



Annual Report **2023**

**Australian Doctors
for Africa**

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Our Impact

438

Medical professionals trained

59

Clubfoot - Number of children treated in Somaliland

2

Sea containers of medical equipment

82

Clubfoot - Number of children treated in Madagascar

9

Air freight shipments of medical equipment

\$838,000

Medical equipment donated

22

Hospitals supported

244

Operations performed

33

(9F/24M)

Scholarship recipients

Message from the Founder & CEO



Dr Graham Forward

Australian Doctors for Africa is a humanitarian organisation which provides a link between medical volunteers and philanthropists on one side and needs for medical services by the people of Africa on the other.

The charter includes 'go only where invited' and 'give a hand, not to take over' and this has held us in good stead as we approach 20 years of activity.

The way to sustain an effective development program is by listening to partners, which has been the key to our organisation's success. Matching areas of need with the skills and willingness of volunteer doctors and nurses is the next step. Most volunteers find the experience fulfilling and return on multiple occasions to the same hospital location. Building trust, maintaining communication and learning from each other is mutually beneficial. Most medical volunteers report that they learn and develop themselves as doctors, nurses and other support roles.

Membership of Australian Doctors for Africa is not restricted to Australians – we have volunteers and donors from all over the world who are proud to wear the t-shirt and be part of our organisation.

Possibly the most significant step has been the adoption of the guiding statement that we 'train and equip' surgeons, doctors and nurses in areas of need. This is a certain formula to provide long-term, sustainable benefits which allow people to grow independent of assistance.

During the year a new 5 year Strategic Plan was carefully developed and adopted by the Board. This was a culmination of a thorough and lengthy review, a consultative process and a strategic planning seminar. Thanks to the efforts of Tanveer Dillion and Judy Walls, there is a clear strategy to progress ADFA from 2023-2028, providing the vision and direction for the future.

As geo-political events unfold, opportunities, needs and risks change over time. ADFA is responsive to these changes at a country level and this has seen a gradual reduction in the level of engagement with Comoros. Good relations are maintained with the Ministry of Health and Caritas and the various medical teams who have visited over the last 12 years. At the same time, Prof David Wood and partners from Oxford and CURE have conducted teaching courses in Bulawayo, Zimbabwe. A scoping study has been completed and I expect there to be an increase in ADFA activities in Zimbabwe in future years.

I note also the efforts of Dr Ananya Kassahun and the Australian Ambassador in Ethiopia, HE Ms Julia Niblett, to initiate the Female Orthopaedic Empowerment Program in that country. This is a pro-active measure to attract and retain female orthopaedic surgeons and we will be hearing more about this in the future.

The efforts of staff, consultants and volunteers (wherever they are located) make ADFA an effective and dynamic organisation. Special thanks to Dawn Edwards for the calm and enthusiastic way she keeps everything running.

Message from the Chair



John Bond

By training doctors, both directly and through scholarships, ADFA can change people's lives and the lives of their families over many decades.

If you have ever wondered whether you are getting the most "bang" for your charitable "buck", I read a fascinating book this year called Doing Good Better by William McCaskell.

He co-developed a concept called effective altruism where he attempts to be more scientific about analysing which charities provide the most benefit for your donation. I highly recommend this book.

It highlights five key questions to ask when deciding to give to a particular cause:

1. How many people benefit, and by how much?
2. Is this the most effective thing you can do?
3. Is this area neglected?
4. What would have happened otherwise?
5. What are the chances of success, how good would success be?

I now utilise these criteria when I consider giving to various charities and I encourage you to do the same. What has become clear to me in this process is that Australian Doctors for Africa is the most effective charity which I personally have come across.

There are millions of people in the locations where we operate and those countries have amongst the lowest GDP per capita

in the world. Accordingly, there simply aren't the resources to provide proper medical treatment, training or facilities.

In addition, these locations in East Africa are generally not on the radar of many other high profile charities.

In considering the question of what would have happened if ADFA didn't operate in these places, the answer is quite stark. Many people lose their lives or their livelihoods as a result of what we consider to be relatively simple medical issues like clubfoot or even a broken leg. By training doctors, both directly and through scholarships, ADFA can change people's lives and the lives of their families over many decades.

Perhaps the best thing that happened this financial year was the resumption of volunteer team assignments in August 2022. A total of 7 teams, involving 26 volunteers travelled to Ethiopia, Madagascar, Somaliland and Zimbabwe after a hiatus of nearly 3 years.

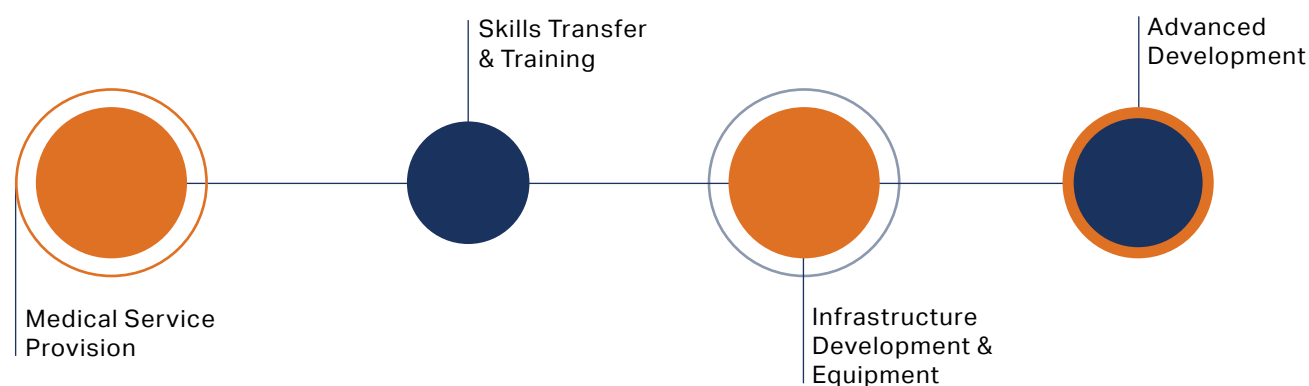
In addition, 2 sea containers and 9 air freights of equipment valued at \$838,000 were sent to various hospitals in East Africa. All of this equipment was donated by hospitals and private donors in WA.

Finally, a big thanks as always to our highly committed staff and volunteers!

Overview

Mission

To develop healthier environments and to build capacity through the provision of voluntary medical assistance; training and teaching doctors, nurses and allied health workers; and improving infrastructure and providing medical equipment for specialist surgical and medical services.



BACKGROUND

Established in 2005, Australian Doctors for Africa (ADFA) is a volunteer medical organisation, providing medical training and services, hospital equipment and infrastructure development for vulnerable communities in East Africa. Our aim is train and equip to enable greater access to medical treatment and contribute to long term sustainable development.

ADFA is a not-for-profit organisation with no political or religious affiliations, based in Perth, Western Australia, that respects, protects and promotes human rights for all, regardless of race, religion, ethnicity, indigeneity, disability, age or gender.

ADFA works in Madagascar, Ethiopia and Somaliland, and previously Comoros, where we have established strong collaborations and stakeholder networks with Ministries, government departments, medical facilities, other non-government organisations and the wider community.

STRATEGIC PRIORITIES

ADFA is guided by a 5-year Strategic Plan adopted by the Board in May 2023, after a consultative process involving many of ADFA's stakeholders. A copy of ADFA's new Strategic Plan can be found on pages 16-17 and on our website:

<https://ausdocafrica.org/who-we-are/strategic-plan/>

RESUMPTION OF OVERSEAS MEDICAL ASSIGNMENTS

In August 2022, ADFA resumed it's overseas medical assignments after a hiatus of nearly 3 years due to the COVID-19 pandemic. The first team assignment saw an Orthopaedics training program in Ethiopia and Somaliland, followed by a Gastroenterology team assignment to Madagascar in October 2022. Since then, an additional 5 medical assignments have been undertaken during the financial year to Ethiopia, Somaliland and Madagascar.

OUR APPROACH

Our approach focuses on building capacity in the health systems of East Africa, through the development staircase:

Medical Service Provision – by volunteer medical teams in the specialist areas of orthopaedics, clubfoot, gastroenterology, urology, ENT, and obstetrics/gynaecology.

Skills Transfer and Training – through formal, on the job, on-line, and other training opportunities including scholarships.

Infrastructure Development and Equipment – through construction or renovation of existing infrastructure, and provision of medical equipment and supplies.

Advanced Development – through prevention activities such as clubfoot screening and treatment programs, building partnerships, and support to strategic and policy development.

EXTENDING OUR REACH

ADFA has been exploring opportunities to support the health sector in other countries:

Zimbabwe – ADFA is considering extending its support to the health sector in Zimbabwe following a productive scoping mission undertaken in September 2022. The first medical assignment to Bulawayo is planned for May 2024.

South Sudan – is facing mounting health deficits, with significant challenges in its struggle for democracy. ADFA has entered into a Memorandum of Understanding with the Ministry of Health, to consider how it may provide future support in this sector.

Volunteer Medical Assignments



Madagascar Orthopaedics visit, May 2023

Somaliland: 28–31 August 2022

Orthopaedics Campaign and Training

Dr Graham Forward, Orthopaedic Surgeon & ADFA CEO
Dr Elias Ahmed Ibrahim, Orthopaedic Surgeon
Dr Biniyam Teshome Addisu, Orthopaedic Surgeon
Dr Tesfaye Lemma, Orthopaedic Surgeon
Eyerusalem Amanu Legesse, Senior Theatre Nurse
Dr Ananya Kassahun Admasu, Orthopaedic Surgeon

Ethiopia: 1–10 September 2022

Orthopaedics Training

Dr Graham Forward, Orthopaedic Surgeon & ADFA CEO
Dr Michael Wren, Orthopaedic Surgeon

Zimbabwe: 12–14 September 2022

Orthopaedics Training and Scoping

Prof David Wood, Orthopaedic Surgeon

Madagascar: 14–30 October 2022

Gastroenterology Team

Dr Digby Cullen, Gastroenterologist
Dr Sherman Picardo, Gastroenterologist
Catherine Poole, Gastroenterology Nurse
Jacqueline Crock, Gastroenterology Nurse
Hibelson Tadlip, Gastroenterology Nurse

Ethiopia: 16–26 October 2022

Orthopaedics Training

Dr Graham Forward, Orthopaedic Surgeon & ADFA CEO
Gideon Forward, Orthopaedic Technician

Ethiopia & Somaliland: 25 March–9 April 2023

Orthopaedics Training and Scoping

Dr Graham Forward, Orthopaedic Surgeon & ADFA CEO
Paul Tye, Project Manager

Madagascar: 9–30 April 2023

Urology Team

Dr Susan Chapman, Urologist
Karen Grieves, Urology Theatre Nurse
Dr David Baguley, Anaesthetist
Dr Phil Smith, Anaesthetic Advisor

Madagascar: 14–30 April 2023

Gastroenterology Team

Dr Digby Cullen, Gastroenterologist
Jacqueline Crock, Gastroenterology Nurse
Katy Smith, Gastroenterology Nurse
Stuart Smithers, Biomedical Technician
Dr Alice Lee, Gastroenterologist
Dr David Hilmers, General Medicine

Madagascar: 21 May–3 June 2023

Orthopaedics Team

Dr Li-On Lam, Orthopaedic Surgeon
Dr Tom Christiner, Orthopaedic Registrar
Lucy Harris, Theatre Nurse
Cherrie Genat, Logistics

Australian Doctors for Africa thanks these medical volunteers for their continued support and selfless dedication to provide training and medical assistance to those in need in East Africa.

Somaliland Female Orthopaedic Trainees



Hana and Manal are Somaliland doctors undertaking specialist Orthopaedic training in Jimma, Ethiopia, supported by a 4 year ADFA scholarship. These are their stories.

DR HANA'S STORY

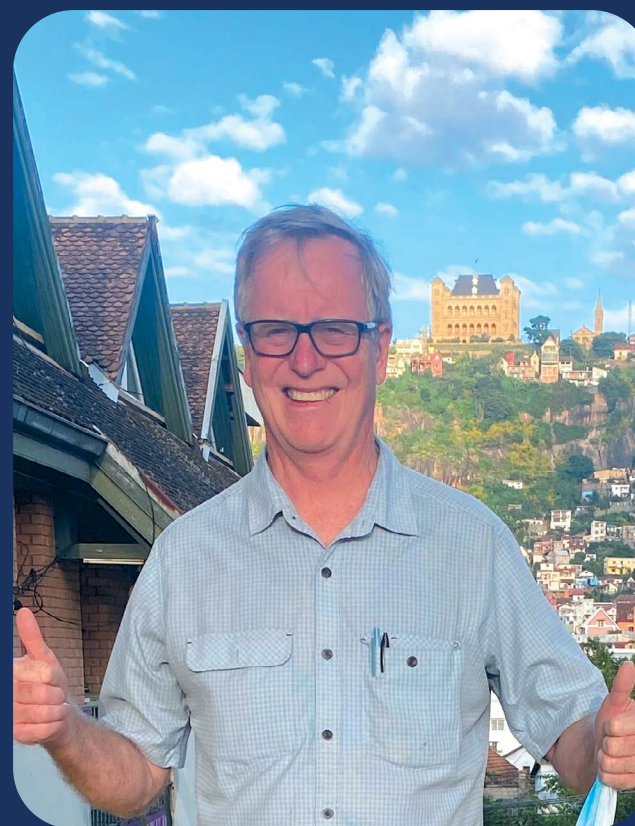
Being a medical doctor and joining medicine was never on my dream list but it was my father's wish to see me joining med school. So, to fulfill it I started medicine, it was tough journey, fortunately I finished medical school and became a doctor and started work at Hargeisa Group Hospital (Somaliland).

Always I was interested in the surgical field and at the same time I met my mentor Dr Abdirashid Ismail (Orthopedic Surgery Consultant). He showed me how we can change the world and have a tremendous influence on disabilities which drove me to seek orthopedics specialty today. Now my dream is to continue on to become a pediatric and deformity correction orthopedic surgeon and put a smile on the faces of these kids and their parents, who are struggling with lower limb deformities.

DR MANAL'S STORY

Before I joined medical school, my friend sustained an injury and fractured her spine, and I used to visit her in hospital where there were no qualified physicians at that time. It was the exact moment I promised myself to fix bones.

Through my medical school, I used to think that it will be impossible for a lady to pursue orthopaedics as a career until I first met Dr Graham Forward in Hargeisa, Somaliland when I was an intern in 2018. I assume it was ADFA's 9th visit to Somaliland where they operate voluntarily once a year. Currently I'm a 2nd Year orthopaedic resident and ADFA is one of the reasons I'm here. I appreciate ADFA for everything they did for me and for my country.



Dr Digby Cullen - Gastroenterologist

I volunteered as a Gastroenterologist for ADFA when it was an embryonic organisation in 2005 mainly because I wanted to make a contribution to improving health in the developing world.

Madagascar seems an obscure choice of location to many but was chosen because my good friends Guy and Jules Le Clezio had fascinated me with their tales of the magic of the country and they were offering to provide logistical support to ADFA. Our initial trip to Toliara with ADFA Founder, Dr Graham Forward, Emily Forward (then RN now dermatologist) and the late Dr Mark Thackray was seminal in that it revealed a huge burden of gastrointestinal disease in Madagascar. Gut diseases are the second most common cause of admissions (after trauma) to hospital in Madagascar and there were minimal effective treatments available anywhere in the country.

Since 2005, ADFA has embarked on a substantive and mostly successful program of equipping and training in endoscopy and gastroenterology. With the critical initial support of Cat Ferrie (then Olympus Equipment WA), WA hospitals and companies, we established an endoscopy equipment supply train of donations that has equipped 6 endoscopy units in 4 cities. Using this \$2-3 million of donated equipment we have been able to help train the doctors, nurses and technicians necessary to provide services year-round.

Cath Poole RN has been the driver of this equipment supply pathway and nurse training over 14 years. A cast of impressive mostly RPH gastroenterologists (especially Dr Chiang Siah), marvellous endoscopy nurses and technicians have done great work in a tough environment over the last 18 years. Our colleagues in Madagascar live and work in this difficult space and Professors Rado and Helio in particular have been inspiring collaborators.

Our new venture is to build a National Endoscopy Treatment and Training Centre in Antananarivo.

I have been enriched by my participation in this program. Learning how to work with the people, politics, poverty and psychology of Madagascar has been quirky, complex, at times all consuming, unpredictable, chaotic, overwhelmingly interesting and fun. Thanks to Graham Forward and the ADFA Board, ADFA staff (especially Chris Tasker from the "embryo" organisation until last year) for the opportunity and their support.

Ethiopia

ADFA's first assignment after Australia's borders reopened to the world was to Ethiopia in late August 2022. Since then, ADFA volunteers have undertaken 2 additional medical assignments to Ethiopia, focusing mainly on re-establishing relationships, understanding the context and needs post COVID, and a significant amount of training. The demand for ADFA's support in Ethiopia is strong, and there are many opportunities to work with collaborating hospitals in many parts of the country including Addis Ababa, Bahir Dar, Hawassa, Hossana, Gondar and Mekelle. This will inform our work over the coming year.

TRAINING

ADFA has conducted or collaborated on a range of training courses in Ethiopia during the year, mostly focused on orthopaedics.

- Annual Orthopaedic Training in collaboration with AO Alliance, took place in early September in Addis Ababa. 48 residents participated in a 3 day Pre-Basic Orthopaedic course, and 42 residents participated in a 3 day Basic course. ADFA volunteers form part of the faculty every year.
- Hemiarthroplasty Course was conducted in September in collaboration with the Ethiopian Society of Orthopaedics & Traumatology, involving theory and practical exercises. Twelve orthopaedic surgeons from 6 hospitals participated in the training, which was augmented by a supply of materials including bone cement and prosthetics to allow the participants to implement their learning in practice. This project was generously supported by the Nadia and Alf Taylor Foundation.
- Arthroscopy Introduction Course was conducted in October 2022, with 20 participants including 5 consultants and 15 training residents. The Course included theory and live demonstrations. A number of arthroscopy electronic stacks were unpacked and installed at St Peter's Hospital in Addis Ababa, and at Hawassa University Hospital.



Ethiopia - Population 126.5 million

- Delayed Presentation Clubfoot training was undertaken in collaboration with CURE Ethiopia in Addis Ababa in December 2022. ADFA supported the participation of 2 medical professionals from Jimma Hospital.
- Fellowships for 3 Ethiopian Orthopaedic surgeons were awarded for the first time by ADFA, to increase their knowledge and skills in their chosen fields.
- Infection control training was undertaken by ADFA nurse associates in a number of hospitals over the year. In Dessie, 12 professional theatre nurses were trained (7 F / 5 M) in August 2022. In Hawassa, 14 nurses participated in training in March 2023, and at ALERT Centre in Addis in April 2023, 13 nurses participated. This training is very well respected across Ethiopia, and ADFA has received many requests to conduct the training at various hospitals, as reducing post operative infection is a priority area for improving health outcomes.

"We ALERT hospital orthopedic surgeons appreciate your amazing training to Alert Center nurses. Thank you very much for your support. We hope it will continue in the future."

Total people trained: 172 (males 145 / females 27)



Arthroscopy Introduction Course, October 2022.

EQUIPMENT

ADFA has continued to support various hospitals with equipment and medical implants essential to achieving improved health outcomes for patients. Orthopaedic equipment was airfreighted to Aabet Hospital in Addis Ababa, whilst a container of hospital equipment was shipped to Hawassa. This equipment contributed to setting up a new orthopaedic operating theatre in Hawassa University Hospital and included hospital beds, theatre lights, an anaesthetic machine, surgical stacks, and assorted other equipment. A new autoclave has also been provided to contribute to infection control in the new theatre, which was supported by Australian Aid.



Haile Gebreselassie at the AOA/ADFA Orthopaedic Training Workshops. Haile made a wonderful speech encouraging young surgeons to concentrate on doing the best to treat the whole patient, not just the broken bone.

In June 2023 a large container of equipment was packed ready for shipping to Ayder Referral Hospital in Mekelle. Included in the container were hospital beds, wheelchairs for kids, theatre supplies, orthopaedic equipment and implants, orthopaedic surgical stacks, PPE, patient monitor, surgical scrubs.



Madagascar

Madagascar-Population 30.4 million



Gastroenterology Team Training, April 2023



Urology Team, April 2023

The resumption of volunteer medical assignments to Madagascar has been inspirational to our medical volunteers, our staff in Madagascar, our Malagasy medical colleagues and the community. All of ADFA's teams have been eager to return to the work they love, supporting the community and health sector in Madagascar.

MEDICAL SUPPORT

The first team to head back to Madagascar in October 2022 was the Gastroenterology team, lead by Dr Digby Cullen, along with 4 of his very capable colleagues. The team spent 2 weeks providing training and operations in Antananarivo, Toliara, Fianarantsoa and Antsirabe. This visit provided the opportunity for long serving volunteer nurse Cath Poole to farewell her Malagasy colleagues. ADFA would like to acknowledge and thank Cath for her many years of dedication to volunteering in Madagascar, and did so with a dinner and presentation ceremony in South Perth.

In 2023, three additional volunteer medical assignments were conducted in Madagascar including the Urology team of four lead by Dr Sue Chapman in April 2023, who conducted 38 surgical procedures during their 3 week assignment. A large consignment of equipment was sent ahead of the team and was available for their campaign.

The Gastroenterology team returned in April 2023 accompanied by two Hepatologist colleagues from Sydney who were tireless in bringing their wealth of knowledge of Hepatitis B and C to their Malagasy colleagues, and testing and treating hundreds of patients.

An Orthopaedics team lead by Dr Li-On Lam and three colleagues, undertook 27 surgeries during the 2 week campaign in Toliara in May 2023, addressing some complex and long standing traumas.

We are extremely grateful to St John of God Subiaco Hospital and Australian High Commission in Mauritius for their generous support of our overseas medical assignments.

Total surgeries in Madagascar during the year: 214

Total medical professionals trained in Madagascar during the year: 154

EQUIPMENT

ADFA is supporting the establishment of a new Trauma Centre at Centre Hospitalier Universitaire (CHU) D'Andrainjato in Fianarantsoa which will provide much needed medical response to trauma victims on the major north – south highway. ADFA has sent large quantities of equipment and supplies by container from Australia, including PPE. Significant amounts of gloves and scrubs have also been donated to two of our collaborating hospitals in Toliara.

ENDOSCOPY CENTRE

It's been many years in the making, but ADFA can now announce its support for a national Endoscopy Treatment and Training Centre in Antananarivo. Through the support of many generous donors, including the Ripple Foundation, the project will begin in collaboration with Chirurgicale Hôpital Université Joseph Ravoahangy Andrianaivalona (CHUJRA) in the latter half of 2023.

CLUBFOOT PROGRAM

ADFA's amazing Clubfoot Clinic staff have continued to provide dedicated treatment and care to babies and children with clubfoot in Toliara and Ampanihy, and have supported the government clinic in Fianarantsoa.

During the 2022-23 financial year, 82 children were treated for clubfoot, and 44 tenotomy operations were performed. Without treatment, clubfoot deformity causes a lifetime of disability including pain and difficulty in walking. Children with neglected clubfoot find it difficult to access education and employment and experience exclusion from society. By providing community education and outreach support, and free screening and treatment programs, ADFA is providing the opportunity for children to achieve their potential, free of disability and stigma. ADFA has supported over 900 babies and children during its time in Madagascar and is passionate about providing effective treatment which makes a huge impact in their lives.

Much gratitude to our supporters in country, Base Resources Madagascar project Base Toliara, and Evion Group subsidiary BlackEarth Minerals Madagascar Sarl for their continued financial and logistical support.



Somaliland

Somaliland - Population 5.7 million

MEDICAL SUPPORT

After a break of over 3 years due to COVID-19, ADFA organised an Orthopaedic campaign to Hargeisa in August 2022, in collaboration with specialist Orthopaedic surgeons from Ethiopia. Over 200 consultations were undertaken and 30 operations were performed at Hargeisa Group Hospital (HGH) in collaboration with the Orthopaedic Department.

During this time, the inaugural meeting of the Somaliland Orthopaedic Society (SOS) was undertaken. Over 25 specialists and professionals met in Hargeisa, presented scientific papers, and developed the terms of reference for their nascent organisation. SOS will contribute to the strategic direction of orthopaedics in the country.

EQUIPMENT

A sea container of medical equipment arrived in Somaliland in July 2022, and included a prototype C-arm Image Intensifier (x-ray), which was developed in Australia by Lycopodium particularly for use in resource poor contexts. HGH agreed to test the C-arm, which has lived up to its potential and proven invaluable to the Orthopaedics Department, improving the quality of care that can be provided to the community.

"We are also very pleased to have this C-arm and we appreciate ADFA for their continuous support to HGH."

(Dr Adnan S Abdo, Deputy Director, HGH)

In response to conflict in the east of the country, ADFA organised a shipment of orthopaedic implants to be sent to Somaliland, to support the hospital's capacity to respond.

For the first time, in February/March 2023, ADFA collaborated with HGH and Himalaya Cataract Project (HCP) to screen and treat vulnerable people in Somaliland suffering from cataracts. The campaign was funded by the DAK Foundation and was a significant success, with over 300 people treated, saving them from a life of blindness. HCP supplied the Ophthalmology Department of HGH with valuable instruments and supplies and provided training to specialist staff. It is hoped that this collaboration will continue into the future.

Taakulo Somali Community, our partner and local non-government organisation, continued to provide strong logistical support to ADFA throughout the year, without which our work would be less successful.



Donated wheelchair from Wheelchairs for Kids received by patient of DAN.



Sea container of donated equipment, July 2022

CLUBFOOT PROGRAM

Diversity Action Network (DAN), a non-government organisation working across Somaliland, has partnered with ADFA for many years to deliver clubfoot screening and treatment for babies and children in Hargeisa, Borama, Burao and Erigavo. During the year DAN treated 59 children (18 girls & 41 boys) with the Ponseti method of plasters, and organised 11 tenotomies, an operation often required to ensure full recovery from clubfoot. To raise awareness about DAN's clubfoot treatment services with medical professionals in the regions and to increase referrals to its services, an awareness raising session was held in Erigavo, in which 33 medical professionals participated. Mr Paul Tye of ADFA and Mr Ali Jama of DAN jointly lead a reflection exercise in April 2023 aimed at reviewing the clubfoot program and its implementation. To improve access to DAN's facilities for people with disabilities, ADFA funded the refurbishment of the entry, pathways and children's courtyard of DAN's premises.

SCHOLARSHIPS

The ADFA scholarship program is a significant contributor to the development of the health sector in Somaliland. The program grows as its significance is recognised, and this year 22 Somaliland doctors (4 women/18 men) trained in their specialist areas. ADFA also supported 6 medical students in their pursuit to become doctors, at Edna Adan Hospital.

Scholarship Program

The ADFA scholarship program was established eight years ago with the aim of improving medical services and support capacity building in the Somaliland healthcare system.



Dr Kaleab, Orthopaedics Fellowship in India



Dr Ridwan, Orthopaedic specialty training in Tanzania



Dr Bahru, Orthopaedics Fellowship in India

The program now offers four types of scholarships:

- Assistance to female Somaliland medical students with tuition fees.
- Living costs for doctors from Somaliland undertaking medical specialty training with a focus on Orthopaedics and Traumatology who have been accepted through the Somaliland/Ethiopian Ministry of Health Scholarship Program (which provides fee exemption for Somaliland doctors completing specialist training in Ethiopia).
- Fellowships in Orthopaedics and Traumatology at Ganga Hospital in India for which ADFA provides support for airfares and living costs.
- Sandwich Fellowships of 4 - 6 weeks for consultant orthopaedic specialists to learn a particular skill or technique to increase their scope of practice. ADFA provides support for airfares and per diems.

During the year ADFA supported a total of 33 scholarship recipients:

- 22 doctors are enrolled in speciality training in Ethiopia:
 - 18 male Doctors studying Orthopaedics (8), ENT (1), General Surgery (4), Neurosurgery (3), Urology (1) and Plastic & Reconstructive Surgery (1)

- 4 female Doctors studying Orthopaedics (2) and Obstetrics & Gynaecology (2).
- In Kampala, Uganda, 1 male doctor is studying Obstetrics & Gynaecology at Makerere University.
- In Tanzania, another is studying Orthopaedics at Muhimbili University of Health & Allied Sciences.
- In Somaliland, 5 female medical students and 1 male are studying to be doctors at Edna Adan University Hospital.
- In Coimbatore, India, 3 scholarships were awarded for fellowship positions in Orthopaedic and Traumatology at the Ganga Hospital.

ADFA continues to receive more requests for scholarships than can be met. The Scholarship Committee assesses the applicants and awards as many scholarships as possible within the constraints of mentoring and funding available.

ADFA is grateful of the continuing commitment of the Scholarship Committee and the supporters of the Scholarship Program.

Graduates

Of the total scholarship recipients outlined here, 6 scholars completed their specialist training: three in General Surgery, and one in each of the specialties of Neurosurgery, Orthopaedics, and Obstetrics & Gynaecology (female).

In June 2023, two doctors completed their orthopaedic fellowships and a further two have been awarded, commencing in July 2023. The benefits to the doctors and the health care systems they return to cannot be underestimated.

Dr Bahru Shiferaw from Bahir Dar was one of the surgeons who completed a Fellowship in Trauma & Arthroplasty. In his post fellowship report he wrote:

"Fellowship training was a dream I was aspiring to since completion of postgraduate training. I was curious on the gaps facing me while practicing as a general Orthopedics Surgeon. I used to refer patients with complex pelvic and acetabular fractures to Addis Ababa for better surgical management. Unfortunately most patients used to refuse such referrals owing to financial constraints and the hassle they might face in Addis Ababa Hospitals. I hope I will fill this gap in collaboration with my colleagues and partners like ADFA. I feel Tibebe Ghion Specialized Hospital will be a referral center for such kinds of orthopedic problems. In addition postgraduate students used to go to Addis for Pelvic and Acetabular attachment. We will establish the unit and the training will be given onsite from now onwards."

Strategic Plan 2023-2028



Dr Sue Chapman, Urologist, training Dr Beha

MISSION

To develop healthier environments and to build capacity through the provision of voluntary medical assistance; training and teaching doctors, nurses and allied health workers; and improving infrastructure and providing medical equipment for specialist surgical and medical services.

PRINCIPLES

These principles inform the way in which ADFA works to achieve its mission:

- Matching of need and capacity (funds & volunteers) – when a need is identified by a collaborating hospital or partner, ADFA will attempt to match that with its capacity via volunteers or funding. This requires a prioritisation of available resources, and not all needs can be met.
- Responding to locally articulated need & requests – ADFA seeks to support the priorities of hospitals and partners as identified by them.
- Capacity building approach – provide a hand up not a hand out – by training, mentoring, and building local capacity, ADFA promotes sustainability in the longer term.
- Do no harm – ADFA has strong ethical commitments especially in the area of safeguarding of children and vulnerable people.
- Evidence based responses, Impact assessment approach – by understanding the results of its work, ADFA can make informed decisions about programs and engagement.

What we do

Overseas Medical Assignments	Training and Teaching	Infrastructure Development and Equipment	Advanced Development	ADFA Organisational Development
Outcomes — What we want to achieve				
Vulnerable people (including women and children) have increased access to specialist medical services in Africa due to ADFA volunteer overseas medical assignments.	Greater number of well-trained medical personnel and specialists (especially women) in Africa providing improved medical treatment to vulnerable communities.	Greater access to better equipped and safe health facilities for more vulnerable people in Africa.	Local health systems, programs and partners delivering strong health outcomes to their communities.	ADFA is a more accountable and efficient organisation with strong leadership, robust systems and programs.
Strategic Priorities				
<p>Country program consolidation in existing focus countries based on program impact assessments, monitoring and data collection.</p> <p>An incremental approach to geographic expansion of focus countries and or specialities, informed by an evidence based approach and strategic opportunities.</p> <p>Team Leader retention and succession planning through a focus on recruitment and mentoring of new clinical specialists.</p> <p>Volunteer recruitment, engagement and retention for continuity of ADFA country programs and new opportunities.</p> <p>Exit from a country – suspension of a program requires a risk assessment and analysis of the implications of that decision.</p>	<p>Local specialist capacity development (particularly of women) in partnership with INGOs, and training and mentorship by local, African, and international senior specialists such as ADFA Volunteers.</p> <p>Focus on Nurse & Technician capacity development, through developing train the trainer approach, and formal training opportunities.</p> <p>Support and strengthen the scholarship program & consider:</p> <ul style="list-style-type: none"> • its strategic scope/size • opportunities to promote women in medicine • most effective management system • mentoring by senior specialists • alumni/continued engagement of scholars. 	<p>ADFA will prioritize equipment and infrastructure development for hospitals with trained specialists to support them to achieve their potential.</p> <p>Where appropriate, support hospitals responding to crises (ie, COVID, conflict).</p> <p>Support for Clinical Centres of Excellence particularly for training & capacity building.</p>	<p>Strengthening health sectors via support to strategy & policy development.</p> <p>Prevention of long term disability through clubfoot programs and early orthopaedic interventions.</p> <p>Future program opportunities will be informed by an Assessment Approach:</p> <ul style="list-style-type: none"> • prioritisation of problem • current & future resource needs/availability • other actors including potential partners <p>ADFA will use an Impact Evaluation Approach to promote long term capacity development:</p> <ul style="list-style-type: none"> • identify specific outcomes (jointly decided with local stakeholders) • data collection & ongoing monitoring. 	<p>Build organisational resilience to support leadership transition by:</p> <ul style="list-style-type: none"> • strong governance oversight by Board • capacity development of Management team • strong systems, policies & practices to support organisational objectives • effective and committed clinical team leaders • strong in-country support structures. <p>Develop ADFA's fundraising capacity through:</p> <ul style="list-style-type: none"> • establishment of a fundraising committee • new fundraising options (eg. sponsorship of surgeons, programs) • target government and philanthropic grant opportunities • engagement with African diaspora in WA. <p>Promote donor and volunteer engagement through a strong communications strategy.</p>

Governance & Integrity

Australian Doctors for Africa is a proprietary limited company with two Directors, Dr Graham Forward and Mr John Bond. The overall management of Australian Doctors for Africa, however, is entrusted to the Board.

The organisation has a voluntary Chief Executive Officer (Dr Graham Forward) and three part-time administrators (2.1 FTE). The current Chair of the Board is Mr John Bond, a prominent local, national and international businessman.

The Board comprised:

- Mr John Bond, Chair
- Dr Graham Forward, Founder & CEO
- Mr Peter Abery
- Dr Nandini Doreswamy
- Mr David McCoy

Board Member	First Meeting	Meetings	
		Eligible to Attend	Attended
John Bond	Feb 2016	8	7
Dr Graham Forward	Feb 2005	8	8
Peter Abery	Nov 2021	8	7
Dr Nandini Doreswamy	Nov 2021	8	7
David McCoy	Nov 2021	8	8

The Board met on 8 occasions throughout the year.

The Board has appointed two Committees which include:

- the **Clinical Governance Committee**, comprising Dr Shirley Bowen (Chair), Dr Rob Storer and Dr Graham Forward, who ensure best practice and medical governance for our activities; and
- the **Scholarship Committee**, comprising Dr David Samuels (Chair), Ian Pawley, and Rebecca Thompson, who review and recommend the most appropriate medical scholars to receive support from ADFA.

The organisation continues to strengthen its policies and procedures to foster a culture of strong governance and compliance. The internal systems of management are now well established and implemented by an experienced office team.

The Board has ensured that the implementation of the Strategic Plan has continued with some agility amidst the dynamic COVID-19 environment. The Board has continued to assess risk, review and approve programs, approve budget requirements, review new and revised policies, and overseen adherence to ACNC and ACFID regulations and guidelines.



Madagascar Clubfoot patient

BOARD

Dr Graham Forward – Founding Director and CEO

Graham is a Western Australian Orthopaedic Surgeon with primary medical degree of The University of Western Australia, and fellowship of the Royal Australian College of Surgeons and fellowship of the Australian Orthopaedic Association (AOA).

Following the tsunami of Boxing Day 2004, Graham assembled an emergency and traumatology team to provide assistance in Bosaso, Somalia, at the request of local doctors and surgeons. From that visit in February 2005, Australian Doctors for Africa was incorporated as an organisation to help sustainable development of surgical, medical and health services in Africa. Graham continues as a busy Orthopaedic Surgeon in Perth and includes outreach to the Kimberley region of Western Australia, and Cocos (Keeling) and Christmas Islands.

Recognition has been received by the Order of Australia (AM), the John Curtin Medal, the G M Bedbrook Oration of the AOA, Australia Day Citizen of the Year, nomination for the Australian of the Year (WA) and the Ethiopian Society of Orthopaedics and Traumatology Award.



Dr Graham Forward, Dr Michael Wren and Dr Biruk L. Wamisho at the Tikur Anbessa Hospital, Ethiopia.

John Bond – Chair

John is one of the founders of Primewest, a national property investment business which was sold to Centuria Limited in 2021. His background spans law, investment banking as well as property investment and development. He holds board and equity positions in a range of companies in diverse sectors including Lexus of Perth, Energy-Tec and Core Vision.

He holds degrees in Law and Commerce from The University of Western Australia. He was the founding Chairman of The Fathering Project, a not-for-profit organisation focusing on the importance of a father figure in children's lives. He was previously a board member of the Art Gallery of Western Australia Foundation and the Martu Charitable Trust.

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 and has been Chair of the Board since February 2016.

Peter Abery

Peter is a professional director and a business, governance and strategy consultant. He provides advice to boards on a variety of matters including strategy, board performance evaluations, board and committee structures, board and CEO relationships, and effective board governance practices and processes.

He has been an education facilitator for the Australian Institute of Company Directors for the past twelve years on their various public and in-boardroom courses.

His consulting services have covered business turnaround strategies and implementation, mergers and acquisitions, organisational structure, business efficiency and effectiveness, and coaching of senior executives.

He has held various chief executive roles in Australia, the UK and South Africa. He has worked with private equity, start-up businesses, privately owned businesses, listed companies and in mergers and acquisitions. He has held a number of non-executive company director and chair roles of publicly listed, unlisted, private and NFP companies.

Peter Abery holds a M Sc Electrical Engineering, an MBA and has completed the International Senior Management Program at the Harvard Business School. He is a Fellow of the Australian Institute of Directors.



Madagascar Clubfoot clinic

Dr Nandini Doreswamy

Nandini has significant experience in leadership, management, health, and technology. She holds an MBBS, a Master's in general surgery, an MBA, and accreditations in technology and project management. Her areas of interest include governance, risk, medicine, technology, sustainability, and human relevance in an AI-driven future. She is committed to all aspects of equality, including racial and cultural equality and respect, equality for indigenous peoples, and gender/non-gender equality.

Nandini was nominated by the federal government as a Distinguished Talent and granted Australian citizenship on this basis. She is currently a Director at Deloitte and serves on the Board of Directors of the Climate and Health Alliance (CAHA) in a voluntary capacity. Nandini is a Chartered Fellow of the Institute of Managers and Leaders (Australia and New Zealand) and a Graduate of the Australian Institute of Company Directors.

David McCoy

David McCoy's African adventure began as an exchange student in the late 1980s in South Africa.

David brings his 30-year global business experience to the ADFA Board. He is the Executive Chairman of TZMI, a globally recognised consulting firm that supports the world's opaque minerals and metals industries, particularly in the titanium value chain.

David has worked for clients in over 70 countries, including many African nations. He is a Chartered Professional Engineer (Chemical Engineering) and has a Master of Engineering Management (International Finance major) and a Graduate of the Australian Institute of Company Directors.

David has 3 teenage kids, is an enthusiastic junior AFL coach and a "completing the race is winning" triathlete.

ACCOUNTABILITY

Australian Doctors for Africa is a proud member of the Australian Council for International Development (ACFID) and is a signatory to their Code of Conduct, which is a voluntary, self-regulatory sector code of good practice. ADFA is fully committed to the Code which requires members to meet high standards of corporate governance, public accountability and financial management. More information on the Code, including how to make a complaint, can be obtained from ACFID by visiting www.acfid.asn.au or emailing code@acfid.asn.au.

ADFA also has a process for handling complaints, available on our website, which can be activated by phoning 08 6478 8951 or emailing the CEO at ceo@ausdocafrica.org.

Australian Doctors for Africa is a registered charity with the Australian Charities and Not-for-profits Commission (ACNC) and complies with the regulations of the ACNC through governance self assessments, Annual Information Statements and financial reports.

ADFA is also endorsed as an income tax exempt charitable entity and endorsed as a Deductible Gift Recipient under the Income Tax Assessment Act 1997.



Directors' Concise Financial Report

The Concise Financial Report is an extract from the Financial Statements and has been prepared in accordance with AASB 1039 and the requirements set out in the ACFID Code of Conduct.

For further information on the Code please refer to the ACFID website www.acfid.asn.au.

The financial statements and specific disclosures included in the Concise Financial Report have been derived from the Financial Statements. 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 Statements. Further financial information can be obtained from the Financial Statements which is available free of charge on the Australian Doctors for Africa website www.ausdocafrica.org.

During the 2023 financial year, Australian Doctors for Africa had no transactions for international political or religious proselytisation programs.

The Concise Financial Report includes both cash and non-cash income and expenditure. The value of non-cash items is calculated in accordance with guidelines set by the Department of Foreign Affairs and Trade.

The financial reports reflect another successful year delivering COVID-19 adapted advanced development programs in our target countries. I draw attention to the following:

Special Purpose Financial Report

The Board have agreed that Australian Doctors for Africa is a non-reporting entity and financial reports should be presented as Special Purpose Financial Statements.

Tax Concession

The company is a Public Benevolent Institution endorsed to access fringe benefits and income tax exemption.

Grants

Grants which have specific performance obligations attached to them are initially recognised as a liability and subsequently reclassified as Revenue when the performance obligations are met. Grants which do not have sufficiently specific performance obligations are recognised when the entity obtains control over the funds, which is generally at the time of receipt.

Non-monetary Donations

Non-monetary donations make up a substantial proportion of the company's income and expenditure for 2023, a total of \$1,071,447 (2022: \$422,977). Donations of medical equipment and supplies are valued according to a written policy adopted by the Board. Donated services, such as airline flights and freight, are valued at current cost. Voluntary labour is based on rates determined by the Department of Foreign Affairs and Trade.

Our strong financial position will enable us to maintain our current programs and continue expanding new projects. Our low administration costs allow us to ensure the maximum amount of supporter donations are allocated to direct program delivery, assisting those most in need in East Africa.

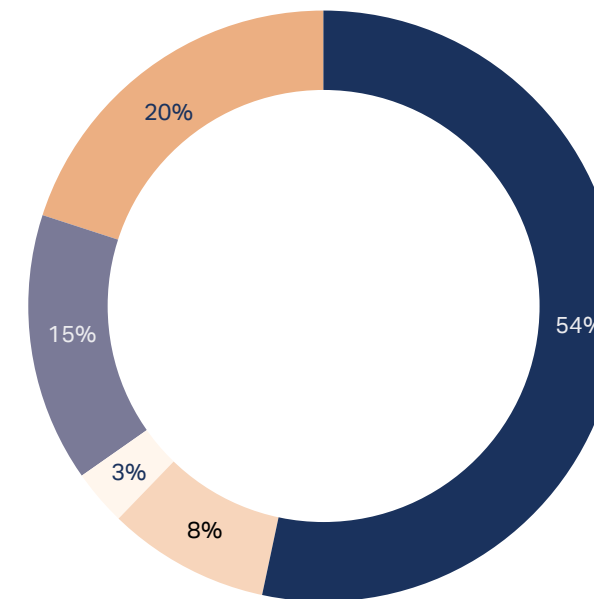
Dr Graham Forward
Founder & CEO

Concise Financial Report

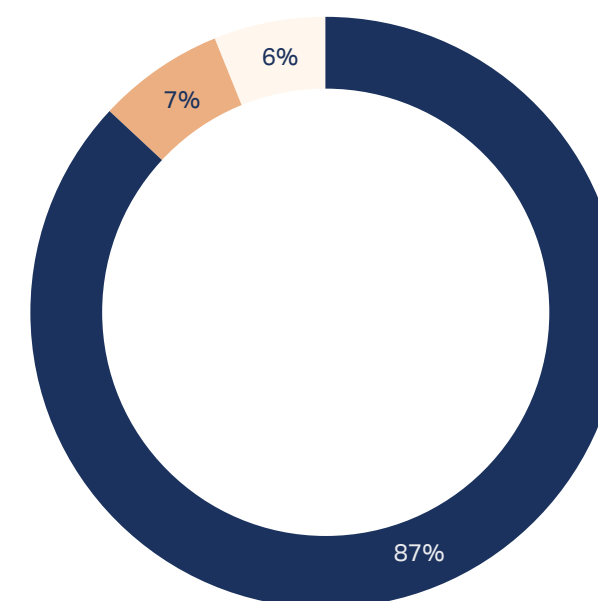
Financial Overview

For the Financial Year Ended 30 June 2023	2023	2022
	\$	\$
STATEMENT OF CHANGES IN EQUITY		
Opening Equity	2,836,740	3,481,029
Increase/(decrease) in fair value of investments	465,000	(581,000)
Net Surplus/(deficit) for the Year	(48,993)	(63,289)
CLOSING EQUITY	3,252,747	2,836,740
STATEMENT OF FINANCIAL POSITION		
ASSETS		
Current Assets		
Cash Assets	1,091,884	1,139,886
Current Tax Assets	84,848	128,663
Total Current Assets	1,176,732	1,268,549
Non-current Assets		
Other Financial Assets	2,218,000	1,753,000
Total Non-current Assets	2,218,000	1,753,000
TOTAL ASSETS	3,394,732	3,021,549
LIABILITIES		
Current Liabilities		
Payable	4,562	32,572
Provisions	14,145	32,144
Unexpended Grants/Donations	111,500	111,700
Total Current Liabilities	130,207	176,416
Non-current Liabilities		
Provisions	11,778	8,392
Total Non-current Liabilities	11,778	8,392
TOTAL LIABILITIES	141,985	184,809
NET ASSETS	3,252,747	2,836,740
EQUITY		
Contributed Equity	2	2
Asset Revaluation Reserve	1,583,000	1,118,000
Retained Surplus	1,669,745	1,718,738
TOTAL EQUITY	3,252,747	2,836,740
STATEMENT OF COMPREHENSIVE INCOME		
REVENUE		
Donations and Gifts		
Monetary	401,291	315,121
Non-monetary	1,071,447	422,977
Grants		
Australian Government Grants	55,000	-
Other Australian Grants	171,100	30,000
Investment Income	295,158	425,324
Foreign Exchange Profit (Loss)	(1,724)	(957)
Other Income	-	(19,505)
TOTAL INCOME	1,992,273	1,172,961
EXPENDITURE		
International Aid and Development Programs Expenditure		
Funds to International Programs	699,174	552,370
Program Support Costs	142,455	154,481
Accountability and Administration	128,190	106,423
Non-monetary Expenditure	1,071,447	422,977
TOTAL EXPENDITURE	2,041,266	1,236,250
Surplus (Deficit) from Ordinary Activities	(48,993)	(63,289)

The income and expenditure totals shown below are taken from the Concise Financial Report.



WHERE THE MONEY CAME FROM	\$
Donations and Gifts Received from the Australian public and corporate donors	401,291
Investment Income Dividends from current investments, franking credits and interest	295,158
Australian Government Grants	55,000
Other Australian Grants Grants from private entities	171,100
Non-monetary Income Value of donated medical equipment and supplies used in our programs	1,071,447
Not Shown: Other Income/Foreign Exchange Loss	(1,724)
TOTAL	1,992,273



HOW MONEY WAS SPENT	\$
International Programs Program delivery in Ethiopia, Madagascar and Somaliland, including training, medical services, logistics and freight costs and non-monetary expenditure	1,770,621
Program Support Costs associated with program implementation in-country	142,455
Accountability and Administration	128,190
TOTAL	2,041,266

Independent Auditor's Report



REPORT OF THE INDEPENDENT AUDITOR ON THE CONCISE FINANCIAL REPORT

To the Members of Australian Doctors for Africa Pty Ltd

Opinion

We have audited the concise financial report of Australian Doctors for Africa Pty Ltd ('the Company'), which comprises the statement of financial position as at 30 June 2023, the statement of comprehensive income and the statement of changes in equity for the year then ended, derived from the annual financial report of the Company for the year ended 30 June 2023 and the discussion and analysis. We expressed a qualified opinion on the annual financial report. The modification, included below does not qualify our opinion on the concise financial report.

In our opinion, the accompanying concise financial report, including the discussion and analysis of the Company, complies with Accounting Standard AASB 1039 Concise Financial Reports.

Basis for Opinion

We conducted our audit in accordance with Australian Auditing Standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Concise Financial Report section of our report. We are independent of the Company in accordance with the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) ('the Code') that are relevant to our audit of the concise financial report in Australia. We have also fulfilled our other ethical responsibilities in accordance with the Code.

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

Concise Financial Report

The concise financial report does not contain all the disclosures required by the Australian Accounting Standards in the preparation of the annual financial report. Reading the concise financial report and the auditor's report thereon, therefore, is not a substitute for reading the annual financial report and the auditor's report thereon.

The Annual Financial Report and Our Report Thereon

We expressed a qualified audit opinion on the annual financial report in our report dated 17 October 2023. The following paragraphs are copied from our audit opinion on the annual financial report for the year. The modification to the audit opinion in that annual financial report does not apply to this opinion on the concise financial report:

Donation of equipment income is a significant source of revenue for the Company. It has been determined that it is impracticable to establish control over the collection of donations received in the form of equipment prior to entry in the financial records. Accordingly, as evidence available to us regarding revenue from this source was limited, our audit procedures with respect to donations of equipment has been restricted to the amounts recorded in the financial records at the time when the donations are made to the recipients. We therefore are unable to express an opinion on the completeness of the donation of equipment received.

Our audit report also includes:

A emphasis of matter that draws the attention to Note 1 of the annual financial report, which describes the basis of accounting. The annual financial report has been prepared for the purpose of fulfilling the Company's financial reporting responsibilities under the Australian Charities and Not-for-profits Commission Act 2012 ('the ACNC Act') and the ACFID Code of Conduct. As a result, the annual financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of the Directors for the Concise Financial Report

The directors are responsible for the preparation of the concise financial report in accordance with Accounting Standard AASB 1039 Concise Financial Reports, and for such internal control as the directors determine is necessary to enable the preparation of the concise financial report.

Auditor's Responsibilities for the Audit of the Concise Financial Report

Our responsibility is to express an opinion on whether the concise financial report, in all material respects, complies with AASB 1039 Concise Financial Reports and whether the discussion and analysis complies with AASB 1039 Concise Financial Reports based on our procedures, which were conducted in accordance with Auditing Standard ASA 810 Engagements to Report on Summary Financial Statements.

Report on Other Legal and Regulatory Requirements

Based on our audit, the Company has materially complied with the requirements of the ACFID Code of Conduct.

Reliance Auditing Services

Reliance Auditing Services (WA) Pty Ltd

Naz Randeria

Naz Randeria
Managing Director
Perth
17 October 2023

Head Office
PO Box 767, West Perth WA 6872
Level 3 / 72 Kings Park Road, West Perth WA 6005
Melbourne PO Box 670, North Melbourne VIC 3051

1300 291 060
info@relianceauditing.com.au
www.relianceauditing.com.au

Liability limited by a scheme approved under Professional Standards Legislation | Reliance Auditing Services (WA) Pty Ltd | ACN: 647 433 654

Grants & Corporate Support



ADFA acknowledges the support of the Australian Government through the Direct Aid Program.



For all their extraordinary assistance with storage and logistics.



We are extremely grateful to The Emirates Airline Foundation for long standing and loyal support.



Air Mauritius for their support in providing excess baggage for medical team visits to Madagascar.



For their financial support which has enabled many projects to be fulfilled.



Financial assistance, equipment and pharmacy products for our programs in Madagascar.



DAK Foundation has generously donated much needed equipment and funding.



Base Resources Madagascar project Base Toliara has supported ADFA through transport and funding.



Evion Group subsidiary BlackEarth Minerals Madagascar Sarl has supported ADFA through office and program support.



Becky Chilcott and Bronte Maddren (intern) at Chil3 for design and production of Annual Report.

We also receive in-kind support from:

Lycopodium and **Mick Caratti**, for collaboration in development equipment

Print Impact, printing support

Royal Wolf, logistics assistance

Medical equipment and supplies donated by:

AlSCO Perth

AxisHealth

Boston Scientific

BSN Medical

Cook Australia

DS Biomedical

Karl Storz

Olympus

Smith & Nephew

Stryker

Uniforms West

Wheelchairs for Kids

Zeiss Australia

Zimmer Biomet

and many public and private hospitals

Financial support from:

ATS Charitable Fund

Dawncrest Holdings Pty Ltd

Forrest Family

Jack Goodacre & Susan Sheath

John Bond

Kevin Skelton

L & R Uechtritz Foundation

Maca Mining Pty Ltd

Max Montgomery

Mimi & Willy Packer

Mutual Investments Pty Ltd

Nadia and Alf Taylor Foundation

Old Money Pty Ltd

Richard & Lesley Lockwood

Sock It To Sarcoma

The Dalkeith Rotary Charitable Trust

The Harry Secomb Foundation

The Very Good Foundation

Val Trevenen

and many other private and corporate donations.



**AUSTRALIAN
DOCTORS
FOR AFRICA**

Australian Doctors for Africa
ABN 47 116 149 985

Suite 1, 219 Onslow Road
Shenton Park WA 6008
Australia

+61 8 6478 8951
admin@ausdocafrica.org

www.ausdocafrica.org