VOLUNTEER MEDICAL TEAMS

2016

ETHIOPIA JULY 2016
Mr Paul Tye Logistics
Dr Tongai Citsamatanga, Zimbabwe
Dr Joseph Mwanga, Tanzania
Dr Samuel Hailu, Ethiopia
Dr Barbar Shafiq, USA, Switzerland
Dr Claude Martin
AO Alliance Teaching Team

ETHIOPIA JUNE 2016 (NURSE TRAINING)
Ms Ann Mitchell (OAM) RN Teaching & Training
Ms Karen Fawkes RN Teaching & Training
Ms Sasho Webb-Ware RN Teaching & Training
Ms Eyurusalam (Gerry) Amanu Legesse
Chief Theatre Nurse, Black Lion Hospital

SOMALILAND JUNE 2016
Dr Kate Stanton Paediatric Orthopaedic Surgeon
Mr Paul Tye Logistics

SOMALILAND AUGUST 2016 (TEACHING)
Dr Don Howorth Rural GP

ETHIOPIA AUGUST 2016 (ORTHOPAEDICS)
Dr Anthony Jeffries Orthopaedic Surgeon
Ms Stephanie McDonald Theatre Nurse

MADAGASCAR OCT–NOV 2016
Dr Graham Forward Orthopaedic Surgeon
Dr Richard McSullin Urologist
Dr Sarah Kuran Anaesthetist
Dr Lanziz Homar Gynaecologist
Dr Digby Cullen Gastroenterologist
Mrs Catherine Poole Gastroenterology Nurse
Ms Christine McLeod Physiotherapist
Ms Kim Mackley Urology Nurse
Mr Graeme Wilson Logistics

ETHIOPIA NOVEMBER 2016 (ORTHOPAEDICS)
Dr Geoffrey Rosenberg Orthopaedic Surgeon

2017

ETHIOPIA FEBRUARY 2017 (NURSE TRAINING)
Ms Ann Mitchell (OAM) RN Teaching & Training
Ms Helen Guiness RN Teaching & Training
Ms Eyurusalam (Gerry) Amanu Legesse
Chief Theatre Nurse, Black Lion Hospital
Ms Helen Guiness RN Teaching & Training

ETHIOPIA FEBRUARY–MARCH 2017
Dr Graham Forward Orthopaedic Surgeon
Mr Mike Wren Orthopaedic Surgeon
Dr Hari Gonsalvillas Orthopaedic Surgeon
Mr Mark Nelson Project Management
Mr Paul Tye Project Management

ETHIOPIA FEBRUARY 2017
Prof D Wood Orthopaedic Sarcoma Training

ETHIOPIA MARCH 2017
ADFA Alliance Teaching Team
Dr Claude Martin, Switzerland
Dr Barbara Shafiq, USA
Dr Samuel Hailu, Ethiopia, Black Lion Hospital
Dr Leonard Banza, Malawi
Dr Joseph Mwanga, Tanzania
Dr Tongai Citsamatanga, Zimbabwe

Dr Ephrem Gebrehana, Ethiopia, Hawassa University
Dr Berhe Selassie, Ethiopia, Mekelle University
Dr Richard Gardner, Ethiopia, Cure Hospital
Dr Jim Nunn, Ethiopia, Cure Hospital
Dr Tim Nunn, Ethiopia, Cure Hospital

ETHIOPIA APRIL 2017
Dr David Bartolo General Surgeon

SOMALILAND APRIL 2017 (ORTHOPAEDICS)
Dr Graham Forward Orthopaedic Surgeon
Dr Elias Ahmed Ibrahim, Ethiopia, Orthopaedic Surgeon
Dr Aboofirshid, Ethiopia, Orthopaedic Trainee
Dr Ahmed, Ethiopia, Orthopaedic Trainee

SOMALILAND APRIL 2017 (WORKSHOP)
Dr Graham Forward Orthopaedic Surgeon
Dr Claude Martin Switzerland AO Alliance

MADAGASCAR APRIL 2017 (GASTROENTEROLOGY)
Dr Digby Cullen Gastroenterologist
Dr Lindsay McIlison Gastroenterologist
Ms Melissa Simpson Gastroenterology Nurse

MADAGASCAR APRIL–MAY 2017 (GYNAECOLOGY)
Dr Lanziz Homar Gynaecologist
Dr Uche Monakaysa Gynaecologist
Mr Graham Rennie Nurse
Ms Lisa Schwartz Nurse

COMOROS APRIL 2017
Dr Graham Forward, Orthopaedic Surgeon
Ms Riana Raveloarison, Architect

ETHIOPIA MAY 2017
Mr Paul Tye Logistics

COMOROS MAY-JUNE 2017 (ORTHOPAEDICS)
Dr Lachlan Milne Orthopaedic Surgeon
Dr Sam Bign Anaesthetist
Ms Jutina Sahrourist Theatre Nurse/Logistics
Dr Colin Whitewood Orthopaedic Surgeon
Dr Samuel Duff Orthopaedic Registrar

MADAGASCAR JUNE 2017 (ORTHOEDICS)
Dr Li-On Lam Team Leader/Orthopaedic Surgeon
Ms Lucy Harris Orthopaedic Surgeon
Mr Taro Okamoto Orthopaedic Registrar
Ms Cherie Genat Orthopaedic Theatre Nurse

MADAGASCAR JUNE 2017 (UROLOGY)
Dr Sue Chapman Urologist

ADFA MEDICAL ADVISORY COMMITTEE
Prof Shirley Bowen
Dr Robert Storer
Dr Graham Forward

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MESSAGE FROM THE FOUNDER & CEO

“A special thank you to all our corporate and medical partners, members and friends who have provided valuable financial and medical support for our successful operations.”

2016–17 was a landmark year, in many respects, for Australian Doctors for Africa. It continued to deliver another solid medical, teaching and training program; provided extensive medical resources through its sea container program; consolidated collaborations with other NGOs; planned for the future; launched into new projects and secured funding from key partner organisations.

The ambition of ADFA’s program has been challenging. Projects that had been in the pipe-line for several years came into fruition while others were completed.

There have been several projects and events that have influenced the direction of ADFA in the last twelve months:

- Completion of the operating theatres at the Antsirabe Regional Hospital, and the official opening with representatives from the Ministry of Health in October 2016. This is the third ADFA completed operating theatre project as part of the ‘13 Hospital project’.
- Completing scoping studies in three regional centres in Ethiopia (Bahir Dar, Hawassa and Jimma) to assess operating theatre and training needs.
- The honour of being awarded the Sheikh Hamdan bin Rashid Al Maktoum Award for Volunteer Medical Services in Dubai, December 2016, by the Deputy Ruler of Dubai. Besides myself, the Hamdan Award for Volunteers in Humanitarian Medical Services was also bestowed upon two other worthy winners, namely: the Emirates Airlines Foundation from the United Arab Emirates, and the MSF foundation of France. We were in esteemed company.
- Five pallets of medical equipment were airfreighted.
- Our sea container program saw several sea containers dispatched.
- An unprecedented 21 sanctioned medical missions encompassing 75 volunteers.
- The recognition of our Research Patron, Prof Barry Marshall, and Dr Digby Cullen for receiving the Commander of the National Order of Madagascar and Officer of the National Order of Madagascar, respectively, by the Madagascan Government for their services to address gastroenterology disease in Madagascar. They were the first Australians to be recognised for the Order of Madagascar awards on behalf of the President of Madagascar.

- An Orthopaedic Strategic Planning Seminar organised by ADFA in Madagascar, brought together 24 stakeholders interested in furthering orthopaedics. The result was the development of a strategic framework to advance orthopaedics in the country.
- An invitation to participate in a meeting in Davos (Switzerland) to discuss a global collaboration on fracture care in low and middle income countries. We were the only Foundation invited to attend.

I would finally like to thank members of our Board and, in particular, our Chair Mr John Bond, who has guided us in this year of remarkable achievements.

As you read the Annual Report, it will confirm the progress that has been achieved in the four countries in which we operate. However, without the acumen of the Board of Management, the staff, our volunteers and the financial contribution of our donors, our aspirations in a cooler economic climate may not have been achieved.

DR GRAHAM FORWARD
Founder & CEO

MESSAGE FROM THE CHAIR

The past financial year has been an extremely busy, engaged and exciting time for ADFA. Our work in Ethiopia, Madagascar and Somalia has continued rapidly and a great deal of effort and endeavour has been applied to scope our future involvement in Comoros, at the request of the local medical establishment. There is an obvious need for medical assistance here, with Comoros being one of the poorest nations in the world.

The potential opportunities to expand our reach are enormous and given ADFA’s small size, projects have to be analysed very carefully to determine their merit and whether they can be successfully undertaken by the organisation to achieve outputs, outcomes and impacts.

ADFA operates on an almost entirely voluntary basis with extremely low overheads. Apart from some Federal Government funding, which carries strict accountability, ADFA depends on the generous support of largely private donors. In a difficult economic climate, the continued support from each of these sources is truly appreciated and never taken for granted.

Apart from the medical trips, medical supplies and equipment and teaching and training services that are provided ‘in country’, there is a large amount of work achieved by the scenes by an entirely volunteer Board of Management. The regulatory regime under which ADFA operates is complicated and demanding and the Board members are really committed in ensuring that we are, at all times, meeting our accountability, obligations and responsibilities.

It is important to recognise the special contribution of our Founder, Dr Graham Forward. His drive, enthusiasm and ‘can do’ attitude permeates this organisation. The countries and circumstances in which ADFA operates throw up constant challenges and it would be very easy to determine that it was sometimes just too difficult to achieve our strategic priorities. However, provided there is a safe environment and ADFA’s services are both wanted and needed, then a way is determined to provide much needed humanitarian assistance.

I continue to feel excited and privileged to lead and be constantly involved with this organisation, which achieves and does so much good for so many people in desperate need.

JOHN BOND
Chair
OVERVIEW

BACKGROUND TO ADFA

Australian Doctors for Africa (ADFA) plays a critical role in providing medical assistance and training in Ethiopia, Somaliland, Madagascar and Comoros through its humanitarian and volunteer medical operations.

During 2016–17, the organisation operated in five main locations comprising:

- Addis Ababa, the capital of Ethiopia
- Tulear, in the south west region of Madagascar
- Hargeisa, Somaliland’s capital city
- Antananarivo, capital city of Madagascar
- Moroni, capital city of Comoros

ADFA also undertook satellite projects in Bahir Dar and Hawassa (Ethiopia), Burao, Berbera and Borama (Somaliland), and Antsirabe and Ankililoaka (Madagascar) to expand the delivery of its services.

OUR APPROACH

Established in 2005, ADFA is a non-profit community based organisation with its headquarters located in Perth, Western Australia. It has no political or religious affiliations.

 Succinctly, the strategic priorities of ADFA extending to 2017 are:

1. The consolidation of the orthopaedic teams
2. The introduction of other medical specialists
3. Enhancing the medical equipment and supplies program
4. The provision of new medical buildings and facilities
5. Building capacity and sustainability through teaching collaboration
6. Developing research and evaluation
7. Increasing the administrative capacity of ADFA.

The appointment of Professor Barry Marshall, the Nobel Laureate, as ADFA’s Research Patron has brought a refreshing new perspective and influence to our projects, cross-disciplinary boundaries and put his imprimatur on the direction and operation of ADFA’s projects in Madagascar.

In the regions where we work, we have established good collaborations and stakeholder networks with Ministers, government departments, medical facilities, other humanitarian aid organisations and the larger community.

We have built a solid partnership with another key organisation in the delivery of orthopaedic training in Ethiopia through a collaboration with the AO Alliance.

Continuing education and facilitating teaching and training programs to build capacity and sustainability have seen a higher demand for our services to outreach locations in Ethiopia, Madagascar and Somaliland, in particular.

DR GRAHAM FORWARD
Founder & CEO

PURPOSE

The provision of medical and surgical services, the training of medical and other healthcare staff and the provision of facilities, equipment and supplies for the relief of people in developing countries.
STRATEGIC PRIORITIES

CONSOLIDATION OF ORTHOPAEDIC TEAMS
Orthopaedic consultation, surgery and treatment, including the screening and treatment of clubfoot (talipes), has remained the cornerstone of ADFA’s projects. Orthopaedic medical teams have continued to screen a high number of patients and provided treatment as necessary, including surgical procedures and plaster applications.

There has also been a focus on:
• Assessing the expansion of ADFA’s services and operations to outreach and regional towns and health centres in Ethiopia, Somaliland and Madagascar.
• Assessing the viability of expanding the clubfoot program to Ethiopia.
• Continuing the involvement of Ethiopian orthopaedic surgeons in a medical team to Hargeisa (Somaliland).
• Organising an Orthopaedic Workshop in Madagascar to determine a Strategic Plan and way forward over the next five years.

PROVISION OF NEW MEDICAL BUILDINGS AND FACILITIES
ADFA has commenced the identification and completion of new building programs to support its clinical programs. Through a series of Scoping Studies, ADFA has focused on:
• The completion and opening of new operating theatres at the CHRR Hospital in Antsirabe (Regional Madagascar).
• Improving the physiotherapy facilities in Borama, Berbera and Burao (Regional Somaliland) for the delivery of a clubfoot program.

ADFA has identified the requirements for improving the orthopaedic operating theatre facilities in Hawassa and Bahir Dar (Regional Ethiopia) through scoping studies.

ADFA has identified the maintenance requirements at the Department of Orthopaedics at the Black Lion Hospital in Addis Ababa.

ADFA has assessed the orthopaedic facilities in Comoros.

ADFA has assessed the renovation of the old military hospital in Antananarivo for orthopaedic services.

ADFA has focused on:
• Identifying the orthopaedic operating theatre facilities in Hawassa and Bahir Dar (Regional Ethiopia) through scoping studies.
• Identifying the maintenance requirements at the Department of Orthopaedics at the Black Lion Hospital in Addis Ababa.
• Assessing the orthopaedic facilities in Comoros.
• Assessing the renovation of the old military hospital in Antananarivo for orthopaedic services.

ENHANCING THE MEDICAL EQUIPMENT AND SUPPLIES PROGRAM
ADFA has continued to dispatch medical equipment, medical supplies and medication to Ethiopia, Comoros, Somaliland and Madagascar as requested, and to support its clinical programs. During the year, ADFA dispatched its 57th sea container.

In the last twelve months, ADFA has focused on:
• Providing at least one sea container to Madagascar, Comoros, Ethiopia and Somaliland.
• Refining the sea container program through streamlining logistics, resources and processes.
• Enhancing the sustainability of current and new programs through targeted provision of medical equipment.
• Utilising air freight for high value materials.

INTRODUCTION OF OTHER MEDICAL SPECIALISTS
ADFA has built on the composition of previous medical teams, which have included orthopaedic surgeons, gastroenterologists, cardiologists, urologists, orthopaedic and plaster technicians, physiotherapists, emergency GPs, anaesthetists, nurses and a resident doctor with expertise in tropical medicine.

ADFA has a focus on:
• Recruiting additional gastroenterologists and urologists for Madagascar.
• Continuing programs to address peptic ulcer, Helicobacter Pylori, clubfoot (talipes) and Bilharzia in Madagascar.
• Identifying other NGOs in the countries where ADFA is active to form collaborations in specialist areas.
• Successfully introducing a gynaecology team to Madagascar.

ESTABLISHING TEACHING PROGRAMS
ADFA has taken an active role in the development of projects to assist in the teaching, training and further education of medical practitioners in the countries in which it operates.

It has continued to:
• Support the medical teaching program in Somaliland through the University of Hargeisa Medical School and the Edna Adan University Medical Hospital.
• Conduct orthopaedic training workshops in Addis Ababa for residents from throughout Ethiopia, Somaliland and South Sudan. This is a collaboration with the AO Alliance and Cure Hospital.
• Undertake orthopaedic operating theatre nurses and ward nurses training courses in Addis Ababa, Hawassa and Bahir Dar in Ethiopia.
• Continue with training scholarships to Somaliland doctors to increase their knowledge and acumen in orthopaedics.
• Provide advanced orthopaedic training opportunities in Ethiopia.

INCREASING ADMINISTRATIVE CAPACITY
As its reputation has increased for the delivery of medical services, so the organisation has addressed its internal and external operational capacity. This has been achieved through:
• Developing and refining MOUs with other NGOs and hospitals for the joint delivery of services.
• Implementing a workshop on Succession Planning for the future of the organisation.
• Continuing with Coordinators in Madagascar and Somaliland to oversee ADFA activities.

DEVELOPING RESEARCH AND EVALUATION
All programs are scoped and evaluated, and the role and responsibilities of a medical team are continually reviewed.

The profile of ADFA has been elevated through:
• Evaluation of its orthopaedic training program in Ethiopia through its collaboration with the AO Alliance.
• Implementation of an international orthopaedic workshop in Madagascar to progress future strategic direction.
• Restructuring medical team evaluation reporting processes.
• Recognition of Helicobacter pylori as a tropical disease in Madagascar through the Ministry of Health.
• Collaboration with local doctors in research projects and program evaluation.
### Program Delivery 2014–2017

#### Ethiopia

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### Skills Transfer

#### Medical Staff Training
- Orthopaedics
- Gastroenterology
- Urology
- Obstetrics and Gynaecology
- Ward Nursing
- Theatre Nursing
- Physiotherapy
- Sarcoma
- General Surgery
- General Practice
- Biochemical Engineering
- Clubfoot

#### Student Training
- Orthopaedics
- Gastroenterology
- Urology
- Obstetrics and Gynaecology
- Ward Nursing
- Theatre Nursing
- Biochemical Engineering
- Clubfoot
- Pharmacy
The year has been characterised by a greater emphasis on teaching and training as Ethiopian orthopaedics becomes more established. As part of ADFA’s ‘13 Hospitals Project’, several hospital sites in regional centres have been scoped for future building initiatives.

**SERVICE PROVISION**

**Sarcoma (Prof David Wood)**

An inaugural meeting to develop a Musculoskeletal Tumour Service in Ethiopia was attended by 30 doctors and held in February 2017. The aim of the meeting was to achieve a consensus on the changes in healthcare required to prevent unnecessary disability and death to these patients.

The group includes international and Ethiopian doctors from a wide range of hospitals and backgrounds, including: orthopaedics, pathology, oncology, radiology, paediatrics and ortho-prosthetics.

One outcome of the meeting stressed the need to establish a Tumour Board at the Black Lion Hospital, where a multidisciplinary team could regularly meet to decide on the next steps of management, coordination of care and liaison with external specialists.

There are many barriers to improving care including long waiting lists, lack of immunohistochemistry analysis, lack of a PET scanner and specialist training in tumour surgery and reconstructive procedures.

**INFRASTRUCTURE DEVELOPMENT**

Mark Nelson

Scoping studies were undertaken at the regional centres of Jima, Hawassa and Bahir Dar to investigate improving the operating theatres for orthopaedic surgery. The was part of ADFA’s ‘13 Hospitals Project’.

With a brand new hospital nearing completion in Jima, it was decided that this hospital was well catered for to address the management of trauma.

Bahir Dar and Hawassa, however, presented differing opportunities that ADFA is keen to support. Meetings with influencers at the hospitals have commenced, with plans drawn up for construction to commence in the next financial year.

Since visiting Bahir Dar in 2014, it was pleasing and rewarding to see the level of improvement and commitment to medical care in orthopaedics. The hospital has worked diligently to improve the sanitation and hygiene in the orthopaedic complex, painted wards and utilised ADFA donated medical equipment.

Hawassa, on the other hand, has a new operating theatre but requires a new building for a dedicated paediatric ward, outpatient rooms and a procedural room.

Several years ago, ADFA was instrumental in building two new operating theatres at the Orthopaedic Department in the Black Lion Hospital in Addis Ababa. This concept was so successful that the Orthopaedic Department then built two additional operating theatres in the same complex.

These theatres have subsequently been refurbished by ADFA to a higher standard to allow more advanced orthopaedic surgery to be carried out by trained Ethiopian surgeons and overseas visitors.

**TRAINING & TEACHING**

Mr Tony Jeffries

It has been a long and established practice for orthopaedic teams to contribute their expertise and knowledge to the morning x-ray meetings to discuss treatment for patients over the previous 24 hours. This practice also includes observing patients during ward rounds with medical students and residents.

**Cancer**

Prof David Bartolo

For the first time, ADFA was able to observe breast and colorectal cancer patients at Hawassa. Unfortunately, while surgical treatment was available, radiology and chemotherapy was very limited: waiting lists are long while surgical treatment was available, radiology and chemotherapy was very limited: waiting lists are long and the only major treatment centre is in Addis Ababa. The outcome has been an established link to the geneticist at Groote Schuur Hospital, in Cape Town, South Africa. There is also scope for some Hawassa surgeons to receive specialised training in colorectal surgery.

**Theatre nurses training at the Black Lion and Hawassa Hospitals** (Ann Mitchell)

There have been two successful nurse training courses implemented during the reporting period, both with differing challenges. In Hawassa, 17 registered nurses attended while at the Black Lion Hospital in Addis Ababa, 15 attended. Both groups were exposed to CPR practices, neurovascular assessment, use of new dressing instruments and examination procedures during ward rounds.

Physiotherapy (Bek Laurenson)

For the first time, an assessment was undertaken at the Hawassa Hospital to scope the current level of physiotherapy services, investigate future options for physiotherapy involvement at the hospital and implement training sessions for ward nurses and physiotherapists on early post-operative mobilisation and rehabilitation protocols.

Collaboration with Dr Tony Clayson’s team from NOTAA is proving fruitful.

**Basic Orthopaedic Training Course**

Black Lion Hospital (Dr Michael Wren)

Now in its sixth year, the basic orthopaedic trauma course, co-organised by the AO Alliance in conjunction with ADFA, saw a significantly larger group of 48 orthopaedic residents attend. For the first time, 16 residents attended from regional Schools of Medicine attached to Mekelle and Bahir Dar Universities in addition to trainees from South Sudan and Somaliland.

As in previous years, content revolved around a series of lectures and practical sessions (use of implants, tension band wire and external fixators and power equipment), integrated with inclusiveness and international cooperation. The enthusiasm and advancement in knowledge, patient assessment and treatment, as well as surgical skill development were key outcomes to advance the future of orthopaedic and trauma care in Ethiopia.

Development of the Ethiopian faculty is progressing well.
The success of the course is testament to the fact that Dr Ephrem Gebrehana participated as a trainer in the course this year, 5 years after completing the very first course run by Dr Graham Forward in 2012. Dr Ephrem is now the inaugural Head of Orthopaedics of a newly developed unit at the Hawassa Hospital.

ADFA also provided surgical colorectal training to Hawassa, where several complicated cases were observed. There was also opportunity to teach medical students.

**EVALUATION AND RESEARCH**

All participants involved in training courses have completed evaluation protocols to provide feedback on future directions and content of programs.

Feedback from the nurses training courses revealed more visual presentations are required including videos of procedures, set up and draping and wound management in the wards.

In collaboration with the AO Alliance, the ‘Pre-Basic Principles of Fracture Management Course’ for residents at the Black Lion Hospital in Addis Ababa was a successful undertaking for 40 participants. This was the first occasion that ADFA and the AO Alliance had officially collaborated with the delivery of a pre-basics fracture management course.

Pre- and post-evaluation revealed increased progress, knowledge and understanding of appropriate use of instrumentation/implants for fracture treatment, systems for maintaining safe standards of practice, equipment and personnel.

- Dr Claude Martin and the AO Alliance (Switzerland) for their commitment to orthopaedics and ADFA’s teaching and training program
- Partners from Cure Hospital and NOTAA
- The cooperation of Bahir Dar and Hawassa Hospitals to accommodate training courses and visits.

**ACKNOWLEDGEMENTS**

- His Excellency Mark Sawers, Australian Ambassador to Ethiopia, and the Direct Aid Program
- ADFA acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP)
- Dr Geleteaw and Dr Biruk, Directors of the Orthopaedic Department and the orthopaedic staff at the Black Lion Hospital, Addis Ababa
- Dr Works, Orthopaedic Surgeon at Felixgebbeo Referral Hospital, Bahir Dar
- Smith & Nephew for plaster of paris
- Ansell Pacific Health for surgical and examination gloves
- The Emirates Airline Foundation for their generous support in transporting medical teams, equipment and personnel
- Partners from Cure Hospital, Addis Ababa and NOTAA
- The cooperation of Bahir Dar and Hawassa Hospitals to accommodate training courses and visits.

**SERVICE PROVISION**

Orthopaedics

Typically 35-45 patients per day attended Caritas where patients were identified for surgery. The theatre was run efficiently with an average of 4 cases per day.

On the weekend, the team relocated to El Marrouf Hospital for a clinic.

**Rickets**

At least 49 patients affected by rickets were seen. Rickets is a particular problem in Comoros owing to a combination of Islamic religious dress on young children, dark skin and nutritional deficiencies. This year the team transported large quantities of vitamin D in a depot form and ongoing daily dosing. This enabled the team to treat all patients with a 6-month supply of ongoing medication given. It was observed that a number of returning patients from last year had improved in their clinical deformities. This issue has been highlighted with the government and is seen as an area which can have a significant impact on change in the islands.

A massive osteotomy was performed on a 4 year old boy with severe tibia vara. The team were ecstatic with the correction and the impact this will have on his life.

**INFRASTRUCTURE DEVELOPMENT**

The 2017 mission comprised orthopaedic surgeons, anaesthetist and theatre nurse and transported a significant amount of medical equipment and supplies.

**ACKNOWLEDGEMENTS**

- Her Excellency, Ms Susan Coles, Australian Ambassador to Comoros
- Mauritius Oil and Gas (M. Jean Bouie)
- St John of God Outreach Services

In the main, the team provided clinical services out of the Caritas Hospital in Moroni. Caritas has a network of 11 clinics across Grand Comoro and one each in the other two islands of the Archipelago seeing 30,000 patients per year with 4,700 hospitalisations. Caritas aims to see the most disadvantaged patients in Comoros and is supported by its French mother, the Caritas organisation.

Caritas also provides a nutrition service and outreach clinics to many small villages. Caritas has one small theatre, 30 beds, 7 GPs providing a walk-in clinic service and 77 employees.

In between clinical duties, the team found time to have productive meetings with the Ministry of Health.

In the Islands.

In Comoros surrounding safe pre- and perinatal issues in Comoros have been highlighted with the government and is seen as an area which can have a significant impact on change in the Islands.

A disproportionate number of obstetric palsies (23) were performed on untreated adolescent and child clubfeet. A rewarding feature was that the team saw an increasing ability of the planners resulting in younger patients being better treated.

**Obstetric palsy**

A disproportionate number of obstetric palsies (35) were seen in the clinics this year. In addition there were 28 cerebral palsy patients, a percentage of which represent a similar aetiology. It further highlights the issues in Comoros surrounding safe pre- and perinatal care and access to affordable caesarean sections. This issue has been raised at a ministerial level and they are engaged in seeking a solution.

**Clubfoot**

Clubfoot has been a focus of previous visits and it was felt that progress is being made. Several surgeries were performed on untreated adolescent and child clubfeet. A rewarding feature was that the team saw an increasing ability of the planners resulting in younger patients being better treated.

**TRAINING & TEACHING**

The main training components of this trip were twofold. Firstly, the nursing staff were extremely receptive and made significant progress. The two female nurses in particular were keen and worked every day to significantly improve their skills.

The other component was the training of the doctor. Although a general doctor, he expressed interest in becoming an orthopaedic surgeon. He showed motivation to learn and significantly improved over the course of the two weeks. However, there is scope to improve his skill set through attendance at a training course in Madagascar and this needs to be explored.
“We heartily thank Australian Doctors for Africa (ADFA) for supporting DAN another year (2016–2017) in delivering clubfoot care, in our less-resourced context of Somaliland, for 63 children who would otherwise have been neglected to develop permanent impairments. With your support, these 63 children will now be able to lead normal lives with joy, play, and run. When they reach the school age, they will learn with their peers in the mainstream schools.” Mr Ali Jama (Disability Action Network)

There has been one major mission to Somaliland during the reporting period, involving Ethiopian medical personnel.

SERVICE PROVISION

Orthopaedics
The team headed by Dr Graham Forward and Dr Elias Ahmed Ibrahim from Ethiopia completed marathon efforts during their short five-day visit. The team completed 350 clinical consultations (187 males and 133 females) and addressed 47 major orthopaedic cases. In addition there were ward rounds involving 80 patients.

Clubfoot
The clubfoot program continues to be a very successful initiative that is having a profound affect on the local communities and villages. Now in its third year, the level of expertise and professionalism in the screening and treatment of clubfoot is extremely high. Throughout the year, there were 63 consultations of which 58 were new patients while 35 required bracing. The Burao clinic decided to send three patients to the main clinic in Hargeisa for more specialist treatment. Dr Graham Forward trained local surgeons who completed 6 tenotomies during the April mission.

TRAINING & TEACHING

Berbera Clubfoot Workshop
The Berbera clinic is the third regional centre for screening and treatment of talipes to be provided with ADFA support to improve the welfare of young children and their families. The Berbera clinic complements the regional facilities already established in Borama and Burao.

Surgical tenotomy training
There was, once again, an opportunity to directly supervise tenotomy training and to assess the trainee’s surgical skills.

University of Hargeisa Medical School
ADFA has for many years had a strong relationship with the University of Hargeisa Medical School. Discussions were held with Dr Jinaw Qalib, Clinical Coordinator at the Medicine School, on the development of the curriculum and the needs of the school.

INFRASTRUCTURE DEVELOPMENT

During the reporting period, ADFA has facilitated the building of a water drilling rig in Turkey as part of a thrust to increase the water supply to the people of Somaliland. Through the generosity of a donor, the drilling rig will be transported to the port of Berbera in Somaliland. Through the generosity of a donor, the drilling rig will be transported to the port of Berbera in Somaliland and then transported to the Sanaag Region, which is currently experiencing drought conditions.

ADFA, Taakulo Somaliland Community and the Ministry for Water Resources have worked proactively to ensure a program of drilling in high-need areas of Somaliland have priority.

OTHER

Meetings have been held with the Ministers for Health and Water Resources:

• His Excellency John Feakes, Australian High Commissioner to Kenya, and the Direct Aid Program
• Mr Omer Farah, Director, Taakulo Somaliland Community
• Mr Ali Jama, Director, Disability Action Network (DAN)
• Edna Adan Ismail and her staff at the Edna Adan University Maternity Hospital
• Smith & Nephew for plaster of paris and gypsona
• Ansell Health for examination, surgical and cleaning gloves
• ADFA acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP)
• The Very Good Foundation (Mr Bill Grierson)

ACKNOWLEDGEMENTS
MADAGASCAR

In Madagascar the transition from service provision to teaching and training doctors and surgeons is gathering momentum.

SERVICE PROVISION

Orthopaedics

In Tulear, the team completed 14 surgical procedures with patients ranging from 3 to 85 years. The procedures included application of external fixator, removal of plates and screws, bone graft, extensive wash out and suture as a result of a chainsaw accident, tibial and fibular osteotomies and fixing fractures of the humerus, patella and tibia.

As in previous years, the team were exposed to long days, some complex surgeries, insufficient number of small fragment screws and no hot water.

Clubfoot

The screening and treatment of clubfoot in Tulear and the surrounding regional and outreach centres of Sakaraha and Ankilloa, continues to be a major success story for Madagascar and ADFA. Over the years, there has been constant teaching, training, reviewing and assessment of the clinic staff from ADFA staff so that the clinics are professionally run and organised with ample medical supplies and equipment. The treatment centres and the services they offer are now well established and there is a high presentation rate of babies with clubfoot.

Obstetrics and Gynaecology

Under the tutelage of Dr Laizet Homar, a program was devised to include teaching, consultations, surgical procedures, specialist training, infrastructure needs and capacity building.

Dr Homar, a Malagasy, returned to his country to implement a new training program in gynaecology and general surgery services.

Utilising information gained from a site visit the previous year, the training program incorporated laparoscopic surgery to dramatically improve the outcomes of surgeries in every speciality. The hospital staff were able to see immediate benefits including, smaller incisions to reduce the risk of infection, less blood loss during surgery, shorter hospital stays and a faster return to normal activity.

Over the two week period, the team were able to perform 9 major surgical procedures, install new laparoscopic equipment at three separate hospitals and trained 30 specialists and specialist trainees including doctors, nurses, and sterilisation staff. A major achievement was performing the first laparoscopic hysterectomy in the country.

Urology

The medical staff in Antananarivo were trained in the use of new equipment, in particular a new diathermy and flexible cystoscopes. Issues regarding sterility of equipment and post operative irrigation were discussed and addressed.

Tulear experiences a very high volume of work which is setting the bar for those in Antananarivo to follow.

Gastroenterology

Over the past decade, Dr Digby Cullen has dramatically changed the landscape in gastroenterology. The team achieved numerous objectives including consultations, treatment and teaching with doctors, nurses, students, medical and nursing students and technicians; Endoscopic diagnosis and treatment; colonoscopic diagnosis and treatment; training in endoscopy and colonoscopy; introduction of new equipment (astrosopes, colonoscopes and bronchoscope); foreign body removal, and a Decho; establishment of natural helicobactor pylori diseases program and assessment of a possible new WGO Training Centre/Endoscopy unit in Antananarivo.

As on previous occasions, the team concentrated services in Tulear, Antananarivo and Antsirabe found the time to conduct 141 clinical consultations, perform 109 surgical procedures, 5 ward rounds and formal training sessions with 29 medical students, junior doctors, specialist trainees and specialists.

INFRASTRUCTURE DEVELOPMENT

As part of ADFA's '13 Hospitals Project', a scoping study was completed at the Centre Hospitalier de Soavinaodriana (CENNOISOA) in Antananarivo with the assistance from Dr Pascal, former Minister of Health. The former military hospital is one of three orthopaedic trauma hospitals in Antananarivo.

The historic 125 year old building requires an internal re-fit and complete renovation whilst maintaining the external integrity of the building.

The renovation of the internal aspects includes changing the landscape in gastroenterology. The team achieved numerous objectives including consultations, treatment and teaching with doctors, nurses, students, medical and nursing students and technicians; Endoscopic diagnosis and treatment; colonoscopic diagnosis and treatment; training in endoscopy and colonoscopy; introduction of new equipment (astrosopes, colonoscopes and bronchoscope); foreign body removal, and a Decho; establishment of natural helicobactor pylori diseases program and assessment of a possible new WGO Training Centre/Endoscopy unit in Antananarivo.

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INFRASTRUCTURE DEVELOPMENT

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In the presence of the Malagasy Minister of Health, Dr Digby Cullen, representing ADFA, officially recognised the importance of this project in the regional centre.

TRAINING & TEACHING

Throughout the year, ADFA continued to invest in teaching and training as part of its strategic priority for Madagascar. All specialist teams are required to train and teach medical students, junior doctors, specialist trainees and specialists. This has occurred in orthopaedics, nursing, gastroenterology, urology, clubfoot and gynaecology.

In April 2017, Dr Graham Forward conducted an orthopaedic and traumatology workshop with NGOs and Malagasy representatives to plan the strategic development of orthopaedic surgery in Madagascar.

The result of the 2 day workshop was the development of a 5 year strategic plan, which the Ministry of Health fully endorsed.

RESEARCH

Following the International Gastrointestinal Disease Conference in June 2016, Helicobacter Pylori has now been fully recognised in the Tropical Disease Department of the Ministry of Health. As a result, the Minister of Health has appointed a full-time coordinator of the Helicobacter Pylori Unit which is a significant step forward.

In July, as a result of the Conference, Prof Barry Marshall (ADFA Scientific Patron and Nobel Laureate) and Dr Digby Cullen (ADFA Gastroenterologist) were acknowledged for their commitments to seeking solutions to gastro-intestinal diseases in Madagascar over the last 10 years.
GOVERNANCE AND INTEGRITY

Throughout the year, the organisation has built upon the solid framework of policies, processes and procedures to foster a culture of strong governance and compliance.

Australian Doctors for Africa is a proprietary limited company with two Directors, Dr Graham Forward and Ms Jeanne Bell. The overall management of Australian Doctors for Africa, however, is entrusted to the Board of Management. The organisation has appointed a voluntary Chief Executive Officer (Dr Graham Forward) and two part-time Office Administrators. The current Chair of the Board of Management is Mr John Bond: a prominent local, national and international businessman.

In June 2017, the Board of Management comprised Mr John Bond, Chair; the Founder and CEO, Dr Graham Forward together with Ms Jeanne Bell (Events); Mr Graeme Wilson (Logistics); Mrs Christine Tasker (Logistics and Administration); Mr Ian Pawley (Finance); Mr Paul Tye (Projects); Dr Kate Stannage (Clubfoot); and Dr Dorothy Wardale (Policy & Governance). Each brings business acumen and experience to the organisation through their business, financial, logistic, marketing, administrative, medical and organisational skill sets.

The Board of Management has met on eleven occasions throughout the year and held the Annual General Meeting in November 2016 to re-elect the Board of Management.

There are several sub-committees to streamline, oversee and implement the activities of the organisation. A number of Board of Management members serve on the various committees, who are required to report to the Board. The sub-committees comprise Events (Ms Jeanne Bell), Finance and Audit (Mr Ian Pawley), Medical Advisory (Dr Graham Forward), Governance (John Bond/Dr Dorothy Wardale) and Logistics (Mr Graeme Wilson).
BOARDS OF MANAGEMENT

Mr John Bond (Chair) is a founding Director of Primewest, a national property investment business and has been instrumental in its growth and development over the last twenty years. His background spans law and investment banking, as well as property investment and development. He holds degrees in Law and Commerce from the University of Western Australia and is a Corporate Member of the Property Council. He is Chairman of The Fathering Project, a not-for-profit organisation focusing on the importance of a father figure in children’s lives, and a non-Executive Director of ASX listed Fleetwood Limited. He is also a board member of the Art Gallery of Western Australia Foundation.

John has been a supporter of, and passionate about, ADFA since visiting Ethiopia with Graham Forward and witnessing first hand the tremendous impact it has on the lives of local people.

Dr Graham Forward has been the driving force behind Australian Doctors for Africa since the first official medical team arrived in Somalia in February 2009. Bringing a wealth of mix of business and medical acumen to the organisation, Graham’s standing with the orthopaedic community both in Western Australia and nationally has enabled the growth of medical teams to continue. Graham has numerous recognition awards for his humanitarian endeavours and has held various medical positions within the Australian Orthopaedic Association (WA).

Jeanne Bell was appointed as a Director of ADFA and Chair of the Events Committee in 2005. Jeanne brings a community service background, with many years devoted to the Perth Observatory, Bethesda Hospital and Christ Church Grammar School in addition to Australian Doctors for Africa. Jeanne provides direction, experience, expertise and acumen for fundraising events and activities. She was a founding member of the organisation and pivotal to the establishment of community development and funding pathways. Jeanne has considerable experience in the commercial building and construction industry as a Financial Controller and Company Director.

Ian Pawley joined Australian Doctors for Africa in 2009, and was invited to join the Management Committee in 2011. He has been assisting ADFA in financial management and in its accreditation with the Australian Government.

Ian has an Honours degree in Economics from London University and has had a distinguished career in high schools and senior colleges. He has also lectured at Curtin University, for the Securities Institute of Australia, and the University of WA extension courses, and the Stock Exchange.

For the past 18 years he has been Director of a Building company. Ian brings a varied business background to ADFA.

Dr Kate Stannage is a paediatric orthopaedic surgeon who has been working with Australian Doctors for Africa since 2012. She has graduated with MBBS from University of Western Australia, and is a Fellow of the Royal Australasian College of Surgeons (FRACS Ortho). Currently she is Head of Department of Orthopaedic Surgery at Princess Margaret Hospital and is President and Scientific Convenor of the Australian Paediatric Orthopaedic Society.

Kate joined the Board of Management in 2016. She has been instrumental in establishing a clubfoot screening and treatment program in Madagascar and Somaliland, and as a member of the Board is responsible for establishing, expanding and maintaining clubfoot programs in all countries in which ADFA is currently active.

Christine Tasker is an inaugural member of ADFA. She is Practice Manager and Personal Assistant to Dr Graham Forward and has held this position for 24 years.

Christine nursed at SJGH Subiaco, Hollywood Hospital, KEMH Morawa District Hospital and the Red Cross Blood Transfusion service prior to raising her family. The combination of her administration skills supported by her nursing background make an excellent combination for her role at ADFA.

Christine is the operational manager and financial controller of ADFA and liaises with the medical volunteers, co-ordinating all international medical team missions. She brings strong administration and financial skills to the organisation and is a proactive member in fundraising and functions. Christine managed the administration on a volunteer basis for 9 years leading up to ADFA’s first employee of an Administration Officer in 2014.

Paul Tye re-joined Australian Doctors for Africa in January 2005 and is a Director of TeamWorks Australasia Pty Ltd. He has completed a Master of Education and a Master of Science (UWais) and has received numerous business and marketing awards and nominations. Paul has extensive experience in project management, business development, social marketing and community – business – government partnerships, research, evaluation and sponsorship.

Paul brings to Australian Doctors for Africa expertise in administration, logistics, organizational skills, marketing and concept facilitation.

Dr Dorothy Wardale has owned her own consulting company for the past 25 years where she has extensive experience designing, developing, delivering, and reviewing executive education programs. In May 2017 she became the Director of Executive Education in the School of Business and Law at Edith Cowan University.

She was Director of Curtin University’s Centre for Executive Education (2013–2015) and was the Centre Director for the Australian Centre for Natural Gas Management (2003–2015).

Dorothy has worked for the government, mining and resources sector, health care, academia and industry delivering high-level services in executive coaching, facilitation, strategic planning and organisational change management. Dorothy has been responsible for facilitating and mediating high level and complex meetings and significant organisational change projects including people performance, communication and influencing skills, workforce and leadership development and innovation. She also has a passion for team building and development along with project-managing teams to deliver exceptional results.

Dorothy’s doctorate is in the area of team facilitation.

Graeme Wilson was invited to join the Australian Doctors for Africa board in January 2014. From 2008 Graeme has been involved with the shipping and logistics of the ADFA medical equipment to Somaliland, Ethiopia and Madagascar.

Graeme brings to the Board a wealth of experience in shipping, transport and logistics. Having been involved in all facets of the logistic chain from operations, sales and more recently managing a freight and shipping company where he is a Director.

Graeme is the Chair of the WA Port Operations Task Force, in addition he also Chairs the Freight and Logistics Council of WA Transport Operations Group.

The Department of Foreign Affairs and Trade (DFAT) is the Australian Government agency responsible for managing Australia’s overseas aid program. The aim of the Australian aid program is to promote Australia’s national interests through contributing to international growth and poverty reduction. In 2014, the Australian Government commenced base funding towards Australian Doctors for Africa.
FINANCIAL OVERVIEW

WHERE THE MONEY COMES FROM

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations and Gifts</td>
<td>$544,836</td>
</tr>
<tr>
<td>Investment Income</td>
<td>$52,457</td>
</tr>
<tr>
<td>Investments</td>
<td>$172,000</td>
</tr>
<tr>
<td>Department of Foreign Affairs and Trade</td>
<td>$174,914</td>
</tr>
<tr>
<td>Other Australian Grants</td>
<td>$195,000</td>
</tr>
<tr>
<td>Non-Monetary Income</td>
<td>$773,619</td>
</tr>
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INCOME*

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in Value of Investments</td>
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</tr>
<tr>
<td>Non-Monetary Income</td>
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<tr>
<td>Other Australian Grant</td>
<td>10.1%</td>
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<tr>
<td>Department of Foreign Affairs and Trade</td>
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<tr>
<td>Donations and Gifts</td>
<td>28.4%</td>
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<tr>
<td>Investment Income</td>
<td>2.7%</td>
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*Not shown: Refunds, Insurance Recoveries etc $8,587 (0.4%)

EXPENDITURE

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<tr>
<th>Program</th>
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<tbody>
<tr>
<td>International Programs</td>
<td>$1,379,140</td>
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<tr>
<td>Administration and Accountability</td>
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<tr>
<td>Program Support</td>
<td>$63,798</td>
</tr>
<tr>
<td>Fundraising Costs</td>
<td>$10,688</td>
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DIRECTORS’ CONCISE FINANCIAL REPORT

The concise financial report is an extract from the financial report and has been prepared in accordance with AASB 1039. The financial statements and specific disclosures included in the concise financial report have been derived from the financial report. The concise financial report cannot be expected to provide as full an understanding of the financial performance, financial position and finance and investing activities of the company as the financial report. Further financial information can be obtained from the financial report and that financial report is available free on the ADFA website: www.ausdocafrica.com.au.

Our Financial Statements this year reflect the true value of the work we have undertaken by including non-monetary income and expenditure. The non-monetary values presented have been audited according to the guidelines for valuing non-monetary Income and Expenditure as set out by the Department of Foreign Affairs and Trade.

The financial statements reflect another successful year delivering advanced development programs with our overseas partners. However, I draw attention to the following:

Income tax
The company is a registered charity under the Charitable Collections Act 1946 (Licence No. CC 20673) and is exempt from income tax and Fringe Benefits Tax.

Grants and donations
Income from grants and donations is recognised when the entity obtains control over the funds, which is generally at the time of receipt.

Donations and gifts in kind goods and services
Income received by donation (gifts in kind) and eligible voluntary labour makes up a substantial proportion of the company's income and expenses. The total of $773,619 (2016: $918,600) as valued according to a written policy adopted by the Board of Management.

Donated goods (mainly medical equipment and supplies) are valued as a percentage of the replacement cost. Prices from current product catalogues are depreciated according to the condition and age of the equipment. Donated services (airline flights and air freight) are valued at current cost. Voluntary labour is valued according to current pay rates for medical specialists.

Our strong financial position will enable our future commitment to longer term projects to be met. As an organisation we remain proud of Australian Doctors for Africa low fundraising costs and operating expenses.

DR GRAHAM FOWARD
Founder & CEO
**STATEMENTS**

**STATEMENT OF CHANGES IN EQUITY**
For the Financial Year Ended 30 June 2017

<table>
<thead>
<tr>
<th></th>
<th>2017 ($)</th>
<th>2016 ($)</th>
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<tbody>
<tr>
<td>Opening Equity</td>
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<td>820,745</td>
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<tr>
<td>Net surplus attributable to members of the company</td>
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<td>103,935</td>
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<tr>
<td><strong>CLOSING EQUITY</strong></td>
<td>1,319,893</td>
<td>923,760</td>
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**STATEMENT OF EQUITY**

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<tr>
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<th>2016 ($)</th>
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<td><strong>ASSETS</strong></td>
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<tr>
<td>Cash assets</td>
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<td>Current assets</td>
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<td>Total Current Assets</td>
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<td>Non Current Assets</td>
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<td>Other financial assets</td>
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<td>Property, plant and equipment</td>
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<td>Total Non-Current Assets</td>
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<tr>
<td>Current Liabilities</td>
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<td>Payable</td>
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<td>Provisions</td>
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<td>Total current Liabilities</td>
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<td>4,799</td>
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<tr>
<td><strong>TOTAL LIABILITIES</strong></td>
<td>28,204</td>
<td>4,799</td>
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<tr>
<td>Net Assets</td>
<td>1,319,893</td>
<td>923,760</td>
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<table>
<thead>
<tr>
<th></th>
<th>2017 ($)</th>
<th>2016 ($)</th>
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<tr>
<td><strong>EQUITY</strong></td>
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<tr>
<td>Contributed equity</td>
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<td>Retained surplus</td>
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<td><strong>TOTAL EQUITY</strong></td>
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<td>923,760</td>
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**STATEMENT OF COMPREHENSIVE INCOME**

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<tr>
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<th>2017 ($)</th>
<th>2016 ($)</th>
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<tbody>
<tr>
<td><strong>REVENUE</strong></td>
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<td></td>
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<tr>
<td>Donation and Gifts</td>
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<td>Non-Monetary</td>
<td>773,619</td>
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<td>Requests &amp; Legacies</td>
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<tr>
<td><strong>Grants</strong></td>
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<tr>
<td>Department of Foreign Affairs &amp; Trade</td>
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<tr>
<td>Australian Grants</td>
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<td>Overseas</td>
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<td>Insurance Recoveries</td>
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<td>Profit (loss) on Sale of Plant and Equipment</td>
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<td>Refunds &amp; Reimbursements</td>
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<td>Other Income</td>
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<td><strong>Investment Income</strong></td>
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<td><strong>TOTAL INCOME</strong></td>
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<td>1,829,792</td>
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**EXPENDITURE**

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<thead>
<tr>
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<th>2017 ($)</th>
<th>2016 ($)</th>
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</thead>
<tbody>
<tr>
<td><strong>International Programs</strong></td>
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<tr>
<td>Funds to International Programs</td>
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<td>Program Support Costs</td>
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<tr>
<td><strong>Community Education</strong></td>
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<td>Fundraising Costs</td>
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<td>Government Multilateral and Private</td>
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<td>0</td>
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<tr>
<td>Accountability and Administration</td>
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<td>55,543</td>
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<td>Write down on value of investments</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Non-Monetary Expenditure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total International Development Programs Expenditure</td>
<td>1,825,280</td>
<td>1,726,757</td>
</tr>
<tr>
<td>Surplus (deficit) from Ordinary Activities</td>
<td>396,133</td>
<td>103,935</td>
</tr>
</tbody>
</table>

**STATEMENT OF CASH FLOWS**

<table>
<thead>
<tr>
<th></th>
<th>2017 ($)</th>
<th>2016 ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cash Flow From Operating Activities</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Receipts from Customers (Excl. Increase in Value of Investment and Non-Monetary Income)</td>
<td>969,053</td>
<td>744,644</td>
</tr>
<tr>
<td>Payments to Suppliers and Employees (Excl. Non-Monetary Expenditure)</td>
<td>(746,768)</td>
<td>(806,694)</td>
</tr>
<tr>
<td>Interest Received</td>
<td>6,743</td>
<td>7,948</td>
</tr>
<tr>
<td>Income Tax Refundable Increase</td>
<td>(11,571)</td>
<td>3,492</td>
</tr>
<tr>
<td><strong>Net Cash Provided By (Used in) Operating Activities</strong></td>
<td>237,455</td>
<td>(51,073)</td>
</tr>
<tr>
<td><strong>Net (Increase) Decrease in Cash Held</strong></td>
<td>237,455</td>
<td>(51,073)</td>
</tr>
<tr>
<td><strong>Plant and Equipment Acquired</strong></td>
<td>0</td>
<td>(1,750)</td>
</tr>
<tr>
<td>Cash at the Beginning of the Year</td>
<td>572,496</td>
<td>625,319</td>
</tr>
<tr>
<td>Cash at the end of the year</td>
<td>809,951</td>
<td>572,496</td>
</tr>
</tbody>
</table>
I have audited the concise financial reports of Australian Doctors for Africa Pty Ltd for the year ended 30 June 2017 which comprise the Directors’ Concise Financial Report, the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and a summary of significant accounting policies and other explanatory notes as contained in the 2017 Annual Report which have been prepared in accordance with the ACFID Code of Conduct and Implementation Guidance and other statutory requirements.

Directors’ Responsibility for the Financial Report
The Directors are responsible for the preparation and fair presentation of the financial reports in accordance with Australian Accounting Standards, the Australian Charities and Not-for-profits Act 2012 and Regulation 2013 and the ACFID Code of Conduct and Implementation Guidance and for such internal control as the governing body determines is necessary to enable the preparation of the financial reports that are free from material misstatement, whether due to fraud or error.

Auditor’s Responsibility
My responsibility is to express an opinion on the financial reports based on my audit. I conducted my audit in accordance with Australian Auditing Standards. Those standards require that I comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance about whether the financial reports are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial reports. The procedures selected depend on the auditor’s judgement, including the assessment of the risks of material misstatement of the financial reports, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial reports in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by the Directors as well as evaluating the overall presentation of the financial reports.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my audit opinion.

Opinion
In my opinion, the concise financial reports present fairly, in all material respects, the financial position as at 30 June 2017 and the financial performance for the year then ended in accordance with Australian Accounting Standards, the Australian Charities and Not-for-profits Act 2012 and Regulation 2013 and the ACFID Code of Conduct and Implementation Guidance and comply with AASB 1039 Concise Financial Reports and Division 60 of the Australian Charities and Not-for-profits Regulation 2013.

Emphasis of Matter
I draw attention to Note 1 to the detailed financial report which describes the revenue recognition policy. My opinion is unmodified in respect of this matter.

Auditor Independence Declaration
In conducting the audit I have complied with the independence requirements of the Corporations Act 2001.

SIGNED: 5 December 2017

LESLEY MCKAY CA
CHARTERED ACCOUNTANT & REGISTERED COMPANY AUDITOR

INDEPENDENT AUDITOR’S REPORT to the members of Australian Doctors for Africa Pty Ltd

Report on the Concise Financial Reports

ADFA acknowledges the support of the Australian Government through the Australian NGO Cooperation Program (ANCP).

We are extremely grateful to the Emirates Airline Foundation who has supported ADFA through complementary air travel to transport our medical teams to Ethiopia. In addition they have provided excess baggage weight so that the medical teams can carry vital medical supplies and medicines.

A significant contribution from Cooper Investors has afforded opportunities to provide and improve services to the General Hospital in Tulear, Madagascar.

Peter Connor from Snap Printing West Perth has donated plaster of paris bandages for the treatment of clubfoot.

A significant contribution from Cooper Investors has afforded opportunities to provide and improve services to the General Hospital in Tulear, Madagascar.

Smith + Nephew has donated plaster of paris bandages for the treatment of clubfoot.

Ansell Asia Pacific has donated examination, surgical, cleaning and food processing gloves.

Since ADFA’s inception, Primewest has continued to financially support the organization.

The generous support of Regis Resources Ltd has enabled ADFA to complete many projects.

Toliara Sands Mining has continually supported ADFA in Madagascar through project management, transport, translators and executive support services.

Malagasy Minerals has provided ADFA with executive support services in Madagascar for many years.

Minderoo for their financial support, which has enabled many projects to be fulfilled.

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Minderoo for their financial support, which has enabled many projects to be fulfilled.
We also have strong advocacy, financial, in-kind or product donation support from many other organisations that are recognised below.

LESLEY MCKAY  
Chartered Accountant and Registered Auditor

DAVID HEWITT & CO  
Accounting and Financial Services

OLYMPUS  
Donation of endoscope equipment

NORTH COTTESLOE SLS CLUB  
Hosting the Little Feet Walk

CHIL3  
Design and production of the Annual Report 2017

APEX, LIONS & ROTARY  
Assistance with sea containers

CHRIST CHURCH GRAMMAR SCHOOL  
Volunteers loading the sea containers

MUTUAL INVESTMENTS PTY LTD  
Financial pledges

ROLLASON PTY LTD  
Financial pledges

PERTH RADIOMETRY  
Funding and donation of expensive equipment

AUSTRALIAN WOOL HANDLERS  
For all their logistical assistance

Wheelchairs For Kids – this is a voluntary organisation that works in partnership with ADFA to provide wheelchairs for children based on world health guidelines.

MACA Mining has contributed significantly to ADFA administration and projects.

Travel arrangements through Peter Davis from the Travel Associates Australia.

Ausplow for generous assistance with Comoros projects.

Boston Scientific, for the donation of gastroenterology equipment.

Financial assistance with the clubfoot program in Madagascar and pharmacy products through the St John of God Health Care.

Advice and assistance of the Department of Health.

Sponsorship of the Laparoscopy workshop in Madagascar provided by Chemtech.

For medical equipment

Donation of laparoscopy instruments for the first laparoscopy surgery in Madagascar.

MACA Limited

Terrel Associates Australia

Ausplow

Boston Scientific

St John of God Health Care

Government of Western Australia Department of Health

Chemtech

St Vincent’s hut (Hosptial for Sick Children)

Matrix Surgical
Australian Doctors for Africa
Volunteer medical teams working in Ethiopia, Somaliland, Madagascar and Comoros.

Founder / CEO
Dr Graham Forward

Registered charity DGR Status
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adfa@iinet.net.au
www.ausdocafrica.org