2024

ANNUAL REPORT

No. 111











arc

australian respiratory council

prevention and cure of respiratory illness

Our Patrons



Her Excellency the Honourable Margaret Beazley AC KC and Mr Dennis Wilson

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

The ARC welcomes feedback. Please send feedback or complaints to arc@thearc.org.au or write to the Executive Director, Australian Respiratory Council, PO Box 538 North Sydney NSW 2059.

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

ACFID MEMBER

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

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

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

REGISTERED CHARITY · acnc.gov.au/charityregister

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

Memberships and Affiliations

WOOLCOCK
LEADERS IN BREATHING & SLEEP RESEARCH

fia ORGANISATIONAL MEMBER
Professional Fundraising

Stop TB Partnership

arc australian respiratory council
prevention and cure of respiratory illness

Our Vision

A world free of tuberculosis and lung disease.

Our Mission

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

Organisational Values

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

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

ARC President's Report 2024

As President, I am pleased to report on the activities and outcomes of the Australian Respiratory Council (ARC) during 2024. My report will highlight some of the key activities, work undertaken and funded by the organisation over the year.

The work of the ARC continues to be important as tuberculosis (TB) and lung disease continue to significant health issues affecting millions of people globally. In 2024 the World Health Organization (WHO) reports that TB has returned as the world's leading infectious disease killer. Globally there are a number of significant challenges faced by many countries that continue to impact on individuals with TB and their communities. These challenges include: funding shortfalls, catastrophic financial burdens for many TB-affected households, climate change, conflict, migration and displacement, pandemics, access to care and treatment services and the urgent need to tackle drug-resistant TB.

It is reported by WHO that global efforts to combat TB have saved over 79 million lives since the year 2000. However, even greater efforts are needed to prevent TB transmission, to identify, diagnose and effectively treat people with TB. In the latest WHO Global TB Report it is reported that 10.8 million people fell ill with TB and 1.25 million people died of TB in 2023, representing an increase from the previous year. From this data we can see that there is still much to be done to combat TB. It is estimated that approximately twenty percent of the burden of global disease occurs in countries within our region, these are the countries that ARC is committed to supporting through our project activities and research funding.

To support regional TB prevention and control activities ARC has continued to work this year in partnership with Professor Ben Marais, Professor Warwick Britton, the PEARL Project Team and the Kiribati Ministry of Health and Medical Services to deliver the PEARL Project. The ARC is leading the component of the project relating to strengthening workforce capacity through training and education. This work builds on exiting expertise and activities undertaken by the National TB Programs (NTP) in the Pacific. Further information on the PEARL Project can be found on pages 25 to 27 of this report.

This year ARC continued to provide technical support and training for nurses and outreach workers from the NTPs of the US Affiliated Pacific Islands (USAPI). The relationship and support provided by ARC began 18 years ago as a collaborative activity between the USAPI NTPs, the US Centers for Disease Control (CDC) and ARC. Over this time the partners have built a resilient network that provides technical support, training and education for the nurses and outreach workers working within the USAPI TB Programs. In November I had the opportunity to participate in the Pacific Island TB Controllers Association meeting held in Pohnpei, Federated States of Micronesia with Amanda Christensen and J'Belle Foster (ARC Nurse Consultants). I was pleased to be able to observe the work and activities of ARC, the good work and strong relationships that exist between the USAPI NTPs, the CDC and ARC.



J'Belle Foster, Amanda Christensen, David Macintosh & Palau National TB Program Staff

In 2024 ARC is funding projects relating to the development of culturally sensitive healthcare interventions and resources to support TB awareness, prevention and treatment activities in the Anangu Pitjantjatjara Yankunytjatjara (APY) Lands of South Australia and TB-affected communities in the Northern Territory. Both projects are using a community participatory approach to develop culturally appropriate tailored resources in local Aboriginal languages. Further information about the projects are available on pages 28 - 30 of this report.

This year, Kerrie Shaw supported by the ARC Nurse Consultant Group developed an additional unit for the Western Sydney University (WSU) Graduate Diploma/ Master of Nursing (TB Management). The unit is the fourth specialist unit within the course and equips students with the knowledge and skills required to assess, screen and immunise people for TB in accordance with national practice and policy requirements. The course continues to support capacity building through the development of specialist TB nurses within TB Programs in Australia and the region.

The ARC, in collaboration with WSU continues to offer oversight and technical input for the course. Chris Lowbridge and Lauren Deakin were the tutors for the TB specialist units within the course in 2024. I would like to thank Kerrie Shaw, Amanda Christensen, Chris Lowbridge and Lauren Deakin for their ongoing contribution to nursing education and support for their peers undertaking the course.

To support students, ARC awards scholarships each year to enable nurses to undertake the speciality units within the Master of Nursing (TB Management) Course. This year scholarships were awarded to Tegan Conteh to undertake the Public Health Management of TB Unit, and to Yanxia Li to undertake two units, Screening and Immunisation for TB and the Public Health Management of TB. An overview of the scholarship program can be found on ARC's website and the following link: https://www.thearc.org.au/scholarships/ and on page 10 of this report. On behalf of ARC I would like to wish Tegan and Yanxia well in their studies.

I would like to acknowledge and thank Professor Emerita Carol Armour AM who retired during 2024 following twelve years in the role of Executive Director of the Woolcock Institute of Medical Research. Professor Armour served as an active member of

ARC's Research Committee over a number of decades and contributed to building the strong relationship between, and valued by both organisations. On behalf of the Directors and staff of ARC I would like to wish Carol all the best for her retirement.

I extend my congratulations and those of the Board of Directors to Professor Paul Foster on his appointment in August 2024 as the Executive Director of the Woolcock Institute. The ARC looks forward to working with Professor Foster and the continued collaboration between both organisations in the coming years. I would like to thank Paul for accepting the invitation to join ARC's Research Committee and thank him for his expert guidance and contribution to our research activities this year.

Acknowledgement and thanks

To begin this section of my report I would like to acknowledge and thank ARC's loyal and generous donors, many of whom have supported the work and activities of the organisation over many decades. I would like to extend my personal thanks and to share with you that your donations are greatly valued by the organisation. I am pleased to be able to advise that all of the funds raised through our appeals were utilised this year in full to fund research and project activities. Further information about how donations are used to support the work of the ARC can be found in this report and on our website – www.thearc.org.au.

I would like to acknowledge the work undertaken by ARC's Directors, committees, consultants and staff this year to ensure that the organisation can continue its important work in promoting lung health and the elimination of TB. The ongoing contribution made by each Director is greatly valued and appreciated. Through our activities in funding research, delivering project activities and supporting people in need ARC aims to improve lung health for vulnerable communities in Australia and the Indo-Pacific Region.

I would like to thank the Finance Team, led by Chris Turner and supported by Robyn Johnson, Wade Ebrahimi and Amanda Christensen for their work over the past year. The work of the Finance Team and ARC's Directors are key to ensuring the ongoing financial stability and viability of the organisation. Further information on ARC's financial statements are detailed on pages 43 to 62 of the annual report.

Investing in lung health and TB research is essential to improve diagnosis, care, treatment and outcomes for people and communities affected by TB and lung disease. The ARC continues to be committed to supporting research initiatives and innovation through the annual ARC Research Grants and funding the Australasian Clinical Tuberculosis Network (ACTnet). On behalf of Professor Greg Fox, the Chair of ARC's Research Committee I would like to thank the committee for their time and support in assisting ARC to achieve our research goals.

I would like to thank Professor Carol Armour AM and Professor Emma McBryde outgoing members of ARC's Research Committee for their expertise and work as members of our Research Committee in reviewing and awarding research grants. I would like to welcome three new members joining our Research Committee this year: Professor Paul Foster, Dr Andrew Burke and Dr Chris Lowbridge. We look forward to working with each of you and thank you for supporting our research activities.

This year ARC awarded five research grants, further information on the grants awarded this year to ACTnet and through the ARC Research Support Grant Scheme can be found on our website at the following link: https://www.thearc.org.au/arc-research-support-grants/ and are included in the annual report on pages 11 to 24.

Over many years ARC has successfully worked with partners to fund and deliver projects, provide training and technical support, and promote the elimination of TB within Australia and the Indo-Pacific Region. The ARC values the collaboration and strong relationships developed with our partner agencies and acknowledges that through collaboration our collective efforts and reach are strengthened. This year ARC worked with the following agencies: The International Union Against TB and Lung Disease (The Union), the US Centers for Disease Control and Prevention, the Pacific Island Health Officers Association, the Kiribati Ministry of Health and Medical Services, the University of Western Sydney School of Nursing and Midwifery, the University of Sydney, Institute for Infectious Diseases and the Centenary Institute. I would like to acknowledge the grants received from a number of these agencies this year to support and contribute to our project activities.

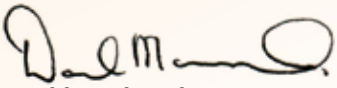
My personal thanks are extended to the Bowlers Club of Sydney and the City of Sydney RSL Club for the grants awarded to ARC in 2024. Through these grants ARC is able to offer financial support to homeless and vulnerable people with TB to ensure that they can access accommodation and food while in isolation in the community and transport to attend appointments to continue their treatment and care. Over the past six years through this program ARC has been able to award 32 grants. These grants have been seen as an important funding source to support people in the community who are often unable to find funding from other sources to support themselves at a time of great need.

I would like to thank the ARC Nurse Consultants Group (Kerrie Shaw, Lauren Deakin, Chris Lowbridge and Amanda Christensen) and note their ongoing contribution to the project work and activities that ARC supports and delivers within the region. The group continues to support ARC's project portfolio, provide technical assistance and expertise that contributes to the successful outcome of ARC's work and activities.

I would like to acknowledge the important and ongoing relationship between the ARC and the Woolcock Institute and congratulate Julie Osborne, who I have much respect for and have known for over 30 years, on her appointment this year, as Chair of the Board of the Woolcock Institute. I would like to acknowledge the significant work undertaken over many years of my friend and colleague Robert Estcourt AM, the outgoing Chair of the Board of Directors of the Woolcock Institute.

My thanks and those of the Board are extended to our Auditors David Conroy and Patryk August, from Conroy Audit & Advisory for their expertise and outstanding service in meeting our annual auditing responsibilities each year.

Finally, to Amanda Christensen our Executive Director, on behalf of the Board of Directors I would like to acknowledge your contribution to the substantial work and outcomes of the organisation this year.



David Macintosh AM KMG
President

Board of Directors



DAVID MACINTOSH AM KMG

BBS (UTS), FCA

Member of the Order of Australia 2011, Member of the Order of Malta 2022, awarded National Medal for Service 2014, Chairman, The Macintosh Foundation, Macintosh Chair of Paediatric Respiratory Medicine - Endowed Chair in perpetuity; Founder since 2013 and Benefactor since 2007, Royal Alexandra Hospital for Children - The Children's Hospital at Westmead; Director, Woolcock Institute of Medical Research 2000-2011, re-appointed 2021 to Present; Director, The Australian Lung Foundation 1994-2013; Life Governor, Melanoma Institute of Australia; Deputy Chairman, Ainsworth Charitable Foundation 2016 – Present; Surf Life Saving Australia, over 52 years of active patrol service and dedication; Life Member, Long Reef Surf Life Saving Club Inc.; Life Member - Collaroy Surf Life Saving Club Inc.; Director, Vice President - United Nations Australia Association (NSW) 2017 – 2019; Appointed Australia's United Nations Goodwill Ambassador Oceans – Life Under Water SDG-14 and The Pacific, 2018 – 2019 and Principal Advisor, Marine Life, and Oceans and The Pacific; Awarded Honorary Associate Life Membership of the Thoracic Society of Australia and New Zealand (TSANZ) 2020; Director Malteser International Asia Pacific (MIAP) who's vision is to serve persons who are experiencing poverty, financial hardship or sickness in the Asia Pacific Region; Appointed to the Board of ARC in 1997; President of ARC 2000-2013; 2019 - Present. Vice President of ARC 2013 - 2019; Elected Life Governor of ARC in 2010.



ROBYN JOHNSON

GAICD

Robyn Johnson is a seasoned professional with a distinguished career in the tourism and events industry, holding senior management roles throughout her career. With extensive experience in the not-for-profit sector, Robyn specialises in business growth strategies, start-up development, and the realignment of existing organisations and programs to drive successful outcomes. Robyn has designed and developed accredited education and training programs aimed at upskilling the workforce, and has led research initiatives to assess industry skill shortages and trends. This research has been instrumental in advocating for the meetings and events sector at the government level. Robyn has recently collaborated with Destination NSW on a new regional program, building on the success of the South Coast Centre of Excellence pilot program on the NSW South Coast. Robyn is a graduate of the Australian Institute of Company Directors. Appointed to the Board of ARC in 2012, Vice President of ARC 2021 – Present.



AMANDA CHRISTENSEN AM

Registered Nurse

Appointed as the ARC Executive Director from April 2008 to May 2009 and April 2013 – Present. NSW Tuberculosis (TB) Program Manager 1997- 2013; various positions in public health for three decades including: clinical nurse consultant in public health Corrections Health Service and TB Prevention and Control Services for the NSW Ministry of Health. Member of the NSW Ministry of Health TB Advisory Committee 1997 to Present. Member of the Commonwealth Department of Health National TB Advisory Committee 1997 – 2013. Treasurer & Executive Committee Member for the International Union Against TB and Lung Disease (The Union) Asia Pacific Region 2015 to 2022. Elected as the Vice President of The Union Asia Pacific Region 2022 – Present; Programme Secretary of The Union Nursing and Allied Health Professionals Sub–Section 2017 – 2019. Chair of the Nurses and Allied Health Professionals Sub-Section of The Union 2019 to 2022. Immediate Past Chair of the Nurses and Allied Health Professionals Sub-Section of The Union 2022 – Present. Appointed a Member of the Order of Australia June 2019 "For service to community health particularly to respiratory diseases". Director of the Macintosh Foundation 2021 – Present. Appointed to the Board of ARC in 2001. Elected as a Life Governor of ARC in 2011.



PROFESSOR GREG FOX

PhD MIPH FRACP MB BS BSc(Med) GAICD

Director of the Sydney Southeast Asia Centre and Professor of Respiratory Medicine at The University of Sydney; Respiratory Physician at Royal Prince Alfred Hospital, Sydney, and serves as Area Director of Tuberculosis Services for Sydney Local Health District. NHMRC Leadership Fellow and a Research Leader for the Woolcock Institute of Medical Research. Professor Fox heads the NHMRC Centre of Research Excellence in TB. He also leads a number of NHMRC- and internationally-funded clinical trials and translational research studies relating to tuberculosis (TB), lung disease and antimicrobial resistance. His research aims to develop new approaches to TB control, COPD, asthma and tobacco control in resource-limited settings. Appointed to the Board of ARC in 2017.



JEAN MARIE SANTOS

BSCS IT

Jean Marie Santos is a Senior Manager at PwC Australia, specialising in Tech Advisory within Digital Innovation Cyber and Engineering. With over 15 years of experience across corporate governance, technological innovation, strategic advocacy, and social impact, Jean is known

for her inclusive leadership, strategic insight, and commitment to excellence. Jean has held prominent leadership roles within respected non-profit and advocacy organisations, reflecting her commitment to advancing social causes, promoting equity, and enhancing governance standards. Advisory Board Member for the United Nations Association of Australia (UNAA) NSW Division 2023-Present; Non-Executive Director for the UNAA NSW Division 2018-2023; Director of the National Peace Program 2013-2018; Executive Committee Member of the UN Women Australia NSW Chapter 2012-2014. Director of the Australian Respiratory Council appointed to the Board of Directors in 2019. Jean's dedication to social impact was recognised with PwC Australia's Social Impact Award 2024. Jean combines her governance and advocacy work with expertise in AI-driven technologies, intelligent automation, and data analytics, effectively aligning technological solutions with broader strategic goals. Jean's experience spans multiple sectors, including financial services, public sector management, industrial energy, telecommunications, construction, mining, defence, investment, and facility management. Jean's ability to engage stakeholders, foster collaboration, and deliver impactful outcomes has been a consistent feature of her work. Jean remains committed to promoting innovation, sustainability, and positive change through her work, with a focus on improving governance standards and contributing meaningfully to societal well-being.



PROFESSOR HIRAN SELVADURAI

MBBS FRACP PhD FThorSoc

Professor Selvadurai is the Head of Respiratory Medicine at The Children's Hospital, Westmead as well as the Director of Children's Chest Research Centre. He graduated from the University of Sydney and trained at the Royal Alexandra Hospital for Children, Sydney. He completed his PhD at the University of Sydney on the "The Utility of Exercise testing in children with lung disease" in 1999. He was appointed as Consultant in Respiratory medicine, Hospital for Sick Children, Toronto in 2000 and became the Director of Cystic Fibrosis. In 2006, he was appointed Consultant in Respiratory Medicine at The Children's Hospital, Westmead. He has published over a 100 peer reviewed publications and 10 Book chapters. He is on the Editorial Board of the Annals of the American Thoracic Society and Pediatric Pulmonology. He has supervised nine PhD students to completion and currently supervises two PhD students through the University of Sydney. He holds an TSANZ Innovation grant. He has received funding from NHMRC, Canadian CF Foundation, Canadian Institute of Health Research and National Institute of Health. He is an investigator on numerous CFTR modulator clinical trials. Appointed to Board of ARC in 2023.



KERRIE SHAW

Registered Nurse

PEARL (PEARL+) Study Coordinator, Centenary Institute / University of Sydney 2024 – Present; TB Coordinator South Eastern Sydney Local Health District (Northern Sector) 2013 - 2024; 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 Sub-Section International Union Against TB and Lung Disease 2009-2013; Appointed to the National Asthma Expert Advisory Group 2006; Appointed to the Board Asthma Educators Association (NSW) 1992 and Board Australian Asthma and Respiratory Educators Association 2006, Life Member 2011; Appointed to Board of ARC in 2013; elected as a Life Governor of ARC in 2021.



MICHAEL G. SMITH AO

Major General (Retd)

Development Advisor to the Calleo Indigenous Community Fund; Chair of the Gallipoli Scholarship Fund; Non-executive Director of the Australian Peace and Security Forum; former Non-executive Director of the Institute for Economics and Peace; Past National President of the United Nations Association of Australia; former Visiting Fellow at the Asia-Pacific College of Diplomacy at the Australian National University; former Adjunct Professor at the Key Centre for Ethics, Governance, Law and Justice at Griffith University; founding Executive Director of the Australian Civil-Military Centre and the CEO of Austcare (now Action Aid Australia). Mike Smith had a distinguished military career spanning 34 years, graduating with the Sword of Honour from the Royal Military College Duntroon in 1971, and including numerous command appointments. He holds a Master of International Relations from the Australian National University and a Bachelor of Arts in History from the University of New South Wales. He is a Graduate of the Australian College of Defence and Strategic Studies, the Cranlana leadership program in Melbourne, and the Company Directors Course at the University of New England. Appointed to the Board of ARC in 2022.



CHRISTOPHER TURNER

BCom Dip FS FPA

Principal Financial Planner for 'Turner Wealth Pty Ltd' (Corporate Authorised Representative (No.1241514) of Capstone Financial Planning Pty Ltd. ABN 24 093 733 969. Australian Financial Services License No.223135. December 2019 – to Current; Principal Financial Planner for 'Turner Wealth Pty Ltd' (Corporate Authorised Representative of Commonwealth Financial Planning Limited) May 2016 – December 2019; Senior Financial Planner - Relationship Managed Clients (Representative of Commonwealth Financial Planning Limited) Oct 2010 – May 2016; Branch Financial Planner (Inner and Mid-West suburbs of Sydney) (Representative of Commonwealth Financial Planning Limited) May 2007 – October 2010; Business Analyst / Project Manager (CMLA) (Commonwealth Bank of Australia) January 2004 – May 2007, Diploma of Financial Planning 2006; Manager of Operations/Projects, Resource Planning (Commonwealth Bank of Australia) September 2002 – January 2004; Service Consultant / Resource Analyst (Commonwealth Bank of Australia) August 1999 – September 2002; Senior Sales & Marketing Manager (Sarran Pty Ltd) 1994 – 1995; B. Commerce Newcastle University 1990 – 1993. Appointed to Board of ARC as Finance Director in 2017.

ARC Research Committee



Professor Greg Fox

(Chair of the Committee)

Director of the Sydney Southeast Asia Centre, Professor of Respiratory Medicine at The University of Sydney and Royal Prince Alfred Hospital, Sydney and leads the NHMRC Centre of Research Excellence in TB. Area Director of Tuberculosis Services for Sydney Local Health District. NHMRC Leadership Fellow and a Research Leader for the Woolcock Institute of Medical Research. Professor Fox heads a number of NHMRC- and internationally-funded clinical trials and translational research studies relating to tuberculosis (TB), lung disease and antimicrobial resistance.



Professor Justin Denholm

Medical Director, Victorian Tuberculosis Program, Melbourne Health; Senior Staff Specialist at the Victorian Infectious Diseases Service Royal Melbourne Hospital, and Professorial Research Fellow in the Department of Infectious Diseases at the University of Melbourne.



Professor Paul Foster

Executive Director of the Woolcock Institute of Medical Research and Respiratory Researcher.



David Macintosh AM KMG

ARC President – ex offico



Dr Andrew Burke

Infectious Diseases and Thoracic Physician, University of Queensland, and The Prince Charles Hospital, Queensland.



Associate Professor Claudia Dobler

Conjoint Associate Professor University of NSW, Associate Professor Bond University, Consultant Respiratory Physician NSW Health



Professor Peter Gibson

Conjoint Professor, School of Medicine and Public Health, University of Newcastle. Co-Director of the Hunter Medical Research Institute Infections/ Immunity, Viruses and Asthma Research Program, Co-Director of the University of Newcastle's Priority Research Centre for Asthma and Respiratory Diseases.



Dr Chris Lowbridge

Senior Research Fellow, Global & Tropical Health Division, Menzies School of Health Research, and Menzies Tuberculosis Research Program Lead.

ARC Presidents & 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 KMG

TUBERCULOSIS AUSTRALIA (from 2001)

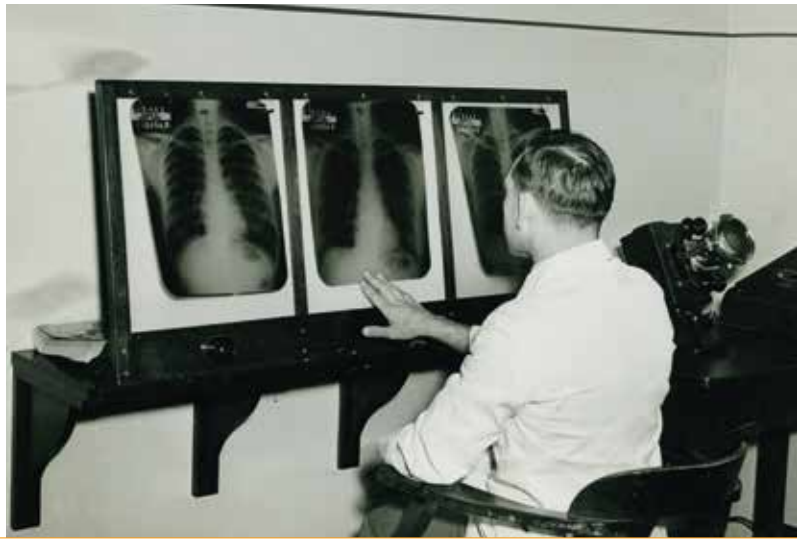
YEAR	PRESIDENT
2001 - 2006	David Hugh Macintosh AM KMG

AUSTRALIAN RESPIRATORY COUNCIL (from 2006)

YEAR	PRESIDENT
2006 - 2013	David Hugh Macintosh AM KMG
2013 - 2019	Emeritus Professor J Paul Seale AM
2019 - Present	David Hugh Macintosh AM KMG

YEAR	LIFE GOVERNORS
1932	Honourable George Frederick Earp MLC, CBE (C)
1934	Sir John Sulman
1934	Sir Kelso King and Lady King
1966	Sir Harry Wyatt Wunderly
1996	Dr Keith Wellington Hills Harris AM
2003	Professor Noel Desmond Martin AM
2003	Clinical Professor Iven Young AM
2003	Emeritus Professor Ian W Webster AO
2007	Emeritus Professor Charles Baldwin Kerr AM
2007	Emeritus Professor J Paul Seale AM
2009	David Hugh Macintosh AM KMG
2011	Amanda Christensen AM
2011	Professor Gavin Frost
2012	Robert Horsell OAM
2012	Clinical Associate Professor Peter Gianoutsos OAM
2021	Kerrie Shaw





ARC Sheila Simpson OAM Nursing Education Scholarships



Building Nursing Capacity in Australia



TEGAN CONTEH



YANXIA LI

To support tuberculosis (TB) elimination efforts in Australia, ARC has been working in partnership with the University of Western Sydney, School of Nursing and Midwifery and the National TB Program stakeholders to develop and implement the Master of Nursing (TB Management). The course implemented in 2020 represents a significant educational opportunity for developing nursing workforce capacity within the Australian and regional TB Programs. The ARC is committed to supporting capacity building through the development of specialist TB nurses.

In 2024, Kerrie Shaw, supported by Amanda Christensen, Lauren Deakin and Chris Lowbridge developed the fourth specialist unit for the course, Screening and Immunisation for TB. The unit was introduced into the course in the second semester of 2024.

The ARC, in collaboration with the University of Western Sydney continues to offer oversight and technical input for the course. Chris Lowbridge and Lauren Deakin were the tutors for the TB specialist units within the course in 2024. The ARC thanks Kerrie, Amanda, Chris and Lauren for their ongoing contribution to nursing education and support for their peers undertaking the course.

To support future students, ARC awards scholarships each year to enable nurses to undertake the speciality units within the Master of Nursing (TB Management) Course. The scholarship program has been named in recognition of the outstanding contribution of Sheila Simpson OAM, to the work of ARC, her clinical leadership and mentoring of the nursing workforce within the speciality area of TB, over four and a half decades.

Further information about the work of Sheila Simpson and the scholarships can be found on ARC's website: https://www.thearc.org.au/scholarships/

In 2024 scholarships were awarded to Tegan Conteh to undertake the Public Health Management of TB Unit, and to Yanxia Li to undertake two units, Screening and Immunisation for TB and the Public Health Management of TB. The ARC wishes Tegan and Yanxia well in their studies.

ARC Sheila Simpson OAM Nursing Education Scholarship Recipients 2020 – 2024

2024 – Tegan Conteh and Yanxia Li

2023 – Noel Paradero

2022 – Emma Hunt, Emma Just and Amy Peachy

2021 – Cathie McKenna and Amy Peachy

2020 – Cathie McKenna, Amy Peachy and Sherri Towle

Further information about the University of Western Sydney Master of Nursing (TB Management) can be found at the following link: https://hbook.westernsydney.edu.au/majors-minors/tuberculosis-management-pg-testamur-major/

ARC Research Support Grants 2022 – 2024 Final Report

Accuracy of Two Novel Tuberculosis-specific Skin Tests in Diagnosing Tuberculosis Infection

Professor Mark Nicol School of Biomedical Sciences University of Western Australia

Summary

Tuberculosis (TB) preventive treatment is used to prevent TB disease in people with TB infection. The tuberculin skin test (TST) is the most widely used test for diagnosis of TB infection, however, TST may give false positive results in people exposed to non-tuberculous mycobacteria or those who have been BCG-vaccinated. In 2022, the World Health Organization recommended novel tuberculosis antigen-specific skin tests (TBST) as alternatives to TST for diagnosis of TB infection. The WHO guideline supports the use of three different TBST: C-Tb (Serum Institute of India), C-TST (Anhui Zhifei Longcom, China) and Diaskintest (Generium, Russian Federation). However, there are no head-to-head comparisons of the accuracy of the new TBST. Such information is critical for TB programme managers to make informed decisions on which TBST to implement. We are therefore conducting a head-to-head comparison of the accuracy of C-Tb and C-TST, in three groups of participants (people with active TB, people at low risk of TB infection and people at high risk of TB infection) in Thailand. We compare their accuracy to that of TST and the reference standard test for TB infection, the interferon-gamma release assay.

Thailand Principal Investigator

Phatharajit Phatharodom, M.D.,
Assistant Professor at the Department of Preventative and Social Medicine, Siriraj Hospital, Mahidol University, 2 Wang Lang Road, Bangkok Noi, Bangkok, Thailand

Thailand Sub-investigators

Tararaj Dharakul, M.D., Ph.D.,
Professor at the Department of Immunology, Faculty of Medicine, Siriraj Hospital, Mahidol University, 2 Wanglang Rd., Bangkok Noi, Bangkok, Thailand

Winai Ratanasuwan, M.D.,
Associate Professor at the Faculty of Medicine Siriraj Hospital, Mahidol University, 2 Wanglang Rd., Bangkok Noi, Bangkok, Thailand

Kulkanya Chokephaibulkit, M.D.,
Professor at the Department of Pediatrics, Faculty of Medicine, Siriraj Hospital, Mahidol University, 2 Wanglang Rd., Bangkok Noi, Bangkok, Thailand

Suvimol Niyomnaitham, M.D., Ph.D.,
Assistant Professor at the Department of Pharmacology, Faculty of Medicine, Siriraj Hospital, Mahidol University, 2 Wanglang Rd., Bangkok Noi, Bangkok, Thailand

Australian Principal Investigator

Mark Nicol, MBBCh, MMed, PhD
Professor in Microbiology, School of Biomedical Sciences, University of Western Australia, Perth, Australia



Regulatory approvals and negotiations with test suppliers

After six rounds of amendments the study was given ethical approval from the Siriraj Institutional Review Board committee, Mahidol University. Revisions incorporated amendments following advice from the Thai FDA regarding the wording used in the patient information sheet. We also addressed concerns about potential interference with test results if two tests were performed on one forearm. As a result, we changed the location of the skin tests to both forearms (C-TB and T-TST randomly) and the right leg (TST).

In parallel to ethical approvals, we conducted negotiations with the suppliers of the C-TB and T-TST to import the tests for research use into Thailand. Due to regulatory hurdles, the assays were only made available to the study team in the second quarter of 2024.

Participant recruitment and characteristics

The first participant screening occurred in October 2024. As of April 2025, a total of 120 participants were screened and enrolled in the study. Adverse events are collected in this study using a safety assessment questionnaire. Adverse events recorded to date, include local tenderness/pain (n=10), localized rash/urticaria (n=6), itchiness/pruritus (n=13). These local effects are anticipated for tuberculous skin tests. Mild systemic reactions were reported, including headache (n=3), fatigue or malaise (n=1) and fever (n=1).

Recruitment is continuing and expected to be completed by October 2025, when a final report of findings will be made available to the Australian Respiratory Council, and reported in a peer-reviewed manuscript.

Challenges and delays encountered

We have encountered several challenges during the study. First, many of the confirmed TB cases at Siriraj Hospital are older individuals, some of whom have underlying conditions that fall under the study's exclusion criteria. To address this, we have expanded the study to include the Central Chest Institute, where we hope to identify more eligible participants. Second, logistical issues related to ordering TB testing reagents-particularly limited shelf life and procurement delays-have impacted the study timeline. Additionally, the need to reassess lot-to-lot variability between different manufacturing batches of the reagents may further disrupt and delay study workflow.

Capacity development in Thailand

The Thailand investigator team was also successful in obtaining supplementary funding from a Thailand funding agency, the Health Systems Research Institute (HSRI), based on the successful award from the Australian Research Council. To enhance capacity development opportunities, Dr Phatharajit Phatharodom, an emerging researcher from Mahidol University was appointed as Thailand Principal Investigator for this project. The team in Thailand took primary responsibility for drafting the detailed research protocol.





Thailand Research Team Members

Final Report for the Baru Conservation Alliance Women and TB study

Understanding the experience of women in a tuberculosis (TB) hot spot in the Solomon Islands to help effectively find, treat and care for people with TB

Associate Professor Michelle Redman-MacLaren James Cook University & Dorothy Esau Baru Conservation Alliance

This final report evidences research processes and findings Baru Conservation Alliance (BCA) and James Cook University (JCU) researchers have generated during the ARC-funded study titled, *Understanding the experience of women in a TB hot spot in Solomon Islands to effectively find, treat and care for people with TB (Women and TB study)*.

The aim of this qualitative study was to explore and describe women's experience of TB in East Kwaio, Solomon Islands to determine how to effectively test, treat and support people with TB.

The research questions were:

1. What is the experience of women who are diagnosed with TB, including testing and treatment support?
2. What is the experience of women who care for women family members with TB?
3. What is the experience of women conservation rangers who find, and support women with TB?
4. What steps needs to be taken to effectively find, treat and support people with TB?

A summary of key research findings are:

1. Women reported TB as part of them (*siki TB is part of us*), which brings great suffering (*nonifiinga*). This suffering can be addressed through *kwaimanga* - a Kwaio concept that encompasses love, care, respect and reciprocity within and between the living and their ancestors in the tribe. Kwaio people believe when adversity such as illness happens, there is something that must be resolved between the living and their ancestors. Therefore, health and ill-health have physical, psychological, spiritual and social dimensions. Western medicine explanations for TB and TB treatment sit alongside cultural understandings.
2. The physical setting of the nearest Christian hospital, along with discriminatory attitudes of hospital staff built on an introduced yet distorted Christian belief system, excludes Kwaio people who practice their *kastom* (*falafala*) from TB testing, treatment and care. The distance of the hospital from Kwaio women's homes, the lack of food and money when at hospital and separation from family and animals (especially pigs), further challenges women who care for someone with TB.
3. TB diagnosis is denied or delayed by a lack of locally appropriate TB service for people living in the mountains of East Kwaio. Women TB Rangers clearly described how a hospital-based TB model has been unsuccessful for this context. The Women TB rangers are well accepted by their tribes and are happy to continue to provide important TB detection, treatment and support.
4. Kwaio women and men clearly identified the following steps that need to be taken: (1) establish a Babala (a TB Aid Post) in the Kwaio mountains to provide the best of Western medicine in a culturally appropriate service prioritising *Kwaimanga* and respecting *falafala*, while in alignment with the National TB Program; and (2) enhance, fund and promote the TB Tribal Model with specific emphasis on the women's TB Ranger program.

This report follows two previous reports submitted to the Australian Research Council (ARC): 1. Progress Report (submitted 4 October 2023) and 2. Interim Report (submitted 19 April 2024). An extension to the original study timeframes had been granted to allow for a meeting between Australian and Solomon Islander researchers on Malaita to confirm findings and discuss next steps. This confirmation of findings was ultimately achieved over online platforms (mostly due to work commitments of Australian researchers), with the final travel for the Women and TB study team now planned for late September – early October 2024.

This week-long meeting will be held at the Nguma-bada campus of James Cook University, Cairns, and will enable our BCA-JCU TB team to progress and finalise the Women and TB study findings manuscript that researchers are writing and enable detailed planning of an expanded TB clinical service and TB research agenda with women and

men in East Kwaio. While at the meeting in October, BCA's Managing Director, Ms Dorothy Esau and nurse and JCU researcher Dr Sue Devlin, will present the Women and TB study findings to the Australasian Clinical Tuberculosis Network webinar (3 October 2024).

Final Study participants – total 35 Kwaio people

23 women participated in *tok storis*

- ▪ 17 adults (i.e. married or mothers) – 1 also participated in individual tok stori
- ▪ 2 female Rangers (married) – 1 also participated in an individual tok stori
- ▪ 4 young women/girls (not yet married or had children).

12 men participated in *tok storis*

- 5 male Rangers including 1 that also participated in an individual tok stori
- 2 Tribal Chiefs
- ▪ 2 community leaders including one with extensive TB experience who participated in an individual tok stori
- 3 are BCA employees.

Final Ethics approvals

Ethics approvals were obtained from Atoifi Hospital (HR-23/01) and JCU (H9112; Reciprocal Ethics). The Final Ethics Report was approved by JCU's Human Research Ethics Committee (confirmation email received 17 April 2024), and the Final Ethics Report was also sent to Dr Relmah Harrington, Atoifi Hospital for consideration of the Atoifi Ethics Committee and AAH Administration Committee (ADCOM) (email sent 29 April, 2024).

What has been done since the Interim Report?

Since the Interim Report submitted on 19 April 2024, the Women and TB study team have finalised research outputs and submitted two new grant applications to two separate funding bodies:

1) DFAT Solomon Islands; and

2) Canada Fund for Local Initiatives.

In addition, the Global Fund via World Vision have committed funds to BCA to support the establishment of an aid post (babala) in the mountains of East Kwaio. The babala will be staffed by BCA's Kwaio registered nurse and researcher in this study, Ms Emmy Foroasi. Support for the establishment of the babala, development of clinical guidelines, medicine supply chains, etc., will be provided by the Provincial Health team and Australian nurse and public health researchers who have established relationships with Kwaio people. Kwaio tribespeople are already cutting and milling their own timber in preparation for the build.



Photo (L-R): Chief Fofafimae Kekeubata, Dorothy Esau, David MacLaren and Sue Devlin meet with Dr Sandra (centre) in Honiara, Solomon Islands to discuss Global Fund support for the tribal model of TB case detection, treatment and care, including for women and children.

The following outputs have been realised during the Women and TB study

Output 1: Policy Brief

Ms Dorothy Esau, BCA, and Dr David MacLaren, JCU, presented findings from *Output 1: Policy Brief* to TB leaders in the Ministry of Health and Medical Services National TB Meeting in Honiara during May, 2024. This National TB Meeting was co-facilitated by Global Fund representative, Ms Sandra Irbe and included the Malaita TB Co-ordinator, Mr John Totoiraro and TB clinicians from across Solomon Islands. The Baru Conservation Alliance tribal model for managing TB, including centralising experiences of women as TB patients and carers of people with TB, was adopted as best practice by TB clinicians and policy makers attending the meeting.

An abstract entitled, 'Experiences of women with tuberculosis or caring for people with tuberculosis in East Kwaio, Solomon Islands' was submitted for the upcoming *The International Union Conference on Lung Health* to be held in Bali, Indonesia, 12-16 November 2024. Unfortunately, this abstract was not selected by the IUCLH Conference Committee.



Researchers Emmy Foroasi (pictured at front left), Dorothy Esau (back left) and Kwaio women record the a'imae, led by Kwaio artist, Fi'iringi (second from right). The ai'mae was videoed by BCA team members, Maasafi Alabai and Langa Wilson (who also edited the video).

Output 2: Women and TB A'imae video

The Women and TB A'imae video reports the research findings in Kwaio language through the medium of *a'imae*, a traditional song composed to share important stories for women. The *a'imae* has been fully edited and is now available for sharing: Kwaio Women and TB Study final copy 2024 01.mp4

Output 3: The' Kwaio Women and TB' found poem

The 'Kwaio Women and TB' found poem, written using data co-generated during the study, is complete (Appendix B) with this data poem and other TB-related poems shared with decision makers in Solomon Islands.

The 'Kwaio Women and TB' found poem is to be presented at the upcoming *International Symposium of Poetic Inquiry* in October 2024.

Redman-MacLaren, M. & Esau, D and the Women and TB Study team. Connecting care in a community forgotten: women's experience of tuberculosis prevention, detection, and treatment in East Kwaio, Solomon Islands. (Oral Presentation). *International Symposium of Poetic Inquiry*, Auckland, New Zealand. 23rd-26th October 2024.

The 'Kwaio Women and TB' found poem is included in a manuscript that has been submitted to the peer-reviewed journal, *Qualitative Inquiry*.

Redman-MacLaren, M., Esau, D., Foroasi, E., Devlin, S. and Cheer, K. Connecting care in a community forgotten: a poetic representation of tuberculosis prevention, detection, and treatment for women in East Kwaio, Solomon Islands. *Qualitative Inquiry* (manuscript submitted 2 August 2024).

Additional study output: Study findings manuscript for publication

Dr Sue Devlin and Ms Dorothy Esau are leading the writing of a manuscript for a peer-reviewed journal (TBA). The draft manuscript will be further progressed at the meeting of the BCA and JCU TB team members in Cairns in October 2024. Having this additional research output will inform other policy makers and academics about the importance of tribal-led and tribal-embedded approaches to TB research for improved TB services and will help move us towards elimination of TB in Kwaio and beyond.



Photo: Ms Dorothy Esau and Dr Sue Devlin review transcribed data from the Women and TB study to include in the findings manuscript being prepared.

Next steps

i.) BCA and JCU team researchers will meet in Cairns, October 2024 to discuss further TB research to support women in Kwaio (including a planned 'Children and TB study').



Photo (L-R): Dorothy Esau, Chief Fofafimae Kekeubata, John Totoiraro, Sue Devlin and David MacLaren meet during the National TB meeting in Honiara in May 2024 to discuss TB testing and treatment models that would be consistent with Kwaio tribal models.

ii.) Ms Dorothy Esau and Dr Sue Devlin will present a webinar to the Australasian Clinical Tuberculosis Network webinar on 3 October 2024.

For more information, please contact:

Ms Dorothy Esau
Managing Director
Baru Conservation Alliance
dorothy3esau@gmail.com

Associate Professor Michelle Redman-MacLaren
Principal Research Fellow
College of Medicine and Dentistry
James Cook University
michelle.maclaren@jcu.edu.au

We thank Ms Amanda Christensen and the Australian Respiratory Council for their generous support throughout the period of this important study.

Finding tuberculosis among adolescents: new diagnostic tools and strategies – Interim Report



Dr Emily L MacLean The University of Sydney

Background

Globally, tuberculosis (TB) is under-diagnosed and under-reported among adolescents aged 10 to 19 years. This puts adolescents themselves at substantial risk of morbidity and death, but also contributes to the continued transmission of TB in families and communities, as adolescents are capable of spreading TB. The World Health Organization (WHO) has recommended healthcare solutions, including diagnostics, that are tailored to adolescents' specific medical, biological, behavioural, and psycho-social needs, but existing data are scarce. To begin to fill this critical gap, we are investigating the use of alternative samples for TB detection among adolescents in Vietnam.

Study summary

Funding from the ARC scheme is being used to conduct a cross-sectional diagnostic accuracy study of tongue swabs on Xpert MTB/RIF Ultra, a WHO-approved molecular test, for the detection of TB among adolescents aged 10 to 19 years. We also will assess the acceptability of tongue swabs and routine sputum testing. Participants will undergo a standard diagnostic work-up for TB, the results of which will inform clinical decision-making. Eligible adolescents will be recruited prospectively and their samples will be tested within 24 hours of collection.

The study will be nested within the FLIRT Trial, which is investigating the treatment of isoniazid-monoresistant TB. Participants in this diagnostic accuracy study who are ultimately found to have TB will be invited for screening into the FLIRT Trial. We anticipate that this 'linking' approach will assist in recruiting adolescents into the FLIRT Trial who may otherwise not have entered the trial.

Use of Australian Respiratory Council funds

Because of the ARC funding, I also received an additional 4500 AUD award from the University of Sydney DVCR Strategic Research Fund. Whereas I had initially planned for this project to be a small exploratory evaluation (n~100), the DVCR award combined with ARC funds mean that a well-powered study of n=225 adolescents with presumptive TB is now possible. As a result, the study findings will be more precise, and age-stratified test accuracy and acceptability can be reported.

ARC funds are being used to cover personnel costs for laboratory staff and SVI research assistants; microbiology test costs; consumables; translation; local HREC submission; and travel.

The ARC funds are being used to cover personnel costs for laboratory staff and SVI research assistants; microbiology test costs; consumables; translation; local HREC submission; and travel.

Collaborators

The ARC funding has brought multiple institutions together through this research project. Investigators from the University of Sydney, University of Sydney Vietnam Institute, and Can Tho Hospital of Tuberculosis and Lung Disease are working together on this study. Later in 2025, we plan to open a second recruitment site, either at the An Giang Centre for Disease Control or at the National Lung Hospital in Hanoi. An investigator from each site would be added to the study protocol to lead site activities.

Milestones completed

- Work order executed
  - Work order signed between University of Sydney and the University of Sydney Vietnam Institute
  - The University of Sydney Vietnam Institute will implement the study locally at the Can Tho Hospital of Tuberculosis and Lung Disease, Can Tho, Vietnam
- Technical documents developed
  - Study protocol, case report forms, Standing Operating Procedures, data management plan are finalised and have been submitted with ethics application
  - Documents have been translated to Vietnamese for implementation

- Human Research Ethics Committees (HREC) submission completed
  - University of Sydney HREC had minor questions that did not require a re-submission
  - Questions have been answers, now pending approval
  - Local submission to Can Tho Hospital of Tuberculosis and Lung Disease, Can Tho, Vietnam, initiated
- Study training conducted
  - I travelled to Can Tho Hospital of Tuberculosis and Lung Disease to deliver training on the protocol, swab collection, and swab processing procedures
  - Training was supported by Ms Thuy Ma (associate investigator) and Dr Thuy Nguyen (site investigator), with attendance by SVI staff and hospital staff
- Test cartridges procured
  - Using funds from ARC and USYD DVCR, test kits have been procured from a local supplier and have been delivered to site
- University of Sydney HREC approval obtained.

Expected timeline for up-coming activities

- April 2025: Can Tho Hospital of Tuberculosis and Lung Disease HREC approval
- May 2025: Recruitment of first participant to diagnostic accuracy study in Can Tho
- September 2025: Initiation of second participant recruitment site in An Giang or Hanoi
- April 2026: Submission of results to Union World Conference on Lung Health
- May 2026: Recruitment closes
- December 2026: Submission of abstract to international peer-reviewed journal.

Research impact

This will be the first diagnostic accuracy study of tongue swab Xpert Ultra among adolescents aged 10 to 19 years; existing work has primarily focussed on adults >18 years, and as such the accuracy among adolescents is not well-understood. We will start to address a persistent and critical evidence gap in the TB diagnostics literature. Additionally, this work addresses WHO calls for adolescent-tailored solutions, particularly through our exploration of sample acceptability. The addition of acceptability work within a diagnostic test evaluation study is relatively novel, and is a critical value-add of this study. These outputs can help TB researchers and programmes design solutions that affected communities actually want, thereby increasing their potential impact.



Figure 1: Chief Investigator Emily L MacLean speaking at the study protocol training to staff in Can Tho.



Figure 2: In-person training participants, including Local Investigator Dr Thuy listening to Investigator Thuy Ma on Zoom



Figure 3: Chief investigator Emily L MacLean and SVI Investigator Thuy preparing for the mycobacteria lab.

Strengthening TB contact investigation and TPT implementation in Indonesia



Professor Steve Graham, University of Melbourne and Dr Rina Triasih, Centre of Tropical Medicine, Universitas Gadjah Mada, Yogyakarta Indonesia



Introduction

The investigation and management of household contacts of people with tuberculosis (TB) is universally recommended, with two main aims: 1) detection and treatment of any contact who has active TB disease; and 2) provision of TB preventive treatment (TPT) to eligible contacts without active TB. This has huge potential to reduce TB-related morbidity and mortality in all age groups through early detection or prevention and there is now a range of recommended TPT options for contacts of drug-susceptible TB that are shorter, safer and with better adherence (e.g. 3RH or 3HP) than the traditional regimen of six months of daily isoniazid (6H). There is also now a recommended regimen of six months of daily levofloxacin (6Lfx) that is safe and can reduce risk of disease in contacts of multidrug- or rifampicin-resistant (MDR/RR) TB contacts by 60%. Despite these advancements, coverage of contact investigation and TPT remains low globally as well as in Indonesia which reports TPT coverage of only 2% for eligible household contacts (WHO Global Report 2024).

In Indonesia, contact investigation is recommended for all TB patients, especially those with bacteriologically confirmed TB. There were around 380,000 people with bacteriologically confirmed TB notified in Indonesia in 2022 and around 12,000 with bacteriologically confirmed MDR/RR-TB. TPT is recommended for all contacts without active TB: to all young children (<5 years) who are asymptomatic on basis of symptom screen alone, and to all contacts of 5 years and older who have evidence of TB infection (i.e. TST positive and active TB ruled out). These recommendations are included in the National TB Program guidelines and the National Strategic Plan for TB Care and Prevention have set the TPT coverage targets. However, TPT coverage is extremely low and with minimal experience in providing TPT for older children, adolescent or adult contacts (5 years and older). Some identified bottlenecks include: limited access and high costs associated with current passive, facility-based model of care; lack of awareness and knowledge among families and healthcare workers about the rationale, safety and effectiveness of TPT; drugs stock-outs and procurement challenges, particularly for rifapentine; and lack of dedicated, skilled healthcare worker such as a nurse to perform TST and to manage the initiation and treatment support for TPT.

Screening of contacts of both drug-susceptible and MDR/RR-TB cases provides a high yield of cases detected, especially in children, as they represent a high-risk population for infection and disease. Active case detection as well as TPT provision and completion can be greatly improved through a community-based model of care to overcome some of the common bottlenecks. Community health workers (CHWs) are increasingly being funded and empowered to conduct contact investigation and provide treatment support for TPT. However, the effectiveness of this approach depends on the quality and skills of CHWs. Competent healthcare providers are still needed to: perform a TST to decide on eligibility including excluding active TB disease; provide education to initiate and follow-up treatment with TPT; manage any treatment-related side effects; and decide when referral to a higher-level health facility is indicated. A recent study by our group in Yogyakarta showed high TPT uptake and completion when household contact management was led by a skilled nurse (Felisia F, et al. Trop Med Infect Dis 2023).

A high workload should be anticipated to scale up implementation if targets are to be achieved. Strengthening healthcare providers' skills is essential to exclude TB disease, test for TB infection, explain the rationale for TPT, and to initiate and monitor drug administration. Delivering this intervention effectively requires a confident and knowledgeable healthcare provider, such as a skilled nurse, who can educate families and contacts about the importance of taking medicine for three months or more, even when individuals are not ill, and to explain the different TPT regimen options. Therefore, a clear organization of tasks and responsibility among different actors is crucial to maintaining a supportive environment to achieve high coverage of TPT.

We implemented and evaluated an integrated, community-based approach that is appropriate for the context of a range of settings in Indonesia. The approach to implementation will engage local CHWs with leadership from a dedicated nurse and support by doctor based at the primary health facility (Puskesmas).

Methods

Study setting and population

We evaluated the implementation of an integrated, community-based approach of contact investigation and TPT provision in Sleman District, Yogyakarta. CHWs are engaged by the primary recipient of The Global Fund to conduct household contact investigation of bacteriologically confirmed TB patients, and the Puskesmas may also engage CHWs to conduct contact investigation of people with non-bacteriologically confirmed TB (such as screening of contacts of a child with TB).

Zero TB Yogyakarta is an initiative by the Faculty of Medicine, Public Health, and Nursing Gadjah Mada University in Yogyakarta with Burnet Institute in Melbourne to implement innovative activities to eliminate TB in Yogyakarta. Since 2020, the team has conducted TB active case finding (ACF) with CXR screening in Yogyakarta province, supported the household contact investigation, and introduced short TPT regimens (3RH or 3HP) for eligible contacts in 2020.

Activities

From November 2024 to end of April 2025, we implemented TB ACF using mobile CXR, integrated within contact investigation and TPT initiation activities across 25 Puskesmas in Sleman District. Each Puskesmas conducted the ACF once a month, inviting household contacts and people at high-risk of TB including people living with HIV (PLHIV), people with diabetes, children with malnutrition despite appropriate nutritional support and health workers. Screening locations was decided by the Puskesmas and the health office.

All participants were screened for TB using symptoms and CXR. Those with TB symptoms or with CXR suggestive of TB were requested to provide a sputum sample for Xpert MTB/RIF test. The diagnosis of TB was made by Puskesmas doctors based on Xpert MTB/Rif results or, if negative, based on clinical and CXR findings. The household contacts who did not have TB were evaluated for eligibility to receive TPT by the TB nurse and the doctor at the Puskesmas. If ≥ 5 years old, a tuberculin skin test (TST) was performed to determine evidence of infection. Eligibility for TPT was on the basis of the following:

1. A household contact of bacteriologically confirmed index patients or PLHIV
2. If < 5 years old, asymptomatic, i.e. negative symptom screen alone
3. If ≥ 5 years old, a positive TST and absence of disease as declared by the Puskesmas doctor
4. For PLHIV, TST was not required to start TPT

TPT was offered and initiated at the Puskesmas to eligible contacts. We engaged a dedicated field coordinator nurse to oversee the activities and monitor the record of TB diagnosis, treatment, and TPT coverage in collaboration with the TB coordinator at the district health office. She worked closely with Puskesmas to encourage both the initiation and completion of TPT. A pulmonologist and a pediatrician from the district hospital provided technical advices on weekly case discussions. These sessions were attended by Puskesmas doctors, who presented the cases in which they had uncertainties regarding TB diagnosis and management.

Results

From 12 November 2024 to 26 March 2025, a total of 2,731 persons participated in TB ACF in Sleman district. Their characteristics are listed in the table below. Among those, 521 (19.1%) screened as presumptive TB based on suggestive CXR or positive symptoms. TB was diagnosed in 33 persons (1.2%); 11 were bacteriologically confirmed. There were 375 persons identified during screening who were considered eligible for TPT of whom 197 (52.5%) initiated.

Table 1. Characteristics and findings of population screened

Characteristics	Number (%)
Total people screened	2731
Sex	
Male	1123 (41.1%)
Female	1608 (58.9%)
Age group (years)	
≤ 5	194 (7.1%)
> 5 and ≤15	311 (11.4%)
> 15 and ≤25	357 (13.1%)
> 25 and ≤35	553 (20.2%)
> 35 and ≤45	360 (13.2%)
> 45 and ≤55	362 (13.3%)
> 55 and ≤65	372 (13.6%)
> 65	222 (8.1%)
Population screened	
Household contacts	1879 (68.8%)
Non-household close contacts	114 (4.2%)
Malnourished children	31 (1.1%)
PLHIV	87 (3.2%)
People with diabetes	32 (1.2%)
Health workers	131 (4.8%)
General population	457 (16.7%)
Detected	
Presumptive TB based on the symptoms OR CXR	521 (19.1%)
TB (all type)	33 (1.2%)
Bacteriologically confirmed TB	11 (0.4%)
TB preventive treatment	
TPT eligible	375
TPT initiated	197 (52.5%)

Among 1879 household contacts screened, TB was diagnosed in 22 persons (1.2%), with seven of them having bacteriological confirmation. Of those diagnosed with TB, one was younger than 5 years old, three were aged 5-15 years and eight were over 55 years old.

Table 2. Household contacts characteristics, TB diagnosis, TPT eligibility and initiation

Characteristics of household contacts	Number
Total	1879
Sex	
Male	774 (41%)
Female	1105 (59%)
Age group	
≤ 5	108 (5.7%)
>5 and ≤15	260 (13.8%)
>15 and ≤25	288 (15.3%)
>25 and ≤35	346 (18.4%)
>35 and ≤45	249 (13.3%)
>45 and ≤55	241 (12.8%)
>55 and ≤65	243 (12.9%)
>65	144 (7.7%)
Detected and treated	
Presumptive TB: symptoms OR CXR screen positive	259 (13.8%)
TB diagnosed	22 (1.2%)
Bacteriologically confirmed TB	7 (0.4%)
TB preventive treatment	
TPT eligible	298
TPT initiated	177 (59.4%)

As the pilot started at the end of the year 2024, we were unable to observe the impact on the contact investigation coverage or TPP coverage in Sleman.

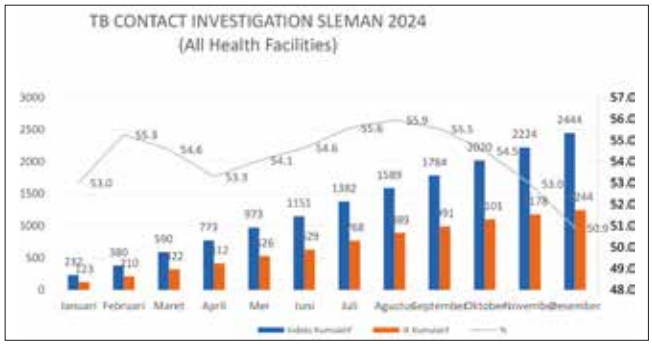


Figure. Monthly cumulative contact investigation coverage by TB index cases in 2024

Summary

Our activities contributed to the detection of TB cases in Sleman. Among household contacts participated in TB screening, we facilitated the high coverage of TPT initiation among those eligible. Since the activities were conducted in a small number of population at the end of the year, the overall impact on contact investigation and TPT coverage in Sleman district was limited. However, the activities demostrated the feasibility of integrating TB screening using CXR among household contacts in the communities and facilitated the TPT initiation.

Barriers to Latent Tuberculosis Treatment in Ca Mau, Vietnam



Professor Guy Marks AO and
Dr Sayontonee Ghosh
The Woolcock Institute of Medical Research



Introduction

Tuberculosis (TB) is the leading infectious disease globally, causing 1.25 million deaths in 2023. The WHO End Tuberculosis Strategy, together with the Sustainable Development Goals and commitments made at United Nations High Level Meetings have all adopted the ambitious goal of ending TB by 2030-2035. Tuberculosis infection (TBI), which effects 1.7 billion people worldwide, acts as a reservoir for TB because, it is estimated that 5-10% of those with TBI progress to active TB during their lifetime.

Treatment for TBI is an important element of tuberculosis elimination as this reduces this reservoir of TB in the community. 3HP (weekly rifapentine and isoniazid) is an efficacious, cost effective and well adhered to regimen for treatment for TBI. Though 3HP is largely well tolerated, some people experience hypersensitivity reaction during treatment. This serious reaction is a barrier to scaling-up implementation of 3HP - it can lead to hospitalisation and even death. This problem would be mitigated if it was possible to accurately predict those patients who are at risk of developing this reaction. The overall aim of Dr Sayontonee Ghosh's PhD program is to create a prediction model for adverse reactions to 3HP, to enable safer use of 3HP.

The Woolcock Institute of Medical Research's ACT5 Study (Test and Treat to End TB) is study of community treatment of TB infection (TBI) set in Ca Mau, Vietnam. TBI treatment is an important element of TB elimination as this reduces the reservoir of TB in the community. Our projects have been examining adverse events related to the treatment regimen 3HP with the aims of:

1. Understanding the mechanism of the hypersensitivity event associated with the 3HP regimen



Image: On the way to the village with the field team

2. Identify those who are at greater risk of severe hypersensitivity events
3. Develop a model to predict those who are at risk for this hypersensitivity reaction so they can be either be excluded from using this regimen or prescribed a lower dose of the regimen

4. Test (validate) the effectiveness of this model in reducing the risk of systemic drug reactions (SDRs) with 3HP by using it to exclude patients or modify their regimen.

Main Report

Description of Activities: During 2024 we have been able to complete and progress several aspects of our two primary projects focusing on the aims above.

For our project to identify those at greater risk for hypersensitivity (Aim 2), we have completed data collection, analysis and completed the risk model creation and validation (Aims 3 and 4). This project has been written up and is currently submitted for publication.

For the project to understand mechanisms of this hypersensitivity reaction (Aim 1), we have completed data collection and genetic sequencing. Dr Sayontonee Ghosh is now undertaking the analysis.

Dr Sayontonee Ghosh has been able to visit Ca Mau in April 2024, meet with the research team, visit the laboratory and complete field work.

Outcomes: We completed the project to identify those at risk of experiencing a severe hypersensitivity to 3HP taken as treatment for TBI (Aim 2). We used these data to develop a prediction tool that could be used to identify participants more likely to have this event (Aim 3). We have been able to validate this model (Aim 4) using further data from the ACT5 Study. These findings have been presented at The Union World Lung Health Conference, 2024 (Bali, Indonesia) and submitted for publication.

We have completed data collection for the study to establish mechanisms of this hypersensitivity event (Aim 1). This is a case control study comparing those who develop hypersensitivity using whole genome sequencing. Whole genome sequencing of specimens collected from selected patients treated with 3HP has been undertaken (by Novogene Genomics, Singapore). Dr Sayontonee Ghosh will be analysing these data in collaboration with a project team at the Garvan institute. The goal of this analysis will be to identify genetic factors that are associated with the occurrence of the hypersensitivity reaction and to use this information to infer possible causal pathways.

Conclusion

We have been able to identify baseline characteristics and symptom characteristics during treatment associated with the hypersensitivity reaction, and use this to develop and validate a predictive risk model. Next steps are to validate our model in other populations treated with 3HP. We would also like to know more about the acceptability of using such a model in a community-wide TBI treatment setting.

For our project examining mechanisms, we have now completed primary analysis of our selected data (Novogene, Singapore) with final samples received in April 2025.

There have been challenges in finding an appropriate collaborator regarding the further analysis of this primary data and to make the choices of polymorphisms of interest. After initial discussions with another organisation, the Garvan Institute was engaged and a research agreement has been reached. This project is planned for completed in January 2026.



Image: CXR at the village on screening day

Annual Report of the Australasian Clinical Tuberculosis Network (ACTnet)



Report provided by Dr Andrew Burke – ACTnet Chair

The Australasian Clinical Tuberculosis Network is a network of clinicians and researchers in Australia and New Zealand who aim to conduct high-quality multicenter clinical research. The focus of ACTnet is the development of new evidence to support TB elimination in Australia and beyond. The Australian Respiratory Council (ARC) is the principal partner organisation of ACTnet. ARC provides funding for administration officer salary support.

The aims of ACTnet are to be met through 3 main activities.

1. Establishing collaborative networks of researchers in key areas which facilitates discussion at a high level of expertise.
2. Education to clinicians/ researchers and public health professionals
3. Facilitating TB research projects – particularly those that allow for collaboration between different health services within Australia and New Zealand.

ACTnet has standing representation from ASID and TSANZ and the ARC.

Membership: Our current membership number has increased substantially over the last 12 months. Based on those registered for mailing list membership has increased from 96 in April 2024 to 240 in October 2024. For comparison, in 2022 we had approximately 60 members. In addition, we have a larger number of people who follow ACTnet through twitter/social media. Over 1000 people are connected through our social media platforms.

Over the last 2 years ACTnet core activity has shifted from research focus to educational and networking in the TB space. Through more regular circulation of the TBPod podcast, sharing information about our activities widely (including to TSANZ, ASID and the TB CRE) and through our research networks across all states and territories we have significantly increased our profile.

Although facilitating research is an important part of ACT net's mission this is being done more indirectly through growing the TB clinical and research workforce and sharing of research through online educational activities.

As ACTnet does not hold funding for research, it is expected that our main role will be in connecting researchers acknowledging that many ACTnet members will be conducting their TB research in institutions independent of ACTnet. ARC does offer research funding and ACT continues to advertise this though our growing mailing list.

ACTnet Steering Committee:

Our current committee members are:

Dr Gail Cross, ID physician and clinical TB researcher, Burnet Institute.

Dr Catherine Berry, ID physician, MSF and John Hunter, Newcastle

Dr Simone Barry, respiratory and TB physician, Director of TB services, South Australia.

Dr Alice Sawka, respiratory and TB physician, Royal Adelaide Hospital

Professor Greg Fox, University of Sydney and RPA

Dr Andrew Burke (chair), University of Queensland and ID/ respiratory physician, The Prince Charles Hospital, Brisbane.

NZ representative - **Dr Mitzi Nisbet**, Auckland

As part of our commitment to mentoring emerging TB clinicians and researchers there are two observership roles for colleagues completing their specialty training in thoracic medicine and infectious disease. They are currently filled by Dr Jack Cross and Dr Victoria Grey respectively.

Educational activities

In 2024 we have held 3 online seminars which have all been well attended. The seminars are as listed below:beyond

1. Clinical cases in TB June 2024

Presenters : Dr Alice Sawka and Dr Victoria Grey (both ACTnet) with expert commentary from Dr Andrew Burke and Dr Geoff Eather.

2. ACTnet/ARC Nursing Webinar 10th October 2024

On 10th October 2024 with partnered with ARC to hold our second online seminar on public health and nursing in TB after a successful first TB nursing seminar last year. This was again aimed primarily at TB and public health nurses although a broad group of clinicians and researchers attended. We had more than 40 attendees including from Australia, New Zealand Timor-Leste, Guam and the Solomons.

Chairs Amanda Christensen- ARC and Andrew Burke ACTnet

Speakers:

Associate Professor Peter Massey Registered Nurse, public Health Practitioner and Public Health Researcher

Dr Chris Lowbridge nurse and epidemiologist, Menzies School of Health Research where he leads the TB research program.

Dorothy Esau Dorothy is an Adjunct Associate Professor at James Cook University, and she is the Managing Director of the Baru Conservation Alliance, Solomon Islands.

Emmy Foroasi is a Kwaio nurse and researcher who has worked with Baru Conservation Alliance since it was formed in 2019. Emmy has a Bachelor of Nursing from the Solomon Islands National University. Solomon Islands.

Dr Sue Devlin is an Australian Nurse - Research Fellow with James Cook University.

3. TB Trials Seminar 22 October 2024

Chaired Dr Gail Cross, ACTnet
Co-chaired Prof Gail Matthews (Kirby Institute)

Speakers:

Professor Nick Paton, National University of Singapore (current CI for Paradigm4TB - a platform trial testing multiple drug combinations; and core academic lead of the EU-funded Unite4TB consortium)

Dr Maria Gler, De La Salle clinical research, Philippines (PI for the delamanid for MDR-TB trial and research lead for De La Salle within Emory-CDC CTU)

Professor Greg Fox, University of Sydney, Australia (CI for landmark VQUIN trial in Vietnam)

We had 132 attendees registered. There were more than 60 participants from Australia, and the remainder largely from everywhere in Asia and researchers from Canada, Nigeria, Switzerland, Gambia, Sudan.

Tuberculosis Journal Club: Under the leadership of ACTnet committee member Dr Gail Cross and in partnership with the Burnet Institute we commenced in mid-2024 our regular TB journal club with colleagues in the Asia-Pacific Region.

We have had two well attended journal clubs. First presenter was Dr Chris Coulter, Brisbane and second was Dr Sadid Khan from Monash Health. More than 50 people attended each session including colleagues from the Asia-Pacific. The plan is for these to be held every two months.

ACTnet Podcast: ACTnet established The TBPod. The TBPod consists of conversations with expert clinicians, researchers, policy makers and advocates about their work in the field of tuberculosis.

As of October 2024, eight podcasts have been released this year from a range of domestic and international experts. Additional recordings have been made to ensure monthly release. Our new website has links to these podcasts which are also available through the TBpod app and Spotify. A measure of our success is that groups are now approaching us requesting to be on the ACTnet podcast and we were recently contacted by the International Union for TB and Lung Disease requesting we interview its current president Professor Guy Marks.

We continue to record higher numbers of downloads and are increasingly receiving positive feedback from international listeners. In the past we have had trouble maintaining momentum in recording podcasts however in the last 2 years this has drastically improved. We credit ACT committee member Dr Jack Cross for the enthusiasm he has brough to this important service.

TB Consumer Advisory Board (CAB): To enhance the increase, the role of TB survivors in setting the agenda for TB research in Australia and New Zealand, ACT net has established a Consumer Advisory Board in 2023. This has become operational in 2024. It has been widely recognized that strengthening the involvement of patients in all stages of clinical research, from identifying research priorities to the design and implementation of projects, is crucial to developing evidence-based health outcomes that best serve the needs of those living with the disease. With that in mind, the purpose of this CAB is to provide community perspectives on TB research in Australasia, assist in the translation of research outcomes, and promote awareness around TB research.

Developing a sustained and diverse membership of the CAB is one of the immediate goals and ACT committee members are helping identify suitable members of the CAB from their patient group.

ACTnet administration assistant: We have been very fortunate to have Mr Kye Clements in his current administrative role. Kye is undertaking a Masters of Biostatistics at the University of Sydney and has redesigned the ACTnet website making it much more professional and raising our organizations profile. Kye has increased ACTnet's IT and social media competence significantly and this year's successes and membership growth would not have been possible without him. Kye's position is funded through the financial support of ARC.

2024 – The Evolution of ACTnet and new directions

Over the last 18 months ACTnet has experienced significant membership growth. This is likely due to the educational activities we have started offering which have increased our exposure and recognition. More people are therefore seeing a benefit from being ACTnet members. It has been very satisfying to see ACTnet increase its influence into the Asia-Pacific and we need to look at ways we can continue to help colleagues in the region.

We believe ACTnet's membership growth reflects an unmet need in the TB space in Australia for a group such as ours. Recently ASID one of our partner organizations declined forming a TB special interest group stating that it saw this role as belonging more to ACTnet. We can promote our educational activities through ASID and TSANZ, who we have formal links with. We are uniquely placed therefore to link the infectious disease, microbiology and respiratory groups together.

It is equally apparent that there is an unmet need for TB and public health nurses to have a forum for discussion and education. ACTnet together with ARC are probably in the best position to make this happen. An agenda item for the ACTnet November committee meeting will include looking at ways to support this direction. Possibilities include having a nurse TB researcher on the committee and increasing the frequency of the ARC-ACTnet seminars.

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

actnet
australasian clinical tuberculosis network

The Australian Respiratory Council partners in the Pathway to the Elimination of Antibiotic Resistant and Latent Tuberculosis in the Pacific (PEARL) Study

The Australian Government through the Medical Research Futures Fund Global Health Initiatives Grant Scheme awarded $ 4.25 million in funding in 2020 to support research for the diagnosis, prevention and treatment of tuberculosis (TB) and leprosy in Kiribati and more broadly to support TB elimination activities in Pacific Island Countries.

The funding was awarded for research that will be undertaken to enhance knowledge and develop tools to combat threats to national health security posed by the regional challenges of TB. The Australian Respiratory Council (ARC) is partnering with a team of researchers, non-government organisations, Pacific Ministries of Health and capacity building experts led by Professor Ben Marais (University of Sydney) and Professor Warwick Britton (Centenary Institute) to deliver the project.

In 2024 work on the project continues.

Background

Within the Pacific, TB and leprosy hotspots such as Kiribati pose a particular challenge and threat. The incidence of TB and leprosy in Tarawa (the main population centre in Kiribati) are amongst the highest globally, combined with the population density and ongoing transmission of both diseases, the potential for amplification of TB and leprosy is a public health concern.

The main objective of the study is to mitigate the threat posed by TB in the Pacific, by enhancing knowledge and testing new strategies to combat TB within the pacific island nations. The Pathway to the Elimination of Antibiotic Resistant and Latent TB in the Pacific (PEARL) Project is working to develop an approach and pathway towards prevention, and elimination of TB and leprosy in the Pacific. It is proposed that the project will strengthen regional health security by reducing the threat of TB and leprosy in the Pacific and play a role in supporting regional TB and leprosy elimination efforts.



The ARC is an implementation partner in the project leading the component of the project relating to building workforce capability within six countries in the pacific with a high to medium burden of TB: Fiji, Kiribati, Nauru, Solomon Island, Tuvalu and Nauru. Through a program of training, technical support and mentoring ARC proposes to build on, and support current National TB Program efforts to prevent the emergence and spread of TB.

In 2023, to support the intervention and standardise the approach to population screening for TB and leprosy in Kiribati an orientation training package with educational resources, information, education and communication resources, standard operating procedures, clinical skills sets for TST and sputum collection was developed and implemented in collaboration with the in-country team.

Activities in 2024

In 2024 ARC conducted a needs analysis to inform the training needs within the six target countries. A series of stakeholder meetings were held in Kiribati and Fiji and an online educational needs analysis and interviews were undertaken.

The needs analysis comprised of a series of questions to define and understand the model of care, specialised TB services and activities provided within each country, the national health and TB Program priorities; TB workforce numbers, the specialised services delivered by nurses, TB workforce qualifications and training needs, enablers and barriers to participating in training and the preferred methods for delivering training.

Four of the six countries participated in the survey, the other two countries that did not complete the survey are being actively followed up and encouraged to complete the survey. The survey identified the following:

- The TB services provided in each country through the NTP were similar, with services available across urban centres and towns, villages and in outer island settings

- The NTP priorities included: early, rapid and quality diagnosis of TB and TB/Diabetes, implementation of effective case management, health equity & universal access to TB prevention and care services, raising community awareness, strengthened NTP management, childhood TB, contact tracing, TB infection prevention and control for health care workers, patients and the community, operational research to promote innovative approaches to diagnosis and care, implementation and strengthening of person centred care within the programs
- The need for specialist TB education for nurses was recognised and supported by each country. Currently the nursing workforce learns specialist TB knowledge and skills through on-the-job training, with limited opportunities to access specialist training
- The model of training implemented needs to meet local training needs and priorities, be sustainable and linked to existing training activities for nurses provided in-country and through partners/funders to harmonise activities and extend training opportunities
- Blended methods of training were preferred by all countries with a combination of skills-based face to face in-person training combined with ongoing online learning activities
- To promote sustainability in training a train the trainer model was recommended with key personnel from each country identified, trained and supported as trainers to deliver ongoing in-country specialist TB training activities
- The barriers to participate in training included: lack of human and financial resources, workload and limited available training opportunities
- The group identified a need to create a pathway for specialist nursing education from in-country training through Schools of Nursing to regional accredited training opportunities.

To address the specialised training needs of the Pacific nursing workforce a training package to support TB nurses is being developed and delivered in 2025. The training package will consist of two face-to-face 5-day training courses, the first course is a TB Intensive Course and the second course is a Train the Trainer Course with facilitator training modules, clinical skills sets and competencies for nurses with supporting educational resources. The training materials and resources developed will be made available online to benefit nurses, and NTPs within the six target countries and more broadly across the pacific NTPs.



PEARL and NTP Team Training Tarawa Kiribati 2024

In 2025, monthly South Pacific network calls will commence to provide ongoing technical support and education for the nurses and community workers. Case presentations and clinical discussions, education sessions and mentoring of trainers will form the basis for the monthly meetings.

Kiribati In-Country Visit

Amanda Christensen (ARC Executive Director and Nurse Consultant) and Kerrie Shaw (PEARL Project Coordinator, ARC Nurse Consultant and Director) had the opportunity to travel to Kiribati for two weeks in February/March, 2024. As part of the visit, meetings were held with the Ministry of Health and Medical Services (MHMS), Kribati School of Nursing, the Australian High Commission, PEARL Project Team and visiting the NTP clinic, TB laboratory and hospital in Tarawa.

Amanda and Kerrie were able to visit the community screening sites, observing the screening set up, processes and activities (participant registration, tuberculin skin testing and reading, leprosy skin checks, chest x-ray, sputum collection, counselling and education and administration of TB preventive treatment). Amanda and Kerrie participated in a home visit to observe the counselling, education and treatment initiation/ administration processes. They attended PEARL Team meetings to review data collection processes and workflows, data quality and reporting, discuss screening activities and processes, issues, challenges and barriers.

As part of the visit Amanda and Kerrie were able to deliver two training activities, the first training day was for nursing staff from the MHMS hospital, community and public health staff. The second day was a joint NTP and PEARL project staff training day. The program for the training included TB Overview, screening for TB and tuberculin skin testing workshop, TB infection prevention and control and sputum collection workshop. Fifty people attended both training days.

Union World Lung Conference Presentations

To share the work of the project Amanda Christensen, Kerrie Shaw and Mareta Hauma (PEARL Lead Study Nurse) submitted an e-poster on 'Building nursing capacity in the Pacific through the Pathway to the Elimination of Antibiotic-Resistant and Latent TB (and Leprosy) in the Pacific (PEARL) to the Union World Lung Health Conference, held in Bali in November, 2024.



MHMS and Public Health Nurses Training Tarawa, Kiribati 2024

Mareta Hauma and Kerrie Shaw were invited by the Union Nursing and Allied Health Professionals Sub-Section to present at the Nursing Meet the Expert Session at the 2024 Union World Lung Health Conference. Their presentation on "Population screening and prevention for TB and Leprosy – a nursing perspective from the PEARL Project Kiribati" was enthusiastically received at the conference.

Report from Dr Jeremy Hill on behalf of the PEARL Project Team

The PEARL project made significant strides in 2024, continuing our commitment to interrupt tuberculosis (TB) transmission and prevent new infections through a household-based, community-led screening and prevention programme in South Tarawa. With support from the Australian Government and in close partnership with the Ministry of Health and Medical Services (MHMS), our integrated team has scaled up activity, strengthened delivery systems, and deepened community engagement.

Following strong foundations laid in previous years, the PEARL team delivered services to over 5,000 additional people in 2024, surpassing previous years. Over 1,000 were initiated on TB preventive treatment (TPT), and nearly 600 people were referred to the National TB Program for assessment of presumptive TB, many with early disease. These efforts contribute directly to the project's aim: to demonstrate that ending TB and leprosy is achievable in Kiribati and can serve as a model for other high-burden settings.

Screening resumed in Betio in March, delivering the full, comprehensive package of services at the household level for the first time at scale. The team's ability to deliver TB screening, prevention, referral and treatment support at high quality has been a major success. The PEARL team have also improved integration with leprosy, hepatitis B and scabies checks, making the intervention more acceptable to communities and more efficient to deliver. This integrated approach also enhances our ability to reach people who may otherwise face barriers to accessing care.

Programmatic improvements included the introduction of a dedicated TPT support unit early in the year, which ensured that the waitlist for TPT was completely addressed and that the experiences were incorporated into routine service delivery. In May, the transition to PEARL+ marked a new phase of work under DFAT funding, expanding the project's scope and



Household Screening

affirming its role in broader health systems strengthening. Staff capacity was also strengthened, with the addition of a local project officer in Tarawa and new collaboration with NCIRS to assess and improve at-birth vaccination coverage.

A highlight of the year was the visit from the Australian Respiratory Council (ARC) in February. The ARC has been a longstanding partner in promoting lung health and TB elimination in the Indo-Pacific, and their contributions as a core partner in the PEARL project underscores our shared mission to deliver sustainable, community-based interventions. In parallel with the major intervention being delivered with MHMS in Tarawa, ARC provides an essential source of longitudinal engagement with the NTP over decades, and will ensure that the impact of the PEARL project can lead to a lasting change.

While 2024 began with staffing challenges, including gaps in coordination and administrative roles, these were progressively resolved; a highlight being the appointment of Kerrie Shaw (well known to the ARC community) as the PEARL study coordinator in May. Overall the team has grown in both size and capability, with consistent engagement from national and regional partners. The project's presence at the World Lung Conference in November further demonstrated Kiribati's growing leadership in community TB elimination strategies.

As we prepare for 2025, PEARL (now PEARL+) is well positioned to continue its work toward lasting reduction in TB and leprosy burden. The PEARL approach continues to be guided by community engagement, delivered by Kiribati health workers, and aligned with ARC's commitment to strengthening health systems, building capacity, and delivering practical, high-impact solutions for lung health.



Community Screening



Kiribati PEARL Project Team participating in World TB Day activities

ARC Projects Report

Building capacity through training and education in the US Affiliated Pacific Islands -Pacific Island TB Controllers Association (PITCA) Annual Conference

The Division of TB Elimination of the US Centers for Disease Control (CDC) host an annual training event for the National TB Program (NTP) staff of the US Affiliated Pacific Islands (USAPI). The ARC has been involved in delivering the nurses and outreach workers program as part of the annual PITCA training activities for the past eighteen years.

In 2024, ARC was invited to participate in the planning meetings, develop and deliver the PITCA conference program. David Macintosh, Amanda Christensen and J'Belle Foster attended the conference representing ARC.

The conference was held in the Federated States of Micronesia, Pohnpei State from the 21st to the 25th October, 2024. The conference provides the opportunity for program managers, community health outreach workers, medical, nursing and laboratory staff from the USAPI NTPs to share their experiences and expertise through presentations and discussions at the conference. The following partners attended and contributed to the conference: CDC; The US Global TB Institute; US National TB Controllers Association, ARC, the Pacific Health Officers Association, and Diagnostic Laboratory Services Hawaii.

The conference consisted of plenary and breakout sessions for the respective professional groups over a five-day program. Site visits to the Pohnpei State Department of Health, TB and Public Health Clinics and State TB laboratory were undertaken by meeting delegates. The nurses and community health outreach workers breakout sessions covered the following topics:

Sessions Nurses and Outreach Workers Program

- Update on the Pacific Islands TB Nurses Network Connie Olikong (Palau) & Amanda Christensen (ARC)
- TB 101 - Amanda Christensen (ARC)
- Understanding TB Terminology – Group Activity
- Fundamentals of Case Management – Tess Manolo (Guam) & J'Belle Foster (ARC)
- Strategies to Improve Data Collection - Amanda Christensen (ARC)
- Strategies to Promote Treatment Adherence and Completion- Shine Soalablai (CNMI) & J'Belle Foster (ARC)
- Monitoring Patients on Treatment for TB: Nurses and Outreach Workers Roles - J' Belle Foster (ARC)
- Infection Prevention and Control – Amanda Christensen (ARC).

Joint Sessions with Program Managers, Nurses, Outreach Workers and Clinicians

- Diagnosis and Management of Children – Professor Ben Marais (Australia)
- When and How to Initiate a "Do Not Board" (CDC)
- How we conduct Inter Jurisdictional Notification in Guam – Chima Mbakwem & Tess Manolo (Guam)



PITCA 2024 – Nursing and Community Health Worker conference delegates



PITCA 2024 Delegates

- Impact of AI on CXR During TB-Free Chuuk ACF (FSM)
- Reviewing and Using Data from the TB Quarterly Statistics Form for QI (Guam)
- Leprosy Diagnosis & Treatment Revisited (Marshall Islands)
- Understanding the GeneXpert Ultra and XDR Tests and Results (CDC)
- Sharing USAPI Examples of PCC – Elwihse Joel (Pohnpei), Adelaide Rechemang (Palau) and Patrick Ronald (RMI)
- LTBI Targeted Testing: Current Activities, Progress, Challenges, Lessons Learned and Future Plans (USAPI NTPs).

Presentations from the conference can be accessed from the following weblink: https://globaltb.njms.rutgers.edu/educationalmaterials/calendar/PITCA_Presentations.php

Pacific Island TB Nurses Network Meetings

Each month the ARC Nurse Consultants meet online with the NTP staff of the USAPI and the CDC to present cases, discuss clinical and public health issues, and undertake educational activities. The monthly meetings are coordinated by ARC and hosted by the CDC. The countries within the USAPI actively participate in the meetings, nursing staff present complex and challenging cases for discussion and review at the meetings. The case presentations and discussions are used to promote clinical problem solving with participants eager to share and identify pacific solutions and approaches to TB prevention and control. The number of people attending the meetings within the USAPI countries continued to increase over the year, as the network continues to expand. Being able to meet each month provides an invaluable opportunity for people who often work in isolation or remote settings to develop a professional network to support their practice.

The ARC Nurse Consultants Group provide ongoing technical support, coordinate and lead the educational sessions and mentoring for the nurses and outreach workers of the USAPI TB Programs. The CDC provide funding for ARC to undertake the planning, coordination and delivery of the annual PITCA training and Pacific Island TB nurses network meetings and related activities.

Graduate Diploma/Master of Nursing (TB Management) Course Western Sydney University (WSU)

The ARC continues to support the development and delivery of the Western Sydney University Graduate Diploma/Master of Nursing (TB Management) Course. The course is seen as an important opportunity to further develop the speciality of TB nursing within Australia and enhances national efforts towards TB elimination. The four specialist units within the course were developed by the ARC Nurse Consultants Group as a legacy to promote and recognise the specialist knowledge of TB Nurses. The course is delivered online, current students are Australian and international nurses working in a range of TB and public health services, roles and activities.

This year, ARC's Nurse Consultants Kerrie Shaw, Lauren Deakin and Amanda Christensen worked to develop and implement the fourth speciality unit for the course – TB Screening and Immunisation. The unit has been designed to equip nurses with the essential knowledge and skills required to perform TB screening and immunisation and meets the National Standards for Immunisation Courses. Through the unit students examine the skills required to perform, advocate and promote screening for TB, latent TB infection and immunisation to prevent TB in at risk populations. Students clinical skills are assessed in an online environment which incorporates virtual clinical activities and assessment making the course readily available to students, nationally and internationally.

In 2024, Chris Lowbridge and Lauren Deakin were the tutors for the TB specialist units within the course. As tutors the group provide advice on the academic content of the units, provide support for, and assess the students undertaking the course. The ARC thanks Kerrie, Amanda, Chris and Lauren for their ongoing contribution to nursing education and support for their peers undertaking the course.

The ARC is committed to supporting local and global TB elimination efforts through supporting the development and delivery of the University of Western Sydney Graduate Diploma/Master of Nursing (TB Management) Course.

Further information about the course cane be found at the following link: https://hbook.westernsydney.edu.au/majors-minors/tuberculosis-management-pg-testamur-major/

Support for Homeless and Vulnerable People with TB

Over the past seven years, with the financial support of the NSW Clubs Grant NSW Scheme and private donors ARC has implemented a project to support homeless and vulnerable people with TB. The people ARC supports through the grant scheme are people who are often unable to obtain financial support through welfare and emergency payments. Many of the people supported through the

grants have exhausted their own savings and those of their families, their leave payments and face homelessness and unemployment as a result of their illness with TB.

Supporting people impacted by TB is particularly important given the increasing costs of living, reduced access to affordable housing and casualisation of the workforce experienced by many people in the community. Through this scheme, ARC is able to provide funding for people experiencing financial hardship related to their TB diagnosis and associated need for isolation to prevent the ongoing transmission of TB.

In the past 12 months funding of $7,500 was awarded to ARC from the Clubs NSW Grant Scheme (through the Bowlers Club of NSW Ltd and City of Sydney RSL Club). With additional funding provided by ARC seven grants were made available through the scheme in 2024. The financial support was used by people to contribute to their costs associated with accommodation and rent, food, utilities and transport (to attend medical appointments).

Homelessness in Australia continues to be a significant social issue that can have a long-term impact on individuals and families. Homelessness is complex issue leading to significant vulnerability within communities. Homeless people often have a poor general health status, coexistent substance and mental health issues, limited financial resources and support networks in the community which make people particularly susceptible to TB. The grants recognise the personal, financial and social hardship that TB causes for people and the benefits, to individuals and the community in caring for vulnerable during a difficult period in their life.

The ARC is working to identify additional funding to expand the grant scheme as it is recognised that supporting homeless and vulnerable people with TB is an important social and public health issue.

Interim Report - In-language Resources to Empower Top End Communities Against TB. Report from the Project Leader Dr Chris Lowbridge, Menzies Institute, Darwin

Tuberculosis (TB) remains endemic in parts of northern Australia, particularly in some remote communities where rates are significantly higher than in urban centres and among non-Indigenous people born in Australia. Despite this, awareness of TB is often limited—both within affected communities and among health workers. This lack of awareness contributes to delayed diagnoses and low uptake of TB preventive treatment, which in turn fuels ongoing transmission.

Empowering communities with knowledge about TB—what it is, how it spreads, and how it can be diagnosed, treated, and prevented—is critical to engaging people in efforts to eliminate the disease. Supporting individuals to understand their own TB journey is also fundamental to delivering high-quality, patient-centred care. However, most existing educational materials are written documents in English language that use biomedical concepts of health and disease that are not in line with First Nations' knowledge systems and ways of understanding.

Through our work with individuals and communities affected by TB, we have identified a clear need for improved, culturally appropriate resources that support both community awareness and clinical communication.

To address this, the Menzies TB Team—together with Aboriginal Community Health Workers, people with lived experience of TB, and TB clinicians—is developing a set of TB Story Cards and companion resources. These cards will feature visual elements designed by First Nations artists and short narrative texts that can be translated into local languages. The modular format allows the cards to be arranged in different sequences to reflect varied experiences—whether someone is unwell with TB, being offered preventive treatment, or identified as a contact of a person with TB.

The project will be completed in mid-2025. The Menzies Research Institute thanks the ARC for funding to develop resources to support the development of culturally appropriate resources for Aboriginal communities in northern Australia.







Solomon Islands TB Rangers Project

Baru Conservation Alliance TB Rangers Program to support community-based TB control and advocacy in remote mountain areas of East Kwaio, Malaita, Solomon Islands. 2024. Final stage.

Dorothy Esau, Managing Director Baru Conservation Alliance, Dr Sue Devlin James Cook University and Associate Professor Peter Massey James Cook University/Hunter New England Population Health

Baol'ea Baita from Baru and the TB Rangers

It is with some sadness and much celebration that we provide the final report to ARC for the work together towards outim TB in East Kwaio, Malaita, Solomon Islands.

We are happi tumas to have ARC as a friend. Since 2015 we have taken so many important steps together in the journey to outim TB. We have some sadness that this journey with ARC comes to an end. But we remember that in the earlier years with ARC we developed great videos in Kwaio language about TB. At the time these were the first ever health videos in language and are very popular. We took time to listen and understand the reasons why people were not able to seek care and why the health systems seem to fail people.

With ARC's support we developed and trialled the TB Rangers model of care. Conservation Rangers, male and female Rangers, in the four tribal areas Fulantofe, Kwainaa'isi, Kafurumu, Aifasu were supported to learn about TB, learn signs and symptoms of TB, about treatment support, side effects and what to do, and other forms of TB.



TB Rangers, Chiefs, Baru staff, music and cultural leaders

The work involves house to house case finding in remote and mountainous East Kwaio, support towards diagnosis and then treatment support, including food. The TB Rangers have seen stacka mare, man and pikinini with possible symptoms. Sputums carried down the mountains, medicines carried up the mountains, care given and people cured. More than 40 people have been treated, and so more than 20 lives have been saved of much loved family and tribe members.

The newly appointed NTP Provincial TB Coordinator is now closely involved and a big supporter of the TB Rangers way of working. Ongoing funds from the Global Fund or National TB Program are expected. Plus the Province is keen for a MOU to enable a Registered Nurse to be set up in the mountains in a new Health Clinic. Some good progress towards health system change.



Dorothy Esau, Managing Director Baru Conservation Alliance, explaining three things are needed to outim TB for future generations: i) the community-based TB Ranger program, ii) a Fataia Babala (Health Post), and iii) changes in the health system

Here are a few stories of outim TB in families:

Aifasu tok stori, TB Rangers Fi'iringi and Sale

From a family at Aifasu tribal area: *When our child was siki we did kastom clearance activities with the ancestors and also lotu (Christian prayer). We walked down to the hospital and back up to our Fataia home more than six times to get treatment for our child, but did not have TB medicine in this year. Then the TB Rangers came and they listened to our stori. The TB Rangers recognised our child had TB symptoms. The TB Ranger told the hospital TB nurse that our child needs TB testing. After 2 years of siki TB, our child had TB testing and was given TB medicine. The TB Rangers supported us to give our child all their TB medicine and provided special protein food. We are so grateful that the TB Rangers outim TB for our child.*



TB Ranger Mamanaisusu (far right) with a family at Kwainaa'isi

Fulatofe tok stori (Jerrolyn and Dickson)

From a family at Fulatofe: *When our child was 3 years old he started to get ill. We didn't know this medical term "medicine" so we trusted Gulangaa (traditional curing process that involves avoiding tabu or forbidden foods) for many years. We thought this siki would go away but it got worse. We kept aringa (looking for answers) and sacrificing pigs for clearance with our ancestors. Di` a di` ai na meresini maka ato (we tried and tried). Then the TB Rangers came and told us about this siki TB, and we stori together about how our Elders two or three generations before us had these same siki TB symptoms. Even though it is challenging to carry our child on the mountain paths and there is no food or clothes for us on the coast where the hospital is, the Rangers helped us take our child to the hospital. At the hospital the TB nurse and the big doctor recognised the TB Rangers' good work. My child gained weight after drinking the TB medicine at home. Now my child can eat the tabu foods and stay well. I know that medicine is a solution for this siki TB. The next step is we need a Babala (Health Clinic) in the mountain to support our TB Rangers because there are still many people for the TB Rangers to check.*

Kwainaa'isi tok stori (TB Rangers Mamanaisusu and Peter Alabai)

An esteemed Chief from remote east Kwaio travelled the long distance, two days by foot, boat, and vehicle, to give testimony at the workshop about the TB journey for his tribe and himself personally.

The Chief told how many years ago, before the TB Rangers, he was diagnosed with TB by the hospital TB nurse, and he was given TB medicine to take at his *fataia* (mountain home).



TB Rangers, cultural teachers and family enjoy music to begin our workshop on TB



Stone timeline describing the long journey from when TB arrived in Solomon Islands until now when TB Rangers working with families and within in the tribal model fight back against the TB giant.

But no-one had explained to him 'siki TB' or why it was important to take the medicine for 6 months. He asked for explanation but the nurse was too scared to visit him at his *fataia* so he stopped taking the medicine. In June 2024, the Chief (now aged around 80 years) felt the same symptoms as when he had TB in the past. He had listened to the TB Rangers and now understood siki TB. He recognised that many people in his family who had not had TB medicine had died from siki TB, and that the TB medicine had saved some people. So, the Chief approached the TB Rangers and asked them to get him the medicine. The Rangers and tribe supported him through his treatment with extra protein food and other expressions of Kwaimanga (big love). This time, with the support of the TB Ranger program, the Chief completed the full six months of treatment, and he is now well and has returned to teaching traditional weaving in the cultural school.



Special pan-pipe music and clapping to remind ourselves of the central place culture has in life and that it needs to be central in health services



HISTORY OF FUNDING FOR RESEARCH ACTIVITIES 1999 – 2024

Research Awards 1999 – 2024

ARC Research Support Grants (2020 – 2024)

Date	Recipient	Subject	Award
2024	Dr Anneliese Ashhurst, Professor Scott Byrne and Professor Warwick Britton *University of Sydney/Centenary Institute*	NoV Flu-RSV: nasal vaccination for Influenza and RSV	$20,000
2024	Dr Philipp du Cros and Dr Larissa Wale *Monash Health*	GP-PREPARE: General Practitioner Provided Refugee Preventive and Risk Assessment for TB with 1HP	$19,970
2024	Distinguished Professor Brian Oliver and Dr Richard Kim *Woolcock Institute of Medical Research/ University of Technology Sydney*	Understanding the impacts of maternal exposure to environmental factors during pregnancy on respiratory viral infections in offspring	$20,000
2024	Dr Keshav Raj Paudel *University of Technology Sydney*	Understanding the Genetic Basis of Bushfire Particulate Matter Induced Toxicity	$19,939
2023	Professor Steve Graham *University of Melbourne*	Strengthening TB contact investigation and TPT implementation in Indonesia	$20,000
2023	Dr Emily MacLean *University of Sydney*	Finding tuberculosis among adolescents: new diagnostic tools and strategies	$18,500
2023	Professor Guy Marks *Woolcock Institute of Medical Research*	Barriers to Latent Tuberculosis Treatment in Ca Mau, Vietnam	$20,000
2022	Associate Professor Stephen Corbett *Sydney University, Western Clinical School*	A case control study investigating the high incidence of TB among Nepalese immigrants in NSW: Descent from altitude or a legacy of genetic adaptations to hypoxia?	$20,000
2022	Associate Professor Larcombe *Curtin University/Telethon Kids Institute*	The impact of heated-tobacco-product use on gene expression in the lung - are they really a better alternative to cigarette smoking?	$20,000
2022	Professor Mark Nicol *University of Western Australia*	A comparative evaluation of the accuracy of tuberculosis-specific skin tests in Thailand	$19,923
2022	Associate Professor Michelle Redman-MacLaren *James Cook University, Queensland*	Understanding the experience of women in a TB hot spot in Solomon Islands to help effectively find, treat and care for people with TB	$20,000
2021	Associate Professor Anna Coussens *Walter & Eliza Hall Institute, Victoria*	Identifying Age, Sex and Vitamin D Modified Immune Correlates of TB Risk	$20,000
2021	Professor Graeme Zosky *University of Tasmania*	The role of the placenta in determining the post-natal effects of in utero exposure to bushfire smoke	$20,000
2020	Professor Gary Lee *Institute for Respiratory Health, University of Western Australia*	Mechanisms of Streptococcus pneumoniae mesothelial cell invasion	$20,000
2020	Associate Professor Katharina Ronacher *Mater Research Institute, The University of Queensland*	Pre-clinical validation of a novel target for host-directed therapy for the treatment of TB	$20,000
2020	Dr Hannah Moore *Telethon Kids Institute, WA*	Understanding the true burden of paediatric respiratory syncytial virus in order to optimise prevention programs	$20,000

ARC Harry Windsor Medical Research Grants (2001 - 2019)

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

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

ARC Ann Woolcock Fellowship Awards (2005 - 2014)

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

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

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

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

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



HISTORY OF FUNDING FOR PROJECT ACTIVITIES 1999 – 2024

Project Funding 1999 – 2024

Date	Recipient/Project	Award
2024	Understanding Healthcare-Seeking Behaviour for TB Among the Aṉangu People of Australia (APY Lands) Project	$24,000
2023 - 2024	East Kwaio, Malaita, Solomon Islands Baru Conservation Alliance TB Rangers program to support community-based TB control and advocacy in remote mountain areas of East Kwaio, Malaita, Solomon Islands	$44,450
2023	Australia In-Language Resources to Empower Top End Communities Against TB	$19,040
2022	East Kwaio, Malaita, Solomon Islands Community-based TB case finding and treatment support: working with Baru Conservation Alliance rangers in the remote mountain areas of East Kwaio	$19,757
2021 – 2024	Kiribati and the South Pacific (Fiji, Kiribati, Nauru, Solomon Islands, Tuvalu and Vanuatu) Pathway to the Elimination of Antibiotic Resistant and Latent TB (and Leprosy) in the Pacific "PEARL Study"	$1,027,135
2021	Development of Cultural Competency Guides for the USAPIs	$13,593
2020	Solomon Islands Cough and Premature Death in the Solomon Islands	$18,000
2020-2021	East Kwaio, Solomon Islands Community based TB case finding and treatment support	$19,703
2018-2024	Australia Support for homeless and vulnerable people with TB	$49,222
2018-2020	Pacific Island TB Network Sputum Quality project	$10,000
2018	The Safe Working Practices Laboratory Handbook - a Global Resource	$13,500
2017-2018	Papua New Guinea Economic evaluation of patient costs associated with tuberculosis and care in Papua New Guinea.	$25,000
2017	Marshall Islands Funding A1c kits for the screening activity on Ebeye Island	$5,264
2015-2024	Australia Establishing a framework for TB nursing education in Australia	$159,621
2013-2016	Solomon Islands Improving TB control in remote area of Solomon Islands	$64,744
2012	Bangladesh Bangladesh MDR-TB Project, an investigation into risk factors for MDR-TB in communities in Bangladesh	$10,000
2011-2018	Vietnam MECOR Course - Level 1, Level 2 and Level 3 workshops	$90,000
2011	Australia Kimberley Aboriginal Medical Services Council (KAMSC) Cultural exchange of Be Our Ally Beat Smoking Study (BOABS) workers to visit Maori Tobacco Control Programs in New Zealand	$10,000

Date	Recipient/Project	Award
2010	Secretariat of Pacific Community Evaluation of the effectiveness of the Community Component of the Kiribati Quality TB Epidemic Control Project	$4,800
2010	Australia Menzies School of Health Research Development of educational resources, 3 Talking posters and 3 flipcharts on pneumonia, bronchiolitis and bronchiectasis	$35,000
2009	Federated States of Micronesia Capacity Building for TB nurses and related health workers in the Federated States of Micronesia (FSM) A partnership with Eli Lilly	$31,424
2009-2012	Cambodian Anti-Tuberculosis Association Cambodia: TB control in elderly and vulnerable groups and in factories	$110,637
2008-2009	Secretariat of Pacific Community TB Drama Video Production in Kiribati	$35,000
2008-2009	Federated States of Micronesia (Chuuk) Support of a tutor and education materials for children for MDRTB	$5,537
2007-2009	Australia Aboriginal Health Council of Western Australia (AHCWA) Beyond the Big Smoke: a clear vision for Aboriginal tobacco control in Western Australia	$200,000
2007-2009	Australia Aboriginal Health and Medical Research Council (AH&MRC) BREATHE: Project. This project aims to reduce smoking-related disease and morbidity for Aboriginal people in NSW communities	$490,200
2007-2008	Secretariat of Pacific Community Enhancing Community involvement in TB control through Theatre in Kiribati	$40,926
2006-2024	US Affiliated Pacific Islands - Capacity building through education and training PITCA – Training of nurses and related workers in the Northern Pacific	$290,904
2006	Kiribati Nurse training in Kiribati	$41,699
2006	Building of TB Laboratory at Tunguru Hospital Kiribati	$30,000
2005	Maningrida Lung Health Community Awareness Raising Pilot Project Funding (James N Kirby Foundation $12,000)	$20,000
2002 - 2005	TB laboratory Training Tonga, Samoa, Kiribati and the Cook Islands	$189,231
2001	Distribution of books: Clinical Tuberculosis and Tobacco or Health: A Global Threat through Teaching Aids at Low Cost.	$2,000
2000	Sponsored Professor Don Enarson, Scientific Director of IUATLD, to be guest speaker at the NSW Health Department TB Nurses Conference	$3,000
2000	Participation in the WHO, "First Stop TB Meeting in the Pacific Islands" in Noumea	$4,000
1999	Provided funding for the translation of "Tobacco or health: A Global Threat" through Teaching Aids at Low Cost	$3,000
1999	Visit to Port Moresby and Lae to evaluate the DOTS TB Programme	$4,000
1999	Funded purchase of course textbooks for Epidemiology Workshop in Port Moresby	$1,000

2024 FINANCIALS and ACFID SUMMARY

Directors' Report

Your Directors present their report on the Company for the financial year ended 31 December 2024.

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

Directors

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

Name and Qualifications Experience and Special Responsibilities

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

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

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

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

Professor Gregory Fox
PhD MIPH FRACP MB BS BSc(Med) GAICD
Appointed to the Board 22 May 2017.
Chair ARC Research Committee
Interest in contracts: Nil

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

Michael Smith AO
Major General - Retired
Appointed to the Board on 10 July 2022
Interests in contracts: Nil

Professor Hiran Selvadurai
MBBS FRACP PhD FThorSoc
Appointed to the Board on 16 February 2023
Interests in contracts: Nil

Amanda Christensen AM
Registered Nurse
Appointed to the Board on 22 January 2001.
Executive Director, Company Secretary
Interests 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
David Macintosh AM KMG	4	4
Robyn Johnson	4	3
Christopher Turner	4	4
Kerrie Shaw	4	4
Gregory Fox	4	3
Jean Santos	4	3
Michael Smith AO	4	4
Hiran Selvadurai	4	4
Amanda Christensen AM	4	4

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 approaches 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 Constitution states that each member is required to contribute a maximum of $1.00 towards meeting any outstanding obligations of the Company. At 31 December 2024 the collective liability of members was $24 (2023:$24)

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

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

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

Christopher Turner
Director
Sydney, 29th April 2025

Amanda Christensen AM
Executive Director
Sydney, 29th April 2025

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

In accordance with s 307C of the Corporations Act 2001, I am pleased to provide the following declaration of independence to the directors of the Australian Respiratory Council. As the lead audit partner for the audit of the financial report of Australian Respiratory Council for the year ended 31/12/2024, I declare that, to the best of my knowledge and belief, there have been no contraventions of:

i. the auditor independence requirements of the Corporations Act 2001 in relation to the audit; and

ii. any applicable code of professional conduct in relation to the audit.

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

CONROY AUDIT AND ADVISORY

D R Conroy FCA
Principal
Auditor No: 2251
Sydney, 29th April 2025

Statement Of Profit Or Loss And Other Comprehensive Income

For the Year Ended 31 December 2024

	Note	2024 $	2023 $
Revenue	2	1,080,779	618,527
Depreciation and amortisation expense	3	(8,331)	(23,417)
Research grants & fellowships		(58,155)	(101,006)
Education & scholarships		(31,920)	(17,828)
Project funding & Unexpended Funds		(602,122)	(372,116)
Investment expense		(20,622)	(19,978)
Employee benefits expense		(197,568)	(190,732)
Other expenses		(187,232)	(143,903)
Profit/(Loss) before income tax		(25,171)	(250,453)
Income tax expense	1	-	-
Profit/(Loss) for the year		(25,171)	(250,453)
Other comprehensive income after tax:			
Net gain on revaluation of investment property		-	-
Net gain /(Loss) on revaluation of financial assets		95,384	23,560
Other comprehensive income for the year net of tax		95,384	23,560
Total comprehensive income for the year		70,213	(226,893)

Statement Of Financial Position

As at 31 December 2024

	Note	2024 $	2023 $
ASSETS			
Current Assets			
Cash and cash equivalents	5	4,551,815	4,147,097
Trade and other receivables	6	19,559	5,265
Other current assets	7	8,268	7,022
Total Current Assets		**4,579,642**	**4,159,384**
Non-Current Assets			
Financial assets	8	1,053,188	1,794,312
Property, plant and equipment	9	2,029,006	2,035,776
Total Non-Current Assets		**3,082,194**	**3,830,088**
TOTAL ASSETS		**7,661,836**	**7,989,472**
LIABILITIES			
Current Liabilities			
Trade and other payables	10	54,019	32,536
Unexpended Funds	11	478,783	891,706
Employee Entitlements	12	74,361	80,770
Total Current Liabilities		**607,163**	**1,005,012**
TOTAL LIABILITIES		**607,163**	**1,005,012**
NET ASSETS		**7,054,673**	**6,984,460**
EQUITY			
Reserves	13	2,570,947	2,475,563
Retained earnings		4,483,726	4,508,897
TOTAL EQUITY		**7,054,673**	**6,984,460**

Statement Of Changes In Equity

For The Year Ended 31 December 2024

	Capital Profits Reserves $	Asset Revaluation Reserves $	Retained Earnings/ (Accumulated Losses) $	Total $
Balance at 1 January 2023	2,411,980	40,023	4,796,122	7,248,125
Profit/(Loss) attributable to members	-	-	(287,225)	(287,225)
Total comprehensive income for the year	-	23,560	-	23,560
Balance at 31 December 2023	**2,411,980**	**63,583**	**4,508,897**	**6,984,460**
Profit/(Loss) attributable to members	-	-	(25,171)	(25,171)
Total comprehensive income for the year	-	95,384	-	95,384
Balance at 31 December 2024	**2,411,980**	**158,967**	**4,483,726**	**7,054,673**

Statement Of Cash Flows

For The Year Ended 31 December 2024

	Note	2024 $	2023 $
Cash Flows From Operating Activities			
Receipts from customers		491,694	658,148
Payments to suppliers and employees		(1,185,375)	(805,773)
Interest received		148,135	138,533
Distributions received		72,050	69,625
Net cash provided by (used in) operating activities	**17(b)**	**(473,582)**	**60,533**
Cash Flows From Investing Activities			
Proceeds from sale of Investment Property		-	-
Payment for property, plant and equipment		(1,561)	(2,023,490)
Payment for available-for-sale investments		(165,000)	(109,772)
Proceeds for available-for-sale investments		1,044,861	10,000
Net cash provided by (used in) investing activities		**878,300**	**(2,123,262)**
Net Increase/(Decrease) in Cash Held		404,718	(2,062,729)
Cash at beginning of financial year		4,147,097	6,209,826
Cash at end of financial year	**17(a)**	**4,551,815**	**4,147,097**

Notes To And Forming Part Of The Accounts

For The Year Ended 31 December 2024

Note 1 - Summary Of Significant Accounting Policies

Basis of Preparation

The financial statements are general purpose financial statements that have been prepared in accordance with Australian Accounting Standards and the Corporations Act 2001. The entity is a not-for-profit entity for financial reporting purposes under Australian Accounting Standards.

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

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

The financial statements are signed in accordance with a resolution of the directors.

Accounting Policies

Income Tax

No provision for income tax has been raised as the entity is exempt from income tax under DIV 50 of the Income Tax Assessment Act 1997. The Australian Taxation Office also endorsed the Company as a deductible gift recipient.

Inventories

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

Investment Property

Investment property is property held either to earn rental income or for capital appreciation or for both, but not for sale in the ordinary course of business use in the production or supply of goods or services or for administrative purposes. Investment property is measured at cost on initial recognition and improvements have been depreciated over their useful life.

When the use of a property changes such that it is reclassified as property, plant and equipment, its fair value at the date of reclassification becomes its cost for subsequent accounting.

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%
Land & Buildings	2.50%

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

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

Impairment of non-financial assets

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

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

Leases

At inception of a contract, the entity assesses if the contract contains or is a lease. If there is a lease present, a right-of-use asset and a corresponding lease liability is recognised by the entity where the entity is a lessee. However all contracts that are classified as short-term leases (lease with remaining lease term of 12 months or less) and leases of low-value assets are recognised as an operating expense on a straight-line basis over the term of the lease.

Initially the lease liability is measured at the present value of the lease payments still to be paid at the commencement date. The lease payments are discounted at the interest rate implicit in the lease. If this rate cannot be readily determined, the entity uses the incremental borrowing rate.

Lease payments included in the measurement of the lease

liability are as follows:

–fixed lease payments less any lease incentives;

–variable lease payments that depend on an index or rate, initially measured using the index or rate at the commencement date;

–the amount expected to be payable by the lessee under residual value guarantees;

–the exercise price of purchase options, if the lessee is reasonably certain to exercise the options;

–lease payments under extension options, if the lessee is reasonably certain to exercise the options; and

–payments of penalties for terminating the lease, if the lease term reflects the exercise of an option to terminate the lease.

The right-of-use assets comprise the initial measurement of the corresponding lease liability as mentioned above, any lease payments made at or before the commencement date, as well as any initial direct costs. The subsequent measurement of the right-of-use assets is at cost less accumulated depreciation and impairment losses.

Right-of-use assets are depreciated over the lease term or useful life of the underlying asset, whichever is the shortest. Where a lease transfers ownership of the underlying asset or the cost of the right-of-use asset reflects that the entity anticipates to exercise a purchase option, the specific asset is depreciated over the useful life of the underlying asset.

Trade and other payables

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

Employee Benefits

Short-term employee benefits

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

Other long-term employee benefits

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

Revenue recognition

The company recognises revenue as follows:

Revenue from contracts with customers

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

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

Sales revenue

Interest revenue

Interest revenue is recognised as interest accrues using the effective interest method. This is a method of calculating the amortised cost of a financial asset and allocating the interest income over the relevant period using the effective

Notes To And Forming Part Of The Accounts

For The Year Ended 31 December 2024

interest rate, which is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset to the net carrying amount of the financial asset.

Donations

Donations are recognised when received.

Grants

Grant revenue is recognised in profit or loss when the company satisfies the performance obligations stated within the funding agreements.If conditions are attached to the grant which must be satisfied before the company is eligible to retain the contribution, the grant will be recognised in the statement of financial position as a liability until those conditions are satisfied.

Other revenue

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

Current and non-current classification

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

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

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

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

Cash and cash equivalents

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

Trade and other receivables

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

Goods and Services Tax (GST)

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

Comparative Figures

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

Financial Instruments

Recognition and initial measurement

Financial instruments, incorporating financial assets and financial liabilities, are recognised when the entity becomes a party to the contractual provisions of the instrument.

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

Classification and subsequent measurement

1. Financial assets at fair value through profit or loss
   Financial assets are classified at fair value through the profit or loss when they are held for trading for the purpose of profit or loss in the short term profit taking. Realised and unrealised gains and losses arising from changes in fair value are included in profit or loss in the period in which they arise.
2. Loans and receivables
   Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market and are subsequently measured at amortised cost using the effective interest rate method.

3. Held to maturity investments
   Held to maturity investments are non-derivative financial assets with fixed maturities and fixed or determinable payments, and it is the entity's intention to hold these investments to maturity. They are subsequently measured at amortised cost using the effective interest rate method.
4. Available for sale financial assets
   Available for sale financial assets are non derivative financial assets that are either designated as such or that are not classified in any of the other categories. They comprise investments in the equity of other entities where there is neither a fixed maturity nor fixed or determinable payments.
5. Financial Liabilities
   Non derivative financial liabilities (excluding financial guarantees) are subsequently measured at amortised cost using the effective interest rate method.

Fair value measurement

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

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

Critical Accounting Estimates Judgments and Assumptions

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

Estimation of useful lives of assets

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

Impairment of non-financial assets other than goodwill and other indefinite life intangible assets

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

Employee benefits provision

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

The Notes to the Financial Statements

The notes present information that is relevant to an understanding of the material items contained in the financial statements. The notes give prominence to areas that are considered to be most relevant to an understanding of the statement of financial position and the profit or loss and other comprehensive income and statement of changes in equity and cashflows and are cross referenced to those statements.

Notes To The Financial Statements

For The Year Ended 31 December 2024

		2024 $	2023 $
2.	**Revenue**		
	Operating Activities		
	Appeals	74,475	68,237
	Net profit/(loss) on sale of investments	43,353	(11,894)
	Rental revenue for property investment	-	-
	Interest received	148,135	138,533
	Fund distributions from investments	72,050	69,625
	Legacies & donations	171,576	12,945
	Member subscriptions	1,090	591
	Project Funding	153,541	312,406
	Sundry income	29,269	28,084
	Recovery of Unexpended Funds	387,290	-
	Total Revenue	1,080,779	618,527
3.	**Profit From Ordinary Activities**		
	Expenses		
	Depreciation of Non-Current Assets:		
	Land & Buildings	6,250	4,167
	Plant and equipment	2,081	23,417
		8,331	27,584
4.	**Auditor's Remuneration**		
	Remuneration of the Auditor of the Company for:		
	- Auditing the Financial Report	17,850	17,000
5.	**Cash and Cash Equivalents**		
	Cash at bank	1,451,815	1,147,097
	Term Deposit	3,100,000	3,000,000
		4,551,815	4,147,097
6.	**Trade and Other Receivables**		
	Trade debtors	2,829	-
	Accrued Income	16,730	5,265
		19,559	5,265
7.	**Other Current Assets**		
	Prepayments	8,268	7,022

Notes To The Financial Statements

For The Year Ended 31 December 2024

		2024 $	2023 $
8.	**Financial Assets**		
	Non Current		
	Managed funds - at fair value	1,053,188	1,794,312
	Total financial assets	**1,053,188**	**1,794,312**
9.	**Property, Plant & Equipment**		
	Non Current		
	Property		
	Land & Buildings at Cost	2,017,775	2,017,775
	Less: accumulated depreciation and impairment	(10,417)	(4,167)
		2,007,358	2,013,608
	Plant & equipment at cost	82,259	80,698
	Less: accumulated depreciation and impairment	(60,611)	(58,530)
		21,648	22,168
	Total property, plant and equipment	**2,029,006**	**2,035,776**

The Company exchanged contracts for the purchase of 152 Walker Street Sydney on the 24th April, 2023. The purchase price was $2,010,000 plus relevant charges.

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:

	Property $	Plant and Equipment $	Total $
Balance at the beginning of year	2,013,608	22,168	2,035,776
Additions	-	1,561	1,561
Disposals	-	-	-
Depreciation expense	(6,250)	(2,081)	(8,331)
Carrying amount at the end of year	**2,007,358**	**21,648**	**2,029,006**

10.	**Trade and Other Payables**		
	Unsecured liabilities		
	Trade payables	29,498	10,608
	Sundry payables and accrued expenses	24,521	21,928
	Total	**54,019**	**32,536**

Notes To The Financial Statements

For The Year Ended 31 December 2024

		2024 $	2023 $
11.	**Unexpended Funds**		
	Unexpended Funds	478,783	891,706
	Total	**478,783**	**891,706**

The Company has carried over Funds of $403,651 for Pearl Project and $75,132 from various other projects. These amounts will be applied in Future years as per relevant grant conditions.

12.	**Employee Entitlements**		
	Provision for annual leave	36,883	46,155
	Provision for long service leave	37,478	34,615
	Total	**74,361**	**80,770**
	Number of employees		
	Number of employees at year end	2	2
13.	**Reserves**		
	Capital profits reserve	2,411,980	2,411,980
	Asset revaluation reserve	158,967	63,583
	Total	**2,570,947**	**2,475,563**
	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	63,583	40,023
	Revaluation increment/(decrement)	95,384	23,560
	Transfers	-	-
	Balance at end of year	**158,967**	**63,583**

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 2024 the number of members was 24 (2023:24).

Notes To The Financial Statements

For The Year Ended 31 December 2024

15. 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:

	2024 $	2023 $
Key management personnel compensation	184,741	183,238

16. After Balance Day Events

From 31st December 2024 to the date of this report, there has been no subsequent event that would have a material effect on the financial position of the company except as disclosed in these financial statements.

17. Cash Flows Information

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

Cash and cash equivalents	4,551,815	4,147,097

(b) Reconciliation of Cash Flow from Operations with Profit after Income Tax		
Net income/loss for the period	(25,171)	(250,453)
Cash flows excluded from profit attributable to operating activities		
Non cash flows in profit		
Depreciation	8,331	27,584
Net (gain)/loss on disposal of investments	(43,353)	11,894
Changes in assets and liabilities, net of the effects of purchase and disposal of subsidiaries		
(Increase)/decrease in trade and term receivables	(14,294)	37,735
(Increase)/decrease in prepayments	(1,246)	(36)
Increase/(decrease) in trade payables and accruals	21,483	14,252
Increase/(decrease) in unexpended funds	(412,923)	213,671
Increase/(decrease) in provision for employee benefits	(6,409)	5,886
Net cash inflow/(outflow) from operating activities	(473,582)	60,533

Notes To The Financial Statements

For The Year Ended 31 December 2024

	2024 $	2023 $
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	246,051	69,655
Less: Total direct costs of fundraising	10,451	9,824
Net surplus from fundraising activities	**235,600**	**59,831**
(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	4%	14%
Net surplus from fundraising/gross income from fundraising	96%	86%
Total cost of services/total expenditure	100%	100%
Total cost of services/total income received	4%	14%

Summary Financial Report
Income Statement

For The Year Ended 31 December 2024

	2024 $	2023 $
REVENUE		
Donation and Gifts - Monetary & Non monetary	246,051	69,655
Grants		
Other Australian	59,211	28,084
Other overseas	123,599	535,412
Investment Income	263,538	196,263
Unexpended Funds	387,290	-
Other Income	1,090	591
TOTAL REVENUE	**1,080,779**	**830,005**
EXPENDITURE		
International Aid and Development		
International programs		
Funds to international projects	517,874	305,906
Program Support Costs	84,248	66,210
Community education	31,920	17,828
Fundraising Costs		
Public	10,451	9,824
Accountability and Administration	210,733	261,513
Total International Aid and Development Programs Expenditure	**855,226**	**661,281**
Domestic projects	149,814	155,941
Investment Expenditure	20,622	19,978
Grants Unexpended	25,193	223,006
Other Expenses	55,095	20,252
TOTAL EXPENDITURE	**1,105,950**	**1,080,458**
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE	(25,171)	(250,453)
Net gain/(loss) on revaluation of financial assets and investment property	95,384	23,560
EXCESS/(SHORTFALL) OF REVENUE OVER EXPENDITURE	70,213	(226,893)

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

The above disclosures are prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID website “www.acfid.asn.au”.

Summary Financial Report
Balance Sheet

As at 31 December 2024

	2024 $	2023 $
ASSETS		
Current Assets		
Cash and cash equivalents	4,551,815	4,147,097
Trade and other receivables	19,559	5,265
Other current assets	8,268	7,022
Total Current Assets	**4,579,642**	**4,159,384**
Non-Current Assets		
Financial assets	1,053,188	1,794,312
Property, plant and equipment	2,029,006	2,035,776
Total Non-Current Assets	**3,082,194**	**3,830,088**
TOTAL ASSETS	**7,661,836**	**7,989,472**
LIABILITIES		
Current Liabilities		
Trade and other payables	54,019	32,536
Unexpended Funds	478,783	891,706
Provisions	74,361	80,770
Total Current Liabilities	**607,163**	**1,005,012**
TOTAL LIABILITIES	**607,163**	**1,005,012**
NET ASSETS	**7,054,673**	**6,984,460**
EQUITY		
Reserves	2,570,947	2,475,563
Retained earnings	4,483,726	4,508,897
TOTAL EQUITY	**7,054,673**	**6,984,460**

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

The above disclosures are prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID website “www.acfid.asn.au”.

Summary Financial Report
Statement of Changes in Equity

For The Year Ended 31 December 2024

	Capital profits Reserves $	Asset Revaluation Reserves $	Retained Earnings/ (accumulated losses) $	Total $
Balance at 1 January 2023	2,411,980	40,023	4,796,122	7,248,125
Excess of revenue over expense	-	-	(287,225)	(287,225)
Total comprehensive income for the year	-	23,560	-	23,560
Balance at 31 December 2023	2,411,980	63,583	4,508,897	6,984,460
Excess of revenue over expense	-	-	(25,171)	(25,171)
Total comprehensive income for the year	-	95,384		95,384
Balance at 31 December 2024	**2,411,980**	**158,967**	**4,483,726**	**7,054,673**

The above disclosures are prepared in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID website "www.acfid.asn.au".

Directors' Declaration

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

1. The financial statements and notes, are in accordance with the Australian Charities and Not-for-profits Commission Act 2012 and:
   i. comply with Australian Accounting Standards applicable to the entity; and
   ii. give a true and fair view of the financial position of the registered entity as at 31 December 2024 and of its performance for the year ended on that date.
2. There are reasonable grounds to believe that the registered entity will be able to pay its debts as and when they become due and payable.

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



Christopher Turner
Director
Sydney, 29th April 2025



Amanda Christensen AM
Executive Director
Sydney, 29th April 2025

Independent Auditor Report

To The Members of the Australian Respiratory Council

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

Report on the Audit of the Financial

Report Opinion

We have audited the financial report of Australian Respiratory Council (the registered entity), which comprises the statement of financial position as at 31 December 2024, the statement of profit or loss and other comprehensive income, statement of changes in equity and statement of cash flows for the year then ended, notes comprising a summary of significant accounting policies and other explanatory information, and the directors' declaration.

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

(i) giving a true and fair view of the registered entity's financial position as at 31 December 2024 and of its financial performance for the year then ended; and

(ii) complying with Australian Accounting Standards - AASB 1060: General Purpose Financial Statements - Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities and the Corporations Regulations 2001.

We have also audited the summary financial reports of Australian Respiratory Council which in our opinion are in accordance with the requirements set out in the ACFID Code of Conduct. For further information on the Code please refer to the ACFID website "www.acfid.asn.au".

Basis for Opinion

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

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

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

The directors are responsible for the other information. The other information comprises the information included in the registered entity's annual report for the year ended 31 December 2024, but does not include the financial report and our auditor's report thereon. Our opinion on the financial report does not cover the other information and accordingly we do not express any form of assurance conclusion thereon. In connection with our audit of the financial report, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial report or our knowledge obtained in the audit or otherwise appears to be materially misstated. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Responsibilities of the Directors for the Financial Report

The directors of the entity are responsible for the preparation of the financial report that gives a true and fair view in accordance with Australian Accounting Standards – AASB 1060: General Purpose Financial Statements – Simplified Disclosures for For-Profit and Not-for-Profit Tier 2 Entities and the Corporations Act 2001 and the Australian Charities and Not-for-profits Commission Act 2012 and for such internal control as the directors determine is necessary to enable the preparation of the financial report that gives a true and fair view and is free from material misstatement, whether due to fraud or error.

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

Auditor's Responsibilities for the Audit of the Financial Report

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

Independent Auditor Report

To The Members of the Australian Respiratory Council

misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of this financial report.

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

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

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

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

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



D R Conroy FCA
Principal
Auditor No: 2251
Sydney, 26th April 2025



CONROY AUDIT & ADVISORY
Chartered Accountants

Level 2 154 Elizabeth Street
Sydney NSW 2000
Telephone: 02 9267 9227
Fax: 02 9261 3384
Email: admin@byranrush.com.au

Breath of Life

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



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

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

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

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

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

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

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



MS ELIZABETH AMY
MR & MRS AUSLEBROOK
MR PAUL DONALD BUCKLAND
MR JW DE B PERSSE
MR KENNETH JERVIS CARRICK
MRS NORA MAILFERT
MRS H NETTLESHIP
MR B REYNOLDS
MS MAUREEN SHARPE
MR JEFFREY WALKER
MRS VIOLET WILSON

MS SARAH AULD
MR GODFREY BARRINGTON GOODERE
MR GEOFFREY ROBERT BURFOOT
MS EILEEN HOOK
MR ROBERT LETTICH
MS JEAN MCIVER CALDWELL
MS ZULA NITTIM
MR JOHN ROBINSON
MS ALEXANDRA VAN RAALTE
MS L WALKER
ANONYMOUS (35)



arc
australian respiratory council
prevention and cure of respiratory illness

Australian Respiratory Council
PO Box 538 North Sydney NSW 2059
Tel 02 9223 3166
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.