



OPEN HEART
INTERNATIONAL

ANNUAL REVIEW
2016 / 2017



SAVE ONE 
SAVE MANY

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GENERAL MANAGER UPDATE

During a visit to Fiji earlier this year, I had the pleasure of meeting Artika. Six years of declining health from rheumatic heart disease had left her unable to walk short distances, or do any simple physical activities, before Open Heart International replaced two valves in her heart in 2009. Now eight years after surgery, stood a young woman full of life, working full time, encouraging everyone she met and living the abundant life she deserved.

It was a reminder of the privilege it is to be part of an organisation that is able to provide such intervention when it is so desperately needed.

Similar stories play out time and time again, in all parts of the world as Open Heart International, and the 272 volunteers that travelled during this year would have their own special moments and highlights.

Our capacity to respond and our program activity has continued to evolve and expand this year. We added a new location (Bolivia) and also invested in additional staff as we move to align our program goals and outcomes with

international development best practice.

The financial loss reported is largely related to a timing issue, with a major project straddling the end of financial year and income to be reported in the next year. However it does underscore the ongoing funding challenges felt right across our sector.

The plan of the construction of our new warehouse and office hub has stalled due to unforeseen site complexities. While there is no firm date of completion, we continue to make progress towards an end goal.

In an environment of reduced government funding, I am grateful and thankful that our donor family continues to support our work.

Thank you to our donors, volunteers, partners and corporate supporters who always go above and beyond. There is no doubt we are greater than the sum of all of our parts. I hope you enjoy reading this 2016-17 Annual Review.



Michael Were
MICHAEL WERE
GENERAL MANAGER

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In August 2016, Open Heart International merged with the Adventist Development and Relief Agency (ADRA) Australia, while retaining the Open Heart International brand. ADRA is the official humanitarian agency of the Seventh-day Adventist Church. ADRA Australia works as part of the global ADRA network, which extends into more than 120 countries. ADRA exists to restore relationships so that every person has the opportunity to thrive. ADRA inspires and collaborates with others to responsibly facilitate transformational development and relief projects overseas and in Australia. Amazing things happen when people work together in truth and love to build a better future that they may never personally benefit from.

In 2016-17, ADRA Australia directly invested \$20.2m to help people thrive in 31 countries (including Australia) through facilitating community development projects and disaster relief in 31 countries*. As a trusted partner of the Australian government, ADRA received grants totalling \$3.6m from the Department of Foreign Affairs and Trade (DFAT).

Locally, ADRA's network of 30 op shops in Australia helped raise almost \$1 million to benefit local community projects like women's refuges, emergency meals and community centres. Meanwhile, thousands of ADRA volunteers were compelled by love to make a difference in their community by helping others thrive.

*Includes Open Heart International

 **\$20.2 MILLION**

INVESTED TO HELP PEOPLE THRIVE IN 31 COUNTRIES.

 **392.8 TONNES**

OF FOOD DISTRIBUTED DURING THE EAST AFRICA FAMINE.

 **297,664 HOURS**

OF VOLUNTARY WORK IN ADRA AUSTRALIA'S NATIONAL PROGRAM.

SUCCESS STORY

Linh lives in a remote village with her husband and two children in the Cao Bang Province, one of Vietnam's poorest areas. To earn enough money, her husband left to find seasonal work. Money was tight, food was scarce and her children couldn't go to school. Linh felt frustrated without the resources to help her family and community. When ADRA came to her village, Linh and her husband eagerly joined the project. "ADRA provided 20 families with loans to


build proper latrines because there was a lot of open defecation and diarrhoea occurring in my village," Linh says.

Linh and other families also received loans for livestock and ducks to generate more income for their families. Now, Linh can save some money for her children's education and she works hard to help the whole community. "In recent years I have regained confidence and motivation for life so I feel better now."



2016-17 CALENDAR

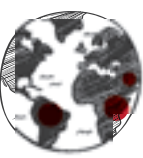

**12 MEDICAL
PROJECT VISITS**
179 IN TOTAL


**417 PATIENTS
THIS YEAR**
6562 PATIENTS IN TOTAL HAVE
RECEIVED LIFE CHANGING SURGERY


**272 INDIVIDUAL
VOLUNTEER
DEPLOYMENTS
THIS YEAR**


**6 COUNTRIES
VISITED THIS
YEAR**

**8+ TONNES
OF EQUIPMENT**


**WE HAVE
IMPLEMENTED
PROJECTS IN
16 COUNTRIES**
(THOSE IN RED ARE STILL ACTIVE)

JUL

CARDIAC
JULY 17 - 24, 2016
YANGON, MYANMAR



SEPT

CARDIAC
SEPTEMBER 2 - 13, 2016
COCHABAMBA, BOLIVIA



OCT

CARDIAC
OCTOBER 15 - 23, 2016
YANGON, MYANMAR
OCTOBER 22 - 30, 2016
SIEM REAP, CAMBODIA



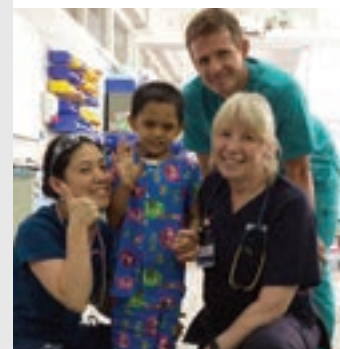
NOV

CARDIAC
NOVEMBER 17 - 27, 2016
DAR ES SALAAM, TANZANIA



FEB

CARDIAC
FEBRUARY 18 - 26, 2017
YANGON, MYANMAR



MAR

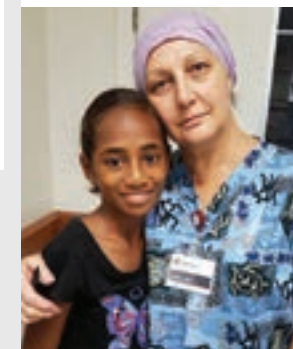
CARDIAC
MARCH 9 - 21, 2017
DAR ES SALAAM,
TANZANIA
MARCH 19 - 27, 2017
YANGON, MYANMAR
WOMEN'S HEALTH
MARCH 18 - APRIL 2, 2017
BANEP, NEPAL

APR

BURNS SURGERY
APRIL 1 - 16, 2017
BANEP, NEPAL
CARDIAC
APRIL 28 - MAY 7, 2017
SUVA, NADI, LABASA, FIJI
(SCREENING)

JUN

CARDIAC
JUNE 10 - 24, 2017
SUVA, FIJI



CARDIAC SUCCESS STORY

It is any parent's worst nightmare to have their child admitted to hospital at any age, let alone with factors of pneumonia and cardiac failure presenting themselves. This nightmare was a reality for Elisapeci and Kulinio. Kulinio Junior at the age of 5 months was admitted to hospital in April with surgery urgently needed for his survival and well-being. Luckily enough the Open Heart International screening team were visiting Fiji to prepare patients for a surgical visit in June.

A few short months later Kulinio received life changing surgery and became Fiji's 800th patient with Open Heart International. With tears of happiness, the family expressed how they felt everything just fell into place. They are so thankful to both the local and Open Heart International staff for the life changing surgery their son received and now has the opportunity to live a full life.



BOLIVIA



**1 VISIT
THIS YEAR**
1 OVERALL
VISIT TO DATE



**9 PATIENTS
THIS YEAR**
9 OVERALL
PATIENTS TO DATE



**8/1000
BIRTHS**

Every year congenital (birth) defects impact approximately 8 in 1,000 live births. This global issue occurs irrespective of country of birth and socioeconomic status. Countries in Asia and Africa have some of the highest prevalence of heart diseases including congenital and rheumatic heart disease in children and young adults.

Arriving in the city of Cochabamba for the first Open Heart International cardiac project visit were a keen group of clinical volunteers. Cochabamba city is the fourth largest city in Bolivia. The World Bank estimates that 45% of Bolivians live below the poverty line. With no universal healthcare, and accessible only to those that have the means to pay, many cardiac conditions simply go untreated or even undiagnosed. While there are government hospitals, it is typically a "user-pay" system which further marginalises people of low-socioeconomic status. Open Heart International in partnership with the Hospital Univalle in Cochabamba, and in association with Rotary Club of Norwest Sunrise in Sydney, conducted a successful project visit in September 2016. The goal of the project and future visits are to foster skill development in cardiology and cardiac surgery for doctors in the Cochabamba region; improve the quality of life for underserved patients unable to access surgery and create an exchange program for Bolivian doctors to travel to Australia.

FIJI



**2 VISITS
THIS YEAR**
25* OVERALL
VISITS TO DATE



**37 PATIENTS
THIS YEAR**
811 OVERALL
PATIENTS TO DATE

Fiji has one of the most developed economies in the South Pacific fuelled by tourism. However, living conditions of the average Fijian family are far removed from the luxuries of resort-style living. In 2015, 28.1% of the population were living below the national poverty line. Congenital Heart Disease is a general term for a range of birth defects that affect the normal workings of the heart. In Fiji, each year at least 200 children are born with congenital heart disease and some will die before their second birthday. Open Heart International has had a presence in Fiji for over 25 years, working with the Ministry of Health at the Colonial War Memorial Hospital in Suva. Open Heart International coordinates the screening and surgical volunteer teams from Australia to work in collaboration with the Colonial War Memorial Hospital teams each year. The project aims to improve the health of children and adults affected by cardiac health conditions to enable them to lead more productive lives in their families and wider community.

*including screening team

MYANMAR



**4 VISITS
THIS YEAR**
27 OVERALL
VISITS TO DATE



**207 PATIENTS
THIS YEAR**
1406 OVERALL
PATIENTS TO DATE

Myanmar previously known as Burma, is home to over 60 million people. Open Heart International (OHI) commenced working there almost 15 years ago originally working in the major public hospital in Yangon, the country's major city and since then has expanded to cover five hospitals across the country. Myanmar has a well-established cardiac program and OHI's relationship with the Ministry of Health including partner hospitals continues to grow. OHI's volunteer team of specialised medical professionals provide support to the local health workforce by conducting on-the-job training and formal education of local Burmese medical and nursing staff during each project visit. One of the main outcomes achieved so far is the ongoing strengthening of the health system and increasing capacity of partner hospitals. In this financial year OHI teams to Myanmar facilitated skills transfer including cardiothoracic surgery, intensive care management, defibrillator therapy, cardiac resynchronisation therapy, electrophysiology procedures and interventional and diagnostic cardiology.

TANZANIA



**2 VISITS
THIS YEAR**
6 OVERALL
VISITS TO DATE



**33 PATIENTS
THIS YEAR**
69 OVERALL
PATIENTS TO DATE

Open Heart International commenced its cardiac project to Tanzania in 2016 to provide capacity building of local medical staff and lifesaving cardiac surgery. Tanzania has limited access to cardiac surgery often resulting in unnecessary and premature deaths of children and adults. With a population of 50 million people, Tanzania has approximately double the size of Australia's population. When it comes to cardiac health, there is only one facility that provides services to the whole country – the Ministry of Health's Jakaya Kikwete Cardiac Institute in Dar es Salaam. In contrast, Australia has five centres to cater for half the population size of Tanzania. The project provides health system strengthening focusing on capacity building of the health workforce and quality service delivery in partnership with the Jakaya Kikwete Cardiac Institute. One of the project's objectives is to improve the health of children and adults affected by cardiac health conditions to enable them to lead more productive lives in their families and wider community.

CAMBODIA



**1 VISIT
THIS YEAR**
12 OVERALL
VISITS TO DATE



**10 PATIENTS
THIS YEAR**
145 OVERALL
PATIENTS TO DATE

Twelve years ago Open Heart International commenced its cardiac project visits to Cambodia at the Angkor Hospital for Children (AHC) with a focus on children suffering congenital cardiac defects. The project objectives were to increase the knowledge and skills of all specialities involving cardiac surgery to enable local independence for simple open heart paediatric cardiac surgery; source and assist supply of surgical equipment, training opportunities overseas for local medical staff and work collaboratively with any other medical volunteer teams visiting the AHC. October 2016 marked the final Open Heart International project visit to Cambodia supporting the AHC. Upon exit, the Cambodian medical staff had the ability and technology to assess and diagnose congenital defects on inspection and echocardiogram, and provide some level of surgery independently.

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WOMEN'S HEALTH SUCCESS STORY

Rina is a 24 year old Nepalese woman. She was married at 13 and had her first baby at 15. She first showed signs of a prolapse after her first baby which she gave birth to in a clinic near her hometown. She went on to have 3 more babies, sadly one was stillborn. Her children are aged between 1 1/2 and 9 years old. Rina lives in the Terai, a border region of Nepal and India. She told us she works cleaning the houses of rich people and makes brooms to sell. She lives with her mother and a brother. When asked where her husband is, Rina said he had left her because of her uterine prolapse. Although this is a personal question, Rina shared her story with Open Heart International Women's Health Project Coordinator. Her hope is to someday remarry again. Rina was crying when she went into the operating theatre. When we asked her why she was upset it was because she had left her baby at home and she wasn't sure how she was going to care for him while she was recovering from the operation. Rina's surgery went well and she was discharged home to be with her children. She thanked the Open Heart International team and the Scheer Memorial Hospital staff for the treatment and care she received.



**1.36 MIL
WOMEN**

An estimated 1.36 million women in Nepal are affected by uterine prolapse. This major reproductive health issue has several causes, including child marriage, limited family planning and too-closely spaced pregnancies. In rural Nepal, women often experience improper delivery techniques and resume physical work entailing carrying heavy loads too soon after childbirth.

NEPAL



**1 VISIT
THIS YEAR**
7 OVERALL
VISITS TO DATE



**73 PATIENTS
THIS YEAR**
540 OVERALL
PATIENTS TO DATE

Since 2010, Open Heart International continues to provide essential surgical capacity for women suffering from the debilitating conditions of uterine prolapse and obstetric fistula which affects older women and is also common among younger women. Open Heart International in partnership with the Scheer Memorial Hospital in Nepal, aim to improve the health of Nepalese women and girls and enable them to lead productive lives in their families and wider community. The consequences of uterine prolapse and obstetric fistula are physical and psychosocial. Some of the physical consequences include difficulties to attend to daily tasks, infections and pain. Other symptoms can be incontinence, abscesses, and difficulty or prevention from future pregnancies. Psychosocial consequences can be emotional isolation, risk of gender-based violence and discrimination and social stigma. Open Heart International continues to support the establishment of good health systems strengthening through surgical best practice, post-surgery care through skills training for medical and nursing staff at Scheer Memorial Hospital.

BURNS SUCCESS STORY

When you first meet Soniya, she is a shy and softly spoken young girl. Soniya is 10 years old and lives with her family in the Sindulpalchok region in Nepal. This region was the epicentre of the horrific earthquake which occurred in 2015. Soniya was playing outside in between her and her neighbour's house when the earthquake happened. The neighbour's house collapsed during the earthquake. After her family and neighbours searched for her, Soniya was finally discovered from under the rubble which trapped her. She was badly injured and brought to the Scheer Memorial Hospital for care and treatment. One of her wounds healed with major scarring and a skin contracture restricting her ability to fully function with her hands. During the project visit this year, Soniya was screened and placed on the list of patients to receive surgical treatment. Although not a burns victim, the extent of her scarring and contracture needed surgery to help her regain full use of her hand and fingers. Soniya received treatment for her contracture releasing her hand and fingers and enabling her to have better functionality. Her family were very happy and expressed their thankfulness to the Open Heart International for making Soniya's life a little easier after what she had been through.



5% OF DISABILITIES

Burns are the second most common injury in rural Nepal, accounting for 5% of disabilities. Victims with severe burns develop contractures after inadequate post-burn care. Permanent impairment is common, resulting in restriction to activities of daily living. With limited social security in Nepal, no work equals no food. Furthermore, disfigurement becomes a social barrier impacting on quality of life for victims.

NEPAL



**1 VISIT
THIS YEAR**
6 OVERALL
VISITS TO DATE



**48 PATIENTS
THIS YEAR**
625 OVERALL
PATIENTS TO DATE

Ranked fourth in all injuries globally, burns injuries are a public health concern. Although the vast majority of burns are not fatal, fire-related burns leave many of its victims with lifelong disabilities and disfigurements, often with resulting stigma and isolation. Nepal is one of the countries with the highest rate of mortality by fire-related accidents. With an estimated 41% of Nepal's population living in inadequate housing, this means homes are often poorly built structures with thatched and straw walls that are highly vulnerable to fires. In Nepal fire is a necessity for warmth and cooking and a health risk for chest conditions to burn injuries. Open Heart International commenced its burns surgery project in 2004 to provide burns victims with surgery to improve functionality and quality of life. Open Heart International's burns surgery project in Nepal primarily focuses on wound management, infection control and surgical intervention which can result in several weeks stay in hospital for some cases. Managing burn injuries properly is important because not only are they excruciatingly painful but can result in disfiguring and disabling scarring, amputation of affected parts, or even death.

2016-17 TEAM MEMBERS

Myanmar Jul 2016

Basilios Petrellis
Mark McGuire
Sarah Cherry
Shaun Gorman
Shaun Anderson

Bolivia Sep 2016

Alannah Morris
Bradley Smith
Bridget McConnell
Carolyn Kensett-Smith
Dominic Mou
Glenn Singleman
Heather Swan
Helen Dodshon
Ian Nicholson
Julie Hulston
Marilena Lachs
Rona Steel

Myanmar Oct 2016

Alison Scott
Paul Forrest
Avia Birnbaum
Bruce French
Carolyn Wilkinson
Chris Whight
Christopher Waite
Glenn Young
Jason Sharp
Jenny Joseph
Jessica Ozdirik
Kate Littlejohns
Kiraka Nakazawa
Lorna Saxbee
Niels Hammer
Ramanie Jayaweera

Sharon Kay
Stephanie Kirwan
Stuart Thomas
Yaoping Wang
Yishay Orr

Cambodia Oct 2016

Ada Poon
Amelia Griffiths
Ashish Katewa
Benjamin Anderson
Catherine Mellor
Deborah Hudspeth
Deborah McKay
Fiona Hyde
Gay Carran
Geoffrey Knight
Joanne Hyde
Jordan Wood
Kym Stuart
Laura Scerri
Lisa Altmann
Lucinda Owens
Megan Townsend
Melissa Seubert
Michelle Hughes
Molly Oldeen
Ranga Ananthasubramanian
Rebecca Dinn
Samantha Curry
Thomas Knight
Tracy Wardman
Wendy Corkill

Tanzania Nov 2016

Amanda Stewart
Amy Norsa
Ariane Annick

Belinda Dooley
Benjamin Bierbach
Catharina Wohnlich
Catherine Millynn
Daniel McLennan
Dayna Gilewicz
Deanne Jones
Donald Hannah
Elizabeth Dixon
Elli Barrett
Eric Schaechter
George Shortis
Grace Mahon
Jayme Bennetts
Jessica Moody
John Dittmer
Kuljeet Farrar
Lucy Onopko
Mark Markou
Megan Heymer
Nadia Reid
Natasha Lever
Rachel Moss
Russell Lee
Sandra Guzzi
Sara Shea
Shirley Wong
Simon Erickson
Steve Galluccio
Susan Clubbe
Theresa Gordon

Myanmar Feb 2017

Belinda Shearer
Bruce French
Bruce Bastian
Cara Whitley
Carolyn Wilkinson

Celia Bradford
Christian Douglas
Christopher Waite
Christopher Barnes
Claire Lee
Claire Doolan
Emma Smith
Eng Chuang (Alex) Gooi
Homayoun Jalali
Ian Moore
Jason Sharp
Jennifer Roberts
Katherine Powell
Kathryn Gardner
Kathryn Clarke
Kerriann Cox
Kiraka Nakazawa
Kirsten Bakyew
Man Lian
Matthew Crawford
Naychi Lwin
Nerelle Roy
Nicholas Collins
Pamela Reid
Paul Wajon
Risha Bhatia
Robert Justo
Sarah Cherry
Sharon Kay
Simon O'Connor
Stephanie Pretty
Susan Hale
Thant Zaw
Thomas Doolan
Victoria Honour
Vivienne Newbery
Yishay Orr

Myanmar Mar 2017

Andrew McGavigan
Glenn Young
Toby Branson

Tanzania Mar 2017

Allison Lamb
Belinda Dooley
Catherine Howard
Catrina Swan
Dana Hutchison
Daphne Wattiez
Darren Wolfers
David Andrews
Dominique Spork
Donald Hannah
Jee-Yoong Leong
Jill Fawcett
Kate Munro
Kayla Jaensch
Kirsten Mitchell
Lariz Banas
Lisa Perrett
Luis Morales
Mark Markou
Nigel Slade
Paula Rebgetz
Peta Jordan
Ranga Ananthasubramanian
Rebecca Lupton
Samantha Reardon
Shane McCarthy
Tamzen Toohar-Burrell
Tiemin liu
Toni Sheridan
Wendy Corkill

Nepal Mar 2017 (Women's Health)

Adam Osomanski
Amanda McCamey
Bernice Sarpong
Bronwyn Raymond
Chris Saadie
Christine Cain
Coralie Batchelor
Esther Tween
Geoffrey Paul
Helen Thompson
Judith Lynch
Judith White
Karen Vaux
Kathy Stayt
Kenneth Vaux
Lisa Robinson
Lorraine Craig
Louella Cooper
Margaret Heine
Matthew Swann
Michelle Dixon
Natalie Donkin
Rebecca Hilton
Susan Reid
Susan (Virginia) Dixon
Toni Hosking
Trudy Killeen-Snelson

Nepal Apr 2017 (Burns)

Amanda Gorton
Andrew Pembroke
Bernice Sapong
Cameron Scott
Darany Thepmany
Donna Fallon

Glenys Chapman
Isabella Pollard-Palmer
Janella Smith
Jennifer Dixon
Joanne Keough
Julie Fehlberg
Karen Renfrey
Kate Crelley
Kerry Lawson
Leanne Sice
Louise Pearsall
Lynette Penman
Marilyn Lewis
Michelle Hui
Neroli Seberry
Philip Rome
Sherry Koh
Shiv Chopra
Simon Cook
Suzanne Crelley
Wendy White

Fiji Apr 2017

Bernice Sarpong
Cheryl Deppeler
Kerrie Richardson
Malcolm Richardson
Melanie Windus
Michael Were
Roxanne Burge-Lopez
Susan Wright

Fiji Jun 2017

Alowesi Tunabuna
Amy-Lee Lynch
Annette Mazzone
Chui-ha Linda Yiu
David Baines

Donald Hannah
Georgia Groom
Helen Dodshon
Ian Nicholson
Ingrid Peppou
Jayme Bennetts
Jennifer Evans
Julie Hulston
Kathleen Jays
Kelly Bratkovic
Krystal Jolly
Leesa Souza
Marina D'Cruz
Mark Markou
Mark Windus
Megan Willetts
Meghan Allen
Melanie Windus
Melissa Smith
Michele O'Brien
Molly Oldeen
Nancy Dela Cruz
Neil Orford
Niamh Keenan
Rebecca Karraz
Samantha O'Mara
Shona Chung
Stephanie Chan
Subodh Ganu
Tania Marques
Tulia Nasalo
Vijaykumar Valiyapurayil

GLENYS CHAPMAN

29/10/1956 - 17/5/2017

Glenys first volunteered her services to Open Heart International in 1996, and continued to be an active volunteer until her passing. She volunteered on 22 individual trips (all in Nepal). In addition she volunteered hundreds of hours each year in Australia to project planning and evaluation activities. She also donated and fundraised over \$75,000 since she began volunteering. Glenys' life was defined by how she could serve those around her. She will be sorely missed.



2016-2017
CORPORATE SPONSORS

IN PARTNERSHIP WITH:



CORPORATE PARTNERS:

Australian Government – Department of Foreign Affairs & Trade
Austorient Freight Services
Edwards Lifesciences
Edwards Lifesciences Foundation
Foresight Australia
Fresenius Kabi Australia Pty Ltd
Gentinge
Inka Surgical Pty Ltd
Johnson & Johnson Medical Pty Ltd
Medtronic Australasia
Royal Australasian College of Surgeons
Scanlan International
St Jude Medical
Rotary Club of Mosman
Rotary Club of Norewest Sunrise
Teleflex Medical Australia
Terumo Corporation Australia Branch
The Novus Foundation Inc

CORPORATE SUPPORTERS:

Abbott Australasia
Advanced Biomedical Pty Ltd
Air New Zealand
Air Niugini Ltd
Biotronik
Boston Scientific
Device Technologies Australia Pty Ltd
Drager Medical Australia Pty Ltd
Fiji Airways
Fiji Ministry of Health
GE HealthCare
Halyard Health
June Canavan Foundation
Kelly + Partners
Lifehealthcare Distribution Pty Ltd
Operation Open Heart Foundation (PNG)
PNG Air Freight Ltd
Philips Medical Systems
Reid Healthcare Pty Ltd

Snap Printing Eastwood
Sonosite
Stryker South Pacific
Tonga Ministry of Health
Travel Specialists Mosman
TravelManagers Australia Pty Ltd
Welch Allyn Australia Pty Ltd
Whiteley Medical



FINANCIAL
SUMMARY

REVENUE	27/6/16 - 26/8/16	2016-1017 ¹ 26/8/16 - 30/6/17	2016-17	2015-16
			\$	\$
Donations and gifts				
Monetary	107,966	1,095,125	1,203,091	884,613
Non-monetary - International ²	0	1,211,117	1,211,117	0
Non-monetary - National ²	0	0	0	0
Bequests and Legacies	0	0	0	0
Grants				
DFAT	0	0	0	0
other Australian	25,000	0	25,000	90,191
Appropriations received	0	266,224	266,224	181,000
Other income	51,749	3,659	55,408	151,790
Investment income	1	21,093	21,094	25,863
Total Revenue	\$184,716	\$2,597,218	\$2,781,934	\$1,333,457

EXPENDITURE	27/6/16 - 26/8/16	2016-1017 ¹ 26/8/16 - 30/6/17	2016-17	2015-16
			\$	\$
International program				
Funds to overseas projects	103,932	1,199,075	1,303,007	1,087,479
Program support costs	13,694	114,846	128,540	97,435
Community education	0	0	0	0
Fundraising costs				
Public	11,529	75,001	86,530	75,718
Government, multilateral and private	0	0	0	0
Accountability and administration	13,420	77,646	91,066	69,037
Depreciation and capital expenses	58,633	19,823	78,456	43,366
Non-monetary expenditure	0	1,211,117	1,211,117	0
Domestic programs expenditure	0	0	0	0
Total Expenditure	\$201,208	\$2,697,508	\$2,898,716	\$1,373,035

RESERVES	27/6/16 - 26/8/16	2016-1017 ¹ 26/8/16 - 30/6/17	2016-17	2015-16
			\$	\$
Reserve funds at start of period	851,716	853,224	851,716	891,294
Deficit of revenue over expenditure	(16,492)	(100,290)	(116,783)	(39,578)
Total Reserves	\$835,224	\$734,933	\$734,933	\$851,716

¹ On 26 August 2017, Open Heart International was acquired by ADRA Australia Ltd, from Adventist Healthcare Limited. Financials are shown in two separate columns to reflect the change of structure during the period. Adventist Healthcare Ltd's reporting period for 2016-17 commenced on 27th June 2016.

² Non-monetary contributions to Open Heart International have only been measured since acquisition by ADRA Australia Ltd on 26 August 2017.

Open Heart International is not specifically audited, but the accounts are encompassed in the wider audits of ADRA Australia Ltd by Grant Thornton and General Conference Auditing Services.

For the financial periods where Open Heart International was a division of Adventist Healthcare Limited, its revenue was received through two sources, San Foundation and Adventist Healthcare Limited. Open Heart International was not specifically audited during those periods, but the accounts were encompassed in wider audits of Adventist Healthcare Limited and San Foundation by General Conference Auditing Services, Grant Thornton and WL Brown & Associates.

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OPEN HEART
INTERNATIONAL

www.ohi.org.au

