



ANNUAL REVIEW
2015/16

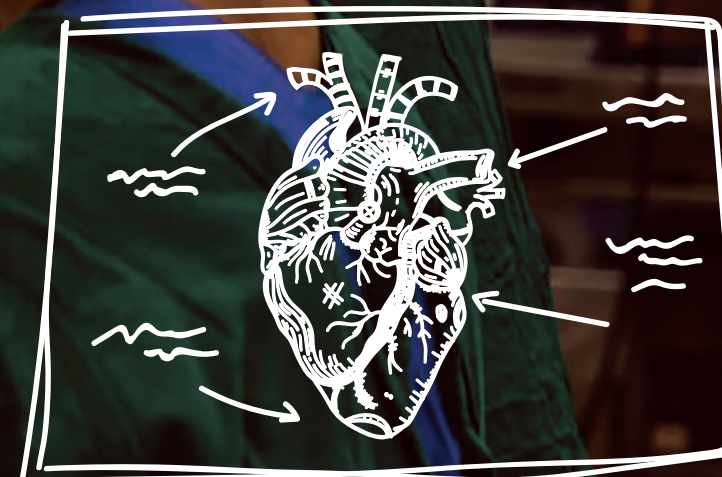


WE TREAT
WE TEACH
WE EMPOWER

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WE TREAT
WE TEACH
WE EMPOWER





1 Donor Trip (Ride for Hearts)

11+ Tonnes of equipment

+ 15 Project visits this year (176 in total)



Message



CHAIRMAN PHILIP CURRIE

How do we plan for the future? How do we anticipate the changes needed now to be best placed to respond to the needs in years to come? While it might not show in the program activity reported, these questions have been a significant focus for Open Heart International for the twelve months (and more) just completed.

While the final act of contract signing did not take place in the financial year being reported, the significant negotiation, time and action by a small group took a concerted effort during the year. As a result, Open Heart International has now joined ADRA Australia. The change was made to leverage opportunity for growth, enhance the impact being made, and improve efficiency.

The partnership of ADRA Australia, Sydney Adventist Hospital and the volunteer clinicians from all over Australia will continue to be the backbone of Open Heart International. We hope that the changes will bring even more opportunity for more people to be involved in a voluntary capacity.

And while this foundational work transpired over the course of the year, our program continued to evolve with zero detrimental impact. In its' 30th year, Open Heart International continues to deliver remarkable support to those in desperate need. I am pleased to present to you the 2015-16 Annual Review.



GENERAL MANAGER MICHAEL WERE

A central theme of this year was planning for the future. As Philip alluded to in his remarks, the foundation was laid with a formal partnership with ADRA Australia. In addition, we were elated to finalise negotiations with Sydney Adventist Hospital on the designation of a small parcel of campus land for the construction of a new warehouse and office hub for Open Heart International. Funding permitting, we are confident of construction commencing during the 2016-17 financial year.

From a program perspective, there were highlights and disappointments. We added India to our growing list of visited countries, further expanded our reach in Myanmar, and began work on a new base in Tanzania. Sadly for reasons outside our control we were forced to abandon visits to Nepal (fuel blockade and earthquake) and Fiji (cyclone). We fully expect to deploy teams to these locations again in 2017.

Our financial position continues to remain strong. Program expenditure reduced primarily due to cancelled project visits. The reported deficits over the past two financial periods are as a result of planned expenditure of funds held for specific purpose rather than any underlying financial issues. Along with our volunteers, I am grateful to every donor and corporate supporter for your continued support. Your collective 'open heart' helps us help others.



Joining with ADRA

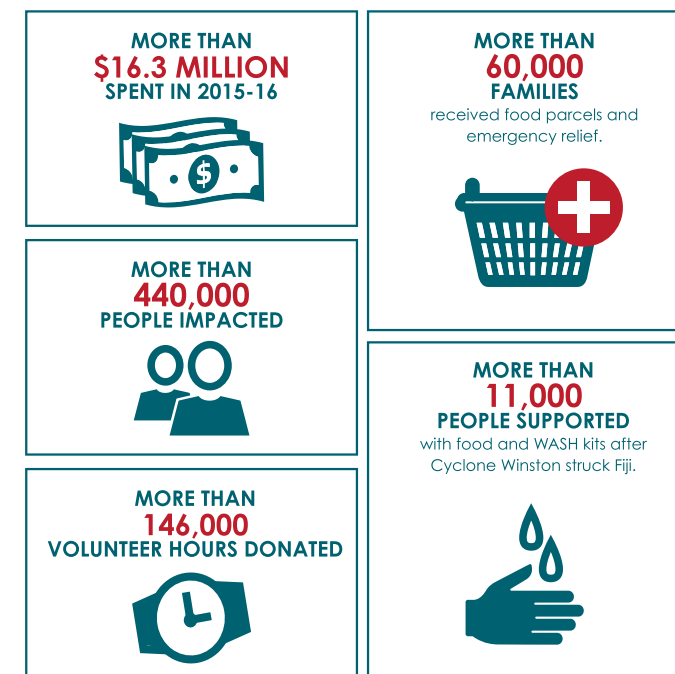


"Volunteering is an act of generosity. The generosity exhibited by the volunteers on OHI's teams is second to none. Generosity is important because it inspires others and in the context of OHI this amplifies the impact that life saving and changing operations have had on over 6,000 people. I am excited by the potential of welcoming OHI's volunteers and staff into the broader work of ADRA Australia. I believe that together we will change many more lives." **MARK WEBSTER** CEO ADRA AUSTRALIA

The Adventist Development and Relief Agency (ADRA) is the official humanitarian agency of the Seventh-day Adventist Church. ADRA Australia works as part of the global ADRA network. Through this network, our reach extends into more than 120 countries. We exist to restore relationships so that people thrive in a world not only created but also living in God's image. We work to inspire and collaborate with others to responsibly facilitate transformational development and relief projects overseas and in Australia. We believe that amazing things happen when people work together in truth and love to build a better future that they may never personally benefit from.



Today, Bopha Sun is a happy and thriving woman - but three years ago, the picture was completely different. Bopha Sun grew up in a rural in Cambodia. When she was just 10 years old, her mother fell ill and Bopha Sun was forced out of school. Years later, she struggled to provide enough food and money to support her own family. When Bopha Sun joined ADRA's project, she learnt to read and write, doubled her rice yield and now earns enough to send her kids to school. "There has been a big difference in my life," Bopha Sun said. "I feel very confident I can do anything I want to do!"



Where We Travelled 2015-2016



Jul 25 – Aug 8, 2015

Port Moresby, Papua
New Guinea
43 patients

Aug 19 – 27, 2015

Mandalay, Myanmar
40 patients



Sept 5 – 19, 2015

Nuku'alofa, Tonga
30 patients



Oct 18 – Nov 1, 2015

Ride for Hearts: Vietnam to
Cambodia



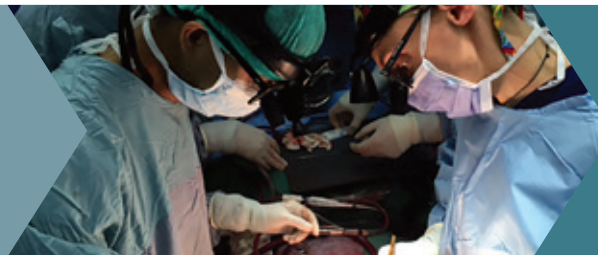
Oct 24 – Nov 1, 2015

Siem Reap, Cambodia
14 patients



Nov 6 – 16, 2015

Dar Es Salaam, Tanzania
Screening



Nov 7 – 15, 2015

Yangon, Myanmar
28 patients



Feb 6 – 14, 2016

Port Moresby, Papua New
Guinea
11 patients

Feb 20 – 28, 2016

Yangon, Myanmar
103 patients



Mar 12 – 20, 2016

Siem Reap, Cambodia
12 patients



Mar 12 – 26, 2016

Banepa, Nepal
73 patients



Mar 19 – 27, 2016

Yangon, Myanmar
10 patients



Apr 2 – 16, 2016

Santiago City, Philippines
131 patients



Apr 14 – 24, 2016

Kigali, Rwanda
(East Africa)
19 patients



Apr 24 – May 4, 2016

Dar Es Salaam, Tanzania
(East Africa)
13 patients



Jun 11 – 19, 2016

Ahmedabad, India
15 patients

WE TREAT
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CARDIAC Success story



Atunaisa (R)

**Atunaisa is like any 15 year old boy who has dreams and aspirations.
Atunaisa would love to become a policeman.**

Atunaisa lives in Tonga with his Aunty and Grandmother who are his sole carers, his father passed away a few years ago and since then his Mother remarried and relocated to Australia.

Atunaisa has been living with a heart condition for four years as well as Neurological disorder called Moebius Syndrome* since birth. His condition significantly declined a couple of weeks prior to Open Heart international's arrival and was admitted to Vaiola Hospital. You could see the amount of effort it took to breathe and the enormous strain and pain Atunaisa's body was under, his shoulders were arched, he had to stand to breathe to allow oxygen to get to his lungs. He was unable to sit down, because if he did he wouldn't be able to breathe. He was reviewed by Open Heart International and was selected for surgery.

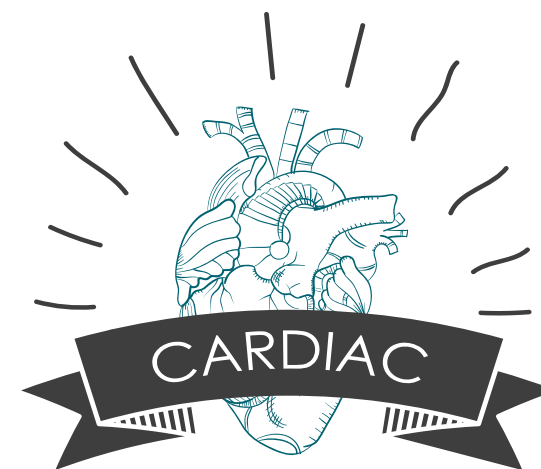
Three days prior to his scheduled surgery Atunaisa's condition deteriorated. A case conference was called to discuss the operation, with some estimating only a 50% chance of survival. After much deliberation, it was agreed that surgery would proceed.

Atunaisa's surgery went for considerably longer, his time in ICU recovering was again longer than most. Despite the setbacks Atunaisa's innocence shone through and he remained positive, adamant he was going home one day after surgery. The team were amazed and overwhelmed when Atunaisa was transferred to the ward one week after being given a 50/50 chance of survival.

On the ward, Atunaisa said that his short-term goal was to get out of Hospital, his next goal was to play with his brothers and sisters, and his long-term goal is to become a policeman.

Two weeks later Atunaisa was discharged from Vaiola Hospital. One goal at a time.

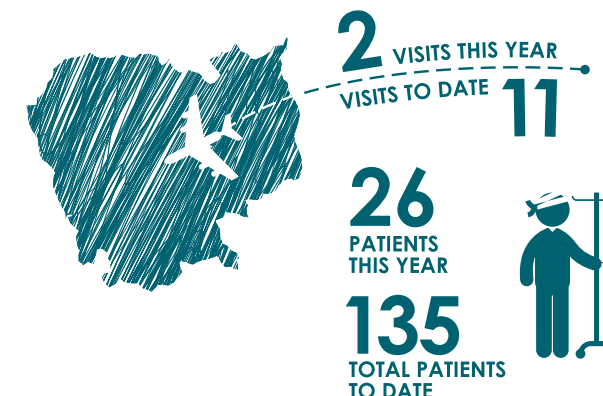
*Moebius Syndrome is a rare birth defect caused by the absence or underdevelopment of the sixth or seventh cranial nerve, which controls eye movements and facial expression.



Cardiac surgery was the inaugural project focus and with over thirty years of experience, it is no surprise that a large portion of our projects are cardiac based.

Often the countries we visit have little or no access to cardiac surgery, meaning that Open Heart International is the only chance for patients to receive life saving treatment. Regardless of the condition, in Australia a patient would receive diagnosis, monitoring, treatment and if required, surgery. Those families facing the same issue in the countries we work, rely on the expertise of Open Heart International who in addition to providing treatment, also provide training for in-country medical staff.

CAMBODIA



Cambodia is renowned for being rich in culture and history, housing the famous Angkor Wat and hundreds of other temples.

A cardiac project was first implemented in Siem Reap in 2007 after receiving an invitation from Angkor Hospital for Children. Since inception eleven team deployments have taken place with an incredible 135 children receiving life-changing surgery.

The project aims to increase the knowledge and skills of a committed team of Cambodian health professionals involved in cardiac surgery so as to enable independence in paediatric cardiac surgery. This includes the assessment and extension of the local team's skills in a range of areas.

In addition to the medical capacity building, Open Heart International engaged in some minor building improvements within the operating theatre.



MYANMAR

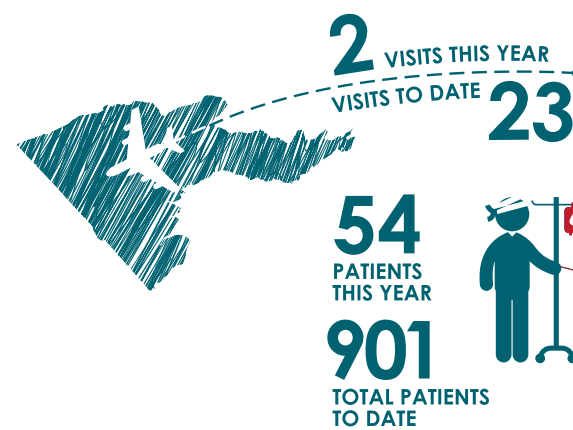


Myanmar, the Golden land, is very popular with tourists for its pagodas and temples. Previously known as Burma, Myanmar is one of Open Heart International's most travelled project locations due to the expansive nature of the project goals. Overall 23 individual teams have been deployed, four of which were during this financial year.

Team size ranges from four to 35-plus volunteers. Within the team, small groups focus on various skills building with their Burmese counterparts. Myanmar has a well-established cardiac program that provides an excellent foundation for Open Heart International to continue to extend the capacity of the Burmese. In this financial year facilitated skill transfer focused on Cardiothoracic Surgery, Intensive Care Management, Interventional and Diagnostic Cardiology, Cardiac Resynchronisation Therapy, Cardiac Electrophysiology Procedures, Defibrillator Therapy and Programming as well as Cardiac Pacing.



PAPUA NEW GUINEA



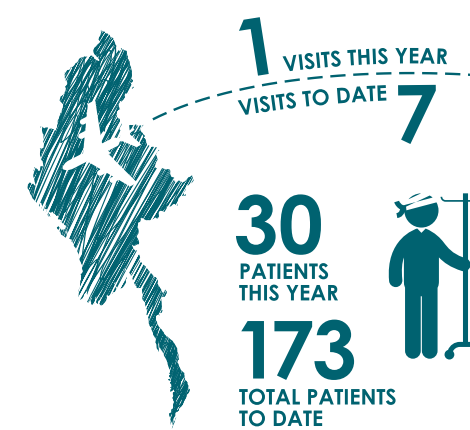
Commencing in 1993, Open Heart International's cardiac program in Papua New Guinea is one of its longest running projects. As the capacity of the PNG national team continues to expand, the strategy has also morphed to match the requirements of PNG. Two smaller teams now travel to Port Moresby, which allows a more manageable workload, and a sustained focused year round.

Open Heart International, in conjunction with the Port Moresby General Hospital team worked in partnership on the cardiac screening program, surgical skill transfer, and post-operative patient management in the Intensive Care Unit.

Open Heart International will also play a part in PNG's five year strategic plan that should see the country have an independent cardiac surgery program year round.



TONGA



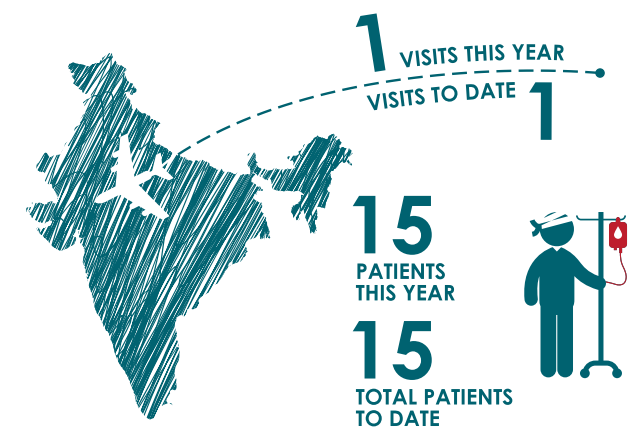
Known as the friendly islands, Tonga is where it all began for Open Heart International in 1986.

The smaller population size of Tonga makes the likelihood of an independent cardiac unit unrealistic. The project therefore meets the cardiac surgery needs of the country by eliminating the need for costly overseas referrals for needy patients.

While the country may never be independent, there is important opportunity for Tongan medical and nursing staff to work collaboratively with international medical professionals and expand their skill set in the process. Future plans involve further extension of critical care nursing and intensive care medicine expertise to utilise more Tongan professionals more extensively within project visits.



INDIA



With its diverse terrain – from Himalayan peaks to Indian Ocean coastline – this year India became the 15th country Open Heart International has implemented a project in. India has a major disparity of wealth, and while world-class healthcare is available it is often out of reach for most of the population. Open Heart International established a partnership with UN Mehta Institute of Cardiology and Research Centre (UNMICRC) in Ahmedabad, and a team of ten travelled to India in June 2016 to work side-by-side with the Indian team.

UNMICRC has an extensive cardiac surgery program, and provides charitable services and programs to those in need that could otherwise not afford surgery. During the visit our team also provided consulting advice and recommendations on how to improve patient outcomes and safety throughout the hospital. It is possible that UNMICRC can provide a future training base for staff employed by other partners of Open Heart International.



RWANDA

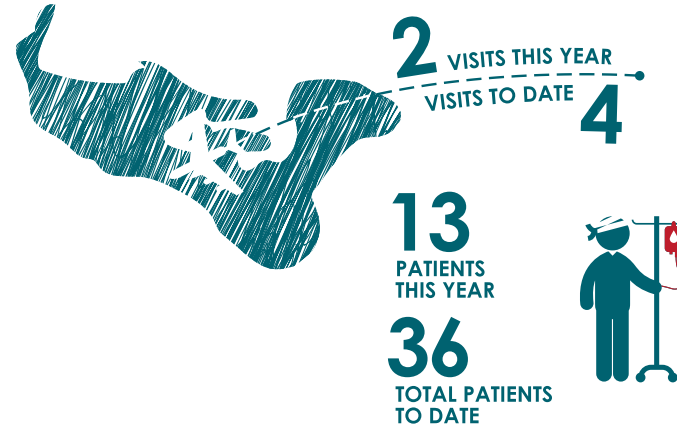


Rwanda has one of the highest density populations in Africa – nearly 12 million people living in an area three times smaller than Tasmania. With limited cardiac specialists in the country, there is a significant need for cardiac services that remains unmet.

While the original intention of this project was to provide skill transfer and knowledge transfer to Rwandan professionals, the formal overseas training of such professionals has taken longer than expected. As such, Open Heart International, along with other international volunteer teams, are attempting to assist the Rwandans manage the growing surgical waiting list as best as possible.

Excellent patient outcomes are being delivered for incredibly needy children; however the project is suffering from a lack of recurrent funding.

TANZANIA



Tanzania is home to Africa's highest mountain, vast wilderness areas, and approximately 50 million people.

After originally starting in a separate location, all cardiac services have been consolidated in the country's capital city, Dar es Salaam. In November 2015, a small group assisted in developing a screening program across the major regions within the country. This is essential to ensuring cardiac defects are detected and diagnosed early.

In April 2016, the first surgical team was deployed to Dar es Salaam to the Jakaya Kiwete Cardiac Institute. With some surgery already being conducted independent of any visiting team, the focus of this program is to continue to build and increase the capacity of the Tanzanian clinicians.



WOMEN'S HEALTH Success story



Ram Devi Bhandha (M)

65-year-old Ram Devi Bhandha lives in a small Nepalese village of Bardiabas. Sadly, her story is typical of many women who encounter a uterine prolapse in Nepal.

Ram Devi cried as she told her story. She had four children, the first of which she gave birth to at just 14 years of age. All of her children were delivered at home with no supervision, and sadly all passed away except for one daughter. Ram Devi then developed a uterine prolapse, which for many in Nepal is enough reason to become an outcast within the family unit. Ram Devi's nightmares became reality, her husband's family would not feed or care for her and her husband soon took a second wife. Her memory hazy, it was probable that 20-30 years had passed since she first encountered pain from her condition.

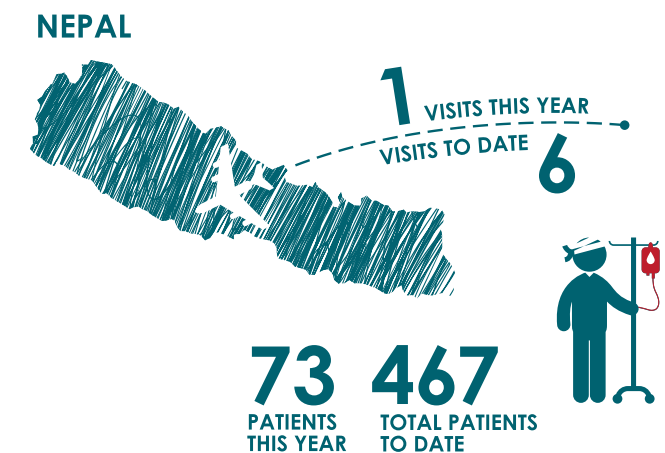
There is a small health clinic in her village that was visited by a staff member from the Scheer Memorial Hospital who told them about Open Heart International's impending visit to the country. Ram Devi then made the seven hour trip by bus to the Hospital accompanied by her daughter, niece and granddaughter.

Despite the initial discomfort from the surgery, she is now pain free and is very happy with the surgery. She was the only one to travel to the Scheer Memorial Hospital despite many women being affected. Ram Devi declared that she would tell the other women to come next year.



Two painful and often debilitating conditions that continue to plague women of developing countries post childbirth are uterine prolapse and obstetric fistula.

Many of the risk factors to such conditions are early pregnancy, poor child spacing practices, improper delivery techniques, unsupervised births, prolonged labour, and resuming heavy work too soon after childbirth. All of which are commonplace in developing countries. Women with these conditions can suffer from incontinence, irritation and pain, abscesses, and difficulty or prevention from future pregnancies. In developing countries, this can lead to social isolation, abuse and abandonment.



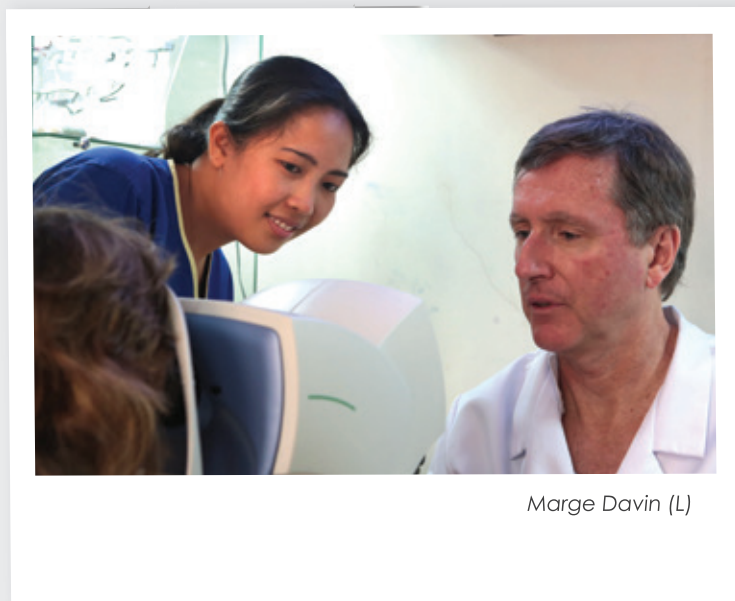
Planning for the 2015 project visit to Nepal was significantly impacted by factors outside of our control. While almost 12 months prior, the devastating earthquake and rebuilding efforts continue. In addition the country was crippled by a border blockade that prevented fuel entering Nepal from neighbouring countries.

These factors led to serious concern about the likely impact on patient presentations, cancellation of the sister-program focused on Burns Surgery, and a scaled back team of volunteers.

The primary goal of the project remained the same, to provide humanitarian relief to marginalised women in Nepal. By improving the health of these women and enabling them to lead more productive lives, the benefits also flow on to their families and wider community.

Concerns were quickly allayed when 178 women presented for review, a record compared to previous years. Despite the challenges and hurdles, this demonstrates the great need for this type of medical care in Nepal. With a scaled back team deployed, it was of great delight to be able to impact the lives of 73 women with successful surgery, a similar number to previous years visits.

EYE SURGERY Success story



Marge Davin (L)

Anne Margarette (Marge) Davin works for OHI's partner Adventist Hospital Santiago City. She has been involved in the project implementation since its inception.

Working with the Open Heart International team has given her the opportunity to develop additional nursing skills. Marge now has a deeper understanding of eye anatomy and physiology, which is helping her treat trauma injuries that she sees in the Emergency Department.

Marge also manages the eye clinic during project visits by Open Heart International. Over time she has learned to use eye care equipment, medication and procedures. She can now ably run the clinic, only needing to refer more complex matters to Australian volunteer team members for the more technical aspects of eye care.

While most of these new skills have been acquired through working side-by-side with the visiting team, Open Heart International funded her attendance at an ophthalmic conference and education workshops. "I felt more equipped in the clinic after the conference, because I could relate easily with the terminology that Open Heart International were referring to."

Marge hopes to continue expanding the skills and knowledge she has learned to assist even further in the diagnosis and screening of patients. "The more pre-operative work that we can undertake ourselves means that Open Heart International can spend more time in surgery when they are here. That will mean we can help more patients."

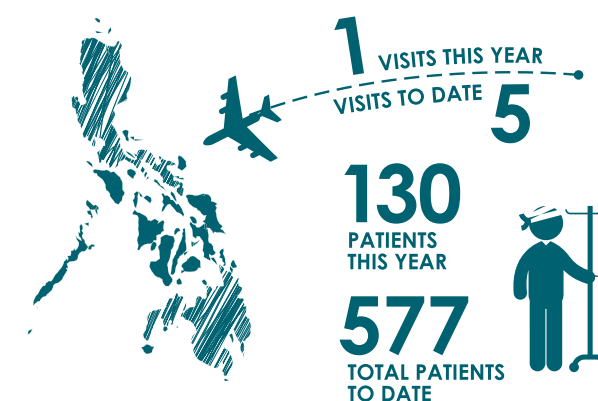


It is estimated that 37 million people worldwide are blind. In 18 million of these cases, their blindness is related to cataracts.

The World Health Organisation has identified cataract surgery as one of the most cost-effective public health interventions that can be carried out, and 80% of blindness and vision impairment is believed to be preventable and treatable. Open Heart International is helping to achieve the goal of eliminating avoidable blindness with the provision of cataract surgery in the Northern Philippines.



PHILIPPINES



The Philippines is home to approximately 100 million people across over 7000 individual islands. While considered a middle-income country, there is significant disparity in wealth throughout the population.

In the northern Philippines, which is a predominantly agricultural area, the rate of avoidable blindness is significant. Open Heart International's project in partnership with Adventist Hospital Santiago City aims to increase the accessibility to cataract surgery.

In 2016, 130 patients received sight-restoring surgery. The severity of the cataracts highlights the length of time that patients have remained needlessly blind, hampered only by access to affordable care. Many cases had been left untreated for long periods, indicating the need for more urgent intervention, particularly in children.

Modifications were made to screening processes resulting in the discovery of more severe cataract blindness in patients than previous years. A lack of funding, along with the challenges of difficult terrain in the even more remote areas continues to prevent a more widespread screening program from commencing.

The local capacity, competency of staff and organisational ability of Adventist Hospital Santiago City continues to grow impressively, improving the efficiency of each project visit, and enabling more patients to be treated. Five staff were sponsored to attend the Philippines Ophthalmology Association annual conference to continue their training.

Team Members 2015-2016

PNG Jul 2015

Adam Murakami
Andrew McGill
Avia Birnbaum
Belinda Dooley
Carolyn Wilkinson
Darren Wolfers
Elizabeth Lombardi
Elizabeth Mason
Genna Gava
John Dittmer
Kiasha McInnis
Kym Stuart
Lisa Perrett
Matthew Crawford
Melinda Sharp
Neil Street
Renee Bowran
Samantha Willis
Scott Fox
Simon Erickson
Susan Blinkhoff
Susan Dun
Susan Ripper
Suzanne Bedford
Svatka Micik
Tonia Buzzolini
Yishay Orr

Myanmar Aug 2015

Amanda Wolthers
Bill Petrellis
Caroline Atalla
Carolyn Illes
Peter Illes
Sarah Cherry
Shaun Anderson
Timothy Gattorna

Tonga Sep 2015

Akshat Saxena
Alyzza Pathammavong
Anau Speizer
Andrew Van Leeuwen
Bruce French
Bruce Treagus
Calvin Rutene
Carly Wyllie
Catherine Rutene
Clement Fong
Clint Newstead
Dannielle Beard
David Baines
Elizabeth Mason
Garry Warner
Genna Gava
George Shortis
Helen Dodshon

Ian Nicholson
Jeff Dickson
Jen Evans
John Wallace
Kerrie Richardson
Laura Fong
Laura Scerri
Lillian Im
Linda Thomson
Mangnall
Malcolm Richardson
Maree Standaloff
Marilena Lachsz
Martin Bennett
Matt Zoeller
Megan Townend
Melissa Thompson
Pamela French
Pamela Reid
Penny Stewart
Peter Prager
Ping Wang
Rachel Moss
Rebecca Lupton
Robert Hislop
Sheree Gordon
Sophie Lassila
Stephen Mangnall
Talia Vula
Tania Lovell
Tara Fuller
Tracey Wraight

Cambodia Oct 2015

Alisa Wood
Amelia Griffiths
Ashish Katewa
Ben Anderson
Bradley Ceely
Cherie Seubert
Deborah Hudspeth
Fiona Hyde
Fiona Lam
Gay Carran
Holly Whitson
Janine Evans
Jessica Smith
Jordan Wood
Kym Stuart
Laura Scerri
Melissa Seubert
Michael Clifford
Michelle Hughes
Molly Oldeen
Nareen Barends
Olivia Bosshard
Ranga
Ananthasubramanian

Rebecca Dinn
Wendy Corkill

Tanzania Nov 2015

Daniel McLennan
Jessica Moody

Myanmar Nov 2015

Bruce French
Glenn Young
Paul Wajon
Rayed Kutieleh
Stuart Thomas

PNG Feb 2016

Adam Murakami
Alan Rubinstein
Andrew McGill
Ariane Annica
Catherine Millynn
Deanne Jones
Frances Beilby
George Shortis
Gerard Hughes
Hayden Dando
Ingrid Pretty
Kiasha McInnis
Kym Stuart
Lisa Perrett
Maricel Tejada
Matthew Crawford
Rachel Moss
Rebekah Barry
Russell Lee
Sue Bedford
Yishay Orr

Myanmar Feb 2016

Alex Gooi
Anthony Black
Ari Horton
Belinda Shearer
Brendon Carter
Bruce Bastian
Bruce French
Carolyn Wilkinson
Christopher Waite
Christina Darwell
David Mawter
Ellie Smith
Emma Smith
Gregory Bellamy
Homayoun Jalali
James McCauley
Kathy Powell
Katrina Russell
Kiraka Nakazawa
Kirsten Mitchell
Kylie Telfer

Marcus Silbery
Matthew Crawford
Melani Schobel
Mirelle Quin
Nerelle Roy
Nicholas Collins
Pamela Reid
Paul Wajon
Robert Justo
Sharon Kay
Sharon Watson
Simon O'Connor
Yishay Orr

Cambodia Mar 2016

Aleisha Tate
Andrew Kelly
Charles Larson
Claire Pounsett
Douglas Daniell
Elizabeth Lombardi
Erin Charleton
Fiona Hyde
Gregory Moloney
Ian Nicholson
Jacqueline McQuaig
Janine Evans
Jennifer Vinton
Kevin Dinn
Kriton Glenn
Laura Scerri
Lisa Altmann
Lucinda Owens
Maree Standaloff
Melissa Thompson
Michael Clifford
Natalie Vinton
Nigel Slade
Rebecca Dinn
Renee Trotter
Sharon Onions
Stephanie Van Hilten
Tate Glenn

Nepal Mar 2016

Alannah Morris
Amy Mashford
Antoinette Mowbray
Bronwyn Raymond
Chris Saadie
Christine Cain
Coralie Batchelor
Girija Prabhala
Helen Thompson
Jane Low
Jill Graham
Judith White
Kathy Stayt

Kelly Hankins
Kenny Lewis
Michelle Dixon
Natalie Donkin
Neroli Seberry
Rebecca Hilton
Shayley Gee
Suzanne Murtagh
Toni Hosking
Trudy Killeen-Snelson

Myanmar Mar 2016

Glenn Young
Rayed Kutieleh
Stuart Thomas

Philippines Apr 2016

Dominic McCall
Eileen Betts
Geoffrey Painter
Kerrie Legg
Matthew Lilley
Sara Booth-Mason

Fiji May 2016

Elissa Crick
Kerrie Richardson
Linda Thomson
Mangnall
Malcolm Richardson
Melanie Windus
Susan Wright

Rwanda Apr 2016

Alyzza Pathammavong
Andrew Bullock
Andrew Nicholson
Anindita Mishra
Bethaney Chidlow
Brittany Dupree
Darren Wolfers
David Baines
George Shortis
Godwin Sharau
Hannah Coffey
Ian Nicholson
Jacqueline Marquart
Jen Evans
Kate Munro
Kiraka Nakazawa
La Vu
Lauren Gardiner
Lisa Perrett
Melissa McWilliam
Meryl Jones
Naizihijwa Mnong'one
Nicole Williams
Onesmo Mhewa
Robyn Wilkinson

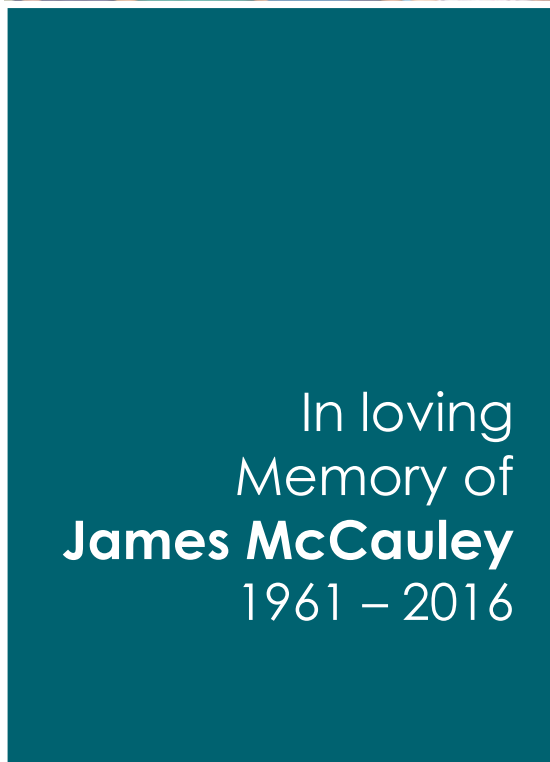
Shona Chung
Stephanie Davis
Susan Schulz
Teresa Duncan
Wendy Corkill

Tanzania Apr 2016

Andrew Weatherall
Arianwen Woodward
Bradley Schultz
Brittany Dupree
Catherine Howard
Darren Wolfers
David Andrews
Deborah Tuivawa
Donald Hannah
Elizabeth Croston
Genna Gava
Geroge Shortis
Hannah Coffey
Joanna Hume
Kate Munro
La Vu
Lauren Gardiner
Lisa Perrett
Lora Espancho
Melissa McWilliam
Meryl Jones
Rebecca Lupton
Sarah Duff
Sarah Kiermaier
Susan Schulz
Wendy Corkill

India Jun 2016

Amelia Griffiths
Ben Anderson
Eric Schaechter
Justin Skowno
Kym Stuart
Louise Jennings
Mahash Kumar
Maree Standaloff
Matthew Crawford
Yishay Orr



In loving
Memory of
James McCauley
1961 – 2016

Corporate Sponsors 2015-2016

ORGANISING PARTNERS:



CORPORATE PARTNERS:

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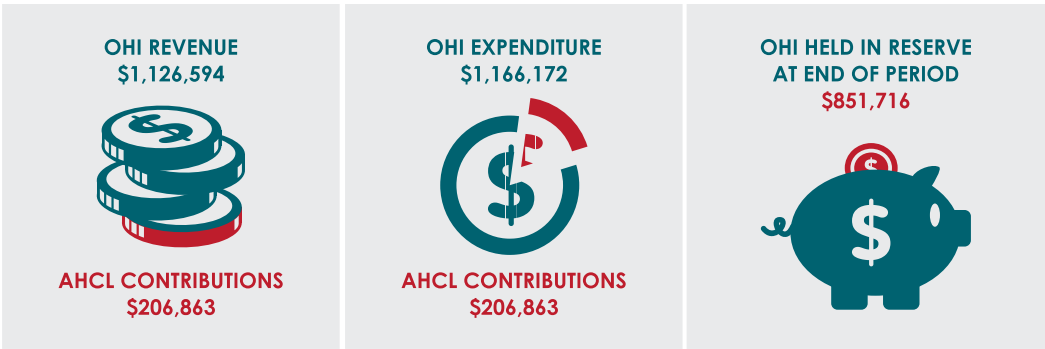
3M Australia
Abbott Australasia
Advanced Biomedical Pty Ltd
Air New Zealand
Air Niugini Ltd
B Braun Australia
Baxter Healthcare Pty Ltd
Biotronik
Boston Scientific
Cellplex Pty Ltd
Convatec (Australia) Pty Ltd
Covidien
DeFries Industries Pty Ltd
Device Technologies Australia Pty Ltd
Drager Medical Australia Pty Ltd
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Imaxeon Pty Ltd
Kelly + Partners
Lovell Surgical Supplies Pty Ltd
Lifehealthcare Distribution Pty Ltd
Multigate Medical Products Pty Ltd

Operation Open Heart Foundation (PNG)
PNG Air Freight Ltd
Philips Medical Systems
Reid Healthcare Pty Ltd
Sentry Medical Pty Ltd
Smith & Nephew Pty Ltd
Snap Printing Eastwood
Sonosite
SPD Travel
Stryker South Pacific
Tonga Ministry of Health
Travel Specialists Mosman
TravelManagers Australia Pty Ltd
Welch Allyn Australia Pty Ltd
Whiteley Medical



Financial Summary

| | 2015-2016 | | 2014-2015 | |
|--------------------------------------|-------------------------|--------------------|-------------------------|--------------------|
| DESCRIPTION | OHI REVENUE & DONATIONS | AHCL CONTRIBUTIONS | OHI REVENUE & DONATIONS | AHCL CONTRIBUTIONS |
| REVENUE | | | | |
| Donations | 884,613 | 181,000 | 1,320,192 | 182,019 |
| Grants | 90,191 | - | 280,625 | - |
| Other Income | 151,790 | - | 14,762 | - |
| Investment Income | - | 25,863 | - | 29,069 |
| TOTAL REVENUE | \$1,126,594 | \$ 206,863 | \$ 1,615,579 | \$ 211,088 |
| EXPENDITURE | | | | |
| International Projects | 1,086,608 | 871 | 1,671,627 | 877 |
| International Projects Support Costs | 27,854 | 69,581 | 10,799 | 67,247 |
| Fundraising Costs | 14,831 | 60,887 | 69,693 | 57,287 |
| Accountability and Administration | 5,000 | 64,037 | 9,930 | 75,740 |
| Depreciation and Minor Capital | 31,879 | 11,487 | 29,535 | 9,381 |
| Repairs and Maintenance | - | - | 4,722 | 556 |
| TOTAL EXPENDITURE | \$1,166,172 | \$ 206,863 | \$ 1,796,306 | \$ 211,088 |
| EXCESS OF REVENUE OVER EXPENDITURE | -39,578 | - | -180,727 | - |
| HELD IN RESERVE AT START OF PERIOD | 891,294 | - | 1,072,021 | - |
| EXCESS OF REVENUE OVER EXPENDITURE | -39,578 | - | -180,727 | - |
| HELD IN RESERVE AT END OF PERIOD | \$ 851,716 | - | \$ 891,294 | - |



Adventist HealthCare Limited is audited by General Conference Auditing Services and also by Grant Thornton. San Foundation is audited by WL Brown and Associates. Open Heart International is not specifically audited, but the accounts are encompassed in the wider audits of Adventist HealthCare Limited and San Foundation.

Adventist HealthCare Limited and San Foundation's financial reporting period for 2015-16 was 30 June 2015 - 27 June 2016. In 2014-15 it was 1 July 2014 - 29 June 2015.

The above figures do not include payments made direct by third parties by sponsors/supporters which occurs in some cases with in-country expenditure. It also does not make any allowances for in-kind donation of products or services, or the donation of professional expertise by volunteers.

For the financial periods represented Open Heart International was a division of Adventist HealthCare Limited. Open Heart International's revenue is received through two sources, San Foundation and Adventist HealthCare Limited.

