customers

#### Contract liabilities

A contract liability is recognised if a payment is received or a payment is due (whichever is earlier) from a customer before the entity transfers the related goods or services/grant conditions are fulfilled. Contract liabilities include deferred income. Contract liabilities are recognised as revenue when the entity performs under the contract (i.e., transfers control of the related goods or services to the customer/fulfils conditions of the grant).

### Rounding

As permitted by *ASIC Corporations (Rounding in Financial/Directors' Reports) Instrument 2016/191*, the entity has rounded figures in the financial statements to the nearest dollar.

### Comparative figures and terminology

Where required by Accounting Standards or ACFID's Mandatory Guidance on Financial Reporting, comparative figures and terminology have been adjusted to conform to changes in presentation for the current financial year. With the exception of minor reclassifications between certain financial statement line items and rounding, comparatives are consistent with prior years.

### Basis of preparation

The financial statements are presented in Australian dollar (\$), which is the entity's functional and presentation currency.

### Significant management judgement in applying accounting policies

When preparing the financial statements, management undertakes a number of judgements, estimates and assumptions about the recognition and measurement of assets, liabilities, income and expenses.

### Estimation uncertainty

Information about estimates and assumptions that have the most significant effect on recognition and measurement of assets, liabilities, income and expenses is provided below. Actual results may be substantially different.

### Receivables

The receivables at reporting date have been reviewed to determine whether there is any objective evidence that any of the receivables are impaired. An allowance for expected losses is included, where applicable, based on historical credit loss experience, adjusted for forward-looking factors specific to the debtors and the economic environment. The allowance for expected losses is based on the best information at the reporting date.

### Useful lives of depreciable assets

Management reviews its estimate of the useful lives of depreciable assets at each reporting date, based on the expected utility of the assets. Uncertainties in these estimates relate to technical obsolescence that may change the utility of certain depreciable assets.



# Notes to the Financial Statements For the Financial Year Ended 30 June 2024

	2024 \$	2023 \$
<b>4. Grant income</b>		
<u>Revenue recognised over time</u>		
Grants - Department of Foreign Affairs and Trade	1,989,600	1,794,556
Grants - non-government	2,153,190	2,049,406
	<b>4,142,790</b>	<b>3,843,962</b>

## How the entity recognises revenue

### Grants

If conditions are attached to a grant, revenue is recognised when the entity satisfies those conditions.

## 5. Non-monetary donations/gifts and expenditure

Medical volunteers	205,441	20,319
Non-medical volunteers	11,694	32,288
	<b>217,135</b>	<b>52,607</b>

## 6. Accountability and administration

These costs relate to the operational ability of the organisation and include the cost of running the Sydney office.

This includes staff costs which are not able to be allocated to program support costs and other costs such as rent, stationery and IT.

## 7. Fundraising costs

Annual Gala dinner costs	-	19,092
	<b>-</b>	<b>19,092</b>

## 8. Monetary expenditure

Total monetary expenditure in the statement profit or loss and other comprehensive income include the following:

Depreciation and amortisation	28,753	-
Employee benefits	966,039	1,420,303
Finance costs	2,568	-
Lease payments for short-term/low-value leases	157,456	395,935
	<b>1,154,816</b>	<b>1,816,238</b>

## 9. Cash and cash equivalents

Cash on hand	14,325	11,566
Cash at bank	1,761,231	3,259,400
Short-term deposits	141,561	71,081
	<b>1,917,117</b>	<b>3,342,047</b>

## 10. Trade and other receivables

### Current

Trade receivables	19,620	387,086
Net GST receivable - Australia	11,149	-
Net GST receivable - Papua New Guinea	245,507	187,404
Security deposits	34,648	19,913
Other receivables	167,600	-
	<b>478,524</b>	<b>594,403</b>

## 11. Other assets

### Current

Prepayments	30,891	15,738
	<b>30,891</b>	<b>15,738</b>

## 12. Property, plant and equipment

Leasehold land at cost	129,877	49,302
Leasehold land accumulated depreciation	(53,398)	(49,302)
	76,479	-
Furniture, fixtures and fittings at cost	247,549	234,318
Furniture, fixtures and fittings accumulated depreciation	(237,123)	(234,318)
	10,426	-
Motor vehicles at cost	467,302	384,945
Motor vehicles accumulated depreciation	(378,229)	(367,862)
	89,073	17,083
<b>Total property, plant and equipment</b>	<b>175,978</b>	<b>17,083</b>

# Notes to the Financial Statements For the Financial Year Ended 30 June 2024

## 12. Property, plant and equipment (continued)

	Leasehold Land	Furniture, Fixtures and Fittings	Motor Vehicles	Total
	\$	\$	\$	\$
Net carrying amount 1 July 2023	-	-	17,083	<b>17,083</b>
Additions	80,575	13,231	82,357	<b>176,163</b>
Disposals	-	-	-	-
Depreciation	(4,096)	(2,805)	(10,367)	<b>(17,268)</b>
Net carrying amount 30 June 2024	<u>76,479</u>	<u>10,426</u>	<u>89,073</u>	<u><b>175,978</b></u>

## 13. Right-of-use assets

Right-of-use assets at cost	103,361	-
Right-of-use assets accumulated depreciation	(11,485)	-
	<u><b>91,876</b></u>	<u><b>-</b></u>

	Right-of-Use Assets	Total
	\$	\$
Net carrying amount 1 July 2023	-	-
Additions	103,361	<b>103,361</b>
Disposals	-	-
Depreciation	(11,485)	<b>(11,485)</b>
Net carrying amount 30 June 2024	<u><b>91,876</b></u>	<u><b>91,876</b></u>

## 14. Intangible assets

Software at cost	-	58,500
Software accumulated amortisation	-	(925)
	<u><b>-</b></u>	<u><b>57,575</b></u>

## 14. Intangible assets (continued)

	Software \$	Total \$
Net carrying amount 1 July 2023	57,575	<b>57,575</b>
Additions	-	-
Disposals	(57,575)	<b>(57,575)</b>
Amortisation	-	-
Net carrying amount 30 June 2024	<u><b>-</b></u>	<u><b>-</b></u>

## 15. Trade and other payables

### Current

Trade payables	209,272	103,044
Accrued expenses	37,628	85,069
Net GST payable - Australia	-	193,932
Other payables	127,414	127,414
	<u><b>374,314</b></u>	<u><b>509,459</b></u>

### Other payables

This is an amount received in one of the company's PNG Bank accounts. The company is still investigating the source of the amount as at 30 June 2024 and thus treating this as a liability in the accounts.

### Non-current

Trade payables	1,078	4,303
	<u><b>1,078</b></u>	<u><b>4,303</b></u>

## 16. Provisions

### Current

Provision for employee benefits	115,282	167,736
	<u><b>115,282</b></u>	<u><b>167,736</b></u>

## 17. Lease liabilities

### Current

Lease liabilities	32,601	-
	<u><b>32,601</b></u>	<u><b>-</b></u>

### Non-current

Lease liabilities	60,458	-
	<u><b>60,458</b></u>	<u><b>-</b></u>



# Notes to the Financial Statements For the Financial Year Ended 30 June 2024

## 17. Lease liabilities (continued)

Future lease payments in relation to lease liabilities as at period end are as follows:

	2024	2023
	\$	\$
Within one year	38,610	-
Later than one year but not later than five years	64,350	-
Later than five years	-	-
	<b>102,960</b>	<b>-</b>

The entity leases premises at Office 4, SMT Commercial Centre. Lease term is for a period of 3 years ending 1 April 2027, with an option to renew for a further 3 years. Payments are made monthly and are subject to review based on 10% CPI after 3 years.

## 18. Contract liabilities

### Current

Contract liabilities - government	1,003,125	2,221,719
Contract liabilities - non-government	490,395	644,910
Contract liabilities - member subscriptions	3,325	3,400
	<b>1,496,845</b>	<b>2,870,029</b>

## 19. Related parties

The entity's related parties include its key management personnel and related entities. Transactions between related parties are on normal commercial terms and conditions no more favourable than those available to other parties.

### Key management personnel compensation

Total key management personnel compensation	<b>582,462</b>
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## 20. Remuneration of auditors

### SDJA

Audit of financial report	18,000	-
Compilation of financial statements	3,500	-
	<b>21,500</b>	<b>-</b>

### PwC Australia

Audit and review of financial report	-	25,000
Compilation of financial statements	-	4,500
	<b>-</b>	<b>29,500</b>

## 21. Commitments

The entity had no material unrecognised contractual commitments as at 30 June 2024.

## 22. Contingent liabilities

There are no contingent liabilities as at 30 June 2024.

## 23. Subsequent events

No adjusting or significant non-adjusting events have occurred between the reporting date and the date of authorisation of these accounts.

## Responsible Persons' Declaration For the Financial Year Ended 30 June 2024

The Responsible Persons declare that in the Responsible Persons' opinion:

- the financial statements and notes are in accordance with the *Australian Charities and Not-for-profits Commission Act 2012* and the ACFID Code of Conduct, including:
  - giving a true and fair view of the registered entity's financial position as at 30 June 2024 and of its performance for the year ended on that date; and
  - complying with Australian Accounting Standards – Simplified Disclosures and the *Australian Charities and Not-for-profits Commission Regulations 2022*; and
- there are reasonable grounds to believe that the registered entity is able to pay all of its debts, as and when they become due and payable.

Signed in accordance with subsection 60.15(2) of the *Australian Charities and Not-for-profits Commission Regulations 2022*.



Brent Emmett  
Chair  
7 November 2024



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**Australian Doctors International Limited  
Independent Auditor's Report to the Members of Australian Doctors International Limited  
For the Financial Year Ended 30 June 2024**

**Opinion**

We have audited the financial report of Australian Doctors International Limited (the registered entity), which comprises the statement of financial position as at 30 June 2024, the statement of profit or loss and other comprehensive income, the statement of changes in equity, the statement of cash flows for the year then ended, and the notes to the financial statements, including a summary of material accounting policy information and the responsible persons' declaration.

In our opinion, the financial report of Australian Doctors International Limited has been prepared in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act)* and the ACFID Code of Conduct, including:

- (a) giving a true and fair view of the registered entity's financial position as at 30 June 2024 and of its financial performance for the year then ended; and
- (b) complying with Australian Accounting Standards – Simplified Disclosures and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2022*.

**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 registered entity 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**

As at 30 June 2024, the entity is owed \$245,507 of GST claims from the Papua New Guinea's Internal Revenue Commission (IRC). The IRC have committed to settle a portion of the funds within 6 months from financial year end. However, there is some uncertainty as to whether the whole amount will be recoverable in the near future. As such, this has given rise to a material uncertainty in relation to the recoverability of this balance in full. Our opinion is not qualified in respect to this matter.

**Information Other than the Financial Report and Auditor's Report Thereon**

The directors are responsible for the other information. The other information is the directors' report accompanying the financial report.

Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon.

Liability limited by a scheme approved under Professional Standards Legislation

In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated.

If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

**Responsibilities of Directors for the Financial Report**

The responsible persons of the registered entity are responsible for the preparation and fair presentation of the financial report in accordance with Australian Accounting Standards and the ACNC Act, the ACFID Code of Conduct, and for such internal control as the directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

In preparing the financial report, the responsible persons are responsible for assessing the registered entity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the responsible persons either intend to liquidate the registered entity or to cease operations, or have no realistic alternative but to do so.

The responsible persons are responsible for overseeing the registered entity's financial reporting process.

**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 the financial report.

A further description of our responsibilities for audit of the financial report is located at the Auditing and Assurance Standards Board website at: <http://www.auasb.gov.au/Home.aspx>. This description forms part of our auditor's report.

SDJA

**Sandeep Kumar**  
Partner  
7 November 2024  
Sydney, New South Wales





## Compliance

Australian Doctors International (ADI) complies with the ACNC Act 2012. We keep financial records that correctly document and explain our transactions, financial position, and performance.

ADI is a member of ACFID and a signatory to the ACFID Code of Conduct. We voluntarily adhere to the Code of Conduct to demonstrate our commitment to ethical practice and public accountability.

For more information on the ACFID Code of Conduct please visit [www.acfid.asn.au](http://www.acfid.asn.au). Our summary financial reports have been audited and comply with the standards set out by ACFID Code of Conduct.

ADI also holds Deductible Gift Recipient (DGR) status with the ATO. ADI is also granted exemptions from Income Tax and provided fringe benefits and GST concessions.

## Risk and Ethical Standards

ADI acknowledges that it faces many risks including operational, reputational, financial reporting and compliance risks. Through our Risk and Compliance Committee and operational management, ADI works to reduce and mitigate these risks to protect all our stakeholders and ensure these risks do not stop us achieving our goals. Board members, staff and volunteers are expected to comply with all relevant

laws and the codes of conduct of relevant professional bodies and to act with integrity, compassion, fairness and honesty at all times. ADI shows a commitment to this through its Governance and Administration Handbook and Staff Handbook which detail ADI's ethical standards, code of conduct, conflict of interest policy, child safeguarding policy and prevention of sexual exploitation and abuse policy.

## Governance Statement

ADI is a Company Limited by Guarantee incorporated under the Corporations Act of 2001 and is registered in New South Wales. Ultimate responsibility for the governance of the company rests with the Board of Directors.

## Accountability

ADI is a member of the Australian Council for International Development (ACFID) and a signatory to the ACFID Code of Conduct. ADI is fully committed to the Code, the main parts of which concern high standards of program principles, public engagement and organisation. More information about the Code may be obtained from ADI or ACFID ([www.acfid.asn.au](http://www.acfid.asn.au)). Any complaint concerning an alleged breach of the Code by ADI should be lodged with the ACFID Code of Conduct Committee.



ACFID's contact details  
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<b>ACFID</b> .....	Australian Council for International Development
<b>ACNC</b> .....	Australian Charities and Not-for-Profits Commission (Federal Government)
<b>ACRRM</b> .....	Australian College Rural and Remote Medicine.
<b>ADI</b> .....	Australian Doctors International
<b>ANCP</b> .....	Australian NGO Cooperation Program (DFAT)
<b>AP</b> .....	Aid Post
<b>CAP</b> .....	Community Action Participation
<b>CHS</b> .....	Catholic Health Services
<b>CHW</b> .....	Community health worker
<b>CYP</b> .....	Couple Years Protection
<b>DFAT</b> .....	Department of Foreign Affairs and Trade (Federal Government)
<b>EMNC</b> .....	Essential Maternal and Neonatal Care
<b>FP</b> .....	Family Planning
<b>GEDSI</b> .....	Gender Equity, Disability and Social Inclusion
<b>HC</b> .....	Health Centre
<b>HCW</b> .....	Healthcare worker
<b>HEO</b> .....	Health Extension Officer
<b>LLG</b> .....	Local Level Government
<b>M&amp;E</b> .....	Monitoring & Evaluation
<b>MPHA</b> .....	Manus Provincial Health Authority.
<b>NGO</b> .....	Non-governmental organisation
<b>NIPHA</b> .....	New Ireland Provincial Health Authority.
<b>NO</b> .....	Nursing Officer
<b>NRL</b> .....	National Rugby League
<b>PHA</b> .....	Provincial Health Authority
<b>PNG</b> .....	Papua New Guinea
<b>POM</b> .....	Port Moresby
<b>PPH</b> .....	Post Partum Haemorrhage
<b>PWD</b> .....	People with disabilities
<b>TB</b> .....	Tuberculosis
<b>WASH</b> .....	Water, sanitation and hygiene
<b>WHO</b> .....	World Health Organisation
<b>WNBPG</b> .....	West New Britain Provincial Government.
<b>WNBPHA</b> .....	West New Britain Provincial Health Authority.
<b>WNB</b> .....	West New Britain Province
<b>WP</b> .....	Western Province (PNG)





Australian Doctors International Limited

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## Contact Us & Feedback

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