

ANNUAL REPORT 2022/2023



**australian doctors  
international**

*Working for a healthier PNG*



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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.



# Introduction

In Papua New Guinea (PNG), a stark disparity exists between the availability of healthcare services and prevailing health conditions in the community, presenting significant challenges in both prevention and treatment for those afflicted by illness.

Australian Doctors International (ADI) plays a pivotal role in supporting local health authorities to address this critical gap, working diligently to foster healthier communities across the nation. Our efforts are not merely welcomed but essential, driven by the critical shortages of health workforce personnel, high burden of preventable diseases and maternal deaths in rural areas that underscore the urgency of our mission.

ADI operates as a private, non-governmental charity, committed to fortifying remote and rural health systems in collaboration with local PNG health workers. While we have received some government support and have met stringent Australian Government criteria for certification, our sustainability hinges significantly on the generosity of non-governmental donations, both financial and in-kind, and the steadfast backing of private and corporate donors.

In this annual report, we provide an account of our work this year, the challenges we face, and the impact we've made in PNG, achieved with our partners.





ADI works in partnership with Provincial Health Authorities in Papua New Guinea to support access to health services for rural and remote communities.

## MISSION

ADI demonstrates its commitment to upholding the universal right to healthcare by working with local partners to provide and strengthen health services in rural and remote communities.

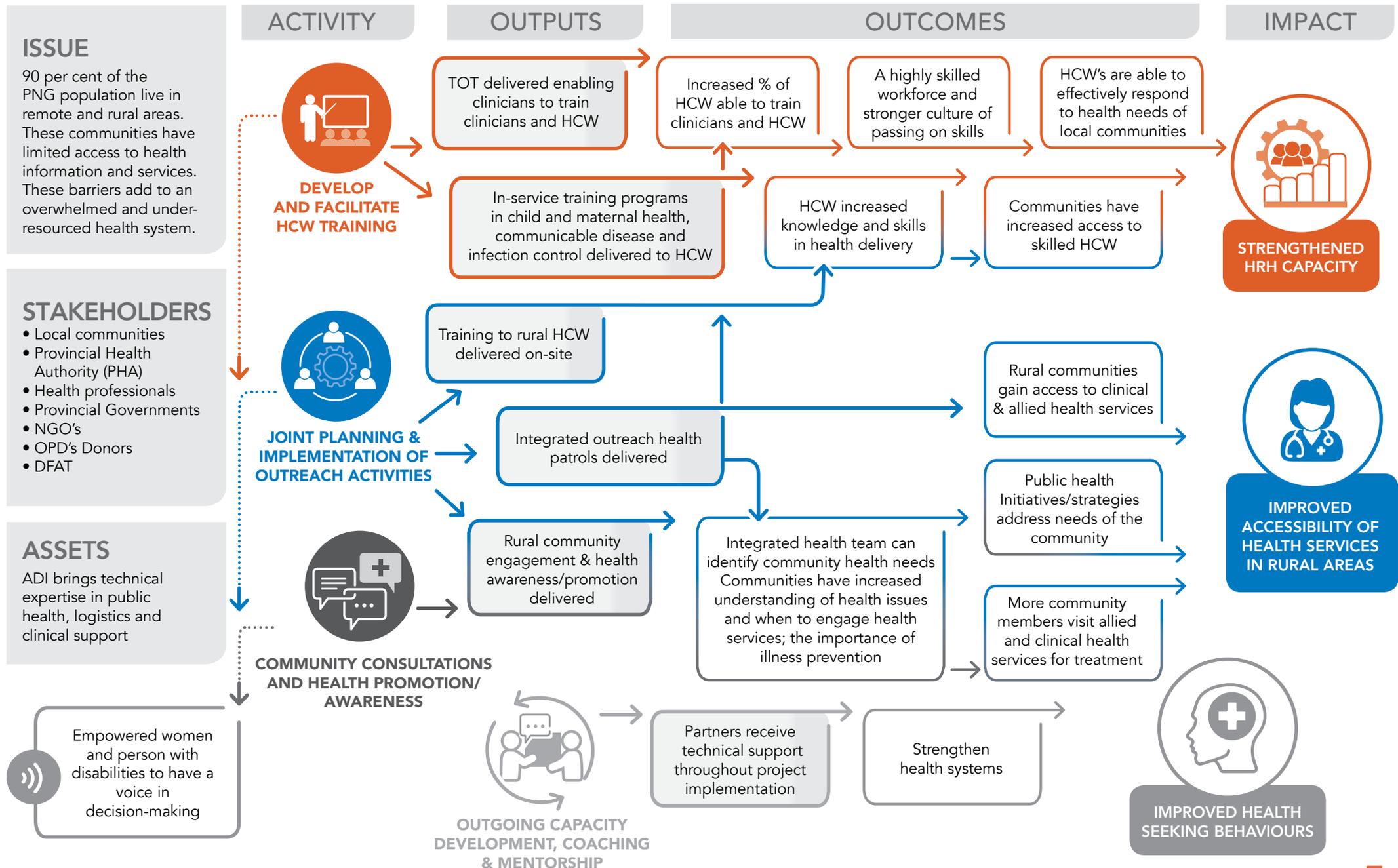
## VISION

A healthier Papua New Guinea.

## VALUES

- We collaborate with local partners to create sustainable health outcomes
  - Our programs are responsive and people-centred
  - We work with respect and integrity

# Program theory of change health system strengthening





**54,200+**  
**CLINICAL SERVICES**  
delivered by ADI and  
our partners



of districts in each  
province covered by  
**JOINTLY PLANNED  
OUTREACH PATROLS**



**58,500+**  
people participated in  
**ADI SUPPORTED  
ACTIVITIES**



**33,340+**  
community members  
reached with  
**PUBLIC & COMMUNITY  
HEALTH EDUCATION**



**27,210**  
**IMMUNISATIONS  
DELIVERED**  
(routine and COVID)



**318**  
**HEALTH WORKERS  
TRAINED**

**adi**

australia doctors  
international

Working for a healthier PNG

## CEO and Chair message

### Dear Supporters and Stakeholders,

2023 marked yet another incredible year for Australian Doctors International (ADI). Following the milestone of our 20th anniversary last year, we embarked on our third decade of service with the same unwavering commitment to our mission.

One of the standout achievements of this fiscal year was our impressive 21 per cent increase in revenue compared to the previous year. This growth allowed us to strategically redirect our focus towards strengthening our partnerships with Provincial Health Authorities (PHAs), enhancing our program implementation, and nurturing the leadership capabilities of our Provincial Program Managers. These efforts represent crucial building blocks for ADI's sustained success and impact.

The Papua New Guinea (PNG) elections held in August 2022 posed some logistical and security challenges, but we are grateful that our dedicated teams remained safe and resilient. Despite these disruptions, we not only met our targets across all indicators but exceeded many of them. This resilience and dedication is a testament to the unwavering commitment of our teams and partners.

Supporting the PHA's Community Action Participation (CAP) activities in West New Britain have emerged

as a catalyst for strengthening our partnerships and fostering deeper community engagement in health and development initiatives. You can explore the transformative impact of CAP in greater detail later in this report.

In the realm of immunisation, we are heartened to witness a renewed emphasis on childhood immunisations and a notable absence of hesitancy among communities. This positive response allowed us to deliver a substantial number of vaccine doses across PNG, significantly bolstering community resilience against preventable diseases.

One of the profound lessons we gleaned from the challenges of the COVID-19 pandemic is the pivotal role of health communications and community engagement. We are thrilled to announce that in the upcoming financial year we will be putting this insight into action by launching a new training program. This initiative will see us collaborate closely with PHAs to develop effective village health assistant strategies - a crucial step toward fostering lasting positive change at the grassroots level.

This report outlines the multifaceted work that ADI has undertaken throughout the year and demonstrates the impact of our collective efforts and the transformative potential ahead.

**Thanks to our dedicated teams, unwavering supporters, and invaluable partners together we are charting a path toward healthier, more resilient communities in PNG.**

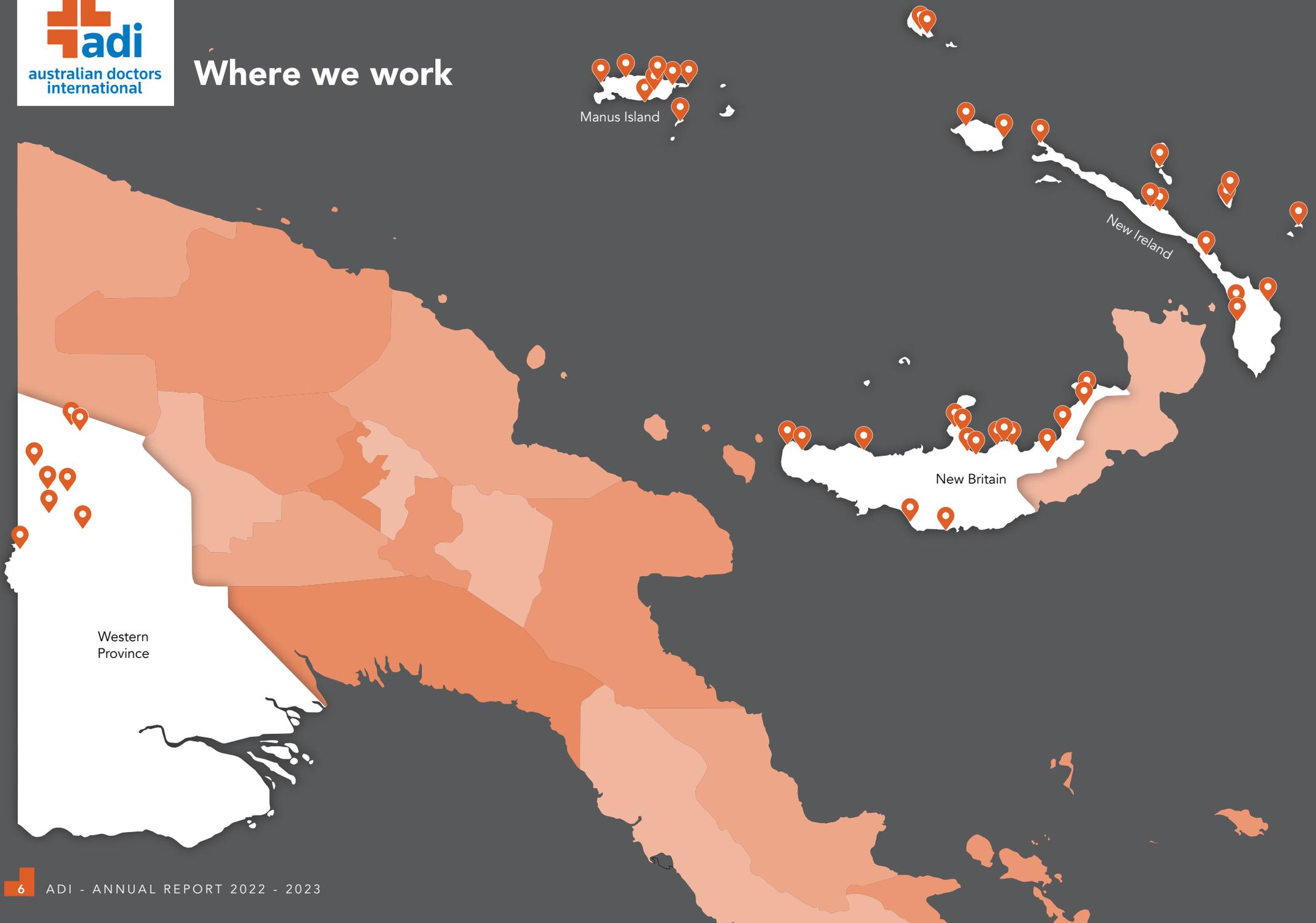


**Mimi Ziliacus, CEO**  
Australian Doctors  
International



**Dr Peter Macdonald,**  
OAM, MBBS MRCGP  
DA DRCOG  
Australian Doctors  
International

# Where we work



## Our program approach

Papua New Guinea's healthcare system operates on a decentralised model, with the National Department of Health providing the overarching strategic framework for health policies and programs nationwide. The Provincial Health Authorities (PHAs) play a pivotal role in translating this national strategy into tangible, localised programs. Additionally, many rural health services are managed by the Church Health Services, but fall under the jurisdiction and strategic plans of the PHAs.

ADI's program approach is firmly rooted in local leadership and harmoniously aligned with the PNG National Health Plan, as well as the specific strategic priorities of the PHAs. Through dynamic partnerships with PHAs and active community engagement, our mission is to fortify local infrastructure, enhance the capabilities of indigenous healthcare professionals, and foster sustainable improvements in the health and well-being of rural residents.

### Within this framework, local ADI teams collaborate closely with PHAs to:

- Expand the reach of the healthcare system in rural areas
- Strengthen the capacity of the healthcare system
- Cultivate the skills and expertise of local healthcare workers
- Advocate for gender equity, health, and well-being, while encouraging health-seeking behaviours
- Achieve better health outcomes, ultimately contributing to a healthier PNG.



# Building stronger health systems

Through collaborative partnerships with PHAs and the support of provincial governments, ADI actively engages in co-delivering transformative initiatives aimed at bolstering and sustaining a more robust healthcare system.

ADI unites with local healthcare providers to enhance health security through rural outreach health patrols, delivering essential health education to high-need communities. In close coordination with PHA teams, our dedicated professionals operate in remote areas devoid of healthcare access, offering critical training and clinical support to often isolated health workers, thus nurturing their professional growth.

## Our outreach health services and health education encompass:

- general outpatient services
- women's, maternal, and child health, including family planning and reproductive rights
- management of communicable and lifestyle diseases
- addressing cross-cutting issues such as child rights and safeguarding, disability inclusion, and gender equity.

At the heart of ADI's initiatives lies a profound commitment to the long-term sustainability of PNG's healthcare system, with a particular emphasis on nurturing the healthcare workforce. Our collaborative approach not only strengthens the capacity of PHA staff but also serves as a compelling demonstration of the efficacy of targeted rural programs. Together, we are forging a healthier and more resilient future for PNG.



## Empowering healthcare workers

Central to ADI's mission and vital to strengthening PNG's healthcare system, is the empowerment of its healthcare workforce. In resource-constrained rural areas, healthcare professionals often have limited opportunities for ongoing professional growth and support, which can hinder their knowledge and practice. This is where ADI's clinical training initiatives step in.

During our outreach activities, we deliver clinical training through various channels, including case-based training and small group sessions. Teams of ADI and PHA clinicians, allied health and public health specialists are stationed at rural healthcare facilities, not only providing essential health services to communities but also creating direct learning opportunities for local healthcare workers who benefit from support and mentoring by the team members. The training is tailored to address specific requests from health

workers or community health concerns, delving deep into the heart of prevalent issues. In the current year, we delivered an estimated 124 hours of training to rural health workers during our outreach programs.

Furthermore, we actively collaborate with PHAs and healthcare partners to plan and co-deliver formal in-service training workshops. These workshops are carefully aligned with provincial health objectives and key health priorities identified by the PNG National Department of Health. This year, ADI contributed to the successful delivery of 22 training workshops across four provinces, with 290 health workers actively participating in these essential sessions.

Through these concerted efforts, ADI remains dedicated to enriching the capabilities of PNG's healthcare professionals and, in turn, fostering a stronger and more resilient healthcare system.

# of health workers / Village Health Attendants (VHAs) trained during in-service training workshops

	Manus	New Ireland	West New Britain	Western Province
COVID-19 training of trainers	20	10	20	27
Essential maternal and neonatal care (EMNC)	12	11	22	22
Family planning	16	17	18	19
HIV/PICT				46
IMAM			13	
Lifestyle diseases				8
Other		9		

\*Note: health workers may have attended more than one training





## Impacting healthcare professionals: Insights from health workers

The feedback from PNG health workers who have participated in ADI's training programs reflects tangible and immediate benefits, not only for their professional development but also for the well-being of the communities they serve.

Here are two experiences that exemplify the transformative impact of ADI's initiatives:

### Wilhelmina T., Nursing Officer

Wilhelmina attended ADI's Family Planning training in New Ireland, and the knowledge she gained has empowered her to provide better care to her clients with increased confidence. She shared, "Now I know how to perform insertion and removal of implants. I am prepared to deliver health talks and raise awareness in my community about family planning. This is particularly crucial in our current situation, where population growth is straining limited resources. I am committed to helping young people plan their families for a better quality of life and to address various social issues." Reflecting on her experience, Wilhelmina expressed gratitude for the workshop, acknowledging how it had enriched her understanding of family planning.

These stories underscore the tangible and immediate impact of ADI's training programs, not only in enhancing the capabilities of healthcare professionals but also in directly improving health outcomes in communities across PNG.

### Linda Y., Healthcare Provider

Linda participated in the EMNC (Essential Maternal and Newborn Care) training in New Ireland, an experience that ultimately led her to save a newborn's life. She recounted a challenging situation when she was alone at the health centre, responsible for assisting a mother during delivery.

Linda faced a complicated frank breech birth, where the baby's legs emerged first, and the infant was born flat, blue, and unresponsive. The facility lacked the necessary suction tools for such cases. Fortunately, Linda had attended ADI's EMNC and Family Planning training, where she had been equipped with essential instruments, including a penguin suction device. She used the penguin suction device to revive the newborn successfully and then applied Kangaroo Mother Care (KMC) techniques to both the mother and the baby. Linda closely monitored the infant for potential signs of Neonatal sepsis, and thankfully, both the baby and mother were healthy and were discharged. Reflecting on this life-saving experience, Linda emphasised the critical importance of the skills and knowledge she acquired during the training and expressed her profound gratitude for the opportunity to attend.

## Health patrols reaching rural communities

One of ADI's core activities is facilitating regular, integrated outreach health patrols to rural areas – where over 80 per cent of PNG's population reside. Rural communities face a range of barriers to accessing essential health services – having to navigate challenging topography and transportation, financial costs, limited infrastructure and shortages of health staff and medical supplies.

Together with PHAs and health partners, ADI co-delivers outreach activities to address these challenges, and strengthen accessibility to essential health services for rural populations. Outreach activities are designed and planned in partnership with PHAs to address public health priorities and the needs of rural communities. This co-delivery approach aims to build the capacity of PHAs in areas including logistics, budgeting, monitoring and evaluation, and ensures programs are locally-led and directly meet provincial health objectives.

Outreach teams are made up of PHA and ADI clinicians, specialists, allied health officers and locally-based health workers. Travelling via road, banana boats and/or charter flights and helicopters, teams travel to some of the most rural and remote places in the provinces for two-week long periods.

In addition to general outpatient services, teams deliver maternal and child health services, routine immunisations, optometry, dental, physiotherapy, TB, family planning and sexual and reproductive health. Teams also use this opportunity to deliver public health education sessions, assess rural health facilities and work alongside local health workers to deliver health services.

This year, ADI supported PHAs to jointly deliver 68 outreach activities across the four provinces.





**85**  
**HEALTH WORKERS  
TRAINED**  
through professional training  
and on-the-job mentoring



**28**  
**CO-DELIVERY &  
PARTNERSHIP**  
strengthening activities



**35**  
**JOINT PLANNING**  
activities

## ADI's enduring partnership with New Ireland Provincial Health Authority

Over the years, ADI has cultivated a strong and esteemed partnership with the New Ireland Provincial Health Authority (NIPHA), despite not having a formal agreement in place. This year, we elevated this collaboration to new heights by formalising our commitment through the signing of a new Memorandum of Understanding (MOU) with NIPHA and the New Ireland Provincial Government.

This significant milestone was a result of ADI's unwavering dedication to delivering essential healthcare services to the rural population of New Ireland and supporting NIPHA's specialised programs. It stands as a testament to the trust and open communication that has flourished between both parties over time.

Our program in New Ireland Province is almost completely funded by Newcrest Sustainability Fund.

Together, NIPHA and ADI achieved remarkable progress by enhancing the capabilities of 44 per cent of rural healthcare workers through meticulously planned professional training sessions and mentoring during our outreach initiatives. This collaborative approach not only increased the efficiency and timeliness of Public Health Programs, notably immunisation special activities (SIA/Equity), but also extended the reach of the SIA program to an impressive 90 per cent of the previously hard-to-access facilities in New Ireland.

ADI served as a conduit through which NIPHA could harness and acquire the vital information necessary to enhance program activities at the grassroots level. This partnership exemplifies our shared commitment to advancing healthcare and creating a healthier future for the communities we serve.



# Community-led transformation in Rural West New Britain

In the province of West New Britain, the Community Action Participation (CAP) training program, led by the West New Britain Provincial Health Authority (WNBPHA), has emerged as a beacon of community empowerment. The program's core mission revolves around equipping communities with the tools and knowledge needed to identify environmental factors affecting health and well-being, while fostering collaborative efforts to address these challenges.

Clinicians and staff from the WNBPHA, in collaboration with partners, including ADI's Gender Equity Coordinator, embark on journeys to nominated communities. Their mission: to deliver training and raise awareness on a spectrum of critical issues, including child survival and immunisation protection against malaria

and other vector and water-borne diseases; sexual and reproductive health; and the principles of gender equity, disability inclusion, and social integration.

To maximise impact, the program intentionally seeks a diverse range of participants, reflecting the mosaic of PNG's communities. These participants include representatives from women's groups, youth groups, people living with disabilities, local health workers, teachers, and community leaders.

Armed with newfound knowledge and practical tools, attendees become catalysts for change within their communities. They embark on projects to address critical health and hygiene issues and initiate discussions that lead to widespread community transformation.



Augustine and Chris, representatives from Silanga, both attended CAP training and were deeply inspired to lead transformative initiatives in their village. Their dedication led to the realisation of a waiting area at the health centre—a space that provides comfort and shelter to patients, particularly during inclement weather.

Some of the remarkable changes observed in these communities include:



**WATER SOURCE BEAUTIFICATION**  
Communities have undertaken beautification projects to clean up their water sources, separating rubbish pits from water sources and establishing barriers to prevent animals from sharing water sources.



**GENDER EQUITY AND VIOLENCE PREVENTION**  
CAP has raised awareness on gender equity and the prevention of gender-based violence, guiding communities towards referral pathways for survivors.



**IMPROVED SANITATION**  
Communities have constructed pit toilets and tippy-taps, encouraging better sanitation practices through improved access to toilet and handwashing facilities.



**HEALTH CENTRE ENHANCEMENTS**  
Communities have rallied to improve the infrastructure of existing health centres, making them more accessible and hospitable to those seeking healthcare services.

Their words encapsulate the essence of community-driven change:

“ One of our observations while doing these cleanup activities following CAP is that there is a great need for a waiting area at the health . This came about after observing the sick patients coming into the health facility to access health services, especially when it is raining and there is no proper waiting area for them to rest and wait to be served. We brought in some timber and now we are building the hauswin (waiting shelter) so they can come in and rest while waiting to be served or called.

In this remarkable journey, CAP stands as a testament to the transformative power of community engagement and collaboration, lighting the path towards improved health, hygiene, and well-being in rural West New Britain.



## Community engagement

Community engagement is key to promoting health and well-being. ADI works with our co-delivery partners to collaborate with and involve communities when delivering health promotion activities, giving individuals information, and therefore, more ownership over decisions to improve health and well-being.

### Examples of ADI's support to community engagement activities this year include:

- Delivering targeted public health awareness sessions during outreach on topics to address communities' health issues
- Involving community leaders in training of trainers, empowering leaders with the knowledge and skills to advocate to their communities
- Actively collaborating with community members to identify their health issues and needs, and working together to address these issues

In this financial year, ADI supported partners to deliver over 636 hours over 1520+ health education sessions in the following topics:



**636 HOURS**  
of public health  
education delivered

COVID-19	🕒 123 hours	General health & hygiene	🕒 57 hours
Family planning, sexual & reproductive health	🕒 120 hours	Communicable diseases	🕒 72 hours
Allied health – dental, optometry and physiotherapy	🕒 111 hours	Maternal and child health	🕒 35 hours
Gender equity, social & disability inclusion	🕒 86 hours	Lifestyle and non-communicable diseases including diabetes, hypertension, nutrition	🕒 32 hours

ADI has supported PHAs to achieve:



**1520+**  
PUBLIC HEALTH  
EDUCATION delivered



**25** people with disabilities  
participating in inaugural  
DISABILITY WORKSHOP



**176** community  
leaders trained in  
COVID VACCINATION  
ADVOCACY



**33+** community  
leaders trained in  
COMMUNITY ACTION  
PARTICIPATION (CAP)



# Enhancing inclusion for people with disabilities

A person/people with disabilities often face significant barriers that hinder their full participation in development programs and initiatives. The lack of accessibility and inclusion throughout the various stages of development program cycles exacerbates these challenges.

Recognising the importance of addressing this issue, ADI has undertaken a dedicated effort to enhance disability inclusion within its programs. This commitment led to the implementation of key informant interviews and focus-group discussions with PWDs, caregivers, and community leaders in the Manus, New Ireland, and Western provinces. The primary aim was to gain insights into the diverse types of disabilities and the existing barriers that obstruct access to relevant services.

The survey findings, presented below, hold a crucial role in shaping the development of our Gender Equality, Disability, and Social Inclusion (GEDSI) strategy. This strategic framework will serve as a guide for ADI's ongoing efforts to foster greater disability inclusion, ensuring that a person/people with disabilities can fully participate in and benefit from our initiatives.

## Survey outcomes:

- Baseline for collective discussion and analysis of disability needs, support and inclusion in programs or projects
- Build understanding on the barriers, distribution, and determinants of disabilities in each of the provinces where ADI works
- Inform the development of strategies to mainstream disability inclusion in ADI programs
- Assist the PHAs to advocate for dedicated budget and programing for addressing the needs of people with a disability



Survey results:	Manus	New Ireland	Western
Number of participants	354	77	21
Female respondents	71.2%	29.9%	33.3%
Children respondents	22.3%	37.5%	9.5%
Identifying as a person/people with disabilities	252 (104 female)	51	21
Mobility related disability	37% (2-15yo) 27% (16-40yo) 38% (>40 yo)	64.7%	57%
Difficulties in accessing healthcare services	100%	31.4% most access health services with assistance from caregivers	0% all of them access health services with some assistance

*Inclusion of physiotherapists in this disability survey was important as we captured vital information on individual PWDs and made recommendations for the specific service they will require.  
Paul Na'au - Chief Physiotherapist, New Ireland PHA*



**452**  
PARTICIPANTS

**62.3%** female  
**24%** children



**324** PEOPLE  
identity with disabilities



**43.5%**  
MOBILITY  
DISABILITY



**83%** DIFFICULTIES  
in accessing healthcare



## ADI's groundbreaking disability study in Manus Province

In a groundbreaking collaborative effort with Manus Provincial Health Authority (MPHA), Touching the Untouchable (TTU), Manus Disability Association (MDA), and Manus Local Level Governments (LLGs), ADI conducted the first-ever disability study in Manus Province.

**The Manus Disability Survey was designed with the following objectives in mind:**

- Determine the prevalence of person/people with disabilities in each llg
- Identify and understand the barriers preventing a person/people with disabilities from accessing services and participating fully in their communities
- Assess the availability of appropriate assistive devices
- Examine the forms of support and assistance received by a person/people with disabilities
- Explore strategies to address the unique needs of a person/people with disabilities

The survey findings revealed compelling insights, notably that 42 per cent of individuals with disabilities in the province face more than one disability, with multiple disabilities being particularly common among those with mobility impairments. For instance, some individuals may contend with mobility or visual impairment alongside additional challenges related to self-care routines.

Among adults, mobility difficulties emerged as a significant barrier to accessing essential services, while children often receive crucial support from parents and family members; however, both age groups encounter barriers to accessing available services due to geographical remoteness and transportation challenges. Of particular concern, a staggering 56 per cent of people with mobility difficulties lack access to assistive devices, highlighting a pressing need for intervention and support.



## Immunisation coverage

Working hand-in-hand with partners like PHAs, CHS and other private organisations, ADI delivers much-needed immunisation services to rural communities during integrated health patrols and outreach activities in the North Fly District. The North Fly District and the provincial hospital are the two main suppliers of vaccines and other immunisation items including ice packs for cold chain, vaccine carriers, syringes, and diluents.

**During this initiative, our top priorities are to administer:**

- Routine immunisations for children under two (2) years;
- Vaccines for elementary and primary school children (school entry and school exit) during school health visits, combined with health education on selected topics for grade eight students; and
- Supplementary immunisation activity for children under five (5) years.



Immunisations remain a top priority during each and every integrated health patrol. Prior to each one, our ADI program manager liaises with the respective partners to plan and support the patrol - ensuring appropriate funding and manpower are provided for a smooth and successful service.

At the patrol sites' immunisation clinics, ADI staff team up with the volunteers and staff from the local health facility and, together, dispatch to clinic points like villages or schools to immunise the children on-site. Together, they operate with the same unwavering dedication to improving the health and wellbeing of PNG communities and making a difference, one immunisation at a time.

## Strengthening immunisation efforts: Protecting PNG communities

Despite the challenges of the COVID pandemic, we are pleased to report that demand for routine immunisations, particularly for children, remains strong.

Over the year, ADI has made an active effort to enhance our immunisation efforts in all provinces where we work – providing more communities with a strong line of defence against illness.

This year we have taken the time to develop dedicated immunisation patrols to maximise our reach and delivery, and protect those who are most vulnerable.

This year, we were proud to support PHAs with supplementary immunisation activities. This included helping them catch up on childhood vaccinations and bring the young PNG population's level of protection up to where it belongs.



**27,210**  
IMMUNISATION  
DOSES

A total of 27,210 immunisation doses were delivered across the following four provinces:

- Manus - 14,325
- New Ireland – 1,886
- West New Britain – 2,834
- Western Province - 8,165



MANUS

14,325



NEW IRELAND

1,886



WEST NEW BRITAIN

2,834



WESTERN PROVINCE

8,165



## Professional development and leadership training at ADI

At ADI, we are deeply committed to nurturing the professional growth of our PNG staff. We recognise that ongoing learning and development are integral to their ability to achieve improved health outcomes for their communities. This year, our Provincial Program Managers had the privilege of participating in a transformative leadership training course that left them feeling both informed and inspired.

### Elizabeth Mesa, ADI's West New Britain Program Manager, shared her experience:

“ In February 2023, I was privileged to be part of a small delegation of Provincial Program Managers who attended a premium Leadership Accelerators Program (LAP) course as part of our professional development. The program's purpose was to help us explore the challenges we face in our roles and equip us with the tools and techniques to overcome these challenges.

The training empowered us with skillsets for self-management and effective leadership in the face of these challenges. It also provided valuable insights into coaching, effective communication, and empowered group management.

Despite the intensity of the three-day training, we all found the topics covered highly relevant to our roles and could relate to the challenges encountered in our respective ADI provinces. It was an opportunity for each of us to share our experiences and learn from one another.

As I walked away from that training, I felt a newfound sense of confidence and readiness to tackle any challenge that came my way. I tapped into a potential I never thought I had and felt genuinely excited. I couldn't wait to share my experiences with my team on the first day back in the office. It was an amazing week that certainly prepared us for the rest of 2023.

### Aron Bale, ADI's Western Province Program Manager, added his insights:

“ One of the most valuable lessons I learned was the phrase 'The Map is not a Territory,' signifying the importance of stepping out of one's comfort zone or conquering fear to take the lead. It means breaking free from negative thoughts, fear, or false beliefs that can hinder exploration. I also acquired essential skills in identifying and addressing the issues affecting my team, which directly impact the quality of our collective work. I've mastered the ability to individually address the challenges we face.

In addition to leadership training, ADI also fosters camaraderie and collaboration among our staff through annual workshops held in Port Moresby. These workshops bring together our Sydney Executive Team, Program Managers, and operational staff from each province. It's a mix of productive work sessions where we review and discuss organisational policies and procedures, program development, and implementation, along with enjoyable team-building activities that allow us to connect, bond, and recharge for the year ahead.

# ADI Health Extension Officer Graduate Program: Nurturing future healthcare leaders

In October 2022, ADI introduced an immersive one-year program tailored for recent Health Extension Officer (HEO) graduates. The primary objective; to provide these emerging healthcare professionals with invaluable experience in the rural landscapes of Papua New Guinea, where a substantial 80 per cent of the population resides.

During their placements, HEO graduates actively participated in outreach activities, offering vital clinical services, conducting community awareness sessions, and delivering essential training to local health workers. Working closely with ADI's HEOs and PHA clinicians, these graduates received exceptional mentorship and support. They also benefited from comprehensive in-service training in crucial areas such as maternal health, family planning, immunisations, and HIV prevention.



Three of our accomplished HEO graduates, Beverly Sahamie, Fidelma Malavasa, and Karina Karoi, shared their reflections on their placements:

## **Beverly Sahamie, HEO Graduate in Manus Province, shared her insights:**

“ My journey with the ADI Manus team has been incredibly rewarding. I've gained a wealth of knowledge from ADI HEO Cheryll, who has been an exceptional supervisor and mentor during clinical outreach and in-service training. I now feel confident in making clinical assessments and decisions, and I've garnered valuable exposure to planning and implementing public health programs. My passion for public health has grown stronger, and I aspire to pursue a Master's in Public Health in the future.

## **Karina Karoi, HEO Graduate in New Ireland, highlighted her experiences:**

“ This new graduate program has significantly fortified and refreshed my clinical skills, preparing me for the healthcare needs of rural communities in my future endeavors. It has given me the opportunity to address pressing public health concerns in these communities. One of the most captivating aspects of working with ADI in New Ireland is the realisation that a significant portion of the population resides in rural areas, often facing challenges in accessing basic healthcare services. Through our partnership with NIPHA, clinicians are brought directly to the heart of these rural populations. This experience is something I truly admire and hold dear.

## **Fidelma Malavasa, HEO Graduate in Western Province, remarked:**

“ Working with an NGO is a new experience for me as an individual. I'm accustomed to conducting ward rounds and managing patients in hospital wards. My senior colleague has been an exceptional mentor, guiding me through tasks and explaining concepts when needed. I've learned a great deal from this experienced colleague, who not only provides valuable clinical insights but also supports me in improving my public speaking skills. I've had the privilege of delivering community awareness sessions during every outreach patrol.

While the ADI HEO Graduate Program is currently on hold due to funding constraints, we remain hopeful and committed to resuming it in the future. Our aim is to provide even more HEO graduates with this exceptional opportunity to learn, grow, and make a meaningful impact on the healthcare landscape of Papua New Guinea.



## Board of Directors



**Dr Peter Macdonald**  
Chair and Founder



**Louise Walker**  
Deputy Chair



**Brent Emmett**  
Director



**Colin Plowman**  
Director



**Sue Craig**  
Director



**Liz Cohen**  
Director  
(appointed 23/09/2022)



**Beatrice Mahuru**  
Director  
(appointed 29/05/2023)



**Daniel Wangatau**  
Director  
(retired 28/11/2022)



**Grant Muddle**  
Director  
(appointed 25/09/2022,  
retired 31/05/2023)



## Staff - Sydney



Mimi Zilliacus



Debra Bubner



Farzana Firoz



Yaman Kutlu



Aisha Hassan



Bhawna Chandna



Kay Nevill



Mark Newcombe

## Port Moresby



Eddie Oa



Sharon Pondros



Mackenzie Fono



Alhussain M Alfa



Priscilla Fangu



George Ali

## New Ireland



Alexia Wafiwa



Beverly Sahamie



Gibson Piskaut



Isaac Kuam



Jessie Anania



Karina Karoi



Mary Silakau



Nelson Bigol



Samuel Piliman



Shaem Kuam



Sherel Nama

## Manus



Andrew Bill



Cheryl Kilepak



Damien Pouru



Howard Eka



Dama Taipot



Karl Kama

## Western Province



Aron Bale



Margaret Sibert



Ripson Mura



Ruth Biendwore

## West New Britain



Elizabeth Mesa



Fidelma Mulavasa



Joyce Seneba



Luke Muta Irai



Rachael Ragi



Ben Casper



Jobby Monape

## Co - Delivery Partners



Thank you to our Partners





## Financial Partners



Newcrest  
**Sustainability Fund**  
In partnership we thrive.



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.

## Consolidated Expenditure & Income

	Notes	2023 \$	2022 \$
Donations and gifts			
Monetary		158,960	173,436
Non-monetary	5	5,2607	178,434
Grant income	3	3,843,961	3,012,383
Interest income	4	8,701	1,003
<b>Total income</b>		<b>4,064,229</b>	<b>3,365,256</b>
<b>Expenditure</b>			
International Aid and Development Programs Expenditure			
Funds to international programs		(2,567,317)	(2002463)
Program support costs (project monitoring and administration costs)		(1,068,647)	(882,676)
Fundraising costs	6	(19,092)	(4,263)
Accountability and administration	7	(121,604)	(270,681)
Monetary expenditure		(3,776,660)	(3,160,083)
Non-monetary expenditure	5	(5,2607)	(17,8434)
<b>Total expenditure</b>		<b>(3,829,267)</b>	<b>(3,338,517)</b>
<b>Surplus of income over expenditure</b>		<b>234,962</b>	<b>26,739</b>
<b>Other comprehensive income</b>			
Item that may be reclassified to profit or loss			
Unrealised foreign exchange gain/(loss)	16(a)	(52,202)	-
<b>Other comprehensive loss for the year, net of tax</b>		<b>(52,202)</b>	<b>-</b>
<b>Total comprehensive income for the year</b>		<b>182,760</b>	<b>26,739</b>

# Statement of Financial Position & Changes In Equity

	Notes	2023 \$	2022 \$
<b>ASSETS</b>			
<b>Current assets</b>			
Cash and cash equivalents	8	3,342,044	2,080,200
Trade and other receivables	9	610,141	150,923
<b>Total current assets</b>		<b>3,952,185</b>	<b>2,231,123</b>
<b>Non-current assets</b>			
Property, plant and equipment	10	17,083	-
Intangible assets	11	57,575	-
<b>Total non-current assets</b>		<b>74,658</b>	<b>-</b>
<b>Total assets</b>		<b>4,026,843</b>	<b>2,231,123</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Trade and other payables	12	513,760	223,634
Other financial liabilities	13	3,400	3,625
Deferred income	14	2,866,627	1,611,081
Employee benefit obligations	15	167,737	100,224
<b>Total current liabilities</b>		<b>3,551,524</b>	<b>1,938,564</b>
<b>Total liabilities</b>		<b>3,551,524</b>	<b>1,938,564</b>
<b>Net assets</b>		<b>475,319</b>	<b>292,559</b>
<b>EQUITY</b>			
Reserves	16(a)	(52,202)	-
Retained earnings	16(b)	527,521	292,559
<b>Total equity</b>		<b>475,319</b>	<b>292,559</b>

	Reserves \$	Retained earnings \$
<b>Balance at 1 July 2021 (Unaudited)</b>	-	265,820
Surplus for the year	-	2,6739
Other comprehensive income	-	-
<b>Total comprehensive income for the period</b>	<b>-</b>	<b>26,739</b>
<b>Balance at 30 June 2022</b>	<b>-</b>	<b>292,559</b>
<b>Balance at 1 July 2022</b>	<b>-</b>	<b>292,559</b>
Surplus for the year	-	234,962
Other comprehensive income	16(a) (52,202)	-
<b>Total comprehensive (loss)/income for the year</b>	<b>(52,202)</b>	<b>234,962</b>
<b>Balance at 30 June 2023</b>	<b>(52,202)</b>	<b>527,521</b>



# Statement of Cash Flows

	Notes	2023 \$	2022 \$
<b>Cash flows from operating activities</b>			
Receipts from donors and government grants (inclusive of GST)		3,543,703	3,383,575
Payments to suppliers and employees (inclusive of GST)		(2,215,901)	(2,025,260)
<b>Net cash inflow from operating activities</b>	21	<b>1,327,802</b>	1,358,315
<b>Cash flows from investing activities</b>			
Payments for property, plant and equipment		(74,659)	-
Investment income		8,701	1,003
<b>Net cash (outflow) inflow from investing activities</b>		<b>(65,958)</b>	1,003
<b>Cash flows from financing activities</b>			
<b>Net cash inflow (outflow) from financing activities</b>		-	-
<b>Net increase in cash and cash equivalents</b>			
Cash and cash equivalents at the beginning of the financial year		2,080,200	720,882
<b>Cash and cash equivalents at the end of the financial year/period</b>	8	<b>3,342,044</b>	2,080,200

# Financial Overview

for the year ended 30 June 2023

ADI's total income for the year ended 30 June 2023 was \$4,064,229, which is 21% higher compared to last year's total income. Grant income (\$3,843,962) increased by 28% from last year and consists of 96% of the total monetary income, being consistent with last years' proportion of 95%.

Donations from appeals and fundraising activities decreased by 8% to \$158,960.

ADI continued to receive support from the West New Britain Provincial Government and the Australian Government's Department of Foreign Affairs and Trade (DFAT), along with corporate sponsorship from Newcrest Mining and increasing support from a number of foundations and individuals including the Old Dart Foundation.

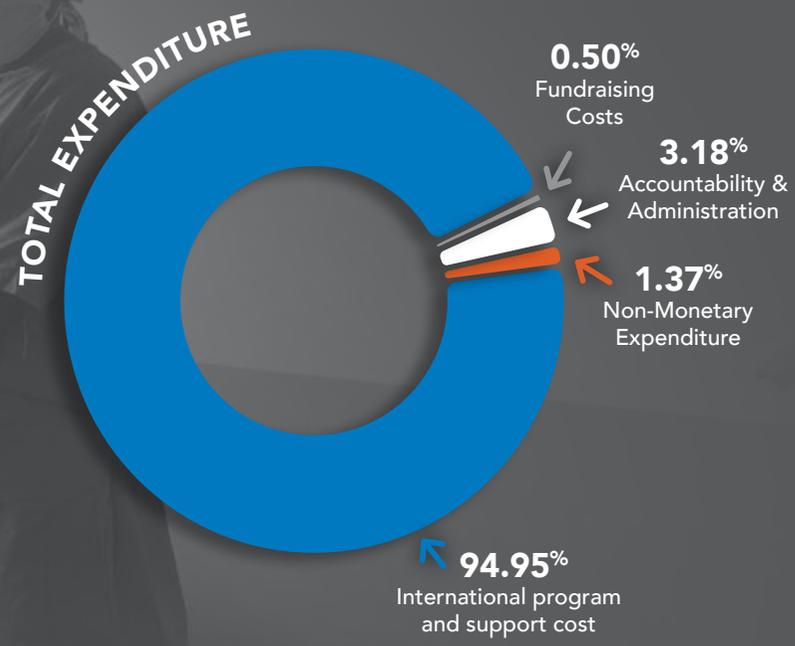
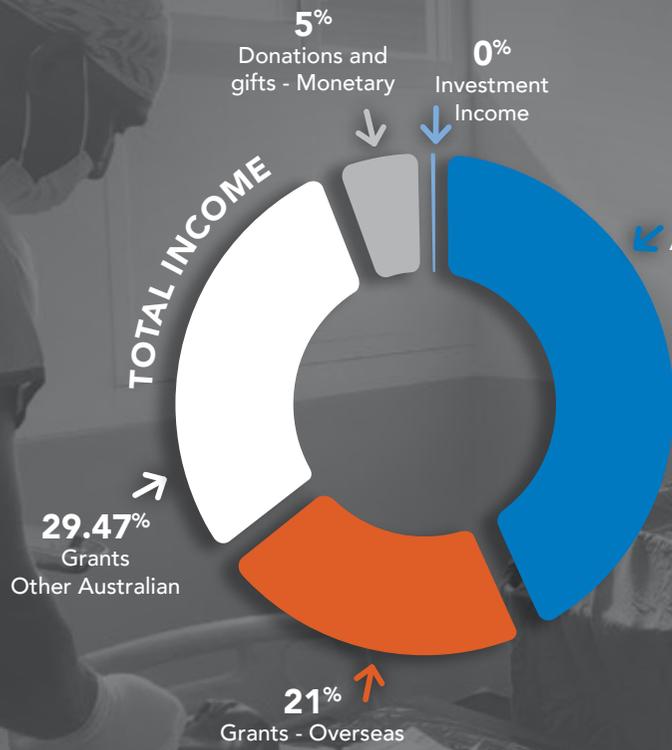
The non-monetary contribution is mainly generated from in-country volunteer doctors and medical staff. This has decreased significantly from \$178,434 last year to only \$52,607 for the current financial year due to Covid travel restrictions.

Total expenditure to International Aid and Dev Programs for the year ended 30 June 2023 was \$3,829,269 which is up by 15% from last year. All our international program work was carried out within PNG. Excluding non-monetary volunteer expenses, the total International program and support cost accounted for 96% of the total expenditure, a 6% increase from last year.

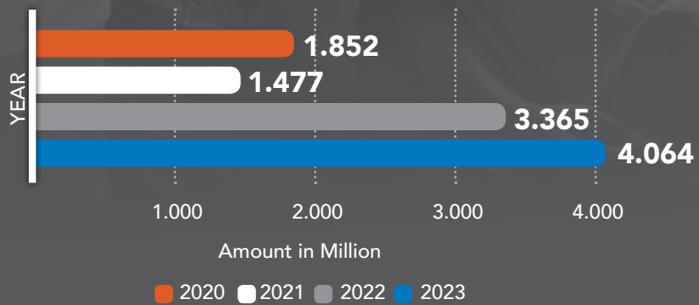
ADI's net surplus for the year ended 30 June 2023 was \$182,758 compared to last year's surplus of \$26K.

Cash and Cash equivalents balance as at 30 June 23 increased by 61% compared to last year as we received AUD 2M approx. under the DFAT VHA project in Jun'23.

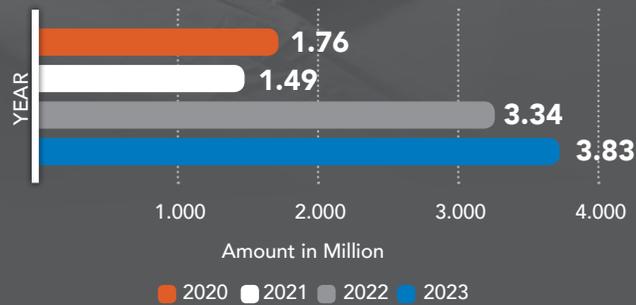
Trade and Other receivables increased by 497% because of a receivable outstanding from NIPG of AUD 380K.



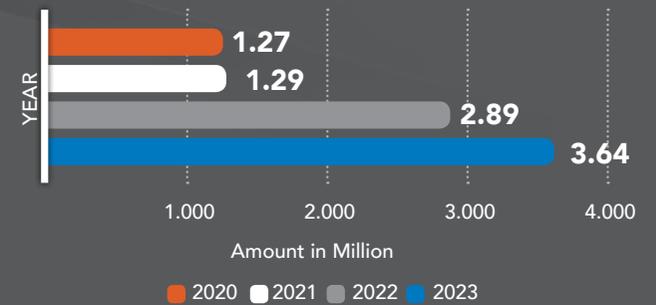
**MOVEMENT OF TOTAL INCOME**



**MOVEMENT OF EXPENDITURE**



**MOVEMENT OF INTERNATIONAL PROGRAM AND SUPPORT COST**



# Full Annual Financial Report

for the year ended 30 June 2023

## Australian Doctors International Limited

ABN 15 718 578 292

## Annual report for the year ended 30 June 2023

## Australian Doctors International Limited

ABN 15 718 578 292

## Annual report - 30 June 2023

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## Directors' report

The directors present their report on Australian Doctors International Limited (the "company") for the year ended 30 June 2023.

### 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:

Dr Peter Macdonald, Chair and Founder  
Louise Walker, Deputy Chair  
Dr Sue Craig, Director  
Brent Emmett, Director  
Colin Plowman, Director  
Liz Cohen, Director (appointed 23 September 2022)  
Beatrice Mahuru (appointed 29 May 2023)  
Grant Muddle, Director (appointed 25 September 2022, resigned 31 May 2023)  
Daniel Wangatau, Director (resigned 28 November 2022)  
David Miles, Treasurer (resigned 19 August 2022)  
Richard Schroder (resigned 20 July 2022)

### Principal activities

During the year the principal activities 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 \$234,962 (2022: \$26,739).

### 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.

### Event since the end of the financial year

No matter or circumstance has arisen since 30 June 2023 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 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 2023, and the numbers of meetings attended by each director were:

	Full meetings of directors	
	A	B
Dr Peter Macdonald, Chair and Founder	6	6
Louise Walker, Deputy Chair	6	6
Dr Sue Craig, Director	6	6
Brent Emmett, Director	6	6
Colin Plowman, Director	5	6
Liz Cohen, Director (appointed 23 September 2022)	5	5
Beatrice Mahuru (appointed 29 May 2023)	1	1
Grant Muddle, Director (appointed 25 September 2022, resigned 31 May 2023)	2	5
Daniel Wangatau, Director (resigned 28 November 2022)	1	2
David Miles, Treasurer (resigned 19 August 2022)	0	0
Richard Schroder (resigned 20 July 2022)	0	0

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 premium in respect of directors' and officers' liability for legal expenses and insurance contracts for the year ended 30 June 2023. Such insurance contracts insure against certain liability (subject to specific exclusions) persons who are or have been directors or executive officers of the company.

The directors have not included details of the nature of the liabilities covered or the amount of the premiums paid in respect of the directors' and officers' liability and legal expenses insurance contracts. Capital such disclosure is prohibited under the terms of the contract.

### 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.

**Proceedings on behalf of the company (continued)**

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**

A copy of the auditor's independence declaration as required under section 307C of the *Corporations Act 2001* is set out on page 4.

**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.



Dr Peter Macdonald  
Director

Sydney  
16 October 2023



**Auditor's Independence Declaration**

As lead auditor for the audit of Australian Doctors International Limited for the year ended 30 June 2023, I declare that to the best of my knowledge and belief, there have been no contraventions of any applicable code of professional conduct in relation to the audit.



Sarah D'Arcy  
Partner  
PricewaterhouseCoopers

Sydney  
16 October 2023

**Australian Doctors International Limited**

ABN 15 718 578 292

**Financial report - 30 June 2023**

These financial statements cover Australian Doctors International Limited as an individual entity.

The financial statements are presented in the Australian dollar, which is Australian Doctors International Limited's functional and presentation currency.

All amounts disclosed in the financial statements and notes have been rounded off to the nearest dollar currency units unless otherwise stated.

Australian Doctors International Limited is a company limited by guarantee, incorporated and domiciled in Australia. Its registered office and principal place of business is:

Australian Doctors International Limited  
550C Sydney Road  
Seaforth NSW 2092

A description of the nature of the entity's operations and its principal activities is included in the directors' report on page 1, which is not part of these financial statements.

The financial statements were approved by board of directors on 4 October 2023 and were authorised for issue by the directors on 16 October 2023. The directors have the power to amend and reissue the financial statements.

# Australian Doctors International Limited

ABN 15 718 578 292

## Financial report - 30 June 2023

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## Australian Doctors International Limited Statement of profit or loss and other comprehensive income For the year ended 30 June 2023

	Notes	2023 \$	2022 \$
Donations and gifts			
Monetary		158,960	173,436
Non-monetary	5	52,607	178,434
Grant income	3	3,843,961	3,012,383
Interest income	4	8,701	1,003
<b>Total income</b>		<b>4,064,229</b>	<b>3,365,256</b>
<b>Expenditure</b>			
International Aid and Development Programs Expenditure			
Funds to international programs		(2,567,317)	(2,002,463)
Program support costs (project monitoring and administration costs)		(1,068,647)	(882,676)
Fundraising costs	6	(19,092)	(4,263)
Accountability and administration	7	(121,604)	(270,681)
Monetary expenditure		(3,776,660)	(3,160,083)
Non-monetary expenditure	5	(52,607)	(178,434)
<b>Total expenditure</b>		<b>(3,829,267)</b>	<b>(3,338,517)</b>
<b>Surplus of income over expenditure</b>		<b>234,962</b>	<b>26,739</b>
<b>Other comprehensive income</b>			
<i>Item that may be reclassified to profit or loss</i>			
Unrealised foreign exchange gain/(loss)	16(a)	(52,202)	-
<b>Other comprehensive loss for the year, net of tax</b>		<b>(52,202)</b>	<b>-</b>
<b>Total comprehensive income for the year</b>		<b>182,760</b>	<b>26,739</b>

**Australian Doctors International Limited**  
**Statement of financial position**  
**As at 30 June 2023**

	Notes	2023 \$	2022 \$
<b>ASSETS</b>			
<b>Current assets</b>			
Cash and cash equivalents	8	3,342,044	2,080,200
Trade and other receivables	9	610,141	150,923
<b>Total current assets</b>		<b>3,952,185</b>	<b>2,231,123</b>
<b>Non-current assets</b>			
Property, plant and equipment	10	17,083	-
Intangible assets	11	57,575	-
<b>Total non-current assets</b>		<b>74,658</b>	<b>-</b>
<b>Total assets</b>		<b>4,026,843</b>	<b>2,231,123</b>
<b>LIABILITIES</b>			
<b>Current liabilities</b>			
Trade and other payables	12	513,760	223,634
Other financial liabilities	13	3,400	3,625
Deferred income	14	2,866,627	1,611,081
Employee benefit obligations	15	167,737	100,224
<b>Total current liabilities</b>		<b>3,551,524</b>	<b>1,938,564</b>
<b>Total liabilities</b>		<b>3,551,524</b>	<b>1,938,564</b>
<b>Net assets</b>		<b>475,319</b>	<b>292,559</b>
<b>EQUITY</b>			
Reserves	16(a)	(52,202)	-
Retained earnings	16(b)	527,521	292,559
<b>Total equity</b>		<b>475,319</b>	<b>292,559</b>

**Australian Doctors International Limited**  
**Statement of changes in equity**  
**For the year ended 30 June 2023**

	Reserves \$	Retained earnings \$
<b>Balance at 1 July 2021 (Unaudited)</b>	-	265,820
Surplus for the year	-	26,739
Other comprehensive income	-	-
<b>Total comprehensive income for the period</b>	<b>-</b>	<b>26,739</b>
<b>Balance at 30 June 2022</b>	<b>-</b>	<b>292,559</b>
<b>Balance at 1 July 2022</b>	<b>-</b>	<b>292,559</b>
Surplus for the year	-	234,962
Other comprehensive income	16(a) (52,202)	-
<b>Total comprehensive (loss)/income for the year</b>	<b>(52,202)</b>	<b>234,962</b>
<b>Balance at 30 June 2023</b>	<b>(52,202)</b>	<b>527,521</b>

**Australian Doctors International Limited**  
**Statement of cash flows**  
**For the year ended 30 June 2023**

Notes	2023 \$	2022 \$
<b>Cash flows from operating activities</b>		
Receipts from donors and government grants (inclusive of GST)	3,543,703	3,383,575
Payments to suppliers and employees (inclusive of GST)	<u>(2,215,901)</u>	<u>(2,025,260)</u>
<b>Net cash inflow from operating activities</b>	<b>21 1,327,802</b>	<b>1,358,315</b>
<b>Cash flows from investing activities</b>		
Payments for property, plant and equipment	(74,659)	-
Investment income	<u>8,701</u>	<u>1,003</u>
<b>Net cash (outflow) inflow from investing activities</b>	<b>(65,958)</b>	<b>1,003</b>
<b>Cash flows from financing activities</b>		
<b>Net cash inflow (outflow) from financing activities</b>	<b>-</b>	<b>-</b>
<b>Net increase in cash and cash equivalents</b>		
Cash and cash equivalents at the beginning of the financial year	2,080,200	720,882
<b>Cash and cash equivalents at the end of the financial year/period</b>	<b>8 3,342,044</b>	<b>2,080,200</b>

**Australian Doctors International Limited**  
**Notes to the financial statements**  
**30 June 2023**

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## 1 Summary of significant accounting policies

This note provides a list of all significant accounting policies adopted in the preparation of these financial statements. These policies have been consistently applied to all the years presented, unless otherwise stated. The financial statements are for Australian Doctors International Limited as an individual entity.

### (a) Basis of preparation

#### (i) Special purpose financial report

In the directors' opinion, the company is not a reporting entity because there are no users dependent on general purpose financial reports.

This is a special purpose financial report that has been prepared for the sole purpose of complying with the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012* requirements to prepare and distribute a financial report to the members and must not be used for any other purpose. The directors have determined that the accounting policies adopted are appropriate to meet the needs of the members.

The financial report has been prepared in accordance with the recognition and measurement principles of all applicable Australian Accounting Standards and Interpretations issued by the Australian Accounting Standards Board and the *Corporations Act 2001*. It contains the disclosures that are mandatory under the Accounting Standards and those considered necessary by the directors to meet the needs of the members. Australian Doctors International Limited is a not-for-profit entity for the purpose of preparing the financial statements.

In addition, the following summary financial statements have been prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to ACFID Code of Conduct Guidelines available at [www.acfid.asn.au](http://www.acfid.asn.au).

#### (ii) Historical cost convention

The financial statements have been prepared on a historical cost basis.

#### (iii) Comparatives

Where necessary, comparative information has been reclassified and repositioned for consistency with current year disclosures.

#### (iv) New and amended standards adopted by the company

The company has applied the following standards and amendments for the first time in their annual reporting period commencing 1 July 2022:

- AASB 2020-3 *Amendments to Australian Accounting Standards - Annual Improvements 2018-2020 and Other Amendments [AASB 1, AASB 3, AASB 9, AASB 116, AASB 137 and AASB 141]*.

The amendments listed above did not have any impact on the amounts recognised in prior periods and are not expected to significantly affect the current or future periods.

#### (v) New standards and interpretations not yet adopted

Certain new accounting standards, amendments to accounting standards and interpretations have been published that are not mandatory for 30 June 2023 reporting periods and have not been early adopted by the company. These standards, amendments or interpretations are not expected to have a material impact on the entity in the current or future reporting periods and on foreseeable future transactions.

### (b) Foreign currency translation

#### (i) Functional and presentation currency

Items included in the financial statements are measured using the currency of the primary economic environment in which the entity operates ('the functional currency').

## 1 Summary of significant accounting policies (continued)

### (b) Foreign currency translation (continued)

#### (ii) Transactions and balances

Foreign currency transactions are translated into the functional currency using the exchange rates at the dates of the transactions. Foreign exchange gains and losses resulting from the settlement of such transactions and from the translation of monetary assets and liabilities denominated in foreign currencies at year end exchange rates are generally recognised in profit or loss.

Foreign exchange gains and losses that relate to borrowings are presented in the statement of profit or loss and other comprehensive income within finance costs. All other foreign exchange gains and losses are presented in the income statement on a net basis within other gains/(losses).

Non-monetary items that are measured at fair value in a foreign currency are translated using the exchange rates at the date when the fair value was determined. Translation differences on assets and liabilities carried at fair value are reported as part of the fair value gain or loss. For example, translation differences on non-monetary assets and liabilities such as equities held at fair value through profit or loss are recognised in profit or loss as part of the fair value gain or loss and translation differences on non-monetary assets such as equities classified as at fair value through other comprehensive income are recognised in other comprehensive income.

### (c) Revenue recognition

Revenue is recognised for the major business activities using the methods outlined below.

#### (i) Grants

Government and other grants recognised in profit or loss on a systematic basis over the periods in which the company recognises as expenses the related costs for which the grants are intended to compensate.

If conditions are attached to the grant which must be satisfied before the company is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

#### (ii) Donations and gifts - monetary

The company recognises cash donations when the cash has been received.

#### (iii) Donations and gifts - non monetary

The company has elected to recognise volunteer services as revenue received. As such, any related consumption or capitalisation of such resources received is also recognised.

#### (iv) Investment income

Interest income from managed investments is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

### (d) Income tax

The company is a charitable institution in terms of subsection 50-5 of the *Income Tax Assessment Act 1997*, as amended, it is exempt from paying income tax.

## 1 Summary of significant accounting policies (continued)

### (e) Impairment of non-financial assets

Assets are tested for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount. The recoverable amount is the higher of an asset's fair value less costs of disposal and value in use. For the purposes of assessing impairment, assets are grouped at the lowest levels for which there are separately identifiable cash inflows which are largely independent of the cash inflows from other assets or groups of assets (cash-generating units). Non-financial assets other than goodwill that suffered an impairment are reviewed for possible reversal of the impairment at the end of each reporting period.

### (f) Cash and cash equivalents

For the purpose of presentation in the statement of cash flows, cash and cash equivalents includes cash on hand, deposits held at call with financial institutions, other short-term, highly liquid investments with original maturities of three months or less that are readily convertible to known amounts of cash and which are subject to an insignificant risk of changes in value.

### (g) Trade and other receivables

Trade receivables are amounts due from customers for goods sold or services performed in the ordinary course of business. They are generally due for settlement within 30 days and are therefore all classified as current. Trade receivables are recognised initially at the amount of consideration that is unconditional unless they contain significant financing components, when they are recognised at fair value. The company holds the trade receivables with the objective of collecting the contractual cash flows and therefore measures them subsequently at amortised cost using the effective interest method.

Collectability of trade receivables is reviewed on an ongoing basis. Debts which are known to be uncollectible are written off by reducing the carrying amount directly. An allowance account (provision for impairment of trade receivables) is used when there is objective evidence that the company will not be able to collect all amounts due according to the original terms of the receivables.

The company applies the AASB 9 *Financial Instruments* simplified approach to measuring expected credit losses which uses a lifetime expected loss allowance for all trade receivables.

To measure the expected credit losses, trade receivables and contract assets have been grouped based on shared credit risk characteristics and the days past due.

### (h) Financial instruments

#### *Financial assets*

##### (i) Classification

The company classifies its financial assets in the following measurement categories:

- those to be measured subsequently at fair value (either through OCI or through profit or loss), and
- those to be measured at amortised cost.

The classification depends on the entity's business model for managing the financial assets and the contractual terms of the cash flows.

The company classifies its financial assets as at amortised cost only if both of the following criteria are met:

- the asset is held within a business model whose objective is to collect the contractual cash flows, and
- the contractual terms give rise to cash flows that are solely payments of principal and interest.

The company's financial assets at amortised cost includes cash and short-term deposits, loan receivables and trade and other receivables. The company does not have any financial assets measured subsequently at fair value (either through OCI or through profit or loss).

## 1 Summary of significant accounting policies (continued)

### (h) Financial instruments (continued)

#### *Financial assets (continued)*

##### (ii) Recognition and derecognition

Regular way purchases and sales of financial assets are recognised on trade date, being the date on which the company commits to purchase or sell the asset. Financial assets are derecognised when the rights to receive cash flows from the financial assets have expired or have been transferred and the company has transferred substantially all the risks and rewards of ownership.

##### (iii) Measurement

At initial recognition, the company measures a financial asset at its fair value.

Subsequent to initial recognition, assets that are held for collection of contractual cash flows where those cash flows represent solely payments of principal and interest are measured at amortised cost. Interest income from these financial assets is included in finance income using the effective interest rate method. Any gain or loss arising on derecognition is recognised directly in profit or loss and presented in other gains/(losses) together with foreign exchange gains and losses. Impairment losses are presented as separate line item in the statement of profit or loss and other comprehensive income.

##### (iv) Impairment

The company assesses on a forward-looking basis the expected credit losses associated with its debt instruments carried at amortised cost. The impairment methodology applied depends on whether there has been a significant increase in credit risk.

For trade receivables, the company applies the simplified approach permitted by AASB 9 *Financial Instruments*, which requires expected lifetime losses to be recognised from initial recognition of the receivables, see note 1(g) for further details.

#### *Financial liabilities*

##### (i) Recognition and derecognition

All financial liabilities are recognised initially at fair value and, in the case of loans and borrowings and payables, net of directly attributable transaction costs. The company's financial liabilities include trade and other payables and borrowings.

A financial liability is derecognised when the obligation under the liability is discharged or cancelled or expires. When an existing financial liability is replaced by another from the same lender on substantially different terms, or the terms of an existing liability are substantially modified, such an exchange or modification is treated as the derecognition of the original liability and the recognition of a new liability. The difference in the respective carrying amounts is recognised in the statement of profit or loss and other comprehensive income.

##### (ii) Measurement

Subsequent to initial recognition financial liabilities are recognised at amortised cost using the effective interest method.

#### *Offsetting*

Financial assets and financial liabilities are offset and the net amount presented in the statement of financial position when, and only when, the company currently has a legally enforceable right to set off the amounts and it intends either to settle them on a net basis or to realise the asset and settle the liability simultaneously.

### (i) Property, plant and equipment

All property, plant and equipment is stated at historical cost less depreciation. Historical cost includes expenditure that is directly attributable to the acquisition of the items.

## 1 Summary of significant accounting policies (continued)

### (i) Property, plant and equipment (continued)

Subsequent costs are included in the asset's carrying amount or recognised as a separate asset, as appropriate, only when it is probable that future economic benefits associated with the item will flow to the company and the cost of the item can be measured reliably. The carrying amount of any component accounted for as a separate asset is derecognised when replaced. All other repairs and maintenance are charged to profit or loss during the reporting period in which they are incurred.

Depreciation is calculated using the straight-line method to allocate their cost, net of their residual values, over their estimated useful lives as follows:

• Buildings	10 years
• Motor vehicles	5 years
• Furniture, fittings and equipment	3 years

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at the end of each reporting period.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount (note 1(e)).

Gains and losses on disposals are determined by comparing proceeds with carrying amount. These are included in profit or loss.

### (j) Intangible assets

#### (i) Software

Costs incurred in acquiring software and licenses that will contribute to future period financial benefits through revenue generation and/or cost reduction are capitalised to software. Costs capitalised include external direct costs of materials and service.

#### (ii) Amortisation methods and useful lives

The company amortises intangible assets with a limited useful life using the straight-line method over the following periods:

• Software	5 years
------------	---------

### (k) Trade and other payables

These amounts represent liabilities for goods and services provided to the company prior to the end of financial year which are unpaid. 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 from the reporting date. They are recognised initially at their fair value and subsequently measured at amortised cost using the effective interest method.

### (l) Provisions

Provisions are recognised when the company has a present legal or constructive obligation as a result of past events, it is probable that an outflow of resources will be required to settle the obligation and the amount can be reliably estimated. Provisions are not recognised for future operating losses.

Where there are a number of similar obligations, the likelihood that an outflow will be required in settlement is determined by considering the class of obligations as a whole. A provision is recognised even if the likelihood of an outflow with respect to any one item included in the same class of obligations may be small.

## 1 Summary of significant accounting policies (continued)

### (l) Provisions (continued)

Provisions are measured at the present value of management's best estimate of the expenditure required to settle the present obligation at the end of the reporting period. The discount rate used to determine the present value is a pre-tax rate that reflects current market assessments of the time value of money and the risks specific to the liability. The increase in the provision due to the passage of time is recognised as interest expense.

### (m) Employee benefits

#### (i) Short-term obligations

Liabilities for wages and salaries, including non-monetary benefits, accumulated and expected to be settled within 12 months after the end of the period in which the employees render the related service are recognised in respect of employee's services up to the end of the reporting period and are measured at the amounts expected to be paid when the liabilities are settled. The liability for annual leave is recognised in the provision for employee benefits. All other short-term employee benefit obligations are presented as payables.

#### (ii) Other long-term employee benefit obligations

The liabilities for long service leave are not expected to be settled wholly within 12 months after the end of the period in which the employees render the related service. They are therefore measured as the present value of expected future payments to be made in respect of services provided by employees up to the end of the reporting period using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the end of the reporting period of corporate bonds with terms and currencies that match, as closely as possible, the estimated future cash outflows. Remeasurements as a result of experience adjustments and changes in actuarial assumptions are recognised in profit or loss.

The obligations are presented as current liabilities in the statement of financial position if the entity does not have an unconditional right to defer settlement for at least twelve months after the reporting date, regardless of when the actual settlement is expected to occur.

#### (iii) Post-employment obligations

The company pays contributions to publicly or privately administered defined contribution superannuation plans on a mandatory, contractual or voluntary basis. The company has no further payment obligations once the contributions have been paid. The contributions are recognised as employee benefit expense when they are due. Prepaid contributions are recognised as an asset to the extent that a cash refund or a reduction in the future payments is available.

### (n) Goods and Services Tax (GST)

Revenues, expenses and assets are recognised net of the amount of associated GST, unless the GST incurred is not recoverable from the taxation authority. In this case it is recognised as part of the cost of acquisition of the asset or as part of the expense.

Receivables and payables are stated inclusive of the amount of GST receivable or payable. The net amount of GST recoverable from, or payable to, the taxation authority is included with other receivables or payables in the statement of financial position.

Cash flows are presented on a gross basis. The GST components of cash flows arising from investing or financing activities which are recoverable from, or payable to the taxation authority, are presented as operating cash flows.

## 2 Critical accounting estimates and judgements

The preparation of financial statements requires the use of accounting estimates which, by definition, will seldom equal the actual results. Management also needs to exercise judgement in applying the company's accounting policies.

### (a) Significant estimates and judgements

Estimates and judgements are continually evaluated. They are based on historical experience and other factors, including expectations of future events that may have a financial impact on the entity and that are believed to be reasonable under the circumstances.

### (b) Critical accounting estimates and assumptions

The company makes estimates and assumptions concerning the future. The resulting accounting estimates will, by definition, seldom equal the related actual results. Management believes that there are no areas involving a higher degree of judgement or complexity, or where assumptions and estimates are significant to the financial statements.

## 3 Grant income

	2023	2022
	\$	\$
<i>Grants - designated</i>		
DFAT - ANCP	698,391	565,114
DFAT - COVID-19	1,096,165	1,001,854
Grants - overseas	851,519	990,817
Grants - other Australian	1,197,886	454,598
	<u>3,843,961</u>	<u>3,012,383</u>

## 4 Investment income

	2023	2022
	\$	\$
Interest income	<u>8,701</u>	1,003

## 5 Non-monetary expenditure

	2023	2022
	\$	\$
Medical volunteers	20,319	146,234
Non-medical volunteers	<u>32,288</u>	<u>32,200</u>
	<u>52,607</u>	<u>178,434</u>

## 6 Fundraising costs

	2023	2022
	\$	\$
Campaign costs (EOFY and Christmas)	-	4,263
Annual Gala Dinner costs	<u>19,092</u>	<u>-</u>
	<u>19,092</u>	<u>4,263</u>

## 7 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.

## 8 Cash and cash equivalents

	2023	2022
	\$	\$
Cash at bank and in hand	<u>3,342,044</u>	<u>2,080,200</u>

## 9 Trade and other receivables

	2023	2022
	\$	\$
Trade receivables	387,086	42,051
PNG GST receivable	187,404	80,137
Prepayments	15,738	11,676
Security deposits	<u>19,913</u>	<u>17,059</u>
	<u>610,141</u>	<u>150,923</u>

## 10 Property, plant and equipment

	Leasehold land	Furniture, fixtures and fittings	Motor vehicles	Total
	\$	\$	\$	\$
<b>At 30 June 2023</b>				
Cost	49,302	234,318	384,945	668,565
Accumulated depreciation	<u>(49,302)</u>	<u>(234,318)</u>	<u>(367,862)</u>	<u>(651,482)</u>
Net book amount	<u>-</u>	<u>-</u>	<u>17,083</u>	<u>17,083</u>

## 11 Intangible assets

	Software \$	
<b>At 30 June 2023</b>		
Cost	58,500	
Accumulated amortisation and impairment	(925)	
Net book amount	<u>57,575</u>	

## 12 Trade and other payables

	2023 \$	2022 \$
Trade payables	107,345	69,378
Accrued expenses	41,813	6,605
Australia GST payable	193,932	110,894
PAYG (PNG and Australia)	43,256	36,757
Other payables*	127,414	-
	<u>513,760</u>	<u>223,634</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 2023 and thus treating this as a liability in the accounts.

## 13 Other financial liabilities

	2023 \$	2022 \$
Prepaid member subscriptions	<u>3,400</u>	3,625

## 14 Deferred income

	2023 \$	2022 \$
Deferrent grant revenues	<u>2,866,627</u>	1,611,081

Grant income is accounted for as deferred income (liabilities) until the funds are used for the purpose for which they were given.

## 15 Employee benefit obligations

	2023 \$	2022 \$
Annual leave	110,121	79,750
Other employee benefits	57,616	20,474
	<u>167,737</u>	<u>100,224</u>

### Leave obligations

The leave obligations cover the company's liabilities for long service leave, annual leave and sick leave which are classified as either other long-term benefits or short-term benefits, as explained in note 1(m).

## 16 Reserves and retained earnings

### (a) Reserves

	2023 \$	2022 \$
Foreign currency translation	<u>(52,202)</u>	-
<b>Movements:</b>		
<i>Foreign currency translation</i>		
Opening balance	-	-
Bank revaluation - unrealised	(62,375)	-
Currency fluctuation - realised	10,173	-
Currency translation differences arising during the year	<u>(52,202)</u>	-
Balance 30 June	<u>(52,202)</u>	-

### Nature and purpose of reserves

#### Foreign currency translation

Exchange differences arising on translation of the foreign controlled entity are recognised in other comprehensive income as described in note 1(b) and accumulated in a separate reserve within equity. The cumulative amount is reclassified to profit or loss when the net investment is disposed of.

### (b) Retained earnings

Movements in retained earnings were as follows:

	2023 \$	2022 \$
Balance 1 July	292,559	265,820
Net surplus for the year	234,962	26,739
Balance 30 June	<u>527,521</u>	<u>292,559</u>

## 17 Remuneration of auditors

During the year the following fees were paid or payable for services provided by the auditor of the Australian Doctors International Limited, its related practices and non-related audit firms:

### PwC Australia

#### (i) Audit and other assurance services

	2023	2022
	\$	\$
Audit and review of the financial statements	<u>25,000</u>	25,000
Total remuneration for audit and other assurance services	<u>25,000</u>	25,000

#### (ii) Other services

Compilation of financial statements	<u>4,500</u>	-
Total remuneration for other services	<u>4,500</u>	-

Total remuneration of PwC Australia	<u>29,500</u>	25,000
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## 18 Contingencies

The company had no contingent liabilities at 30 June 2023 (2022: \$nil).

## 19 Commitments

The company had no commitments at 30 June 2023 (2022: \$nil).

## 20 Events occurring after the reporting period

No matter or circumstance has occurred subsequent to year end that has significantly affected, or may significantly affect, the operations of the company, the results of those operations or the state of affairs of the company or economic entity in subsequent financial years.

## 21 Cash flow information

### Reconciliation of (loss) after income tax to net cash (outflow) from operating activities

	2023	2022
	\$	\$
Profit for the year	234,962	26,739
Adjustments for:		
Non-monetary donations and gifts	52,607	178,434
Investment income	(8,701)	(1,003)
Non-monetary expenditure	(52,607)	(178,434)
Unrealised foreign exchange gain/(loss)	(52,202)	-
Change in operating assets and liabilities:		
Increase in trade and other receivables	(351,952)	(40,688)
Decrease/(increase) in deferred tax assets	(107,266)	(80,137)
Increase/(decrease) in trade and other payables	162,712	24,963
Increase in contract liabilities	1,255,546	1,240,442
(Decrease)/increase in other operating liabilities	(225)	(51)
Increase/(decrease) in income taxes payable	-	121,162
Increase in other provisions	194,928	66,888
Net cash inflow from operating activities	<u>1,327,802</u>	<u>1,358,315</u>

**Australian Doctors International Limited  
Directors' declaration  
30 June 2023**

The financial report has been prepared in accordance with Accounting Standards and mandatory professional reporting requirements to the extent described in note 1.

In the directors' opinion:

- (a) the financial statements and notes set out on pages 5 to 22 are in accordance with the *Corporations Act 2001*, including:
  - (i) complying with Accounting Standards, the *Australian Charities and Not-for-profits Commission Act 2012 (ACNC)* and other mandatory professional reporting requirements as detailed above, and
  - (ii) giving a true and fair view of the entity's financial position as at 30 June 2023 and of its performance for the financial year ended on that date, and
- (b) there are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors and is signed for and on behalf of the directors.



Dr Peter Macdonald  
Director

Sydney  
16 October 2023



## Independent auditor's report

To the members of Australian Doctors International Limited

### Our opinion

In our opinion:

The accompanying financial report of Australian Doctors International Limited (the Company) is in accordance with Division 60 of the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012*, including:

- (a) giving a true and fair view of the Company's financial position as at 30 June 2023 and of its financial performance for the year then ended
- (b) complying with Australian Accounting Standards - Simplified Disclosures and Division 60 of the *Australian Charities and Not-for-profits Commission Regulations 2022*.

### What we have audited

The financial report comprises:

- the statement of financial position as at 30 June 2023
- the statement of changes in equity for the year then ended
- the statement of cash flows for the year then ended
- the statement of profit or loss and other comprehensive income for the year then ended
- the notes to the financial statements, which include significant accounting policies and other explanatory information
- the directors' declaration.

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

### Independence

We are independent of the Company in accordance with the ethical requirements of the Accounting Professional & Ethical Standards Board's APES 110 *Code of Ethics for Professional Accountants*

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### Other information

The directors are responsible for the other information. The other information comprises the information included in the Annual Report for the year ended 30 June 2023, but does not include the financial report and our auditor's report thereon. Prior to the date of this auditor's report, the other information we obtained included the Directors' 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 through our opinion on the financial report.

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 on the other information that we obtained prior to the date of this auditor's report, 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 the directors for the financial report

The directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards - Simplified Disclosures and the *Australian Charities and Not-for-profits Commission (ACNC) Act 2012* and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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



### 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 the 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 the audit of the financial report is located at the Auditing and Assurance Standards Board website at: [http://www.auasb.gov.au/auditors\\_responsibilities/ar4.pdf](http://www.auasb.gov.au/auditors_responsibilities/ar4.pdf). This description forms part of our auditor's report.

PricewaterhouseCoopers

Sarah D'Arcy  
Partner

Sydney  
16 October 2023



## 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.

## 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.

## 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.

## 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>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>CHP</b> .....	Community Health Post
<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>ECPNG</b> .....	Evangelical Church of PNG
<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>HIV</b> .....	Human immunodeficiency virus
<b>HRH</b> .....	Human resources for health
<b>HSC</b> .....	Health Sub-Centre
<b>IMAM</b> .....	Integrated management of acute malnutrition
<b>KRA</b> .....	Key Result Area
<b>LLG</b> .....	Local Level Government
<b>MoU</b> .....	Memorandum of Understanding
<b>NDoH</b> .....	National Department of Health (PNG)
<b>NGO</b> .....	Non-governmental organisation
<b>NIPG</b> .....	New Ireland Provincial Government
<b>NO</b> .....	Nursing Officer
<b>OIC</b> .....	Officer-in-charge
<b>OPD</b> .....	Organisations of Persons with Disabilities
<b>PHA</b> .....	Provincial Health Authority
<b>PICT</b> .....	Provider-initiated counselling and testing
<b>PNG</b> .....	Papua New Guinea
<b>POM</b> .....	Port Moresby
<b>SDGs/MDGs</b> ...	Sustainable Development Goals
<b>SIA</b> .....	Supplemental Immunisation Activity
<b>SIC</b> .....	Sister-in-charge
<b>TB</b> .....	Tuberculosis
<b>TOT</b> .....	Training of trainers
<b>WASH</b> .....	Water, sanitation and hygiene
<b>WHO</b> .....	World Health Organisation
<b>WNB</b> .....	West New Britain Province
<b>WP</b> .....	Western Province (PNG)



## Contact Us & Feedback

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