



# The ADI way

**Working with our government and non-government partners, ADI supports the delivery of health services in rural and remote areas of Papua New Guinea.**

We work across numerous provinces including Western, New Ireland, West New Britain, and Gulf, with expansion into other provinces on our horizon.

The ADI Way of working has earned deep respect from the communities we serve and the partners we work alongside.

The ADI Way of thinking begins by listening to and learning from local voices and experiences.

We champion those living with disability and those experiencing social exclusion. We stand firm in our commitment to equity, and are highly sensitive to community values and culture, ensuring our environmental responsibility is upheld.

The ADI Way of working builds confidence. We honour our commitments and follow through, we do the right thing, and we remain true to stakeholder expectations while upholding the highest standards 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 & Chair's Message

Once again, we are delighted to present ADI's Annual Report. And what an exciting year 2024/2025 has been!

A noticeable change is our logo and branding. After 25 years we felt it time to refresh in a way that aligns with the organisation ADI is today, with a breadth and depth of colours speaking to the growth and expansion of our work. That said, the ADI brand persists in PNG and is well recognised wherever we go.

This year was distinguished by a number of new initiatives, including implementation of the Baby Bundle Project - a supervised birth incentive program that was successfully trialled last year, expansion into Gulf Province, our first dedicated TB program supported by our newest partner, the Santos Foundation, launching in FY25/26 and introduction of the ADI Health Hub communities.

The ADI Health Hub model, which was successfully piloted and evaluated at the village of Silanga in West New Britain during the year, focuses our programs on a central village from where we can deliver services to a large catchment area. It represents a holistic approach to improving rural health, combining service delivery, training, and community engagement in one integrated system.

In 2024/25, ADI exceeded its program targets, reaching more people than ever before with essential health services. Our teams delivered **77,341 clinical services** to rural remote communities, helping thousands access the care they need. This included **49,219 vaccinations**, protecting individuals and families against preventable diseases and strengthening community health. These results highlight the impact of ADI's ongoing partnerships with Provincial Health Authorities and our commitment to improving health outcomes in hard-to-reach areas.

During the year the policy of carrying out in-country program delivery and administration with PNG-based staff continued, to the point that **today approximately 100% of the total staff are PNG nationals**. This has contributed to increased breadth and efficiency in the training and treatment services we provide and offers career paths for staff members – a win-win.

We rely on donations and grants to fund our work and continue to work diligently on building a pipeline of government and private sector funding. We are grateful to the Australian Government, to the PNG Provincial Governments and other major funders, who are acknowledged later in this report. We are also grateful to the many smaller donors who regularly support us.

In May this year we celebrated our 25 years in Papua New Guinea with a reception in Port Moresby for staff and partners. It was both a reflective and joyous occasion. Our gratefulness towards our loyal supporters over the years is immense, and our delight in new partnerships strengthens our resolve to continue to advance our Mission with courage and determination...

“

*...to provide and strengthen services in rural and remote communities of PNG... striving for sustainable healthcare solutions, ensuring every individual, regardless of location, has access to quality healthcare and a healthy future.*

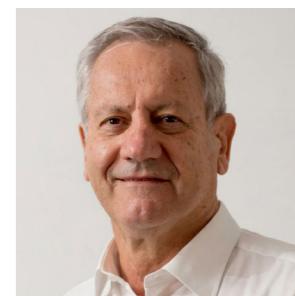
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The following pages are a testament to the impact of ADI's work with impoverished communities, an illustration of the power of partnerships, and a standing ovation to our hard working, passionate staff.

We thank our staff members and the ADI Directors for the contribution they have made to this important work.

Tracey Tatnell  
Chief Executive Officer

Brent Emmett  
Chair



# 25 Years of Service

## 2000

Established operations in  
Western Province.

Deploy volunteer Australian Health  
Professionals to support outreach  
patrols, training and health education

## 2019

Invited to West New Britain by  
Governor Sasindran Muthuvel  
to work with the Provincial  
Health Authority.

## 2025

Support family Planning and  
TB Projects in Gulf Province.



## 2011

Invited to New Ireland Province  
by former Prime Minister and  
Governor Sir Julius Chan.



## 2021

During the COVID-19 response,  
assisting with health  
worker training and vaccine  
distribution.



# ADI Impact over 25 Years

70  
volunteer doctors  
across

90  
placements

Over  
4,166  
hours of public  
health education

Over  
424,299

clinical services  
delivered in four  
provincial programs

1,000,000+

kilometres travelled  
by land, sea, and foot  
often through the most  
challenging terrain

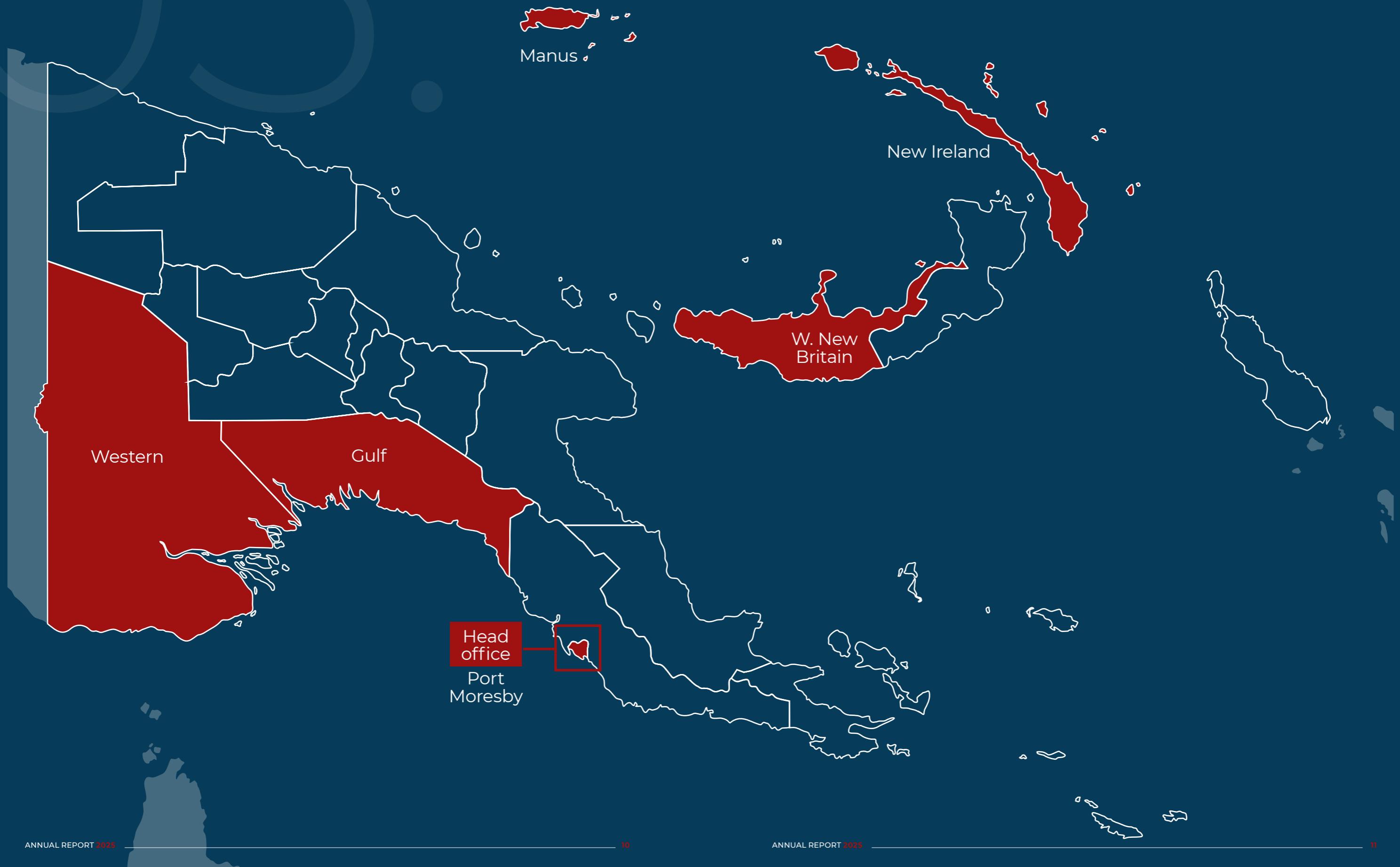
481  
outreach patrols

4,810  
days on patrol the equivalent  
of 13 years continuously in the  
field delivering healthcare to  
remote communities

Over  
3,074  
remote facilities  
and community  
clinics reached

137  
intensive health  
workers training  
workshops for  
2,551  
attendees

# Where we work



# What we do

ADI is a non-government organisation that works in close partnership with government and communities across Papua New Guinea.

For 25 years, we have focused on creating sustainable healthcare solutions for rural and remote areas. PNG faces significant challenges in healthcare such as limited access, health worker capacity, equipment, and services.

For 25 years ADI has helped to address those challenges by deploying skilled doctors and health professionals to remote regions to implement programs that deliver essential health services, such as Maternal and Child Health, Emergency Obstetrics, & Family Planning. We also assist in building local capacity through training, in-service learning and public health education. In 2024/25, **ADI provided 77,341 clinical, counselling and screening services, and administered 42,219 vaccinations.**

As needs evolve and technology advances, our service model is shifting. From 2024-2028, we will build on our existing programs by embedding health services directly within remote communities, guided by WHO's Healthy Islands concept. This approach strengthens local ownership, maximises existing health investments, and promotes sustainable, community-led primary healthcare. ADI is delighted to drive such changes as it identifies the root causes of poor health and implements community led solutions.

**77,341**

CLINICAL, COUNSELLING  
AND SCREENING SERVICES

**42,219**

VACCINATIONS



# Family Health

Families are the foundation of resilient communities, yet in Papua New Guinea, mothers and children face some of the highest health risks in the world. Limited access to services, few skilled health workers, under-resourced facilities, and entrenched gender and social norms contribute to high rates of maternal and newborn deaths, child mortality, malnutrition, and vaccine-preventable illnesses.

**ADI's Family Health Program** tackles these challenges through three interconnected streams:

- **Increasing immunisation** coverage to protect children against preventable disease.
- **Improving maternal health** by supporting safe deliveries and upskilling rural health workers.
- **Expanding access to family planning** so women and families can make informed choices.

We recognise that lasting impact in maternal and neonatal health begins with the whole family. That's why at ADI, we actively encourage fathers to participate in health awareness initiatives—including family planning, STI prevention, and TB treatment. Educating all family members on these critical health issues fosters shared responsibility and significantly improves outcomes for mothers and newborns. Thanks to your support, we can promote a truly inclusive, family-centred approach to care.



## The Challenge in Numbers

An overview of health statistics in Papua New Guinea

1 IN 25

CHILDREN DIE BEFORE  
REACHING AGE FIVE

unicef

21 PER  
1,000

NEWBORNS DIE WITHIN 28 DAYS

unicef

ONLY  
36%

OF CHILDREN ARE  
FULLY VACCINATED

unicef

82%

OF UNDER-FIVE DEATHS ARE  
DUE TO ENDEMIC AND VACCINE-  
PREVENTABLE INFECTIONS

unicef

JUST  
36%

BIRTHS ARE ATTENDED BY A  
SKILLED HEALTH PROFESSIONAL

UNFPA

1 IN  
289

WOMEN DIE FROM  
MATERNAL CAUSES

unicef

2025 ANNUAL REPORT

37%

WOMEN USE MODERN  
CONTRACEPTION

UNFPA

432  
PER 100,000

ESTIMATED INCIDENCE OF TB  
IN PNG IN 2022

World Health  
Organization

# Increasing Immunisation Coverage

Immunisations are among the most effective ways to protect children from life-threatening illnesses, and integrating vaccine delivery has been a core part of ADI's outreach activities with our health partners, to improve immunisation coverage in rural PNG.

## 2024–25 Achievements

42,219

VACCINE DOSES DELIVERED TO

14,006

CHILDREN

299

HEALTH WORKER TRAININGS  
IN IMMUNISATION PRACTICES

EXPANDED OUTREACH PATROLS  
INTO REMOTE MOUNTAINS AND  
RIVER COMMUNITIES



## Highlight: Accelerating Immunisation and Health Systems Strengthening in West New Britain

In some of West New Britain's most remote communities, many children had never received a single vaccine. Since 2024, ADI has been working to change that as an Implementing Service Provider for the Accelerating Immunisation and Health Systems Strengthening (AIHSS) Program, funded by the Government of Australia (DFAT), New Zealand (MFAT) and Gavi, implemented in partnership with the West New Britain Provincial Health Authority (WNBPHA).

Through the AIHSS program, ADI supported 18 rural facilities, delivering 24,800+ vaccines and training 28 health workers. Villages where children had never been vaccinated are now being reached.

By strengthening both frontline services and the systems that support them, ADI is helping to ensure that no child is left unprotected in West New Britain.

## Highlight: Expanding Immunisation in North Fly, Western Province

Western Province has long faced low immunisation coverage and repeated risks of outbreaks of measles, polio, and whooping cough. Geographic isolation, limited health access, and fragile cold-chain systems have left many children unprotected.

In 2025, ADI worked alongside the Western Provincial Health Authority, Catholic Health Services, Evangelical Church of PNG, health partners, and local volunteers to extend immunisation services into some of the province's most remote communities. Outreach patrols in **North Fly** brought **10,274 doses to 4,488 children**, while also delivering antenatal care and health education. Communities isolated for years finally gained access to essential health services.

Through collaboration and persistence, families in North Fly are gaining access to the essential health services they need to thrive.

“

*Our children haven't been immunised and have reached over ten years old. We are so happy that the ADI health team are here, our children below 10 years will be immunized. Health services do not reach us and we have been living in isolation for so long.*

Couple of mothers from Star Mountains

”

10,274  
DOSES TO  
|  
4,488  
CHILDREN



# Maternal Health

Papua New Guinea has one of the world's highest maternal mortality rates, ranging from **192 to 500 deaths per 100,000 live births**. For rural women, distance, cost, and shortages of skilled staff and supplies mean many still give birth at home without care.

ADI responds by training rural health workers, upgrading facilities, and supporting safe, respectful maternity care.

## 2024–25 Achievements

**39**

HEALTH WORKERS TRAINED  
THROUGH 4 ESSENTIAL MATERNAL  
& NEONATAL CARE (EMNC)  
WORKSHOPS ACROSS 4 PROVINCES

**546**

WOMEN GAVE BIRTH UNDER  
SKILLED SUPERVISION THROUGH  
THE BABY BUNDLE PILOT PROJECT

**10**

OBSTETRIC EMERGENCIES  
SUCCESSFULLY MANAGED  
AT RURAL FACILITIES



### Essential Maternal and Neonatal Care (EMNC)

This year, ADI continued its commitment to strengthening rural healthcare through the delivery of regular in-service training workshops in Essential Maternal and Neonatal Care (EMNC). This four-day refresher course equips rural health workers with practical skills to manage obstetric and neonatal emergencies, deliver appropriate antenatal care, and uphold respectful maternity practices in resource-limited settings.

The training includes hands-on, scenario-based sessions using medical models to simulate complications such as breech births, postpartum haemorrhage, and neonatal resuscitation. In 2025, ADI successfully conducted four EMNC workshops, reaching a total of 39 health workers across four provinces.

### Highlight: The Baby Bundle Project

The Baby Bundle Project, launched in 2024, is specially designed to encourage childbirth within health facilities. Upon delivery, mothers are offered a bundle of essentials such as nappies, blankets, soap, and clothing, for newborn care and maternal recovery. Alongside this incentive, community health workers were trained on lifesaving skills, facilities were upgraded with equipment and solar lighting, and families attended education sessions on safe birth, breastfeeding, immunisation, and family planning. Fathers were also encouraged to attend these sessions as part of their sensitisation training to ultimately ensure they became the best support system for their family during these stages.

The impact was striking: **546 women gave birth under skilled supervision, with nine of twelve facilities reporting rises in supervised deliveries, some over 200%**. No maternal deaths occurred, and health workers managed ten life-threatening emergencies. Mothers reported feeling safe and cared for, with 98% recommending facility delivery. **Preventive care improved too, 83% of newborns were fully immunised, and nearly half of mothers adopted family planning.**

Word spread quickly, with more than half the women being first-time facility users. By combining incentives, training, and trust, rural health centres became safer places to give birth.



## Family Planning

### Highlight: Outreach to Aneapmete Village

During an outreach patrol to Aneapmete Village, our team met a mother whose situation showed why integrated services are so vital. She had been bedridden for three months with a painful abscess, heavily pregnant, and caring for five young children, each born barely a year apart. The nearest health facility was a six-hour boat trip away, leaving her without treatment or support.

The patrol team acted immediately, transporting her to Pililo Health Centre where her abscess was treated and she gave birth safely. Recognising the strain of repeated pregnancies, she and her husband also received family planning counselling and later accessed an implant at Sauren Health Centre.

When the team returned, they found her healthy, strong, and caring for her six children with renewed dignity. Her story reflects the power of outreach patrols: bringing immunisation, maternal care, and family planning directly to women in remote villages, ensuring distance is never a barrier to lifesaving care.



Access to modern contraception remains limited, leaving many women unable to space or plan pregnancies. More than 40% of women in PNG face an unmet need for family planning, and nearly half of maternal deaths could be prevented if access improved.

ADI integrates family planning into outreach patrols, trains rural health workers, and ensures women have accurate information in safe, supportive spaces.

### 2024–25 Achievements

1,856

FAMILY PLANNING SERVICES  
DELIVERED DURING

58

OUTREACH PATROLS



31

HEALTH WORKERS TRAINED IN  
THREE PROVINCES TO PROVIDE  
MODERN CONTRACEPTIVES

2,734

COUPLE-YEARS PROTECTION (CYP)  
ACHIEVED

500

COMMUNITY EDUCATION SESSIONS  
DELIVERED TO

28,000

PEOPLE

## Highlight: Family Planning as a Path to Dignity and Opportunity

In the scattered coastal villages of West New Britain, family planning is both deeply needed and critically scarce. Reaching women with essential services is never easy. **For this patrol, the ADI team spent over 11 hours travelling - by road, on foot, and by boat - to deliver family planning care to remote communities.**

When ADI's patrol boat arrived at the Aumo Aid Post, the health team was met with a remarkable sight: women had walked for hours, some from as far as Gilnit Village, leaving behind their gardens after hearing that contraceptive implants were finally available.

Before the patrol, the local aid post had only ten implants—barely enough for one woman per village. Health workers recalled the pain of turning women away, limited by what little they had in stock. This time, **with fresh supplies delivered by ADI, 61 women chose implants, 35 received Depo injections, and three had devices replaced—all in just three days.**



### The Challenge in Numbers

# 454

HEALTH WORKERS TRAINED

# 49,219

DOSES OF CHILDHOOD IMMUNISATIONS TO

# 2,734

CYP

# 14,006

CHILDREN

# 546

WOMEN GAVE BIRTH UNDER SKILLED SUPERVISION

# 299

HEALTH WORKER TRAINING SESSIONS CONDUCTED

# 1,769

FP SERVICES AND

# 268.85

HOURS OF FAMILY HEALTH COMMUNITY, HEALTH EDUCATION CONDUCTED TO

# 500

EDUCATION SESSIONS

# 43,165

PEOPLE

# School Health

Schools are a vital entry point for improving child health in Papua New Guinea, where preventable illnesses, malnutrition, and poor oral health remain widespread challenges.

In 2024-25, ADI supported 26 school visits, bringing essential health services directly to children who often have little or no access to care. These visits delivered immunisations, dental, ear and eye screenings, nutrition checks, and public health education. Importantly, school-wide sessions also gave children knowledge they could take home, covering hygiene, disease prevention, nutrition, and age-appropriate sexual and reproductive health. This ripple effect ensures benefits reach not only students, but their families and communities.

# 14,894

CHILDREN REACHED WITH HEALTH EDUCATION SESSIONS

# 4,420

CHILDREN RECEIVED EAR, EYE, AND DENTAL SCREENINGS

## Case Study: First Aid for Schools in Western Province

In November 2024, ADI delivered the first ever First Aid training across five schools in Kiunga, North Fly District. Using first aid dummies and practical demonstrations, the team trained teachers and students in CPR, treating injuries, snakebite response, and using first aid kits. **A total of 1,162 students and staff were reached, equipping schools with lifesaving skills to respond to everyday emergencies in classrooms and communities.**

# 2,147

CHILDREN UNDERWENT NUTRITION SCREENING

# 410

CHILDREN TREATED FOR MALNUTRITION

## Case Study: Tackling Malnutrition Through Training and School Health

Malnutrition is linked to half of all under-five deaths in PNG, yet many children go undiagnosed. School visits regularly reveal children who are underweight or wasted, highlighting the urgent need for frontline skills.

In October 2024, ADI supported an Integrated Management of Acute Malnutrition (IMAM) training for 17 health workers from rural facilities across Gloucester, Bali, and Vitu Islands. Facilitated by specialists from West New Britain Provincial Hospital, the training built practical skills in diagnosing malnutrition, managing severe cases, and establishing referral pathways.

This training strengthens ADI's School Health program: when malnourished children are identified at school visits, trained health staff can provide immediate treatment or referral. With new skills and clearer systems in place, communities are better prepared to prevent malnutrition from becoming a silent killer.



## Why School Health Matters

MALNUTRITION UNDERLIES  
**50%**  
OF UNDER-FIVE DEATHS IN PNG

**1 IN 2**

CHILDREN SUFFER FROM DENTAL  
CARIES IN THEIR BABY

DIARRHOEAL DISEASES  
ACCOUNT FOR  
**13%**  
OF CHILD DEATHS

PNG HAS JUST  
**1 DENTIST**  
**PER 90,000**  
PEOPLE



## Environmental Health

Access to clean water, safe sanitation, and healthy environments remains one of Papua New Guinea's greatest health challenges leaving families vulnerable to diarrhoeal diseases, TB, and other preventable illnesses.

At ADI, we view environmental health as a critical line of defence against preventable diseases. Strengthening this area goes beyond infrastructure; it's also about creating long-term behavioural change. By supporting clean water systems, community-led sanitation, and targeted health awareness programs, we're helping communities reduce environmental risks and build lasting resilience against disease and disaster.

## Why It Matters

DIARRHOEAL DISEASES EACH  
ACCOUNT FOR ABOUT  
**13%**  
OF CHILD DEATHS (AGES 0-14)



MANY HEALTH FACILITIES  
LACK RELIABLE ELECTRICITY  
CONNECTIVITY

**2 IN 3**

PEOPLE DO NOT HAVE ACCESS  
TO CLEAN DRINKING WATER

**3 IN 4**

PEOPLE DO NOT HAVE  
ACCESS TO SAFE TOILETS

WASH-RELATED CAUSES (LIKE  
DIARRHOEAL DISEASES AND  
MALNUTRITION) ACCOUNT FOR  
**28%**  
OF UNDER-FIVE CHILD DEATHS

This year, ADI trained health workers, key stakeholders, and 150 community volunteers in community led Total Sanitation & Social & Behaviour Change Communication. These local champions reached over 100 communities, leading sanitation initiatives, constructing toilets and handwashing facilities, and promoting healthy behaviours that families can maintain on their own. **More than 5,900 people took part in WASH awareness sessions**, learning how clean, safe environments play a vital role in protecting children from preventable diseases.

## Case Study: Silanga Leads the Way in Community Action

Silanga village in West New Britain became a model site for ADI's Community Action Participation (CAP) program in 2023. CAP empowers communities to identify and address environmental factors affecting health, such as poor sanitation, unsafe water, and unmanaged animal waste. With tools and knowledge from training, Silanga households constructed toilets and handwashing stations, fenced pigs, dug rubbish pits, and tested water quality.

By 2025, these efforts had already begun transforming local health outcomes. Families shifted to safer water sources after previous testing revealed high contamination levels, and they adopted improved hygiene practices that helped reduce the spread of infectious diseases. Education sessions on child survival, immunisation, gender equality, and disease prevention broadened community understanding and strengthened everyday health behaviours. Most notably, the Healthy Island concept began to take its roots, spreading organically to neighbouring villages and inspiring wider change across the region.

The May–June 2025 monitoring trip confirmed Silanga's progress: the community has taken strong ownership, with village leaders, women's groups, and people with disabilities driving activities. As one participant put it,

**“**  
*We used to think health was only about doctors and medicine. Now we know our health is in our own hands.*  
**”**

### Impact Snapshot – Silanga Health

Centre (Jan–May 2023 vs. after CAP)

- **Skin disease:** decreased from 48 to 26 reported cases
- **Diarrhoea:** stable at very low levels (20 cases down to 12)
- **Malaria (RDT positive):** reduced from 431 cases in January to 208 in May
- **Simple cough:** dropped from 103 to 47 cases

### Key Takeaways:

- **CAP builds community-led solutions** that reduce preventable diseases.
- **Long-term success** depends on ownership, not outside intervention.
- **Environmental health improvements** (clean water, sanitation, safe waste management) deliver rapid, visible health benefits.



### Our Impact

5,900

PEOPLE PARTICIPATED IN WASH AWARENESS SESSIONS ON SANITATION, HYGIENE, AND DISEASE PREVENTION

150

COMMUNITY VOLUNTEERS TRAINED TO LEAD BEHAVIOUR CHANGE IN THEIR VILLAGES

100+

COMMUNITIES REACHED THROUGH SANITATION OUTREACH, ENCOURAGING LATRINE CONSTRUCTION AND HANDWASHING FACILITIES.

20

HEALTH WORKERS

+  
10

KEY STAKEHOLDERS EQUIPPED WITH SKILLS IN COMMUNITY-LED TOTAL SANITATION AND SOCIAL AND BEHAVIOUR CHANGE COMMUNICATION

48%

REDUCTION IN COMMON DISEASES IN SILANGA



# GEDSI — Gender Equality, Disability and Social Inclusion

At ADI, we believe that quality health services must be equitable, inclusive, and accessible to all. Our GEDSI Strategy, built on three core commitments, guides us in ensuring that women, men, people with disabilities, and other marginalised groups are not left behind. In 2024–25, this commitment was strengthened with a dedicated budget allocation for GEDSI for the first time at the national level, enabling both mainstream and targeted activities across provinces.

We use a twin-track approach:

- **Mainstreaming GEDSI across all programs, health worker trainings, and outreach activities.**
- **Targeted initiatives designed specifically for people with disabilities and their representative organisations (OPDs).**

Over the past year, ADI has made important strides in embedding inclusivity across our work. GEDSI sessions were incorporated into health worker trainings, ensuring that equity and accessibility are at the forefront of service delivery. Staff and partners also came together to commemorate International Women's Day across three provinces, reinforcing our commitment to gender equality in both practice and culture.

ADI conducted joint outreach with local OPDs (Organisation for Persons with Disability) to deliver sensitisation training for health workers and provide community-based rehabilitation support. These collaborations not only extended vital services to people with disabilities but also promoted greater awareness among frontline health providers.

Our targeted work with OPDs strengthened their capacity to advocate for the rights of people with disabilities. Several provincial and district OPDs were sensitised on the UN Convention on the Rights of Persons with Disabilities (UNCRPD), and one OPD was formally registered and re-launched, marking a milestone in local representation. The Women in Disability Network was also supported to hold quarterly meetings, creating space for women with disabilities to voice their priorities and connect with decision-makers.

Together, these achievements show how GEDSI is no longer a stand-alone activity, but a principle increasingly woven through every part of ADI's work.



## Highlight: Empowering OPD's for strengthened advocacy

In West New Britain, the re-launch of the provincial OPD was more than an administrative milestone, it was a turning point for people living with disabilities. For years, many felt invisible in local decision-making. Now, with ADI's support, the OPD has a platform to advocate directly with provincial authorities.

### Our Impact

35

HEALTH WORKERS TRAINED  
TO SUPPORT SURVIVORS OF  
GENDER-BASED VIOLENCE

211

PEOPLE WITH DISABILITIES  
REACHED THROUGH  
COMMUNITY-BASED REHAB  
IN NEW IRELAND

30

HEALTH WORKERS TRAINED  
ON GEDSI SENSITISATION  
ACROSS 10 FACILITIES

3  
PROVINCIAL  
+  
1

OPDS TRAINED ON DISABILITY  
RIGHTS (UNCRPD)

1OPD

FORMALLY REGISTERED  
& RE-LAUNCHED

484

CLINICAL SERVICES  
DELIVERED TO  
PEOPLE WITH DISABILITIES

295

NEWLY REGISTERED  
PEOPLE WITH DISABILITIES



# Measuring Impact

## Measuring Impact

Understanding and demonstrating the difference ADI makes is central to our mission. Measuring impact is how we remain accountable to our partners, donors, and most importantly, the communities we serve. It allows us to learn, adapt, and continually strengthen our approach to delivering health care in some of the most remote parts of Papua New Guinea.

## Moving into the Digital Space

This year marked a major milestone in ADI's monitoring and evaluation journey: the full transition from paper-based reporting to a digital system. Over the past 12 months, we equipped our staff and outreach teams with tablets and trained them to use Kobo, a cloud-based digital M&E platform widely used around the world.

As of July 2025, all of ADI's health data, surveys, and evaluations are now being captured digitally in the field, giving us:

- **Live data dashboards** that allow real-time monitoring of outreach patrols.
- **Faster, more accurate reporting** for partners and donors.
- **Better analysis and sharing** of lessons across teams.

This transition positions ADI to generate deeper insights and ensure that the evidence we gather is timely, reliable, and aligned with national health systems.

## Evaluations and Learning

Two major evaluations were completed this year:

- **Baby Bundle Project** – The evaluation highlighted how baby bundles improved maternal and newborn health by encouraging mothers to seek antenatal care and deliver in health facilities. (See highlight on page 19).
- **New Ireland Operations** – A province-wide evaluation provided valuable learning about how integrated patrols, partner coordination, and community engagement can be strengthened. While not statistical, these insights are already informing how we design future outreach.

*Through the Baby Bundle evaluation, we learned that mothers who received bundles were more likely to receive family planning and have their babies vaccinated — small items making a big difference.*

Danielle Ford  
Program Coordinator

## Designing for Impact

Alongside improved data systems, ADI underwent re-designing of its major projects to ensure they are more measurable and targeted. This included:

- Redefining project scope to focus on outcomes that can be tracked over time.
- Increasing the frequency and quality of monitoring activities.
- Integrating national data systems into our planning and reporting, enabling comparisons and alignment with provincial and national health priorities.

## Looking Ahead

The move to digital monitoring, coupled with a stronger evaluation culture, is transforming the way ADI measures and understands its impact. By capturing both numbers and stories, and by embedding learning into our operations, we can better demonstrate progress, adapt to challenges, and continue to improve the quality of health care for rural communities across PNG. This will mean:

- **Predictive analysis** – spotting trends early, such as rising disease cases or declining service use, to intervene before problems escalate.
- **Targeted resource allocation** – directing supplies, staff, and patrols where they are needed most, based on live field data.
- **Supporting national priorities** – aligning provincial performance with national health targets and sharing insights that can influence policy.

For example, ADI will use Kobo dashboards to track family planning uptake across provinces, identifying service gaps quickly and supporting progress towards the national target of 230 Couple Years of Protection (CYP) by 2030. This future-facing approach will help ADI and our partners respond faster, smarter, and with greater impact for remote communities.



## Measuring Impact From a Glance

<b>Digital Milestone</b>	Transitioned from paper to <b>KoBo digital M&amp;E system</b> – now all data captured on tablets in the field.	Real-time dashboards, faster reporting, easier analysis.	
<b>Field Ready</b>	Staff and outreach teams equipped with tablets for data collection, surveys & evaluations.	First full year of fully digital monitoring in FY25/26	
<b>Evaluations Completed</b>	<b>Baby Bundle Project</b> – showed positive impact on maternal and newborn health.	<b>New Ireland Operations</b> – strengthened understanding of outreach and partner coordination.	
<b>Redesigning for Impact</b>	Projects re-scope to focus on measurable outcomes.	Increased monitoring built into activities.	National data systems integrated into planning.
<b>Why It Matters</b>	Stronger accountability to donors and partners.	Clearer evidence of health improvements for communities	Better learning and adaptation across all ADI programs.



# Volunteers make a difference

Since its inception, ADI has been built on the generosity, skills, and dedication of volunteers. Founded and run by volunteers, **ADI's early days saw doctors travelling to some of the most remote and underserved parts of Papua New Guinea to provide essential medical care.** Behind them stood a committed group of volunteer administrators and supporters who helped lay the foundation for the organisation. This spirit of service and giving back remains at the heart of everything we do.

While ADI has grown and evolved, we remain deeply rooted in the values of volunteerism and the belief that committed individuals can drive lasting change. Today, we continue to deploy volunteer doctors across PNG, while also expanding opportunities to include nurses, midwives, health administrators, finance specialists, and other professionals. Their contributions are vital to strengthening health systems, building local capacity, and improving long-term health outcomes in the communities we serve.

Furthermore, ADI has placed emphasis on engaging and empowering local health volunteers. A recent example is **our collaboration with Community Health Workers (CHWs)** who graduated from Rumginai School of Nursing in Western Province. While awaiting formal employment, these volunteers are making a real difference by joining our outreach and immunisation patrols. They:

- **Assist in administering childhood immunisations**
- **Support cold chain management**
- **Attend trainings organised by ADI, such as Family Planning, Emergency Maternal and Newborn Care, and First Aid**
- **Provide basic clinical care under supervision of ADI clinical staff**
- **Conduct health education on hygiene, nutrition, maternal and child health, and disease prevention.**

These volunteers not only deliver essential health services to communities but also strengthen their own skills and confidence, preparing them for future employment. Some have already secured permanent positions with other health organisations, demonstrating the long-term impact and sustainability of ADI's investment in local capacity.

Volunteers have always been, and will continue to be, the lifeblood of ADI. Their contribution is a powerful reminder that **individuals can make an enduring difference** in the health and wellbeing of communities.



# Partnerships

ADI's work would not be possible without our many, collaborative partnerships, financial partners, volunteers and generous donors.

Our teams work in close partnership with Provincial Health Authorities, Provincial Governments, the private sector and other health partners on the ground, to co-deliver programs that improve the health and wellbeing of rural communities.

## Highlight: West New Britain Provincial Government support of ADI

ADI first established health programs in West New Britain province in 2019, working hand in hand with the Provincial Health Authority and Provincial Government to jointly deliver vital health services to rural communities.

In June 2025, ADI received a donation from the West New Britain Governor, Sasindran Muthuvel, to support our ongoing work in the province, working in partnership with the Provincial Health Authority, health staff and communities.

“

*We look forward to work closely with them so as our PHA to bring much needed services to our rural areas to meet the health needs of our people.*

Sasindran Muthuvel  
West New Britain Provincial Governor

”



## Highlight: Message from New Ireland PHA CEO

As CEO of the New Ireland Provincial Health Authority (NIPHA), I am proud to reflect on our strong partnership with Australian Doctors International (ADI) in delivering health services to the most remote and hard-to-reach communities of New Ireland Province. Since its inception here in 2011, ADI has worked alongside NIPHA, the New Ireland Provincial Government (NIPG), and our health workers to strengthen rural health delivery through outreach patrols, specialist clinical support, and staff mentoring.

This collaboration has ensured that vital services such as maternal and child health, immunisation, TB and malaria care, and general clinical consultations reach villages that would otherwise remain underserved. Importantly, ADI's model of pairing visiting doctors with our rural health teams has built local capacity and contributed to improving key health indicators of NIPHA, while aligning with our provincial health priorities.

We also pay tribute to the foresight of the late Grand Chief Sir Julius Chan, whose initiative and leadership brought ADI into New Ireland. His vision was clear—that every New Ilander, regardless of geography, should have access to quality health care. Today, as we welcome our new Governor, Hon. Walter David Schnaubelt, NIPHA remains committed to continuing this good work in partnership with ADI and NIPG under his leadership, building on this legacy to achieve stronger health outcomes for all.



Doctor Stenard Hiasihri  
Chief Executive Officer  
New Ireland Provincial Health Authority

# Partnerships

ADI would not be able to continue the vital health services support without the generosity of our dedicated partners, many of whom have been with us for over 25 years. This ongoing commitment has enabled us to deliver essential healthcare services and training to many people in unreachable areas within PNG. We are deeply grateful for their support and look forward to continuing our partnership to improve health outcomes in the years ahead.



**AJ FORSYTH**  
Family Foundation



**BRENT &  
VICKI EMMETT**



*Three Flips*  
FOUNDATION



**CATHOLIC CHURCH  
HEALTH SERVICES**  
Daru - Kiunga Diocese  
*your.health.is.our.mission*

Graham  
& Gail  
Smith



**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.



# Team Highlights

“

*One of the most significant achievements I have contributed to in 2025 is leading the development of a digital storyboard and full video production for ADI's 25th Anniversary celebrations. From the outset, the goal was to translate this narrative into a visual story that would resonate with a wide audience, including staff, partners, donors, and the communities we serve.*

*This achievement is personally significant because it allowed me to apply creativity, technical skills, and leadership to a high-impact project, translating abstract ideas into a tangible outcome that could be shared widely. Setting a benchmark for future initiatives that combine innovation, digital tools, and meaningful narratives to highlight ADI's work.*

*Overall, this achievement reflects both my personal growth and ADI's commitment to innovation, excellence, and impactful communication. It underscores how creative initiatives can amplify the organisation's voice, inspire stakeholders, and celebrate the collective efforts of all those who have contributed to ADI's remarkable journey over the past 25 years*

Eddie Oa  
National Monitoring & Evaluation Manager



“

*Serving as Operations Manager and Acting Program Manager with ADI in New Ireland Province has been one of the most rewarding chapters of my career. A highlight was coordinating and delivering integrated health patrols to some of the most remote communities – ensuring essential healthcare reached people despite logistical and environmental challenges.*

*I was privileged to sustain strong collaboration with the New Ireland Provincial Health Authority and partners, while supporting GEDSI initiatives, maternal health trainings, and community outreach programs. Each patrol and partnership reminded me of the importance of perseverance and collective effort.*

*Working in a setting where communication is limited, weather unpredictable, and travel by sea and land often demanding, I learned resilience, adaptability, and the power of teamwork. Above all, this experience deepened my commitment to ADI's mission of strengthening rural health services for the people of New Ireland and PNG.*

Nelson  
NIP Provincial Program Manager

“



“

*This year was a turning point for GEDSI at ADI. For the first time, a dedicated budget line was approved, giving our teams the resources to put the GEDSI Strategy into action.*

*With this support, we deepened our partnerships, from training OPDs on disability rights with the PNG Assembly of Disabled Persons, to seeing the WNB Differently Abled Persons Organisation formally registered and re-launched during International Day for People with Disability. These moments reminded us that change is possible when communities are empowered to lead.*

*We also walked alongside the Niu Ailan Women in Disability Network, supporting their quarterly meetings, annual planning, and advocacy training, all while celebrating milestones like International Women's Day. Adding to the spirit, rugby legend Marcus Bai joined us in WNB and NI to commemorate human rights days, bringing visibility and encouragement to people with disabilities and their families.*

*For our team, these highlights reaffirmed that GEDSI is not just an agenda item, it is about creating real spaces for inclusion, dignity, and recognition across communities.*

Sharon Pondros  
GEDSI Technical Lead



“

*One of my highlights was supervising the implementation of the AIHSS activity.*

*One of the amazing impacts the AIHSS program has had was not just delivering Immunisation to children but also integrated with other vital health services to hard-to-reach communities.*

*Most of the communities visited never had the opportunity to access medical services because of the distance and resources spent to reach nearest health facility.*

*It was very heartbreaking to see these people so desperate for medical services and yet were denied because of their geographical locations. Health facilities were also not very well funded & supported for their outreach patrols to reach their hard-to-reach communities.*

Ben Casper  
WNB AIHSS Officer

”



# The Road Ahead

We see growing opportunities to strengthen our services in existing locations and expand into new provinces, including Gulf and Central, as well as broaden the range of services we provide.

Our 2025–2028 Strategy outlines an enhanced model for supporting remote communities, the **ADI Health Hub**. Locally led, the Health Hub addresses the social and environmental determinants of health through a holistic system that promotes the well-being of all community members. **Its pillars are Family Health, School Health, Environmental Health and Livelihoods.**

ADI has been known over the past 25 years for the placement of volunteer doctors in rural remote PNG. We are developing a new strategy for volunteer recruitment, training, and placement. From 2026, we plan to expand volunteer placements to include both clinical and allied health professionals, recruited from within PNG and abroad.

Nurturing partnerships has always been a hallmark of the ADI Way. We are committed to growing strategic alliances that strengthen provincial health services in fulfilling their mandate to remote communities.

If you would like to join us on this journey, please contact our CEO at

[tracey.tatnell@adi.org.au](mailto:tracey.tatnell@adi.org.au)



# Good Governance

## Board of Directors



Brent Emmett  
*Chair*



Colin Plowman  
*Chair, Strategic  
Program Committee*



Liz Cohen  
*Chair, Finance Audit  
and Risk Committee*



Adelina Dal Pra  
*Director*



Beatrice Mahuru  
*Director*



Pascoe Kase  
*Director*



Gillian Biscoe  
*Director*



Tracey Tatnell  
*Director and CEO*

## Executive Management Team



Tracey  
Tatnell  
*CEO*



Yaman Kutlu  
*Head of  
Program  
Strategy*



Bhawna  
Chandra  
*Head of  
Finance*



Sharon  
Pondros  
*GEDSI  
Technical Lead*



Aisha  
Hassan  
*Senior Program  
Manager*



Kim Roe  
*Operations and  
Compliance  
Manager*



Mackenzie  
Fono  
*National HR  
Manager*

# How can you help?

Every contribution helps ADI reach remote communities in Papua New Guinea with vital health services. Whether you choose to give once or on a regular basis, your support directly improves the health and wellbeing of families who would otherwise go without care.

## One-off Donations

Your one-time gift can make an immediate difference:

### Baby Bundle

\$50

Provide essential items for newborns and their mothers to give babies a safer start in life.

### Childhood Vaccinations

\$75

Protect children from preventable diseases by funding vaccines and outreach patrols.

### Family Planning Implant

\$100

Support a woman's choice and future by covering the cost of a contraceptive implant.

### Train & Equip a Health Worker

\$150

Give health workers the skills and tools they need to care for their communities.

## Regular Giving

Becoming a regular giver allows ADI to plan ahead and sustain health services in the most remote parts of PNG. Monthly donations help us:

\$30/month

### Keep Patrols Moving

Cover travel and fuel costs so health teams can reach isolated villages.

\$50/month

### Support Health Workers

Provide ongoing training and mentoring to deliver quality care.

\$75/month

### Sustain Rural Health

Ensure communities continue to receive life-saving medicines, vaccines, and health education.



# Financials

## Australian Doctors International Limited

### Statement of Profit or Loss and Other Comprehensive Income

For the Financial Year Ended 30 June 2025

	Notes	2025 \$	2024 \$
<b>Revenue</b>			
Grant income	4	3,793,137	4,142,790
Donation and gifts - monetary		556,227	147,850
Donation and gifts - non-monetary	5	89,108	217,135
Interest income		25,899	83,917
Net realised foreign exchange gains	6	25,757	-
Net gain on lease termination		2,870	-
Other income		127,414	-
<b>Total revenue</b>		<b>4,620,412</b>	<b>4,591,692</b>
<b>Expenses</b>			
Funds to international programs	7	(3,650,306)	(3,444,360)
Program support costs	7	(554,464)	(258,138)
Accountability and administration	7	(126,309)	(258,138)
Net realised foreign exchange losses	6	-	(920)
Net unrealised foreign exchange losses	6	(153,708)	(115,415)
Monetary expenditure	8	(4,484,786)	(4,236,203)
Non-monetary expenditure	5	(89,108)	(217,135)
<b>Total expenses</b>		<b>(4,573,894)</b>	<b>(4,453,203)</b>
<b>Net surplus for the year</b>		<b>46,518</b>	<b>138,489</b>
Income tax expense		-	-
<b>Surplus after income tax</b>		<b>46,518</b>	<b>138,489</b>
Other comprehensive income		-	-
<b>Total comprehensive income</b>		<b>46,518</b>	<b>138,489</b>

The accompanying notes form part of these financial statements.

## Australian Doctors International Limited

### Statement of Financial Position

As at 30 June 2025

	Notes	2025 \$	2024 \$
<b>Assets</b>			
<b>Current</b>			
Cash and cash equivalent	9	1,265,197	1,917,117
Trade and other receivables	10	392,493	478,524
Other assets	11	46,108	30,891
<b>Total current assets</b>		<b>1,703,798</b>	<b>2,426,532</b>
<b>Non-Current</b>			
Property, plant and equipment	12	215,646	175,978
Right-of-use assets	13	3,053	91,876
<b>Total non-current assets</b>		<b>218,699</b>	<b>267,854</b>
<b>Total assets</b>		<b>1,922,497</b>	<b>2,694,386</b>
<b>Liabilities</b>			
<b>Current</b>			
Trade and other payables	14	164,246	375,392
Provisions	15	128,367	115,282
Lease liabilities	16	3,218	32,601
Contract liabilities	17	928,112	1,496,845
<b>Total current liabilities</b>		<b>1,223,943</b>	<b>2,020,120</b>
<b>Non-Current</b>			
Provisions	15	38,228	-
Lease liabilities	16	-	60,458
<b>Total non-current liabilities</b>		<b>38,228</b>	<b>60,458</b>
<b>Total liabilities</b>		<b>1,262,171</b>	<b>2,080,578</b>
<b>Net assets</b>		<b>660,326</b>	<b>613,808</b>
<b>Equity</b>			
Accumulated funds		660,326	613,808
<b>Total equity</b>		<b>660,326</b>	<b>613,808</b>

The accompanying notes form part of these financial statements.

## Australian Doctors International Limited

### Statement of Changes in Equity

For the Financial Year Ended 30 June 2025

	Note	Accumulated Funds \$	Total Equity \$
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		138,489	<b>138,489</b>
Balance at 30 June 2024		<b>613,808</b>	<b>613,808</b>
Balance at 1 July 2023		613,808	<b>613,808</b>
Surplus for the year		46,518	<b>46,518</b>
Other comprehensive income		-	-
Total comprehensive income		46,518	<b>46,518</b>
Balance at 30 June 2025		<b>660,326</b>	<b>660,326</b>

## Australian Doctors International Limited

### Statement of Cash Flows

For the Financial Year Ended 30 June 2025

	Notes	2025 \$	2024 \$
<b>Cash flows from operating activities</b>			
Receipts from donors and grants		4,126,819	3,483,882
Payments to suppliers and employees		(4,564,056)	(4,713,041)
Interest paid		(6,009)	(2,568)
<b>Net cash used in operating activities</b>		<b>(443,246)</b>	<b>(1,231,727)</b>
<b>Cash flows from investing activities</b>			
Payments for property, plant and equipment		(104,354)	(176,163)
Interest received		25,899	83,917
<b>Net cash used in investing activities</b>		<b>(78,455)</b>	<b>(92,246)</b>
<b>Cash flows from financing activities</b>			
Net payment on lease liabilities		(32,602)	(10,302)
<b>Net cash used in financing activities</b>		<b>(32,602)</b>	<b>(10,302)</b>
Net change in cash and cash equivalents		(554,303)	(1,334,275)
Cash and cash equivalents at beginning of financial year		1,917,117	3,342,047
Effects of exchange rate changes on cash and cash equivalent		(97,617)	(90,655)
<b>Cash and cash equivalents at the end of financial year</b>		<b>1,265,197</b>	<b>1,917,117</b>

The accompanying notes form part of these financial statements.

The accompanying notes form part of these financial statements.

## Australian Doctors International Limited

### Notes to Financial Statement

For the Financial Year Ended 30 June 2025

### General Information

The financial report covers Australian Doctors International Limited, 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, the NSW Charitable Fundraising Act 1991 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 4 November 2025.

## Australian Doctors International

### Directors' Report

For the Financial Year Ended 30 June 2025

### 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 2025 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 Emmet  
*Chair*  
4 November 2025

## Australian Doctors International Limited

### Responsible Persons' Declaration

For the Financial Year Ended 30 June 2025

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

- a. 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:
  1. giving a true and fair view of the registered entity's financial position as at 30 June 2025 and of its performance for the year ended on that date; and
  2. complying with Australian Accounting Standards - Simplified Disclosures and the Australian Charities and Not-for-profits Commission Regulations 2022; and
- b. 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 Emmet  
*Chair*  
4 November 2025

## Australian Doctors International Limited

### Responsible Persons' Declaration under the NSW Charitable Fundraising Act 1991

For the Financial Year Ended 30 June 2025

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

- a. the statement of profit or loss and other comprehensive income and associated notes gives a true and fair view of all income and expenditure of the organisation with respect to fundraising appeals for the financial year ended 30 June 2025;
- b. the statement of financial position and associated notes gives a true and fair view of the state of affairs of the organisation with respect to fundraising appeals conducted by the organisation as at 30 June 2025;
- c. the provisions of the NSW Charitable Fundraising Act 1991 and Regulations and the conditions attached to the authority have been complied with during the financial year ended 30 June 2025; and
- d. the internal controls exercised by the organisation are appropriate and effective in accounting for all income received and applied by the organisation from any of its fundraising appeals during the financial year ended 30 June 2025.

  
Brent Emmet  
*Chair*  
4 November 2025



**SDJ Audit Pty Ltd t/a SDJA**  
ABN: 11 624 245 334  
P: PO Box 324  
West Pennant Hills NSW 2125  
M: 0428 074 081  
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 2025**

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 2025, 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*

**SDJA**

*Michael Payne*

Partner  
4 November 2025  
Sydney, New South Wales



**SDJ Audit Pty Ltd t/a SDJA**  
ABN: 11 624 245 334  
P: PO Box 324  
West Pennant Hills NSW 2125  
M: 0428 074 081  
E: [info@sdja.com.au](mailto:info@sdja.com.au)  
W: [www.sdja.com.au](http://www.sdja.com.au)

**Australian Doctors International Limited**  
**Independent Auditor's Report to the Members of Australian Doctors International Limited**  
**For the Financial Year Ended 30 June 2025**

**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 2025, the statement of profit or loss and other comprehensive income, the statement of changes in equity, and 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 2025 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.

**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.

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.

Liability limited by a scheme approved under Professional Standards Legislation

Liability limited by a scheme approved under Professional Standards Legislation

## Australian Doctors International Limited

### Independent Auditor's Report to the Members of Australian Doctors International Limited

For the Financial Year Ended 30 June 2025

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 Responsible Persons 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 – Simplified Disclosures, the ACNC Act and the ACFID Code of Conduct, and for such internal control as the responsible persons 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.

#### Report of the requirements of the NSW Charitable Fundraising Act 1991

We have audited the financial report as required by Section 24(2) of the *NSW Charitable Fundraising Act 1991*. Our procedures included obtaining an understanding of the internal control structure for fundraising appeal activities and examination, on a test basis, of evidence supporting compliance with the accounting and associated record keeping requirements for fundraising appeal activities pursuant to the *NSW Charitable Fundraising Act 1991* and the *NSW Charitable Fundraising Regulation 2021*.

Because of the inherent limitations of any assurance engagement, it is possible that fraud, error or non-compliance may occur and not be detected. An audit is not designed to detect all instance of noncompliance with the requirements described in the above-mentioned *Acts and Regulations* as an audit is not performed continuously throughout the period and the audit procedures performed in respect of compliance with these requirements are undertaken on a test basis. The audit report expressed in this report has been formed on the above basis.

## Australian Doctors International Limited

### Independent Auditor's Report to the Members of Australian Doctors International Limited

For the Financial Year Ended 30 June 2025

Opinion.

In our opinion:

- a. the financial report of Australian Doctors International Limited has been properly drawn up and associated records have been properly kept during the financial year ended 30 June 2025, in all material respects, in accordance with:
  1. sections 20(1), 22(1-2), 24(1-3) of the NSW Charitable Fundraising Act 1991; and
  2. sections 10(6) and 11 of the NSW Charitable Fundraising Regulation 2021.
- b. the money received as a result of fundraising appeals conducted by the registered entity during the financial year ended 30 June 2025 has been properly accounted for and applied, in all material respects, in accordance with the above-mentioned Act and Regulations.



Michael Payne

Partner

4 November 2025

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 the 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 Finance, Audit and Risk 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 from 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 always. ADI shows a commitment to this through its Policies and Procedures, 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.



AUSTRALIAN  
COUNCIL  
FOR  
INTERNATIONAL  
DEVELOPMENT

## ACFID's contact details

- 📍 Private Bag 3, Deakin ACT 2600, Australia
- 📞 +61 2 6285 1816
- ✉️ main@acfid.asn.au

## Acronyms

<b>ACFID</b>	Australian Council for International Development
<b>ACNC</b>	Australian Charities and Not-for-Profits Commission (Federal Government)
<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>HA</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)



*For a healthier rural PNG*

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 Level 15/115 Pitt Street, Sydney, NSW, 2000, Australia

 +61 (0)2 9907 8988

 15 718 578 292

 admin@adi.org.au

 adi.org.au

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