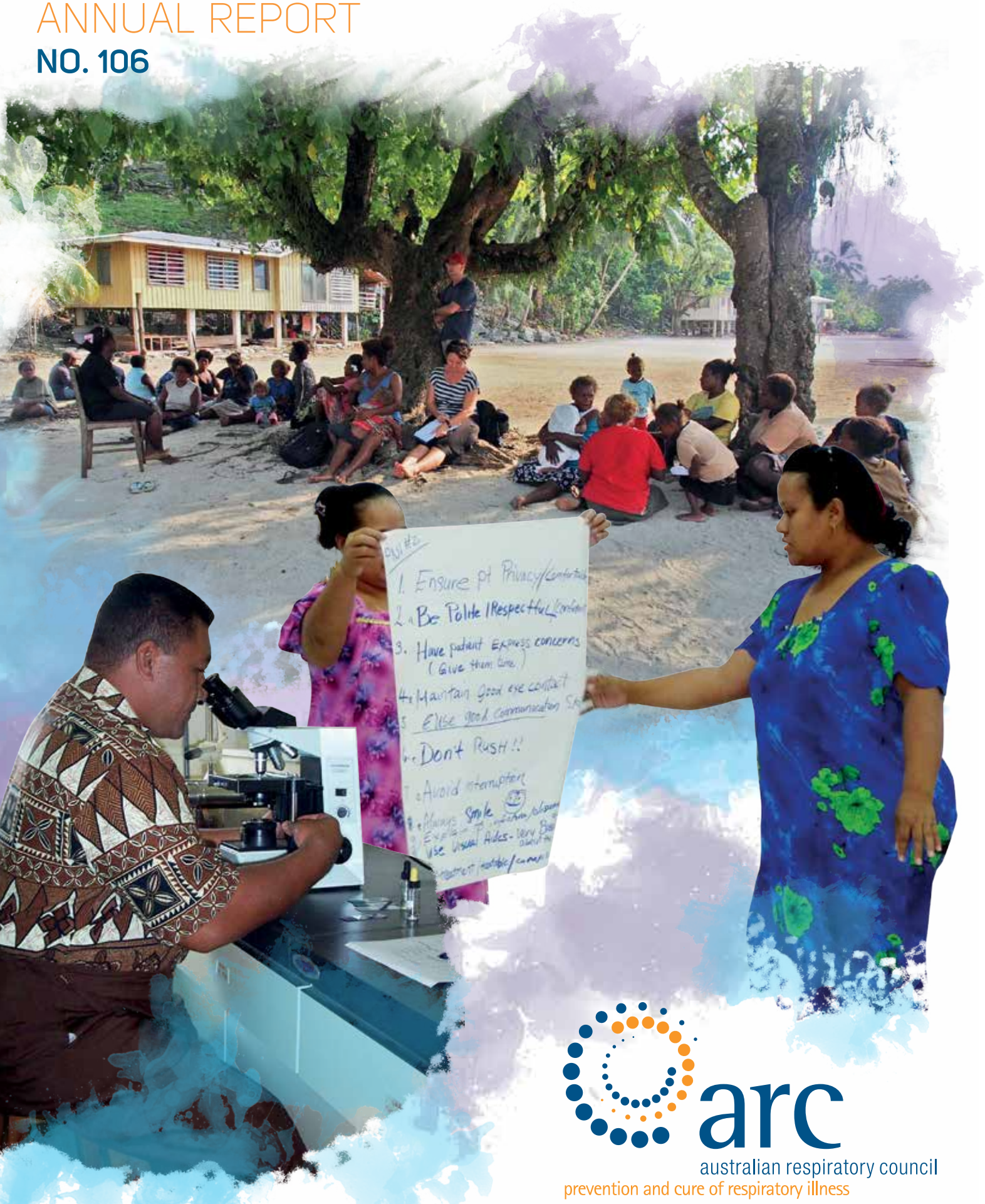
2019
ANNUAL REPORT
NO. 106



arc

australian respiratory council

prevention and cure of respiratory illness

Our Patrons



Her Excellency The Honourable Margaret Beazley AO QC Governor of New South Wales and Mr Dennis Wilson

The Australian Respiratory Council (ARC) confirms that in the pursuit of its mission and vision it has no tobacco exposure in regard to direct stocks or managed funds exposures held within its' Investment Portfolio.

The ARC welcomes feedback. Please send feedback or complaints to arc@thearc.org.au or write to the Executive Director, Australian Respiratory Council, PO Box 942 Broadway, NSW 2007.

The ARC confirms its commitment to full adherence to the ACFID Code of Conduct. Complaints relating to a breach of the ACFID Code can be made to the ACFID Code of Conduct Committee www.acfid.asn.au

ACFID MEMBER

The Australian Respiratory Council (ARC) is a member of the Australian Council for International Development (ACFID) and is a signatory to the ACFID Code of Conduct. The Code requires members to meet high standards of corporate governance, public accountability and financial management.

The Union
International Union Against Tuberculosis and Lung Disease
Health solutions for the poor

The Australian Respiratory Council (ARC) is a Heritage Member of the International Union Against Tuberculosis and Lung Disease (The Union). The mission of The Union is to bring innovation, expertise, solutions and support to address health challenges in low and middle income populations.

REGISTERED CHARITY
acnc.gov.au/charityregister

The Registered Charity Tick is a way for registered charities to easily show the public that they are registered with the Australian Charities and Not-for-profits Commission (ACNC), and it will also help members of the public find information about the charity on the Charity Register. The ACNC encourages members of the public to use the information on the Charity Register to make informed giving decisions.

arc australian respiratory council
prevention and cure of respiratory illness

Our Vision

A world free of tuberculosis and lung disease.

Our Mission

The mission of Australian Respiratory Council is to improve lung health for vulnerable communities in Australia and the Asia-Pacific through translation of research and evidence-based practice into sustainable health solutions.

Organisational Values

The values that ARC strives to reflect and embody include the following:

- Accountability to stakeholders
- Ethical and sustainable practice
- Credibility and professionalism
- Consultative and participatory practices
- Leadership in respiratory health
- Maintaining a development based focus
- Contributing to intellectual and professional development
- Implementing evidence based practices and activities that are community led, innovative, efficient, caring, compassionate and respectful.

PRESIDENT'S REPORT



As President, I am pleased to report on the activities and outcomes of the Australian Respiratory Council (ARC) in 2019. My report will highlight the work undertaken by our organisation, our project partners and funding recipients over the year.

This year, the most significant activity undertaken was the implementation of an organisational restructure. After considerable review, discussion and strategic evaluation of the organisational needs, the Board of Directors implemented a restructure in May 2019. I am pleased to report that the restructure has enabled ARC to meet its evolving business needs including; an increased need for advocacy, technical assistance and capacity for the delivery of project activities. The restructure positions ARC well for the future.

As part of the review of the organisation, Jean Santos was appointed to fill a casual vacancy on ARC's Board of Directors. Jean is an accomplished and skilled technology leader with over twenty years' experience in successfully delivering business improvement and digital transformation programs throughout Asia-Pacific, Europe and the Americas. Jean is an advocate for corporate social responsibility and philanthropy and has worked with the United Nations Association of Australia, to build awareness and make positive change by delivering programs that align to the United Nations 17 Sustainable Development Goals. I would like to welcome Jean to the Board of Directors and look forward to working with you in the future.

On behalf of ARC's Board of Directors I would like to congratulate Amanda Christensen on her award this year for significant service to community health, particularly to respiratory diseases, as a Member (AM) in the General Division of the Order of Australia. Amanda was appointed as a Director of the ARC in 2001, a Life Governor in in 2011 and has worked as the Executive Director of ARC since 2013. I am pleased that Amanda's contribution to the work of ARC, TB elimination and capacity building for health care workers and National Tuberculosis (TB) Programs within the region has been acknowledged through this award.



Sheila Simpson

At the time of writing the annual report I would also like to acknowledge Sheila Simpson's award in the 2020 Order of Australia General Division (OAM) for services to nursing. On behalf of the Board of Directors, I extend our congratulations to Sheila on her well-deserved award. In recognition of the outstanding contribution of Sheila Simpson, to the work of ARC, her clinical leadership and mentoring of the nursing workforce within the speciality area of TB, over four and a half decades, ARC will be implementing an educational scholarship for nurses in honour of Sheila.

I would like to acknowledge the retirement of Emeritus Professor Paul Seale AM from the ARC Board of Directors in May, 2019. Paul Seale in his twenty two year tenure as a Director, Vice President and President of ARC made a significant contribution to the work and activities of the organisation. In recognition of Paul's contribution to ARC he was elected a Life Governor in 2007. On behalf of the Directors and staff of ARC I wish Paul well for the future and thank him for his service to the organisation.

Acknowledgement and thanks

I would like to extend my personal thanks to ARC's Directors who continue, in a voluntary capacity, to dedicate their time and expertise to the organisation, your contribution is greatly appreciated. I would particularly like to thank Robyn Johnson, Ian Ramsay, Chris Turner, Kerrie Shaw and Greg Fox for their contribution to leading the work on the restructure of ARC and strategic planning for the future. Our good friends, Vice President Peter Gianoutsos and Iven Young continue to inspire and significantly contribute to ARC. Peter Gianoutsos was my personal physician in the early 90's, his skills and dedication over so many years is appreciated by me, many others and ARC.

In 2019, the Finance Team, led by, Chris Turner supported by Peter Gianoutsos, Robyn Johnson and the staff of the ARC worked to ensure that ARC was able to continue funding operational, research and project activities. Further information on ARC's financial statements are detailed on pages 28 to 48 of the annual report.

On behalf of Professor Iven Young, Chair of ARC's Research Committee, I would like to acknowledge the contribution of the Research Committee. Thank you for your support and time in assisting ARC to achieve our research goals. Further information on the grants awarded this year to ACTnet and through the Harry Windsor Research Scheme are included in the annual report on pages 11 to 17.

At the core of the values of the ARC is the approach to working in partnership with other agencies. In 2019, ARC continued to work with The International Union Against TB and Lung Disease (The Union), the World Health Organisation and the US Centers For Disease Control to fund and deliver projects, provide training and technical support for health care workers, to promote respiratory health and global TB elimination.

I would like to acknowledge again this year the ongoing contribution that Amanda Christensen and her colleagues from the ARC Nurse Consultants Group, Pam Banner and Kerrie Shaw

have made to the project work and activities that ARC supports and delivers within the region. The expertise and ongoing commitment demonstrated by the group to ARC, our partners and projects is valued. Further information on ARC's project activities and funding are included in the annual report on pages 18 to 21.

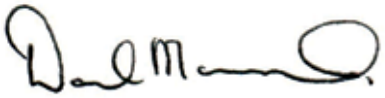
I would like to acknowledge the grants received this year, from the US Centers for Disease Control and Prevention (CDC) and the Bowlers Club of NSW Ltd to support ARC's work and project activities. The CDC provided funding for the development of the Sputum Tool Kit, training of nurses and outreach workers at the annual Pacific Island TB Controllers workshop and the monthly Pacific Island TB Nurses Network meetings. Funding from the Bowlers Club of NSW Ltd was utilised to support homeless and vulnerable people with TB. Providing financial support for food, accommodation and transport for vulnerable people with TB is an important strategy to support treatment completion and reduce the individual and public health risks associated with the disease. I would like to thank both organisations for their financial contribution towards the work of ARC.

My thanks and those of the Board are extended to ARC's Investment Advisors David Knowles and Daniel Meech from Koda Capital for their financial guidance in 2019 and to David Conroy and Patryk August, from Conroy Audit & Advisory for their expertise and assistance in meeting our annual auditing responsibilities.

Finally, I extend my sincere thanks and gratitude to ARC's donors without whom we would not be able to continue our work. The loyalty and generosity of our donors, many of whom have been supporting our work for many years is greatly valued by everyone involved with our organisation. This year ARC was fortunate to be the beneficiary of two large bequests. Funds raised through our fundraising activities and bequests are allocated to funding research activities and the delivery of projects both within Australia and the Asia Pacific Region. I hope through this report, our publications and website (www.thearc.org.au) we can share with you how your donations contribute to respiratory health and the work of ARC, particularly at this challenging time when the world is impacted by a deadly respiratory virus, COVID - 19.

Over the past twenty years, ARC has dedicated just under $3 million dollars ($2,936,775) to medical research for respiratory disease. Recent months have shown such research to be fundamental to our society.

To all those in Australia and around the world working tirelessly in the pandemic, the frontline health care workers, support crew and researchers focused on developing a vaccine, thank you for your commitment and dedication to saving lives.



David Macintosh AM
President



GOVERNANCE

BOARD OF DIRECTORS

AMANDA CHRISTENSEN AM
Registered Nurse



NSW Tuberculosis (TB) Program Manager 1997-2013; various positions in public health for over twenty years including; clinical nurse consultant in public health Corrections Health Service and TB prevention and control services for the NSW Ministry of Health. Member of the Commonwealth Department of Health National TB Advisory Committee 1997 – 2013. Member of the NSW Ministry of Health TB Advisory Committee 1997 to Present. Appointed to the Board of ARC in 2001. Elected as a Life Governor of ARC in 2011. Employed as the ARC Executive Director from April 2008 to May 2009 and April 2013 – Present. Treasurer & Executive Committee Member for the International Union Against TB and Lung Disease (The Union) Asia Pacific Region 2015 to 2019. Programme Secretary of The Union Nursing and Allied Health Professionals Sub–Section 2017 – 2019. Appointed a Member of the Order of Australia on June 2019 "for service to community health particularly to respiratory diseases".

ASSOCIATE PROFESSOR GREG FOX
PhD MIPH FRACP MB BS BSc(Med) GAICD



NHMRC Career Development Fellow and Associate Professor in Respiratory Medicine at Sydney University and Royal Prince Alfred Hospital, Sydney. Area Director of Tuberculosis Services, Sydney Local Health District. He is a Research Leader for the Woolcock Institute of Medical Research, and he jointly leads the Woolcock's Vietnam research team. Associate Professor Fox heads several NHMRC-funded clinical trials and translational research studies relating to tuberculosis, lung disease and antimicrobial resistance. His research aims to develop new approaches TB control in high-prevalence settings. Appointed to the Board of ARC in 2017.

CLINICAL ASSOCIATE PROFESSOR PETER GIANOUTSOS
MB, ChB (Univ of Otago), FRACP, FCCP



Appointed Emeritus Consultant Physician RPAH, 1 January 2014; Senior Consultant Thoracic Physician (VMO) Dept of Thoracic Medicine RPAH 1971-2013; Member TSANZ, ATS, ACCP, BTS, ALF, MLS (NSW); Chairman RPA Medical Board 1989-1991; Chairman of the NSW Branch of the Royal Australasian College of Physicians 1978 – 1982; Member of Medical Board of NSW 1978-1982; Chairman UMPS Medical Expert Panel 2002 – 2007; Member of Board of Directors UMP 2000-2003. Appointed to the Board of ARC in 2006. Vice President 2008 - Present. Elected Life Governor of ARC in 2012.

ROBYN JOHNSON
GAICD



Robyn Johnson is the Chief Executive Officer of Meetings & Events Australia, a not for profit organisation representing 600 members in the events sector. Meetings and Events Australia offers professional development and educational programs, accreditation and recognition. It provides a forum for members to discuss current issues to improve the delivery of events. Prior to this role Robyn was the Managing Director of an event management company that organised international and national conferences for the association, government and corporate sectors. Robyn is a graduate of the Australian Institute of Company Directors and has a solid background in developing and implementing business strategies for organisations. Appointed to the Board of ARC in 2012.

DAVID MACINTOSH AM
BBS (UTS), FCA



Member of the Order of Australia 2011, awarded National Medal for Service 2014, Chairman, The Macintosh Foundation, Macintosh Chair of Paediatric Respiratory Medicine - Endowed Chair 29 November 2005 in perpetuity; Founder since 2013 and Benefactor since 2007, Royal Alexandra Hospital for Children - The Children's Hospital at Westmead; Governor, Woolcock Institute of Medical Research 2000-2011; Director, The Australian Lung Foundation 1994-2013; Governor, St Vincent's Hospital, Curran Foundation; Life Governor, Melanoma Institute of Australia; Deputy Chairman, Ainsworth Charitable Foundation 2016 – Present; Executive Chairman, Manager Director and Independent Director of ASX listed Public Companies and private Companies over 28 years; 35 years of Senior Management and Director level in the Transport and Construction Industries in Australia and Europe; Actively involved in the Surf Life Saving movement for over 50 years; Life Member, Long Reef Surf Life Saving Club Inc.; Life Member - Collaroy Surf Life Saving Club Inc.; Life Member – City Tattersalls Club ; Director, Vice President - United Nations Australia Association (NSW) 2017 – 2019; Appointed Australia's United Nations Goodwill Ambassador Oceans – Life Under Water SDG-14 and The Pacific, 2018 – 2019 and Principal Advisor, Marine Life, and Oceans and The Pacific – United Nations Association of Australia 2019 - Present; Appointed to the Board of ARC in 1997; President of ARC 2000-2013; 2019 - Present. Vice President of ARC 2013 - 2019; Elected Life Governor of ARC in 2010.

IAN W. RAMSAY

LL.B (Syd.)



Solicitor, Supreme Court of NSW; General Manager and Board Director, WorkCover Authority of NSW 1988-1997; Chairman, Dust Disease Board of NSW 1988-1997; Member, National Occupational Health and Safety Commission 1988-1997; Chairman, Sporting Injuries Committee 1988-1997; Member, Joint Coal Board Health and Safety Trust 1993-1997. Appointed to the Board of ARC in November 2008 - 2011. Chair, of Centenary Celebration Committee. Reappointed to the Board of ARC in 2012 – Present.

JEAN MARIE SANTOS

BSCS IT



Bachelor of Science in Computer Science major in Information Technology with a career spanning over 20 years of experience, successfully delivering business improvement, business transformation, infrastructure and application projects globally. Presently employed at Lendlease as AUS Digital Place Manager holding accountability over new innovations & leveraging technologies to deliver business value. Jean's acquired skills in corporate social responsibility, environmental awareness and philanthropy has earned her the positions as Director of The Australian Respiratory Council 2019-Present, Director of Humanitarianism and Environment for the United Nations Association of Australia (UNAA) NSW Division, NSW Program Lead for UNAA National Climate Change program and UNAA National Refugee Program 2018-Present, Director of the UNAA National Peace Program 2013-2018 and UN Women Australia NSW Chapter Executive Committee 2012-2014. Elected to ARC's Board of Directors to fill a casual vacancy 2019 – Present.

KERRIE SHAW

Registered Nurse



TB Coordinator South Eastern Sydney Local Health District (Northern Sector) 2013 - Present; Executive Officer Australian Respiratory Council 2009-2013; Manager Department of Respiratory Medicine, TB Coordinator, TB and Respiratory Clinical Nurse Consultant 1998-2009; Asthma Coordinator and TB Clinical Nurse Specialist South Eastern Sydney and Illawarra Area Health Service (Southern Sector) 1992-1998; Chair and Program Secretary, Nurses and Allied Health Subsection International Union Against TB and Lung Disease 2009-2013; Appointed to the National Asthma Expert Advisory Group 2006; Appointed to the Board Asthma Educators Association (NSW) 1992 and Board Australian Asthma and Respiratory Educators Association 2006, Life Member 2011; Appointed to Board of ARC in 2013.

CHRISTPOHER TURNER

B.Comm Dip.FS Assoc. Fin. FPA



'Turner Wealth' Capstone Financial Planning Dec 2019 – to Current, 'Turner Wealth Management' Commonwealth Financial Planning Pathways (Commonwealth Bank of Australia) May 2016 - Current, Senior Financial Planner Relationship Managed Clients, CBA Oct 2010 – May 2016, Commonwealth Financial Planning (Commonwealth Bank of Australia) Financial Planner (Inner and Mid-West) May 2007 – Oct 2010, Business Analyst / Project Manager (CMLA) (Commonwealth Bank of Australia) January 2004 – May 2007, Manager Operations/Projects, Resource Planning (Commonwealth Bank of Australia) September 2002 – January 2004, Service Consultant / Resource Analyst (Commonwealth Bank of Australia) August 1999 – September 2002, Senior Sales & Marketing Manager Sarran Pty Limited 1994 – 1995, B. Comm Newcastle University 1990 – 1993. Appointed to Board of ARC in 2017.

CLINICAL PROFESSOR IVEN YOUNG AM

BSc (Med), MB BS, PhD FRACP



Senior Physician, Department of Respiratory and Sleep Medicine, Royal Prince Alfred Hospital (RPAH) 2012 - Present; Visiting Medical Officer, RPAH 1979-1985; Senior Staff Specialist in Respiratory Medicine, RPAH 1985- 2012; Post-Doctoral Fellow, University of California, San Diego 1976-1978; Research Fellow, University of Sydney 1974-1976; Respiratory Physician (FRACP) 1975 - Present; Member, Thoracic Society of Australia and New Zealand; Senior Examiner, Australian Medical Council 1997-Present; elected to the Adult Medicine Division, Royal Australasian College of Physicians 2000-2001; Chairman, Division of Medicine, RPAH 2001-2009; Chair, Physician Training Council, HETI 2010-2019; Board Member Woolcock Institute of Medical Research 1998 - 2017 when appointed a distinguished alumnus. Appointed to the Board of ARC in 1998. Elected Life Governor of ARC in 2003. Chair of Research Committee. Awarded the Society Medal of the Thoracic Society of Australia and New Zealand at the Perth Annual Scientific Meeting, April 2016. Appointed a Member of the Order of Australia on 13 June 2016 "For significant service to respiratory and sleep medicine."

RESEARCH COMMITTEE



Clinical Professor Iven Young AM (Chair)
Chair, Physicians Training Council.



Associate Professor Greg Fox
NHMRC Career Development Fellow and Associate Professor in Respiratory Medicine at Sydney University.



Professor Carol Armour AM
Executive Director, Woolcock Institute of Medical Research
Professor of Pharmacology & Associate Dean (Career Development & Research), Sydney University.



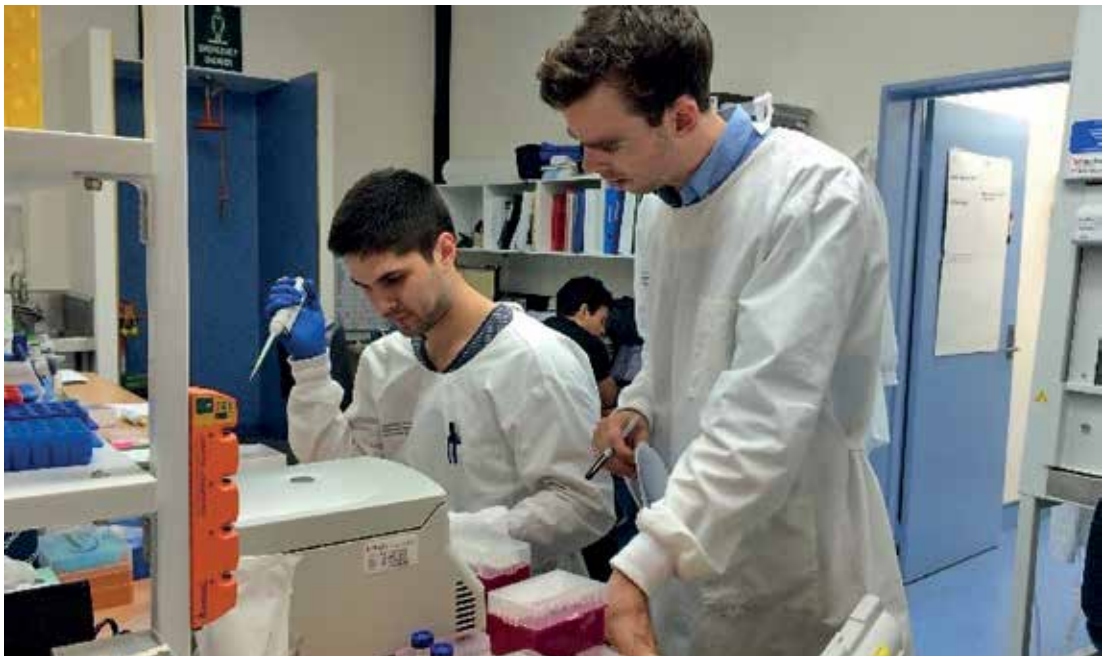
Professor Peter Gibson
Senior staff specialist & Director of Ambulatory Care & Sleep Medicine at the John Hunter Hospital, Conjoint Professor of Medicine in Faculty of Health, Newcastle University, Co-Director of the VIVA Programme, Hunter Medical Research Institute. President of Thoracic Society of Australia and New Zealand (TSANZ).



Associate Professor Justin Denholm
Medical Director, Victorian Tuberculosis Program, Melbourne Health; and Principal Research Fellow, Department of Microbiology and Immunology, University of Melbourne.



David Macintosh AM
ARC President (ex officio).



PRESIDENTS AND LIFE GOVERNORS

The National Association for the Prevention and Cure of Consumption

Year	President
1913 - 1917	Sir Phillip Sydney Jones
1918 - 1922	Dr Frederick Sobieski Vladimir Zlotkowski
1922 - 1928	Hon. George Frederick Earp MLC
1929 - 1930	Thomas Ernest Rofe

Anti-Tuberculosis Association of NSW (from 1931)

Year	President
1931 - 1934	Thomas Ernest Rofe
1935 - 1941	William Grazebrook Layton CBE
1941 - 1942	Phillip Lazarus JP
1942 - 1944	Sir Ernest Thomas Fisk
1944 - 1953	Zade Lazarus
1954 - 1955	Hon. Justice Edward Parnell Kinsella CBE
1955 - 1959	Ebenezer Richard Bagery-Parker
1959 - 1960	Harold Bruce Gibson
1960 - 1967	Hon. Justice Edward Parnell Kinsella CBE
1967 - 1972	Professor Noel Desmond Martin AM

Community Health and Anti - Tuberculosis Association (from 1973)

Year	President
1973 - 1994	Professor Noel Desmond Martin AM
1995 - 1999	Professor Ann J Woolcock AO
1999 - 2000	Dr Gregory Joseph Stewart
2000 - 2001	David Hugh Macintosh AM

Tuberculosis Australia (from 2001)

Year	President
2001 - 2006	David Hugh Macintosh AM

Australian Respiratory Council (from 2006)

Year	President
2006 - 2013	David Hugh Macintosh AM
2013 - 2019	Emeritus Professor J Paul Seale AM
2019 - Present	David Hugh Macintosh AM

Year	Life Governors
1932	Honourable George Frederick Earp MLC, CBE (C)
1934	Sir John Sulman
1934	Sir Kelso King and Lady King
1966	Sir Harry Wyatt Wunderly
1996	Dr Keith Wellington Hills Harris AM
2003	Professor Noel Desmond Martin AM
2003	Clinical Professor Iven Young AM
2003	Emeritus Professor Ian W Webster AO
2007	Emeritus Professor Charles Baldwin Kerr AM
2007	Emeritus Professor J Paul Seale AM
2009	David Hugh Macintosh AM
2011	Amanda Christensen AM
2011	Professor Gavin Frost
2012	Robert Horsell OAM
2012	Clinical Associate Professor Peter Gianoutsos

SUPPORTERS OF ARC



BREATH OF LIFE

A Bequest to ARC provides a way to continue a lifetime of generous giving

"We can change the world and make it a better place. It is in your hands to make a difference." *– Nelson Mandela*

One of the most important ways that ARC's loyal donors are helping ARC's work is by including a bequest to ARC in their Will. Bequests left to ARC are made from people from all walks of life, not just the wealthy. Even a modest gift can be life-changing for someone in need. When you choose to leave a gift in your Will, it benefits the whole community.

Your Will allows you to express support for your fundamental values and can have an impact on the health and well being of future generations – not only by the inheritance you leave to your family and friends but also the gift you can leave for the well-being of the community through ARC. After you have made provision for your family and friends in your Will, you may like to consider the Australian Respiratory Council (ARC) as a worthy recipient.

Such a gift to ARC would ensure that your name would always be remembered. By informing us of your intended bequest, ARC will be able to acknowledge you as a member of The Breath of Life group. The Breath of Life is a group of special people who have told us that they plan to leave at least part of their estate to ARC. Through the Breath of Life group ARC can recognise the generosity and honour the contribution of its members. There is no obligation to becoming a member of The Breath of Life other than letting us know that you intend leaving a bequest in your Will.

A bequest can be of any size and can be given as cash, property or shares. All gifts large or small are important and greatly appreciated. All gifts make a difference.

Whatever amount you bequeath to the Australian Respiratory Council, be assured that it will be an enduring tribute to your generosity and concern for the welfare of your fellow man. Your bequest ensures the personal link and "journey' you have had with ARC over many years continues into the future.

Your Bequest will allow ARC to continue to offer the quality of service you have come to expect from us - reducing the incidence and impact of tuberculosis and respiratory disease in Australia and the Asia Pacific Region.

If you would like to consider leaving a Bequest to ARC, please contact us for a copy of our Bequest booklet, "Your Security, Your Future".



INVESTING IN THE FUTURE THROUGH RESEARCH



ANN WOOLCOCK FELLOWSHIP

This award was established in 2004 and is named in honour of the late Professor Ann Woolcock AO, former head of the Institute of Respiratory Medicine at the University of Sydney and Royal Prince Alfred Hospital. Professor Woolcock was a strong supporter of trainee scientists and physicians.

This is a 4 year full time postdoctoral fellowship in biomedical, clinical or public health research and is valued at approximately $100,000 per year. The Fellowship aims to encourage people of outstanding ability to develop research as a significant component of their career.

The Fellowship supports research relating to tuberculosis, respiratory diseases due to other infections, or respiratory diseases related to tobacco use, community issues or the health of disadvantaged groups.

Ann Woolcock Fellowship

2005 - 2009

The genetic influences on causal pathways of acute lower respiratory tract infections (ALRIs) in highly susceptible infants in PNG

Dr Ingrid Laing
Telethon Institute for Child Health Research, WA

2010 - 2014

Characterisation and treatment of innate immune dysfunction in older people with obstructive airway disease

Dr Jodie Simpson
University of Newcastle, NSW



HARRY WINDSOR RESEARCH GRANTS SCHEME

These grants are named in honour of the late Dr Harry Windsor, a leading Australian heart surgeon who played a key role in ARC for many years.

Dr Windsor performed the first heart transplant operation in Australia and was a prominent cardiothoracic surgeon at Sydney's St Vincent's Hospital.

He was actively involved with ARC and its Board from 1955 until his death in 1987.

These awards are offered nationally to support research in:

- Tuberculosis
- Respiratory diseases related to other infections
- Smoking-related respiratory diseases

Research which also address community issues or the health of disadvantaged groups are particularly encouraged.

Grants of approximately $50,000 are offered each year. Grants are available for projects submitted to the National Health and Medical Research Council (NHMRC) which are considered fundable but which do not reach the cut-off mark for funding in any one year. An information sheet and grant conditions can be found and downloaded from ARC's website: www.thearc.org.au

Harry Windsor Research Grants

2019 Recipients

2019

Protecting the lungs against tuberculosis by pulmonary delivery of a novel TB vaccine.
Professor Warwick Britton AO,
Centenary Institute, University of Sydney, NSW

Tuberculosis elimination: A qualitative investigation of the perspectives of South Asian Migrant communities in the Illawarra.
Dr Chris Degeling,
University of Wollongong, NSW

Evaluating the impact of latent tuberculosis treatment strategies in Australia.
Associate Professor Justin Denholm,
Melbourne University, VIC

PROFESSOR WARWICK BRITTON, PROFESSOR JAMIE TRICCAS AND DR CLAUDIO COUNOUPAS

Centenary Institute and The University of Sydney, NSW



Protecting the lungs against tuberculosis by pulmonary delivery of a novel TB vaccine.

Aim 1. To determine the characteristics of CysVac2-induced memory T cells in the lung

We have completed the phenotypic characterisation of CD4 T cells induced in the lung by pulmonary immunisation with the CysVac2/Advax1 vaccine. Using intravascular staining, we showed that this route of delivery stimulated vaccine-specific CD4 memory T cells that remained in the lung parenchyma and expressed the cell markers, CD69 and CD11a, typical of tissue resident memory T cells. In comparison with immunisation by the subcutaneous route, the lung resident memory T cells expressed the cytokines IL-17 and TNF rather than IFN-g. We have completed protection studies that proved that pulmonary immunisation with the CysVac2/Advax1 vaccine protects against aerosol challenge with virulent M. tuberculosis. Interestingly, the pulmonary vaccine using CysVac2 and Advax (δ-inulin) alone was as protective as when CysVac2/Advax was combined with CpG oligonucleotide. This means that a simpler, "less inflammatory" pulmonary vaccine could be tested in humans.

Aim 2. Role of IL-17 in the protection induced by CysVac2/Advax1 pulmonary immunisation.

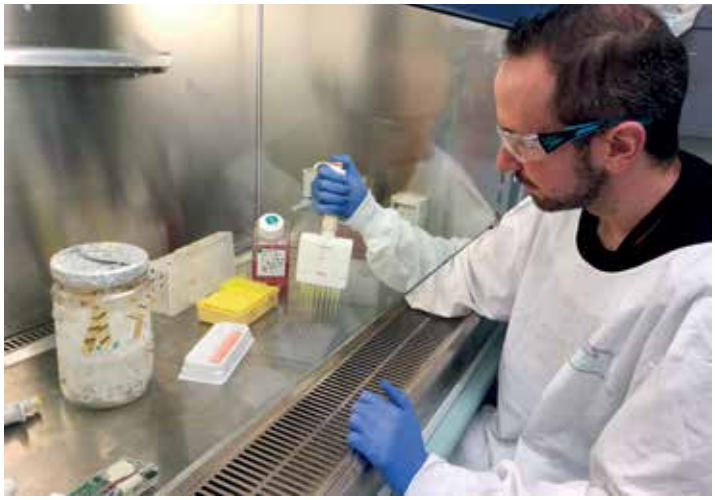
Dr Counoupas has completed the experiments testing whether neutralisation of IL-17 with monoclonal antibodies would block protection from this pulmonary TB vaccine. There had a dramatic effect and neutralisation of IL-17 during challenge with M. tuberculosis completely abrogated the protective effect of the vaccine and changed the pattern of cytokine production in the lung during TB infection. This supports the additional benefit of pulmonary immunisation with novel TB vaccines. This work has been for publication (see below).

Continuing work:

We have completed experiments determining the transcriptional profile of lung memory T cells induced by a recombinant Influenza A (rIAV-p25) TB vaccine using NanostringTM technology that measures levels of expression of 600 immunity-related genes. Previously we proved induced Mtb-specific tissue resident memory T cells and protected against TB (Flórido M et al, Mucosal Immunology 2018,11:1743). We identified markedly different gene expression profiles in memory T cells compared to the early effector T cells recruited to the lung or naïve T cells and differences between memory T cells in the lung and those in other tissues (Armitage E, et al, unpublished). We are now comparing the transcriptional profile of lung-memory T cells induced by the CysVac2 /Advax and rIAV-p25 TB vaccines. We shall determine the pattern of early gene expression following pulmonary delivery of our novel CysVac2 /Advax vaccine. Together, this will provide a biosignature for pulmonary vaccination against TB.

Publication:

Counoupas C, Ferrell K, Ashhurst A, Bhattacharyya N, Nagalingam G, Feng CG, Petrovsky N, Britton WJ, Triccas JA. (2020) Mucosal vaccination with CysVac2/Advax induces Th17 lung-resident CD4+ T cells and interleukin-17-dependant protection against Mycobacterium tuberculosis infection. (submitted)



Dr Claudio Counoupas

Figure 1. *Co-localisation of Advax adjuvant and CysVac2 antigen following intratracheal vaccination. Mice were vaccinated withAdvax-FITC and CysVac2-AF647 and lungs examined 24 hours by confocal microscopy (x60). Green=Advax andjuvant. Red=CysVac2 antigen. Blue=cell nuclei. (or Image of lung macrophages that have taken up green-labelled Advax adjuvant with mycobacterial antigen in red 24 hours after pulmonary immunisation.)*

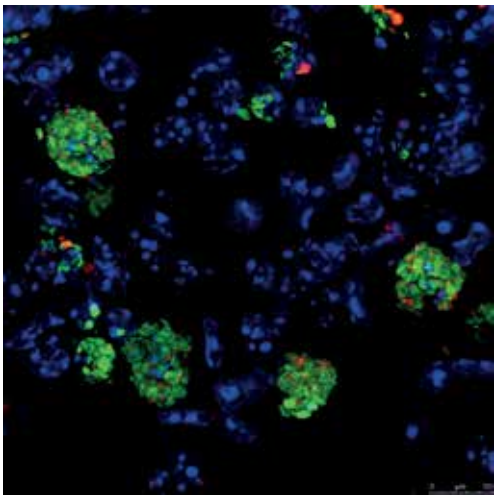
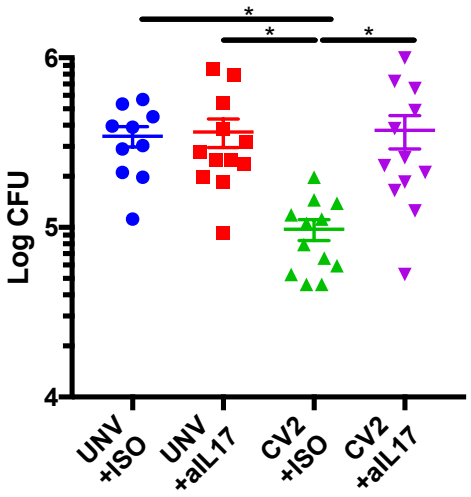


Figure 2. ***The Cytokine IL-17 is required for the protective effect of pulmonary immunisation with CysVac2 (CV2)/Advax.*** *MIce immunised with CysVac2 (CV2) and Advax by the intratracheal route were protected against aerosol infection with M. tuberculosis (green triangles0, but this protection was lost following treatment with anti-IL-17 antibody (purple triangles).*



ASSOCIATE PROFESSOR JUSTIN DENHOLM

University of Melbourne, VIC



Evaluating the impact of latent tuberculosis treatment strategies in Australia

In 2019, we were very encouraged to receive funding from the ARC Harry Windsor Research Grant to assist in conducting a program of research into the epidemiological impact and cost effectiveness of treating LTBI towards TB elimination in Australia.

Background

This project centred on Australia's commitment to the End TB strategy, which involves ambitious incidence reduction milestones, including a 50% reduction in tuberculosis disease (TB) rates by 2025. If these targets are to be met, prevention of TB cases through the detection and treatment of latent TB infection (LTBI) is required. Until recently, only limited information regarding the frequency and distribution of LTBI in Australia has been available, and there has been no agreed national approach to addressing LTBI. To address this, our earlier work used Australian census data and international studies on risk of acquiring TB infection to estimate national LTBI prevalence, finding that in 2016 5.1% of all Australian residents (and 17.1% of all overseas-born Australians) had LTBI[i]. These preliminary studies allowed development of a detailed demographic and geographic map of Australians with LTBI and their future risk of disease, with an example shown in Figure 1.

This project extended these estimates of LTBI burden and distribution in Australia, considering both prevalence of infection and risk of reactivation, in a mathematical modelling study to assess the potential impact, and cost-effectiveness of specific interventions directed towards TB elimination.

Project

Given the extent of LTBI prevalence in Australia, programs for reducing TB incidence through testing and treatment of LTBI must necessarily be population-based; that is, they must identify populations with LTBI and at risk of TB disease, in order to intervene on a sufficiently large scale for epidemiological impact. Such programs must not be indiscriminate, however, as the considerable majority of the Australian population are not at substantial risk of TB disease, and it would be both ethically problematic and inefficient to include larger low-risk populations in testing programs[ii]. Despite these limitations, a variety of approaches to such testing and treatment are possible, and this project focused on optimising and comparing such strategies in an Australian context, through development of a realistic and context-specific mathematical model.

LTBI prevalence information was linked with TB notification data from the National Notifiable Disease Surveillance System (NNDSS), in order to provide local estimates of the absolute risk of TB reactivation in Australia[iii]. This allowed detailed quantification of dynamic TB risk in relation to age, time since migration, and country of birth. While these factors have been traditionally associated with increased risk of TB, this approach allow for evaluation of the interactions between them, and the

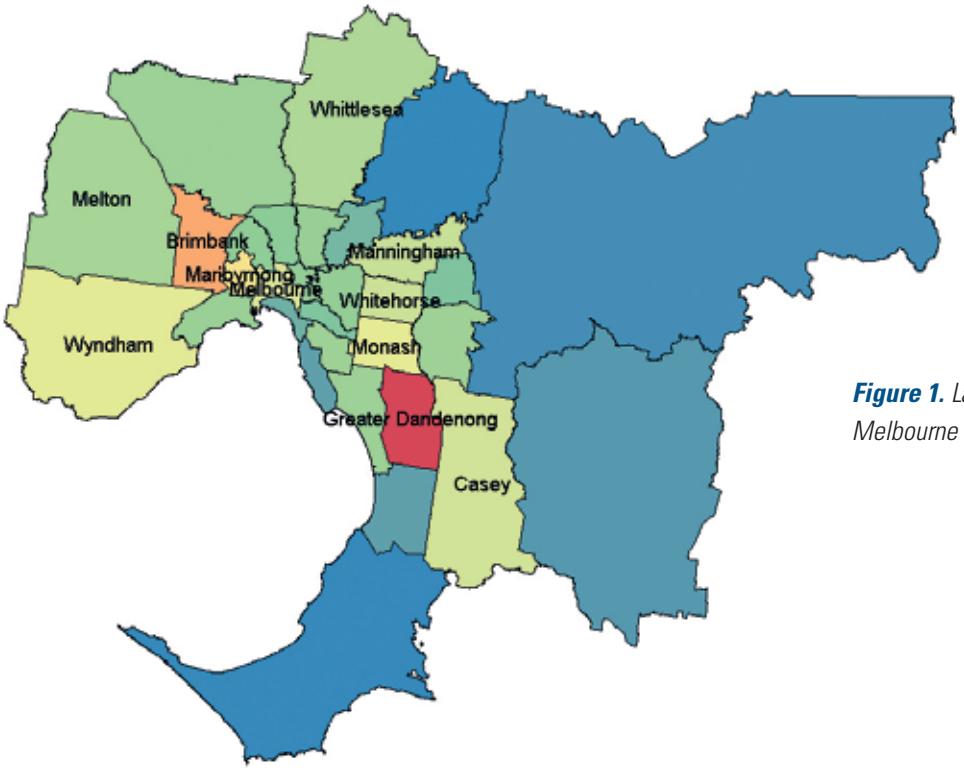


Figure 1. *Latent tuberculosis prevalence by Melbourne local government area, 2016*

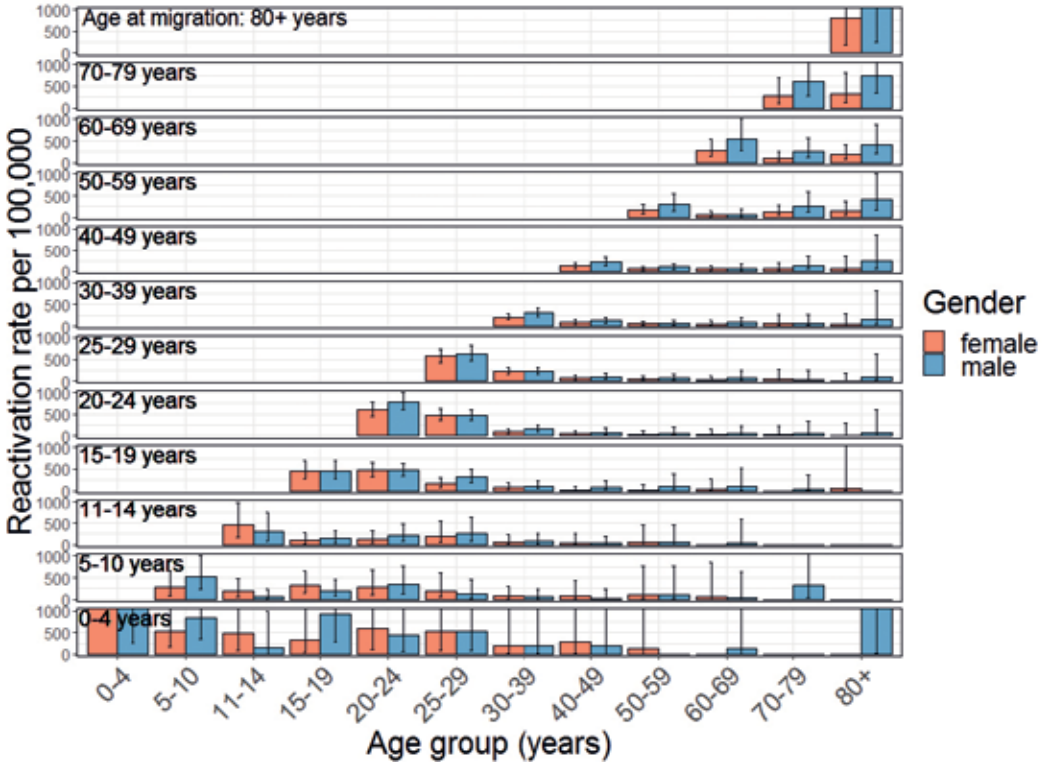


Figure 2.
Risk of reactivation by age and time since arrival

potential for cohort effects to be considered. We demonstrated higher risk in the first few years after arrival, and particularly in those migrating at older age.

These novel and locally specific estimates were then incorporated into the development of a mathematical model of TB in Australia, allowing impact assessment to be tailored to local conditions.

Mathematical model

A detailed mathematical model of TB, including individual-level consideration of migration, age, sex and other relevant factors for TB reactivation and disease, was developed by the Australian Tuberculosis Modelling Network (AuTuMN). This model was used to evaluate the likely impact of a range of strategies for detecting and treating LTBI to prevent TB reactivation in Australia, with outcomes focused on both incidence reduction and cost-effectiveness. Strategies evaluated included introduction of LTBI testing into existing migration screening program, new post-migration LTBI testing programs following arrival in Victoria, and supplemental strategies for additional testing and treatment programs in existing Victorian residents based on broad community engagement, geographical targeting and programs focused on specific migrant communities. The model generated a large number of outcome assessments, with evaluation of strategies by age, migration country of origin, testing and treatment strategy and a variety of apporaches to targetting, which is being preprared for publication. This model has now been established for ongoing use, allowing the possibility to incorporate such analyses into other TB-related programmatic evaluation in future.

Outcomes and significance

This project will provide a foundation for planning towards the elimination of tuberculosis in Australia. We're grateful to the ARC and the Harry Windsor Research Grant for their support in this important work.

[i] Dale KD, Houben R, Dodd P, Trauer JM, Denholm JT. Estimating the prevalence of latent tuberculosis infection in a setting of low burden and high migration: Australia. *European Respiratory Journal*, 2018;52(6):1801218.

[ii] Denholm JT, Matteelli A, Reis A. Latent tuberculosis infection: ethical considerations in formulating public health policy. *Int J TB Lung Dis*, 2015;19(2):137-140

[iii] Dale KD, Trauer JM, Dodd PJ, Houben RM, Denholm JT. Estimating long-term tuberculosis reactivation rates in Australian migrants. *Clinical Infectious Diseases, 2019*;doi.org/10.1093/cid/ciz569

DR CHRIS DEGELING

Australian Centre for Health Engagement, Evidence and Values, University of Wollongong, NSW



Tuberculosis elimination: A qualitative investigation of the perspectives of South Asian Migrant communities in the Illawarra

Latent tuberculosis (LTBI) case finding and treatment are a focus of TB elimination in Australia. In order to optimise effectiveness LTBI screening programs will inevitably target groups who are at highest risk of past TB infection and future progression to active TB, such as immigrants from high-burden settings. LTBI screening uptake and the cooperation of targeted migrant communities, therefore, is essential to the future of TB elimination in low-incidence settings like Australia. The perspectives of migrants from high burden countries who will be targeted by this strategy are largely unknown. With the support of a Harry Windsor Grant, we are undertaking a series of studies to understand perceptions of migrant groups in Australia on LTBI screening.

For this project twenty-eight in-depth interviews were conducted with members of the Indian and Pakistani communities living in the Illawarra region of New South Wales to explore the acceptability and perceived legitimacy of targeted LTBI screening. Participants were from a range of ages and backgrounds. Previous research conducted in India and Pakistan indicate that TB remains highly stigmatized across the different cultural and ethnic groups living in the Indian subcontinent contributing to delays in diagnosis, with negative impacts on treatment compliance. Indian and Pakistani community members recruited purposively through local organisations in the Illawarra region of New South Wales. The interviews centred on capturing participants' viewpoints and perceptions of 3 topic areas or themes:

1. Knowledge of the aetiology, testing and treatment of TB and LTBI.
2. Understandings and experiences of the social effects and individual impacts of a TB diagnosis.
3. Perceptions as to the potential benefits, harms and overall fairness of different strategies for targeted LTBI screening of migrant communities in Australia.

Our study indicates that members of South Asian migrant communities living in Australia support efforts towards TB elimination. However, because Australia's immigration system prioritises migrants of higher socio-economic status most have limited lived experience of TB disease, perceive TB as being a disease of the poor, and not relevant to them.

Interview participants from both the Indian and Pakistani communities had sound knowledge of TB symptoms, but gaps in understanding of LTBI aetiology and transmission were evident. High quality medical treatment and disease management protocols in Australia were discussed as factors that work to reposition TB as a less threatening, less fearful and less stigmatising condition in this context. Nevertheless, lack of understanding of LTBI and sensitivity to being singled out and unfairly 'targeted' are likely barriers to screening participation.

Our results suggest that uptake of LTBI case-finding and treatment program can be enhanced by consulting with targeted communities, using existing networks for communication and service provision; and emphasising the benefits of prevention. Information provision and targeting rationale are an essential preamble to LTBI screening. Migration appears to modify cultural attitudes to TB, but not significantly. Despite less stigma surrounding TB in Australian contexts, testing privacy and confidentiality, and limiting public identification of specific migrant groups will be important to program acceptability.

In conclusion, this Harry Windsor Grant has allowed us to undertake a study that seeks to understand the perspectives of migrant groups likely to be a focus for LTBI screening in Australia. This work has importance not only for health service planning in Australia, but will also be relevant to many other low-incidence countries who are gearing up to pursue the WHO's timelines for TB elimination.

Acknowledgements: *This study was undertaken by a research team comprised of Julie Hall, Muhammad Kabir and Drs Patti Shih and Chris Degeling. We thank the Victorian Tuberculosis Program and Faculty of Social Sciences at the University of Wollongong for additional funding in support of this study and a parallel project working with members of the Vietnamese, Sudanese and South Sudanese communities living in Greater Melbourne.*

RESEARCH GRANT FEEDBACK



Australasian Clinical Tuberculosis Network (ACTnet)



Associate Professor Greg Fox

Associate Professor Justin Denholm

The Australasian Clinical Tuberculosis Network is a network of clinicians and researchers in Australia and New Zealand who aim to conduct high quality multicentre clinical research. The focus of ACTnet is development of new evidence to support TB elimination in Australia and beyond. The Australian Respiratory Council is the principal partner organization of ACTnet.

Current research activities: In 2019, ACTnet conducted several multicentre studies that sought to characterize the burden of tuberculosis in Australia. Among our current projects are:

1. The effect of weekly rifapentine and isoniazid (3HP), compared to 4 months of daily rifampicin (4RIF) upon adherence with treatment for latent TB infection

This multi-centre prospective, open-label, randomised trial will compare treatment adherence among patients taking two alternative effective regimens for LTBI: the new weekly 12 dose regimen of rifapentine / isoniazid (3HP), and daily self-administered rifampicin for 4 months (4RIF). This study will also evaluate the feasibility of scaling up these regimens, and explore their cost-effectiveness and patient acceptability. The study will be conducted at eight TB clinics across Sydney. Findings of this study will strengthen TB services across Sydney through a transition to new shorter regimens that prevent TB.

2. Evaluating the 'cascade of care' for off-shore migrant screening for latent tuberculosis infection (LTBI): a platform for evidence-based approaches to TB elimination in Australia

This research project aims to evaluate the implementation and costs of the new Department of Immigration and Border Protection policy to screen all children between 2 and 10 years who migrate to Australia from TB endemic countries (> 40 per 100,000) for latent tuberculosis infection (LTBI). This retrospective cohort study will include all children eligible for the Australian Child LTBI screening in the first year of implementation. Data collection has been completed in most states, with submission of the results for publication planned for mid 2020.

3. Tuberculosis risk in Australia: An epidemiological assessment of tuberculosis risk factors

This research project aims to better characterise the epidemiological profile, risk factors and management of TB patients to improve targeting and delivery of interventions necessary to achieve the elimination of TB in Australia. Dr Kerri Viney (ANU) led the study, which involved a nationwide survey of Australian TB patients in most Australian States undergoing treatment on the same day. Data collection has been completed, and analysis is underway.

Links to the European tbNET: Associate Professor Greg Fox, Chair of ACTnet, attended the annual tbNET research meeting in October 2019. Held in Madrid, Spain ahead of the annual European Respiratory Society Meeting, the tbNET meeting provided an opportunity to build links between the two societies. Australian researchers have been invited to participate in tbNET activities, with future research collaborations planned.

A new ACTnet Podcast: ACTnet and the TB Forum have recently launched The TBPod. The TBPod is a podcast designed for clinicians and policy makers caring for patients with tuberculosis. The TBPod consists of conversations with expert clinicians, researchers, policy makers and advocates about their work in the field of tuberculosis. The available episodes include latent tuberculosis infection with A/Prof Justin Denholm and Dr James Trauer, patient support and tuberculosis treatment adherence with Dr Kerry Viney and Mr Neil Heron and post tuberculosis lung disease with Dr Anthony Byrne. The TBPod episodes are published monthly and can be found on ITunes and the ACTnet website.

ACTnet thanks the Australian Respiratory Council for its continuing support. Membership to ACTnet is free. Please see our website www.actnet.org.au for further information.

actnet
australasian clinical tuberculosis network

PROJECT FEEDBACK



WHO MDR-TB Consultant Training Course Report, University of Sydney, Australia 2019

Background

Emergent drug resistant (DR), especially multi-drug and rifampicin resistant (MDR/RR), tuberculosis (TB) threatens the health security of the Western Pacific region. In 2017, there were an estimated 114 000 incident cases of MDR/RR-TB in the region of whom less than 25% received adequate treatment. A dramatic increase in the number of patients accessing adequate MDR/RR-TB treatment is necessary to meet the END TB targets and prevent ongoing transmission of DR-TB strains. The End TB unit within WHO Regional Office hosts the regional Green Light Committee (rGLC) Secretariat, which provides support and guidance to high-burden countries within the Region by organizing technical assistance missions. These missions are critical to improve Programmatic Management of Drug-Resistant TB (PMDT) performance within countries.

Recently, the WHO Guideline Development Group reviewed the latest evidence on the effectiveness and safety of MDR/RR-TB treatment regimens and advised important changes to the guidelines. Revised policy guidelines were released in December 2018, replacing all previous WHO evidence-based recommendations on the treatment of MDR/RR-TB. WHO and FIND also published a "Technical guide: The use of next-generation sequencing technologies for the detection of mutations associated with drug resistance in *Mycobacterium tuberculosis* complex", while WHO and GLI published a detailed guide on the interpretation of line probe assay (LPA) results and WHO will update existing TB infection control guidelines.

Rationale

To date, only a limited number of DR-TB experts have provided technical assistance to countries in the WHO Western Pacific Region. Developing a regional consultant pool will increase efficiency, reduce cost and more importantly serve to build critical regional capacity. Intra-regional consultancies should be beneficial for both consultants and receiving countries as the regional context will be similar and it should encourage horizontal collaboration among NTPs and institutions in the Region.

Taking into account all the new developments described, which will completely alter the way DR-TB patients are managed, it is imperative to train a larger group of DR-TB consultants that also involves a new generation. It is expected that country needs for technical assistance will increase dramatically given the major changes to existing guidelines and likely ongoing refinements in coming years. High quality technical assistance will be essential to improve service delivery and facilitate rapid adoption and implementation of new guidelines.

Objectives

1. To develop an adequate and competent pool of regional consultants to provide technical assistance for the programmatic management of MDR/RR-TB (PMDT) in the Western Pacific Region

2. To equip participants with the necessary knowledge and skills, including the practical problem-solving, diplomacy and cultural competency skills necessary to ensure constructive communication at all levels within the TB/PMDT program and government



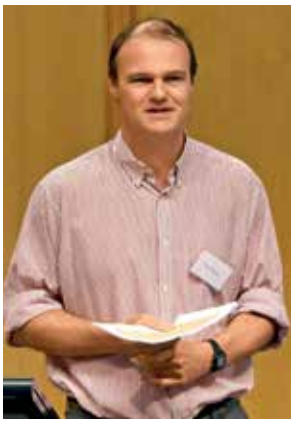
Course facilitators

3. Summary

The highly successful WHO MDR-TB Consultant Training Course was co-hosted by the Western Pacific rGLC and the Centre for Research Excellence in TB (TB-CRE) based at the University of Sydney, with support from The UNION, KNCV, The Burnet Institute and Australian Respiratory Council (ARC). A total of 25 highly experienced clinicians (as well as 5 observers) from China, Japan, Korea, Vietnam, The Philippines, New Zealand and Australia attended the course, which equipped them with the necessary knowledge and skills (including practical problem-solving, diplomacy and cultural competency) to ensure delivery of high-quality support and constructive communication with TB programme and all levels government, in line with WHO standards.



Dr Rick Stapledon



Associate Professor Ben Marais

Highlights included:

- Detailed presentations on recent technical updates related to programmatic management of drug resistant TB (with lively discussion)
- Specific focus on transition planning
- In-depth coverage of active drug safety monitoring and management
- Special consideration of MDR-TB treatment in children and management of co-morbidities
- Updates on "cutting edge" new developments and the need for more resilient health systems to cope with new advances and an ever changing landscape
- Many engaging discussions, including critical evaluations of country reports and consideration of key priorities in country scenario's
- Congratulations from Dr. Kefas Samson to the Western Pacific Region for "leading the way" and providing a highly successful template for other regions to copy
- Universally positive feedback from participants
- Excellent collaboration between the TB-CRE, the rGLC and the WPRO TB Program.



Course participants and facilitators group photo

PROJECT FEEDBACK



Training and support for Nurses and Outreach Workers in the US Affiliated Pacific Islands (USAPIs)

Pacific Island TB Controllers Association (PITCA) Conference

Building on the commitment ARC has demonstrated over the past thirteen years to developing the skills, knowledge and capacity of TB Programs within the Pacific, the ARC Nurse Consultants Group travelled to Palau to deliver training for nurses and outreach workers from the TB Programs of the northern pacific. The training was delivered as part of the PITCA Conference, held in Palau from the 9th to the 13th September, 2019.

Participants from the National TB Programs of American Samoa, the Commonwealth of the Northern Marianas, Guam, the Republic of the Marshall Islands, the Federated States of Micronesia and Palau attended the training activity. Amanda Christensen and Kerrie Shaw coordinated and delivered the training on behalf of ARC.



Nurses and Outreach Workers from the Northern Pacific TB Programs attending the PITCA training activity

The annual training activity is undertaken as a collaboration between ARC, the United States Centers for Disease Control and Prevention (CDC) and the United States TB Centers of Excellence. ARC would like to acknowledge the funding grant provided by the CDC to support the work of ARC in providing specialist training, technical assistance, clinical support and the development of educational resources for nurses and outreach workers working within the northern pacific. Building the capacity and skill levels for the health care workers within these programs is important in the fight to eliminate TB.

Within the USAPIs sputum quality remains an ongoing issue, the ability to diagnose TB, ensure that the correct drugs are used and to evaluate and monitor patients' progress to cure relates directly to the ability to collect good quality sputum specimens. This year, the PITCA program for the nurses and outreach workers focused on a range of factors that relate to improving sputum specimen quality. Nurses and outreach workers have an important role in collecting sputum specimens, developing skills, knowledge and competencies in specimen collection is seen as an important program activity.

The program featured a blended learning format to maximise the potential for learning from technical specialists, discussion and sharing of experiences with the aim of identifying local strategies and solutions to improve sputum quality. Participants were able through role play activities to demonstrate sputum collection techniques and patient education strategies to obtain good quality sputum specimens. The Sputum Toolkit developed by ARC in collaboration with the USAPI TB Nurses Network was evaluated during the conference. Valuable feedback was obtained from the participants that has been incorporated into the toolkit resources.

A notable highlight of working in the pacific is the enthusiasm and willingness that the participants have for attending training activities, learning new skills and sharing their experiences.

Pacific Island TB Nurses Network (PITBNN)

The PITBNN continued to meet in 2019, each month, nurses, outreach workers and TB program staff from the USAPIs meet by video conferencing to present cases, discuss clinical issues and undertake educational activities. The monthly meetings are coordinated by ARC and hosted by the CDC. Each of the countries within the USAPIs actively participate in the meetings and present cases for clinical discussion and review. The ARC Nurse Consultants Group provide ongoing technical support, educational activities and mentoring for the Nurses and outreach workers of the USAPIs TB Programs.

TB Sputum Toolkit

The ARC Nurse Consultants Group has been working with the PITBNN to evaluate current practice in specimen collection, handling and processing, reviewing existing policies, guidelines and resources and identifying challenges relating to sputum specimen collection.



Flipchart

To improve the quality of specimens collected and promote best practice a set of resources and tools have been developed. The resources form a comprehensive toolkit that encompass policy and practice guidelines, competency standards and clinical skill

PROJECT FEEDBACK



sets, training and educational resources for nurses and community health workers and information sheets for patients.

A flipchart, poster and patient handout have been developed, these resources were piloted at PITCA and will be field tested and evaluated in- country in early 2020. Work continues on developing policies, practice guidelines, training resources, competency standards and skills sets to standardise practice.



Patient information sheet

Development of a Post Graduate Education Pathway for Australian Nurses

To support TB elimination efforts in Australia, ARC has been working in partnership with the University of Western Sydney, School of Nursing and Midwifery and National TB Program stakeholders to develop the Graduate Diploma/Masters in Nursing (TB Management). The course, the first of its kind internationally, represents a significant educational opportunity for developing nursing workforce capacity within the Australian TB Program. Nurses comprise the largest proportion of the TB Program workforce, globally. Participation in specialist education enables the development of knowledge and skills required to work effectively within the Australian TB Program and contributes to enhanced global TB control.

Development of the specialist units of study relating to TB within the course (Clinical Management of TB, Public Health Management of TB and Care of People with TB) has been led by Kerrie Shaw and ARC's Nurse Consultant Group. The course builds on the existing work that ARC has undertaken within the Pacific over the last decade and utilises the educational framework, materials and resources developed by ARC. To contribute to course development costs, ARC received funding from the Health Departments/TB Programs from New South Wales, Queensland, Victoria and Western Australia. ARC acknowledges the support, funding and contribution provided by the jurisdictions to the development of the course.

The ARC is committed to supporting capacity building for the Australian TB Program through the development of specialist nurses. To support future students ARC is initiating a scholarship program, commencing in 2020, to award up to three scholarships each year to enable nurses to undertake the speciality units within the Graduate Diploma/Masters in Nursing (TB Management). The scholarships will be named in honour of Sheila Simpson OAM, in recognition of Sheila's contribution to the work of ARC, her clinical leadership and mentoring of the nursing workforce within the speciality area of TB, over four and a half decades.

Project to Support Homeless and Vulnerable people with TB

In 2019, ARC received additional project funding from the Bowlers Club of NSW Ltd to support homeless and vulnerable people with TB. Through this additional funding ARC was able to extend the project and build on existing work to support homeless and vulnerable people with TB living across the Sydney metropolitan area.

Homeless people often have a poor general health status, coexistent substance and mental health issues, limited financial resources and support networks in the community. Given their vulnerable health status it is not uncommon for homeless people to develop TB. The initial management of the homeless with TB is through admission to hospital. Difficulties arise when the person is to be discharged from hospital to continue treatment in the community, in an unstable environment. Providing ongoing care within this context is extremely challenging and difficult for both the individual affected by TB and health care workers delivering care.

Providing support for accommodation, an allowance for food, the necessities of daily living and transport for homeless and vulnerable people is an important strategy to promote treatment completion and reducing the individual and public health risks associated with TB. This year, ARC received a number of applications for support via the project. We were through the grant, able to support two people with infectious pulmonary TB, both people with support were able to successfully continue on treatment for TB.

ARC is pleased to be able to continue to work in partnership with The Bowlers Club of NSW Ltd on this project and hope to extend future activities to provide much needed and valuable support for homeless and vulnerable people with TB across Australia.



HISTORY OF FUNDING FOR RESEARCH AND PROJECT ACTIVITIES 1999–2019

SCHOLARSHIPS, FELLOWSHIPS

A HISTORY 2001 – 2019

ARC Ann Woolcock Fellowship Awards (2005 - 2014)

Date	Recipient	Subject	Award
2010-2014	Jodie Simpson *Newcastle University, NSW*	Characterisation and treatment of innate immune dysfunction in older people with obstructive airway disease	$258,763
2005-2009	Ingrid Laing *Telethon Institute for Child Research, Perth,WA*	Genetic Influences on causal pathways of ALRIs in highly susceptible infants	$285,000

ARC Ann Woolcock Biomedical and Postgraduate Research Scholarship Awards (2002 - 2004)

Date	Recipient	Subject	Award
2003-2004	Corrina Parker *Australian National University, Canberra, ACT*	Detection, isolation and characterisation of novel anti-effective agents from cultured micro-fungi	$40,143
2003-2004	Kylie Turner *University of Sydney, NSW*	Investigation of the structure of cryptococcal phospholipases	$40,143
2002- 2004	Zoe Barker-Whittle (McKeough) *Royal Prince Alfred Hospital, Sydney, NSW*	Evaluation of lung volume reduction surgery in patients with chronic airflow limitation	$59,214
2002-2003	Shoma Dutt *Westmead Hospital, Sydney, NSW*	Biliary lipids in liver disease and interstitial phospholipid metabolism in children with cystic fibrosis	$41,793
2002-2003	Rita Machaalani *University of Sydney, NSW*	Neurone receptor systems in sudden infant death and piglets exposed to hypercapnic-hypoxia	$29,214
2002- 2003	Anup Desai *University of Sydney, NSW*	The contribution of obstructive sleep apnoea to driver fatigue in transport drivers	$55,793

ARC Harry Windsor Biomedical and Postgraduate Research Scholarship Awards (1999 - 2001)

Date	Recipient	Subject	Award
2001	Anup Desai *University of Sydney, NSW*	Interaction of mild obstructive sleep apnoea, sleep deprivation and circadian factors in cognitive function	$27,793
2000-2001	Shoma Dutt *Westmead Hospital, Sydney, NSW*	Biliary lipids in liver disease and interstitial phospholipid metabolism in children with cystic fibrosis	$40,311
2000-2001	Rita Machaalani *University of Sydney, NSW*	Neurone receptor systems in sudden infant death and piglets exposed to hypercapnic-hypoxia	$37,454
1999-2001	Anna Hansen *University of Sydney, NSW*	The role of cytokines in the immunity and pathology of malaria	$56,703
1999-2001	Rosemary Santangelo *Westmead Hospital, Sydney, NSW*	Phospholipases of Cryptococcus neoformans	$63,498
1999-2001	George Latouche *University of Sydney, NSW*	Phopholipases as potential virulence factors of Cryptococcus neoformans variety Gattii	$55, 089

RESEARCH GRANTS

A HISTORY 2000 – 2019

ARC Harry Windsor Medical Research Grants (2001 - Present)

Date	Recipient	Subject	Award
2019	Warwick Britton *Centenary Institute, University of Sydney, NSW*	Protecting the lungs against TB by pulmonary delivery of a novel TB Service.	$20,000
2019	Chris Degeling *University of Wollongong, NSW*	TB elimination: a qualitative investigation of the perspectives of South Asian migrant communities in the Illawarra.	$20,000
2019	Justin Denholm *University of Melbourne, VIC*	Evaluating the impact of LTBI treatment strategies in Australia	$20,000
2018	Paul King *Monash Medical Centre and Monash University, VIC*	Influenza A virus (IAV) infection induces the formation of phagocytic extracellular traps, which contribute to the pathogenesis of exacerbations of COPD	$50,000
2018	Cynthia Whitchurch *University of Technology Sydney, NSW*	Understanding the immunology of Pseudomonas aeruginosa lung infection.	$50,000
2017	Michael Berk *Deakin University, VIC*	Can we reduce tobacco smoking using N-acetylcysteine as a cessation treatment	$50,000
2017	Greg Fox *University of Sydney, NSW*	New digital strategies to enhance tuberculosis treatment adherence in Vietnam	$50,000
2016	Graeme Zosky *University of Tasmania, TAS*	Iron laden particulate matter enhances bacterial growth in the lung	$50,000
2016	Paul Foster *University of Newcastle, NSW*	Understanding the role of the newly discovered 2D4 T helper(TH) - 22 cell subset in models of respiratory infection and inflammation	$50,000
2016	Ian Yang *University of Queensland, QLD*	Using the lung microbiome to predict responses to continuous antibiotics in COPD	$50,000
2015	Brian Oliver *The Woolcock Institute and The University Of Technology, NSW*	Understanding the aetiology of small airway fibrosis in COPD	$50,000
2015	Harin Karunajeewa *The Walter and Eliza Institute, VIC*	Getting the dose right in Tuberculosis: Pharmacokinetics to improve outcomes in Tuberculosis	$50,000
2014	Daniel Chambers *The Prince Charles Hospital, QLD* *Lung Transplant Service, QLD*	Disease tolerance and transplant tolerance – two sides of the same coin?	$50,000
2013	Brian Oliver *University of Sydney, NSW*	Why do fibroblasts from people with COPD produce extracellular matrix proteins in response to ciagraette smoke?	$50,000
2012	Bernadette Saunders *Centenary Institute, Sydney, NSW*	Microparticles and microRNA as biomarkers of TB disease	$50,000
2011	Ross Coppel, Paul Crellin et al *Monash University, Melbourne, VIC*	Identification of inhibitors of PimA, a new target for tuberculosis therapy	$50,000
2010	Peter Bye *Royal Prince Alfred Hospital, Sydney, NSW*	Novel interventions for the diverse population of Australia with bronchiectasis	$50,000
2009	Sandra Hodge *Hanson Institute, Adelaide, SA*	Investigation of macrophage function as a therapeutic target in chronic obstructive pulmonary disease/emphysema (COPD)	$50,000

RESEARCH GRANTS

Date	Recipient	Subject	Award
2008	Jenny Alison *University of Sydney, NSW*	Optimising mucus clearance with exercise in cystic fibrosis	$50,000
2008	Stephen Stick, Anthony Kicic & Siobhan Brennan *University of WA, Perth, WA*	A randomised controlled trial of L-arginnine or vitamin D to improve outcomes in pulmonary tuberculosis	$50,000
2007	Siobhain Brennan and Anthony J Kettle *Telethon Institute for Child Health Research, Perth, WA*	Investigating markers of oxidative stress in young children with cystic fibrosis: a driving mechanism of pulmonary investigation	$50,000
2007	Stephen Bozinovski and Ross Vlahos *University of Melbourne, VIC*	Cigarette smoke chemically modifies and inactivates lung innate immunity mediated by the bacterial receptor, TLR4	$50,000
2006	Paul Kelly, Graeme Maguire, Peter Morris, Ivan Bastian & Nicholas Anstey *Menzies School of Health Research, Darwin, NT*	Nutritional intervention to improve tuberculosis treatment outcome in Timika, Indonesia: the NUTTS study	$50,000
2006	David Jans *Monash University, Melbourne, VIC*	Role of phosphorylation in regulating nuclear trafficking during infection of respiratory syncitial virus matrix protein	$50,000
2006	Robert Capon *University of Queensland, QLD*	A new non-toxic approach to controlling bacterial infection	$49,000
2005	Paul Reynolds, Gregory Hodge, Sandra Hodge, Mark Holmes *Royal Adelaide Hospital, Adelaide, SA*	Infection versus rejection in lung transplant related bronchiolitis obliterans syndrome: can intracellular cytokines help?	$50,000
2005	Kwung Fong & Annalese Semmler *Prince Charles Hospital, WA*	Novel methylated genes in lung cancer	$52,250
2004	Warwick Britton, Guy Marks and Bernadette Saunders *Centenary Institute of Cancer Medicine & Cell Biology, Sydney, NSW*	Evaluation of genetic and environment risk factors for progression to active tuberculosis in the Liverpool cohort	$44,701
2004	Paul Kelly, Nick Anstey, Graeme Maguire et al *Menzies School of Health Research, Darwin, NT*	Pulmonary Function in Tuberculosis patients in Timika District, Papua Province, Indonesia	$43,267
2002-2003	James Triccas & Warwick Britton *Centenary Institute of Cancer Medicine & Cell Biology, Sydney, NSW*	New strategies to vaccinate against Mycobacterium tuberculosis	$112,588
2002	Amanda Leach, Heidi Smith-Vaughan Marius Puruntamerri, Ross Baillie & Peter Morris *Menzies School of Health Research, NT*	Improved hygiene measures for reduced infection in Australian Aboriginal Children: a randomised controlled trial	$48,424
2002	Evangelia Daviskas, Sandra Anderson & Iven Young *Royal Prince Alfred Hospital, Sydney, NSW*	Effect of mannitol on the clearance of mucus in patients with COPD	$38,593
2001	Amanda Baker and Vaughan Carr *University of Newcastle, NSW*	Randomised controlled trial of a smoking cessation intervention among people with a mental illness	$63,370
2001	Terence Amis and John Wheatley *Westmead Hospital, NSW*	The role of snoring and obstructive sleep apnoea in the pathogenesis of hypertension	$45,665
2001	James Wiley and Tania Sorrell *University of Sydney, NSW*	The monocyte-macrophage P2x7 receptor and susceptibility to tuberculosis	$45,000
2000-2001	John Wiggers, Afaf Girgis, Robyn Considine, Jenny Bowman *University of Newcastle, NSW*	Preventing infant exposure to tobacco smoke: evaluation of an early childhood intervention	$53,006

PROJECTS

A HISTORY 1999 – 2019

ARC Project Awards (1999 - Present)

Date	Recipient/Project	Award
2018-2019	Australia Homeless and vulnerable with TB	$9,992
2018	The Safe Working Practices Laboratory Handbook - a Global Resource	$13,500
2018-2019	Pacific Island TB Network Sputum Quality project	$10,000
2017	Marshall Islands Funding A1c kits for the screening activity on Ebeye Island	$5,264
2017-2018	Papua New Guinea Economic evaluation of patient costs associated with tuberculosis and care in Papua New Guinea.	$25,000
2015-2019	Australia Establishing a framework for nursing education in Australia	$70,000
2013-2016	Solomon Islands Improving TB control in remote area of Solomon Islands	$64,744
2012	Bangladesh Bangladesh MDR-TB Project, an investigation into risk factors for MDR-TB in communities in Bangladesh	$10,000
2011	Australia Kimberley Aboriginal Medical Services Council (KAMSC) Cultural exchange of Be Our Ally Beat Smoking Study (BOABS) workers to visit Maori Tobacco Control Programs in New Zealand	$10,000
2011-2018	Vietnam MECOR Course - Level 1, Level 2 and Level 3 workshops	$90,000
2010	Secretariat of Pacific Community Evaluation of the effectiveness of the Community Component of the Kiribati Quality TB Epidemic Control Project	$4,800
2010	Australia Menzies School of Health Research Development of educational resources, 3 Talking posters and 3 flipcharts on pneumonia, bronchiolitis and bronchiectasis	$35,000
2009	Federated States of Micronesia Capacity Building for TB nurses and related health workers in the Federated States of Micronesia (FSM) A partnership with Eli Lilly	$31,424
2009-2012	Cambodian Anti-Tuberculosis Association Cambodia: TB control in elderly and vulnerable groups and in factories	$110,637
2008-2009	Secretariat of Pacific Community TB Drama Video Production in Kiribati	$35,000

PROJECTS

Date	Recipient/Project	Award
2008-2009	Federated States of Micronesia (Chuuk) Support of a tutor and education materials for children for MDRTB	$5,537
2007-2009	Australia Aboriginal Health Council of Western Australia (AHCWA) Beyond the Big Smoke: a clear vision for Aboriginal tobacco control in Western Australia	$200,000
2007-2009	Australia Aboriginal Health and Medical Research Council (AH&MRC) BREATHE: Project. This project aims to reduce smoking-related disease and morbidity for Aboriginal people in NSW communities	$490,200
2007-2008	Secretariat of Pacific Community Enhancing Community involvement in TB control through Theatre in Kiribati	$40,926
2006-2019	PITCA - Pacific Island TB Controllers Association Training of nurses and related workers in the Northern Pacific	$168,058
2006	Kiribati Nurse training in Kiribati	$41,699
2006	Building of TB Laboratory at Tunguru Hospital Kiribati	$30,000
2005	Maningrida Lung Health Community Awareness Raising Pilot Project Funding (James N Kirby Foundation $12,000)	$20,000
2002 - 2005	TB laboratory Training Tonga, Samoa, Kiribati and the Cook Islands	$189,231
2001	Distribution of books: Clinical Tuberculosis and Tobacco or Health: A Global Threat through Teaching Aids at Low Cost.	$2,000
2000	Sponsored Professor Don Enarson, Scientific Director of IUATLD, to be guest speaker at the NSW Health Department TB Nurses Conference	$3,000
2000	Participation in the WHO, "First Stop TB Meeting in the Pacific Islands" in Noumea	$4,000
1999	Provided funding for the translation of "Tobacco or health: A Global Threat" through Teaching Aids at Low Cost	$3,000
1999	Visit to Port Moresby and Lae to evaluate the DOTS TB Programme	$4,000
1999	Funded purchase of course textbooks for Epidemiology Workshop in Port Moresby	$1,000

2019 FINANCIALS AND ACFID SUMMARY FINANCIALS

DIRECTORS' REPORT

Your Directors present their report on the Company for the financial year ended 31 December 2019.

Australian Respiratory Council
(A Company Limited by Guarantee)
A.B.N. 11 883 368 767

Directors

The Directors at any time during or since the end of the financial period are:

Name and Qualifications Experience and Special Responsibilities

David Macintosh AM
BBS (UTS), FCA
Appointed to the Board 19 June 1997. President
Interest in contracts: Nil

Clinical Associate Professor Peter Gianoutsos
MB CHB(Univ of Otago), FRACP FCCP
Appointed to the Board on 15 May 2006. Vice President
Interest in contracts: Nil

Robyn Johnson
GAICD
Appointed to the Board on 5 November 2012. Vice President
Interest in contracts: Nil

Christopher Turner
B.Comm Dip FS Assoc Fin FPA
Appointed to the Board 22nd May 2017. Finance Director
Interest in contracts: Nil

Professor Iven Young AM
BSc(Med), MB BS,PhD,FRACP
Appointed to the Board 6 August 1998. Chair ARC Research Committee
Interest in contracts: Nil

Ian W Ramsay
LL.B (Syd.)
Board member 2008 - February 2012
Reappointed to the Board 5 November 2012
Interest in contracts: Nil

Kerrie Shaw
Registered Nurse
Appointed to the Board 4 February 2013. Chair ARC Project Group
Interest in contracts: Nil

Associate Professor Gregory Fox
BSc(Med) MBB SHons FRACP PhD MIPH
Appointed to the Board 22 May 2017
Interest in contracts: Nil

Jean Santos
BSCS IT
Appointed to the Board on 27 May 2019
Interest in contracts: Nil

Amanda Julie Christensen AM
Registered Nurse
Appointed to the Board on 22 January 2001. Executive Director
Interest in contracts: Nil

Emeritus Professor John Paul Seale AM
MB BS PhD FRACP
Appointed to the Board 19 June 1997.
Resigned as an ARC Director 13 May 2019
Interest in contracts: Nil

Meetings of Directors

The number of Directors' meetings held during the financial period and the number of meetings attended by each Director were:

Name of Director	Number Held while in Office	Number attended
Amanda Julie Christensen	5	5
Peter Gianoutsos	5	4
Gregory Fox	5	4
Robyn Johnson	5	5
David Hugh Macintosh	5	5
Ian Ramsay	5	2
John Paul Seale	1	1
Kerrie Shaw	5	4
Christopher Turner	5	5
Iven Hunter Young	5	4
Jean Santos	3	2

DIRECTORS' REPORT

PRINCIPAL ACTIVITIES

The principal activity of the Company during the financial year was to provide funding and expertise of research and projects aimed at improving lung health.

The Company's short term objectives are to:

i. continue to build expertise in respiratory health.
ii. foster innovation in respiratory health research.
iii. deliver and measure positive impacts to communities and research.
iv. enhance ARC's role in the country as a unique non-government organisation in the area of lung
v. advocate to improve respiratory health, particularly in relation to TB and smoking at state, national and international levels.

The Company's long term objectives are to:

i. develop and support innovative and effective approaches to research and development in lung
ii. to improve lung health in communities, with an emphasis on disadvantaged groups.

To achieve these objectives, the Company has adopted the following Strategies:

iii. the Board strives to attract sustainable partnerships.
iv. the Board undertakes fundraising.
v. the Board actively seeks funding.

The Company is incorporated under the Corporations Act 2001 and is a Company limited by guarantee. If the Company is wound up, the Constitution states that each member is required to contribute a maximum of $1.00 towards meeting any outstanding obligations of the Company. At 31 December 2019 the collective liability of members was $25 (2018:$39)

AUDITORS' INDEPENDENCE DECLARATION UNDER SECTION 307C OF THE CORPORATION ACT 2001

A copy of the Auditor's Independence Declaration follows this Directors' Report.

Signed in accordance with a resolution of the Board of Directors:



Christopher Turner
Director
Sydney, 9th April 2020



Amanda Christensen
Executive Director
Sydney, 9th April 2020

Auditor's Independence Declaration Under Section 307C of the Corporations Act 2001 to the Directors of Australian Respiratory Council

I declare that, to the best of my knowledge and belief, during the year ended 31 December 2019 there have been:
i) no contraventions of the Auditor independence requirements as set out in the Corporations Act 2001 in relation to the audit; and
ii) no contraventions of any applicable code of professional conduct in relation to the audit.

CONROY AUDIT AND ADVISORY



D R Conroy FCA
Principal
Auditor No: 2251
Sydney, 9th April 2020

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME
For the Year Ended 31 December 2019

	Note	2019 $	2018 $
Revenue	2	760,968	557,799
Depreciation and amortisation expense	3	(3,826)	(4,401)
Research grants, fellowships and scholarships		(91,421)	(99,812)
Project funding		(63,659)	(36,066)
Investment expense		(18,636)	(16,620)
Employee benefits expense		(215,467)	(273,109)
Other expenses		(218,900)	(202,635)
Profit/(Loss) before income tax		149,059	(74,844)
Income tax expense	1	-	-
Profit/(Loss) for the year		149,059	(74,844)
Other comprehensive income after tax:			
Net gain on revaluation of investment property		-	-
Net gain /(Loss) on revaluation of financial assets		136,455	(292,581)
Other comprehensive income for the year net of tax		136,455	(292,581)
Total comprehensive income for the year		285,514	(367,425)

STATEMENT OF FINANCIAL POSITION
As At 31 December 2019

	Note	2019 $	2018 $
ASSETS			
Current Assets			
Cash and cash equivalents	5	480,330	159,443
Trade and other receivables	6	17,909	67,514
Other current assets	7	5,910	8,008
Total Current Assets		**504,149**	**234,965**
Non-Current Assets			
Financial assets	8	1,595,217	1,566,580
Property, plant and equipment	9	44,202	48,028
Investment property	10	3,000,000	3,000,000
Total Non-Current Assets		**4,639,419**	**4,614,608**
TOTAL ASSETS		**5,143,568**	**4,849,573**
LIABILITIES			
Current Liabilities			
Trade and other payables	11	134,855	123,372
Employee Entitlements	12	56,786	59,788
Total Current Liabilities		**191,641**	**183,160**
TOTAL LIABILITIES		**191,641**	**183,160**
NET ASSETS		**4,951,927**	**4,666,413**
EQUITY			
Reserves	13	4,311,427	4,174,972
Retained earnings		640,500	491,441
TOTAL EQUITY		**4,951,927**	**4,666,413**

STATEMENT OF CHANGES IN EQUITY
For The Year Ended 31 December 2019

	Capital Profits Reserves $	Asset Revaluation Reserves $	Retained Earnings/ (Accumulated Losses) $	Total $
Balance at 1 January 2018	2,411,980	2,055,573	566,285	5,033,838
Profit/(Loss) attributable to members	-	-	(74,844)	(74,844)
Total comprehensive income for the year	-	(292,581)	-	(292,581)
Transfers on sale of assets	-	-	-	-
Balance at 31 December 2018	**2,411,980**	**1,762,992**	**491,441**	**4,666,413**
Profit/(Loss) attributable to members	-	-	149,059	149,059
Total comprehensive income for the year	-	136,455	-	136,455
Balance at 31 December 2019	**2,411,980**	**1,899,447**	**640,500**	**4,951,927**

STATEMENT OF CASH FLOWS
For The Year Ended 31 December 2019

	Note	2019 $	2018 $
Cash Flows From Operating Activities			
Receipts from customers		732,782	478,533
Payments to suppliers and employees		(542,777)	(800,841)
Interest received		817	1,183
Distributions received		54,962	99,337
Net cash provided by (used in) operating activities	17(b)	**245,784**	**(221,788)**
Cash Flows From Investing Activities			
Proceeds from sale of available-for-sale investments		474,146	1,676,275
Payment for property, plant and equipment		-	(3,044)
Payment for available-for-sale investments		(399,043)	(1,674,645)
Net cash provided by (used in) investing activities		**75,103**	**(1,414)**
Net Increase/(Decrease) in cash held		320,887	(223,202)
Cash at beginning of financial year		159,443	382,645
Cash at end of financial year	17(a)	**480,330**	**159,443**

NOTES TO AND FORMING PART OF THE ACCOUNTS
For The Year Ended 31 December 2019

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Reporting entity

Australian Respiratory Council applies Australian Accounting Standards – Reduced Disclosure Requirements as set out in AASB 1053: Application of Tiers of Australian Accounting Standards.

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards – Reduced Disclosure Requirements of the Australian Accounting Standards Board (AASB) and the Australian Charities and Not-for-profits Commission Act 2012. The company is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

Australian Accounting Standards set out accounting policies that the AASB has concluded would result in financial statements containing relevant and reliable information about transactions, events and conditions. Material accounting policies adopted in the preparation of these financial statements are presented below and have been consistently applied unless stated otherwise.

The financial statements, except for the cash flow information, have been prepared on an accrual basis and are based on historical costs, modified, where applicable, by the measurement at fair value of selected non-current assets, financial assets and financial liabilities. The amounts presented in the financial statements have been rounded to the nearest dollar.

New or amended Accounting Standards and Interpretations adopted

The company has adopted all of the new or amended Accounting Standards and Interpretations issued by the Australian Accounting Standards Board ('AASB') that are mandatory for the current reporting period.

Any new or amended Accounting Standards or Interpretations that are not yet mandatory have not been early adopted.

The adoption of these Accounting Standards and Interpretations did not have any significant impact on the financial performance or position of the company.

The following Accounting Standards and Interpretations are most relevant to the company:

AASB 15 Revenue from Contracts with Customers

The company has adopted AASB 15 from 1 January 2019. The standard provides a single comprehensive model for revenue recognition. The core principle of the standard is that an entity shall recognise revenue to depict the transfer of promised goods or services to customers at an amount that reflects the consideration to which the entity expects to be entitled in exchange for those goods or services. The standard introduced a new contract-based revenue recognition model with a measurement approach that is based on an allocation of the transaction price. This is described further in the accounting policies below. Credit risk is presented separately as an expense rather than adjusted against revenue. Contracts with customers are presented in an entity's statement of financial position as a contract liability, a contract asset, or a receivable, depending on the relationship between the entity's performance and the customer's payment.

Customer acquisition costs and costs to fulfil a contract can, subject to certain criteria, be capitalised as an asset and amortised over the contract period.

AASB 16 Leases

The company has adopted AASB 16 from 1 January 2019. The standard replaces AASB 117 'Leases' and for lessees eliminates the classifications of operating leases and finance leases. Except for short-term leases and leases of low- value assets, right-of-use assets and corresponding lease liabilities are recognised in the statement of financial position. Straight-line operating lease expense recognition is replaced with a depreciation charge for the right-of-use assets (included in operating costs) and an interest expense on the recognised lease liabilities (included in finance costs). In the earlier periods of the lease, the expenses associated with the lease under AASB 16 will be higher when compared to lease expenses under AASB 117. However, EBITDA (Earnings Before Interest, Tax, Depreciation and Amortisation) results improve as the operating expense is now replaced by interest expense and depreciation in profit or loss. For classification within the statement of cash flows, the interest portion is disclosed in operating activities and the principal portion of the lease payments are separately disclosed in financing activities. For lessor accounting, the standard does not substantially change how a lessor accounts for leases.

AASB 1058 Income of Not-for-Profit Entities

The company has adopted AASB 1058 from 1 January 2019. The standard replaces AASB 1004 'Contributions' in respect to income recognition requirements for not-for-profit entities. The timing of income recognition under AASB 1058 is dependent upon whether the transaction gives rise to a liability or other performance obligation at the time of receipt. Income under the standard is recognised where: an asset is received in a transaction, such as by way of grant, bequest or donation; there has either been no consideration transferred, or the consideration paid is significantly less than the asset's fair value; and where the intention is to principally enable the entity to further its objectives. For transfers of financial assets to the entity which enable it to acquire or construct a recognisable non-financial asset, the entity must recognise a liability amounting to the excess of the fair value of the transfer received over any related amounts recognised.

NOTES TO AND FORMING PART OF THE ACCOUNTS
For The Year Ended 31 December 2019

Related amounts recognised may relate to contributions by owners, AASB 15 revenue or contract liability recognised, lease liabilities in accordance with AASB 16, financial instruments in accordance with AASB 9, or provisions in accordance with AASB 137. The liability is brought to account as income over the period in which the entity satisfies its performance obligation. If the transaction does not enable the entity to acquire or construct a recognisable non-financial asset to be controlled by the entity, then any excess of the initial carrying amount of the recognised asset over the related amounts is recognised as income immediately. Where the fair value of volunteer services received can be measured, a private sector not-for-profit entity can elect to recognise the value of those services as an asset where asset recognition criteria are met or otherwise recognise the value as an expense.

Impact of adoption
AASB 15, AASB 16 and AASB 1058 were adopted using the modified retrospective approach and as such comparatives have not been restated. There was no impact on opening retained profits as at 1 January 2019 following the adoption of the new standards.

Accounting Policies
Income Tax
No provision for income tax has been raised as the entity is exempt from income tax under DIV 50 of the Income Tax Assessment Act 1997.

Inventories
Inventories are measured at the lower of cost and net realisable value.

Investment Property
Investment property is property held either to earn rental income or for capital appreciation or for both, but not for sale in the ordinary course of business use in the production or supply of goods or services or for administrative purposes.

Investment property is measured at cost on initial recognition and improvements have been depreciated over their useful life.

Depreciation
The depreciable amount of all fixed assets, including buildings and capitalised lease assets, but excluding freehold land, is depreciated on a straight line basis and diminishing value basis over their useful lives to the Company commencing from the time the asset is held ready for use.

The depreciation rates used for each class of depreciable assets are:

Class of Fixed Asset	Depreciation Rate
Plant and Equipment	7.5% - 50%

The assets' residual values and useful lives are reviewed, and adjusted if appropriate, at each balance sheet date.

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

Impairment of non-financial assets
Non-financial assets are reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount may not be recoverable. An impairment loss is recognised for the amount by which the asset's carrying amount exceeds its recoverable amount.

Recoverable amount is the higher of an asset's fair value less costs of disposal and value-in-use. The value-in-use is the present value of the estimated future cash flows relating to the asset using a pre-tax discount rate specific to the asset or cash-generating unit to which the asset belongs. Assets that do not have independent cash flows are grouped together to form a cash-generating unit.

Trade and other payables
These amounts represent liabilities for goods and services provided to the company prior to the end of the financial year and which are unpaid. Due to their short-term nature they are measured at amortised cost and are not discounted. The amounts are unsecured and are usually paid within 30 days of recognition.

Leases
Refer Note 1 AASB 16 New or amended Accounting Standards and Interpretations adopted.

Employee Benefits
Short-term employee benefits
Liabilities for wages and salaries, including non-monetary benefits, annual leave and long service leave expected to be settled wholly within 12 months of the reporting date are measured at the amounts expected to be paid when the liabilities are settled.

Other long-term employee benefits
The liability for annual leave and long service leave not expected to be settled within 12 months of the reporting date are measured at the present value of expected future payments to be made in respect of services provided by employees up to the reporting date using the projected unit credit method. Consideration is given to expected future wage and salary levels, experience of employee departures and periods of service. Expected future payments are discounted using market yields at the reporting date on national government bonds with terms to maturity and currency that match, as closely as possible, the estimated future cash outflows.

NOTES TO AND FORMING PART OF THE ACCOUNTS
For The Year Ended 31 December 2019

Revenue recognition
The company recognises revenue as follows:

Revenue from contracts with customers
Revenue is recognised at an amount that reflects the consideration to which the company is expected to be entitled in exchange for transferring goods or services to a customer. For each contract with a customer, the company: identifies the contract with a customer; identifies the performance obligations in the contract; determines the transaction price which takes into account estimates of variable consideration and the time value of money; allocates the transaction price to the separate performance obligations on the basis of the relative stand-alone selling price of each distinct good or service to be delivered; and recognises revenue when or as each performance obligation is satisfied in a manner that depicts the transfer to the customer of the goods or services promised.

Variable consideration within the transaction price, if any, reflects concessions provided to the customer such as discounts, rebates and refunds, any potential bonuses receivable from the customer and any other contingent events. Such estimates are determined using either the 'expected value' or 'most likely amount' method. The measurement of variable consideration is subject to a constraining principle whereby revenue will only be recognised to the extent that it is highly probable that a significant reversal in the amount of cumulative revenue recognised will not occur. The measurement constraint continues until the uncertainty associated with the variable consideration is subsequently resolved. Amounts received that are subject to the constraining principle are recognised as a refund liability.

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

Donations
Donations are recognised when received.

Grants
Grant revenue is recognised in profit or loss when the company satisfies the performance obligations stated within the funding agreements.

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

Other revenue
Other revenue is recognised when it is received or when the right to receive payment is established.

Current and non-current classification
Assets and liabilities are presented in the statement of financial position based on current and non-current classification.

An asset is classified as current when: it is either expected to be realised or intended to be sold or consumed in the company's normal operating cycle; it is held primarily for the purpose of trading; it is expected to be realised within 12 months after the reporting period; or the asset is cash or cash equivalent unless restricted from being exchanged or used to settle a liability for at least 12 months after the reporting period. All other assets are classified as non-current.

A liability is classified as current when: it is either expected to be settled in the company's normal operating cycle; it is held primarily for the purpose of trading; it is due to be settled within 12 months after the reporting period; or there is no unconditional right to defer the settlement of the liability for at least 12 months after the reporting period. All other liabilities are classified as non-current.

Deferred tax assets and liabilities are always classified as non-current.

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

Trade and other receivables
Other receivables are recognised at amortised cost, less any allowance for expected credit losses.

Goods and Services Tax (GST)
Revenues, expenses and assets are recognised net of the amount of GST, except where the amount of GST incurred is not recoverable from the Australian Tax Office. In these circumstances the GST is recognised as part of the cost of acquisition of the asset or as part of an item of the expense. Receivables and payables in the statement of financial position are shown inclusive of GST.

Comparative Figures
Where required by Accounting Standards comparative figures have been adjusted to conform with changes in presentation for the current financial year.

Financial Instruments
Recognition and initial measurement

Financial instruments, incorporating financial assets and financial

NOTES TO AND FORMING PART OF THE ACCOUNTS
For The Year Ended 31 December 2019

liabilities, are recognised when the entity becomes a party to the contractual provisions of the instrument.

Financial instruments are initially measured at cost plus transactions cost where the instrument is not classified as at fair value through profit or loss. Transaction costs related to instruments classified as at fair value through profit or loss are expensed to profit or loss immediately. Financial instruments are classified and measured as set out below.

Classification and subsequent measurement

1. Financial assets at fair value through profit or loss
   Financial assets are classified at fair value through the profit or loss when they are held for trading for the purpose of profit or loss in the short term profit taking. Realised and unrealised gains and losses arising from changes in fair value are included in profit or loss in the period in which they arise.

2. Loans and receivables
   Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost using the effective interest rate method.

3. Held to maturity investments
   Held to maturity investments are non-derivative financial assets with fixed maturities and fixed or determinable payments, and it is the entity's intention to hold these investments to maturity. They are subsequently measured at amortised cost using the effective interest rate method.

4. Available for sale financial assets
   Available for sale financial assets are non derivative financial assets that are either designated as such or that are not classified in any of the other categories. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.

5. Financial Liabilities
   Non derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost using the effective interest rate method.

Fair value measurement
When an asset or liability, financial or non-financial, is measured at fair value for recognition or disclosure purposes, the fair value is based on the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date; and assumes that the transaction will take place either: in the principal market; or in the absence of a principal market, in the most advantageous market.

Fair value is measured using the assumptions that market participants would use when pricing the asset or liability, assuming they act in their economic best interests. For non-financial assets, the fair value measurement is based on its highest and best use. Valuation techniques that are appropriate in the circumstances and for which sufficient data are available to measure fair value, are used, maximising the use of relevant observable inputs and minimising the use of unobservable inputs.

Critical Accounting Estimates Judgments and Assumptions
The preparation of the financial statements requires management to make judgements, estimates and assumptions that affect the reported amounts in the financial statements. Management continually evaluates its judgements and estimates in relation to assets, liabilities, contingent liabilities, revenue and expenses. Management bases its judgements, estimates and assumptions on historical experience and on other various factors, including expectations of future events, management believes to be reasonable under the circumstances. The resulting accounting judgements and estimates will seldom equal the related actual results. The judgements, estimates and assumptions that have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities (refer to the respective notes) within the next financial year are discussed below.

Estimation of useful lives of assets
The company determines the estimated useful lives and related depreciation and amortisation charges for its property, plant and equipment and finite life intangible assets. The useful lives could change significantly as a result of technical innovations or some other event. The depreciation and amortisation charge will increase where the useful lives are less than previously estimated lives, or technically obsolete or non-strategic assets that have been abandoned or sold will be written off or written down.

Impairment of non-financial assets other than goodwill and other indefinite life intangible assets
The company assesses impairment of non-financial assets other than goodwill and other indefinite life intangible assets at each reporting date by evaluating conditions specific to the company and to the particular asset that may lead to impairment. If an impairment trigger exists, the recoverable amount of the asset is determined. This involves fair value less costs of disposal or value-in-use calculations, which incorporate a number of key estimates and assumptions.

Employee benefits provision
As discussed in note 1, the liability for employee benefits expected to be settled more than 12 months from the reporting date are recognised and measured at the present value of the estimated future cash flows to be made in respect of all employees at the reporting date. In determining the present value of the liability, estimates of attrition rates and pay increases through promotion and inflation have been taken into account.

NOTES TO THE FINANCIAL STATEMENTS
For The Year Ended 31 December 2019

	2019 $	2018 $
2. Revenue		
Operating Activities		
Appeals	51,930	69,995
Net profit/(loss) on sale of investments	(32,715)	104,770
Rental revenue for property investment	220,285	211,813
Interest received	817	1,183
Fund distributions from investments	49,439	69,387
Legacies & donations	350,227	13,200
Member subscriptions	1,250	727
Miscellaneous income	1,660	5,012
Refund of franking credits	84	29,950
Sundry income	117,991	51,762
Total Revenue	760,968	557,799
3. Profit From Ordinary Activities		
Expenses		
Depreciation of Non-Current Assets:		
Plant and equipment	3,826	4,401
4. Auditor's Remuneration		
Remuneration of the Auditor of the Company for:		
- Auditing the Financial Report	14,600	14,100
5. Cash and Cash Equivalents		
Cash at bank	480,330	159,443
	480,330	159,443
6. Trade and Other Receivables		
Trade debtors	17,909	17,001
Other debtors	-	50,513
	17,909	67,514
7. Other Current Assets		
Prepayments	5,910	8,008

NOTES TO THE FINANCIAL STATEMENTS
For The Year Ended 31 December 2019

	2019 $	2018 $
8. Financial Assets		
Non Current		
Managed funds - at fair value	1,595,217	1,566,580
Total financial assets	**1,595,217**	**1,566,580**
9. Property, Plant & Equipment		
Non Current		
Plant & equipment at cost	120,424	120,424
Less: accumulated depreciation and impairment	(76,222)	(72,396)
Total property, plant and equipment	**44,202**	**48,028**

Movements in Carrying Amounts

Movement in the carrying amounts for each class of property, plant and equipment between the beginning and the end of the current financial year:

	Plant and Equipment $	Total $
Balance at the beginning of year	48,028	48,028
Additions	-	-
Disposals	-	-
Depreciation expense	(3,826)	(3,826)
Carrying amount at the end of year	44,202	44,202

10. Investment Property		
Non Current		
Investment property - at fair value Directors' valuation	3,000,000	3,000,000
Total	**3,000,000**	**3,000,000**

Investment Property Revaluations

At 31 December 2019, the property has been recorded at Directors valuation which is based on an independent registered valuers report from WK Wotton & Partners Mr Wayne Wotton and Mr Brett Allan Davis, Certified Practice Valuer API Member No: 68007 and 68956 repectively dated 22 November 2017.

NOTES TO THE FINANCIAL STATEMENTS
For The Year Ended 31 December 2019

		2019 $	2018 $
11.	**Trade and Other Payables**		
	Unsecured liabilities		
	Trade payables	2,808	16,366
	Sundry payables and accrued expenses	132,047	107,006
	Total	**134,855**	**123,372**
12.	**Employee Entitlements**		
	Provision for annual leave	36,384	32,900
	Provision for long service leave	20,402	26,888
	Total	**56,786**	**59,788**
	Number of employees		
	Number of employees at year end	2	3
13.	**Reserves**		
	Capital profits reserve	2,411,980	2,411,980
	Asset revaluation reserve	1,899,447	1,762,992
	Total	4,311,427	4,174,972
	Nature and purpose of reserves		
	(a) Capital Profits		
	The capital profits reserve is used to accumulate realised capital profits		
	Balance at end of year	2,411,980	2,411,980
	(b) Asset revaluation		
	The asset revaluation reserve is used to record increments and decrements in the value of non current assets		
	Balance at beginning of year	1,762,992	2,055,573
	Revaluation increment/(decrement)	136,455	(292,581)
	Transfers	-	-
	Balance at end of year	**1,899,447**	**1,762,992**

14. Members' Guarantee

The Company is limited by guarantee. If the Company is wound up, the Constitution states that each member is required to contribute a maximum of $1 each towards meeting any outstanding obligations of the Company. At 31 December 2019 the number of members was 25 (2018:39).

NOTES TO THE FINANCIAL STATEMENTS
For The Year Ended 31 December 2019

15. Financial Risk Management

(a) Interest Rate Risk

The Company's financial instruments consist mainly of deposits with banks, local money market instruments, short-term investments, accounts receivable and payable, and investment available for sale.

The carrying amounts for each category of financial instruments, measured in accordance with AASB 139 as detailed in the accounting policies to these financial statements, are as follows:

	2019 $	2018 $
Financial assets		
Cash and cash equivalents	480,330	159,443
Trade and other receivables	17,909	67,514
Other current assets	5,910	8,008
Financial assets at fair value through profit or loss	1,595,217	1,566,580
Total financial assets	**2,099,366**	**1,801,545**
Financial liabilities at amortised cost:		
– trade and other payables	134,855	123,372
Total financial liabilities	**134,855**	**123,372**

Net Fair Values

(i) For listed available-for-sale financial assets and financial assets at fair value through profit or loss the fair values have been based on closing quoted bid prices at the end of the reporting period.

In determining the fair values of the unlisted available-for-sale financial assets, the Directors have used inputs that are observable either directly (as prices) or indirectly (derived from prices).

(ii) Fair values of held-to-maturity investments are based on quoted market prices at the ending of the reporting period.

16. Key Management Personnel

Any person(s) having authority and responsibility for planning, directing and controlling the activities of the entity, directly or indirectly, including any Director (whether executive or otherwise) of that entity is considered key management personnel.

The totals of remuneration paid to key management personnel (KMP) of the Company during the year are as follows:

	2019 $	2018 $
Key management personnel compensation	173,588	157,144

NOTES TO THE FINANCIAL STATEMENTS
For The Year Ended 31 December 2019

	2019 $	2018 $

17. Cash Flows Information

(a) Cash at the end of the financial year as shown in the cash flow statement is reconciled to items in the balance sheet as follows:

Cash and cash equivalents	**480,330**	**159,443**

(b) Reconciliation of Cash Flow from Operations with Profit after Income Tax

Net income/loss for the period	149,059	(74,844)
Cash flows excluded from profit attributable to operating activities		
Non cash flows in profit		
Depreciation	3,826	4,401
Net (gain)/loss on disposal of investments	32,715	(104,770)
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries		
(Increase)/decrease in trade and term receivables	49,605	(60,270)
(Increase)/decrease in prepayments	2,098	(3,707)
Increase/(decrease) in trade payables and accruals	11,483	(531)
Increase/(decrease) in provision for employee benefits	(3,002)	17,933
Net cash inflow/(outflow) from operating activities	**245,784**	**(221,788)**

Information and declarations to be furnished under the Charitable Fundraising Act 1991, Section 23

(a) Details of aggregate gross income and total expenses of fundraising appeals

Gross proceeds from fundraising appeals	402,157	83,195
Less: Total direct costs of fundraising	25,396	33,230
Net surplus from fundraising activities	**376,761**	**49,965**

(b) Statement showing how funds received were applied to charitable purposes

This surplus is used for research grants, fellowships and scholarships.

(c) Fundraising appeals conducted during the financial period

Appeals only.

(d) Comparisons

Total cost of fundraising/gross income from fundraising	6%	40%
Net surplus from fundraising/gross income from fundraising	94%	60%
Total cost of services/total expenditure	100%	100%
Total cost of services/total income received	6%	40%

SUMMARY FINANCIAL REPORT - INCOME STATEMENT
For The Year Ended 31 December 2019

	2019 $	2018 $
REVENUE		
Donation and Gifts - Monetary & Non monetary	70,694	73,195
Bequests and Legacies	331,463	10,000
Grants		
Other Australian	55,000	39,351
Other overseas	62,863	10,680
Investment Income	237,910	417,103
Other Income	3,038	7,470
TOTAL REVENUE	**760,968**	**557,799**
EXPENDITURE		
International Aid and Development		
International programs		
Funds to international projects	49,292	29,943
Program Support Costs	60,466	60,466
Community education	4,873	3,833
Fundraising Costs		
Public	25,396	33,230
Accountability and Administration	242,285	253,640
Non - Monetary Expenditure	-	-
Total International Aid and Development Programs Expenditure	**382,312**	**381,112**
Domestic projects	147,916	158,054
Investment Expenditure	60,252	53,474
Other Expenses	21,429	40,003
TOTAL EXPENDITURE	**611,909**	**632,643**
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE	149,059	(74,844)
Net gain/(loss) on revaluation of financial assets and investment property	136,455	(292,581)
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE	285,514	(367,425)

During the financial year the Australian Respiratory Council had no transactions in the Revenue or Expenditure for International Political or Religious Adherence Promotion Program categories.

The above disclosures are prepared in accordance with 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".

SUMMARY FINANCIAL REPORT - BALANCE SHEET
As At 31 December 2019

	Note	2019 $	2018 $
ASSETS			
Current Assets			
Cash and cash equivalents	5	480,330	159,443
Trade and other receivables	6	17,909	67,514
Other current assets	7	5,910	8,008
Total Current Assets		**504,149**	**234,965**
Non-Current Assets			
Financial assets	8	1,595,217	1,566,580
Property, plant and equipment	9	44,202	48,028
Investment property	10	3,000,000	3,000,000
Total Non-Current Assets		**4,639,419**	**4,614,608**
TOTAL ASSETS		**5,143,568**	**4,849,573**
LIABILITIES			
Current Liabilities			
Trade and other payables	11	134,855	123,372
Provisions	12	56,786	59,788
Total Current Liabilities		**191,641**	**183,160**
TOTAL LIABILITIES		**191,641**	**183,160**
NET ASSETS		**4,951,927**	**4,666,413**
EQUITY			
Reserves	13	4,311,427	4,174,972
Retained earnings		640,500	491,441
TOTAL EQUITY		**4,951,927**	**4,666,413**

At the end of the financial year the Australian Respiratory Council had no balances in the Inventories, Assets held for sale, Non current Trade and other receivables, Intangibiles, Current tax liabilities and Non Current Liabilities categories.

The above disclosures are prepared in accordance with 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".

STATEMENT OF CHANGES IN EQUITY
For The Year Ended 31 December 2019

	Capital profits Reserves $	Asset Revaluation Reserves $	Retained Earnings/ (accumulated losses) $	Total $
Balance at 1 January 2018	2,411,980	2,055,573	566,285	5,033,838
Excess of revenue over expense	-	-	(74,844)	(74,844)
Total comprehensive income for the year	-	(292,581)	-	(292,581)
Transfers on sale of assets	-	-	-	-
Balance at 31 December 2018	2,411,980	1,762,992	491,441	4,666,413
Excess of revenue over expense	-	-	149,059	149,059
Total comprehensive income for the year	-	136,455	-	136,455
Transfers on sale of assets	-	-	-	-
Balance at 31 December 2019	**2,411,980**	**1,899,447**	**640,500**	**4,951,927**

The above disclosures are prepared in accordance with 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".

DIRECTORS' DECLARATION

The directors of the registered entity declare that, in the directors' opinion:

1. The financial statements and notes, as set out on pages 31 to 45, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
   - **i.** comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
   - **ii.** give a true and fair view of the financial position of the registered entity as at 31 December 2019 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

This declaration is signed in accordance with subs 60.15(2) of the Australian Charities and Not- for-profits Commission Regulation 2013.

Christopher Turner
Director
Sydney, 9th April 2020

Amanda Christensen
Executive Director
Sydney, 9th April 2020

INDEPENDENT AUDITOR REPORT

To The Members of the Australian Respiratory Council

Australian Respiratory Council
(A Company Limited by Guarantee)
A.B.N. 11 883 368 767

Report on the Audit of the Financial Report Opinion

We have audited the financial report of Australian Respiratory Council (the registered entity), which comprises the statement of financial position as at 31 December 2019, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

In our opinion, the accompanying financial report of Australian Respiratory Council has been prepared in accordance with Div 60 of the Australian Charities and Not-for-profits Commission Act 2012, including:

i. giving a true and fair view of the registered entity's financial position as at 31 December 2019 and of its financial performance for the year then ended; and

ii. complying with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Regulation 2013, and the Corporations Regulations 2001;

We have also audited the summary financial reports of Australian Respiratory Council which in our opinion are in accordance with 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".

Basis for Opinion

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

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

Information Other than the Financial Report and Auditor's Report Thereon

The directors are responsible for the other information. The other information comprises the information included in the registered entity's annual report for the year ended 31 December 2019, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the registered entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Report

Our objectives are to obtain reasonable assurance about whether the financial report as a whole is free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the Australian Auditing Standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they

INDEPENDENT AUDITOR REPORT
To The Members of the Australian Respiratory Council

could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

As part of an audit in accordance with the Australian Auditing Standards, we exercise professional judgement and maintain professional scepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial report, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit 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 company's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by the directors.

Conclude on the appropriateness of the directors' use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the company's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial report or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the company to cease to continue as a going concern.

- Evaluate the overall presentation, structure and content of the financial report, including the disclosures, and whether the financial report represents the underlying transactions and events in a manner that achieves fair presentation.

We communicate with the directors regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.



D R Conroy FCA
Principal
Auditor No: 2251
Sydney, 9th April 2020

Conroy Audit & Advisory

CONROY AUDIT & ADVISORY
Chartered Accountants

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Email: admin@byranrush.com.au

ADVOCACY

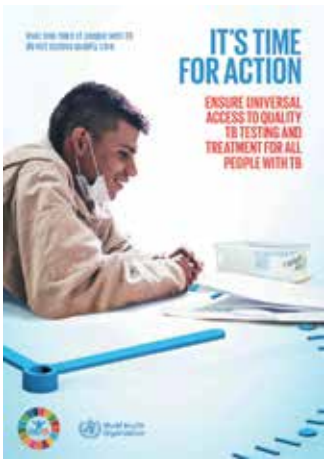
WORLD TB DAY 2019

Each year, we commemorate World Tuberculosis (TB) Day on March 24 to raise public awareness about the devastating health, social and economic consequences of TB, and to step up efforts to end the global TB epidemic. The date marks the day in 1882 when Dr Robert Koch announced that he had discovered the bacterium that causes TB, which opened the way towards diagnosing and curing this disease.

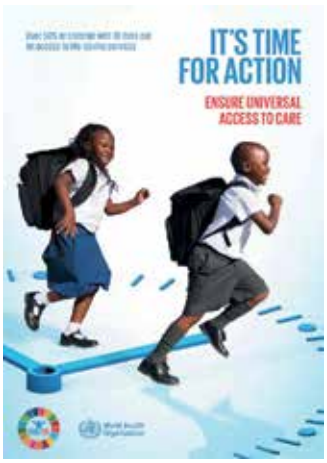
The ARC, along with our partners and colleagues around the world share successes in TB prevention and control and raise awareness of the challenges that continue to hinder progress toward the elimination of this devastating disease. We must remember that TB remains the world's deadliest infectious killer. Each day, nearly 4500 people lose their lives to TB and close to 30,000 people fall ill with this preventable and curable disease. Global efforts to combat TB have saved an estimated 54 million lives since the year 2000 and reduced the TB death rate by 42%. To accelerate the TB response to reach the targets and commitments set by the Heads of State at the first-ever UN High Level Meeting in September 2018 there is a call this year on World TB Day to urgently act on the commitments made by global leaders to:

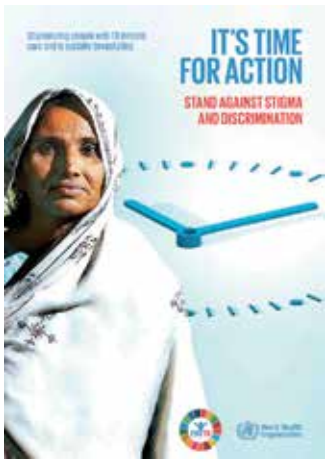
- Scale up access to prevention and treatment to ensure universal access to quality testing and treatment for all people with TB
- Build global accountability for ending the TB pandemic
- Ensure sufficient and sustainable financing to scale up investments into TB research and innovation, more effective diagnostics, medicines, vaccines and innovative care delivery approaches are needed
- Promote an end to stigma and discrimination for people with, stigmatising people with TB inhibits care and is socially devastating
- Promote an equitable, rights-based and people-centered TB response to ensure that people can access the services and treatment needed to end TB.

This World TB Day, the ARC and partners call on governments, affected communities, civil society organisations and health care providers to unite forces to find to ensure no one is left behind in the fight to END TB. **It's time for action! It's time to End TB.**











arc
australian respiratory council
prevention and cure of respiratory illness

Australian Respiratory Council ABN 11 883 368 767
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