arc

australian respiratory council

prevention and cure of respiratory illness



1913 100 YEARS 2013

AUSTRALIAN RESPIRATORY COUNCIL

A Century of Service

100 years of advocacy and commitment to tuberculosis and lung health

2013 Annual Report No. 100

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.

ARC welcomes feedback. Please send any feedback or complaints to arc@thearc.org.au or write to Executive Director, Australian Respiratory Council, GPO Box 102 Sydney, NSW 2001.

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

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.

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

Australian Respiratory Council (ARC) is a Constituent Member of the International Union Against Tuberculosis and Lung Disease (IUATLD). The Union has as its mission the prevention and control of tuberculosis and lung disease, as well as related health problems, on a world wide basis, with a particular emphasis on low income countries.



arc
australian respiratory council
prevention and cure of respiratory illness

Our Mission

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

Our Vision

- Continue to build expertise in respiratory health
- Foster innovation in respiratory health research
- Deliver and measure positive impacts to communities and research
- Enhance ARC's role in the country as a unique non-government organisation in the area of lung health
- Advocate to improve respiratory health, particularly in relation to tuberculosis and smoking at state, national and international levels.

ARC's Patrons



Her Excellency Professor The Honourable Marie Bashir AC, CVO Governor of New South Wales



Sir Nicholas Shehadie AC, OBE

President's Report

Professor J. Paul Seale



The Australian Respiratory Council has clearly defined its direction and purpose and this is evidenced by the work done by our great organisation.

I am pleased to provide my first report as the President of the Australian Respiratory Council (ARC) following election to the role at the 2012 AGM. I would like to commence my report by acknowledging the service and contribution of my colleague, Mr David Macintosh AM during his term as President of ARC from 2000 to 2013.



David joined ARC's Board of Directors in 1997, he was elected President in 2000 and a Life Governor in 2009. Over thirteen years as President, David provided leadership and commitment to building our organisation into the agency we have today. During David's tenure, ARC committed $814,108 funding for scholarships and fellowships, $1,333,744 for research funding and $1,354,182 for project activities within Australia and the Pacific Region.

On behalf of ARC's Board of Directors and Life Governors I would like to thank David for his outstanding contribution to our organisation and respiratory health in Australia and our Region. We are pleased that David will remain as a Vice President where we will be the beneficiary of his knowledge and expertise.

Celebrating a Century of Service

ARC has a distinguished history as an advocate and champion for public health initiatives in Australia since the organisation's inception over one hundred years ago. Throughout the last century, ARC has established a role and profile as an organisation that has successfully engaged civil society, academics, researchers, government and industry to bring focus to investment in our agency's mission and vision; to develop and support innovative and effective approaches to research and development in lung health and to improve lung health in communities, with an emphasis on disadvantaged groups.



In 2013, ARC celebrated one hundred years of service and commitment to respiratory health. To mark this significant milestone a Centenary Function was held on the 16th September, 2013. The function was a most successful and enjoyable event attended by one hundred and one people including ARC's Patrons Her Excellency Professor The Honourable Marie Bashir AC, CVO, Governor of New South Wales and Sir Nicholas Shehadie AC, OBE, distinguished guests, Life Governors, Directors, former and current staff, Members, Donors and invited guests.

With our organisation achieving such a significant milestone we are fortunate to not only be able to reflect on our past achievements but to look to the future and reaffirm our commitment to tuberculosis and respiratory health within Australia and our Region.

A report and pictures of our Centenary Function are included on pages 24,25 and 26 of this report.

In recording ARC's activities and achievements over the past year I note that 2013 has been another year of growth and productivity. The achievements and success of our organisation can be attributed to the outstanding contribution and expertise of the Directors, Committee members, grant and funding recipients and staff. I would like to take this opportunity to thank everyone for their continued commitment to the work of our organisation.

Investing in the future: Research in Tuberculosis (TB) and Respiratory Health

ARC continues a commitment to fund research activity in TB and respiratory disease. Within this annual report are detailed reports of the research projects that we funded in 2013. In addition, a summary of the research activities that ARC has funded over the past fourteen years is tabled in the annual report.

In 2013, Dr Brian Oliver from Sydney University and the Woolcock Institute was the recipient of the Harry Windsor Research Grant. Dr Oliver's research project is "*Why do fibroblasts from people with COPD produce extracellular matrix proteins in response to cigarette smoke?*"



Dr Jodie Simpson, from the Hunter Medical Research Institute, John Hunter Hospital continues as the Anne Woolcock Fellow 2010 to 2014. Jodie is due to complete her Fellowship in July 2014 and we wish her well in her future endeavors. Detailed reports on Dr Simpson's and Dr Oliver's research is included in the annual report.

Building health system research capacity in Vietnam and Cambodia

In 2013, the project work ARC funded included building health system research capacity in Vietnam and Cambodia through the Methods in Clinical and Operational Research Program lead by Professor Guy Marks. We were pleased to continue our third year of funding for this project. Through this project we are working in partnership with the Ministry of Health in Vietnam and Cambodia and their National TB Programs, the Woolcock Institute and the American Thoracic Society. Thirty seven participants attended the six day course held in Hanoi, Vietnam. A more detailed report has been provided by Professor Marks on pages 16 and 17 of this report.

The primary objective of the MECOR project is to develop capacity in future leaders in respiratory public health in Vietnam and Cambodia. This capacity will include the ability to interpret and use published evidence to guide policy and disease management and the ability to generate research ideas and to design and implement studies to investigate these ideas.



Using community based stories for TB education and evaluation in the Solomon Islands

This year, funding was provided to the Atofi Hospital in the Solomon Islands for a project using community based stories to promote improved TB Program outcomes in the East Kwaio district. This project was undertaken by the TB Program staff at Atofi Hospital in collaboration with James Cook University and staff from the Hunter New England Public Health Unit in NSW.

The aim of the project was to increase the TB case detection rates in a high incidence and remote setting of the East Kwaio district. By adapting and localising ARC's TB flip chart and developing resources using a story telling approach it is expected that significant interest about TB will be generated within the district communities.

A detailed report on the project is available on pages 18 and 19 of this report.

Nurses Consultants working within the Region

The provision of technical support, training, clinical mentoring and development of educational resources for nurses and related workers across the Pacific Island countries and territories lead by our Nursing Consultants Group: Pam Banner, Amanda Christensen and Kerrie Shaw continued in 2013. The group worked in collaboration with the US Centres for Disease Control and Prevention (CDC) the Pacific Island Health Officers Association to provide ongoing support for TB Programs across the Northern Pacific.

In addition, the ARC Nurse Consultants Group completed an extensive review of the ARC TB Training Modules developed for the nurses and related workers of the Northern Pacific TB Programs. The aim of the training modules is to provide a dynamic resource, which can be added to, updated and expanded as necessary to meet the training needs of those involved in TB Prevention and Control Programs. It is planned to release the updated modules at the Pacific Islands TB Controllers Association meeting, to be held in Hawaii in August, 2014.

I would like to acknowledge the contribution that our Nurse Consultants Group make to our organisation and their colleagues within the Asia Pacific Region through the development of educational programs, clinical mentoring and the development of resources. Supporting and working in partnership with the nursing workforce across the Region is an important activity that we hope to continue for many years to come.

Finances

In 2013, we were fortunate to see an improvement in our portfolio and financial returns. This was a much welcomed change from the previous years. The decision to trim operating costs, constrain research and project expenditure and to focus on strategic management of the investment portfolio was again taken by the Directors in 2013. This has been a successful strategy to ensure continuation of organisation and the availability of funding for operational, research and project activities.

The operating loss in 2013 was $142,633 against a projected budgeted loss of $255,078. The strategic management of the investment portfolio has resulted in the investments delivering a cash flow of $252,543 in 2013 (compared to $239,499 in 2012). The ARC reported a Net Gain of $198,029 (compared to a Net Loss of $80,932 in 2012).

I would like to acknowledge the diligence and commitment of the Finance team, led by, Robert Horsell OAM and supported by Associate Professor Peter Gianoutsos, David Macintosh AM and the staff of the ARC. Your work and commitment is greatly appreciated, particularly in times when difficult and complex financial decisions need to be made.

Acknowledgements and thanks

I would like to welcome Kerrie Shaw who joined the Board of Directors in February, 2013. Kerrie was formerly employed as ARC's Executive Officer from 2009 to 2013, on resigning from this role Kerrie was invited to join the Board. Kerrie's continued contribution to the organisation is greatly appreciated.

A strength of the ARC is the contribution that our Directors each make, I extend my personal thanks to each Director in this regard. Without the individual contributions, expertise and wisdom that you each bring to the ARC the success of our organisation would not be so great.

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.

Thank you to the staff of ARC, Amanda Christensen, Judy Begnell and Miranda Juhl for your commitment and enthusiasm to the work of our organisation over the past year and for putting together the annual report that describes the achievements and outcomes of ARC. The continued contribution of our volunteer Audrey Tonkin is also noted. Audrey continues to assist the staff with a range of activities and contributes significantly to the morale of our organisation.

In addition, my thanks and those of the Board are extended to Heath McLaren and his team at Macquarie Bank for their financial guidance in 2013 and to David Conroy and Roy Chong 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 as well as the recipients of our research and project funding. I hope through this report, our publications and website that you can learn about how your donations contribute to the work of ARC.

Looking to the year ahead

In 2014, ARC will continue through the Harry Windsor Research Grant and Ann Woolcock Fellowship to support important investigations being undertaken by Australian medical researchers in TB and airway disease. Funding has also been committed to continue with the MECOR Program and a TB project within the Solomon Islands.

Under the guidance of our Nurse Consultants team, work with the CDC in supporting TB Programs in Pacific Island Countries and Territories through PITCA and the Pacific Nurses Forum will continue in the coming year.

As the host agency for the 2015 Asia Pacific Region Union Conference there will be a significant workload for our organisation in planning for this event in the coming year. We are fortunate to have formed Organisational and Scientific Committees to guide the planning and program development for the conference. My thanks are extended to ARC's Directors, Professor Guy Marks and members of the Scientific Committee for their work in this regard.

The conference will be held in Sydney in August, 2015 and is expected to attract up to 800 delegates. The Union Asia Pacific Region Conference is held under the auspices of the Asia Pacific Region of the International Union Against Tuberculosis and Lung Disease. This meeting will provide an opportunity for researchers, academics, clinicians, government, the workforce and civil society from Australia and overseas to come together to focus, network, develop and progress initiatives in TB and Lung disease. It is an exciting time to be involved in lung health in our region.



5th Asia Pacific Region Conference of the International Union Against Tuberculosis and Lung Disease

Sydney August 2015

Raising awareness of the social, economic and health impact associated with TB is an important activity. From the very beginning, advocacy for TB and respiratory health was an important part of the work undertaken by ARC. Over the coming year it is planned to expand this role to bring greater attention and focus to not only the burden of disease but to activities and actions that promote and improve lung health, the investment in prevention and control efforts and research needs across the region. We will engage with stakeholders, our government, local and international partners to contribute to developing a coordinated response to combat TB, a disease that is preventable and treatable.

I am pleased to announce that Amanda Christensen has joined our staff as the Executive Director. Amanda has a long association with the ARC as a Director and Life Governor. I look forward to working with Amanda and wish her a successful future with our organisation.

Thank you to all of the many people involved with ARC in 2013.



Professor J Paul Seale
MB BS, PhD, FRACP
President

Governance

Board of Directors

AMANDA CHRISTENSEN
Dip Nursing



NSW 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 tuberculosis control for the NSW Ministry of Health. Appointed to the Board in 2001. Elected as a Life Governor in 2011. Employed as the ARC Executive Director from April 2008 to May 2009 - April 2013 – present.

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



Senior Consultant Thoracic Physician (VMO) Dept of Thoracic Medicine RPAH 1971-; Member TSANZ, ATS, ACCP, BTS, ALF, MLS(NSW); Chairman RPA Medical Board 1989-1991; Member of Medical Board of NSW 1978-1982; Chairman UMPS Medical Expert Panel 2002 – 2007; Member of Board of Directors UMP 2000-2002. Appointed to the Board in 2006. Elected Life Governor of ARC in 2012.

ROBERT HORSELL OAM
CPA



Medal of the Order of Australia 2012; Partner, R E Horsell & Co Public Accountants 1978-; Director, Cricket Australia 1997-2004, 2005- 2008; Chairman, Cricket NSW 1997-2008; Director, Bradman Foundation 1999-2005. Appointed to the Board in 1999; Chair of Finance Committee. Elected Life Governor of ARC in 2012.

ROBYN JOHNSON
GAICD



Conference Organiser with more than 20 years experience managing National and International conferences for not-for-profit associations, corporations and universities. Currently General Manager, Event Delivery at Business Events New South Wales. Appointed to the Board 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; Member of Board of Governors and Chairman of the Finance Committee, Woolcock Institute of Medical Research 2000-2011; Director, The Australian Lung Foundation; Managing Director, Paynter Dixon Construction Group 2001- Present; Director, Ainsworth Game Technology Limited 2013 – present. Director of numerous private companies; thirty three years of senior management and director level in the transport and construction industries in Australia and Europe; Chairman, actively involved in the Surf Life Saving movement for over forty eight years; Life Member, Long Reef Surf Life Saving Club Inc.; Distinguished Service Member and Chairman of the Expenditure Review Committee, Collaroy Surf Life Saving Club Inc. Appointed to the Board in 1997; President 2000 -2013. Vice President 2013 -; Elected Life Governor of ARC in 2010.

IAN W. RAMSAY
LL.,B



Solicitor, Supreme Court of NSW; General Manager and Board Director, WorkCover 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 in November 2008 - 2011. Chair, of Centenary Celebration Committee. Reappointed to the Board 2012.

PROFESSOR J. PAUL SEALE
MBBS, PhD, FRACP



Professor of Clinical Pharmacology, University of Sydney 1992-; Pro-Dean, Faculty of Medicine, University of Sydney 1997-2003; Consultant Physician, Royal Prince Alfred Hospital 1980-2013; Deputy Director, Woolcock Institute of Medical Research; Member 2003-2012, member,Australasian Society for Clinical and Experimental Pharmacologists and Toxicologists; Past President, Thoracic Society of Australia and New Zealand; former Congress President, Asia Pacific Society of Respirology; former Chairman, NSW Therapeutics Advisory Group; Chair, TB Committee, Sydney South West Area Health Service. Member of NSW Health TB Advisory Committee, Appointed to the Board in 1997; Vice-President 2003 - 2012. President 2013 - ; Elected Life Governor of ARC in 2007.

KERRIE SHAW
Dip Nursing



TB Coordinator South Eastern Sydney Local Health District (Northern Sector) 2013; 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; Member, Thoracic Society of Australia and New Zealand 1992; Appointed to ARC Board 2013.

CLINICAL PROFESSOR IVEN YOUNG
BSc (Med), MBBS, PhD FRACP



Senior Physician, Department of Respiratory and Sleep Medicine, Royal Prince Alfred Hospital (RPAH) 1991- 2009; Visiting Medical Officer, RPAH 1979-1985; Senior Staff Specialist in Respiratory Medicine, RPAH 1985-; Post Doctoral Fellow, University of California, San Diego 1976-1978; Research Fellow, University of Sydney 1974-1976; Respiratory Physician 1975-; Member, Thoracic Society of Australia and New Zealand; Member, American Thoracic Society; Member, European Respiratory Society; Senior Examiner, Australian Medical Council 1997-; elected to the Adult Medicine Division, Royal Australasian College of Physicians 2000-2001; Chairman, Division of Medicine, RPAH 2001-2009; Chair, Physicians Training Council, HETI 2010-. Appointed to the Board in 1998. Elected Life Governor of ARC in 2003. Chair of Research Committee.

Research Committee



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



Professor Judith Black AO
Research Adviser Health & Medical, Sydney University,
Woolcock Institute of Medical Research.



Professor Peter Gibson
Senior staff specialist & director of Ambulatory Care and 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.



Professor J. Paul Seale
ARC President (ex officio).



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



Dr Greg Fox
Post-doctoral Fellow, Montreal Chest Institute, McGill University, Canada.

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

Community Health and 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 - Present	Professor J Paul Seale

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
2003	Emeritus Professor Ian W Webster AO
2007	Emeritus Professor Charles Baldwin Kerr AM
2007	Professor J Paul Seale
2009	David Hugh Macintosh AM
2011	Amanda Christensen
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

During 2013 ARC's loyal supporters have continued to show their generosity by supporting two appeals. This generosity is crucial to providing financial support for ARC's funding of research and projects in Australia and the Pacific Region. What is extremely rewarding is to see that our supporters are also wishing to make a lasting impact on respiratory health by advising of their intention to leave a bequest in their Will.

For many people a Will is an intensely private thing; its contents are not something they choose to talk about. That's why so many acts of great generosity remain a well-kept secret. Over many years, people from all walks of life have chosen to leave bequests of varying sizes.

Whilst it would be good to be able to thank all our supporters for this incredible step, we understand some prefer to remain anonymous. The following two long-time supporters had chosen to remain anonymous during their lifetime, but in 2013 left ARC a bequest in their Will. With permission from their families we can publicly thank them for their generosity and add their names to the Breath of Life Honour Roll to thank them in perpetuity.

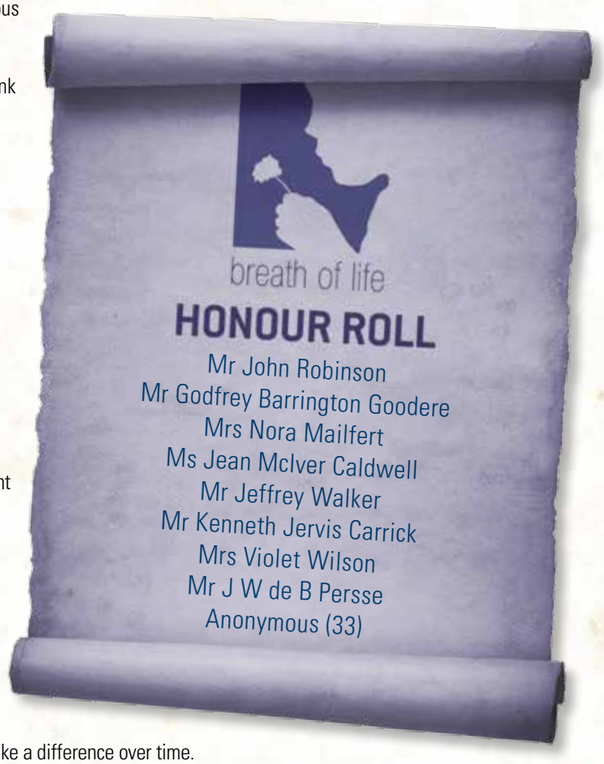
Mr John Robinson

Mr Godfrey Barrington Goodere

We would also like to thank the following member of the Breath of Life for her very generous bequest received in 2013.

Mrs Nora Mailfert

The Directors and staff extend their sincere condolences to the family and friends of Mr Robinson, Mr Goodere and Mrs Mailfert.



Breath of Life Club and Honour Roll

Members of the Breath of Life are supporters who have made a commitment to leave a bequest to ARC in their Will. They are acknowledging that they wish to continue to support the projects and research aimed at fulfilling the vision of a community free of respiratory illness.

The Honour Roll is a way ARC can acknowledge the incredible act of kindness and generosity of supporters who take this decision.

The value of such bequests is immeasurable. Regardless of their size, bequests are always gratefully received. It does not matter how large or how small your estate, or the size of the bequest you choose to make, it will be a gift that allows you to continue your generous support and make a difference over time.

Making a bequest to ARC is very easy. After taking into account the needs of your family, you can choose to gift a specific asset, a certain amount, a percentage or residue of your estate to ARC. We would suggest that you instruct your solicitor about making a new Will to include a gift to ARC or updating your existing Will to make a simple amendment that designates your desired gift to ARC.

Please call us for a copy of our "Your Security, Your Future" booklet if you are considering leaving a bequest to ARC.

> *"Those with respiratory illnesses such as TB will be forever grateful"*

Advocacy

World TB Day

Stop TB in my lifetime

World TB Day is held each year on the 24th March. The day commemorates the date in 1882 when Dr Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacteria that causes TB. This annual event provides an opportunity to raise awareness about TB and to support worldwide control efforts.

TB, is one of the world's deadliest diseases. One-third of the world's population is infected with TB, and each year, almost nine million people get sick and one and a half million die from the disease. TB is also a leading killer of people who are infected with HIV.

The Western Pacific Region carries 19% of the global burden of TB and a significant number of the global cases of drug resistant TB. It must be remembered that TB anywhere is TB everywhere!

In 2013, the theme for World TB Day was "Stop TB in my lifetime". The Stop TB Partnership noted that at a time when partners are calling for zero TB deaths, we need to make a stronger statement that the world's failure to stop deaths from TB is an outrage. TB is preventable and curable but the global fight against TB is grossly underfunded. More needs to be done to Stop TB in our lifetime.

The principal messages of the 2013 campaign were:

- A call for greater investment in TB services and programs to provide universal access and high quality treatment for all people with TB
- The immediate need for collaboration between health care providers, civil society and the private sector to reach everyone with TB to save thousands of lives
- The need for acceleration in the on the ground integration of TB and HIV services and the use of preventive therapy for people with HIV and latent TB infection in addition to the scale up of treating people with TB/HIV coinfection
- Stopping the spread of drug resistant TB by ensuring a strong commitment by governments to improve the access to diagnosis, a reliable supply of high-quality drugs and working towards engaging the health workforce and communities
- Greater investment to develop a simple point-of-care tests that can be used in any basic health care setting, requiring little technical knowledge; faster TB treatment; and a vaccine that is safe and effective in preventing the disease in people of all ages.

TB remains a significant global health issue. Until TB is controlled, World TB Day won't be a celebration. But it is a valuable opportunity to educate the public about the devastation TB can spread and how it can be stopped. In 2013, ARC developed two new resources to raise awareness about TB. These resources can been accessed on ARCs website at the following web address: http://thearc.org.au/Resources.aspx

Further information on World TB Day 2013 can be found at the Stop TB Partnership website: http://www.stoptb.org/events/world_tb_day/2013/resources.html



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 will support 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, Perth

2010 - 2014
Characterisation and treatment of innate immune dysfunction in older people with obstructive airway disease

Dr Jodie Simpson
University of Newcastle



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 being 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
2013 Recipient

2013
Why do fibroblasts from people with COPD produce extracellular matrix proteins in response to cigarette smoke?

Dr Brian Oliver,
University of Sydney and the Woolcock Institute of Medical Research

Dr Jodie Simpson

Australian Respiratory Council Ann Woolcock Research Fellow 2010 - 2014



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

During my Anne Woolcock Research Fellowship I have conducted, supervised, and collaborated on a series of important studies exploring the role of the innate immune system in older people with obstructive airways disease (asthma and/or COPD). I have examined a novel mechanism leading to neutrophilic inflammation in obstructive airways disease which is a key discovery in this area and will be generalisable to other neutrophilic airway diseases such as non-CF bronchiectasis, protracted bacterial bronchitis in children, and post-transplant bronchiolitis obliterans.

Since commencing my fellowship I have had considerable grant success with 3 new NHMRC project grants since 2010 resulting from my fellowship work and will now seek to translate the discoveries into clinical practise in severe asthma and COPD. I have also written a chapter The Biology of Neutrophils in the prestigious text book "Middleton's Allergy Principles and Practise". In March 2014 I will submit an NHMRC project grant investigating a novel therapeutic target for neutrophilic asthma which is the result of a new collaboration with A/Professor Sandy Hodge in Adelaide and A/Professor Johan Bylund in Sweden.

The ARC Fellowship has significantly advanced my career development. In 2013 I was promoted to Associate Professor (research only) at the University of Newcastle and named the Elsevier Scopus Young Researcher of the Year for Medicine and Medical Sciences. I was appointed the chair of the awards committee for the Thoracic Society of Australia and New Zealand.

Research Program

Obstructive airways diseases in the older age group are increasingly common, and the distinction between different diseases can be blurred. In clinical practice distinguishing asthma from COPD in adults older than 55 is problematic because of overlap of many of the features of both diseases. This overlap may result from altered pathophysiology in the elderly, where the underlying inflammatory reaction in the airways becomes similar in the different conditions as people age.

Ageing is associated with a range of immune system changes. There are well-described changes in both innate and adaptive immunity with ageing. Important inflammatory cells called neutrophils, exhibit decreased capacity to perform some of their vital functions with ageing, which may lead to persistence of infection. Neutrophil responses are typically associated with activation of the innate immune system. The development of age related airway neutrophilia implicates a role for the innate immune response being responsible for this effect

During my fellowship I have investigated how alterations in the innate immune response in older people with airways disease can potentiate the effects of ageing and compare these results with older and younger healthy controls. I have also been examined the effect of a new treatment to determine its ability to reduce airway neutrophils in older people with COPD.

1. Charactersiation of immune dysfunction in older people with obstructive airways disease

The obstructive airway diseases COPD and asthma are now major health issues for Australia's ageing population. COPD is a disease of global significance that is a major contributor to mortality and morbidity in older people. The airflow obstruction that characterises COPD is progressive and incompletely reversed by current therapy. This underscores the need to better understand disease mechanisms which would facilitate the search for new treatment modalities in COPD. Airway inflammation is a key element of COPD, and typically involves neutrophilic infiltration of the airways. Neutrophilic bronchitis in COPD is persistent, and remains after the removal of stimuli such as tobacco smoke. The role of airway inflammation in obstructive airway disease of older people is poorly understood. It is likely to be important but also different to younger people because of life-long exposures to particulates such as cigarette smoke or other immune stimuli such as infections.

Persistent neutrophilic bronchitis is also a feature of other chronic airway diseases; bronchiectasis, allergic bronchopulmonary aspergillosis, and the neutrophilic subtype of asthma. This suggests there may be a common mechanism contributing to persistent airway neutrophilia in these diseases. I have previously described a self-perpetuating neutrophil activation cycle (NAC) in neutrophilic asthma and hypothesised its existence and the involvement of an important immune system receptor (toll like receptor 2) in other obstructive airway diseases characterised by neutrophilic inflammation. This cycle is activated by toll like receptor 2 stimulation and persists *via* positive feedback interactions between important neutrophil proteins (CXCL-8, NE, and MMP-9) all of which levels are significantly elevated in the airways of patients with neutrophilic asthma.

Other factors known to influence airway neutrophilia are ageing, smoking, airflow obstruction, infection and corticosteroid use, and these factors are also associated with neutrophilic airway diseases. However, it is unclear to what extent factors such as age and past smoking impact on the persistent neutrophilic bronchitis and NAC in COPD. I have investigated these issues by assessing components of the NAC, and controlling for the effects of age, smoking and airway obstruction in patients with COPD. I have recruited 118 adults and collected induced sputum for bacterial culture and measurement of key inflammatory proteins and genes.

The NAC was enhanced with age, smoking and most significantly in those with COPD. TLR2 gene expression was significantly elevated in those with COPD and was a significant independent predictor of neutrophils in sputum after correcting for age, smoking and airflow obstruction. TLR2 activation led to increased gene expression for TLR2 and the induction of the components of the NAC. The results of this study have been accepted for publication in Mediators of Inflammation.

2. Treatment of immune dysfunction in older people with obstructive airways disease

While effective treatments are well established to treat some types of inflammation in asthma and COPD, there are no treatments targeting neutrophilic inflammation. The anti-inflammatory effects of macrolide antibiotics are well-established. Macrolide antibiotics such as azithromycin have separate and distinct antibiotic and anti-inflammatory actions. There is extensive *in vitro* evidence of anti-inflammatory activity of macrolides, and some evidence that they may be efficacious in the treatment of neutrophil mediated airway diseases.

I have conducted a randomised placebo controlled trial of azithromycin therapy for 12 weeks will be undertaken to determine the ability of macrolide treatment in reducing the NAC components as well as bacterial load. In this study I have screened 77 participants and randomized 30 people for the clinical trial of azithromycin therapy in older patients with airways disease.

Nine participants with neutrophilic bronchitis had a potentially pathogenic bacteria isolated and the median total bacterial load of all participants was $5.22x10^7$cfu/ml. Azithromycin treatment resulted in a non-significant reduction in sputum neutrophil proportion, CXCL8 levels and bacterial load. The mean severe exacerbation rate was 0.33 per person per 26 weeks in the azithromycin group compared to 0.93 exacerbations per person in the placebo group (incidence rate ratio (95%CI): 0.37 (0.11, 1.21), P=0.062). For participants who underwent chest CT scans, no alterations were observed. In stable COPD with neutrophilic bronchitis, add-on azithromycin therapy reduced severe exacerbations with a non-significant reduction in sputum neutrophils, CXCL8 levels and bacterial load.

Research Training

Student Supervision 2013-2014

- 2007-2014: Ms Hayley See is investigating the *in vitro* response of bronchial epithelial cells and the activation of lymphocytes from COPD patients by infection with rhinovirus, respiratory syncytial virus and *Haemophilus influenza*
- 2008-2014 Mr Heng Zhong will commence his PhD in October 2008 studying the *in vitro* response of bronchial epithelial cell and neutrophils to infection with rhinovirus: a comparison of patients with COPD, healthy smokers and healthy non-smokers
- 2009-2014 Mr Lakshitha Gunawardhana, is studying the epigenetic regulation of airway inflammation in non-eosinophilic asthma
- 2014-2016 Ms Melanie Erriah will be studying mast cells and eosinophilic COPD.

Research Output 2013-2014

1. **Simpson JL**, Gibson PG, Yang I, Upham J, James A, Reynolds P, Hodge S. Impaired macrophage phagocytosis in non-eosinophilic asthma. Clinical and Experimental Allergy. 2013; 43(1): 29-35.
2. McDonald VM, **Simpson JL**, McElduff P, Gibson PG. Older peoples' perception of tests used in the assessment of COPD and asthma. Clin Respir J. 2013 Mar 20. doi: 10.1111/crj.12017. [Epub ahead of print]
3. Brooks CR, Gibson PG, Douwes J, Van Dalen C, **Simpson JL**. Relationship between airway neutrophilia and aging in asthmatics and non-asthmatics. Respirology. 2013 8(5):857-65
4. **Simpson JL**, Baines KJ, Ryan NM, Gibson PG. Neutrophilic asthma is characterised by increased rhinosinusitis with sleep disturbance and GERD. APJAI Accepted January 2013.
5. Baines KJ, **Simpson JL**, Gibson PG. The Biology of Neutrophils. Middleton's Allergy- Principle and Practice 7th Edition Volume 1; Chapter 17 2013: Editors Adkinson NF, Bochner BS, Busse WW, Holgate ST, Lemanske RF, Simons FER. Mosby Elsevier ISBN 978-0-323-05659-5.
6. **Simpson JL**, McDonald VM, Baines KJ, Oreo KM, Wang F, Hansbro P, Gibson PG. Influence of age, past smoking and disease severity on TLR2, neutrophilic inflammation and MMP-9 levels in COPD. Mediators of Inflammation. 2013;2013:462934
7. Kaiko, GE, Loh, Z, Spann, K, Lynch, JP, Lalwani, A, Zheng, Z, Davidson, S, Uematsu, S, Akira, S, Hayball, J, Diener, KR, Baines, KJ, **Simpson, JL**, Foster, PS, Phipps, S. TLR7 gene deficiency and early-life Pneumovirus infection interact to predispose toward the development of asthma-like pathology in mice. JACI 2013 131(5):1331-9.
8. Fu JJ, Gibson PG, **Simpson JL**, McDonald VM. Longitudinal changes in clinical outcomes in older people with asthma, COPD and asthma-COPD overlap syndrome. Respiration 2014;87(1):63-74.
9. Gunawardhana L, Gibson PG, **Simpson JL**, Powell H, Baines K. Activity and expression of histone acetylases and deacetylases in inflammatory phenotypes of asthma. Clinical Exp Allergy. 2014;44:47-57
10. Fu JJ, McDonald VM, Gibson PG, **Simpson JL**. Systemic Inflammation in Older Adults with Asthma-COPD Overlap Syndrome. Accepted July 2013 Allergy, Asthma & Immunology Research.
11. Gunawardhana, LP, Baines, KJ, Mattes, J, Murphy, VE, **Simpson, JL**, Gibson, PG. Differential DNA Methylation Profiles of Infants exposed to Asthma during Pregnancy. Paediatric Pulmonology. 2013 Oct 25. doi: 10.1002/ppul.22930. [Epub ahead of print]
12. **Simpson JL**, Phipps S, Baines KJ, Oreo K, Gunawardhana, LP, Gibson PG. Elevated expression of the NLRP3 inflammasome in neutrophilic asthma. Eur Resp J 2013 Oct 17. [Epub ahead of print]
13. **Simpson JL**, Gibson PG, Yang IA, Upham JW, James A, Reynolds PN, Hodge S. AMAZES Study Research Group. Altered sputum granzyme B and granzyme B/PI-9 in patients with non-eosinophilic asthma. Respirology. 2013 Dec 23. doi: 10.1111/resp.12213. [Epub ahead of print]
14. Oreo K, Gibson PG, **Simpson JL**, Wood LG, McDonald VM, Baines KJ. Sputum ADAM8 expression is increased in severe asthma and COPD. Clinical Experimental Allergy. 2013 Oct 22. doi: 10.1111/cea.12223. [Epub ahead of print]
15. G Peng, **Simpson JL**, Z Jie, Gibson PG. Galectin-3: its role in asthma and potential as an anti-inflammatory target. Respiratory Research accepted December 4th 2013.
16. Gibson PG, **Simpson JL**, Ryan NM, Vertigan AE. Mechanisms of cough. Curr Opin Allergy Clin Immunol. 2014 Feb;14(1):55-61.
17. Baines KJ,**Simpson JL**, Wood LG, Scott RJ, Fibbens NL, Powell H, Cowan DC, Taylor DR, Cowan JO, Gibson PG. Sputum gene expression signature of 6 biomarkers discriminates asthma inflammatory phenotypes. J Allergy Clin Immunol. 2014 Feb 27. pii: S0091-6749(14)00111-0. doi: 10.1016/j.jaci.2013.12.1091. [Epub ahead of print]

ANN WOOLCOCK FELLOWSHIP arc

Dr Brian Oliver

University of Sydney and Woolcock Institute of Medical Research



Why do fibroblasts from people with COPD produce extracellular matrix proteins in response to cigarette smoke?

COPD is a major cause of morbidity and mortality in Australia

COPD is a progressive debilitating disease which affects at least 10% of the Australian population aged over 40 and is the only chronic disease with on-going increasing mortality[1][2]. The economic burden of COPD ($550 million annual Australian direct health care costs) is projected to significantly increase[1][2]. In the developed world the main risk factor for the development of COPD is cigarette smoking, and we have pioneered research into COPD pathophysiology using this stimuli.

Small airways remodelling is important in COPD

The difficulties people with COPD have with breathing is caused by remodelling (thickening) of the small airways in the periphery of the lung[2]. These changes to the small airways are thought to be related to the development of COPD and drive the development of lung destruction, also known as emphysema.

Small airway thickening is caused by increased extracellular matrix in COPD

The extracellular matrix is a collection of proteins which form the structural scaffold of the airways. In COPD the ECM forms at least 50% of the total small airway wall composition [3] and increases to 85% as the severity of COPD increases. We do not know why such excessive accumulation of ECM occurs in COPD.

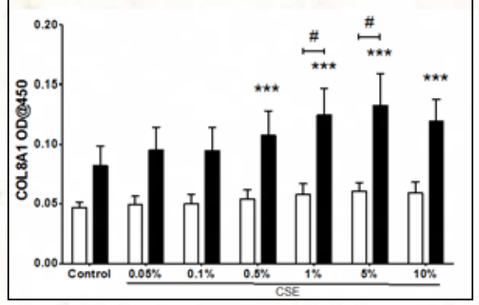
The aim of this study was to investigate the possible reasons why excessive ECM production occurs in COPD.

Experimental design

With support from the Australian Respiratory Council we have commenced a study to understand why excessive ECM accumulation is occurring in the small airways of people with COPD. We chose to investigate ECM production from airway smooth muscle cells, a cell type that is increased in COPD. We stimulated these cells with cigarette smoke extract (CSE), the environmental insult most commonly associated with the development of COPD.

Cigarette smoke extract increases collagen 8 in COPD airway smooth muscle only

Fig 1. CSE induces COL8 from only COPD ASM cells. COL8 was measured by ECM ELISA from CSE treated (72h) ASM cells from smokers with (n=7, black bar) and without COPD (n=7, white bar)



We used a PCR based array as a screening tool to investigate the expression of remodelling-associated genes. CSE up-regulated more genes than the profibrotic growth factor TGF-β_1 and, using standard cut-off criteria, collagens (COL) 5, 7 and 8 were chosen for further investigation. The deposition of COL7 was too low to be detected (data not shown) and COL5 was unaffected by CSE. The deposition of COL8 was increased by 0.5% - 10% CSE in the COPD group only and there was significantly more COL8 induced by 1% and 5% CSE from the COPD cells compared to the non-COPD cells (Fig. 1).

This is not related to their smoking status, since cells from people with a significant smoking history, but without COPD, fail to produce ECM in response to CSE. It is also due neither to an inability of the non-COPD cells to produce ECM proteins, as this does occur when they are stimulated with transforming growth factor β, nor to a lack of response to CSE, as CSE induces the release of the chemokine CXCL8.

Cigarette smoke extract induced changes in-vitro are found in COPD airways in-vivo

As this is the first report of COL8 production by airway cells we wanted to ensure that our *in-vitro* findings were reflective of airway remodelling in COPD. In airway tissue from patients with (n=10) and without (n=7) COPD we found increased COL8 in COPD, which was localised in the basement membranes, vascular walls and ASM bundles (see Fig 2).

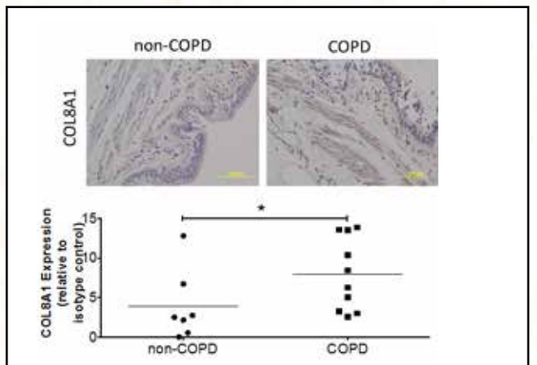


Fig 2. Collagen 8 immunostaining is increased in COPD airways.

What is driving the altered response to cigarette smoke extract in COPD cells?

Identifying the structural changes which take place in COPD will help us understand the pathophysiology of disease progression, but in order to translate these findings into a meaningful clinical therapeutic (i.e. be able to halt and/or reverse these changes) we need to understand how they are occurring. Altered signal transduction (the way the cell receives and transmits information from stimuli) and epigenetic changes to ECM genes are both potential mechanisms. Epigenetics describes a range of inheritable changes related to genome function which can either increase or repress gene expression. Smoking cigarettes is known to change the epigenetic control in cells, and perhaps the best example of this is a smoking related cancer in which the off signals in the cells are missing.

We investigated if the signalling molecules NF-κB and AP-1, which are sometimes called the master regulators of the cell, were activated by CSE to a greater extent in cells from people with COPD. To do this we stimulated cells with CSE and then extracted proteins from the nucleus of the cells. If these proteins are activated they move to the nucleus and bind to DNA resulting in more ECM gene mRNA being produced – the first step in increased ECM protein production. Surprisingly, we found no evidence of increased signalling activity in COPD ASM cells. This suggests that the increased response to cigarette smoke in the COPD cells may occur due to epigenetic changes, as we have found in other cells in COPD [4].

Significance

Excessive ECM accumulation is a defining feature of small airway remodelling in COPD. We know small airway remodelling is a critical event in the pathogenesis of COPD and the major cause of airflow limitation but despite this, the aetiology is not known. With the help of the Australian Respiratory Council we are now several steps closer to understanding why excessive ECM production occurs in the small airways of people with COPD. In the future we can use this information to design new therapeutic approaches targeting remodelling in COPD.

References

1. Australian Institute of Health and Welfare 2010. Australia's health 2010. Australia's health series no. 12. Cat. no. AUS 122. Canberra: AIHW.

2. Hogg JC, Macklem PT, Thurlbeck WM. Site and nature of airway obstruction in chronic obstructive lung disease. *NEnglJ Med* 1968: 278(25): 1355-1360.

3. Hogg JC, Chu F, Utokaparch S, Woods R, Elliott WM, Buzatu L, Cherniack RM, Rogers RM, Sciurba FC, Coxson HO, Pare PD. The nature of small-airway obstruction in chronic obstructive pulmonary disease. *New Engl J Med* 2004: 350(26): 2645-2653.

4. Ito K, Ito M, Elliott WM, Cosio B, Caramori G, Kon OM, Barczyk A, Hayashi S, Adcock IM, Hogg JC, Barnes PJ. Decreased histone deacetylase activity in chronic obstructive pulmonary disease. *New Engl J Med* 2005: 352(19): 1967-1976.

Project Feedback



Professor Guy Marks

Methods in Epidemiological, Clinical and Operational Research (MECOR) in Vietnam

The Australian Respiratory Council (ARC) funds public health projects both in Australia and internationally. The projects that ARC fund focus on prevention, treatment and control of respiratory disease with an emphasis on disadvantaged groups. ARC has a long standing commitment to the eradication of tuberculosis (TB) and supports the work of local and regional Non-Government Organisations who are implementing activities that complement National TB plans and programs in the Asia Pacific region.



In line with this commitment ARC's Board approved funding to supplement the third course of the MECOR Program (Workshops Level 1, Level 2 and Level 3) in Vietnam to be facilitated by the Woolcock Institute of Medical Research.

The primary objective of the MECOR course is to develop capacity in future leaders in respiratory public health in Vietnam. This capacity will include the ability to interpret and use published evidence to guide policy and disease management but also the ability to generate research ideas from this program.

The six day workshop was successfully conducted from 13th – 19th January, 2013 in Hanoi, Vietnam. The project consists of 3 concurrently run workshops:

The Level 1 workshop is designed to strengthen capacity and leadership in epidemiological, clinical and operational research related to respiratory conditions. The course is designed for middle and low income countries. Nineteen physicians and related health care professionals, including a participant from China, attended the workshop.

An overview of the Level 1 workshop is provided below.

The Level 2 workshop is designed to extend the knowledge of research design, implementation and analysis; develop skills in critical appraisal of scientific evidence; and assist participants to individually develop a research protocol for implementation over the following 12 months. Eleven students including one from Cambodia participated in the Level 2 workshop.

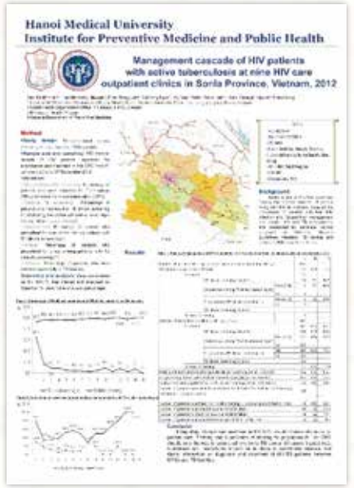
An overview of the level 2 workshop is provided on page 17.

The Level 3 workshop is designed to extend participant knowledge and skills in data analysis and manuscript preparation for those students who attended previously and have successfully completed data collection for a research project. It is the expectation that all students will be ready to submit a manuscript for publication soon after completion of the course. Seven students attended the Level 3 workshop, these students had attended the Level 2 workshop held in January 2012.

Outcomes for the project

After a week of intensive training, all students have learnt to develop a testable research question, understand the various study design options for finding the answers to these questions, learnt to set up studies and develop an understanding of introductory statistics. Moreover, students have developed research proposals and continue to liaise with their mentor and MECOR coordinator

Activity	Strengthen capacity and leadership in Methods in epidemiological, clinical and operations research (MECOR) related to respiratory conditions (Level 1)
Epidemiology	Understand basis of epidemiologic approach to disease eg. Prevalence, incidence
Research design	Understand basic design of different types of studies including cross-sectional, case control, cohort, clinical trials and their respective measures of effect, be able to pose simple research questions and know which study design is appropriate
Research methods	Understand the difference between populations and samples and how these may affect study results; the importance of adequate power and the factors that affect power; the importance of valid and reliable measurements, sensitivity, specificity and predictive value; techniques for maximizing data quality; the importance of ethical conduct of human research; and the importance of a manual of procedures
Statistics	Understand descriptive statistics, measures of association, sources of error, univariate and bivariate analyses
Protocol	Develop and present a research protocol in the course



A poster showing the results of one of the student's research was presented at the Asia Pacific Region Conference in April 2013.

to update their research progress and results. The students are required to share the outcomes of the research at the next training course. Some of the proposals are ready to implement, whilst others have been implemented using the MECOR small grants scheme. Some researchers have submitted manuscripts to international conferences and local medical journals.

As a result of of the strong support received from the National Lung Hospital(NLH) and the Vietnam Lung Association against Tuberculosis and Lung Disease(VALD), it is expected that this course will become a part of the annual training program of NLH and VALD in the near future.

Through the course, it is clearly recognised that there is a need for training related to epidemiology, clinical and operational research for those who are working in lung health within Vietnam, Laos and Cambodia. Doctors working in lung health are keen to join the courses. All the participants have indicated this is one of the most useful courses in assisting them to answer the clinical issues they encounter in their work. Moreover they can apply what they have learnt during the course to improve their quality of work through evidence based practice.

The course is also a great chance to create a TB networks within 3 countries Vietnam, Laos and Cambodia involving experienced, skilled doctors working in lung health.



Activity	Extend the knowledge of research design, implementation and analysis; develop skills in critical appraisal of scientific evidence; and assist participants to individually develop a research protocol for implementation (level2)
Epidemiology	Understand the basis of the clinical epidemiology approach to diagnosis, prognosis, and treatment of disease
Research design	Understand the application of study design to clinical studies and be able to apply and adapt epidemiologic questions to clinical and health services problems
Research methods	Understand how to develop feasible and valid approaches to sampling, the basic methods to determine sufficient sample size for a planned study , how to balance precision and accuracy in measurements and design and pre test a study questionnaire, effective approaches to monitoring quality of data gathering and data entry, and the role of IRB and know current standards for ethical treatment of human subjects
Statistics	Understanding how prevalence affects relations between risk, odds and hazard ratio; understand bias, confounding, chance, type I and II errors; reliability, validity, accuracy and precision; understand univariate and bivariate analyses including the T-test, Wilcoxon and chi-squared and risk ratios

Project Feedback



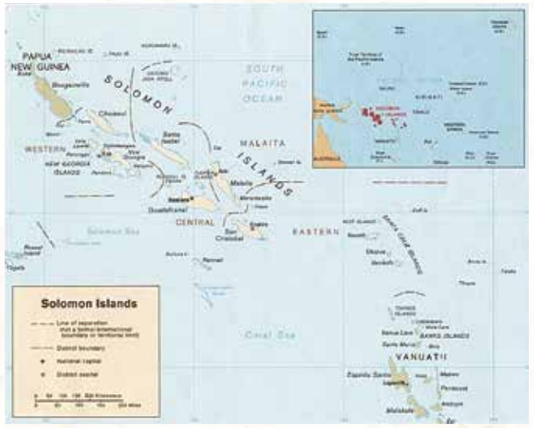
Dr Peter Massey

East Kwaio, Solomon Islands: Community based stories for TB education and evaluation

ARC's Board were pleased to provide funding to supplement the TB Project work of the Atoifi Adventist Hospital in 2013.

Project description:

The aim of this project was to facilitate increased capacity for the delivery of quality activities to increase TB case detection and TB treatment completion rates in local communities of East Kwaio, district of the Solomon Islands. The project saw the secondment of a senior primary health care nurse from Atoifi Hospital into the role of a TB Special Projects Coordinator. The TB Special Projects Coordinator worked with the existing TB Coordinator, under the direction of the Director of Nursing, to develop the local resources and evaluate this program.



The project team included senior health workers, chiefs, community leaders, the National TB Program (NTP) Coordinator, video production and public health researchers from Australia. The project will link directly with the NTP and will support aims of the national program. Australian public health experts and researchers from James Cook University and Hunter New England Local Health District are long term partners with Atoifi Hospital and provided expertise and mentoring to this project.

Main Activities of the project:

Translation of the ARC What is TB Flipchart into Solomon's Pijin and East Kwaio languages was completed in March 2013 by the TB Project Coordinator, the Cultural Advisor and Translation Advisors. These translations then became the basis for the scripts for the DVDs.

Portable DVD players and cameras were purchased in April 2013 to facilitate the recording and showing of the pilot DVD's.

Production of a series of 5 short DVD's in Pijin and East Kwioa based on the flipchart were produced and piloted in chosen villages. A few changes were needed as a result of the pilot. The content was quite acceptable and proved of great interest to the people in the pilot villages. The DVD pilot version was viewed by the National TB Program Director & Coordinator who were excited to see the production and indicated that they planned to use the final version at national TB meetings. The final versions were completed in June 2013.

TB education sessions and an evaluation was undertaken in approximately 41 villages (reaching over 600 people) as part of the regular Primary Health Care satellite clinics. These sessions were conducted over a period from July to November 2013.

Outputs

- More than 400 people were present and watched the DVD at the community health forum near the Hospital
- The making of the DVDs has strengthened the connection between community leaders and the health service about TB. TB is now spoken of more often and is now seen as a high priority issue for many in East Kwaio



- An increase in access to TB services and increased treatment completion rates for people with TB in East Kwaio district
- Increased awareness of TB symptoms, treatment and prevention issues
- An excellent early outcome is that a small number of extra people have been identified with TB who may have stayed sick in the community for a long time
- Increased capacity and confidence in local health workers to conduct and evaluate an important health initiative
- Increased engagement by the Hospital with the East Kwaio area
- Increase in local experience in developing and evaluating TB educational resources
- Increase in locally relevant TB educational resources and equipment for future programs
- Increase in the Case Detection Rate
- Plan to share process and outcomes with other regions in the Solomon Islands through presentation at the national TB workshop/conference in 2014.

Publications produced during the Project period

- TB Awareness DVD
- A peer-reviewed paper was published describing progress with TB control in East Kwaio. In this paper this project was listed as one of the significant advances contributing to TB control. The paper is as follows: Massey PD, Asugeni R, Wakageni,J, Kekeubata E, Maena'aadi J, Laete'esafi J, Waneagea J, Harrington H, Fangaria G, MacLaren D, Speare R. Progress towards TB control in East Kwaio, Solomon Islands. Rural and Remote Health 2013;13:2555



- ABC Radio National conducted two interviews with the TB team about the project for the radio shows Tok Pisin and Pacific Beat. ARC were acknowledged in the interviews.

Follow up activities to promote sustainability of the Project

- The DVD will continue to be used for TB awareness by the TB and Primary Health teams at Atoifi Hospital
- The NTP has requested a copy of the DVD for use within the National Program
- The audio on the DVD will be recorded in Solomon Pijin during 2014 so that other areas of the country can use the DVD. This work will be done with support from the NTP
- ARC will fund a project for 2014 that will see the development of DVDs about TB treatment to promote completion of therapy and to improve TB treatment outcomes
- The partnership will continue with the ARC 2014 grant. In addition three other small grants that cover issues such as soil-transmitted helminths, malaria, neonatal health and medicinal plants have been obtained.

The Atoifi Adventist Hospital and the TB Project Governance group gratefully acknowledge and thank ARC for the support shown to this important work.



Project Feedback

Pacific Island TB Nurses Network Meetings

Project Highlight

In 2006, ARC Nurse Consultants Pam Banner and Amanda Christensen with Carol Pozsik from the US National TB Controllers Association (NTCA) were invited by the US Centres for Disease Control and Prevention (CDC) to develop and deliver a training course for nurses and related workers working with the Northern Pacific Islands TB Programs. This training activity was to be delivered at the Pacific Islands TB Controllers Association (PITCA) annual meeting.

The training activity was a great success and provided nurses working within the often isolated TB Programs across the Northern Pacific the opportunity to come together to share their knowledge and experiences and receive dedicated training and education in TB prevention and control strategies.

In 2007 and 2008, ARC's Nurse Consultants and NTCA continued to develop and deliver training and education for nurses at the PITCA meetings. It was realised that this was an invaluable training opportunity, however, there were many issues and clinical questions that arose between the annual meetings. The group was forging an identify and wanted to build on the knowledge and skills gained at the PITCA training activities. The nurses were also interested to learn from their Pacific colleagues and identify local solutions for the challenges within their respective programs.

In May 2009, after discussion between CDC, NTCA, the Pacific Island Health Officers Association (PIHOA) and ARC it was agreed to commence the monthly Pacific Island TB Nurses Network Meeting. The meetings are held by teleconference with up to 35 colleagues from American Samoa, The Commonwealth of the Northern Mariana Islands, the Federated States of Micronesia (Chuuk, Kosrae, Pohnpei and Yap), Guam, Hawaii, the Republic of the Marshall Islands (Ebeye and Majuro), Palau, the United States and Australia meeting together each month.

The aims of the meeting are to increase participants' knowledge, skills and competence in:

- Best practice management and treatment for TB
- The detection and management of contacts
- Prevention of TB disease and management of LTBI
- Surveillance and case reporting
- Quality assurance activities relating to patient management and service delivery
- Promoting local and regional program collaboration with other services and/or programs such as Hansens Disease, Sexually Transmitted Disease Programs, Hepatitis, HIV and Diabetes Services
- To inform regional annual training program needs and development
- To provide a support network for empowering individuals to find pacific solutions for the many challenges that arise within the respective TB Programs.

Each meeting a nursing representative from one of the jurisdictional TB Programs presents a case, highlighting patient management issues and challenges relating to the case. Clinical questions, discussion and problem solving is invited from the group and facilitated by the Nurse Consultants. An education session is provided on a range of topics identified by the participants or coordinating group. A surveillance report is provided, general network communication undertaken and plans for future meetings discussed. Nurses attending the meetings can gain credit points to contribute to their ongoing educational activities.

Assessing the attendance and feedback received from members of the network supports the continuation of the meetings. It is recommended that CDC, PIHOA, NTCA and ARC undertake a formal evaluation of the network calls and the impact that the network activities have made on the Northern Pacific TB Programs. Importantly, it is essential that we identify nurses from the Northern Pacific TB Programs to take a lead role for the future.

It must be noted that without the enthusiasm of the participants, the perseverance from PIHOA in making it all happen, the financial support from the CDC and commitment from the NTCA (Carol Pozsik) and ARC Nurse Consultants (Pam Banner, Amanda Christensen and Kerrie Shaw) the creation and continuation of this network would not have been possible.



Resources

ARC TB Training Package

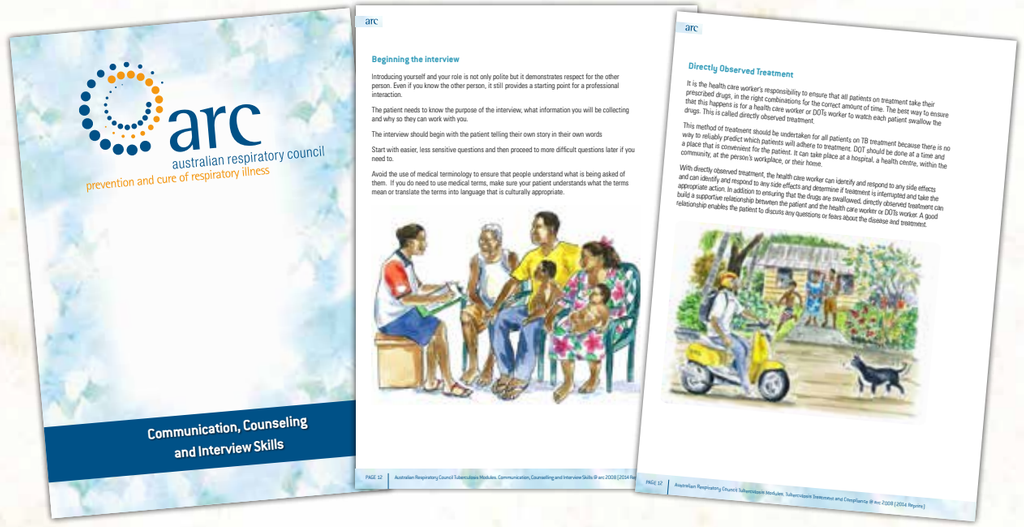
This year the ARC Nurse Consultants Group, comprising of Pam Banner, Amanda Christensen and Kerrie Shaw have undertaken a technical review of the ARC Tuberculosis (TB) Training Package. The package was originally developed as a collaborative effort by ARC, the US Centres for Disease Control and Prevention and the US National TB Controllers Association and is intended primarily for use as a training tool for nurses, health assistants and community workers of the Northern Pacific.

The aim of the package is to provide a dynamic resource, which can be added to, updated and expanded as necessary to meet the evolving training needs of nurses and related workers involved in the area of TB prevention and control.

The ARC TB Training package is made up of a series of modules that are clinically based and cover TB symptoms, disease process, diagnosis, treatment and management and modules that focus on counselling and communication skills, education and working with communities. Over time, additional modules will be developed to meet the evolving needs of the intended audience. In 2013, two new modules were developed; MDR TB – A Nursing Perspective and Infection Control.

In September, 2013 a survey was undertaken with the nurses and related workers in the Northern Pacific TB Programs to evaluate the role, effectiveness and future development of the training package. The feedback identified that the modules were a useful training resource for the Northern Pacific TB Programs and were utilised for training new and existing staff, as well as a resource for raising awareness with community groups.

It is planned to release the revised ARC TB Training Modules at the Pacific Island TB Controllers Association Meeting to be held in August, 2014 in Hawaii.





Resource Development

Raising awareness about TB within the community is important. The key messages for TB relate to; anyone within the community can get TB, how TB is transmitted, the signs and symptoms of TB, the need to seek medical assessment if symptoms develop, how to treat TB and most importantly that TB can be cured.

To promote these messages ARC has developed a pamphlet and poster. These resources will be distributed across Australia to TB Prevention and Control services and are available on ARCs website at the following web address: http://thearc.org.au/Resources.aspx

Milestones

A Century of Achievements

1910 The National Association for the Prevention and Cure of Consumption forms at a public meeting in Sydney

1912 Australia's first tuberculosis (TB) dispensary opens in Sydney

1913 First Annual General Meeting of the National Association for the Prevention and Cure of Consumption was held

1941 Subscription from donors funds the acquisition of the first mobile x-ray unit

1954 Mobile x-ray units in NSW and other parts of Australia take more than 500,000 x-rays in a year

1957 Service expands offshore with a TB survey in Nauru

1982 Mobile vans are handed over to NSW Health

1986 The first grants are provided for respiratory research and overseas TB Control

2002 Laboratory skills training programs begin in the Pacific Region

2005-2009 Dr Ingrid Lang is appointed as the first Ann Woolcock Research Fellow. Dr Lang's research is on Genetic influences on causal pathways of acute lower respiratory tract infections in highly susceptible infants

2005 In collaboration with the US Centers for Disease Control and Prevention the ARC Nurse Consultants commence annual training for nurses and health care workers across the Northern Pacific TB Programs

2006 Name changes from Community Health and Tuberculosis Australia (CHATA) to Australian Respiratory Council (ARC), reflecting our wider focus on respiratory health

2007 ARC funds two Aboriginal Tobacco Cessation Projects; The Aboriginal Health and Medical Research Council's BREATHE Project and the Aboriginal Health Council of Western Australia's Beyond the Big Smoke Project

2008 Development of a TB Resource Kit for professional and community education

2009 Funding and technical support for the project - Combating TB in factory workers and the elderly commences. ARC partners with the Cambodian Anti-TB association to deliver this project

2010 Further development of resources for professional and community education

2010-2014 Dr Jodie Simpson commences as the Ann Woolcock Research Fellow. Dr Simpson's research is on Characterisation and treatment of innate immune dysfunction in older people with obstructive airway disease

2011 ARC contributes funds for training medical officers to build research skills and capacity in future leaders in respiratory public health in Vietnam

2012 ARC becomes a foundation member of the newly formed Lung Health Alliance

2013 ARC celebrates 100 years of service and advocacy for tuberculosis and respiratory health in Australia and the Asia Pacific Region

2015 ARC will host the 5th Asia Pacific Region Conference of the International Union Against TB and Lung Disease to be held in Sydney, Australia

A Century Of Service

The President's Centenary Message

The history of the Australian Respiratory Council began a century ago when tuberculosis was a much feared disease and a common cause of illness and death in Australia. Our organisation, known then as the National Association for the Prevention and Cure of Consumption, was founded in 1913 to address the prevention and control of tuberculosis.

By engaging concerned citizens, both lay and professional, the National Association for the Prevention and Cure of Consumption became a pioneer in the movement to alleviate the impact of tuberculosis in Australia.

Over the past century our organisation has changed its name to reflect evolving emphases in its activities but it has never lost sight of the focus on tuberculosis and respiratory health.

The Australian Respiratory Council has a distinguished history as an advocate and champion for public health initiatives. Throughout the last century, the Australian Respiratory Council has established a role and profile as an organisation that has successfully engaged civil society, academics, researchers, government and industry to bring focus to investment in our agency's mission and vision; to develop and support innovative and effective approaches to research and development in lung health and to improve lung health in communities, with an emphasis on disadvantaged groups.

I am pleased to be able to share the journey of our organisation over the past century. While this is an important milestone it is also a time to both reflect on our past achievements as well as acknowledge our continued commitment to advocacy and bringing focus to tuberculosis and respiratory conditions affecting marginalised communities in Australia and our region.

I would like to thank the many people who have been involved with our organisation over the last century. Without the individual contributions, wisdom, commitment, enthusiasm and tireless efforts of many, the success of our organisation would have been compromised.

Professor J Paul Seale
MB BS, PhD, FRACP





Centenary Report

A Century Of Service

On the 16th September, 2013 ARC celebrated a century of service and commitment to tuberculosis and respiratory health within Australia and the Region by hosting a function at Government House.



The function was attended by one hundred and one people including: ARC's Patrons Her Excellency Professor The Honourable Marie Bashir AC, CVO, Governor of New South Wales and Sir Nicholas Shehadie AC, OBE, distinguished guests, Life Governors, Directors, former and current staff, Members, Donors and invited guests.

Dr Greg Stewart, former President and Director of ARC was the Master of Ceremonies for the event. Speeches were made by Professor The Honourable Marie Bashir AC, CVO Governor of New South Wales, Professor Paul Seale, ARC President, Professor Mathew Peters, President TSANZ and Professor Guy Marks, the Woolcock Institute.

Mr David Macintosh AM was presented by the Governor with a commemorative certificate acknowledging his contribution to ARC, significant milestones and achievements during his term as President from 2000 to 2013.

Commemorative medallions were presented to ARC's Patrons, Life Governors, Directors, Staff, distinguished guests, the Master of Ceremonies and presenters, former staff and committee members and long term donors attending the event.



Centenary Promotional materials were presented to all guests. The promotional materials were a summary of the work and activities of ARC and its predecessors over the past century. The Centenary Promotional materials can be accessed online at the following web address: http://thearc.org.au/ARC-Celebrating-100-Years.html



Photographs taken at the event are displayed on pages 24 and 25.



Mr Hugh and Miss Molly Windsor family of the late Dr Harry Windsor



Emeritus Professor Charles Ruthven Blackburn AC and Mr Simon Blackburn family of the late Professor Ann Woolcock.



Scholarships, Fellowships

A History

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

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 Ann Woolcock Fellowship Awards (2005 - Present)

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	$227,013
2005-2009	Ingrid Laing *Telethon Institute for Child Research, Perth,WA*	Genetic Influences on causal pathways of ALRIs in highly susceptible infants	$285,000

Research Grants

A History

ARC Harry Windsor Medical Research Grants (1999 - Present)

Date	Recipient	Subject	Award
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*	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
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
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, 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*	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*	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*	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*	Effect of mannitol on the clearance of mucus in patients with COPD	$38,593
2001	Amanda Baker and Vaughan Carr *University of Newcastle*	Randomised controlled trial of a smoking cessation intervention among people with a mental illness	$63,370
2001	Terence Amis and John Wheatley *Westmead Hospital*	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*	Preventing infant exposure to tobacco smoke: evaluation of an early childhood intervention	$53,006
2000	Peter Bye, Iven Young, Jenny Alison and Marney Isedale *Royal Prince Alfred Hospital*	Evaluation of lung volume reduction surgery in patients with chronic airflow limitation	$38,000
2000	Warwick Britton and James Triccas *Centenary Institute of Cancer Medicine & Cell Biology*	Interlukin-18 as an adjuvant for DNA Immunisation against Tuberculosis	$26,500
2000	Peter Gibson *John Hunter Hospital*	Quality of Life in Chronic Cough	$25,500
1999	Guy Marks *Institute of Respiratory Medicine*	Does BCG vaccination in infancy prevent allergy	$5,000
1999	Graeme Maguire, Norma Benger and Bart Currie *Menzies School of Health Research*	Chronic Lung Disease in Aboriginal Australians: factors in aetiology and treatment	$69,136
1999	Bernadette Saunders and Helen Briscoe *Centenary Institute of Cancer Medicine & Cell Biology*	Apoptosis in the control of Mycobacterial infection	$38,000
1999	Peter Bye, Stefan Eberl and Jenny Alison *University of Sydney, NSW*	Pharmacological and Physical Therapies to enhance mucociliary clearance in chronic lung disease and mucus hypersecretion	$39,000
1999	Evangelica Daviskas *Royal Prince Alfred Hospital*	Effects of beta2-adrenceptor agonists on mucociliary clearance in persons with asthma	$5,000
1999	Karen Waters *University of Sydney, NSW*	Potential neurotoxicity of repetitive hypercapnic hypoxia during early treatment	$10,000
1999	Ronald Grunstein *Royal Prince Alfred Hospital*	Sleep Apnoea and Cytokines	$22,000

Projects

A History

ARC Project Awards (1999 - Present)

Date	Recipient/Project	Award
2013	Solomon Islands Improving TB control in remote area of Solomon Islands	$18,000
2012	Bangladesh Bangladesh MDR-TB Project, an investigation into risk factors for MDR-TB in communities in Bangladesh	$10,000
2011	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
2011-2013	Vietnam MECOR Course - Level 1, Level 2 and Level 3 workshops	$40,000
2010	Secretariat of Pacific Community Evaluation of the effectiveness of the Community Component of the Kiribati Quality TB Epidemic Control Project	$4,800
2010	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) – Partnership 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
2007-2009	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	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
2006-2013	PITCA Training of nurses and related workers in the Northern Pacific Funding	$97,084
2006	TB 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 - 2006	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 & Lae to evaluate the DOTS TB Programme	$4,000
1999	Funded purchase of course textbooks for Epidemiology Workshop in Port Moresby	$1,000

2013 Financials



Directors' Report

Your Directors present their report on the Company for the financial year ended 31 December 2013.

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:

Amanda Julie Christensen
Dip Nursing
Appointed to the Board on 22 February 2001
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

Robert Eric Horsell OAM
CPA
Appointed to the Board on 24 June 1999
Finance Director
Interest in contracts: Nil

Robyn Johnson
GAICD
Appointed to the Board on 10 September 2012
Interests in contracts: Nil

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

Ian W Ramsay
LL.,B
Board Member 2008 - February 2012
Reappointed to the Board 5 November 2012
Interest in Contracts: Nil

Professor John Paul Seale
MBBS PhD FRACP
Appointed to be the Board on 19 June 1997
President
Interest in contracts: Nil

Kerrie Shaw
Dip Nursing
Appointed to the Board on 4 Febraury 2013

Clinical Associate Professor Iven Hunter Young
BSc(Med), MBBS, PhD, FRACP
Appointed to the Board on 6 August 1998
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	4	4
Peter Gianoutsos	4	3
Robert Eric Horsell OAM	4	4
Robyn Johnson	4	3
David Hugh Macintosh AM	4	4
Ian Ramsay	4	3
John Paul Seale	4	4
Kerrie Shaw	4	4
Iven Hunter Young	4	3

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 health.
- 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 approached to research and development in lung health.
- ii) to improve lung health in communities, with an emphasis on disadvantaged groups.

To achieve these objectives, the Company has adopted the following Strategies:
- i) the Board strives to attract sustainable partnerships
- ii) the Board undertakes fundraising
- iii) 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 consitution states that each member is required to contribute a maximum of $1.00 towards meeting any outstanding obligations of the Company. At 31 December 2013 the collective liability of members was $45 (2012:$32).

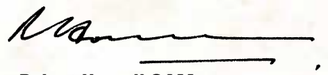
Auditor's Independence Declaration Under section 307C of the Corporations Act 2001

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

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



Professor J Paul Seale
Director
Sydney, 22 April 2014



Robert Horsell OAM
Director
Sydney, 22 April 2014

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 2013 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.

BRYAN RUSH & COMPANY
Chartered Accountants



D R Conroy FCA
Principal
Sydney,
Sydney, 22 April 2014

Statement of Profit or Loss and other Comprehensive Income
For the year ended 31 December 2013

	Note	2013 $	2012 $
Revenue	2	465,779	451,972
Depreciation and amortisation expense	3	(8,516)	(7,923)
Research grants, fellowships and scholarships		(116,675)	(115,088)
Project funding		(28,000)	(50,000)
Investment expense		(12,595)	(12,926)
Consultancy fees		(5,350)	(10,323)
Employee benefits expense		(218,333)	(181,051)
Other expenses		(218,943)	(190,943)
Loss before income tax		(142,633)	(116,282)
Income tax expense	1	-	-
Loss for the year	15	(142,633)	(116,282)
Other comprehensive income after tax:			
Net gain on revaluation of investment property		50,000	-
Net gain on revaluation of financial assets		290,662	35,350
Other comprehensive income for the year net of tax		340,662	35,350
Total comprehensive income for the year		198,029	(80,932)

Statement of Financial Position
As at 31 December 2013

	Note	2013 $	2012 $
ASSETS			
Current Assets			
Cash and cash equivalents	5	793,101	1,062,733
Trade and other receivables	6	9,248	7,464
Other current assets	7	3,925	7,727
Total Current Assets		806,274	1,077,924
Non-Current Assets			
Financial assets	8	2,410,528	1,999,310
Property, plant and equipment	9	57,809	60,296
Investment property	10	1,600,000	1,550,000
Total Non-Current Assets		4,068,337	3,609,606
TOTAL ASSETS		**4,874,611**	**4,687,530**
LIABILITIES			
Current Liabilities			
Trade and other payables	11	57,188	69,500
Employee entitlements	12	24,076	15,621
Total Current Liabilities		81,264	85,121
TOTAL LIABILITIES		**81,264**	**85,121**
NET ASSETS		**4,793,347**	**4,602,409**
EQUITY			
Reserves	13	2,864,430	2,450,339
Retained earnings	15	1,928,917	2,152,070
TOTAL EQUITY		**4,793,347**	**4,602,409**

Statement of Changes in Equity
For the year ended 31 December 2013

	Capital Profits Reserves $	Asset Revaluation Reserves $	Retained Earnings/ (Accumulated Losses) $	Total $
Balance at 1 January 2012	2,411,980	(367,869)	2,632,448	4,676,559
Loss attributable to members	-	-	(116,282)	(116,282)
Total comprehensive income for the year	-	35,350	-	35,350
Transfers on sale of assets	-	370,878	(364,096)	6,782
Balance at 31 December 2012	**2,411,980**	**38,359**	**2,152,070**	**4,602,409**
Loss attributable to members	-	-	(142,633)	(142,633)
Total comprehensive income for the year	-	340,662	-	340,662
Transfers on sale of assets	-	73,429	(80,520)	(7,091)
Balance at 31 December 2013	**2,411,980**	**452,450**	**1,928,917**	**4,793,347**

Statement of Cash Flows
For the year ended 31 December 2013

	Note	2013 $	2012 $
Cash Flows From Operating Activities			
Receipts from customers		177,278	157,675
Payments to suppliers and employees		(604,566)	(600,519)
Interest received		42,884	55,457
Distributions received		252,543	239,499
Net cash provided by (used in) operating activities	**18**	**(131,861)**	**(147,888)**
Cash Flows From Investing Activities			
Proceeds from sale of available-for-sale investments		365,386	414,962
Payment for property, plant and equipment		(6,029)	(5,374)
Payment for available-for-sale investments		(497,128)	(290,184)
Net cash provided by (used in) investing activities		**(137,771)**	**119,404**
Net Increase/(Decrease) in Cash Held		(269,632)	(28,484)
Cash at beginning of financial year		1,062,733	1,091,217
Cash at end of financial year	**18**	**793,101**	**1,062,733**

Notes to and Forming Part of the Accounts
For The Year Ended 31 December 2013

1. Statement of Significant Accounting Policies

Basis of Preparation
Australian Respiratory Council has elected to early adopt the pronouncements AASB 1053: Application of Tiers of Australian Accounting Standards and AASB 2010-2: Amendments to Australian Accounting Standards arising from Reduced Disclosure Requirements.

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 and the Corporations Act 2001. 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 accruals 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.

Revenue
Revenues are recognised at fair value of the consideration received net of the amount of goods and services tax (GST) payable to the taxation authority. Exchanges of goods or services of the same nature and value without any cash consideration are not recognised as revenues.

Dividend revenue is recognised when the right to receive a dividend has been established. Interest revenue is recognised on a proportional basis taking into account the interest rates applicable to the financial assets. Revenue from investment properties is recognised on an accruals basis in accordance with lease agreements.

Donations and bequests are recognised as revenue when received.

Income from other sources is recognised when the fee in respect of other products or services provided is receivable.

Income Tax
The Company is registered as a charity and is not subject to income tax. Continued exemption for income tax is subject to the requirements for non profit organisations.

Property, Plant and Equipment
Each class of property, plant and equipment is carried at cost less, where applicable, any accumulated depreciation and impairment losses.

Plant and Equipment
Plant and equipment are measured on the cost basis and are therefore carried at cost less accumulated depreciation and any accumulated impairment losses. In the event the carrying amount of plant and equipment is greater than its estimated recoverable amount, the carrying amount is written down immediately to its estimated recoverable amount and impairment losses are recognised either in profit or loss or as a revaluation decrease if the impairment losses relate to a revalued asset. A formal assessment of recoverable amount is made when impairment indicators are present.

Plant and equipment that have been contributed at no cost, or for nominal cost, are valued and recognised at the fair value of the asset at the date it is acquired.

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.

An asset's carrying amount is written down immediately to its recoverable amount if the asset's carrying amount is greater than its estimated recoverable amount.

Gains and losses on disposals are determined by comparing proceeds with the carrying amount. These gains or losses are included in the statement of comprehensive income. When revalued assets are sold, amounts included in the revaluation surplus relating to that asset are transferred to retained earnings.

Impairment of Assets
At each reporting date, the Company reviews the carrying values of its tangible assets to determine whether there is any indication that those assets have been impaired. If such an indication exists, the recoverable amount of the asset, being the higher of the asset's fair value less costs to sell and value in use, is compared to the assets carrying value. Any excess of the assets carrying value over its recoverable amount is expensed to the income statement.

Employee Benefits
Provision is made for the Company's liability for employee benefits arising from services rendered by employees to balance date. Employee benefits expected to be settled within one year together with benefits arising from wages and salaries, annual leave and sick leave which will be settled after one year, have been measured at the amounts expected to be paid when the liability is settled plus related on-costs. Other employee benefits payable later than one year have been measured at the present value of the estimated future cash outflows to be made for those benefits.

Contributions are made by the Company to employee superannuation funds and are charged as expenses when incurred.

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.

Cash and Cash Equivalents
For the purposes of the cash flows statement, cash includes cash on hand and at call deposits with banks or financial institutions, investments in money market instruments maturing within less than two months and net of bank overdrafts.

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 liabilities, are recognised when the entity becomes a party to the contractual provisions of the instrument. Trade date accounting is adopted for financial assets that are delivered within timeframes established by marketplace convention.

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.

1. Fair value estimation
   The fair value of financial assets and financial liabilities must be estimated for recognition and measurement or for disclosure purposes.

   The fair value of financial instruments traded in active markets such as trading and available-for-sale securities is based on quoted market prices at the balance sheet date. The quoted market price used for financial assets held by the Company is the current bid price; the appropriate quoted market price for financial liabilities is current ask price.

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.

Critical Accounting Estimates and Judgments

The Directors evaluate estimates and judgements incorporated into the financial report based on historical knowledge and best available current information. Estimates assume a reasonable expectation of future events and are based on current trends and economical data, obtained both externally and within the group.

Key Estimates - Impairment
The Company assesses impairment at each reporting date by evaluating conditions specific to the Company that may lead to impairment of assets. Where an impairment trigger exists, the recoverable amount of the assets is determined.

Value in use calculations performed in assessing recoverable amounts incorporated a number of key estimates.

Key Judgments - Provision for Impairment of Receivables
The Directors believe that the amount included in accounts receivable is recoverable and non provision for impairment has been made at the end of the financial year.

Notes to the Financial Statements
For the year ended 31 December 2013

	2013 $	2012 $
2. Revenue		
Operating Activities		
Net profit/(loss) on sale of investments	(4,095)	25,062
Rental revenue for property investment	51,544	43,802
Interest received	42,884	55,457
Fund distributions from investments	224,926	207,703
Legacies & donations	49,100	1,295
Member subscriptions	1,182	773
Refund of franking credits	27,617	31,796
Appeals	67,909	63,656
Sundry income received	4,712	22,428
Total Revenue	465,779	451,972
3. Profit From Ordinary Activities		
Expenses		
Depreciation of Non-Current Assets:		
Plant and equipment	8,516	7,923
4. Auditor's Remuneration		
Remuneration of the Auditor of the Company for:		
- Auditing the Financial Report	12,000	11,220
5. Cash and Cash Equivalents		
Cash on hand	2,741	1,554
Cash at bank	790,360	1,061,179
	793,101	1,062,733
6. Trade and Other Receivables		
Trade debtors	4,932	7,464
Other debtors	4,316	-
	9,248	7,464
7. Other Current Assets		
Prepayments	3,925	7,727

	2013 $	2012 $
8. Financial Assets		
Non Current		
Listed shares - at fair value	1,657,731	1,092,804
Managed funds - at fair value	752,797	906,506
Total financial assets	**2,410,528**	**1,999,310**
9. Property, Plant & Equipment		
Non Current		
Plant & equipment at cost	133,707	127,679
Less: accumulated depreciation and impairment	(75,898)	(67,383)
Total property, plant and equipment	**57,809**	**60,296**

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	60,296	60,296
Additions	6,029	6,029
Disposals	-	-
Depreciation expense	(8,516)	(8,516)
Adjustment	-	-
Carrying amount at the end of year	57,809	57,809

10. Investment Property		
Non Current		
Investment property - at fair value	1,600,000	1,550,000
Total	**1,600,000**	**1,550,000**
11. Trade and Other Payables		
Unsecured liabilities		
Trade payables	11,183	31,640
Sundry payables and accrued expenses	46,005	37,860
Total	**57,188**	**69,500**
12. Employee Entitlements		
Provision for annual leave	12,598	7,221
Provision for long service leave	11,478	8,400
Total	**24,076**	**15,621**
Number of employees		
Number of employees at year end	3	2

	2013 $	2012 $
13. Reserves		
Capital profits reserve	2,411,980	2,411,980
Asset revaluation reserve	452,450	38,359
Total	2,864,430	2,450,339
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	38,359	(367,869)
Revaluation increment/(decrement)	340,662	35,350
Transfers	73,429	370,878
Balance at end of year	**452,450**	**38,359**

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 2013 the number of members was 45 (2012:32).

15. Retained Earnings

Accumulated profit at the beginning of the financial year	2,152,070	2,632,448
Net profit/ (Loss) attributable to members of the Company	(142,633)	(116,282)
Transfers to and from reserves	(80,520)	(364,096)
Accumulated profit at the end of the financial year	1,928,917	2,152,070

16. 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:

	2013 $	2012 $
Financial assets		
Cash and cash equivalents	793,101	1,062,733
Trade and other receivables	9,248	7,464
Other current assets	3,925	7,727
Financial assets at fair value through profit or loss	2,410,528	1,999,310
Total financial assets	**3,216,802**	**3,077,234**
Financial liabilities at amortised cost:		
– trade and other payables	57,188	69,500
Total financial liabilities	**57,188**	**69,500**

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.

17. 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:

	2013 $	2012 $
Key management personnel compensation	106,310	87,749

Summary Financials 2013

	2013 $	2012 $
18. 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	**793,101**	**1,062,733**
(b) Reconciliation of Cash Flow from Operations with Profit after Income Tax		
Net income/loss for the period	(142,633)	(116,282)
Cash flows excluded from profit attributable to operating activities		
Non cash flows in profit		
Depreciation	8,516	7,923
Net (gain)/loss on disposal of investments	4,095	(25,062)
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries		
(Increase)/decrease in trade and term receivables	(1,784)	(3,938)
(Increase)/decrease in prepayments	3,802	450
Increase/(decrease) in trade payables and accruals	(12,312)	(11,850)
Increase/(decrease) in provision for employee benefits	8,455	871
Net cash inflow/(outflow) from operating activities	**(131,861)**	**(147,888)**

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	72,509	63,656
Less: Total direct costs of fundraising	29,612	29,856
Net surplus from fundraising activities	**42,897**	**33,800**

(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	41%	47%
Net surplus from fundraising/gross income from fundraising	59%	53%
Total cost of services/total expenditure	100%	100%
Total cost of services/total income received	41%	47%



Summary Financial Report - Balance Sheet

Balance Sheet as at 31 December 2013

	Note	2013 $	2012 $
ASSETS			
Current Assets			
Cash and cash equivalents	5	793,101	1,062,733
Trade and other receivables	6	9,248	7,464
Other current assets	7	3,925	7,727
Total Current Assets		**806,274**	**1,077,924**
Non-Current Assets			
Financial assets	8	2,410,528	1,999,310
Property, plant and equipment	9	57,809	60,296
Investment property	10	1,600,000	1,550,000
Total Non-Current Assets		**4,068,337**	**3,609,606**
TOTAL ASSETS		**4,874,611**	**4,687,530**
LIABILITIES			
Current Liabilities			
Trade and other payables	11	45,980	44,382
Borrowings	11	1,594	1,131
Other financial liabilities	11	(2,332)	(5,207)
Provisions	12	24,076	15,621
Other financial liabilities	11	11,946	29,194
Total Current Liabilities		**81,264**	**85,121**
TOTAL LIABILITIES		**81,264**	**85,121**
NET ASSETS		**4,793,347**	**4,602,409**
EQUITY			
Reserves	13	2,864,430	2,450,339
Retained earnings	15	1,928,917	2,152,070
TOTAL EQUITY		**4,793,347**	**4,602,409**

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.

Summary Financial Report - Income Statement

For the year ended 31 December 2013

	2013 $	2012 $
REVENUE		
Donation and Gifts - Monetary & Non monetary	72,509	63,656
Bequests and Legacies	44,500	1,295
Grants		
AusAid	-	-
Other Australian	-	10,000
Other overseas	-	11,976
Investment Income	342,876	363,822
Other Income	5,894	1,223
TOTAL REVENUE	**465,779**	**451,972**
EXPENDITURE		
International Aid and Development		
International programs		
Funds to international projects	34,819	62,108
Program Support Costs	23,600	24,059
Community education	7,587	5,172
Fundraising Costs		
Public	29,612	29,856
Government, multilateral and private	-	-
Accountability and Administration	393,669	324,671
Non - Monetary Expenditure	-	-
Total International Aid and Development Programs Expenditure	**489,287**	**445,866**
Domestic projects	119,125	122,388
TOTAL EXPENDITURE	**608,412**	**568,254**
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE	(142,633)	(116,282)
Net gain/(loss) on revaluation of financial assets	340,662	35,350
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE	198,029	(80,932)

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.

Summary Financial Report

ARC's Table of Cash Movements for Designated Purposes for the year ended 31 December 2013

Total for	Cash available at the beginning of the financial period $	Cash raised during the financial period $	Cash disbursed during the financial period $	Cash available at the end of the financial period $
Australia Research Grants & Fellowships	(115,157)	117,009	(116,675)	(114,823)
Australian Projects	36,514	-	(2,450)	34,064
International Projects	(109,778)	-	(58,419)	(168,197)
Community Education	(7,833)	-	(7,587)	(15,420)
Other Purposes	1,258,987	721,082	(922,592)	1,057,477
Total	**1,062,733**	**838,091**	**(1,107,723)**	**793,101**

NOTE: In the year ended 31 December 2013, the Board allocated an amount for international projects. The shortfall in cash reserves is compensated by cash raised from investment activities.

Summary Financial Report - Statement of Changes in Equity
For The Year Ended 31 December 2013

	Capital profits Reserves $	Asset Revaluation Reserves $	Retained Earnings/ (accumulated losses) $	Total $
Balance at 1 January 2012	2,411,980	(367,869)	2,632,448	4,676,559
Excess of revenue over expense	-	-	(116,282)	(116,282)
Total comprehensive income for the year	-	35,350	-	35,350
Transfers on sale of assets	-	370,878	(364,096)	6,782
Balance at 31 December 2012	2,411,980	38,359	2,152,070	4,602,409
Excess of revenue over expense	-	-	(142,633)	(142,633)
Total comprehensive income for the year	-	340,662	-	340,662
Transfers on sale of assets	-	73,429	(80,520)	(7,091)
Balance at 31 December 2013	**2,411,980**	**452,450**	**1,928,917**	**4,793,347**

The above disclosures are prepared in accordance with the requirements set out in the ACFID code of conduct.

Directors' Declaration

The Directors of the Company declare that:

1. The financial statements and notes are in accordance with the Corporations Act 2001:
   - i. comply with Australian Accounting Standards – Reduced Disclosure Requirements; and
   - ii. give a true and fair view of the financial position as at 31 December 2013 and performance for the year ended on that date of the Company;
2. In the Directors' opinion there are reasonable grounds to believe that the Company will be able to pay its debts as and when they become due and payable.

This declaration is made in accordance with a resolution of the Board of Directors.

Professor J Paul Seale
Director
Sydney, 22 April 2014

Robert Horsell OAM
Director
Sydney, 22 April 2014

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 Financial Report

We have audited the accompanying financial report of Australian Respiratory Council, which comprises the statement of financial position as at 31 December 2013, the statement of profit or loss, statement of 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.

Directors' Responsibility for the Financial Report

The Directors of the Company are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – Reduced Disclosure Requirements and the Corporations Act 2001 and for such internal control as the Directors determine is necessary to enable the preparation of the financial report that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on the financial report based on our audit. We conducted our audit in accordance with Australian Auditing Standards. Those standards require that we comply with relevant ethical requirements relating to audit engagements and plan and perform the audit to obtain reasonable assurance whether the financial report is free from material misstatement.

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

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

Independence

In conducting our audit, we have complied with the independence requirements of the Corporations Act 2001.

Auditor's Opinion

In our opinion,

- **(a)** the financial report of Australian Respiratory Council is in accordance with the Corporations Act 2001, including:
  - **i.** giving a true and fair view of the Company's financial position as at 31 December 2013 of their performance for the year ended on that date; and
  - **ii.** complying with Australian Accounting Standards - Reduced Disclosure Requirements (including Australian Accounting Interpretations) and the Corporations Regulations 2001.
- **(b)** 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.

BRYAN RUSH & CO
Chartered Accountants

D R Conroy FCA
Principal

Sydney, 22 April 2014

BRYAN RUSH & CO
Chartered Accountants
Level 2 154 Elizabeth Street Sydney NSW 2000
Telephone: 02 9267 9227
Fax: 02 9261 3384
Email: admin@byranrush.com.au













arc

australian respiratory council

prevention and cure of respiratory illness

We are helping to find solutions to achieve a community free of respiratory illness by

- Supporting research through Fellowships & Grants
- Delivering and funding projects in partnership with local and international organisations
- Working in collaboration with agencies to provide funding to augment existing program activities or projects
- Providing technical assistance
- Development of resources

Help us to continue to find Solutions and send a donation.

Your contribution, no matter the size, will make a significant contribution to the lives of sufferers of lung disease both here and across the Pacific.

arc
australian respiratory council
prevention and cure of respiratory illness

Australian Respiratory Council
GPO Box 102, Sydney NSW 2001
Phone: 02 9223 3144
Fax: 02 9223 3044
Website: www.thearc.org.au
Email: arc@thearc.org.au



You are invited to the 5th Asia-Pacific Region Conference of the International Union Against Tuberculosis and Lung Disease, Sydney, Australia, 2015.

On behalf of the Australian Respiratory Council, it is our great pleasure to invite you to attend the 5th Asia-Pacific Region Conference of the International Union Against Tuberculosis and Lung Disease, which will be held in Sydney, Australia in 2015.

Sydney is Australia's oldest, largest, most cosmopolitan and exciting city. It has natural beauty, inspiring arts and culture, a dynamic dining scene, exuberant spirit and near perfect climate. Easy to get to, and easy to get around! We offer the warmth of our magnificent city, graced with iconic landmarks and reflected in the world's finest natural harbour. Come explore Sydney, the gateway to Australia.

5th Asia Pacific Region Conference
of the International Union Against
Tuberculosis and Lung Disease
Sydney August 2015

Australia is home to a range of pre-eminent international experts in TB, lung disease (asthma, COPD, smoking cessation) and HIV, who are looking forward to engaging with the Asia Pacific and international communities at this conference. We welcome this opportunity to connect and collaborate with clinicians, academics, researchers (basic science and operational), field workers across the multi-disciplines, social advocates and the public from within our region and beyond.

Come to Sydney in 2015 and discover innovation, discover technical excellence, discover the future.

Visit the ARC website for conference updates **www.thearc.org.au** or **www.aprunion2015.com**



Professor J Paul Seale
MBBS, PhD, FRACP
President, Australian Respiratory Council and Conference President



Professor Guy Marks
B Med Sc, MBBS, PhD, MRCP, FRACP, FAFPHM
Chair of the Scientific Committee

arc
australian respiratory council
prevention and cure of respiratory illness

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



arc

australian respiratory council

prevention and cure of respiratory illness

Australian Respiratory Council ABN 11 883 368 767
GPO Box 102 Sydney NSW 2001
Tel 02 9223 3144 **Fax** 02 9223 3044
Email arc@thearc.org.au **Website** www.thearc.org.au

ARC is Registered under the Charitable Fundraising Act 1991.
Images used in this publication are copyright and used with permission.