



2025 Annual Report



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Vision, Mission and Purpose

Vision: Equitable healthcare for children globally.

Mission: Sharing expertise in paediatric care to prevent and control diseases, save lives, and create a brighter future for children and young people in low-resource settings overseas and in Australia.

TPA Purpose

Taking Paediatrics Abroad (TPA) enhances care for children with complex medical problems. We do this by enabling the collaboration of Australian paediatric subspecialists with treating clinicians in low resource countries in the Asia-Pacific region and in remote locations for Australian Aboriginal children.

The care-giving capabilities of doctors, nurses and allied health professionals are boosted, helping to save lives & strengthen health systems.

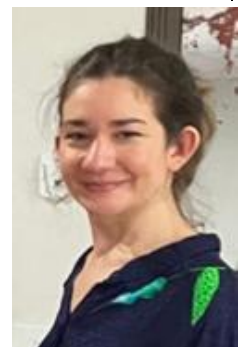
Timely virtual subspecialty guidance about actual cases enables refinement of management, follow-up of progress, debriefing and crystallization of key learnings.

Clinical education sessions are provided on requested topics and supportive conversations enhance wellbeing.

From Dr Claire Ferguson, TPA Volunteer

Babies, children and young people in low resourced healthcare settings suffer and die at a scale that would be unimaginable in Australia and should not be any more acceptable to us because they are occurring elsewhere.

TPA offers a sustainable, effective solution to a morally urgent and solvable problem, which is lack of access to paediatric sub-specialist expertise. It allows colleagues on the front lines of lower-resourced healthcare systems to define and communicate their own needs. With each new clinical case that's discussed, TPA not only facilitates the right pathway for the sick child in question but also strengthens confidence in treating future children with similar problems.



Caring for sick and dying children is very rewarding, but incredibly challenging. As a clinician, the moral and clinical support of the people doing it with you are not only necessary, but the only way to persist. Anybody who has done such work knows this. The flow of inspiration and respect moving across the ocean in both directions amongst the TPA community is one of its proudest achievements.

About Us

TPA is a charitable organisation registered with the Australian Charities and Not-for-Profit Commission with endorsement for charity tax concessions (DGR-1). The Australian Business Number is: 35 635 999 076.

Structure and Management

TPA is governed by an experienced Board and supported by an Advisory Group comprising senior paediatric colleagues with extensive international experience. Australian paediatric experts, the Managing Director, the Board Members, the Advisory Group, project team and administrative support team kindly contribute their time in a voluntary capacity.

Our People

TPA Board members

Name	Position	Dates
Peter Richards	Chair & Treasurer	Chair since 2021; Director since 2019
Lesley Mathews	Company Secretary & Director	2021 – present: Director since 2019
Elizabeth Adsett	Director	2021 – present (Chair from 2019-2021)
Patsi Michalson	Director	2019 – October 2024
Kathryn Currow	Managing Director	2019 – present
Jasmine Antonious	Director	February 2023 – February 2025
Robert Hendriks	Director	June 2024 – present
Eu Gene Quah	Director	December 2024 – present

Advisory Group

Name	Position	Dates
A/Prof. Sue Woolfenden	Advisor & Presenter	2019 – present
Sally Whitaker	Advisor	2019 – present
Dr Sue Phin	Advisor & Presenter	2019 – 2025
Ruth Baker	Advisor	2019 – present
Dr Elodie Moreau	Advisor/ Journal club	2021 – present
Dr Susan Adams	Advisor/Surgical discussion	2022 – present
Lynne Brodie	Advisor	2023 – present
Dr Josephine Goodyer	Advisor & Presenter	2023 – present
Dr Claire Ferguson	Advisor, TPA Newsletter	2024 – present
Dr Viliame Sotutu	Advisor	Sept 2025 –

Key Volunteers

Name	Position	Duration
Adam Ghanem	IT Support	2023 – onwards
Peter Andersen	Project Support	2019 – present
Nevana Nader	Admin Support	2024 – July 2025
Ruth Heazlewood	Volunteer Management	2024 – present
Thea Amar	Communications support	2024 – present
Anne Preiz	Ethics Advisor	2024 – present
Connie Yukang Zhang	Admin Support	Sept 2025 - present

Contributing Experts

With enormous gratitude TPA acknowledges the guidance and education from many dedicated paediatric colleagues who enthusiastically share their expertise with paediatric colleagues in the Asia-Pacific region. This pool of experts continues to expand and includes colleagues from NSW, ACT, Queensland, Victoria, Western Australia, Tasmania, and New Zealand.

Type of Expert	Number in 2025
Paediatric Subspecialists	90
Nurse Specialists	43
Allied Health Paediatric Specialists	25
Total	158

Our Donors




Taking Paediatrics Abroad gratefully acknowledges the support of:

- MSC Mission
- Mundango Abroad
- Thanks for making TPA their Charity of Choice:
 - SaulSMSF
 - Matchboard
- Rotary Club of Canberra Sundowners
- Thanks to those who supported the City2Surf
- Private donors

Although all TPA endeavours are offered in a voluntary capacity, the generosity of ensures TPA's sustainability and growth. Their support is so greatly appreciated.

Our supporters

We gratefully acknowledge the ongoing expert pro bono support of:

Name	Logo	Dates
HWL Ebsworth		2019 - present
Bongiorno		2019 - present
Grimsey Accounting NSW Pty Ltd	Grimsey Accounting NSW Pty Ltd (formerly known as Hall Consulting Group). https://grimsey.com.au/	2023 – present
BROWN AUDITORS	 Brown Audit: Expert Audit Services in Australia	2023 - present

Message from the Chair

TPA has experienced growth across all of its service delivery areas in 2024/25. Demand for paediatric support and expertise across the low resource countries where TPA works has continued to increase. We are proud that TPA has met this increase in demand through the dedication, generosity, and compassion of the contributing experts, supporters, and volunteers. Our Founder and Managing Director, Kathryn Currow, has driven and lead this increase in delivery as she has since TPA's inception: with incredible selfless drive to enable each and every child who needs our help to live a healthy and full life.

In 2025 TPA will complete well over 300 telehealth case discussions; an enormous achievement. During that time, we have facilitated many face-to-face in-country visits and discussion groups. Our work assisting doctors supporting aboriginal communities in north west NSW has continued, as well as our Journal Club and support for a Child Protection Service in Cambodia. TPA is proud to have played a pivotal role in the commencement of a newborn screening program for congenital hypothyroidism in the Solomon Islands. We are also excited to announce that two Australian Award Fellowships will shortly commence, bringing a Solomon Islands doctor and nurse to Sydney to enhance their skills and expertise.

I would like to extend my thanks to all of our donors and partners. We work hard to make your support and contribution go a long way, but it remains crucial. The same can be said of our various volunteer groups: experts, advisors, contributors across many fields: you are the heartbeat of TPA, thank you.

Thank you to my fellow Board members for your dedication, expertise, and support.

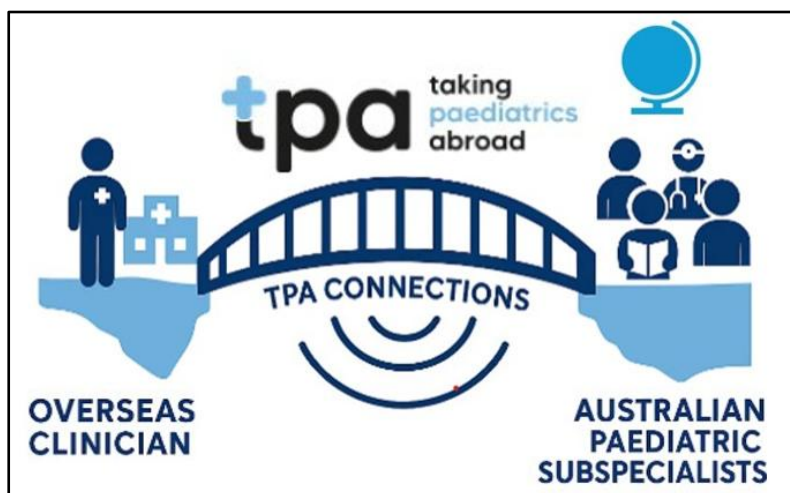
It seems understated to simply repeat the huge thank you that our MD and Founder, Kathryn, deserves for her work on the TPA project. It is humbling in so many ways and serves as inspiration to all who interact with her. Thank you, Kathryn.

In future, TPA has ambitions to grow our impact even more. We know this will not be simple. Existing resources are stretched almost as far as they can be, and growth in impact is dependent on growth in resource, whether financial or volunteer. That said, we remain optimistic and plan accordingly, projecting increased impact with the support of increased funding and resource. As I've noted here before, sourcing additional funding is the most burdensome challenge facing not-for-profit initiatives. Every day spent on the fundraising trail is one day less spent making a difference to the colleagues, children, and families we support. Our planning recognises this critical need and accompanying commitment.

TPA works to make a difference to the lives of those we serve: colleagues, families, and especially the children who inspire with their determination and resilience when faced with the greatest of challenges. We are privileged to be a part of your journey.

Managing Director Report

Amidst the awful crises faced by so many children in our troubled world, these everyday predicaments of children in our neighbouring low resource countries are easily overlooked. Yet the paediatric clinicians who care for them are confronted by lack of resources, funding and access to additional expertise.



TPA is about empowering clinicians treating to improve outcomes for sick children so that they can live their BEST lives. Every day, these clinicians are treating children with serious, sometimes critical illnesses, often constrained by the lack of tests and treatments. Paediatric practice is not only

challenged by enigmatic presentations, but also by changes in clinical practice due to rapidly advancing research. Specialists are driven into subspecialist 'silos' resulting in the need for increased collaboration with trusted colleagues in other subspecialties to solve diagnostic dilemmas.

In low resource countries, there are few subspecialists. That's where TPA steps in to facilitate highly valued subspecialist consultations to enable the best possible outcome for sick children with complicated and often multifaceted problems. This may be through sharing the latest evidence-based guidelines, through imparting extensive experience, or by affirming the clinical competencies of our esteemed colleagues in low resource countries.

As well, if there are unexpected adverse outcomes, TPA facilitates empathetic respectful discussions to review case details, share reflections and guide refinements in management.

It continues to be an immense privilege to work with our awe-inspiring colleagues in the **TPA Paediatric Neighbourhood**, united by our strong commitment to achieving the best possible care for each child and young person so that they can flourish and achieve their full potential.

My thanks to all who provide the structural foundation for the TPA bridge. Firstly, to our Board whose shared vision, guidance, wisdom and generosity has given great momentum to our work. Special appreciation for the exceptional contribution of the Board Chair, Peter Richards, whose outstanding commitment and effort has strengthened our progress throughout another year.

Huge thanks to all the Australian and New Zealand TPA volunteer doctors, nurses and allied health professionals whose enormous expertise, goodwill and kindness shine! You make our mission happen! This year has had several additional projects commence, especially mentoring. It is a pleasure to acknowledge, with profound gratitude, the enormous efforts made by esteemed Australian colleagues who have made this possible.

My warm appreciation, similarly, to the TPA Advisory Group for their encouragement, insights and shared experiences and thoughtful recommendations throughout the year.

TPA benefits greatly from a growing group of keen volunteers who energize with their enthusiasm and dedication. Special thanks to: Dr Claire Ferguson for her commitment and creativity in producing TPA Newsletters; Dr Elodie Moreau for continuing to lead the TPA Journal Club; Ruth Heazlewood for helping to manage our volunteers. Thanks to Mariana Cequeira and Web Design Trek for website support. Special appreciation to Peter Andersen for enormous support with grant and post writing, and graphics. Adam Ghanem's IT expertise is much appreciated. Thanks to Nevana Nader for her great work with TPA admin tasks and to Connie Zhang who has recently joined TPA!

We are deeply grateful for the shared vision of all donors who so generously give enabling us to continue to serve our colleagues and the children they care for.

TPA gratefully acknowledges the energizing appreciation from all our international colleagues for TPA's facilitation of expertise shared by Australian subspecialist colleagues. It is often accompanied by repeated requests to ensure that TPA continues "forever". This is a powerful motivation to both sustain and extend the bridge that is TPA. Additional resources to enable TPA's perpetuation and expansion are now a priority.

Aristotle "where the needs of the world and your talents cross, there lies your vocation"

How we deliver

TPA continues to support paediatric care for Australian Aboriginal children in northwest NSW. There is now a face-to-face component accompanying the initial telemedicine model.

Our international work comprises telehealth meetings for clinical education and guidance with face-to-face volunteering gaining momentum.

TPA in Australia



Led by Donna Taylor, Ros Rose and Jenny Baker, PIUS X provide care for Aboriginal children and young people in Moree and its surrounds. Their devotion to helping children and young people is legendary.

Huge appreciation for Dr Christy Norwood and Dr Stephanie Francis who have recently concluded their dedicated telemedicine support of Aboriginal children and their families through PIUS X in Moree. This enables paediatric care for children closer to where they live.

Thanks to Dr Shabeena Mazhar who continues telehealth consultations and to others who are poised to join in. Dr Kimberley Farage is now providing very meaningful care to children at the Armajun Medical Centre in Inverell and supporting children, families and schools in Narrabri / Wee Waa. They are all making a real difference in the everyday lives of children!

"History will judge us by the difference we make in the everyday lives of children" Nelson Mandela

International TPA: now > 1250 Zoom meetings since May 2020

Amidst the awful crises faced by so many children in our troubled world, the everyday predicament of children in low-resource countries in our neighbourhood is

frequently unnoticed. Through a strongly shared vision, TPA further amplifies the advocacy of paediatric colleagues in these countries on behalf of these children and their families.

TPA's telehealth project is a major focus and has expanded further in 2025. TPA's session numbers have increased significantly, more South Pacific countries are included and face-to-face volunteering is gaining meaningful momentum.

Countries in 2025



From 2020



Solomon Islands



Vanuatu



Cambodia



Bangladesh

Included throughout 2021 -2025



Tonga



Samoa



Kiribati



Vietnam



Fiji



Nauru



Papua New Guinea
since 2023 through ACNN



Mongolia



Federated States of Micronesia



Tuvalu

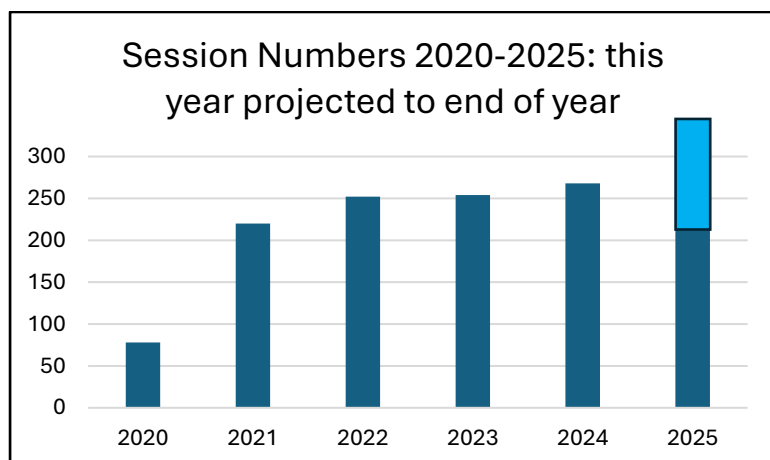


Palau



American Samoa

Now > 1250 sessions since May 2020: see schedule in Appendix 1



Sessions for Paediatric Doctors

Through TPA's case discussions, the stark reality of resource deficits amongst many of our neighbouring countries is frequently unmasked. The awe-inspiring efforts of dedicated clinicians are frequently commended in discussions with Australian experts. Wherever possible, through TPA case discussions, a way forward is found for children with extremely complex and sometimes critical conditions, within the bounds of available resources. "I hope you know that TPA is invaluable to us and the whole Pacific," said Dr Mele Pomale from Tonga.

TPA continues to enable discussion with a scheduled broad range of paediatric subspecialists. Overseas colleagues present their cases (the sense of needing to be brave has dissipated) and have their questions addressed. Through a warm and respectful meeting, questions are posed and answers shared. Following these vibrant discussions, guidelines and reference material are often distributed. Everyone benefits, overseas colleagues AND Australian experts alike. New knowledge permeates current practice and teaching, reaching other colleagues and flowing to patients and their families. A few examples include:

- ICU discussions: management of severe head trauma / gastroschisis
- Infectious diseases: challenges with TB diagnosis and treatment; neonatal syphilis; pneumocystis pneumonia; yaws; HIV; complex pneumonias
- Neonatology: the combination of Down syndrome, congenital thrombocytopaenia and duodenal atresia (see box)
- Emergency: managing patients with diphtheria; arrhythmias
- Endocrinology: osteogenesis imperfecta; diabetes insipidus
- Neurology: interpreting seizures and seizure mimickers from clinical criteria
- Helping clinicians address complicated child abuse issues where legal frameworks need strengthening.

Embodying its function as a **paediatric neighbourhood**, TPA sessions include debriefs following unexpected adverse outcomes. Focused reflection and empathetic discussion with trusted expert colleagues provide solace and assistance regarding possible future solutions

In addition to this, TPA facilitates semi-urgent or 'impromptu' case discussions as requested by South Pacific colleagues. At times, the patients for discussion are so complex that more than one subspecialist expert opinion is sought to assist in making a diagnosis and guide treatment. These cases become a priority in day-to-day TPA activities as they require prompt action. As clinicians, we share motivation to provide the best possible care for every child and young person; we innately appreciate the need for additional expertise opinions.

The extraordinary understanding and generosity from Australian subspecialists, who address these problems within a short period of time, is so greatly appreciated.

Face-to-face volunteering is gradually re-emerging with TPA facilitating volunteering by several volunteers each year. In 2024/5 this included:

- Nov 2024: Prof Karen Zwi & Dr Dimitra Tzioumi: Cambodia Child Protection training
- Feb 2025: Dr Caroline Fox: Vietnam National Children's Hospital Emergency Department training
- March 2025: Dr Claire Ferguson and Dr Lauren Chong: Fiji & Vanuatu TPA Evaluation
- June 2025: Prof Shubha Srinivasan & Rosie Junek: Solomon Islands: Finalisation of plans and launch of Newborn Screening for congenital hypothyroidism
- August 2025: Dr Richard Webster: Cambodia Neurology training



Dr Richard Webster with colleagues from the National Paediatric Hospital, Phnom Penh

TPA Nurse-led Sessions

A special acknowledgement to colleagues from the Australian College of Neonatal Nurses LRC SIG who continue to support South Pacific & Cambodian Nurse colleagues by regularly sharing their expertise in virtual meetings. In addition, face-to-face clinical training has been provided in Tonga in 2024 and the Solomon Islands in 2025 through TPA introductions. The huge impetus this has given to neonatal care has been enormously appreciated.



Thanks to paediatric Nurse Educators, Clinical Nurse Consultants & Specialists, especially the growing cohort from Queensland Children's Hospital, who so eagerly share their expertise.

TPA's reach has increased through connecting with the Pacific Nursing Partnership. Slides from each session are shared and, in 2025, recordings where possible, as well.

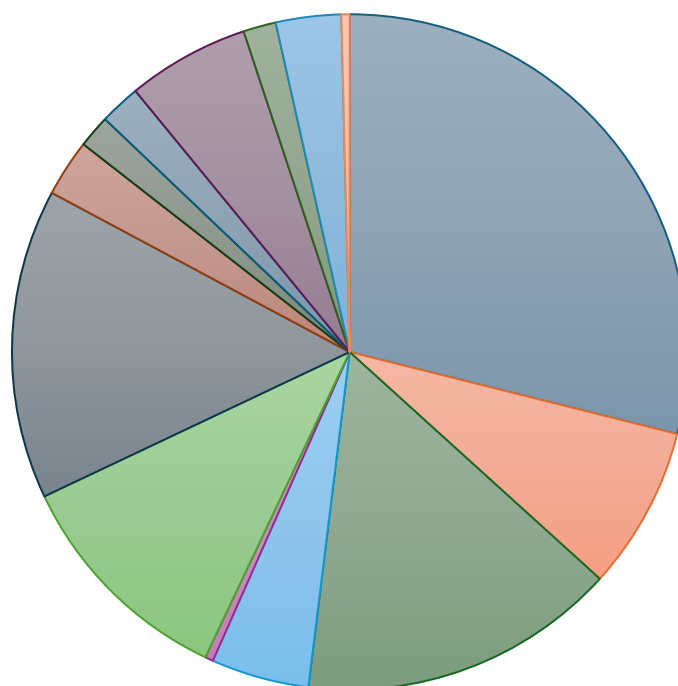
TPA Allied Health Sessions

The paucity of allied health professionals in the South Pacific necessitates a broadening of responsibilities assumed by individual practitioners as well as support workers and parents. Many families face enormous barriers in accessing services, especially if they are transporting children with disabilities.

TPA sessions address requested topics and, as usual, questions and discussion are encouraged.

It has been a pleasure to welcome colleagues from the Australian Academy of Cerebral Palsy and Developmental Medicine, so ably supported by Gaela Kilgour, as expert presenters. We share a deep commitment to supporting allied health professional colleagues and the support workers / community rehabilitation workers who are often the deliverers of care. TPA has welcomed the sharing the education platform of the Support Workers Association of Australia with these colleagues, thanks to Carly Nisner.

Number of International sessions per region up to end Sept 2025



Starting Mentor Groups and Medical Education

TPA initiated oncology mentoring in 2021 in response to requests from Solomon Island colleagues. Over the last 5 years, 8 patients have successfully completed treatment for various cancers, mostly undertaken in the Solomon Islands. It is a testament to the outstanding combination of Dr Luciano Dalla-Pozza with Dr Steve Lumasa, Dr Brendon Throter and the paediatric doctors and nurses of the National Referral Hospital in Honiara.

Gradually TPA has responded to requests for similar services:

- Cambodia Mentoring groups including medical imaging support, respiratory, cardiology, emergency and recently endocrinology teaching sessions

- Vietnam National Children's Hospital for Respiratory Department, Nutrition Department, Surgical ICU and Endocrinology Nurses.

Thanks to the subspecialist mentors who so generously share their expertise with extraordinary enthusiasm. They report significant deep gratification. They include: Dr Nitin Arora, Dr Mim Scharkie, Dr Hannah Corbett, and, more recently, Dr Ashley Alexander.

And those being mentored report huge benefits. Their deep commitment to improving their knowledge and skills in their subspecialties inspires us all.

Special thanks to Dr Tom Volkman who has initiated the TPA Medical Education group with colleagues in the South Pacific and Cambodia.

Continuing Journal Club, Surgical Discussion Group

Prof Susan Adams is leading the TPA Surgical Discussion Group. Dr Elodie Moreau continues to lead the TPA Journal Club

Visits have included:

- **Meetings in Fiji & Vanuatu:** March 2025 with Dr Claire Ferguson and Dr Lauren Chong kindly volunteering to commence informal evaluation of TPA activities.



Sr Koleta, and senior Nurses from CWM Hospital with Dr Lauren Chong, Dr Claire Ferguson & Dr Kathryn Currow

- **Fiji for PPA Conference and Tonga April 2025:** PPA Conference attendees. The warm interconnectedness and respect amongst South Pacific & PNG colleagues, many of whom trained together, further enhances the impact of TPA case discussions & impresses us all!





It was a great privilege to join with the Pacific Paediatric Association (PPA) biennial conference in April. As well as strengthening TPA's current relationships with paediatric colleagues in the Pacific, it was excellent to meet new friends to TPA, including several who are already contributing their subspecialist expertise. It was very special for TPA to be recognised with an award of appreciation. This is an award for all who contribute to TPA.

Dr Ilisapeci Vereti, Head of Paediatrics in Fiji & President of the PPA with Dr Currow.



The dedicated & talented team in Tonga, led by Dr George Aho & Dr Flora Lutui at morning handover.

- **Solomon Islands for Newborn Screening** meetings and formal launch June 2025 (see below)
- **Vietnam National Children's Hospital, Hanoi, and in Cambodia the National Paediatric Hospital, Phnom Penh and Angkor Hospital for Children, Siem Reap, October 2025**

Special projects

- **Ongoing support for Child Protection Service in Cambodia** Thanks to Prof Karen Zwi, Dr Dimitra Tzioumi for training in 2024 and ongoing support including follow-on training again in October 2025 with Dr Lauren Chong



- **Commencement of Newborn Screening for congenital hypothyroidism in Honiara, Solomon Islands**

- Thanks to the great commitment of Prof Shubha Srinivasan, Dr Stephanie Ly and Rosie Juneke in Sydney and to Dr Zarina Kere, Dr Deborah Airau, Dr Clyde Misi, Dr Hicks Bule, Dr Leeanne Panisi, Dr Titus Nasi and Sr Dikahehe. This project was formally launched in Honiara in June 2025.
- Special mention for the support of the 2024 City2Surf team; Revvity; DHL and especially SCHN NSW Newborn Screening



The ceremony included HE Mr Robert Sisilo (Solomon Island High Commissioner in Canberra); Mr Kelton Sikala, (Senior Program Manager at DFAT), Dr Janella Solomon, Dr Leeanne Panisi, Dr Titus Nasi, Rosie Juneke, Prof Shubha Srinivasan, Mrs Freda Pitakaka, Dr Lawrence Diab, Dr Titus Nasi

- **Strengthening Paediatric Oncology in the Solomon Islands**

Taking Paediatrics Abroad (TPA) is delighted to announce that two Fellows from the National Referral Hospital (NRH), Honiara – Dr. Steven Hugo Lumasa and Sister Dora Gonu – have been selected to undertake a three-month observership at the Cancer Centre for Children (CCC), The Children's Hospital at Westmead through the Australia Awards Fellowship program.

The Australia Awards Fellowship program, funded by the Australian Government, aims to build networks of influence and leadership by strengthening partnerships between Australian organisations and partner organisations in the region and around the world. Fellowships target senior and mid-career officials and professionals who are in a position to advance development outcomes in priority areas and increase the institutional capacity of partner countries through their leadership.

TPA warmly acknowledges the Department of Foreign Affairs and Trade's (DFAT) commitment to advancing health outcomes in the Pacific and recognises that this Fellowship would not be possible without DFAT's generous support.

The Fellowship builds on several years of collaboration between NRH paediatricians and Dr Luciano Dalla-Pozza, Director of the CCC, through regular TPA-facilitated telehealth consultations. These case discussions have guided the establishment of the Solomon Islands' first paediatric oncology service, with several children already successfully completing cancer treatment locally.

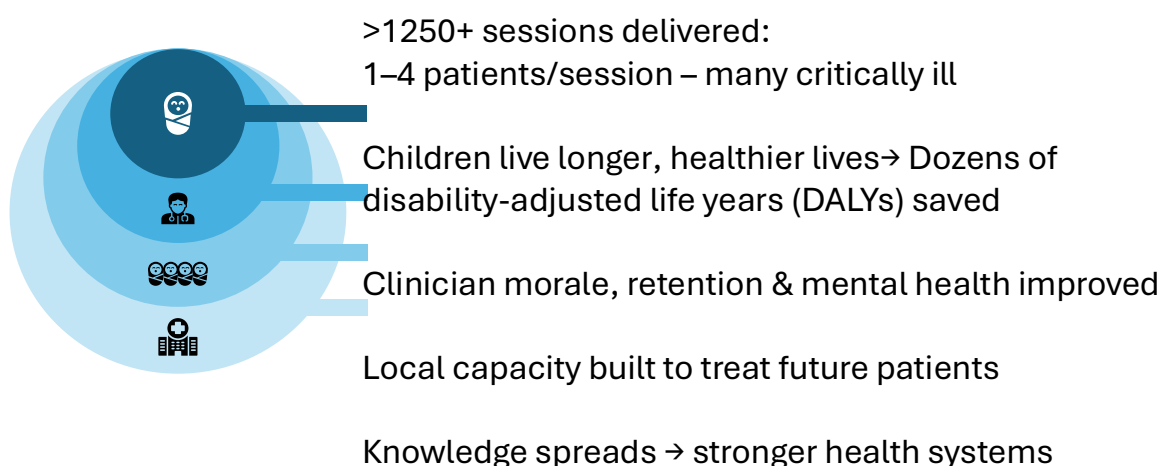
The Fellows, a paediatrician and a nurse educator, are uniquely placed to bring back new knowledge, clinical skills, and professional networks to strengthen paediatric oncology services at NRH. Their involvement will also enable the training and mentoring of colleagues, ensuring that the benefits of this Fellowship extend to both current and future generations of children.

TPA extends sincere gratitude to DFAT, to NRH Honiara for its leadership, and to the CCC at The Children's Hospital at Westmead for generously hosting this observership. Together, these partnerships are advancing health equity and building stronger systems for children in the Pacific.

Impact

With each TPA case discussion, outcomes extend way beyond the one-hour session with help directly impacting sick children and hopefully improving health outcomes. As well there is dissemination of new knowledge to colleagues and families, supportive conversations, development of capability to treat future patients with similar problems.

Impact: Saving Lives, Strengthening Systems



"This activity is of immense help to clinicians, academicians & the children of the Pacific at large." – Prof. Alok Dubey, Fiji

In 2025, a formal qualitative evaluation of TPA activities was commenced during visits to Fiji, Vanuatu and Tonga. It will be further extended during other visits in 2025/6.

This feedback from overseas colleagues, enables TPA to say with confidence that it is contributing to progress in infant and child mortality.

In summary, TPA's activities are strongly endorsed. Ongoing feedback is regularly sought as are topics of interest for education sessions.

Collaborations

- **Sydney Children's Hospitals Network:** TPA is grateful for the continued encouragement of clinicians and senior executives.
- TPA also acknowledges the informal support of senior colleagues from **Queensland Children's Hospital** and the **John Hunter Children's Hospital, NSW**.
- TPA has worked with the **Australian College of Neonatal Nurses Low Resource Country Special Interest Group** since 2021. They present monthly virtual training sessions for Nurses. As well TPA has introduced them to colleagues in Tonga and the Solomon Islands where very successful face-to-face training was undertaken in 2024 and 2025 respectively. TPA has also refreshed their acquaintance with the Neonatal Unit at the Port Moresby General Hospital, PNG.
- Thanks to **Caring and Living as Neighbours** (CLAN: [Home \(clanchildhealth.org\)](http://clanchildhealth.org)) for their enormous support for children with osteogenesis imperfecta in the Solomon Islands, through a TPA introduction. CLAN have also introduced the Nutrition Department at the Vietnam National Children's Hospital for expert guidance through TPA to support their work in providing adequate nutrition for babies with neurological impairments. CLAN has generously donated medications for Vanuatu children with congenital adrenal hyperplasia as well.
- **University of NSW:**
 - School of Biomedical Engineering University (SOBME) of NSW: introduced by TPA to the Solomon Islands in 2023, where SOBME students introduced switch toys for disabled children, Prof Lauren Kark returned with another group of students in 2024 with new projects requested by Solomon Islands colleagues. These included a special chair for disabled children that can be adjusted to fit as the child grows and a programmable language teaching tool. Both are to be made in the Solomon Islands, a great initiative in assistive technology for disabled children. Students also visited Tonga in 2024/5.
 - In 2025, Medical Students have had the opportunity, to attend TPA telehealth medical meetings for added perspectives on global child health. Collated feedback is anticipated.

- **Australian Academy of Cerebral Palsy and Developmental Medicine:**
especially support for allied health colleagues in South Pacific

Feedback from Colleagues

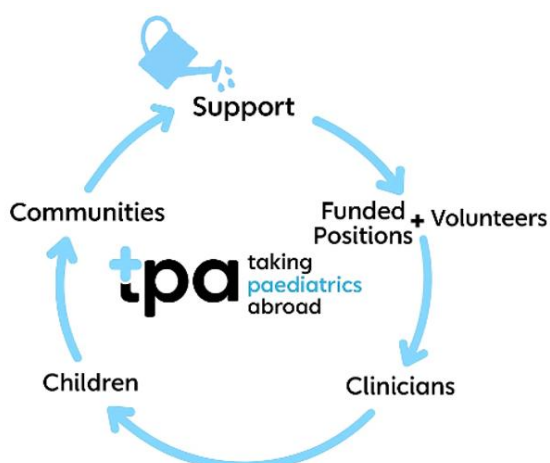
There is enlivening reciprocity in the dynamic discussions for everyone in TPA sessions. Overseas health professionals continue to express profound appreciation of the clinical guidance, specialized education and support gained through TPA.

Learning opportunities arising through TPA sessions continue to be sincerely valued contributing expert Australian colleagues, who often express their thanks for the opportunity to share.

Please see Appendix 2 for examples of the inspiring expressions of appreciation for TPA's support.

Planning 2026 and Beyond

The TPA model is now solidly established as effective clinical support that empowers colleagues to improve health outcomes for children and young people, saves lives and strengthens health systems.



The TPA Board is working hard to ensure a sustainable future for TPA activities. With additional support (the watering can), TPA's future can not only be secured but also effective expansion will enable its reach and impact to extend to help clinicians improve the health and wellbeing of children. Our next year's endeavours will focus our future.

Your support ideas and encouragement are hugely appreciated.

Appendix 1

The Regular TPA Schedule:

Attendees	Meeting frequency
South Pacific and Papua New Guinea doctor meetings	2 per week
Solomon Island Oncology meeting	Fortnightly
Cambodia doctor meetings	Weekly
Journal club for South Pacific Doctors	Every 2 months
Surgical Discussion Group	Monthly
Doctor Mentor Groups, Cambodia	3-4 per month
Doctor Mentor Group, Vietnam Surgical ICU	Every 1-2 months
Respiratory and Nutrition Depts Vietnam	Every 2 -3 months
Nurse-led meetings South Pacific & PNG Nurses	Weekly
Cambodia Nurses	Monthly
Vietnam Nurses: endocrinology	Monthly
Medical Education Sessions	Quarterly

Extra meetings are accommodated on an impromptu basis to address emergent clinical problems, as requested. These require prompt attention and provide highly valued additional guidance.

Appendix 2

Quotes from 2024 TPA colleagues:

Solomon Islands:

Dr Titus Nasi, Head of Paediatrics: "TPA has been a ray of sunshine for the children, their families and the Paediatric department, not only in consultation about patient care, but has extended to research collaboration, shared treatment guidelines, personal friendships and consolidated relationships."

Dr Carol Titiulu: "I find myself less stressed when cases are discussed during TPA sessions. I personally want to mention the reassurance that I have when I am faced with a challenging case because of the opportunity to discuss this case with a specialist through TPA".

Dr Martin Tautunu: "TPA has been a platform of hope, and will always be, particularly for low resource setting like ours. TPA has given us a new horizon of hope for our patients and our management strategies."

Leanne Maquiti, Physiotherapist: "You have always ensure that we are included in the sessions. Thanks so much, that is so kind of you."

Mr Gordon Plant, Paediatric Nurse: "Everyone of us was fortunate to meet you in person and most of us shared their empathy that seeing you in person was an opportunity and drive us willingness and passion in this learning platform".

Tonga

Dr George Aho, Head of Paediatrics: "I think you are doing such a fantastic job in attracting consultants across the board to lead these sessions-its NO easy task but your relentless enthusiasm and energy in driving this is God-sent for Paediatrics in the Pacific at least.

Its absolutely a fabulous forum and you are so good too in toning the consultants to Pacific working conditions and available resources.

Once upon a time you relied on the arrival of the Paediatric Clinics of North America to be updated. Quite a contrast to hearing about the state of the art as we speak...."

Papua New Guinea

Dr Anna Toti: "The collaboration with TPA this year is deeply appreciated by myself and colleagues here in Papua New Guinea.

It's been an awesome opportunity to share knowledge and learn as we deliver care to our patients!

We are just getting started and are looking forward to strengthening our collaboration with TPA in 2025."

Dr Elina Kuri: "I am grateful for the opportunity that you have presented to reach out and connect medical officers around the globe. It has been a short but very exciting experience for me.

Fiji

Dr Ilisapeci Vereti, Head of Paediatrics until recently: "Even though we may not be there at times, know that we value this platform very much. And some have represented us as we're stretched out in some corners doing all programs.

We are thankful for your willingness to always look for last minute request of experts.

We've saved lives in that way. Can now remember 5 cases but am sure there's more. Pls continue in 2025. You definitely have my teams support from Fiji.

Dr Marilyn Nagan: "Big vinaka vakalevu (thank you) for this initiative. This TPA session has been incredibly helpful and insightful in improving our care.

Cambodia

Dr Kith Daronic: "I am very thankful for your dedication in making TPA happen and sustain the program for our hospital. It has always been very helpful to us, pediatrician, when we have TPA working together as a consultant where we can discuss and seek for advice for difficult cases we encountered, by having a privilege to meet kind expert doctors and professor to kindly spared their busy time sharing their experience and advices. We are growing our knowledge day by day and I hope TPA will still continue to support us as it has always been."

Dr Te Haypheng: "I would like to express my heartfelt gratitude to the team behind "Taking Pediatrics Abroad" and to the Australian doctors for sharing your knowledge and expertise. Your kindness and support mean so much to Cambodian doctors like me. This platform has been an incredible opportunity for me to discuss challenging cases from Cambodia with experienced Australian doctors. Your advice has been invaluable in guiding us through complex cases and helping us provide the best care for our patients."

Appendix 3

Board Attendance 2024-5

Name	16 October	11 December	19 February	9 April	18 June	6 August
Peter Richards	Yes	Yes	Yes	Yes	Yes	Yes
Lesley Mathews	Yes	Yes	Yes	No	Yes	Yes
Elizabeth Adsett	No	Yes	Yes	Yes	Yes	Yes
Jasmine Antonious	Yes	Yes				
Robert Hendriks	Yes	Yes	Yes	Yes	Yes	Yes
Kathryn Currow	Yes	Yes	Yes	Yes	Yes	Yes
Eugene Quah		Yes	Yes	Yes	Yes	Yes

TAKING PAEDIATRICS ABROAD LIMITED

ABN 35 635 999 076

FINANCIAL REPORT

FOR THE YEAR ENDED 30 JUNE 2025

TAKING PAEDIATRICS ABROAD LIMITED
ABN 35 635 999 076

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TAKING PAEDIATRICS ABROAD LIMITED
ABN 35 635 999 076

DIRECTORS' REPORT

Your directors present their report on the company for the financial year ended 30 June 2025.

Directors

The names of the directors in office at anytime during or since the end of the year are:

Dr Kathryn Currow
Peter Richards
Elizabeth Adsett
Lesley Mathews
Dr Robert Hendriks
Jasmine Antonious (resigned on 31 January 2025)
Eugene Quah (appointed on 1 December 2024)

Directors have been in office since the start of the financial year to the date of this report unless otherwise stated.

Review of Operations

The surplus of the company for the financial year amounted to \$13,937.

A review of the operations of the company during the financial year and the results of those operations are as follows:

Significant Changes in the State of Affairs

No significant changes in the company's state of affairs occurred during the financial year.

Principal Activities

No significant change in the nature of these activities occurred during the financial year.

Events Subsequent to the End of the Reporting Period

No matters or circumstances have arisen since the end of the financial year which significantly affected or may significantly affect the operations of the company, the results of those operations, or the state of affairs of the company in future financial years.

Likely Developments and Expected Results of Operations

Likely developments in the operations of the company and the expected results of those operations in future financial years have not been included in this report as the inclusion of such information is likely to result in unreasonable prejudice to the company.

Environmental Regulation

The company's operations are not regulated by any significant environmental regulation under a law of the Commonwealth or of a state or territory.

Dividends

No dividends have been paid or declared since the start of the financial year.

TAKING PAEDIATRICS ABROAD LIMITED
ABN 35 635 999 076

DIRECTORS' REPORT

Options

No options over issued shares or interests in the company were granted during or since the end of the financial year and there were no options outstanding at the date of this report.

Proceedings on Behalf of Company

No person has applied for leave of court to bring proceedings on behalf of the company or intervene in any proceedings to which the company is a party for the purpose of taking responsibility on behalf of the company for all or part of those proceedings.

The company was not a party to any such proceedings during the year.


Statement of Compliance with the ACFID Code of Conduct

We confirm that our financial statements for the reporting period are prepared in accordance with the presentation and disclosure requirements of the Australian Council for International Development (ACFID) Code of Conduct. These statements reflect our commitment to transparency, accountability, and good governance as outlined in the Code.

For further information on the ACFID Code of Conduct, please visit www.acfid.asn.au/code-of-conduct.

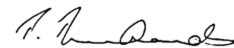
This directors' report is signed in accordance with a resolution of the board of directors:

Director



Dr Kathryn Currow

Director



Peter Richards

Date:

29th October 2025

TAKING PAEDIATRICS ABROAD LIMITED
ABN 35 635 999 076

PROFIT AND LOSS STATEMENT
FOR THE YEAR ENDED 30 JUNE 2025

	Note	2025 \$	2024 \$
INCOME			
Other Income		1,403	928
Donation Received - Monetary		46,891	46,617
		<u>48,294</u>	<u>47,545</u>
LESS EXPENDITURE			
Accountability and Administration		6,116	3,348
Program Support Costs		28,241	9,366
		<u>34,357</u>	<u>12,714</u>
NET SURPLUS FOR THE YEAR		13,937	34,831
Accumulated surplus at the beginning of the financial year		<u>85,342</u>	<u>50,511</u>
ACCUMULATED SURPLUS AT THE END OF THE FINANCIAL YEAR		<u><u>99,279</u></u>	<u><u>85,342</u></u>

The accompanying notes form part of these financial statements.

These statements are unaudited and should be read in conjunction with the attached compilation report.

TAKING PAEDIATRICS ABROAD LIMITED
ABN 35 635 999 076

STATEMENT OF FINANCIAL POSITION
AS AT 30 JUNE 2025

	Note	2025 \$	2024 \$
ASSETS			
CURRENT ASSETS			
Cash and cash equivalents	3	98,878	83,978
TOTAL CURRENT ASSETS		98,878	83,978
NON-CURRENT ASSETS			
Property, plant and equipment	4	401	1,364
TOTAL NON-CURRENT ASSETS		401	1,364
TOTAL ASSETS		99,279	85,342
NET ASSETS		99,279	85,342
EQUITY			
Accumulated Surplus		99,279	85,342
TOTAL EQUITY		99,279	85,342

The accompanying notes form part of these financial statements.

These statements are unaudited and should be read in conjunction with the attached compilation report.

TAKING PAEDIATRICS ABROAD LIMITED
ABN 35 635 999 076

STATEMENT OF CHANGES IN EQUITY
FOR THE YEAR ENDED 30 JUNE 2025

	Total \$
Balance at 1 July 2023	50,511
Comprehensive income	
Net Surplus for the year	<u>34,831</u>
Total comprehensive income for the year	<u>34,831</u>
Balance at 30 June 2024	<u><u>85,342</u></u>
Balance at 1 July 2024	85,342
Comprehensive income	
Net Surplus for the year	<u>13,937</u>
Total comprehensive income for the year	<u>13,937</u>
Balance at 30 June 2025	<u><u>99,279</u></u>

The accompanying notes form part of these financial statements.

These statements are unaudited and should be read in conjunction with the attached compilation report.

TAKING PAEDIATRICS ABROAD LIMITED
ABN 35 635 999 076

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

1. BASIS OF PREPARATION

Taking Paediatrics Abroad Limited (the 'company') is a company limited by shares, incorporated and domiciled in Australia. The address of the company's registered office is:

Ground Floor
179 New South Head Road
Edgecliff NSW 2027

(a) Statement of Compliance

(b) Basis of Measurement

The financial statements have been prepared on a cash basis and are based on historical costs unless otherwise stated in the notes.

(c) Functional and Presentation Currency

These financial statements are presented in Australian dollars, which is the company's functional currency.

(d) Going Concern

Notwithstanding the deficiency of net assets in the company, the financial statements of the company have been prepared on a going concern basis. This basis has been applied as the directors have received a guarantee of continuing financial support and it is the directors' belief that such financial support will continue to be made available.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting policies that have been adopted in the preparation of the financial statements are as follows:

(a) Property, Plant and Equipment

All property, plant and equipment except for freehold land and buildings are initially measured at cost and are depreciated over their useful lives to the company.

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 over the asset's useful life to the company commencing from the time the asset is held ready for use.

(b) Receivables

Receivables expected to be collected within 12 months of the end of the reporting period are classified as current assets. All other receivables are classified as non-current assets.

(c) Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, deposits held at call with banks, other short-term highly liquid investments with original maturities of three months or less, and bank overdrafts. Bank overdrafts are shown within borrowings in current liabilities on the statement of financial position.

These notes are unaudited and should be read in conjunction with the attached compilation report.

TAKING PAEDIATRICS ABROAD LIMITED
ABN 35 635 999 076

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

(d) Revenue and Other Income

Revenue comprises revenue from the sale of goods, services provided, government grants, fundraising activities, patrons contribution and members donation.

Revenue is measured at the fair value of the consideration received after taking into account any trade discounts and volume rebates allowed.

Interest revenue is recognised using the effective interest method, which for floating rate financial assets is the rate inherent in the instrument.

Revenue recognition relating to the provision of services is determined with reference to the stage of completion of the transaction at the end of the reporting period and where outcome of the contract can be estimated reliably. Stage of completion is determined with reference to the services performed to date as a percentage of total anticipated services to be performed. Where the outcome cannot be estimated reliably, revenue is recognised only to the extent that related expenditure is recoverable.

Donations collected, including cash and goods for resale, are recognised as revenue when the company gains control of the donations, the economic benefits are probable and the amount of the donation can be measured reliably.

(e) Comparative Figures

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

(f) New Accounting Standards for Application in Future Periods

The AASB has issued a number of new and amended Accounting Standards that have mandatory application dates for future reporting periods, but these do not have a material effect on the company's financial statements.

TAKING PAEDIATRICS ABROAD LIMITED
ABN 35 635 999 076

NOTES TO THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 30 JUNE 2025

	2025	2024
	\$	\$
3. CASH AND CASH EQUIVALENTS		
Bank - Westpac CSO #621 254	68,481	53,050
Term Deposit - Westpac #969	<u>30,397</u>	<u>30,928</u>
	<u><u>98,878</u></u>	<u><u>83,978</u></u>
4. PROPERTY, PLANT AND EQUIPMENT		
Plant and equipment	1,927	1,927
Less accumulated depreciation	(1,526)	(563)
Total property, plant and equipment	<u><u>401</u></u>	<u><u>1,364</u></u>

These notes are unaudited and should be read in conjunction with the attached compilation report.

TAKING PAEDIATRICS ABROAD LIMITED
ABN 35 635 999 076

DIRECTORS' DECLARATION

In the opinion of the directors of Taking Paediatrics Abroad Limited:

1. The financial statements and notes, as set out on pages 4 to 9 are in accordance with the Australian Charities and Not-for-profit Commission Act 2012, including:
 - (a) giving a true and fair view of its financial position as at 30 June 2025 and of its performance for the financial year ended on that date; and
 - (b) complying with Australian Accounting Standards - Simplified Disclosures (and the Australian Charities and Not-for-profits Commission Regulation 2013; and
2. There are reasonable grounds to believe that the company will be able to pay its debts as and when they become due and payable.

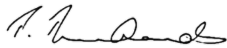
Signed in accordance with a resolution of the Board of Directors.

Director



Dr Kathryn Currow

Director



Peter Richards

Date:

29th October 2025



Level 1
14 Bulwer Street
Maitland NSW 2320
ABN - 51 611 569 003

Taking Paediatrics Abroad Limited **Independent Audit Report to the stakeholder of Taking Paediatrics Abroad Limited**

Report on the Audit of the Financial Report

Opinion

We have audited the financial report of Taking Paediatrics Abroad Limited, which comprises the statement of financial position as at 30 June 2025, the Profit and Loss Statement, the statement of changes in equity for the year then ended, and notes to the financial statements, including a summary of significant accounting policies, and the directors declaration.

In our opinion the financial report of Taking Paediatrics Abroad Limited has been prepared in accordance with Division 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 30 June 2025 and of its financial performance for the year ended; and
- (ii) complying with relevant Australian Accounting Standards to the extent described in Note 2, and Division 60 of the Australian Charities and Not-for-profits Commission Regulation 2022.

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 auditor independence requirements of the Australian Charities and Not-for-profits Commission Act 2012 (ACNC Act) and the ethical requirements of the Accounting Professional and Ethical Standards Board's APES 110 Code of Ethics for Professional Accountants (including Independence Standards) (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 opinion.

Emphasis of Matter - Basis of Accounting

We draw attention to Note 2 to the financial report, which describes the basis of accounting. The financial report has been prepared for the purpose of fulfilling the Registered Entity's financial reporting responsibilities under the ACNC Act. As a result, the financial report may not be suitable for another purpose. Our opinion is not modified in respect of this matter.

Responsibilities of Responsible Entities for the Financial Report

The responsible persons of the Registered Entity are responsible for the preparation of the financial report that gives a true fair view and have determined the basis of the preparation describe in Note 2 to the financial report is appropriate to meet the requirements of ACNC Act, and the needs to the member. The responsible entities' responsibility also includes such internal control as the responsible entities determine is necessary to enable the preparation of a 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 responsible persons are responsible for assessing 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 responsible entities either intend to liquidate the Registered Entity or to cease operations, or has no realistic alternative but to do so.

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

A further description of our responsibilities for the audit of the financial report is located at the Auditing and Assurance Standards Board website at: https://www.auasb.gov.au/auditors_responsibilities/ar4.pdf. This description forms part of our auditor's report.

Chartered Accountants



Judy Brown

B Bus RCA

Managing Director

Brown Auditing Services Pty Ltd

Location Maitland NSW

Dated this 21..... day of..... November... 2025