adi

australian doctors international

Working for a healthier PNG

Annual Report

2014 2015

Contents

Cover: *Children play outside a remote health centre in New Ireland, PNG.*
Right: *ADI volunteer Dr Max Osborne tends to a newborn while on patrol.*
Document: *Annual Report produced by ADI volunteer Kim Smee.*
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Our Vision

People in remote areas across PNG have access to good quality primary health services. The prevention of unnecessary deaths.

Our Mission

To recruit and deploy volunteer health professionals and implement health projects to provide essential health services in remote PNG and upskill local people to do the job once we are gone.

Who we are

Australian Doctors International is a not-for-profit development healthcare organisation working to improve the lives of people living in remote PNG communities.

President's report

It's always pleasing to report another successful year in Papua New Guinea for Australian Doctors International (ADI), although it's not without its challenges and frustrations. The program in New Ireland has built on past successes and is really making a difference to the health of people in the most remote areas.

Our volunteers continue to organise and participate in joint patrols and training courses with local health workers. Besides these primary health projects, ADI is making real strides in building the capacity of the small hospital at Namatanai. I think it's fair to say that ADI is gaining a reputation for excellence at many levels and I am proud of our achievements.

Papua New Guinea (PNG) is a hard country to work in; there are many cultural, geographic and financial challenges. ADI is successfully meeting these with the support of the Australian Government, which contributes to our New Ireland projects. I always make a point of sharing our stories and experiences with the Department of Foreign Affairs and Trade (DFAT) team based in Port Moresby.

Thanks to the support of Horizon Oil Ltd, ADI provided a volunteer health advisor who spent almost three years mentoring and supporting the Catholic Health Office in areas of administration and management in Western Province. Our three way partnership is flourishing and ADI doctors will now resume patrols as part of the overall primary health services in North and Middle Fly.

ADI has developed strong partnerships with the New Ireland Government as well as Catholic Health in Western Province. It would be impossible to carry out our activities without these partnerships. As a small organisation, ADI relies on and values them. We are also part of the Non-Government Organisation (NGO) network through our membership of the Australian Council for International Development (ACFID).

This year has seen joint projects with Marie Stopes (family planning), Fred Hollows (eye surgery) and Becton Dickinson (medical technology). This has allowed ADI to leverage its presence in the field and increase effectiveness.

All this requires funding and the organisation, the Board and its committees spend many hours seeking opportunities, creating contacts and aiming for financial security. It's been a tough year and the Board has had to make some difficult decisions in reducing head office costs and is even more reliant on office volunteers, whose dedication is really appreciated. I would like to express my thanks to ADI's finance department for a tight control of the books which is evident later in this document.

ADI has a unique model of bringing health services to those most in need. This has been refined over the years which will yield great results in 2016 and beyond.

Finally, my thanks to our Board, dedicated staff and generous volunteers and sponsors. Without them, there would be no ADI.

Dr Peter Macdonald
OAM MBBS MRCGP DA DRCOG
President

Donations of $2 and over are tax deductible

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or by calling us on (02) 9976 0112

Why are we in PNG?

Papua New Guinea
Population
7.3 million

Overview

Papua New Guinea (PNG) is Australia's nearest neighbour, yet the standards of health care are worlds apart: according to the World Health Organisation (WHO), PNG has the worst health status in the Pacific region. **PNG ranks 157 out of 187 countries on the UN's Human Development Index**, worse than Bangladesh and Myanmar. Australia ranks second.

In PNG, the infant mortality rate is 40 per 1,000 births

In Australia, it's 4

In PNG, the maternal mortality rate is 220 per 100,000 births

In Australia, it's 6

The average Papua New Guinean will live to 62

The average Australian will live to 82

Maternal mortality: PNG National Department of Health statistics estimate that at least **5** women die in childbirth every day.

Infant mortality: **5.5%** of babies will die before age two.

Communicable diseases: Tuberculosis, malaria and other communicable diseases cause **62%** of deaths nationwide.

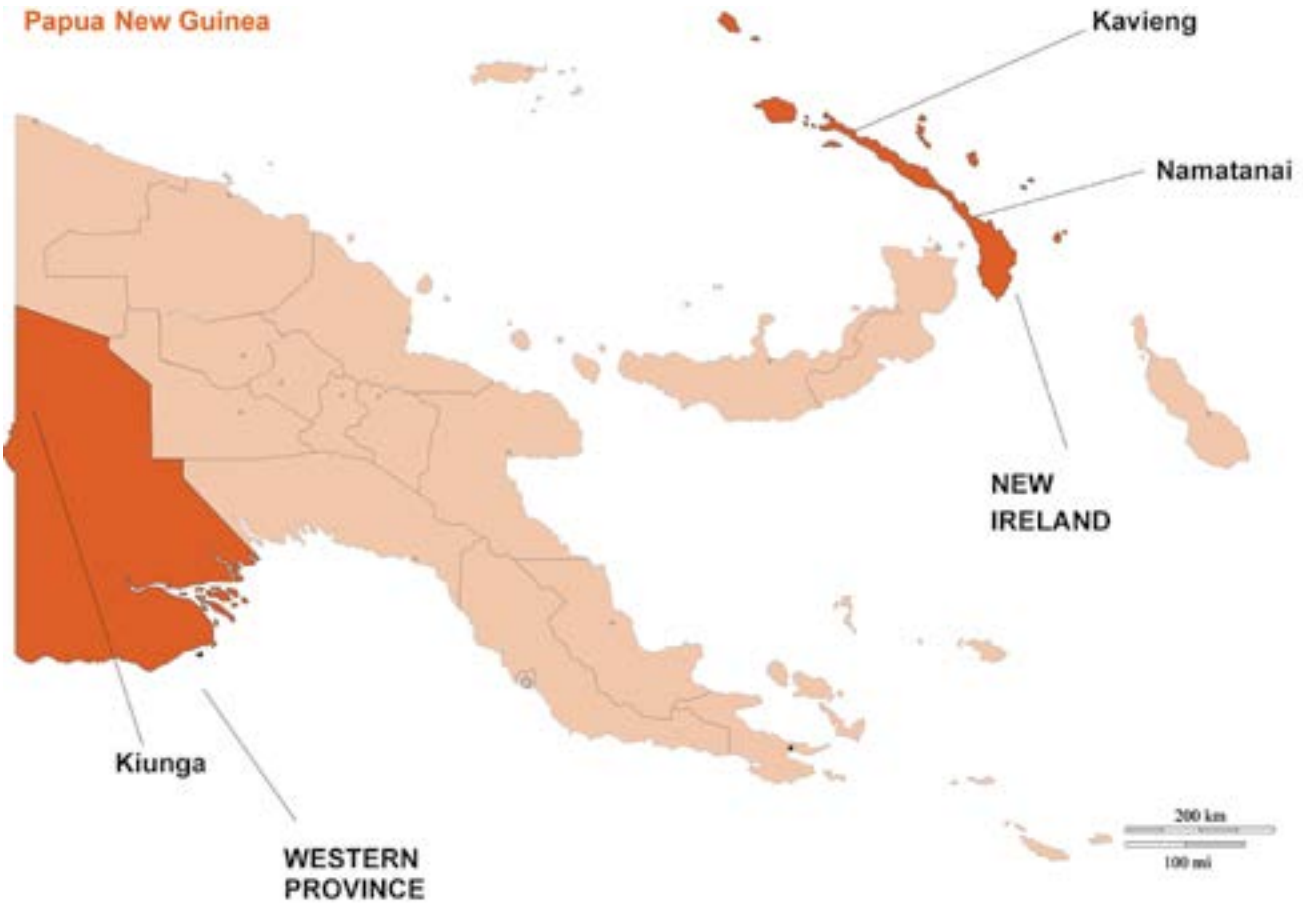
Non-communicable diseases: The incidence of non-communicable diseases in PNG is rising, creating the double burden observed in most developing countries. This includes tobacco and alcohol related illnesses, diabetes and hypertension, and cancer (especially oral cancer caused by chewing betel nut and tobacco, and cervical cancer which claims the lives of about **900** women a year).

Water-borne diseases: Only **33%** of rural people have access to clean water, a major factor in the 2009 cholera outbreak that affected 14,000 people, while diarrhoea is the seventh bigger killer.

Goals

ADI is a not-for-profit, non-government health care and development aid organisation with no religious or political afflilations. Our goals are to:

- Deliver and strengthen primary health services to rural communities in PNG through Doctor Supervised Integrated Health Patrols.
- Reduce preventable diseases through public health programs, health education and health promotion.
- Increase the capacity of local health workers to manage and deliver primary health services through training and education.
- Improve access to primary health services by rural and remote communities.
- Demonstrate improvement in health indicators as a result of our activities through the use of a structured monitoring and evaluation framework.
- Continue to be a leading non-government professional provider of high quality primary health care in Papua New Guinea, seeking always to increase public awareness of our work and continual improvement through ongoing rigorous evaluation of programs and activities.



ADI operates in New Ireland and Western Province.

What are we doing?

New Ireland province

In 2014/15 ADI primarily operated within New Ireland province where many of PNG's health issues are most prevalent, partly due to its remoteness.

There is only **one doctor per 32,344** people.

There is a **45%** staffing shortfall. To meet WHO standards to deliver minimum primary health care services an additional 200 health workers are needed.

In New Ireland, only **59%** of births are conducted at a health facility.

About **90%** of health facilities have no telephone or radio communications.

Medical supplies are only available **50%** of the time.

Achievements at a glance 2014/15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Deployment of two volunteer doctors who visited the most remote areas of New Ireland province with a team of allied health professionals.


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Delivery of clinical in-service educational seminars to health workers from across the province.

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Co-ordinating family planning seminars in partnership with Marie Stopes International.

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Pathology training, equipment donations and laboratory upgrades across the region in partnership with Becton Dickinson (BD).

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Deployment of a volunteer doctor at the most remote hospital in Namatanai.

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Connecting the water and power supply to enable operations to occur at Namatanai.

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Co-ordinating an outreach program to Namatanai residents living with or at-risk of diabetes.

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Co-ordinating an eye surgery program with Fred Hollows to restore sight to those with vision impairments.

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Funding a worker in Western Province to improve the distribution of vital medicines.

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Integrated health patrols

Overview

ADI partners with New Ireland Provincial Health to co-ordinate integrated health patrols which deliver a full range of health services – curative, preventative and capacity building – to remote and rural communities throughout New Ireland province.

Each month, the ADI volunteer doctor and patrol teams set out from the provincial capital, often over rough seas in small 'banana' boats, to treat patients who might otherwise never see a doctor or a health professional. They also provide unique case-based training to local health workers in some of the most remote corners of PNG.

ADI's program responds to the fact that health training and services, for a population of 160,000 people, are confined to the provincial capital Kavieng, where 12 of the 13 doctors in the province are based. Rural patients and local health facilities, often rundown, under-staffed and under-resourced, are in great need.

Patrol schedules are advertised on the local health radio, Radio New Ireland and RENB so villagers know when the team will arrive.

In 2014/15, ADI had two doctors managing integrated health patrols – Dr Jenny Hamper from July to December and Dr Max Osborne from January to July. Combined, the doctors spent 133 days on patrol and visited 44 health centres or aid posts. During this time 2,578 patients were treated by the ADI patrol doctor and more than 375 hours of case and group-based training was delivered to remote health centre staff. In addition the allied health team delivered: 2,629 dental examinations, 2,851 optometry examinations, 428 Pap smears, 647 STI tests, 1,569 HIV tests and 860 physiotherapy consultations.

Patrol doctor's perspective: Dr Max Osborne recalls an emergency C-section

We were on patrol in a village called Lamassa; its health centre is only accessible by boat. At 3am I received a call from Sister in Charge Cathy Bulu, one of the many very impressive health workers in New Ireland. I was called to help a pregnant woman who was full-term in labour but with a transverse lying foetus. A transverse lie birth can only be done with a C-section but there was no way to do the operation: we had no lights or power, let alone anaesthetic or necessary equipment.

Team effort: locals pull a boat in at Lamassa.

We couldn't get the patient to Kavieng as it's two and a half hours by boat followed by a five hour drive – on a good day. We put up an intravenous line, gave her some narcotic analgesia and orally administrated a drug called salbutamol to block uterine contraction, and discussed a plan of action.

> **"A transverse lie birth can only be done with a C-section but there was no way to do the operation: we had no lights or power let alone anaesthetic."**

Sister Cathy and I realised the only option was to send her to Kokopo by boat, which would take a couple of hours, however the health centre didn't have any fuel!

By now I had observed the woman had previously had surgery for an earlier transverse lie, making the scar vulnerable to rupture. ADI provided fuel from our supply, loaded the patient and Sr Cathy into the boat at 4am in the pitch black and sent them off with a very nervous but willing boat skipper. Mercifully, the seas were not rough and an emergency C-section was conducted at Kokopo – mother and baby are doing fine.

The doctors spent **133 days** on patrol

2,851 optometry examinations

ADI patrol doctors treated **2,578** patients

428 pap smears

375 hours of health training

1,569 HIV tests, 647 STI tests

Patrol team undertook **2,629** dental exams

Provided **860** physiotherapy consultations

Malaria an ongoing threat: Dr Max Osborne

The death rate from malaria is quite high for kids. Malaria continues to be a big issue for all people in PNG. Diagnosis is much easier now with a pin prick which can tell you what kind of malaria it is, and then you can embark on a three day treatment if the patient is stable or an intramuscular medication if they are very sick. Sometimes not every clinic will have both a test kit and the treatment. We managed to source some extra test kits and treatment to take with us on patrol, particularly fortunate as at one health centre we saw about 30 children and 15 of them had malaria.

While on patrol in an island called Djaul earlier this year, the team travelled to a remote village where there was an aid post building but no health workers. Here I met a mother gravely concerned for the health of her little boy who was feverish, lethargic and generally very unwell. I used a diagnostic test strip to verify the child was suffering severely from malaria. The child was given some immediate treatment and the family agreed to travel back with us to the closest health centre for observation and more intensive treatment. The child recovered and is doing well.

It's satisfying when we can treat people for malaria, they suffer needlessly, but overall our treatment of malaria is but a drop in the ocean. If at one village in one day we treated 15 children, imagine the number that day in the province that went without treatment!

> **"We saw about 30 children and 15 of them had malaria."**

An ADI intervention helped save this child from a severe case of malaria.

Patrols a real team effort: Dr Jenny Hamper

This was my second deployment since 2012. I was encouraged to see improvements in the quality of care provided at the health centres this time around.

We saw a marked reduction in the number of positive malaria cases and presentations of severe malaria – possibly because of better adherence to standard treatment protocols – and health centre staff seemed much more confident managing things like emergency obstetric scenarios after ADI's in-service training.

On a personal level, I feel privileged to have had the opportunity to work with a team of dedicated, hardworking, competent, generous, compassionate health workers. It was certainly very satisfying to be able to facilitate the transport of this team to the rural and remote health centres in New Ireland.

Many of the patients the team treated would have no other opportunity to receive this medical care, due to distance and, what is for many people, the prohibitive cost of transport. Many people in chronic pain from dental problems were finally relieved of their discomfort by the team dentist. Some people could once again see, they could enjoy reading again, with the aid of glasses provided by the team eye nurse. Many were also put on a waiting list for cataract surgery.

> "Many of the patients the team treated would have no other opportunity to receive this medical care."

The physiotherapist, Christine Sumigan, helped relieve many people of their joint and back pains and was able to educate them regarding self-care. She was also able to review disabled patients and assess and register new clients with disabilities.

I assisted in the medical management of patients and conducted some health screening. Many new diabetic and hypertensive patients were identified, educated and in some instances, commenced treatment. I also performed a number of procedures, such as abscess incision and drainage, which would have otherwise led to serious infections or a long, hazardous and expensive trip to Kavieng hospital.

It is said 'If you give a man a fish, you feed him once, but if you teach him how to fish, you feed him for life', I believe that ADI is teaching health workers in New Ireland how to fish.

Dr Jenny Hamper with one of the patrol teams.

'His father had been carrying him to school every day': Dr Jenny Hamper

In 2014, at a hard-to-reach health centre on New Ireland's remote Lavongai Island I met nine-year-old John.

John.

John arrived on his father's shoulders during our patrol visit to Tsoi – a beautiful but especially isolated part of the outer islands. John was born with deformed limbs. He couldn't walk but he loved school and showed us how he'd taught himself to write with his right foot. For the last four years, his father had been carrying him to school every day but John had grown too big for him to manage.

The child had never seen a doctor or a physiotherapist before that day. We were able to assess him and get him onto the disability register, which means he should be able to get a wheelchair. If the ADI team hadn't visited this area, John may never have had that opportunity. Once John has a wheelchair, he will, once again, be able to attend school.

It's estimated more than one million people in PNG live with a disability – and that half of them are children. It's a country where it's difficult for basic healthcare to reach people in the country's rural area, let alone any disability support.

Patrol team members


Martha (left)

Martha (HIV/STI and Education, RN)

“I am a nurse and have spent many years working as a health worker. When we give HIV/STI talks to the school groups I take the girls and they ask plenty of questions. They want to know. I am thankful to ADI.”


Shirley

Shirley (Eye specialist)

“Speaking on behalf of the eye unit we need to prepare and register our patients for surgical repairs. We do not have the funding to get out so thank you to ADI for making it possible. I also enjoyed training our boatman Samuel in eye care.”


Gilson

Gilson, (HIV/STI and Education, RN)

“There are no active services for HIV/STI treatment in the rural areas so I can provide a valuable service for the people in communities. I also train the staff and encourage them to use the tests.”


Dentists Dr Evelyn and Dr Joseph with Jack


Merelyn

Merelyn Aruke (Eye nurse) and (inset) Iggie (eye team)

“Patrols give me an opportunity to see remote patients and, if necessary, book them in for surgery which is conducted annually by a visiting opthamologist from Australia.”


Abraham (left) and Jack

Abraham (Dental therapist) and Jack (Dental assistant)

“When we are on patrol I have to think about how to do a procedure without the supplies I am used to” - Abraham.

“We learn from the other sections” - Jack.


Evini

Evini (Family planning/nursing officer) and (inset) Lavi educates local mothers

“Some mothers are very restricted because of their religion but they are very interested to hear about the different methods for family planning.”


Paquita (right)

Paquita (Pathology assistant)

“I wouldn’t be able to do a lot of the procedures I am doing unless I was on patrol. I test for malaria, blood sugar, TB, leprosy and haemoglobin levels. I am learning so much. Teamwork has developed a lot since I first started.”


Sherel

Sherel (Patrol logistics)

“I help make sure our patrols run smoothly. I work closely with ADI volunteers, local government and our allied health workers to manage logistics such as food, fuel and medical equipment. It is challenging but also very rewarding.”

Christine (Physio assistant)

“Patrols allow us to register disabled people who can not get to Kavieng,”

Our patrol teams

There are countless others involved in making our patrols possible and team members vary on each patrol. ADI is grateful for all who team up with us.

Some of our fantastic boat crew.

Some of our skilled drivers: Samuel, Mesulam and Shaem.

In-service training

There is a strong need to provide further education and refresher training to health workers in New Ireland, particularly those in the remotest areas, many of whom have not had access to newer methods or training for years. To meet this need, ADI has been running in-service programs to increase clinical knowledge and improve clinical practice since 2012. The most recent session was held in May 2015 at Lemakot School of Nursing.

Sister Gildes Ritako from Lemakot School of Nursing teaches TB reporting procedures.

ADI has provided training to 213 New Ireland health workers since 2012

Attendees of this year's in-service training.

Education success

Co-ordinated by ADI Health Project Manager Gemma Tuxworth, this year's in-service training was delivered to 51 New Ireland health workers over two five-day periods.

Topics were selected after consultation with service providers and examination of health data. It involved collaboration with a number of local and ADI stakeholders, many of whom delivered lessons on their area of expertise.

Gemma Tuxworth (right) with student Gwyneth.

This year's in-service training focused on **tuberculosis** (treatment protocols, collecting sputum slides and infection control), **family planning** (reproductive anatomy, myths and facts, contraceptive methods) and **non-communicable diseases** (awareness and prevention.) Lessons were also delivered on issues such as respiratory and cardiac diseases, STI management, child protection and hygiene.

> "Education is one of the most valuable parts of the ADI program."

A broader range of external and local presenters was used in the May sessions which was well-received by participants. Of particular note was an appreciation for an increased number of sessions delivered in Tok Pisin, the local language.

Evaluation forms identified a high overall satisfaction with the training program, and pre- and post- tests showed strong learning improvements, with more than 90 per cent of participants reporting that their learning needs on the key topics were met by the in-service.

There is enthusiasm for further training programs and certainly still the need. "Up-skilling health workers is so incredibly important in improving patient outcomes," Gemma said. "Education is one of the most valuable parts of the ADI program."

Women's health

In Papua New Guinea, **220 women die** from pregnancy related causes per 100,000 live births. It's one of the highest maternal mortality rates in the world, behind Afghanistan and Sub-Saharan Africa.

According to the World Health Organisation, only **43** per cent of births in PNG are attended by a skilled health professional. Most babies are born in villages far from a hospital or health centre.

Training local staff on **emergency obstetrics** is a major focus on all ADI patrols, given the province's high rate of maternal mortality. This includes ante-natal care, addressing progress in labour and active management of third stage labour, teaching basic neonatal resuscitation, and early post-natal care.

There are many obstacles to women gaining access to **family planning** in PNG, namely remoteness, religious restrictions, misinformation, a lack of political voice for women and cultural taboos.

Marie Stopes Family Planning training

Marie Stopes International has been working with health providers to deliver reproductive services to women in PNG for the last six years.

In April 2015, ADI partnered with Marie Stopes and the provincial government to deliver a new family planning training program for rural health professionals across New Ireland province.

Project managed by ADI volunteer nurse Erin Hall, who also works for Australian Volunteers International (AVI), the two week in-service training saw Marie Stopes deliver family planning training to 10 health workers and one observer from a variety of New Ireland health centres. ADI was responsible for identifying the health workers who would benefit from the training and also paid for their attendance and accommodation during the training period.

Demonstrating contraceptive injections.

Nurse Erin Hall.

"We were very pleased to have the support from the New Ireland Catholic Health Secretary who allowed one of his senior staff to attend the training as an observer to be involved in the discussions around the importance of family planning and the up to date current modern methods available," Erin Hall said. "As currently Catholic Health services do not provide modern family planning methods, but still serve a large proportion of our population, it was encouraging that she could be supported to receive accurate information regardless of religious or cultural beliefs."

Marie Stopes Senior Trainer Sion Dage said ADI's support helped the program run smoothly: "I know that the organisation side of the training has been taken care of and you are right behind us so I can relax and concentrate on the training," she said.

Participants were educated on why family planning is important, how to provide reproductive health education and given practical sessions on safely conducting pelvic exams, contraceptive implants and IUD reversible contraceptives. The two student groups then attended eight villages for supervised practical training in the insertion and removal of implants, IUDs, and the provision of contraceptive (depo) injections, pills and natural methods. More than 500 patients were seen over this period.

One participant, a Sister, wrote in her program evaluation, "They know the needs: to equip us with the knowledge we have been lacking in our work places. Thank you all for your time and heart."

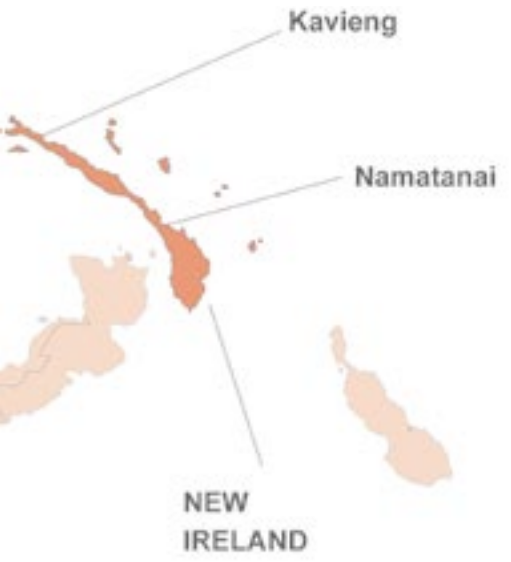
Namatanai District Hospital

Overview

Namatanai District Hospital, located in the rural south of New Ireland province four hours by road from Kavieng, treats over 47,000 outpatients a year and yet has only one local part-time doctor, no landline or reliable power and limited running water.

ADI started deploying volunteer doctors to the hospital in 2012 to provide medical treatment for patients and clinical training for staff. In 2014, from July to December, ADI deployed Dr Theresa Lei to the Medical Officer position at Namatanai Hospital. A new doctor, Dr Ian Hunter, was deployed in August 2015.

Dr Lei was the first Papua New Guinean national employed as an ADI Medical Officer and was responsible for a range of capacity building duties including providing case and group based education and in-service training to local hospital staff. Her weekly duties included providing training and clinical duties in the outpatients department, on daily ward rounds and clinical consultations.



Key projects at Namatanai in 2014/15 included:

- Connecting running water to the operating theatre, the pathology laboratory and the outpatients department.
- Ongoing weekly continuing medical education sessions.
- Cataract operations in partnership with Fred Hollows Foundation.
- Scoping infrastructure upgrades including water and power supply and key medical equipment.
- Regular provision of blood transfusions and tubal ligation procedures.
- A diabetes and hypertension outreach program which identified and provided management for 34 new cases of diabetes.
- Project support for hormonal implant training of 13 health workers – delivered by Rotary Australia.
- Upgrading of the Namatanai hospital laboratory including provision of a new microscope and VDRL shaker, new shelving and paintwork.

Patients at Namatanai hospital and (inset) the outside of the hospital showing installed water tanks.

Advocacy for PNG's National Service Delivery Standards

In partnership with the New Ireland Provincial Government and Namatanai District Health Services, ADI continues to work to address staff shortages, lack of essential equipment, and failing infrastructure at the regional facility. In January 2015 then ADI project officer Dashlyn Chee was employed as Health Extension Officer at Namatanai. This role manages the hospital's administrative needs and provides clinical training and oversight.

Ms Chee delivered a well-received presentation on behalf of ADI at the National Rural Health Conference in Darwin in May 2015. This was an important opportunity to raise awareness of health needs in PNG and ADI's role in the region.

Dashlyn Chee.

A woman guides her friend following cataract surgery and (inset) patients wait to be eye tested.

Eye surgeries at Namatanai

In September 2014 ADI partnered with the Fred Hollows Foundation and Kavieng Eye Clinic for the first ever ophthalmology outreach project at Namatanai Hospital in New Ireland province.

Specialists from Kavieng General Hospital, the Fred Hollows Foundation and ADI took mobile clinics to the villages to screen 675 people for eye problems over five days.

The project was co-ordinated by ADI's resident volunteer doctor Dr Theresa Lei, and Health Extension Officer Dashlyn Chee.

Dr Lei said 143 people had their sight restored thanks to cataract operations performed by the Fred Hollows Foundation. However, before the surgeries could begin, extensive upgrades were needed.

The operating theatre at Namatanai's 72-bed hospital was unfit for surgery, with no running water and unreliable electricity supply. Thanks to financial support from Newcrest Mining, ADI worked with the hospital to upgrade facilities and reopen the theatre; installing five 10,000 litre water tanks and connecting the operating room, outpatient ward and radiology with running water.

"Without this work, it would have been impossible for the eye team to make more than a hundred patients see again," Ms Chee said.

Dr Theresa Lei (far right) with the Fred Hollows and Kavieng Hospital eye team.

> **"Let us go now, we haven't seen our wives in years!"**

Many of the Namatanai cataract patients were identified by staff on previous ADI medical patrols to remote health centres across the region. Others had their eyes tested by a team of nurses from Kavieng Eye Clinic, who travelled to their villages in the weeks leading up to the Fred Hollows doctors' arrival.

"One day we just did the screenings in the open in their 'community centre' under the trees near Pire village," Dr Lei said. "Another afternoon we went out in the 4WDs and picked patients up along the road. We drove past one man with a walking stick and tested his eyes right there on the side of the road."

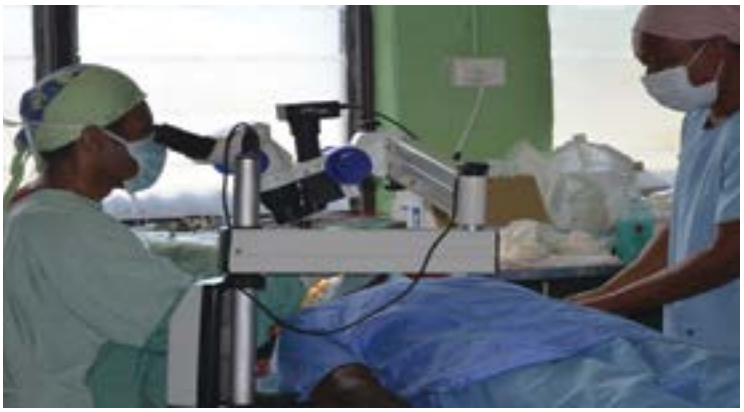
Eye surgeries continued...

Ms Chee said many of the Namatanai eye patients had travelled up to four hours by boat for the surgery and most had relied on family and friends to be their eyes for years.

"There was one widowed man from Ulaputur whose son had to leave school to be with him after he developed the cataract three years ago," she said.

"After his operation, we saw him walking along the road by himself after taking a wash in the sea. We asked where his son was and he pointed down the road and told us: 'He's playing with his friends, now he can enjoy being a child again.'

"Another group of men in their 60s and 70s were impatient to get home following their surgery. They argued with me: 'Let us go now, we haven't seen our wives in years!'"



Eye surgery performed at Namatanai Hospital.

Dr Theresa Lei checking a patient's blood pressure.

5 diabetes screening sessions

245 patients screened

34 new diabetes cases diagnosed

Diabetes training in action in Namatanai.

Diabetes outreach efforts in Namatanai

ADI ran a diabetes outreach program at Namatanai District Hospital over September and October 2014, screening local residents identified as at risk or showing early signs of diabetes and hypertension as well as providing education about the importance of a healthy lifestyle.

Dr Lei said the screening and education would reduce the burden of disease on the local community as well as the hospital – prevention is always better than a cure.

"The hospital isn't set-up to deal with patients with complications from these two lifestyle diseases, we needed to reach people before they presented with worsening symptoms, as this would require their referral to Kavieng General Hospital," Dr Lei said.

Over the five screening sessions, 245 patients were screened, 34 of whom were diagnosed with having diabetes and have registered for regular review.

"Since the screening, people around town have started to change their lifestyle and eating habits. Patients say they are walking more, buying fresher food and encouraging change within their families."

Pathology

Improving pathology in New Ireland

ADI partnered with global medical technology company BD (Becton Dickinson) and local health authorities to deliver PNG's first ever five-day World Health Organisation (WHO) Laboratory Standards course in September 2014.

Eighteen laboratory technicians and assistants from New Ireland graduated from the two week course.

The project aimed to improve identification of communicable diseases through more robust and accessible pathology services. In the week following the training at Kavieng General Hospital, the BD volunteers were matched with lab technicians from Kavieng Hospital, Lemakot Health Centre, Namatanai Hospital and the new Kimadan laboratory, to provide practical on-site mentoring support. It was the first time the province's pathology staff had come together as a group for training and collaboration. "It was very, very motivating, especially for the rural staff," Benny Otoa from the Kavieng Hospital laboratory said.

New Ireland province has some of the highest incidences of communicable diseases in the Pacific, particularly tuberculosis and malaria. There are **548 cases of malaria for every 1000 people** – three times the PNG National average. Poor lab facilities and limited training has led to issues of misdiagnosis or delayed diagnosis.

Attendees from ADI co-ordinated lab course in September 2014 and (right) a BD trainer demonstrates her work.

18 labatory technicians and assistants were trained in PNG's first-ever WHO Laboratory Standards course

Big boost for bio-safety

The pathology training provided in September is part of a broader strategy to strengthen rural laboriatories in New Ireland. ADI's partnership with BD and the New Ireland Provincial Government led to the refurbishment of the Kimadan Health Centre lab, as well as improvements to laboratories in Lemakot, Kavieng and Namatanai District Hospital.

In June 2015, BD donated and installed a life-saving bio-safety cabinet at Kavieng Hospital.

Without a bio-safety cabinet health workers have to test for infectious diseases in the open laboratory, which increases the risk of air-borne infections. Nedley Laban, the Scientific Officer at Kavieng Hospital Laboratory, said the new unit was especially helpful when testing TB sputum as it eliminates infectious material and allows for the "safe preparation of chemicals and reagents used in laboratory testing."

ADI Program Manager Patrick McCloskey (far left) at the presentation of a new bio-safety cabinet.

Following the cabinet donation, Dr Herolyn Nindil from the National Department of Health TB Program, Sister Gildes Ritako from the Lemakot Health Centre and Mr Laban spent two weeks conducting training in TB treatment, testing and reporting with 50 health workers from New Ireland's rural health facilities as part of the annual in-service program at the Lemakot School of Nursing, (*referenced on Page 12*).

The CEO Health for New Ireland Provincial Government, Bau Waulus, said that improved testing facilities and training of all laboratory staff in New Ireland would go a long way in addressing the challenge of TB and other infectious diseases in the region.

Western Province

Improving pathology in New Ireland

ADI has been working with the Diocese of Daru-Kiunga's Catholic Health Services unit in Western Province since its inception in 2001.

The province is geographically defined by the expansive Fly River environment and continues to experience profound challenges in the provision of health services due to remoteness, inaccessibility and lack of infrastructure. Limited roads and high average rainfall make travel by longboat necessary, presenting challenges to maternal health, obstetrics, child immunisation, drug and vaccine supply and management of malaria and tuberculosis.

One of the most challenging problems in PNG is ensuring that life-saving drugs get to a health centre in a timely manner and that vaccines are maintained at the correct temperature during their journey to the children's clinic.

ADI supported the construction of a purpose-built storage centre in Kiunga and continues to fund the position of Health Service Support Worker (HSSW) at the Catholic Health Office. The HSSW, Adelbert Iwik, made advancements in the Office's drug store in early 2015 by developing a computerised stock control and delivery system for drugs, vaccines and medical equipment. This store meets the needs of eight health centres and 14 health posts run by the Catholic Health Services.

Patrols to return

Board members George McLelland and Anne Lanham visited Kiunga, Western Province, in May 2015 to co-ordinate the return of volunteer medical services to the region. The pair reported they were impressed with the improvements in the management and organisation of the Catholic Health Office. Patrols targeting TB treatment and identification, in partnership with World Vision, were in planning and staff were involved in outreach and training of health staff.

Following a successful recruitment campaign toward the end of the financial year, a new volunteer doctor was recruited to recommence patrols in the region from February 2016.

Health Service Support Worker Adelbert Iwik, made advancements in drug stock control in 2015.

The Catholic Health Office team: Leanne, Jean, Adelbert, Sister Cathy and Sister Anna.

Sydney office

Sydney Team

The Sydney office functions on a mix of paid and volunteer staff with a high level of professional expertise.

A number of key Sydney personnel left ADI in 2015 for new challenges: Office Manager Dawn Whitten, General Manager Michelle Breen and Marketing and Communications Manager May Slater.

ADI's current staff includes a full time PNG Program Manager, Patrick McCloskey - a talented, experienced manager who provides exceptional support for ADI's volunteer doctors and health staff in the field. Patrick divides his time between the Sydney office and trips to New Ireland Province and Port Moresby.

In 2015 the finance department was boosted with the appointment of Dianne O'Brien as Finance Manager, allowing much beloved Marcel Diebold to move to a part-time position in financial support.

ADI is fortunate to have committed volunteers with a range of desirable qualifications assisting in the operation of the Sydney office.

They include Volunteer Coordinator Virpi Tuite, Software Developer Mike Bayles, Membership co-ordinator Paloma Llamares, Donations and Fundraising officer Irina Blackmore, and our Marketing, Media and Communications volunteers Kim Smee and Anna Lynch. Marketing volunteer Jo Porritt was with ADI until April 2015.

Board member and long-time supporter Lili Koch handed over responsibility of Membership to Paloma in 2015 and Anne Lanham was appointed to the role of Executive Officer. Anne continued to represent ADI on the Pacific Working Group of ACFID and attended the Inaugural Asia-Pacific Conference on Gendered Violence and Violations at the UNSW in May 2015.

Australian Doctors International has a strong online presence via its website **www.adi.org.au** as well as on Facebook and Twitter.

Facebook.com/AustralianDoctorsInternational/ Twitter: @ADI_charity

Committee members:

The Board of ADI relies on the support of the members of their volunteer committees who have been chosen for their exceptional knowledge in the specific areas:

Accreditation Committee: Peter Macdonald (Chair) Judy Lambert, Anne Lanham, Belinda Lucas (consultant), George McLelland, Patrick McCloskey. We thank retiring members Delene Evans, David Snedden, Turner Massey.

Program Committee: Judy Lambert (Chair), Anne Lanham, Patrick McCloskey, Becky Taylor, Klara Henderson, Bernie Hudson, George McLelland, Wamiq Khan. ADI thanks retiring members Thomas White, Delene Evans, Tariq Khan.

Risk and Compliance Committee: Peter Macdonald (Chair), David Bauxbaum, Richard Magee, George McLelland, Liza Nadolski.

Revenue Committee: Alison Overton (Chair), Anne Lanham, Patrick McCloskey, Peter Macdonald, and George McLelland.

Sponsors and supporters

Major sponsors $25,000+

- New Ireland Provincial Health
- Department of Foreign Affairs and Trade
- Newcrest Mining
- Horizon Oil
- Roche Australia and Roche Diagnostics
- Bank South Pacific
- Hunt Family Foundation

Other sponsors and supporters

- InterOil
- Three Flips Foundation
- Austpac Chemicals and Commodities
- Namatanai Joint District Planning Committee
- Lili Koch
- Brent Emmett
- Peter MacDonald
- John Forsyth
- Peter Baker
- Susan Robertson
- Cate Ealing
- James Kidd

Australian Government

Department of Foreign Affairs and Trade

Board of Directors

President Dr Peter Macdonald *OAM MBBS MRCGP DA DRCOG*

Peter is a highly experienced GP, co-founder of ADI and an accomplished politician. Peter was formerly the NSW State Member for Manly and mayor. He has volunteered for Medecins Sans Frontieres and Timor Aid.

Vice President George McLelland *OAM CA*

George was NSW Secretary of Lend Lease's construction company Civil & Civic and company secretary for an investment bank. He later became director of a private group of companies in England.

Treasurer A.Turner Massey *CA*

Turner is a Chartered Accountant who has worked with major companies in UK, Canada and Australia. Presently retired, Turner is on the committee of the Scots Australian Council and plays an active role in his local community.

Secretary Lisa Justice

Lisa works in pharmaceuticals. She previously worked as a registered nurse in hospital emergency departments in Sydney. Lisa contributed to aid efforts in East Timor in 2001 and completed a volunteer assignment in Costa Rica in 1995.

Lili Koch *Dip Commerce*

Lili has an extensive career in the travel, medical and finance industries. She is an active member of Results International, an advocacy group for the reduction of world poverty. Lili is also actively involved in ADI office work, and she is a long-term donor.

David Snedden *DipLaw (SAB) FAICD*

David is a former corporate, finance and resources lawyer. He was a partner of Gadens Lawyers and founding shareholder and director of Campus Living Villages Group and Superior Coal Limited.

Dr Judy Lambert AM *BPharm Bsc(hons) PhD GradDipEnvMgt GradDipBusAdmin*

Judy is an environment, social and medical sciences expert who has worked in research, policy, ministerial consultancy and advocacy roles. Judy is Director of Community Solutions.

Public Officer and Secretary Anne Lanham *OAM BSc MHID*

Anne enjoyed an extensive career as a medical technologist, is a former manager for Plan International and an ADI co-founder. Anne also volunteers in numerous roles in ADI's Sydney office.

Liza Nadolski *BA LLB LLM*

Liza is the Manager of Corporate Governance and Legal Counsel for the Sydney Children's Hospitals Network. Liza has been a member of the ADI Risk and Compliance Committee since March 2013 and a Board Director since August 2014.

Alison Overton *BA(hons), ProDipDirMkting, member CFRE*

Alison is a professional fundraising and marketing consultant. In 2004, she moved to the not-for-profit sector and was Deputy CEO at UNICEF for six years before establishing her own consultancy.

Steven Gagau *MSc BEng DipBusFLM ADipBA*

Steven is an engineer with thirty years experience. He has worked with Vasp Group Pty Ltd, Islands Development Buear, Australian College of Technology, Datec, and Telikom Training College.

Board of Directors' report
Declaration on financial statements

The names of the members of the Board of Directors during the year ended 30 June 2015 and at the date of this report are:

- Peter Alexander Cameron Macdonald – President
- George McLelland – Vice President
- Patricia Anne Lanham – Secretary (appointed 16/02/15)
- Lisa Justice – Secretary (resigned 16/02/15)
- Alexander Turner Massey – Treasurer (resigned 17/11/14)
- Michael Peters – Treasurer (appointed 21/07/14, appointed Treasurer 17/11/14, resigned 22/07/15)
- Lili Koch
- Judy Lambert
- Liza Nadolski (appointed 21/07/14)
- Alison Overton (appointed 17/11/14)
- David Snedden (resigned 18/05/15)
- Steven Young Moloe Gagau (resigned 20/10/14)
- Godfrey Gay -Treasurer (appointed 12/10/15)

Each of the Board members provided their services on a voluntary basis, with reimbursement for out-of-pocket expenses incurred in the discharge of duties. The Board is supported by the Program, Revenue and Risk & Compliance Committees. Each of these committees has Terms of Reference that define their roles and responsibilities and report to the Board on a regular basis.

Declaration

The Board of Directors declares that:

(a) The financial statements and notes, as set out on page 24-31, are in accordance with the *Associations Incorporation Act 2009* and:

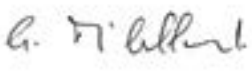
a. Comply with relevant Australian Accounting Standards as applicable; and

b. Give a true and fair view of the financial position as at 30 June 2015 and of the performance of the association for the year ended that date;

(b) In the opinion of the Board of Directors there are reasonable grounds to believe that the association will be able to pay its debts as and when they become due and payable.

This report and declaration dated this 22 day of October 2015 is made in accordance with a resolution of the Board of Directors.

Dr. Peter Macdonald, OAM
President



George McLelland, OAM
Vice President

Financial overview

Your directors present this report to the members of ADI for the year ended 30 June 2015.

ADI's net surplus as at 30 June 2015 was $38,083, this was an increase from the previous year which showed a deficit of $13,938. Total revenue of $1,105,793 was raised through government grants, corporate grants and fundraising activities. It also includes the remarkable contribution of our volunteers whose donated time contributed $344,216 in non-monetary revenue.

Expenditure is in line with revenues with a total of $1,067,710 being spent to support our programs. The majority of our international program costs were incurred in New Ireland province, PNG.

The Board of Directors acknowledges there have been:

1. No significant changes in the state of affairs of ADI;
2. No changes to the principal activities of ADI during the financial year;
3. No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company;
4. No environmental issues have arisen during the financial year;
5. Insurance premiums paid to provide Indemnity cover for the Office bearers of ADI.

Auditor's report

Raymond J.Patmore B.Ec F.C.A J.P
Chartered Accountant
P.O. Box 175
FRESHWATER NSW 2096
Telephone: (02) 9938 5685
Fax: (02) 9939 6269
Email: raymondjpatmore@hotmail.com
ABN 86 665 216 632

To the members of Australian Doctors International Incorporated

Scope

I have audited the financial report of Australian Doctors International Incorporated for the year ended 30 June 2015. The Association directors are responsible for the financial statements and have determined that the accounting policies used are consistent with the financial reporting requirements of the Association and are appropriate to meet the needs of the Association. I have conducted an independent audit of these financial statements in order to express an opinion on them. No opinion is expressed as to whether the accounting policies used are appropriate to the needs of the company.

I disclaim any assumption of responsibility for any reliance on this report or on the financial statements to which it relates to any person other than the directors, or for any purpose other than for which it was prepared.

The audit has been conducted in accordance with Australian Auditing Standards. The procedures included examination, on a test basis, of evidence supporting the amounts and other disclosures in the financial statement and the evaluation of accounting policies and significant accounting estimates. These procedures have been undertaken to form an opinion whether in all material aspects, the financial statements are presented fairly in accordance with the accounting policies described in the financial statements. These policies do not require the application of all Accounting Standards and other mandatory professional reporting requirements (Urgent Issues Group Consensus Views).

The audit opinion expressed in this report has been formed on the above basis.

Independence

In conducting the audit, I have complied with the independence requirements of Australian professional ethical pronouncements.

Audit Opinion

In my opinion, the financial report of Australian Doctors Incorporated is in accordance with:

a) The Associations Incorporation Act 2009 including:

1) Giving a true and fair view of Australian Doctors International Incorporated financial position as at 30 June 2015 and its performance for the year ended on that date;
2) Complying with Accounting Standards; and
3) Australian Doctors International Incorporated Constitution; and

b) Other mandatory professional requirements.

RAYMOND J PATMORE F.C.A

25 October 2015
Freshwater NSW

Liability limited by a scheme approved under Professional Standards Legislation

COVER OF EXCELLENCE

Chartered Accountant

Accountability and accreditation

Governance Statement

Australian Doctors International is Incorporated in New South Wales under the *Associations Incorporation Act 1984*. Ultimate responsibility for the governance of the company rests with the Board of Directors, who control and manage the affairs of the Association.

Risk and Ethical Standards

ADI acknowledges that it faces a reasonable level of risk including operational, reputational, financial reporting and compliance risks. Through our Risk & 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, conflicts of interest policy and child protection 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).

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 are:

Postal address: Private Bag 3, Deakin, ACT, 2600, Australia

Telephone: +61 2 6285 1816 Fax: +61 2 6285 1720
Email: main@acfid.asn.au

Any other complaint concerning ADI should be addressed to ADI's President and Vice President.

ADI's contact details are:

Postal address: P.O. Box 954, Manly, NSW, 1655, Australia

Office address: Elsie Hill Building, RFWCHS, 18 Wentworth Street, Manly, NSW 2095

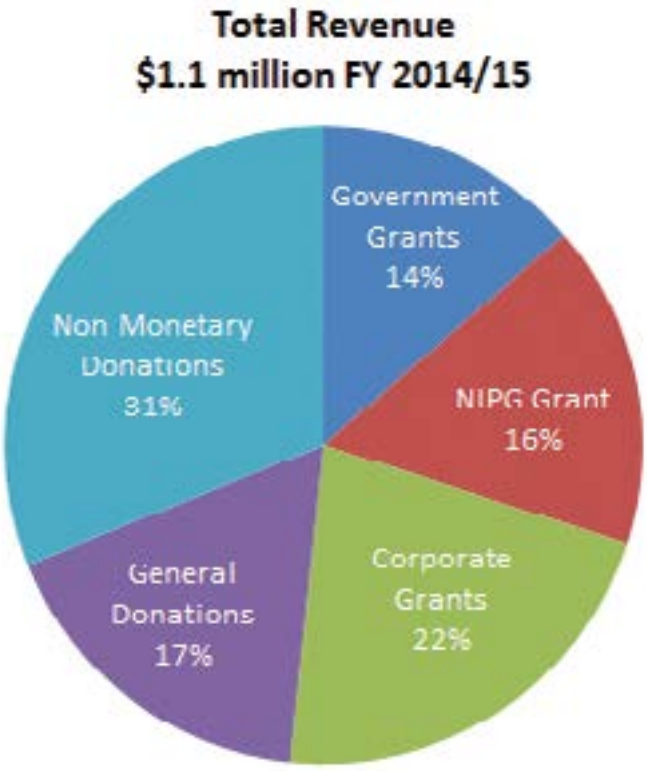
Telephone: +61 2 9976 0112 Fax: +61 2 9976 6992 Email: adioffice@adi.org.au

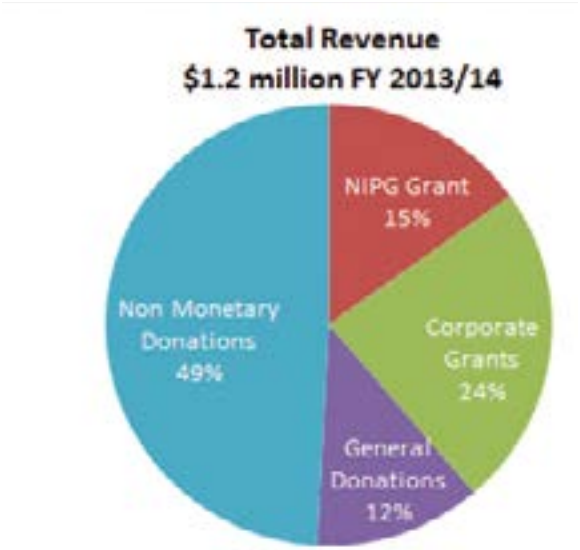
ADI holds a charitable fundraising authority (number 17073) under section 13A of the *Charitable Fundraising Act 1991* and is bound to comply with the provisions of the Act. ADI is also endorsed as an income tax exempt charitable entity and endorsed as a Deductible Gift Recipient under the *Income Tax Assessment Act 1997*.

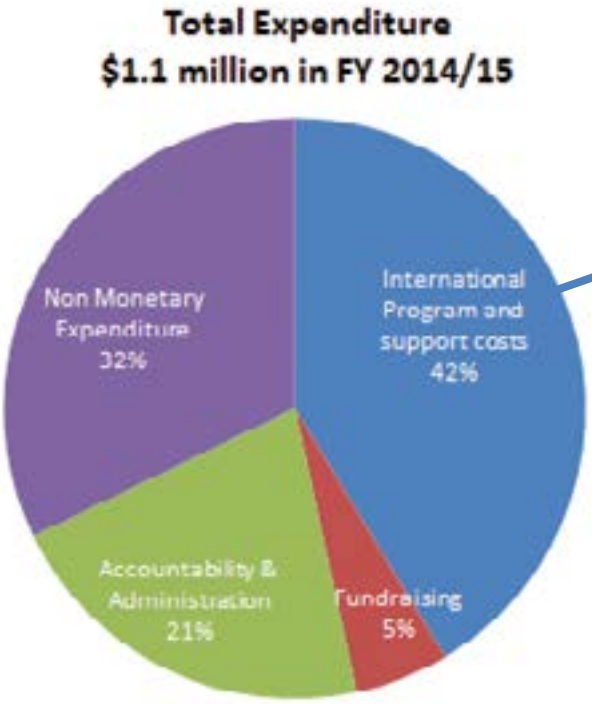
ADI is one of only 48 Australian NGOs accredited with the Department of Foreign Affairs and Trade (DFAT) (formally AusAid); and received funding through the Australian NGO Cooperation Program (ANCP).

Australian Government
Department of Foreign Affairs and Trade

Finances at a glance







Income statement for the year ended 30 June 2015

	Notes	$ 2015	$ 2014
Revenue			
Donations and gifts			
• Monetary		131,188	93,610
• Non-monetary	4	344,216	591,447
Bequests and legacies		–	–
Grants			
• DFAT		150,000	–
• Other Australian		177,017	279,760
• Other overseas		244,554	186,363
Investment income		5,537	4,021
Other income		53,281	47,899
Revenue for international political or religious proselytisation programs		–	–
Total revenue		**1,105,793**	**1,203,100**
Expenditure			
International aid and development programs expenditure			
International programs			
• Funds to international programs	2	328,740	347,390
• Program support costs	2	112,755	109,358
Community education		–	–
Fundraising costs			
• Public		55,936	13,995
• Government, multilateral and private		–	–
Accountability and administration		226,063	154,848
Non-monetary expenditure	4	344,216	591,447
Total international aid and development programs expenditure		**1,067,710**	**1,217,038**
Domestic programs (including monetary and non-monetary)		–	–
Total expenditure		**1,067,710**	**1,217,038**
Excess (shortfall) of revenue over expenditure		**38,083**	**-13,938**

The above financial statement should be read in conjunction with the accompanying financial notes.

Balance sheet as at 30 June 2015

	Notes	$ 2015	$ 2014
Assets			
Current assets			
Cash and cash equivalents	3	413,666	393,891
Trade and other receivables		43,290	10,757
Inventories		–	–
Assets held for sale		–	–
Other financial assets		–	29,038
Total current assets		**456,956**	**433,686**
Non current assets			
Trade and other receivables		–	–
Other financial assets		–	–
Property plant and equipment	5	–	16
Investment property		–	–
Intangibles		–	–
Other non current assets		–	–
Total non current assets		–	**16**
Total assets		**456,956**	**433,702**
Liabilities			
Current liabilities			
Trade and other payables	6	8,911	31,813
Borrowings		–	–
Current tax liabilities		–	–
Other financial liabilities	7	6,075	4,706
Provisions	8	6,704	–
Other		–	–
Total current liabilities		**21,690**	**36,519**
Non current liabilities			
Borrowings		–	–
Other financial liabilities		–	–
Provisions		–	–
Other		–	–
Total non current liabilities		–	–
Total liabilities		**21,690**	**36,519**
Net assets		**435,266**	**397,183**
Equity			
Reserves		–	–
Retained earnings		**435,266**	**397,183**
Total equity		**435,266**	**397,183**

The above financial statement should be read in conjunction with the accompanying financial notes.

Changes in equity for the year ended 30 June 2015

	Retained earnings		Reserves		Total	
	$ 2015	$ 2014	$ 2015	$ 2014	$ 2015	$ 2014
Balance at beginning of year	**397,183**	**411,121**	**–**	**–**	**397,183**	**411,121**
Excess (deficit) of revenue over expenses	38,083	-13,938	–	–	38,083	-13,938
Amount transferred (to) from reserves	–	–	–	–	–	–
Balance at end of year	**435,266**	**397,183**	**–**	**–**	**435,266**	**397,183**

The above financial statement should be read in conjunction with the accompanying financial notes.

Cash flow statement for the year ended 30 June 2015

	Notes	$ 2015	$ 2014
Cash flow from operating activities			
Receipts from operations		719,920	597,536
Operating payments		707,692	603,698
Cash from operations		12,228	-6,162
Investment income		5,537	4,021
Net cash provided by (used in) operating activities		**17,765**	**-2,141**
Cash flow from investing activities			
Payments for property, plant, equipment		2,010	–
Net cash increase (decrease) in cash held	10	**19,775**	**-2,141**
Cash at beginning of financial year		**393,891**	**396,032**
Cash at end of financial year		**413,666**	**393,891**

Reconciliation of cash

For the purpose of the cash flow statement, cash includes cash on hand and in banks and investments in money market instruments, net of outstanding bank overdrafts. Cash at the end of the financial year as shown in the Statement of Cash Flow is reconciled to the related items in the Statement of Financial Position as follows:

Cash		**224,334**	**257,986**
NI Prov Govt funds managed by ADI	3	**189,332**	**135,908**
Cash at end of financial year		**413,666**	**393,891**

The above financial statement should be read in conjunction with the accompanying financial notes.

Financial notes for the year ended 30 June 2015

Note 1. Summary of significant accounting policies and basis of accounting

The 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.

This general purpose financial report has also been prepared to meet the requirements of the *Associations Incorporation Act 2009*, comply with Accounting Standards and other mandatory professional requirements and to be in accordance with the constitution of Australian Doctors International Incorporated.

It has been prepared on the basis of historical costs, and except where stated does not take into account current values of non current assets. These non-current assets are not stated at amounts in excess of their recoverable values. Unless otherwise stated, the accounting policies are consistent with those of the previous year.

Australian Doctors International Incorporated is a not-for-profit charitable organisation and this financial report complies with such of the prescribed requirements as are relevant thereto.

A. Foreign currency

Transactions denominated in a foreign currency are converted at exchange rates prevailing during the financial year. Foreign currency receivables, payables and cash are converted at exchange rates at balance sheet date.

B. Depreciation of property, plant and equipment

Property plant and equipment acquired for international aid and development programs are charged to these programs in the year of acquisition. Depreciation on other property plant and equipment is calculated on a straightline basis to write off the net cost of each item over its estimated useful life.

The carrying amount of property, plant and equipment is reviewed annually by the board of directors to ensure it is not in excess of the recoverable value of these assets.

C. Income tax

Australian Doctors International Incorporated is exempt from income tax under the *Income Tax Assessment Act 1997*.

D. Cash and cash equivalents

For the purposes of the statement of cash flows, cash includes cash on hand, deposits held at call with banks, and investments in money market instruments which are readily convertible to cash on hand and are subject to insignificant risk of changes in value.

E. Comparative figures

When required by Accounting Standards, comparative figures have been adjusted to conform to changes in presentation for the current financial year.

Note 2. International aid and development programs

Doctors, education and training	**$ 2015**	**$ 2014**
Non-monetary (see note 4)	344,216	591,447
Funds to international programs	328,740	347,390
Progam support costs	112,755	109,358
Total	**785,711**	**1,048,195**

Note 3. Table of cash movements for designated purposes

Programs	Cash available beginning of year	Cash raised during year	Cash disbursed during year	Cash available at end of year
New Ireland Province, PNG				
Namatanai Hospital	–	63,691	40,112	23,579
Inservice training (NIPG)	50,000	76,590	77,724	48,866
Integrated patrols	49,409	104,727	93,100	61,036
Pathology	50,187	–	49,219	968
NIPG patrols (NIPG)	85,905	181,818	127,257	140,466
Western Province, PNG				
Catholic Health Improve-ment	2,042	13,856	24,696	-8,798
Other Projects				
Family planning	51,767	15,600	8,006	59,361
Gulf Province scoping	–	12,162	21,401	-9,239
Non-desig-nated	54,314	187,564	167,041	74,837
Unrestrict-ed	50,267	69,449	97,126	22,590
Total	**393,891**	**727,457**	**705,682**	**413,666**

Note 4. Non-monetary revenue/expenditure

	$ 2015	$ 2014
International and development programs		
Medical volunteers	296,456	334,438
Non-medical volunteers	44,820	169,319
Medical equipment/ supplies	2,940	87,690
Property, plant and equipment	–	–
Total int and dev programs	**344,216**	**591,447**
Other	–	–
Total non-monetary revenue/expenditure	**344,216**	**591,447**

Note 5. Property, plant and equipment

	$ 2015	$ 2014
Office equipment at cost	14,388	12,967
Less: accumulated depreciation	14,388	12,966
Office equipment written down value	–	**1**
Furniture and fittings at cost	1,744	1,155
Less: accumulated depreciation	1,744	1,140
Furniture and fittings written down value	–	**15**
Total written down value at end of year	**0**	**16**
Depreciation for the year	**2,026**	**285**

Note 6. Trade and other creditors

Trade creditors	5,712	20,829
Accrued expenditure	3,457	750
GST payable	-5,415	-2,406
PAYG	5,157	12,639
Creditors and accrued charges	**8,911**	**31,813**

Note 7. Other financial liabilities

Prepaid member subscriptions	6,075	4,706

Note 8. Provisions

Annual leave accrual	6,704	–

Note 9. Remuneration of auditor

The auditor, Mr. R J Patmore, Chartered Accountant, does not receive any remuneration for his services.

Note 10 Reconciliation of excess/(shortfall) to net cash flow from operating activities

	$ 2015	$ 2014
Excess/(shortfall) of revenue over expenditure	38,083	-13,938
Depreciation	-2,026	285
Increase in creditors	-10,903	20,010
Capital expenditure	–	–
PAYG	1,972	1,598
Decrease in trades and other receivables	-7351	2,061
Decrease in loans payable	–	–
Advances	–	-12,157
Cash inflow (outflow) from operating activities	**19,775**	**-2,141**

adi
australian doctors international

Working for a healthier PNG

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