The Parliament of the Commonwealth of Australia

Regional health issues jointly affecting Australia and the South Pacific

Report of the Australian Parliamentary Committee Delegation to Papua New Guinea and the Solomon Islands

House of Representatives
Standing Committee on Health and Ageing

March 2010
Canberra

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Foreword

From 6-16 October 2009, I led a delegation of health committee members on the inaugural committee delegation visit to Papua New Guinea and the Solomon Islands.

During our visit to both countries we met with a number of parliamentarians, and government and civil society representatives to discuss a range of regional health issues that jointly affect Australia and the South Pacific. We also inspected sites relevant to the delegation's aims and objectives.

In addition to detailing our programme activities and observations, this report outlines the committee's activities in Australia prior to the overseas delegation, which the committee as a whole took part in. These meetings and inspections prepared delegates well for the visits.

We were warmly received in both countries and appreciated the generous hospitality and support provided by the host Parliaments and Governments of Papua New Guinea and the Solomon Islands, as well as our high commission representatives in each place. We are very grateful to the many people who helped to make the visit such a success.

The delegation afforded a unique and valuable opportunity for parliamentarians to learn more about the health system and health services delivery in neighbouring countries and to strengthen the bilateral relationship with two countries with which we have longstanding and important ties.

We have fond memories of our time spent in each country.

Mr Steve Georganas MP
Chair

Membership of the Committee

Chair	Mr Steve Georganas MP	
Deputy Chair	Mr Steve Irons MP	
Members	Mr James Bidgood MP (to 22/10/2009)	Mrs Catherine King MP
	The Hon Bronwyn Bishop MP (from 03/02/2010)	Mrs Margaret May MP (to 03/02/2010)
	Mr Mark Coulton MP (to 03/02/2010)	Mr Shayne Neumann MP (from 11/02/2010)
	Mrs Joanna Gash MP	Ms Amanda Rishworth MP
	Ms Jill Hall MP	
	Mrs Julia Irwin MP	Dr Andrew Southcott MP (from 03/02/2010)

Membership of committee delegation

Leader	Mr Steve Georganas MP
Members	Mr James Bidgood MP
	Ms Jill Hall MP
	Ms Amanda Rishworth MP
Secretary	Ms Sara Edson

Committee secretariat

Secretary	Mr James Catchpole
Inquiry Secretary	Ms Sara Edson
Senior Research Officer	Ms Penny Wijnberg
Administrative Officer	Mr Shaun Rowe

Terms of reference

On 3 June 2009, the Committee resolved that:

The Committee will conduct inspections, hearings and a roundtable on regional health issues that jointly affect Australia and the South Pacific, in order to inform the delegation visit to Papua New Guinea and the Solomon Islands.

List of abbreviations

ABI	Avoidable Blindness Initiative
ALA	Australian Leadership Awards
ARCSHS	Australian Research Centre in Sex, Health and Society
AusAID	Australian Agency for International Development
AQIS	Australian Quarantine and Inspection Service
AVI	Australian Volunteers International
AYAD	Australian Youth Ambassadors for Development
CDI	Centre for Democratic Institutions
CVD	Cardiovascular disease
DIAC	Department of Immigration and Citizenship
DFAT	Department of Foreign Affairs and Trade
HAA	House of Representatives Standing Committee on Health and Ageing
HECS	Health Education and Clinical Services Program
HIC	Health Issues Committee
HSSP	Health Sector Support Program
JAC	Joint Advisory Council
JICA	Japan International Cooperation Agency
MDG	Millennium Development Goals
MHMS	Ministry of Health and Medical Services (Solomon Islands)

MBBC	Men and Boys Behaviour Change Program
MMO	Movement Monitoring Officer
MMR	Maternal Mortality Rate
NDoH	National Department of Health (Papua New Guinea)
NRH	National Referral Hospital
NSW	New South Wales
NT	Northern Territory
NZ	New Zealand
ODE	Office of Development Effectiveness
PacMISC	Pacific Malaria Initiative Support Centre
PNG	Papua New Guinea
RAMSI	The Regional Assistance Mission to Solomon Islands
SDP	PNG Sustainable Development Program Ltd
SCA	Save the Children Australia
SH&FPA	Sexual Health and Family Planning Australia
SI	Solomon Islands
SICHE	Solomon Islands College of Higher Education
SIPPA	Solomon Islands Planned Parenthood Association
SMHS	School of Medical and Health Sciences
STIs	Sexually Transmitted Infections
TB	Tuberculosis
TI	Thursday Island
TIM	Traditional Inhabitants Meeting
TSRA	Torres Strait Regional Authority

UNDP	United Nations Development Program
UNIFEM	United Nations Development Fund for Women
VCT	Voluntary Counselling and Testing
VIDA	Volunteering for International Development from Australia
WHO	World Health Organisation

List of recommendations

2 Committee inquiry activities in Australia

Recommendation 1

The Committee recommends that the Speaker of the House of Representatives and the President of the Senate establish a parliamentary mentoring program between women in the Australian Parliament and women in Pacific Island Parliaments or aspiring female candidates.

Recommendation 2

The Committee recommends that collaborative research be undertaken into the sexual networks that exist in the Torres Strait Treaty zone, that includes the collection of data on the levels of Sexually Transmitted Infections, including HIV, on both sides of the border.

Recommendation 3

The Committee recommends that the Australian government facilitate forums for leaders in the region to come together at regular intervals to discuss HIV/AIDS prevention strategies, and, in particular, to seek ways to lessen the social stigma of talking about the disease.

Recommendation 4

The Committee recommends that the Australian government work together with the Australian state and territory governments to establish a reinspection program of installed water tanks, in dengue affected areas in Australia.

Recommendation 5

The Committee recommends that the Australian government partner with non-government organisations and communities to find nutritional solutions that promote healthy eating and redress malnutrition, in affected areas in the Torres Strait and Papua New Guinea.

3 Committee delegation visit to Papua New Guinea

Recommendation 6

The Committee recommends that the Australian government encourage and support further institutional partnerships and/or reciprocal exchanges between the School of Medical and Health Sciences at the University of Papua New Guinea and Australian universities.

Recommendation 7

The Committee recommends that the Australian government make efforts to link Igat Hope with counterpart organisations in Australia to strengthen their advocacy potential.

Recommendation 8

The Committee recommends that the Australian government consider establishing a contact point within the Department of Foreign Affairs and Trade or AusAID to provide community organisations in Australia with basic information on the suitability of their intended donations to countries in our region.

Recommendation 9

The Committee recommends that the Australian government support additional health communications officer positions in the Torres Strait and treaty villages of the Western Province of Papua New Guinea.

Recommendation 10

The Committee recommends that the Australian government install additional rainwater tanks in treaty villages in the Western Province of Papua New Guinea.

Recommendation 11

The Committee recommends that any new health facility that the Australian government helps construct should provide for staff accommodation and ongoing maintenance, in consultation and partnership with the local community.

Recommendation 12

The Committee recommends that the Australian government, in conjunction with the Papua New Guinean government, facilitate more creative and inclusive forums in which locals on both sides of the treaty zone border can engage on health and other treaty related issues with each other and with government officials of both nations.

4 Committee delegation visit to Solomon Islands

Recommendation 13

The Committee recommends that the Australian government encourage and support further institutional partnerships, including reciprocal exchanges between Department of Health staff in the Solomon Islands and Australian institutions (such as hospitals, universities and laboratories), including the provision of training at the National Referral Hospital.

Recommendation 14

The Committee recommends that the Australian government support education programs about diabetes prevention and nutrition in the Torres Strait, the Solomon Islands and Papua New Guinea, in areas where diabetes and nutrition are problematic.

Recommendation 15

The Committee recommends that a mentoring program (especially for women) be established that matches senior bureaucrats, in the Australian Department of Health and Australian health facilities with senior bureaucrats in the Solomon Islands Department of Health.

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Overview

Nominating for the committee delegation visit

Invitation

1.1 In February 2009, the Speaker of the House of Representatives and the President of the Senate communicated that the Prime Minister had agreed to the Presiding Officers' proposal for an annual parliamentary committee visit to two Asia-Pacific countries commencing in 2009.

1.2 In their letter to Parliamentary Committee Chairs inviting expressions of interest, the Presiding Officers advised that the annual visit would provide an opportunity for one parliamentary committee each year to explore in two neighbouring countries issues relevant to its work. It will also help to boost the Parliament's contacts within the region.

Committee delegation guidelines

1.3 A rotation system will operate for the delegation, with the visit opportunity rotating between House, Senate and Joint Committees over a three year period, commencing with a House Committee in 2009.

1.4 Other guidelines apply to the committee delegation visits. These include, that a maximum of six committee members will be permitted to travel, reflecting the party composition of the committee, with one delegation secretary from the committee secretariat; that travel may include Pacific rim countries excepting New Zealand (with which a committee exchange program already operates) and the United States (where the Australian Parliament already undertakes a biennial visit); and that committees must

indicate their reason for travel and how it relates to their current work, with the most meritorious bid selected by the Presiding Officers.[1]

Submitting and winning the bid

1.5 The Committee expressed its interest in undertaking a delegation visit to Papua New Guinea and the Solomon Island to consider health issues of mutual interest to the two countries and Australia.

1.6 The Committee was delighted to be notified in March 2009 by the Presiding Officers that its bid had been successful and that the Health and Ageing Committee had been selected to undertake the inaugural committee delegation visit in 2009.

Background to committee inquiry

New era of engagement with Pacific on health issues

1.7 The call for nominations for the delegation was timely for the House of Representatives Standing Committee on Health and Ageing (also referred to as the HAA Committee) given that the Committee Chair had had discussions with then Parliamentary Secretary for Pacific Island Affairs, the Hon. Duncan Kerr SC MP, about health issues that jointly affect Australia and the South Pacific and the possibility of the HAA Committee conducting an inquiry into these matters.

1.8 This discussion followed a visit in March 2008 by then Parliamentary Secretary for Pacific Island Affairs, the Hon. Duncan Kerr SC MP, together with the Prime Minister, the Hon. Kevin Rudd MP, and the Parliamentary Secretary for International Development, the Hon. Bob McMullan MP, to Papua New Guinea and the Solomon Islands to discuss the future of development cooperation in the region.

1.9 In Papua New Guinea, on 6 March 2008, the Prime Ministers of Australia and Papua New Guinea signed the Port Moresby Declaration which symbolised a new era of cooperation with the island nations of the Pacific including negotiating Australian - Pacific Partnerships for Development. A copy of the Port Moresby Declaration is at Appendix A.

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1 Letter from Speaker of the House of Representatives and the President of the Senate to Clerk Assistant (Committees), 13 February 2009.

1.10 During the visit the Prime Minister Rudd declared Australia's intention to usher in a new era of engagement with the Pacific.

> "I want Australia to host next year's Pacific Islands Forum to send a clear message to our regional neighbours that Australia is back in business in Pacific affairs," Mr Rudd said.
>
> "It's been 14 years since Australia last hosted the Pacific Islands Forum. That's far too long."
>
> "We need to be seriously engaged in our own region – on climate change, on regional trade, on development and a raft of other areas."
>
> "I want a new era of cooperation between Australia and the Pacific Island nations and hosting the Forum will be a big step in that direction."
>
> "Strengthening Australia's partnerships with our regional neighbours forms the basis of the Port Moresby Declaration that I issued on 6 March."
>
> "Australia wants to build new relations with its Pacific neighbours on the basis of mutual trust, mutual responsibility and mutual cooperation."[2]

1.11 Prime Minister Somare gave a similar key speech when he visited Canberra the following year. In it he also alluded to a major policy shift in PNG's approach to development cooperation.

> **…the time has come to assert and accept more responsibility over our national development.**
>
> Papua New Guinea will also be **accepting more responsibility with respect to regional initiatives.**
>
> After over 34 years, Papua New Guinea must forge **a new relationship of equitable partnership** with Australia. Our maturing relationship must be reflected in a new level of equality in our dealings at all levels encompassing political, social, trade and commerce.[3]

2 The website of the Prime Minister of Australia, media release, "Australia seeks to host 2009 Pacific Islands Forum", 8 March 2008, http://www.pm.gov.au/node/5904

3 Prime Minister Somare's statement during reception by PNG High Commissioner to Australia, 28 April 2009, http://asopa.typepad.com/files/somare_canberra_-280409-1.pdf

Health partnerships

Papua New Guinea

1.12 In June 2009, at the Australia-Papua New Guinea Ministerial Forum, Australia and PNG endorsed five schedules to the Papua New Guinea – Australia Partnership for Development, including a 'health' one. Both countries have committed to achieving certain health outcomes by 2015. All development assistance is jointly agreed and jointly programmed. The approach taken is to strengthen PNG's own public administration so that it can fulfil its functions in the country, and to strengthen the PNG Department of Health, at both the national level and sub-national level to which many responsibilities are devolved.

1.13 The Health Schedule sets out the following targets:

- an increased percentage of children receiving triple antigen and measles vaccinations;
- an increased percentage of [child birth] deliveries being supervised by skilled staff;
- reduced malaria prevalence in high malaria endemic districts; and
- reduced tuberculosis prevalence in high tuberculosis (TB) endemic districts.[4]

1.14 HIV/AIDS is another priority area for which an additional schedule will be developed.[5]

1.15 Under the Papua New Guinea – Australia Partnership for Development $45 million has been allocated to health and $33. 5 million for HIV/AIDS.

Solomon Islands

1.16 A few months prior, on 27 January 2009, the Prime Ministers of Solomon Islands and Australia signed a similar Partnership for Development. Improved health service delivery is one of the Partnership's four initial priorities. The health targets are:

4 AusAID website, Schedule to the Papua New Guinea- Australia Partnership for Development, Priority Outcome 3 (10 June 2009), http://www.ausaid.gov.au/country/pdf/outcome_health_schedule.pdf

5 AusAID website, http://www.ausaid.gov.au/country/partnership/png.cfm

- an increased percentage of the population with access to a health facility staffed by a health care worker and stocked with appropriate medicines;
- reduced malaria incidence in high endemic provinces and elimination in Temotu Province;
- improved access to clean water and proper sanitation; and
- reduced maternal and infant mortality rates.[6]

Cross-border health issues

1.17 At about the same time that the partnerships for development were being established, the Australian media was reporting on cross-border health concerns. This included a *7:30 Report* feature with medical practitioners and academics asserting that Australia's border with PNG could be the gateway for future health threats like mosquito-borne diseases, HIV and drug-resistant TB.[7] The transcript for the program is available on the ABC website and alludes to many of the key issues at the heart of the inquiry which the Committee would subsequently undertake. Namely, the disparity between the Australian and PNG health systems, and the practicalities and ethical dilemmas of dealing with contagious and sometimes life threatening diseases on our border.

Shared health concerns

1.18 As part of its previous inquiry into issues surrounding overweight and obesity in the Australian population, the Committee visited remote indigenous communities in New South Wales (NSW) and the Northern Territory (NT).[8] It struck the Committee that there are commonalities between parts of Australia and parts of the Pacific where pockets of social and economic disadvantage exist. Poor health indicators are a shared concern in our region, be these a high incidence of diabetes and cardiovascular disease (co-morbidities of obesity), or a high incidence of eye disease and poor maternal and child health.

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6 AusAID website, Australian- Solomon Islands Partnership for Development, http://www.ausaid.gov.au/country/pdf/solomons/1-servicedelivery.pdf

7 ABC, the 7:30 Report, 'Dangerous tuberculosis outbreak in PNG', Broadcast on 24/07/2008, written transcript and video clip available at: http://www.abc.net.au/7.30/content/2008/s2313813.htm

8 See the HAA Committee website for the Obesity inquiry report, http://www.aph.gov.au/house/committee/haa/reports.htm

Tying the threads together

1.19 Against the backdrop of the Australian government's stated intention to reengage with the Pacific, the Committee decided to make a case for a delegation to Papua New Guinea and the Solomon Islands to learn more about the topical health concerns we share in the region. These include cross-border communicable diseases like malaria, tuberculosis and sexually transmitted diseases (including HIV/AIDS) and also the aforementioned health inequalities in remote areas; the rise of non-communicable diseases like diabetes and cardiovascular disease; and the health impacts of climate change.

Focus on PNG and SI

1.20 In its bid to the Presiding Officers, the Committee indicated that the delegation would serve to complement visits it already intended to make to the Torres Strait to learn more about the health of Torres Strait Islanders and cross-border health concerns to our immediate north and east.

1.21 The Committee nominated Papua New Guinea (PNG) and the Solomon Islands (SI) as the two countries to visit for the following reasons. Western Province in Papua New Guinea is, of course, Australia's closest neighbour and borders the Torres Strait. At its nearest point, the two countries are separated by a mere 5 kilometres in distance. The Solomon Islands is also a close neighbour and borders PNG.

Map of South Pacific

Important bilateral relationships

1.22 Australia has important bilateral relationships with both Papua New Guinea and the Solomon Islands. As Prime Minister Rudd indicated in his joint press conference with Prime Minister Somare on 8 March 2008, Australia and PNG have close geographical and historical links and PNG is a leader in the Pacific. Australia has similarly deep and longstanding ties with the Solomon Islands, especially since the deployment of The Regional Assistance Mission to Solomon Islands (RAMSI) in July 2003, a partnership between the Government and people of Solomon Islands and 15 contributing counties of the Pacific region. Australia is a key player in the RAMSI operation which has been a long-term exercise aimed at helping create the conditions necessary for a return to stability, peace and a growing economy in the Solomon Islands.[9]

Australian aid to the Pacific

1.23 Australia has long-held an interest in the development of Papua New Guinea and the Solomon Islands, and, for many years, contributed significant amounts of aid to both countries. In 2009-2010, official development assistance to PNG and the Pacific region is in the region of $1.09 billion. PNG is our second largest development partner after Indonesia. [10]

1.24 The proportion of aid directed towards health matters in the Pacific for 2009-2010 is estimated at $ 133 million:

> This does not include scholarships, research, seminars and other governance programs but does cover an estimated $35.6 million in bilateral health assistance to the Solomon Islands, Fiji, Samoa, Vanuatu, Nauru, Kiribati and Tonga, and $72 million for the PNG health and HIV/AIDS programs. In addition there is $25. 4 million in regional programs in HIV and sexually transmitted illnesses, non-communicable diseases, immunisations and child protection, visiting specialist clinicians, training health workers, malaria, influence pandemic preparedness, avoidable blindness, sexual and reproductive health and human resources for health.[11]

9 See RAMSI website for more details, http://www.ramsi.org/node/5

10 AusAID website, Pacific, http://www.ausaid.gov.au/country/southpacific.cfm

11 AusAID, Official transcript of evidence, 11 September 2009, p. 23.

PNG Health Program

1.25 Australia's support for the PNG health system is delivered through a sector- wide approach and aligned with the PNG government's health priorities. This means working within the PNG government's health systems to support institutional strengthening and sustainability.

1.26 Despite substantial development assistance to Papua New Guinea, the PNG health system remains fragile.

1.27 A key task in coming months for Australia is to assist PNG to develop and implement a new National Health Plan which responds effectively to PNG's significant health challenges and recognises the central role of provinces, districts and the churches in health service delivery.

1.28 Currently, PNG is off track to meet any of the Millennium Development Goals (MDGs), including health related MDG 4 (reduce child mortality), MDG 5 (improve maternal health), and MDG 6 (combat HIV/AIDS, malaria and other diseases).[12]

Solomon Islands Health Program

1.29 Australia also supports the health sector in the Solomon Islands in the form of a sector-wide approach, with health priorities determined by the Solomon Islands government.

1.30 The Australian Agency for International Development (AusAID) is providing predictable long-term funding of up to $60 million over 5 years from 2007-2012. This comprises almost one third of total public expenditure in the health sector.

1.31 Solomon Islands has made solid progress on reducing malaria, TB, child mortality and maternal mortality, and has maintained its low incidence of HIV (although this should be interpreted with caution as it may represent under-reporting due to undiagnosed cases). Solomon Islands is likely to meet MDG 4 and MDG 5 targets and could reach MDG 6 with extra effort and resources.[13]

1.32 The AusAID website has further details of Australia's various aid programs and activities in PNG and SI.[14]

12 Written briefing material provided to Committee delegation by AusAID.

13 Written briefing material provided to Committee delegation by AusAID.

14 See AusAID website, www.ausaid.gov.au

Aid effectiveness in PNG and SI

1.33 AusAID supplied the Committee with a copy of the Office of Development Assistance's[15] June 2009 report which evaluates Australian aid for health service delivery in Papua New Guinea, Solomon Islands and Vanuatu. The Executive Summary contains a useful overview of health systems performance and the effectiveness of AusAID's contribution, with recommendations to inform approaches in the future.[16]

1.34 In sum, having reviewed the impact of Australian aid on PNG health, the ODE found that none of the health service indicators in the Annual Health Sector Review showed any trend improvement since 2002.

1.35 According to the ODE:

> There is wide performance variation between provinces for services and coverage indicators that predominantly reflect provincial management capacity and approaches, but a much lower variation for functions that are controlled from the national level.
>
> Because per capita spending on health has been falling, it is not suprising that overall output has not been improved. Until the mid 2000's, this was due to a lack of funds for the health sector overall, but it is now due to failure to spend available funds on the rights things and at the provincial and more peripheral level. Money is not the only issue, but it is hard to make progress without it. With a financing gap in the National Health Plan, the introduction of new programs outside the plan eats into already inadequate funding for core priorities, hence the sporadic spurts of progress when special initiatives are taken, but the failure to sustain and build on them.[17]

1.36 In its evaluation of the impact of Australian aid on health in the Solomon Islands, the ODE asserts that Australia can take credit for some of the substantive and positive achievements there (outlined in 1.31). ODE claimed that AusAID support sustained the operating costs of the health system during tensions. That said, greater attention needs to be made to

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15 The Office of Development Effectiveness (ODE) was established by the Australian government in 2006 to monitor the quality of and evaluate the impact of the Australian aid program. See website for more : http://www.ode.ausaid.gov.au/about/index.html

16 Executive Summary, full report and individual country reports available from ODE website, http://www.ode.ausaid.gov.au/publications/index.html

17 AusAID Working Paper 1: PNG Country Report (June 2009) , p. 32-33 http://www.ode.ausaid.gov.au/publications/pdf/working_paper_1_png.pdf

family and reproductive health, non-communicable diseases, and outreach services. There had also been issues with fragmentation of Australian support resulting in a loss of momentum. For example, there had been too narrow a focus on individual technical advisors whose average tenure was less than a year with little continuity between them.[18]

1.37 In light of the Port Moresby Declaration and the PNG-Australia Partnership for Development, Prime Ministers Rudd and Somare agreed to an independent review of Australian aid assistance to consider how it can most effectively contribute to PNG's current, medium and long-term development priorities. Consultations with key stakeholders will occur between January and March 2010. Recommendations will be presented to Ministers at the next PNG-Ministerial Forum (which is the highest level regular meeting between the two countries), at a date yet to be determined.[19]

Beyond the aid paradigm

1.38 One point that the Committee emphasised in making its case to the Presiding Officers for the committee delegation visit was that – notwithstanding the importance of the respective bilateral aid relationships and traditional engagement on health issues within an aid and development lens - the Committee would seek to use the visits as an opportunity to examine health issues in a broader context.

1.39 The Committee would engage in a bipartisan manner with political counterparts, including parliamentary committees and friendship groups, as well as government and community representatives and discuss strategies for how our respective nation states can tackle communicable and non-communicable diseases in an increasingly inter-connected world in which health issues, climate change, migration issues and the like can no longer be approached in silos, or solely through a development paradigm. The Committee anticipated that the visit would enhance parliamentary engagement, contribute to political goodwill and to a spirit of partnership in the region.

18 AusAID Working Paper 1: SI Country Report (June 2009) , pp. 36-40, http://www.ode.ausaid.gov.au/publications/pdf/working_paper_2_sols.pdf

19 For more information on the review see the AusAID website, http://www.ausaid.gov.au/country/papua.cfm

Inquiry process and associated pre-departure activities

1.40 Committee members discussed the proposed delegation and considered the pre-departure activities that it wished to undertake in association with the visits.

Pre-departure meetings and inspections in Australia

1.41 In order to better inform itself on a range of regional health issues in advance of the delegation visit, the Committee resolved, using the annual report review mechanism, Standing Order 215 (c), to conduct inspections, meetings and a roundtable on 'regional health issues jointly affecting Australia and the South Pacific.' These terms of reference were deliberately broad, in order to be inclusive.

1.42 The Committee invited a range of participants to its roundtable held at Parliament House in Canberra. The 24 invitees included the PNG and SI High Commissioners in Canberra, Australian Government stakeholders, and representatives from non-government organisations and international development consultancies. Discussions focused on current health priorities (cross-border and others) of mutual concern to Australia and its close neighbours, the nature of existing cooperation on these matters and the scope for greater collaboration to enhance the health and well-being of all citizens in the region.

1.43 Prior to the roundtable in Canberra, the Committee requested a joint briefing from the Department of Foreign Affairs and Trade, AusAID and the Department of Health and Ageing on the Torres Strait Treaty, Australia's development assistance to Papua New Guinea and cross-border health issues.

1.44 A public hearing was held in Cairns with academics from the James Cook University's Anton Breinl Centre which specialises in public health problems in tropical Australia and its near neighbours; Tropical Regional Services, Queensland Health; Queensland Tuberculosis Control Centre, Queensland Health; and Cairns Base Hospital.

1.45 The Committee had a meeting on Saibai Island with traditional owners and community elders, together with representatives of the Torres Strait Island Regional Council.

1.46 The Saibai Health Clinic's Nurse Manager took the Committee on a tour of the clinic's facilities and described the work that she and other staff do there, under unique and challenging conditions.

1.47 Meetings were also held on Thursday Island – the administrative centre of the Torres Strait - with representatives stationed there from the Department of Foreign Affairs, Department of Immigration and Citizenship, and Torres Strait Regional Authority, and also Thursday Island Hospital staff.

1.48 A list of all meetings and witnesses is contained in Appendix B.

1.49 The Committee Chair and Chair of the Australian Parliament Pacific Friendship Group, Ms Rishworth, also attended a further two meetings that were relevant to the delegation visit.

1.50 For the first of these, the then Parliamentary Secretary for Pacific Affairs, the Hon. Duncan Kerr invited them and other friends of the Pacific Parliamentary Group to meet with visiting Australian Heads of Mission and AusAID Regional Heads in Canberra on 17 June 2009. This meeting was an excellent opportunity to receive an update from each Australian Head of Mission working in the Pacific, and be introduced to the Australian High Commissioners in PNG and SI.

1.51 Following the meeting opportunity with representatives from AusAID and HOMs, the respective Chairs attended a meeting hosted by the Parliamentary Liaison Group on HIV/AIDS, Blood borne viruses (BBIs) and Sexually Transmitted Diseases (STIs), chaired by Senator Louise Pratt. The guest speaker, Mr Bill Bowtell, Executive Director of Pacific Friends of the Global Fund to Fight HIV/AIDS, TB and Malaria, spoke about further ways that Australia might be able to better assist countries in the Pacific to deal with HIV/AIDS.

Written submissions

1.52 Although the Committee did not formally call for written submissions, 11 were received throughout the duration of the inquiry. These are listed in Appendix C, together with exhibits received for the inquiry. Copies of the submissions are available from the Committee's website, as are transcripts of the public hearings.[20]

Briefing material

1.53 Prior to the Committee Delegation's departure overseas, officers from the Department of Foreign Affairs (DFAT) and AusAID met with delegates to

20 HAA Committee website, Committee activities, http://www.aph.gov.au/house/committee/haa/pacifichealth/index.htm

discuss the delegation program and administrative matters. Written materials were supplied. DFAT supplied fact sheets, country briefs and travel advice.[21] AusAID gave delegates an overview of the Australian aid program in PNG and SI respectively and a brief on health issues in each country. The agency also provided delegation members copies of the following documents: the Port Moresby Declaration; the Partnership for Development between the Government of Australia and the Government of Papua New Guinea and the health schedule; and Annex B: Cairns Compact on Strengthening Development Coordination in the Pacific.[22] In Port Moresby AusAID supplied additional briefing material, including biographies of key government figures whom the Committee delegation would meet with, background information on site visits, and health issues in Western Province. In Honiara, AusAID provided additional briefing material, including a copy of the Solomon Islands Australia Partnership for Development, an assessment of it, and the Australian High Commission submission to the parliamentary inquiry into the quality of medical services provided at the National Referral Hospital.

Structure of the report

1.54 Following this preliminary chapter, Chapter 2 will highlight some of the key topics and underlying themes that emerged from the Committee's activities conducted in Australia prior to the Committee delegation's visits.

1.55 Chapters 3 and 4, respectively, will deal with the Papua New Guinea and Solomon Islands visits. The delegation program for the visit is provided at Appendix D. Media clippings from the visit to Papua New Guinea, together with an article on the visit which featured in the House of Representatives' *About the House* publication are contained in Appendix E.

1.56 Chapters 3 and 4 will reflect the aims and objectives of the delegation visit which complemented the inquiry's broad terms of reference to examine 'regional health issues that jointly affect Australia and the South Pacific.'

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21 This information is available from the DFAT website, www.dfat.gov.au

22 From 4-7 August 2009 Leaders of the Pacific Islands Forum met in Cairns and agreed to a new development compact to invigorate commitment to economic and development performance and the achievement of Millennium Development Goals in the region, which remain off-track. See AusAID website for a copy: http://www.ausaid.gov.au/hottopics/topic.cfm?ID=7859_8335_3044_5265_6693

1.57 The aims and objectives specific to the Papua New Guinea component of the delegation visit were to:

- gain an understanding of PNG perspectives on health and communicable diseases issues and the impact of climate change on public health;
- acquire an appreciation of the cross-border implications of communicable diseases;
- gain an insight into the state of PNG's health infrastructure;
- liaise with other health stakeholders and explore the prospects and means of capacity building in the health sector; and
- visit an AusAID funded project.

1.58 Similarly, the aims and objectives specific to the Solomon Islands component of the delegation were to:

- gain an understanding of SI perspectives on health and communicable diseases issues and the impact of climate change on public health;
- acquire an insight into the state of health infrastructure;
- liaise with other health stakeholders and explore the prospects and means of capacity building in the health sector; and
- visit an AusAID funded project.

1.59 Chapter 5 will describe the follow up activities that the Committee delegation pursued on return to Australia, offer some concluding comments, and acknowledge those that helped to make the delegation visit such a success.

Report parameters

1.60 At the same time that the HAA Committee was conducting its inquiry into health issues that jointly affect Australia and the South Pacific, the Senate Foreign Affairs, Defence and Trade References Committee was conducting two inquiries with similar or overlapping themes. The first was an inquiry into the economic and security challenges facing Papua New Guinea and the island states of the southwest Pacific. The second was an inquiry into

matters relating to the Torres Strait region.[23] Volumes 1 and 2 of the report of the inquiry into economic and security challenges were tabled in the Senate on 19 November 2009 and 25 February 2010, respectively.[24]

1.61 Parliamentary delegations are traditionally conducted in the spirit of bipartisanship and goodwill. In that vein, the Committee's report will focus on the good work that is already underway, including –but not restricted to- development assistance, and ways to continue building partnerships for better health outcomes in the region.

23 See the Senate Foreign Affairs Committee's website for more information about each inquiry, including terms of reference, submissions and copies of public hearing transcripts http://www.aph.gov.au/Senate/committee/inquiries/index.htm

24 See the Senate Foreign Affairs Committee website for the report, http://www.aph.gov.au/Senate/committee/fadt_ctte/swpacific/index.htm

2

Committee inquiry activities in Australia

2.1 As outlined in Chapter 1, the Committee participated in a range of activities in Australia, including travelling to the Torres Strait, prior to the Committee delegation's departure overseas, in order to better inform itself on the cross-border and other health issues facing Australia and its South Pacific neighbours.

2.2 Before the delegation travelled to Papua New Guinea (PNG), the Committee wanted to learn more about the Torres Strait treaty, the status of health services in the Western Province of PNG, Australian assistance to the health sector in Western Province, the health concerns of Torres Strait residents and the jointly agreed Package of Measures designed to address health problems on both sides of the border.

2.3 The Committee also sought information on some of the major health issues jointly affecting PNG, Solomon Islands (SI) and Australia alike, including, avoidable blindness; child and maternal health; violence against women; water and sanitation; HIV/AIDS; tuberculosis (TB); mosquito borne diseases (malaria and dengue fever); the health impacts of climate change; and a rise in non-communicable diseases like diabetes.

2.4 From discussions on these topics the Committee gleaned a number of underlying and recurrent themes which usefully 'set the scene' for the delegation visits and discussions in country.

Cross-border framework

Torres Strait Treaty

Figure 1.0 Map of Torres Strait Treaty Area

Summary

2.5 There is not a widespread awareness amongst Australians on the mainland of the Torres Strait Treaty and how it operates, or attendant border issues. The Department of Foreign Affairs and Trade (DFAT) has overall responsibility for the treaty and their website contains information on it. [1]

2.6 Essentially, the Torres Strait Treaty (in operation since 1978) is a unique arrangement that defines the territorial boundaries between Australia and PNG and establishes a protected zone that safeguards the traditional way of life and livelihood of inhabitants including fishing for food, trade, and ceremonial activities such as marriages, funerals and social events.

2.7 It allows for traditional inhabitants of both sides of the border to cross the border without passports and visas, under community guidelines.

1 See DFAT website, http://www.dfat.gov.au/geo/torres_strait/index.html

2.8 Presently, 13 PNG villages have free movement privileges – that is, they are allowed to travel freely in the protected zone. There are 14 treaty communities on the Australia side. Whilst not named in the treaty, free movement is also granted to those from 4 treaty village 'corners' within the Western Province capital Daru (i.e. people who have ancestral ties to the treaty villages of Mawatta, Mabaduan, Ture Ture, Parama) and descendents of the Daru pioneers (children of the original missionaries and people mobile in the area in the century before last who ended up settling on Daru but had a traditional and longstanding range through the area). For the purposes of the treaty these two groups are considered traditional inhabitants as well. There is also a further 10 villages in PNG that would like to join the treaty, currently in a submission with the PNG Government.[2]

2.9 A prior approval system applies whereby a permit is granted following agreement between elected representatives of each community, indicating that a certain individual or group of individuals can travel and visit that community.[3]

2.10 DFAT is aware that the contemporary relevance of the treaty in a post September 11 world could be questioned with all the restrictions we now have on borders across the world. However, the Department believes that the treaty largely works well and that one of its inherent strengths is self-regulation, namely that the traditional inhabitants are guardians of the treaty. DFAT says that activities that are not permissible (such as an illegal entry outside the normal movement stipulations) are swiftly brought to the attention of authorities.[4]

2.11 The Department of Immigration and Citizenship (DIAC) has six staff based on Thursday Island (TI), with 17 local Movement Monitoring Officers (MMOs), who are 'the eyes and ears of the Department,' scattered around the 14 island communities on the Australian side, with a focus for all agencies on the top western cluster of Saibai, Dauan and Boigu Islands. MMOs undertake quarantine clearances where there is no Australian Quarantine and Inspection Service (AQIS) officer. The Committee was told that MMOs can easily identify who is not from a treaty village through asking questions about their families, and discerning facial features and skin complexions.[5]

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2 DFAT, Briefing, 19 August 2009, pp. 2-3.

3 DFAT, Briefing, 2 September 2009, p. 6.

4 DFAT, Briefing, 19 August 2009, p. 3.

5 DIAC, Briefing, 2 September 2009, p. 9-12.

2.12 According to DFAT, inevitably, there are issues that arise from time to time as a consequence of the numbers of crossings (including health ones) and that constant vigilance and attention to these is required. However, it is the Department's view that, while sometimes used as a scapegoat, the treaty actually resolves more problems than it creates.[6]

2.13 In its submission to the Senate Foreign Affairs Committee, the Torres Strait Regional Authority (TSRA)[7] concurred that the treaty 'itself was sound'. In their view,

> …the problems associated with its operation lie with the poor socio-economic circumstances of PNG and the resources that are needed on the Australian side of the border to 'carry' the resultant burden.[8]

Traditional movements

A PNG treaty villager coming ashore Saibai Island

6 DFAT, Briefing, 19 August 2009, p. 3.

7 The TSRA is an Australian Government Statutory Authority established in 1994 to improve the lifestyle and wellbeing of the Torres Strait Islander and Aboriginal people living in the Torres Strait Region. For more information see the website: http://www.tsra.gov.au/

8 TSRA Submission no 18, Senate Foreign Affairs Committee Inquiry into matters relating to the Torres Strait, https://senate.aph.gov.au/submissions/comittees/viewdocument.aspx?id=0c9da83c-41c0-4252-b4d5-65121c27a573

2.14 The Torres Strait Regional Authority provided statistics to the Committee on the number and distribution of traditional movements made under the treaty for the 2008-2009 year.

Table1: 2008-2009 Traditional Movements

Island	PNG Visitors
Saibai	17,388
Boigu	8,554
Dauan	1,279
Erub (Darnley)	742
Iama (Yam)	566
Ugar (Stephen)	498
Masig (Yorke)	172
Mer (Murray)	137
Badu	95
Mabuiag	63
Warraber (Sue)	53
Poruma (Coconut)	34
Kubin (Moa)	23
St Pauls (Moa)	22
Total	**29,626**

2.15 The figures from 2008-2009 totalling nearly 30, 000 are a decrease from the previous year, 2007-2008, which saw some 52, 674 traditional movements.[9] The decrease is attributable to travel restrictions put in place as a precautionary measure to prevent the spread of swine flu.[10]

2.16 As can be seen from Table 1, the majority of movements by far involve PNG nationals travelling to Saibai Island.

PNG nationals use of Australian health services and impact on Torres Strait communities

2.17 The Torres Strait Treaty does not make mention of nor specific provision for health treatment for PNG villagers in the protected zone. However, if inhabitants from the PNG side are visiting the Australian side and fall ill, or, there is a medical emergency, they are able to be treated at a health care facility in the Torres Strait on a needs basis. Treatment takes place principally at a clinic on Saibai or Boigu, with referral to Thursday Island

9 Torres Strait Regional Authority, Submission no. 5, page. 1, http://www.aph.gov.au/house/committee/haa/pacifichealth/subs/sub005.pdf

10 DIAC, Briefing, 2 September, p. 10.

Hospital, if necessary, or to Cairns Base Hospital, for more serious conditions.

2.18 DFAT reiterated that while poor health is not a valid reason under the treaty to travel to Australia (something which is communicated to communities during treaty awareness visits) it is difficult to prohibit because it is a function of humanitarian need met by an Australian style humanitarian provision.[11]

2.19 A Senior Medical Officer with Thursday Island (TI) Hospital, Dr Stuckey, told the Committee that in addition to treating PNG patients because of their human right to emergency medical care, Australia also treats patients for public health reasons, namely…to slow or stop the spread of infectious diseases into Australia and throughout the Western Province region. Dr Stuckey said that from time to time patients with chronic conditions are treated but that would be an exception to their general medical care.[12]

2.20 Overall, a relatively small proportion of traditional movements involve health clinic visits and hospital stays. According to DIAC, the numbers of PNG nationals seeking medical treatment at time of arrival is very low – about 1 percent of all arrivals on Saibai Island.[13]

2.21 Table 3 below from the Torres Strait Regional Authority (TSRA) submission shows the numbers of PNG nationals presenting to the Saibai health clinic.

Table 3: PNG Nationals number of presentation to Saibai PHC

Year	Number of presentations
2006 & 2007	Average of 90 per month over two years
2008	Average of 36 per month

2.22 The TSRA estimated that about 2000 (3.79%) traditional movements from PNG involved visits to health clinics in the Torres Strait in 2007-2008.[14]

2.23 Dr Stuckey informed the Committee that TI Hospital had treated 92 PNG nationals as inpatients in the previous 12 months, approximately 15 of which were TB patients (25 per cent of whom had multi-drug resistant forms of the illness, requiring at least 6 months of treatment). Another 15

11 DFAT, Briefing, 2 September 2009.

12 Thursday Island Hospital, Briefing 2 September 2009, p. 27.

13 DIAC, Briefing, 2 September 2009, p. 13.

14 TSRA Submission no. 5, p. 5.

were obstetrics cases. Some 10 patients were quite severe malaria cases. The remaining cases were mainly trauma or medical care (falls, fractures, burns from children who have wandered into campfires, violent injuries from machetes and spears - often from domestic violence, snake bites and acute and chronic eye injuries).[15]

2.24 The TSRA and Saibai community representatives expressed concern to the Committee about the impact on their small communities and especially the strain placed on Saibai's health clinic. The TSRA said that approximately 253 people presented at the clinic during 2008-2009 which is about 75 per cent on top of the population of the community which stands at about 337 people.[16]

2.25 There is concern in the community about the potential for people-to-people transfer of contagious diseases from the PNG side to Saibai Islanders, be these sexually transmitted diseases, HIV/AIDs or respiratory illnesses like TB, and especially its more virulent drug resistant forms.[17]

2.26 The TSRA described a 'boxing sea effect.'[18] Namely, the Torres Strait is already one of the most socio-economically disadvantaged regions of the country – trying to catch up with the rest of Australia on health statistics – and it is also carrying the humanitarian burden of assisting PNG nationals.[19]

2.27 In addition to the impact on the Saibai health clinic, the TSRA and Saibai residents noted other pressures from a regular influx of PNG visitors on other services and infrastructure on the island. These include pressures on food security (the community shop only gets food supplies once a week), petrol supplies and Saibai's already limited water supplies.[20] Queensland Health acknowledged that that lack of water is an issue and that desalination plants are required to supplement natural supplies.[21]

2.28 Compounding locals' concerns is uncertainty surrounding the implications of the proposed closure of the large OK Tedi[22] mine in

15 TI Hospital, Briefing, 2 September 2009, pp. 29 – 31.

16 TSRA Briefing, 2 September 2009, p.21.

17 Private communications on Saibai Island, 1 September 2009.

18 The boxing sea effect refers to when you go out on a boat and get hit from two sides by waves.

19 TSRA Briefing, 2 September 2009, p. 23.

20 TSRA briefing, 2 September 2009 , p.21 and private communications, Saibai, 1 September 2009.

21 Queensland Health, Official Transcript, 31 August 2009, p. 19.

22 The OK Tedi mine is a large scale producer of copper concentrate for the world smelting market. The mine is majority owned by an Australian company called PNG Sustainable Development Program Limited (replacing the 52% stake previously held by BHP Billiton). See

Western Province in 2013 (which currently provides employment and health services to some 2000 employees, 95% of whom are PNG citizens) and proposed improved transport infrastructure capacity in Western Province. In their view, these factors may result in increased mobility and additional strains placed on Saibai's resources.[23]

Committee, DFAT Treaty Liaison Officer and Saibai Island community

Health screening of PNG nationals

2.29 One of the main concerns raised by the Torres Strait Regional Authority (and, also in meetings with Saibai community leaders) is the fact that visitors from PNG are not required to have had or be given health screens prior to entry, something they say was required prior to the Torres Strait Treaty, under old community by-laws. It was suggested by some that the AQIS requirements for animal and plant matter are more stringent than health ones for humans.[24]

2.30 DIAC told the committee that immigration officers ask visitors their reason for entry and if they are sick (not a valid reason for visiting, bar an

the OK Tedi mine website for more information on the mine and its activities: http://www.oktedi.com/

23 TSRA, Submission no. 5, http://www.aph.gov.au/house/committee/haa/pacifichealth/subs/sub005.pdf and private communications on Saibai Island, 1 September 2009.

24 TSRA, Briefing, 2 September 2009, p. 18, and private communications on Saibai Island, 1 September 2009.

emergency) but the Department does not keep track of who accesses health services during their stay because their role is to manage entry to and exit from the country.[25]

2.31 The Committee appreciates that there are a host of practical and logistical considerations surrounding the notion of health screening each of the traditional movements. Regular border control measures at airports and the like do not conduct health screens for these same reasons.

2.32 The Committee notes that imposing a health screen on PNG nationals would also be contrary to free movement, which is one of the central tenets of the treaty (enshrined in Article 11).

Photo identity

2.33 Other issues brought to the Committee's attention on Saibai were the desire to identity visitors and to deal with overstayers on the island.[26] It was suggested that new measures, including the introduction of photo ID and a single entry access point to the island, would assist in these regards.

2.34 DIAC told the Committee that – putting the logistics and practicalities of introducing an identity document aside, it would help them to be assured of a person's identity.[27]

2.35 That said, DIAC was of the view (similar to DFAT's on the level of respect inhabitants have for the treaty) that it does not see many people abusing the treaty, especially from the treaty villages.[28]

2.36 The Committee is aware that the consideration of a photo ID pass is something that has been mooted for some time. There are practical difficulties in issuing and administering such passes and, once again, it is not something currently required under the treaty.

Consultative mechanisms

2.37 The Committee wanted to know what consultative mechanisms exist for residents on both sides of the border to air views about the treaty provisions, and to discuss issues such as health screening and the introduction of photo identification.

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25 DIAC, Briefing, 2 September 2009, p. 10.

26 Private communications to the Committee, Saibai Island, 1 September 2009.

27 DIAC, Briefing, 2 September 2009. p. 17.

28 DIAC, Briefing, 2 September 2009, p. 13.

2.38 The Committee was advised that there are treaty awareness visits, with whole-of-government official delegations from PNG and Australia whereby officials travel to every treaty community on the Australian and PNG sides to conduct community meetings, open to all, about the provisions of the treaty and to answer questions.

2.39 There is also a traditional inhabitants meeting (TIM) which is an official meeting of the leaders of the traditional communities on both sides. It is held in alternate years in PNG and Australia. The positions of the DFAT Liaison Officer (based on Thursday Island) and PNG equivalent (based in Daru) are named in the Treaty and comprise the secretariat for the TIM. A set of recommendations comes out of these meetings which goes to the Joint Advisory Council (JAC) – the peak consultative body - for consideration. The Council is required to submit its report to the foreign ministers of Australia and Papua New Guinea.[29]

Health Issues Committee (HIC)

2.40 Under the JAC, there is a Torres Strait Health Issues Committee, otherwise known as the HIC, which examines health issues associated with the free, cross-border movement of PNG nationals and Torres Strait Islanders, and looks for practical ways to address contentious health issues – such as those mentioned above.[30]

2.41 The HIC meets twice a year and comprises representatives from the Australian Government, including the Department of Health and Ageing (which is the lead agency and Chair); DFAT, AusAID, AQIS, DIAC, Customs and the TSRA. It has members of the Queensland government, including the Department of Health, and Premier and Cabinet, and also from a number of PNG government agencies.[31]

2.42 The key aim of HIC is to strengthen the health service capacity both in the Torres Strait and in Western Province in PNG, and to increase surveillance and communication between the two areas to minimise or control communicable diseases within the treaty zone.[32]

2.43 The Australian government is keen to increase health services on the PNG side to protect the Australian borders from communicable diseases

29 DFAT, Briefing, 2 September 2009, pp. 4-5.
30 Department of Health, Briefing, 19 August 2009, p. 4.
31 Department of Health, Briefing, 19 August 2009, p. 4.
32 Department of Health, Briefing, 19 August 2009, p. 4.

entering Australia and has a strong interest in improving communications and helping to improve PNG's capacity to manage disease.[33]

Status of health services in Western Province

2.44 The Committee enquired why PNG nationals would seek treatment at Australian health clinics on Saibai or Boigu rather than at their own. In addition to the fact that there are generally shorter travel distances involved for those living in the PNG treaty villages to travel to Australia than to travel to the Western Province capital, Daru, where there is a hospital, (for example, a 15-30 minute boat trip versus a 2 hour-plus journey), the Committee learnt that there are vast disparities between the health facilities and services in PNG compared to those available in Australia. A Thursday Island doctor told the Committee that there is little capacity for PNG patients to access acute care in Daru:

> For example, if you break your arm in Sigabadaru, your closest place to go to is Saibai…they tend to try to access care through our service.[34]

2.45 Service delivery outcomes for health and education are poor in the province. This is despite Western Province's considerable wealth (having three times the revenue to the next wealthiest province in PNG) owing to mineral resources.[35]

2.46 Work done by the PNG National Economic and Fiscal Commission shows that Western Province is one of the few provinces that actually has access to adequate funds for service delivery, including basic health services, but there are a host of reasons why those funds do not necessarily translate to improved services. There are logistical challenges: it is a large province, with difficult physical geography (there are few roads, people travel by banana boat) and low population density. Historically there have been governance and administration difficulties. There are also population pressures in the capital of Daru, which is an ever-growing, and an increasingly overcrowded island with some 20, 000 people reliant on government services.[36]

2.47 PNG treaty villagers in the South Fly of Western Province face pressing health concerns which are brought about mainly by the poor sanitation

33 Department of Health, Briefing, 19 August 2009 p. 7.

34 Thursday Island Hospital, Briefing, 2 September 2009, p. 29

35 Written briefing material provided by AusAID to committee delegation.

36 AusAID, Briefing, 19 August 2009, p. 7, and written briefing material provided by AusAID to committee delegation.

and water quality that they have and limited disease control activities. The local health services, including the Daru hospital, suffer from poor infrastructure and shortages of staff and clinical supplies. There are limited diagnostic capacities. All these factors lead to high levels of communicative disease occurring in the Western Province, which includes the mosquito borne diseases such as malaria, sexually transmitted infections, and TB, with multi-drug resistant TB of particular concern. There is also a degree of HIV/AIDS infection, although limited surveillance means that the prevalence is somewhat unknown.[37]

Australian assistance to Western Province

2.48 Western Province is of special interest to Australia because of its geographical proximity to Australia, its long history of Australian mining activity, and cross-border health issues making it of strategic importance. Australian assistance directed to the Province includes:

- $1.2 million to establish sexually transmissible infection clinics in Daru, Morehead and Kiunga;
- $0.5 million for the health radio network in the South Fly District to strengthen health surveillance and responsiveness on both sides of the border (especially critical in places where radio is the only form of communication);
- funding a TB officer to help roll out the national stop TB Program;
- funding a medical communications officer based in Daru who undertakes patrols and liaises with the Torres Strait health services;
- funding an adviser to the provincial government to improve the reliability and regularity of flows for health service operations, including health centres and aid posts.[38]

2.49 Western Province is also a priority province under AusAID's 4 year HIV/AIDS program, valued at $178 million.[39]

Package of measures

2.50 At the roundtable, the Department of Health informed the Committee that the HIC had been tasked with developing a 'package of measures' for addressing cross-border health concerns, at the 2008 Australia-Papua New

37 Department of Health, Briefing, 19 August 2009, p. 5, and JTA International Submission no. 7.

38 AusAID, Briefing, 19 August 2009, p. 7.

39 AusAID. Briefing, 19 August 2009, p. 7.

Guinea Ministerial Forum, to be presented at the ministerial forum the following year. The focus of the package is to strengthen health services in the Torres Strait and Western Province of PNG and reduce the incidence and transmission of communicable disease such as TB, which, even if numbers are not high, free movement increases the likelihood of.[40]

2.51 Under the 2009-2010 Budget, the Australian Government committed $13.8 million over 4 years to the Torres Strait Health Protection Strategy, which addresses the Australian elements of the package of measures. Core components include:

- $9.2 million for capital infrastructure spending to upgrade and extend the Saibai Island clinic, providing staff housing and delivering a sexual health program in the Torres Strait;
- $2.9 million for the ongoing joint Australian and Queensland government mosquito control program in the Torres Strait to eliminate exotic species like *Aedes albopictus* which is a vector for dengue fever; and
- $0.7 million to extend the existing Torres Strait communications officer position to facilitate better cross-border sharing of clinical and disease surveillance information.[41]

2.52 As part of the package, the Australian government through AusAID has committed $561, 000 to a Tuberculosis Clinical Management and Laboratory Capacity Building Project which will focus on improving the capacity of PNG to detect and test for tuberculosis. Progress to-date includes capital works to upgrade the Central Public Health laboratory in Port Moresby and holding clinical workshops Daru Hospital. Scoping studies have also been undertaken to upgrade the laboratory in Daru to a lab able to test for TB.[42]

2.53 The Department of Health advised that the Western Province Communications Officer position, based in Daru, had commenced clinical outreach visits to the village aid posts and health centres along the South Fly coast to provide follow-up treatment and support of PNG nationals diagnosed with TB in Torres Strait Island clinics. Work had started on upgrading the Buzi village aid post to a two-person facility, including the

40 Department of Health, Official Transcript of Evidence, Friday 11 September 2009, p. 21.

41 Department of Health, Official Transcript, Friday 11 September 2009, p. 21.

42 Department of Health, Briefing, 19 August 2009, p. 5.

recent installation of a solar refrigerator to store vaccines (with funding provided by the Western Province Health Office).[43]

Solar fridge installed at Buzi

2.54 The Department of Health noted that funding challenges remained on the PNG side:

> There is a commitment from the Australian government side on a number of different measures, and we need to ensure that they are implemented. On the PNG side, they have quite a significant range of measures that they have committed to and agreed to in principle; however the challenge remains in identifying the funding to support those and the appropriate mechanisms for ensuring the funding flows from the national department of health down to the Western Province as well.[44]

2.55 Following the roundtable, the Committee wrote to the Minister responsible for Torres Strait affairs, The Hon Warren Snowdon MP, requesting further information on the status of the package of measures.

43 Department of Health, Official Transcript, Friday 11 September 2009, p 22

44 Department of Health, Official Transcript, Friday 11 September 2009, p 22

2.56 In his response, Minister Snowdon provided details of the package of measures as at June 2009, including of the PNG Specific Treaty Area Strategy which PNG is responsible for funding. The following projects are ones that PNG has agreed to fund, with funding responsibilities divided between the National Department of Health, Daru General Hospital Board, Western Province Health Office, and Western Provincial Administration:

- the redevelopment of Daru Hospital;
- upgrading the Mabaduan Health Centre;
- supporting health workers from South Fly District, including the treaty villages, to be trained at the Rumginae Community Health Workers Training School in North Fly;
- strengthening public health programs (in malaria, HIV/AIDS and TB) and community awareness of them;
- establishing a system of outreach programs;
- strengthening human resource capacity;
- transportation for medical drug distribution to health facilities in the South Fly District and treaty villages, and for emergency medical referrals to Daru Hospital, outreach services and supervision from health centres to aid posts or community health posts;
- improving community water supply which is continuously affected by shortages, especially during the dry season – and sanitation; and
- improving laboratory capacity in Daru and health facilities along the border – and linking with the Australian funded tuberculosis project.[45]

Facilitated cross-border movements for health professionals

2.57 One of the 'Package of Measures' initiatives that the Committee heard will make an enormous difference once implemented is 'facilitated cross-border movements.' Presently, health workers and government officials cannot travel between Saibai and Boigu and the treaty villages directly (entry and exit must be via declared ports at Horn Island or Cairns in Australia and Daru Island or Port Moresby in PNG). This makes travel

45 Correspondence to HAA Committee from Minister Snowdon, dated 30 October 2009.

between both very expensive and time consuming (a boat trip across being a much cheaper and quicker alternative).[46]

2.58 The new initiative will allow identified health workers and government officials to travel directly between Saibai and Boigu and treaty villages in South Fly. People crossing the border under this arrangement will be required to have valid passports and visas, and otherwise comply with all customs and quarantine requirements.[47]

2.59 Queensland Health told the Committee that this measure was a 'fundamental enabler':

> Given that Queensland Health already has officers in attendance at Boigu and Saibai, the marginal cost of having them pop over the border [to say] look at water supply sanitation issues in Western Province would be very low – that is, if we could go directly across. We would be very receptive to that…investment.[48]

2.60 The Committee supports the proposal to facilitate cross-border movements for health and other government professionals between non-declared ports in the Torres Strait and South Fly region, and believes that it should be enacted as soon as practical. The Committee notes that the Ministers for Foreign Affairs in both Australia and PNG recently endorsed the proposal in principal. The Department of Foreign Affairs and Trade has carriage of the initiative. Discussions have commenced between key Australian agencies around the detailed operational planning required to implement the initiative. It is proposed that these discussions will be progressed more broadly and with PNG officials ahead of the Australia – PNG Ministerial Forum scheduled for later in 2010.

2.61 Minister Snowdon advised that a final form of the Package of Measures should be presented for bilateral endorsement at the 20th joint Australia - PNG Ministerial Forum in 2010.[49] Thus far, the PNG government has committed $5 million PNG kina to the PNG components of the Package.[50]

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46 Written briefing material provided to Committee delegation by AusAID and correspondence to HAA Committee from Minister Snowdon, dated 30 October 2009.

47 Written briefing material provided to Committee delegation by AusAID and correspondence to HAA Committee from Minister Snowdon, dated 30 October 2009.

48 Queensland Health, Official Transcript, 31 August 2009, p. 18.

49 Correspondence to HAA Committee from Minister Snowdon, dated 30 October 2009.

50 Personal communication to secretariat, Department of Health, 13 January 2010.

Regional health issues

Avoidable blindness: partnerships and institutional strengthening through cooperation

2.62 At its regular private meeting on 17 June 2009 the Committee received a joint briefing on the status of eye health in Australia and the Pacific from some of Australia's eycare experts:

- Ms Jennifer Gersbeck, CEO of Vision 2020 Australia (Australia's peak body for the eye health and vision care sector representing the views of some 50 member organisations);
- Professor Hugh Taylor AC, Deputy Co-Chair, Vision 2020;
- Professor Brien Holden OAM, Board Member Vision 2020;
- Dr Richard Le Mesurier, Chair, Pacific Region, International Agency for the Prevention of Blindness (IAPB); and
- Mr Brian Doolan, CEO, The Fred Hollows Foundation.

2.63 The Committee was advised that the prevalence of avoidable eye disease amongst Indigenous Australians was much higher than in the non-indigenous population.[51]

2.64 At the roundtable hearing in Canberra, Vision 2020 elaborated on the incidence of eye disease amongst Indigenous Australians:

> Eye problems are the most commonly reported long-term health condition among Indigenous people. Diabetic retinopathy[52] is a major problem for Indigenous Australians – four times that of the national average. The eye disease trachoma[53] is found almost exclusively within the Indigenous population and remains endemic in large parts of Central and Western Australia. The

51 Personal communication at the HAA Committee's private meeting on 17 June 2009.

52 Diabetic retinopathy refers to damage to the retina caused by complications of diabetes, which can eventually lead to blindness. Source: Wikipedia, http://en.wikipedia.org/wiki/Diabetic_retinopathy

53 Trachoma is an infectious disease caused by the bacterium *Chlamydia trachomatis*, spread by direct contact with eye, nose and throat secretions or flies and found in areas where there is poor personal and family hygiene and common in communities without access to adequate water and sanitation. Source: Wikipedia, http://en.wikipedia.org/wiki/Trachoma

prevalence of cataracts[54] amongst Indigenous Australians is also much higher than the Australian average. Overall, Indigenous eye health is on par or worse than eye health in developing countries including those in our region.[55]

2.65 Professor Le Mesurier spoke to the equally high incidence of eye conditions in the Pacific. He referred to the approximately 800, 000 people in the Pacific who are blind and an additional 250, 000 people with severe vision impairment. According to the Professor, 70 per cent of this is due to two easily treated conditions. One is cataracts, which requires a 20 minute procedure and only costs about $ 20-30 to treat in most developing countries. The other, refractive error,[56] can be fixed by the provision of glasses. [57]

2.66 The main barriers to restoring sight, common to remote parts of Australia and the Pacific alike, include poverty and a lack of access to appropriate care.[58]

2.67 In recognition of this issue, in early 2009, the Australian government committed $ 58 million over 4 years to tackle chronic eye (and ear) disease.

2.68 As part of the initiative the Australian government announced at least 1000 additional surgical procedures and an increase of at least 10 regional teams to treat and prevent eye disease in Northern Territory, Western Australia, South Australia and other states.[59]

2.69 In the 2008-2009 Budget, the Australian government also provided an initial $ 45 million over 3 years to implement the *Fighting Avoidable Blindness Initiative* (ABI) Strategy which will address eye health and vision needs in Asia and the Pacific.[60]

2.70 Activities under the ABI initiative include:

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54 A cataract is a clouding in the crystalline lens of the eye, varying in degree from slight to complete opacity and obstructing the passage of light. Source: Wikipedia, http://en.wikipedia.org/wiki/Cataract

55 Vision 2020, Official Transcript, 11 September 2009, p. 15

56 Refractive error is an error in the focusing of light by the eye and a frequent reason for reduced visual acuity. Source: Wikipedia, http://en.wikipedia.org/wiki/Refractive_error

57 Professor Le Mesurier, Official Transcript, 11 September 2009, p. 15.

58 Professor Le Mesurier, Official Transcript, 11 September 2009, p. 16.

59 Vision 2020 website, media release, "Australian Government commits to Indigenous eye health", 27/05/09,

60 AusAID 2008-2009 Budget, http://www.ausaid.gov.au/budget/budget08/budget_avoidableblindness.pdf

- developing strategic partnerships with a range of non-government organisations and organisations working in eye health and vision care, building on and expanding existing work;
- strengthening existing eye care training institutions and the capacity of eye care workers;
- piloting the Vision Centre approach as part of the delivery of eye health and vision care needs;
- assessing eye health and vision care needs to inform future efforts to reduce avoidable blindness; and
- developing a disability-inclusive development strategy to guide Australia's aid program.[61]

2.71 At the roundtable hearing in Canberra, the Vision 2020 Australia CEO explained how Australia's Vision 2020 Global Consortium had been established through a strategic partnership agreement with AusAID to coordinate implementation of the ABI. Comprised of nine leading eye agencies, Ms Gersbeck said the consortium reflects a growing consensus in aid and innovative response to the changing nature of aid, namely that,

> Partnerships and collaboration are effective means through which to provide assistance to the world's poorest people.[62]

2.72 Vision 2020 stated that governance processes and implementation are undertaken by the consortium, and the cooperative, representative nature of the consortium ensures that the capacities of the sector are utilised and further developed, sharing key lessons learnt and minimising inefficiencies.[63]

2.73 Professor Le Mesurier said that the consortium and ABI had proved 'a godsend' and allowed NGOs to look at much closer partnerships and better coordination in what they do. He gave examples of successes to-date in PNG and the SI.

2.74 In PNG, the International Centre for Eye Health has done a lot of work in training optical technicians and providing affordable glasses for people at the Port Moresby Vision Centre located at the Port Moresby General Hospital.[64]

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61 AusAID 2008-2009 Budget, http://www.ausaid.gov.au/budget/budget08/budget_avoidableblindness.pdf

62 Vision 2020, Official Transcript, 11 September 2009, p. 28.

63 Vision 2020, Official Transcript, 11 September 2009, p. 28.

64 Professor Le Mesurier, Official Transcript, 11 September 2009, pp. 28

2.75 The Vision 2020 submission summarised the achievements of the Port Moresby Vision Centre to-date:

> Since its opening in 2008, the number of spectacles dispensed and refractions conduction has steadily increased, showing an improved uptake of the services by the community. In the 2008-2009 financial year, 1200 patients were seen for refractions and eye examinations, and 1350 pairs of glasses were dispensed.[65]

2.76 There are also workshops being conducted to help PNG develop a national eye care plan.[66]

2.77 In the Solomon Islands, the Royal Australian College of Surgeons delivers services including ophthalmology, in conjunction with other members of the ABI consortium.[67]

Child and maternal health: Millennium Development Goals (MDGs)

2.78 Dr Stuckey described the types of obstetrics cases that he sees at Thursday Island Hospital from Western Province.

> There is very limited procedural obstetric care in the Western Province, outside Daru. ..We see patients who present in obstructed labour and who have been for many days, often with the baby passed away. We see a lot of cases of retained placenta, which requires a simple operation to remove, and these women present, having almost lost their entire blood volume. We see a lot of ectopic pregnancy, which requires a fairly simple operation to cure them, and save their lives…the PNG women have very limited access to contraception. This leads to high rates of birthing, and the more children you have the more complications you have.[68]

2.79 PNG government figures report that the Maternal Mortality Rate (MMR) in PNG has increased to 733 for every 100, 000 live births (2006 Demographic and Health Survey). The increase is likely due to an underestimate in the previous survey.[69] The increase makes it unlikely that MDGs 4 and 5 will be reached by 2020.

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65 Vision 2020, Submission no. 10, p. 2.

66 Professor Le Mesurier, Official Transcript, 11 September 2009, pp. 29.

67 Professor Le Mesurier, Official Transcript of Evidence, 11 September 2009, p. 29.

68 Dr Stuckey, TI Hospital, Briefing 2 September 2009, p. 30.

69 AusAID written briefing material provided to Committee delegation.

2.80 The MMR is the second highest in the Asia Pacific region after Afghanistan. Only about 53 per cent of women in PNG receive delivery assistance from health professionals.[70] There is a shortage of midwifes. Antenatal care of pregnant women in PNG is basic. It is based in the village and is a health worker level of care.[71]

2.81 Contributing factors to the high MMR in PNG include: lower availability of functioning health services; high transport and access costs; and poor referral pathways for women in need of emergency obstetric care.[72]

2.82 That said, there is some encouraging news. In recent years, child death rates have decreased in PNG. The under-five mortality rate has decreased from 94 per 1000 live births in 1990 to 75 in 2006. Similarly, the infant mortality rate has dropped from 69 per 1000 in 1990 to 54 in 2006.[73] Professor Toole qualified these statistics, saying that the decreases had been due to a reduction in the incidence of childhood illnesses rather than an improvement in the adequacy of clinical services. He also noted that the case fatality rate (the proportion of children with those diseases treated in health facilities who die) has not changed.[74]

2.83 Solomon Islands' under –five mortality rate has dropped more substantially than PNG's from 121 per 1000 live births in 1990 to 70 in 2007. The infant mortality rate has also dropped from 86 to 53. And, the reported maternal mortality ratio is 140 per 100, 000 births, down from 550 in 2000. By comparison with PNG, some 85 per cent of births are attended by a healthcare profession in the SI.[75]

2.84 The University of Melbourne and World Vision report, "Reducing maternal and child deaths: experiences from Papua New Guinea and the Solomon Islands", highlights some examples of progress in both countries, and strategies they assert are in need of continued and increased support from governments, donor countries and NGOs, in order to achieve further gains.

2.85 At the roundtable hearing, the World Vision representative elaborated on what more needs to done: increased access to family planning,

70 The University of Melbourne and World Vision, Reducing maternal and child deaths: experiences from Papua New Guinea and the Solomon Islands, p. 4.

71 Dr Stuckey, TI Hospital, Briefing 2 September 2009, p. 31.

72 AusAID written material provided to Committee delegation.

73 The University of Melbourne and World Vision, Reducing maternal and child deaths: experiences from Papua New Guinea and the Solomon Islands, p. 4.

74 Professor Toole, Official Transcript, 11 September 2009, p. 14.

75 The University of Melbourne and World Vision, Reducing maternal and child deaths: experiences from Papua New Guinea and the Solomon Islands, p. 4.

contraceptive services and ensuring all births are attended by skilled birth attendants. Specifically, World Vision advocates increased resources to expand the midwifery workforce in PNG, something that has been achieved to some extent already in the SI, and been seen to contribute to improved maternal and child health outcomes there.[76] The World Vision submission recommends that Australia consider supporting funding a midwifery curriculum and workforce to supplement health system support in PNG for the next 10 years.[77]

2.86 In building its case, World Vision referred to the success of the Solomon Islands Diploma in Midwifery which has trained 110 midwives since the program was established in 2001 (out of 122 midwives in the country). The program illustrates the potential for producing skilled midwives over a relatively short period of time. The course comprises 18 weeks in the capital, Honiara, learning theory in classrooms; and a further 23 weeks undertaking practical training at the National Referral Hospital in Honiara, and provincial hospitals, under the supervision of trained clinical educators. At the conclusion of their studies, the graduate midwives return to their own provinces to practice.[78]

2.87 According to World Vision, the course, with its strong clinical focus, is also seen as a model to increase the number of child health nurses in the Solomons.[79]

2.88 It should be noted that the midwifery and paediatrics nursing curriculum in PNG is presently under evaluation, after calls for review from the Nursing Council of PNG and WHO.[80]

2.89 Professor Toole of the Burnet Institute[81] underscored the importance of child health to the Committee and, in particular, the need to address malnutrition. He noted that significant numbers of children in PNG are underweight (18 per cent) and stunted (44 per cent). [82]

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76 World Vision Australia, Official Transcript, 11 September 2009, p. 13.

77 World Vision Submission no. 11, p. 1.

78 The University of Melbourne and World Vision, Reducing maternal and child deaths: experiences from Papua New Guinea and the Solomon Islands, p. 7.

79 The University of Melbourne and World Vision, Reducing maternal and child deaths: experiences from Papua New Guinea and the Solomon Islands, p. 7.

80 Sir Isi Kevau, Speech at launch of Health Education and Clinical Services (HECS) Program at School of Medical and Health Services, 24 July 2009, provided at PNG medical school site visit, 7 October 2009.

81 The Burnet Institute is Australia's largest virology and communicable disease research institute. For more details see the website, http://www.burnet.edu.au/home

82 Professor Toole, Burnet Institute, Official Transcript, 11 September 2009, p. 30.

2.90 CARE Australia agreed,

> While there is rarely starvation in PNG…the diets…tend to be quite poor; they are high in carbohydrates but can be low in protein and nutrition.[83]

2.91 Professor Toole suggested that child nutrition is something that could be focused on more in Australia's aid program to PNG. He noted that exclusive breastfeeding, recommended for the first six months of life, is quite rare in PNG. The main problem is a lack of knowledge:

> It is mostly not a competition between breastmilk and artificial formula. [Rather], a tradition passed on from grandmother to granddaughter than an infant needs more than breastmilk. So they give these other usually very low-quality foods which fill the infant so that they then lose the appetite for breastmilk.[84]

2.92 People in the capitals of Port Moresby and Honiara are adopting an increasingly Western or fast food diet (full of too much salt, sugar, fat, and too much carbohydrate from replacing traditionally eaten root vegetables with rice which takes less time and fuel to prepare) and a sedentary lifestyle which contributes to an increasing incidence of diabetes and CVD. At the same time, many young children and women are not getting enough protein in their diet, or a diet sufficiently balanced to provide the necessary range of essential vitamins or minerals to sustain healthy pregnancies or young growing bodies.

Indigenous child and maternal health indicators

2.93 One of the HAA Committee's earlier inquiries into breastfeeding in Australia noted that low birth weight, growth failure and iron deficiency [in indigenous children, as a group] are indicators of poor nutritional status which have shown little improvement over the past decade.[85]

2.94 On the plus side, the Committee learnt that the majority of Indigenous women breastfed their children, with the rate as high as 92 % in remote areas.[86]

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83 CARE Australia, Official Transcript, 11 September 2009, p. 34.

84 Professor Toole, Burnet Institute, Official Transcript, 11 September 2009, pp. 30 -32.

85 HAA Committee, The Best Start breastfeeding report, 9 August 2007, p. 116, http://www.aph.gov.au/house/committee/haa/breastfeeding/report/chapter7.pdf

86 HAA Committee, The Best Start breastfeeding report, 9 August 2007 p. 116, http://www.aph.gov.au/house/committee/haa/breastfeeding/report/chapter7.pdf

Violence against women: gender equality

2.95 At its Canberra roundtable the Committee was pleased to have as one its roundtable participants, Ms Emele Duituturaga, a development specialist with considerable experience in government and non-government roles in the Pacific Islands development sector and currently Acting Director of the Pacific Association of Non- Government Associations. In addition to the ambassadors present at the hearing, Ms Duituturaga was able "to bring voice for the many Pacific voices that cannot be here, especially as a Pacific Island woman."[87]

2.96 Ms Duituturaga referred to a real need to address gender issues. She mentioned maternal health and the fact that women in the Pacific are dying of curable diseases, and complications in pregnancy and childbirth. She talked about the 'big man' Melanesian leadership systems. She spoke about the prevalence of violence against women. Two out of three women, she said, suffer from domestic violence in the Solomon Islands. She emphasised the fact that in PNG there is only one woman in Parliament. In the Solomon Islands there are no women in Parliament and there has only been one since independence 30 years ago. The under-representation of women in public office has all sorts of implications, not least of all for health,

> While it might not clearly be a health issue, I am sure that if there were more female voices in Parliament we could get policies, legislation and more involvement of women.[88]

2.97 These are all matters confirmed in the latest Asia Pacific Human Development Report which focuses on gender equality in the region.

2.98 The 2010 Asia Pacific Human Development Report: "Power, Voice and Rights: A Turning Point for Gender Equality in Asia and the Pacific" notes that progress in advancing gender equality and women's empowerment has been slow and uneven in the region.

2.99 The report states that, the Asia-Pacific region ranks near the worst in the world on basic issues such as protecting women from violence as well as on indicators in such key areas as nutrition, health, and political participation.[89]

2.100 When visiting the Torres Strait, the Committee asked medical staff to comment on the level of domestic violence injuries they observed in the

87 Ms Duituturaga, Official Transcript, 11 September 2009, pp. 10-11.

88 Ms Duituturaga, Official Transcript, 11 September 2009, p. 11.

89 United Nations, Asia-Pacific Human Development Report 2010, p. vii.

Torres Strait, be it amongst Torres Strait Islanders or PNG nationals using the health services there. Staff responded that they suspected levels were high in PNG and amongst Torres Strait Islanders there are high levels of domestic violence, as there are in a lot of places in our society, although [it is hard to say] whether the level is higher or lower than average.[90]

2.101 The Australian government committed $8.5 million in 2009-2010 to support Papua New Guinea's efforts to reduce the rate of violence against women. Specifically, AusAID funding supports:

- printing and dissemination of materials to raise awareness and advertise safe house locations;
- shelters for women affected by violence such as Haus Ruth in Port Moresby;
- work with UNICEF to establish 'Stop Violence Centres' in general hospitals to improve access to medical treatment and counselling services for victims;
- UNIFEM's Pacific Regional Funds, a grant that supports civil society work to eliminate Violence Against Women; and
- better access by women to the legal process through village courts, more female public lawyers and training in sexual assault law for public prosecutors and criminal investigators.[91]

2.102 AusAID also funds a "Famili SEIF Line." If a woman or child is in crisis they can call the 24-hour free of charge crisis helpline in Port Moreby, Mount Hagen, Goroka, Lae, Mandang and Rabaul. A security vehicle is able to be dispatched to evacuate them to a place of safety.[92]

2.103 Additional support is offered through the Australian National University's Centre for Democratic Institutions (CDI), which was established by the Australian government to support the efforts of new democracies in the Asia Pacific region to strengthen their political systems[93] . The CDI runs a "Women in Politics Course," designed to assist participants from the region promote more women for election to their national parliaments.

2.104 The delegation was profoundly affected by the level of violence it heard was being experienced by women in the Pacific and the impact that this

90 Dr Stuckey, TI Hospital, Briefing, 2 September 2009, p. 30.

91 Personal communication from AusAID, 12 March 2010.

92 AusAID Annual Report 2008-2009, p. 46.

93 See CDI website for more details, http://www.cdi.anu.edu.au/

has on the health and lives of women, through its discussions in country with the few women it met with in positions of public office and influence, and locals. Delegates met with a couple of female secretaries of departments and provincial ministers and PNG's only female parliamentarian and minister.

2.105 The Committee recognises the value of programs like the CDI's women in politics course which seeks to help women in the region get elected to parliament and other similar activities which aim to bring Pacific women into contact with female parliamentarians in the region, on an ad-hoc basis. The Committee wonders if it might not be time to instigate a more substantial or sustainable model whereby female parliamentarians in the Australian parliament are matched with a Pacific counterpart though a parliamentary mentoring program. Both parties could learn from each other and be a conduit for contacts and engagement in the respective countries, over a longer period of time.

Recommendation 1

The Committee recommends that the Speaker of the House of Representatives and the President of the Senate establish a parliamentary mentoring program between women in the Australian Parliament and women in Pacific Island Parliaments or aspiring female candidates.

Water supply and sanitation: basic infrastructure and preventative health measures

2.106 A significant number of countries in the region, including Papua New Guinea, appear unlikely to achieve Millennium Development Goal (MDG7, target 10) Target 10, which aims to halve the proportion of people without sustainable access to safe drinking water and basic sanitation by 2015, relative to 1990 levels.[94]

2.107 TI Hospital told the Committee that they see a lot of preventable illnesses (gastroenteritis and diarrhoea) presenting from PNG caused by contaminated water and lack of hygiene in villages, as well as a generally increased level of bacterial infections, including severe skin infections.[95]

94 AusAID website, Water and Sanitation, http://www.ausaid.gov.au/keyaid/water.cfm

95 Dr Stuckey, TI Hospital, Briefing 2 September 2009, p. 31.

2.108 The treaty villages do not have a reticulated water supply (instead, sourcing water from a combination of bores and rainwater tanks), and have pit latrines.

2.109 At best Daru, the capital of Western Province gets 4 hours of water a day and only 40 % of the population there is connected to a sewerage system, which is overwhelmed.[96]

2.110 In August 2009, there was a serious cholera outbreak in Morobe province in PNG (with some 300 reported cases, 20 dead), with cases also confirmed in the capital Lae and additional suspected cases in other province. None were reported in Western Province.[97]

2.111 Cholera is a diarrhoeal illness contracted by drinking water or eating food contaminated with the cholera bacterium, which can spread rapidly in areas with inadequate treatment of sewage and drinking water.[98]

2.112 Australian government support to stem the cholera outbreak included some 250, 000 water purification tablets, protective clothing, and 37,000 clean containers for storage and transport of water to support PNG's response. Australia also funded the WHO to provide 500, 000 oral rehydration salts. Australia provided an environmental health specialist to work with the WHO and PNG Department of Health, an Australian Defence Force Officer to provide logistical support, and administrative support and funding for coordination centres in Lae and Moresby. In addition, AusAID used networks established under its HIV/AIDS program to assist in coordination of public health messages.[99]

2.113 At the roundtable, CARE Australia and the Burnet Institute noted that the recent outbreak of cholera in PNG– the first in more than 60 years- underscores weaknesses in the health system,

> …including access to clean water and sanitation and less than adequate quality health facilities in order to treat this lethal condition.[100]

96 Personal communication from briefing by Mr Kerr, 7 October 2009.

97 Written briefing material provided to Committee by AusAID.

98 Australian Government website, Health insite, http://www.healthinsite.gov.au/topics/Cholera

99 Written briefing material provided to Committee by AusAID.

100 Ms Clement, CARE Australia, Official Transcript, 11 September 2009, p. 40, and Professor Toole, Burnet Institute, Official Transcript, 11 September 2009, p. 30.

2.114 At the roundtable hearing in Canberra the Committee asked witnesses if money directed more towards basic measures such as clean water might not pre-empt a lot of problems at the treatment end.[101] Witnesses agreed.

2.115 Written material from AusAID indicated that $ 4 million has been allocated from AusAID's Clean Water Initiative to provide water and sanitation to treaty villages in the Western Province, which is the major environmental health problem impacting on treaty villagers.[102]

2.116 AusAID is working with villagers and Western Province officials to provide a minimum level of drinking water to remote treaty villages, installing 9, 000 litre polypropylene water tanks to catch rain water. This relieves the burden on villages having to walk for hours to collect water or travel across to the Torres Strait to collect water.[103]

2.117 AusAID has also offered to provide technical support to support the PNG Government's undertaking under the Package of Measures to rehabilitate water supply and sanitation in some treaty villages. [104]

2.118 Dr Stuckey of Thursday Island Hospital emphasised the need to build up this sort of capacity, and that hygiene and running water will make a huge difference.[105]

2.119 Written briefing material provided to the Committee, indicated that PNG Sustainable Development Program Ltd (SDP)[106] is in discussions with Post and the Western Province Government to develop capacity in Western Province.[107] The company has offered to contribute some 50% of the costs.[108]

101 Official Transcript, 11 September 2009, p.33.

102 Written briefing material provided to Committee delegation by AusAID, p. 2.

103 AusAID website, http://www.ausaid.gov.au/closeup/water.cfm

104 Written briefing material provided to Committee delegation by AusAID, p. 1.

105 TI Hospital, Briefing, 2 September 2009, p. 34.

106 A unique organisation created by the PNG government and BHP Billiton who run the OK Tedi mine in Western Province, whose objective is to support selected sustainable development programs through projects and initiatives to benefit PNG. See website for details: http://www.pngsdp.com/index.php?option=com_content&view=article&id=2&Itemid=24

107 Written material provided by AusAID to Committee delegation, p.2.

108 Personal communication from Mr Kerr to Committee on 7 October 2009.

HIV/AIDS and Sexually Transmissible Infections: need for data collection and effective prevention strategies that mobilise the community

Prevalence of HIV

2.120 The National Centre in HIV Epidemiology and Clinical Research produces an annual surveillance report of HIV/AIDS[109], viral hepatitis and sexually transmissible infections (STIs) in Australia.[110]

2.121 The table overleaf from their most recent report shows the estimated HIV prevalence in selected countries, including Australia and Papua New Guinea.

109 HIV (human immunodeficiency virus) is the cause of AIDS (acquired immunodeficiency syndrome). HIV is a type of virus called a retrovirus, which infects humans when it comes in contact with tissues such as those that line the vagina, anal area, mouth, or eyes, or a break in the skin. Source: Medicine.Net.Com

110 University of New South Wales (UNSW), National Centre in HIV Epidemiology and Clinical Research, http://www.nchecr.unsw.edu.au/NCHECRweb.nsf/page/Annual+Surveillance+Reports

1.6 Global comparisons

Table 1.6.1 Estimated HIV prevalence in selected countries

	HIV prevalence	
Country	**2008[1]**	**Rate[2]**
Asia Pacific		
Australia	17 444	123
Cambodia[3]	75 000	800
China[3]	700 000	100
India[3]	2 400 000	300
Indonesia[3]	270 000	200
Japan[3]	9 600	<100
Malaysia[3]	80 000	500
Myanmar[3]	240 000	700
New Zealand[3]	1 400	100
Papua New Guinea[3]	54 000	1 500
Philippines[3]	8 300	<100
Republic of Korea[3]	13 000	<100
Thailand[3]	610 000	1 400
Vietnam[3]	290 000	500
Europe		
France[3]	140 000	400
Germany[3]	53 000	100
Italy[3]	150 000	400
Spain[3]	140 000	500
United Kingdom[3,4]	77 400	127
North America		
Canada[3]	73 000	400
United States[3]	1 200 000	600

1 Estimated number of people living with HIV/AIDS.

2 Rate per 100 000 population aged 15 – 49 years.

3 Estimated HIV prevalence in 2007.

4 Rate per 100 000 population in 2007.

3 Estimated HIV prevalence in 2007.

4 Rate per 100 000 population in 2007.

2.122 An estimated 17, 444 people including 123 per 100, 000 between 15-49 years were living with HIV infection in Australia at the end of 2008. This is an increase of 38% from 10 years ago.[111]

2.123 Trends in newly diagnosed HIV infection rates differ across different state and territory jurisdictions. Whilst the rate has stabilised in some jurisdictions, the rate in Queensland has steadily increased from 3. 4 in 1999 to 4.7 in 2008. HIV continued to be transmitted primarily through sexual contact between men.[112]

2.124 There is a similar per capita rate of HIV diagnosis in the Aboriginal and Torres Strait Islander and non-Indigenous populations. However, higher proportions of cases are attributed to heterosexual contact and injecting drug use in the Aboriginal and Torres Strait Islander population.[113]

2.125 By comparison, an estimated 54, 000 thousand people in PNG have HIV/AIDS, including 1500 per 100, 000 between 15-49 years.[114] This equates to about 1-2% of the population.[115] Clearly, HIV/AIDS presents an enormous challenge to PNG. That said, Professor Toole of the Burnet Institute commented that,

> While this is bad, we believe it is not alarming. [It is not on the same scale as an African or South –East Asian epidemic][116]

2.126 AIDS remains a leading cause of hospital admissions and death. At Port Moresby General Hospital, up to 70 % of beds are occupied by people with HIV-related illnesses. The main mode of transmission in PNG appears to be unsafe heterosexual intercourse. Unprotected paid sex is also a factor.[117]

2.127 By contrast, in 2008, the Solomon Islands reported only 12 new infections, although, as mentioned earlier, this may reflect underreporting.[118]

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111 Annual Surveillance Report 2009, http://www.nchecr.unsw.edu.au/nchecrweb.nsf/resources/SurvReports_3/$file/ASR2009-updated-2.pdf Summary, p. 7

112 Annual Surveillance Report 2009, Summary, p. 7

113 Annual Surveillance Report 2009, Summary, p. 7

114 Annual Surveillance Report 2009, p. 54.

115 Prof. Toole, Burnet Institute, Official Transcript, 11 September 2009, p. 14.

116 Prof. Toole, Burnet Institute, Official Transcript, 11 September 2009, p. 14.

117 Dr Darren Russell, Submission no. 3, p. 1.

118 Prof. Toole, Burnet Institute, Official Transcript, 11 September 2009, p. 14.

Prevalence of Sexually Transmitted Infections (STIs)

2.128 The submission from Dr Darren Russell, Director of Sexual Health at Cairns Base Hospital, on HIV and STI issues in the Torres Strait and Cairns, informed the Committee that rates of STIs in the Torres Strait are very high, with gonorrhoea, chlamydia and tricomoniasis diagnoses being several times higher than that in the general Australian population.[119] Dr Stuckey from TI hospital concurred that he sees very high rates of STIs in the Torres Strait.[120]

2.129 In a recent study of 270 Indigenous adults from Cape York (which included the Torres Strait) aged 16 and older, the prevalence rate of genital herpes infections was 58. 5 %. This compares with a rate of 12.5% in the general Australian population.[121]

2.130 In PNG recent community-based studies found some 40 % of people to be infected with at least one STI.[122]

Transference between PNG and Torres Strait and potential for HIV epidemic

2.131 At the Cairns hearing, Dr Russell summarised the HIV situation from his standpoint,

> In Cairns we have the highest incidence, that is the number of new cases per head of population, of HIV in Australia. We also have one of the largest populations of HIV-positive people in Australia, which is quite strange considering we are such a small city. Our closest capital city is Port Moresby…The Torres is not far away and there are a lot of movements between PNG and the Torres and between Torres and Cairns (for family reasons, employment, commerce, study and tourism).[123]

2.132 The Committee heard that, anecdotally, sexual relationships between PNG nationals and Torres Strait Islanders in the treaty zone take place, and sometimes in exchange for money or goods.[124] Moreover, several HIV diagnoses in Cairns relate to Australia males contracting HIV from women in PNG. And, the Cairns Sexual Health Service also sees a number

119 Dr Darren Russell, Submission no. 3, p. 1.

120 TI Hospital, Briefing, 2 September 2009, p. 28.

121 Dr Darren Russell, Submission no. 3, p. 2.

122 Dr Darren Russell, Submission no. 3. p. 1.

123 Dr Russell, Official Transcript, 31 August 2009, p. 5. And Dr Russell, Submission no. 3, p. 2.

124 Dr Darren Russell, Submission no. 3, p. 1 and Dr Stuckey, Briefing, 2 September 2009, p. 28, personal communications, Saibai community consultations, 1 September 2009.

of HIV-positive expatriates (and their sexual partners) who are living in PNG.[125]

2.133 Dr Russell told the Committee that all three conditions are there for HIV to take off in the region. These are a high rate of partner change; foreskins (if a man has a foreskin he is 9 times more likely to contract HIV); and high rates of sexually transmitted diseases. Yet, despite the many people movements across the border each year, there has not been a HIV outbreak so far.[126]

2.134 And, while there are people residing in the Torres Strait who are HIV positive, the numbers are currently very small.[127]

2.135 The Committee was curious as to why there had not been an HIV outbreak if the pre-conditions exist, and, if as Dr Russell asserts, 'transmission of HIV from PNG nationals to Australians in the Torres Strait is inevitable.[128]

2.136 Dr Russell submitted that not enough is known about 'sexual networks' in the Torres Strait, nor about the rates of STIs and HIV in people living in the PNG treaty zone, and that further data needs to be collated.[129]

2.137 There is some screening for STIs in the Torres Strait which involve urine tests and blood tests, but,

> It is often difficult to do those blood tests or they are not always carried out.[130]

2.138 Although some testing of PNG nationals for HIV takes place at outpatient clinics or if someone presents unwell or with TB in an Australian clinic, there is not yet a comprehensive screening program in place.[131] Dr Russell said that it is standard procedure that every pregnant woman coming down from the Torres Strait is tested for HIV.[132]

2.139 Dr Russell said that little is known about how much HIV exists in the capital of Western Province, Daru.[133] Professor Toole says it has reached

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125 Dr Russell, Submission no. 3, p. 2.

126 Dr Russell, Official Transcript, 31 August 2009, p. 5 and Dr Stuckey, Briefing, 2 September 2009, p. 28.

127 Dr Russell, Submission no. 3, p. 2.

128 Dr Russell, Submission no. 3, p. 2.

129 Dr Russell, Submission no. 3 p. 1, & 4.

130 Dr Russell, Official Transcript, 31 August 2009, p. 8.

131 Dr Russell, Submission no. 3, p. 1 and Dr Stuckey, Briefing, 2 September 2009, p. 28.

132 Dr Russell, Official Transcript, 31 August 2009, p. 8.

133 Dr Russell, Official Transcript, 31 August 2009, p. 13.

the administrative centre of Western Province (the latest figures indicate that 0. 6% of pregnant women are infected), with the figure in the south-laying villages likely to be closer to zero. He cautioned that large projects like the new liquid petroleum gas project may increase vulnerability with workers spending money on sex.[134]

2.140 Dr Fagan, a public health physician in sexual health with Queensland Health, supported the call for more research into sexual behaviours:

> There is a need for an ethnographic study to give us greater insight into what happens within the treaty zone itself.[135]

2.141 Dr Fagan echoed Dr Russell's sentiment that we do not know the extent of the local HIV/AIDS problem in rural Western Province.[136]

2.142 Dr Russell suggested that the Australian Research Centre in Sex, Health and Society (ARCSHS) based at La Trobe University in Melbourne may be well-placed to conduct such research.[137]

2.143 The Committee believes that it would be very useful to conduct research into sexual networks in the treaty area in order to better understand the dynamics of these networks, and to collect data on the levels of STIs, including HIV, on both sides of the border.

Recommendation 2

The Committee recommends that collaborative research be undertaken into the sexual networks that exist in the Torres Strait Treaty zone, that includes the collection of data on the levels of Sexually Transmitted Infections, including HIV, on both sides of the border.

Window of opportunity now

2.144 Queensland Health noted a number of strategies put in place and implemented through the primary health care system in recent years that

134 Prof. Toole, Burnet Institute, Official Transcript, 11 September 2009, p. 14.
135 Dr Fagan, Queensland Health, Official Transcript, 31 August 2009, p. 14.
136 Dr Fagan, Queensland Health, Official Transcript, 31 August 2009, p. 15.
137 Dr Russell, Submission no. 3, p. 4.

had resulted in significant reductions in some common STIs, in particular, syphilis and tricomonas. These include sexual health promotion and complementary population wide STI testing strategies. Dr Fagan believes that the success of these measures has paid off in terms of preventing local transmission of HIV in the Torres region. She suggests that there is a narrow window of opportunity to prevent an HIV epidemic in the region and we need to scale up efforts in the strategies that work.[138]

2.145 The PNG High Commissioner told the Committee that HIV/AIDS is a priority for the PNG Government, with health receiving the second highest allocation of funding of all priority areas in the Budget (after infrastructure).[139]

2.146 In briefings, AusAID outlined its support to help PNG strengthen and coordinate an effective response to the HIV/AIDS epidemic. Australia is providing $178 over five years (2007-2011):

- $100 million for the PNG-Australia HIV/AIDS Program, to expand prevention and treatment services including support to 17 national and international non-government organisations;
- $68 million to strengthen the health sector response, working with partners such as the Clinton Foundation ($10. 2 million), to increase access to HIV treatment services, and with churches and non-government organisations to provide infrastructure and training to treat STIs; and
- $10 million for activities in law and justice, education and infrastructure to ensure these sectors take account of HIV/AIDS in their area of responsibility.[140]

2.147 Mr Bowtell, Director of the HIV/AIDS project at the Lowy Institute for International Policy in Sydney and Executive Director of the recently formed Pacific Friends of the Global Fund to fight AIDS, TB and Malaria (funded by the Bill and Melinda Gates Foundation)[141] spoke about the importance of bipartisan parliamentary engagement on important issues like HIV:

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138 Dr Fagan, Queensland Health, Official Transcript, 31 August 2009, p. 15.

139 H.E. Mr Lepani, PNG High Commissioner to Australia, Official Transcript, 11 September 2009, p. 3.

140 AusAID, Briefing, 19 August 2009, p. 7 and AusAID written briefing material provided to Committee delegation.

141 See Global Fund to fight AIDS, TB and malaria website for details on how the fund works and its activities, http://www.theglobalfund.org/en/

> It is really vital that when we try to confront the serious health problems in the Pacific that parliamentarians have this interaction because they are the gatekeepers of the resources.[142]

Regional leadership

2.148 Mr Bowtell informed the Committee that the Pacific region Friends of the Global Fund group has been established to raise awareness of AIDS, TB and malaria, to talk to national leaders and to other eminent leaders in the region, increase knowledge of the Global Fund's existence and how applications can be made to it, and to closely monitor and evaluate it so that the most good is done for the money invested.[143] Friend Members include:

- Sir Peter Barter Kt, OBE, Chair of the National AIDS Council of PNG;
- Lady Ros Morauta from PNG, whose board and committee memberships include the Asia-Pacific Leadership Forum on HIV/AIDS;
- Mr Ian Clarke, Chair of the Australia Papua New Guinea Business Council;
- Mr Murray Proctor, Australian Ambassador for HIV/AIDS; and
- Senator Payne from the Australian Senate. [144]

Importance of prevention

2.149 As Queensland Health did, Mr Bowtell emphasised to the Committee the importance of investing in prevention. He acknowledged that treatment for HIV/AIDS sufferers is immensely important (as is funding for nurses, doctors and health care workers), but believes that significant resources also need to be put into affecting behaviour change of the young people most at risk of contracting the disease.[145] He highlighted how history shows that where a strategy of community mobilisation at grassroots level has been employed, including in Australia, there have been good outcomes.[146]

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142 Mr Bowtell, Lowy Institute, Official Transcript, 11 September 2009, p. 16.

143 Mr Bowtell, Lowy Institute, Official Transcript, 11 September 2009, p. 17.

144 See website for the other Friend Members and further details on the organisation, http://www.pacificfriendsglobalfund.org/

145 Mr Bowtell, Lowy Institute, Official Transcript, 11 September 2009, p. 26.

146 Mr Bowtell, Lowy Institute, Official Transcript, 11 September 2009, p. 27.

2.150 Further, leaders and others need to be able to talk openly about HIV/AIDS and try and lessen the social stigma because behaviour change will not occur if the subject remains taboo.

Recommendation 3

The Committee recommends that the Australian government facilitate forums for leaders in the region to come together at regular intervals to discuss HIV/AIDS prevention strategies, and, in particular, to seek ways to lessen the social stigma of talking about the disease.

Effective programs in Papua New Guinea and the Solomon Islands

Tingim Laip

2.151 The AusAID funded, Burnet Institute run[147], Tingim Laip Program (which means think about/consider life) was cited as a successful program, or at least one that is successful in its approach, if not yet proven in its impact. The largest community-based HIV prevention program in PNG, it operates in 35 sites in 14 provinces. The 35 sites (which include military barracks, mining sites, border posts and urban settlements) were chosen because they were identified as areas where there are people participating in high levels of sexual and other risk behaviours (namely, female sex workers, men who have sex with men, injecting drug users). [148] One of the important premises of the program is mentoring and facilitating youth leadership.

SIPPA youth program

2.152 The Solomon Islands Planned Parenthood Association (SIPPA) youth program similarly empowers youth, through the use of youth FM radio (popular with young people in SI), face-to-face provincial workshops, school focus groups and a youth friendly health centre and drop-in centre. SIPPA also works closely with the youth coordinators from various church groups.[149]

147 See Burnet Institute website for more details on the Tingam Laip program, http://www.burnet.edu.au/home/cih/programs/png/tingimlaip

148 Prof. Toole, Burnet Institute, Official Transcript, 1 September 2009, p. 29.

149 SHFPA, Submission no. 8, p. 9.

2.153 Recognising that music and sport can prove effective mediums for communicating with young people, SIPPA targets music concerts and also intends developing a partnership with a sports federation like the Solomon Islands Football Federation, in order to integrate reproductive and sexual health information within the football culture.[150]

2.154 Programs that reach out to and connect with youth are especially important in PNG and Solomons because their populations are such young ones. 40 % of the population in PNG is under 15 years of age.[151] And, some 45 % of the population in the Solomons is under 15.[152]

Men and Boys Behaviour Change Program (MBBC)

2.155 At the Canberra roundtable, Ms Knight, CEO, Sexual Health and Family Planning Australia (SHFPA), outlined a community-based program that is being rolled out across PNG and the Solomon Islands called the Men and Boys Behaviour Change Program (MBBC).

> Working with in-country partners, well-trained male sexual health volunteers who are highly committed and active community role models deliver education and train-the-trainer programs to engage men and boys in positive health-seeking behaviours in regard to their own reproductive and sexual health, including HIV and STIs, and impact on men's behaviour in regard to gender based violence.[153]

2.156 Building on its success in the Solomon Islands, SHFPA has also established the MBBC program in PNG.

2.157 SHPA told the Committee that a recent evaluation had highlighted pleasing results to-date in PNG such as, making pregnancies safer, reducing gender based violence and preventing STI-HIV infection.[154]

2.158 Moreover, Family Planning Australia New South Wales intends to use aspects of the MBBC program in its indigenous men and boys programs.[155]

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150 SHFPA, Submission no. 8, p. 9.

151 Oxfam Australia website, http://www.oxfam.org.au/about-us/countries-where-we-work/papua-new-guinea

152 SHFPA, Submission no. 8, p. 8.

153 Ms Knight, SHFPA, Official Transcript, 11 September 2009, p. 36. Also see their submission, Submission no. 8.

154 Ms Knight, SHFPA, Official Transcript, 11 September 2009, p. 36.

155 Ms Knight, SHFPA, Official Transcript, 11 September 2009, p. 36.

Cross-border collaboration

2.159 The SHFPA submission outlined a cross-border network that has been developed to unite family planning organisations in PNG, Solomon Islands and Indonesia. The collaborative network is a forum to discuss and develop strategies for jointly addressing the cross-border management of HIV/STIs, and other issues.[156]

2.160 At the roundtable SHFPA provided an update on its progress:

> We have had face-to-face meetings over the last 18 months and agreed on a work plan and advocacy strategy to garner the commitment and leadership of national governments…with a view to [obtaining] national government agreement to a meeting between the four nations and developing an effective national response.[157]

Tuberculosis : strengthening compliance, importance of outreach services, improving communication and coordination

Definition

2.161 TB is an infection, primarily in the lungs (a pneumonia), caused by bacteria called *Mycobacterium tuberculosis*. It is spread from person to person by breathing infected air during close contact. The most common symptoms of TB are fatigue, fever, weight loss, coughing, and night sweats. The diagnosis of TB involves skin tests, chest x-rays, and sputum analysis. TB can remain in an inactive (dormant) state for years without causing symptoms or spreading to other people. When the immune system of a patient with dormant TB is weakened, the TB can become active (reactivate) and cause infection in the lungs or other parts of the body. People with HIV/AIDS are at a higher risk of developing the disease due to their lower immunity. [158] At the Cairns hearing, the Committee learnt that TB is much more common in poor communities where overcrowding is common and there is a lack of adequate ventilation. Patients' are also less resistant to the disease if they have other diseases such as HIV, or are malnourished.[159]

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156 SHFPA Submission no. 8, p. 11.

157 SHFPA, Official Transcript, 11 September 2009, p. 37.

158 Definition from Medicine.Net.Com, http://www.medicinenet.com/tuberculosis/article.htm

159 Dr Konstantinos, Queensland Tuberculosis Control Centre, Official Transcript, 31 August 2009, p. 25.

Growing number of TB cases in Torres Strait and costs of treatment

2.162 Dr Konstantinos, Director of the Queensland Tuberculosis Centre informed the Committee that TB is a leading cause of death worldwide. Although we have very low rates in Australia, rates are very high in Papua New Guinea and the Solomon Islands.[160]

2.163 Professor Maguire, of the James Cook University's School of Medicine and Dentistry, noted that TB incidence is rising in PNG. The rate there is estimated to be 95. 30 per 100, 000 people compared with an Australian rate of 5.3 per 100,000 per year in 2005.[161]

2.164 Dr Konstantinos cited concerns he has about the growing number of TB cases in the Torres Strait region, an increase he attributes to cross-border movement from PNG.

> From 1990 to 1999 there were probably only 7 cases that came across the border…From 2000-2004, there were approximately 43 cases. There have been more than 20 a year since then.[162]

2.165 Since 2000, approximately 25 per cent of these cases have been multi-drug resistant forms[163], which add complexity and expense to treatment of the disease.[164]

2.166 Dr Stuckey described how the two beds available at TI Hospital for TB patients have almost always been filled, in the last 12 months. He outlined the extensive treatment patients with multi-drug resistant tuberculosis (MDR-TB) require; at least 6 months of intravenous treatment and long stays of up to 9 months.[165]

160 Dr Konstantinos, Queensland Tuberculosis Control Centre, Official Transcript, 31 August 2009, p. 20.

161 Submission no. 2, Professor Maguire, p. 6, http://www.aph.gov.au/house/committee/haa/pacifichealth/subs/sub002.pdf

162 Dr Konstantinos, Queensland Tuberculosis Control Centre, Official Transcript, 31 August 2009, p. 20.

163 Multidrug resistant TB is defined as a strain that does not respond to two or more standard anti-TB drugs. MDRT usually occurs when treatment is interrupted thus allowing mutations in the organism to occur that confer drug resistance. Source Medicine.Net.Com

164 Dr Konstantinos, Queensland Tuberculosis Control Centre, Official Transcript, 31 August 2009, p. 20.

165 Dr Stuckey, TI Hospital, Briefing, pp. 28 – 29.

MDR strains and treatment compliance

2.167 Multi-drug resistant TB occurs when there is incomplete treatment of the disease: namely poor patient compliance, poor diagnostic capability; and/or unavailable therapies.

2.168 Dr Konstantinos confirmed that there are difficulties on the PNG side with tracking patients on release from hospital into the provinces and erratic drug supplies, and that these have been key contributors to the development of MDR-TB strains there.[166]

2.169 In Western Province, specifically,

> Diagnostic facilities for identifying people with TB and for identifying people with multi-drug resistant TB are limited to non-existent in Western Province.[167]

2.170 So far, MDR –TB has not been transmitted from PNG to the Torres Strait, even though there is MDR-TB in the coastal villages and there has been a transmission of drug –sensitive TB. However, according to Professor Simpson of Cairns Base Hospital, 'it is only a matter of time.'[168]

Containment

2.171 The absolute population numbers in South Fly and the Torres Strait are small – about 10, 000 people each. Professor Simpson said that, while treating TB, and particularly MDR-TB, can be very expensive, dealing with the absolute numbers of MDR-TB will not overwhelm our systems in Australia. Much more needs to be done on the PNG side however to contain the epidemic there,

> [They have] got to get their standard DOTS program (broad TB control strategy outlined by the World Health Organisation')…& manage drug-sensitive TB…[169]

2.172 Dr Konstantinos noted they now have a provincial coordinator in the Western Province. PNG is also establishing a national TB program. If that becomes effective in delivering care to the coastal villagers, he said, we may see the numbers peak.[170]

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166 Dr Konstantinos, Queensland TB Control Centre, Official Transcript, 31 August 2009, p. 22.

167 Prof. Maguire, School of Medicine and Dentistry, JCU, Official Transcript, 31 August 2009, p. 10.

168 Professor Simpson, Cairns Base Hospital, Official Transcript, 31 August 2009, p. 23.

169 Prof. Simpson, Cairns Base Hospital, Official Transcript, 31 August 2009, p. 23.

170 Dr Konstantinos, Queensland TB Centre, Official Transcript, 31 August 2009, p. 21.

Developing PNG capacity and leadership

2.173 The Committee spoke with doctors working at TI hospital who endorsed Professor Simpson's remarks that the greatest improvements need to be made on the other side of the border, in terms of developing their capacity to deal with TB.[171]

2.174 In addition to the tuberculosis project under the new Package of Measures, the Committee wanted to know what more the Australian government can do to help PNG 'get [in Professor Simpson's words] the easy stuff – right.'

2.175 Professor Simpson would like to see more support for Daru Hospital and support for greater communication between Daru and Cairns.[172]

2.176 While the Commonwealth and PNG government have funded a communication officer on the PNG side and Australian sides, with communication protocol in place for them to talk to each other, the Committee heard that the working relationship could be developed further.

2.177 One proposal put forward to the Committee by Professor Maguire was the establishment of a Western Province – Northern Australian Clinician's Network whereby Australian doctors, nurses, and health workers would undertake a monthly outreach service to Daru Hospital and South Fly Province.[173]

2.178 Professor Simpson advised the committee that the clinicians at Daru Hospital are good and very keen to treat patients themselves. He said that,

> If they get the tools, they will do the job.

2.179 Queensland is currently finalising a funding agreement with the Commonwealth which would allow PNG clinicians to travel to the Torres Strait clinics to increase their knowledge and skills in TB management.[174]

2.180 Dr Konstantinos emphasised the need for strong leadership on the PNG side:

> The issue may be slightly higher up in the chain [than with the doctors]…I think it is important to ensure that whoever is in charge of TB has a commitment to TB so that they drive it. If they

171 Dr Stuckey and Dr Parish, TI Hospital, Briefing, 2 September 2009, p. 33.

172 Prof. Simpson, Official Transcript, 31 August 2009, p. 24.

173 Prof. Maguire, Submission no. 2, http://www.aph.gov.au/house/committee/haa/pacifichealth/subs/sub002.pdf

174 Submission no. 20, Senate Inquiry into matters relating to the Torres Strait region, p. 17.

> drive it, they need to drive the government plus the peripheral services.[175]

Outreach services

2.181 Cairns Base Hospital operates a range of outreach services, ranging from a general medical clinic to specialist clinics for chronic disease –including TB management; some surgery; obstetrics and gynaecological services and paediatric community health.[176]

2.182 The value of outreach services on the Australian side in the Torres Strait was impressed upon the Committee repeatedly at hearings. Cairns Base Hospital emphasised its cost-effectiveness.

> It was proven in the early nineties that, for every dollar we spend in the community, we will save $5 or $10 in the tertiary sector.[177]

2.183 Dr Beaton acknowledged that the services are costly to run and the budget for funding them is currently in deficit to the tune of between $ 7 and $ 9 million. He stressed the need for ongoing funding to maintain these vital services, not least to help contain disease.

> It is much better to travel to a patient and not bring the TB into Cairns.[178]

Continued funding

2.184 Several witnesses impressed upon the Committee the need for ongoing funding for TB programs. They said that TB programs, especially, take time to produce substantial results.

> Once you start funding for TB, it has got to be for 10-15 years. It is that long before people at the peripheries start to see the benefits, which allows a strengthening of local services…if you pull out too early….you might as well never have started…[179]

2.185 The Committee was advised that in Australia - and places like New York – maintaining, or in the case of the latter, reinvigorating, good public health systems for TB has kept the disease under control.[180]

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175 Dr Konstantinos, Queensland TB Centre, Official Transcript, 31 August 2009, p. 25.
176 Dr Beaton, Cairns Base Hospital, Official Transcript, 31 August 2009, p. 34.
177 Dr Beaton, Cairns Base Hospital, Official Transcript, 31 August 2009, p. 34.
178 Dr Beaton, Cairns Base Hospital, Official Transcript, 31 August 2009, p. 34.
179 Dr Konstantinos, Queensland TB Centre, Official Transcript, 31 August 2009, p. 25.
180 Dr Konstantinos, Queensland TB Centre, Official Transcript, 31 August 2009, p. 28.

Treatment guidelines and funding issues

2.186 Medical practitioners expressed concern that, treating PNG nationals with MDR-TB (something which might take 2 ½ years of management and people coming to and fro for care) contravenes the terms of the treaty. Or, rather, 'the treaty does not cover people coming across to access health care services unless they are acutely injured or are on the point of death.'[181]

2.187 This is also an issue for immigration officers. The Committee heard that MMOs can find it conflicting to refuse entry to people seeking ongoing medical treatment when they know that compliance with taking medication is so important.[182]

2.188 Professor Simpson said that if that issue could be clarified,

> …it would make life a lot more comfortable.[183]

2.189 Dr Beaton, Director of Medical Services at the Cairns Base Hospital, elaborated on the ethical and practical dilemmas that the hospital faces in managing some of the patients who come across the border from PNG. The Committee heard that administrators frequently have to decide how to fund ongoing treatment of diseases. The guidelines they adhere to suggest that funding can be provided where life is at risk. However, applying these guidelines can be challenging in situations when patients present for trauma but have a co-morbidity such as TB or HIV.[184]

2.190 Dr Beaton echoed Professor Simpson's call to clarify some of the arrangements concerning ongoing chronic treatment for TB and HIV. He stated that broad guidelines are not specific enough, which makes decision making difficult.[185]

2.191 However, he also acknowledged that the current arrangement does give clinicians a degree of flexibility.[186]

2.192 The cost of treatment for TB and HIV patients can be very high. For example, the pharmaceutical costs for a single admission for the treatment of TB at TI Hospital in 2008 were $24, 588.[187]

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181 Prof. Simpson, Cairns Base Hospital, Official Transcript, 31 August 2009, p. 27.

182 Department of Immigration, Briefing, 2 September, p. 16.

183 Prof. Simpson, Cairns Base Hospital, Official Transcript, 31 August 2009, p. 27.

184 Dr Beaton, Cairns Base Hospital, Official Transcript, 31 August 2000, p. 30.

185 Dr Beaton, Cairns Base Hospital, Official Transcript, 31 August 2000, p. 33.

186 Dr Beaton, Cairns Base Hospital, Official Transcript, 31 August 2000, p. 33.

187 Submission no. 20, Queensland Health, Senate Foreign Affairs Committee Inquiry into matters relating to the Torres Strait region, p. 16.

2.193 Queensland Health describes funding shortfalls for the treatment of PNG patients for which it currently receives about $3. 8 million per annum. In its submission to the Senate Foreign Affairs Committee inquiry into Torres Strait matters, Queensland Health states that in 2007-2008 the funding provided by the Commonwealth met only a half of actual costs for a range of services, including hospital services predominantly at TI Hospital and Cairns Base Hospital. Funding shortfall estimates for 2008-2009 indicate the shortfall may be less for that year.[188]

2.194 At the Cairns hearing, Dr Beaton explained the difficult position they are placed in: while the costs of treatment are high and the hospital 'is not going to be able to afford it', they feel morally obligated to treat sick patients and, moreover, duty-bound to manage the risk to the broader community. A further frustration for them is that, whereas in Australia if a patient presents with TB a contact-tracing process is undertaken to contain the disease's spread in the community, that is not possible with the PNG patients.[189]

2.195 The Committee learnt that the Health Issues Committee is presently considering a new framework for healthcare delivery which seeks to redress these issues, and allay any concerns Torres Strait Islanders may have that their access to treatment is disadvantaged by arrangements for PNG nationals.[190] The document, "Queensland Health Policy: Management of PNG Nationals presenting to Queensland Health facilities in the Torres Strait" is awaiting endorsement from the Director-General of Queensland Health.[191]

Vector borne diseases (dengue fever and malaria)

Themes: success through concerted collaboration and reducing vectors

Malaria

2.196 Malaria is an infectious disease caused by protozoan parasites from the Plasmodium family that can be transmitted by the sting of the Anopheles

188 Submission no. 20, Queensland Health, Senate Foreign Affairs Committee Inquiry into matters relating to the Torres Strait region, p. 17, http://www.aph.gov.au/Senate/committee/fadt_ctte/torresstrait/submissions.htm

189 Dr Beaton, Cairns Base Hospital, Official Transcript, 31 August 2009, p. 33.

190 Department of Immigration, Briefing, 2 September 2009, p. 15.

191 Personal communication to secretariat, Health Protection Policy Branch, Department of Health, 27 January 2009.

mosquito or by a contaminated needle or transfusion. Falciparum malaria is the most deadly type.[192]

2.197 The symptoms of malaria include cycles of chills, fever, sweats, muscle aches and headache that recur every few days. There can also be vomiting, diarrhoea, coughing, and yellowing (jaundice) of the skin and eyes. People with severe falciparum malaria can develop bleeding problems, shock, kidney and liver failure, central nervous system problems, coma, and die. Malaria is treated with oral or intravenous medications.[193]

2.198 Malaria transmission occurs primarily between dusk and dawn because of the nocturnal feeding habits of Anopheles mosquitoes. Protective measures should be taken to reduce contact with mosquitoes, especially during these hours. These measures include remaining in well-screened areas, using mosquito nets, and wearing clothes that cover most of the body. Additionally, insect repellent should be used on exposed skin.[194]

2.199 Although malaria is no longer endemic in Australia, approx. 700-800 cases occur here each year in travellers infected elsewhere, and the region of northern Australia above 19^{o}S latitude is a receptive zone for malaria transmission. Occasional cases of local transmission occur in the Torres Strait islands and rarely in northern Queensland, and vigilance is required to prevent re-establishment of the infection in some northern localities.[195]

2.200 Solomon Islands has the highest malaria rate in the Pacific[196] with a prevalence rate of some 15, 565 people per 100, 000 and death rate of 2 per 100, 000 (2006 figures).[197]

2.201 Malaria is also a leading cause of illness in PNG.[198] The prevalence rate is 1, 311 per 100, 000 with a death rate of 11 deaths per 100, 000 (2006 figures).[199]

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192 MedicineNet.com, http://www.medterms.com/script/main/art.asp?articlekey=4255

193 MedicineNet.com, http://www.medterms.com/script/main/art.asp?articlekey=4255

194 MedicineNet.com, http://www.medterms.com/script/main/art.asp?articlekey=4255

195 Associate Professor Richard Russell, Malaria factsheet, http://medent.usyd.edu.au/fact/malaria.htm#malaust

196 AusAID website, http://www.ausaid.gov.au/media/release.cfm?BC=Media&ID=9575_7334_2174_3905_9498

197 Asian Development Bank website, MDG tables, http://www.adb.org/Documents/Books/Key_Indicators/2008/pdf/Goal-06.pdf

198 AusAID website, http://www.ausaid.gov.au/media/release.cfm?BC=Media&ID=9575_7334_2174_3905_9498

199 Asian Development Bank website, MDG tables, http://www.adb.org/Documents/Books/Key_Indicators/2008/pdf/Goal-06.pdf

2.202 Although the prevalence of malaria in the Solomons remains very high, it has been substantially reduced in recent years. This is due to a concerted effort on the part of the Solomon Islands and international donors to control and progressively eliminate the disease by 2014.

2.203 AusAID's Pacific Malaria Initiative ($ 25 million, 2007-2011) is an important regional program for Solomon Islands. The initiative aims to reduce the burden of malaria through prevention, disease management, and health system strengthening. The $ 14 million allocated to Solomon Islands supports the Government to implement its National Malaria Action Plan and targets areas of highest malaria prevalence for those most at risk, such as pregnant women and children, working closely with the Global Fund, World Health Organisation and Secretariat of the Pacific Community. The initiative has strong links with Australian and international institutions engaged in malaria research. The initiative has contributed to a marked reduction in the malaria incidence rate from 199 cases per 1000 people in 2003 to 82 cases per thousand in 2008.[200]

2.204 There is a dedicated website for the Pacific Malaria Initiative Support Centre (PacMISC), based at the University of Queensland, whose role is to provide program management support and technical advice to the initiative.[201]

2.205 On the PacMISC website, Technical Director Dr Andrew Vallely states:

> We believe that malaria elimination in Solomon Islands is achievable: important new tools have recently become available that mean we now have strong technical and scientific foundation for this optimism. These include simple rapid diagnostic tests that can be used at community level, highly effective artemisinin-based drug therapy, and long-lasting insecticide treated bednets.[202]

2.206 At the Canberra roundtable, the Solomon Islands High Commissioner, H.E. Mr Ngele, paid tribute to the cooperation from Australia and other nations to achieve the notable success of the malaria program so far.[203]

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200 Written briefing material provided to Committee delegation by AusAID.

201 Pacific Malaria Initiative Support Centre website, http://www.pacmisc.net/pacmisc/index.asp

202 PacMISC website, http://www.pacmisc.net/pacmisc/about.asp

203 H.E. Mr Ngele, Solomon Islands High Commissioner, Official Transcript, 11 September 2009, p. 18.

Dengue fever

2.207 Dengue is prevalent throughout the tropics and subtropics. Dengue fever is a disease caused by a family of viruses that are transmitted by mosquitoes. It is an acute illness of sudden onset with symptoms including headache, fever, exhaustion, severe joint and muscle pain, swollen glands, and rash.[204]

2.208 Dengue strikes people with low levels of immunity. Because it is caused by one of four serotypes of virus, it is possible to get dengue fever multiple times. However, an attack of dengue produces immunity for a lifetime to that particular serotype to which the patient was exposed.[205]

2.209 Dengue hemorrhagic fever is a more severe form of the viral illness. Manifestations include headache, fever, rash, and evidence of hemorrhage in the body. This form of dengue fever can be life-threatening or even fatal.[206]

2.210 The virus is contracted from the bite of a striped *Aedes aegypti* mosquito that has previously bitten an infected person. The mosquito flourishes during rainy seasons but can breed in water-filled flower pots, plastic bags, and cans year-round. One mosquito bite can inflict the disease.[207]

2.211 After being bitten by a mosquito carrying the virus, the incubation period ranges from three to 15 (usually five to eight) days before the signs and symptoms of dengue appear.[208]

2.212 Because dengue is caused by a virus, there is no specific medicine or antibiotic to treat it. For typical dengue, the treatment is purely concerned with relief of the symptoms. Rest and fluid intake for adequate hydration is important.[209]

2.213 Dr Ritchie, a medical entomologist at James Cook University and Tropical Public Health Unit at Queensland Health, referred to a pandemic of dengue which has been going on for several years in the region.[210]

2.214 The Sanofi aventis submission to the inquiry stated that the most recent outbreak of dengue in Australia (which started in December 2008) is the largest recorded in at least 50 years. The epidemic involved Cairns, Port

204 MedicineNet.Com, http://www.medicinenet.com/dengue_fever/article.htm
205 MedicineNet.Com, http://www.medicinenet.com/dengue_fever/article.htm
206 MedicineNet.Com, http://www.medicinenet.com/dengue_fever/article.htm
207 MedicineNet.Com, http://www.medicinenet.com/dengue_fever/article.htm
208 MedicineNet.Com, http://www.medicinenet.com/dengue_fever/article.htm
209 MedicineNet.Com, http://www.medicinenet.com/dengue_fever/article.htm
210 Dr Ritchie, James Cook University, Official Transcript, 31 August 2009, p. 4.

Douglas Yarrabah, Injinoo, Innisfail and Mareeba with 931 cases presenting over 48 weeks.[211]

2.215 An ABC *Catalyst* program on the dengue epidemic reported that it was the first time that the Queensland Health authorities had activated an emergency plan of such magnitude. An unprecedented number of Dengue Action Response Teams had been deployed. In Cairns alone, teams sprayed up to 300 houses a day.[212]

2.216 There is a high level of dengue activity in PNG at any given time. Of the imported cases of dengue fever to Queensland (an average of 10 per year since 1999), some 60 per cent of these cases were from PNG and East Timor, with the remainder from Thailand, Bali and South Pacific nations. Given the proximity of the Torres Strait to PNG and the free movement between, there is an increased risk of importations into the Torres Strait.[213]

2.217 Dr Ritchie stated that North Queensland had over a thousand cases of dengue this year, with twice as many imported cases into Cairns this year as they had ever had before.[214]

2.218 In his evidence, Dr Ritchie talked about the need to reduce the numbers of mosquito vectors [in Cairns] to prevent them from spreading and getting re-established in Brisbane. He cited concerns about ad hoc rainwater storage:

> There was a telephone survey by Queensland health…Twenty per cent of the people were hoarding water in some other unregulated container [i.e. not a rainwater tank].[215]

2.219 He suggests that we need to examine our policy of storing water (including reinspecting water tanks), to make sure that it is safe and that includes legislating so water storage units fit a standard.[216]

2.220 The Committee was concerned to learn that there is no regulatory requirement for reinspections of installed water tanks and thinks that the federal and state governments should work together to establish an appropriate reinspection program, in dengue affected areas.

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211 Sanofi aventis, Submission no. 9, pp. 3-4.

212 ABC Catalyst program, "Dengue Mozzie", 3 September 2009, video and transcript available from website, http://www.abc.net.au/catalyst/stories/2675796.htm

213 Sanofi aventis, Submission no. 9, p. 4

214 Dr Ritchie, James Cook University, Official Transcript, 31 August 2009, p. 4.

215 Dr Ritchie, James Cook University, Official Transcript, 31 August 2009, p. 12.

216 Dr Ritchie, James Cook University, Official Transcript, 31 August 2009, p. 5.

Recommendation 4

The Committee recommends that the Australian government work together with the Australian state and territory governments to establish a reinspection program of installed water tanks, in dengue affected areas in Australia.

Vaccines

2.221 Alongside policy and legislative efforts, the Committee heard that vaccines have the potential to reduce the receptivity to mosquito borne diseases.

2.222 Sanofi Pasteur has been developing a dengue vaccine since the 1990s. Clinical studies with the most advanced vaccine have been ongoing since the 2000s. In Australia, Sanofi Pasteur has completed one Phase II dengue fever vaccine, is supporting a Melbourne-based epidemiological study in travellers and in October 2010 will commence tests to demonstrate consistency of manufacturing quality with their quadrivalent dengue fever vaccine.[217]

2.223 At the Cairns hearing, Dr Ritchie explained how in groundbreaking research at James Cook University they had created a dengue vaccine for dengue mosquitoes by transferring the fruit fly bacterium, Wolbachia, into the dengue mosquito. The bacteria is passed on to the offspring and triggers the immune system of the mosquito so that it will not get infected with dengue.[218] Some strains of the bacteria are able to shorten the lifespan of the mosquito, before it has a chance to breed, which also prevents transmission of the disease.[219]

2.224 Australian scientists (at the Walter and Eliza Hall Institute in Melbourne, Q-pharm Ltd and the Queensland Institute of Medical Research) are also working on developing a malaria vaccine.[220]

2.225 Researchers at the Walter and Eliza Hall Institute have isolated three proteins- MSP3, MSP1 and AMA1 - responsible for transferring the

217 Sanofi aventis, Submission no. 9 p. 5.

218 Dr Ritchie, James Cook University, Official Transcript, 31 August 2009, p. 5.

219 ABC Catalyst program, "Dengue Mozzie", 3 September 2009, video and transcript available from website, http://www.abc.net.au/catalyst/stories/2675796.htm

220 The Sydney Morning Herald, "Proteins hold the key as scientists close in on malaria vaccine", Wednesday, January 20, 2010, p. 6, http://www.smh.com.au/world/science/proteins-hold-the-key-as-scientists-close-in-on-malaria-vaccine-20100119-mj6y.html

malaria infection from mosquitos to humans. Their research suggests that a vaccine which targets these proteins could have the effect of blocking a malaria infection, even if the parasite was inside the body.[221]

Impact of climate change: threats to food and water security, more disease, and environmental refugees

2.226 During its private meeting on 18 March 2009, the Committee received a briefing from experts at the ANU National Centre for Epidemiology and Population Health on the health impacts of climate change in the region.

2.227 The Committee was advised by Professor Capon that "climate change endangers health in fundamental ways."

2.228 Impacts are wide-ranging and include increased heat stress, increased gastroenteritis illnesses, and increased dengue fever outbreaks such as those experienced in parts of Queensland in recent times.[222]

2.229 Higher temperatures, changing rainfall patterns and more frequent extreme events like droughts and flooding potentially impact crop production and food supply too.[223]

2.230 Mr See Kee, General Manager of the Torres Strait Regional Authority, told the Committee that,

> Climate change is going to be a huge issue [especially on Saibai Island, which is low lying]. Inundation is happening now.[224]

2.231 An ABC *Lateline* program about the Torres Strait islands at risk from climate change outlined the impacts already being experienced by the low lying mud islands of Saibai and Boigu, which sit below the high tide mark.[225]

2.232 On the program, the Torres Strait Regional Authority described erratic weather patterns on Saibai Island. Footage of flooding from a king tide combined with a tidal surge caused by a Category 1 cyclone hundreds of kilometres away was shown to illustrate the point. On that occasion, the

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221 The Sydney Morning Herald, "Proteins hold the key as scientists close in on malaria vaccine", Wednesday, January 20, 2010, p. 6.

222 Private briefing to Committee from ANU NCEPH, 18 March 2009.

223 Private briefing to Committee from ANU NCEPH, 18 March 2009.

224 TSRA, Briefing, 2 September 2009, p. 21.

225 ABC Lateline Program, Torres Strait islands risk from climate change, Broadcast 7/12/09, transcript available online, http://www.abc.net.au/lateline/content/2008/s2764521.htm

flooding came close to the community dam and threatened the water supply.[226]

2.233 On Boigu Island, erosion is already an issue, with sacred burial grounds being washed away.[227]

2.234 There is also concern amongst some locals that, if sea levels rise, people living in the equally low lying villages in PNG's Western Province may not flee to their undeveloped highlands, but to Australia instead, as 'climate change refugees'.[228]

2.235 The PNG High Commissioner, H.E. Mr Lepani advised the Committee that PNG recognised that some of its smaller islands are being gradually lost as the sea levels rise, and an office of climate change had been established in the Prime Minister's Office to address these very important issues.[229]

Non-communicable diseases (obesity, diabetes and CVD): rising incidence and need for community awareness and engagement

2.236 While increasing levels of overweight and obesity (with attendant co-morbidities including cardiovascular disease[230] and Type 2 diabetes[231]) is occurring in all population groups in Australia, it is well-documented that Indigenous persons and people from low socio-economic backgrounds are particularly susceptible to these chronic lifestyle diseases.[232] There is also growing evidence to suggest that there are intergenerational impacts, with

226 ABC Lateline Program, Torres Strait islands risk from climate change, Broadcast 7/12/09, transcript available online, http://www.abc.net.au/lateline/content/2008/s2764521.htm

227 ABC Lateline Program, Torres Strait islands risk from climate change, Broadcast 7/12/09, transcript available online, http://www.abc.net.au/lateline/content/2008/s2764521.htm

228 ABC Lateline Program, Torres Strait islands risk from climate change, Broadcast 7/12/09, transcript available online, http://www.abc.net.au/lateline/content/2008/s2764521.htm

229 H.E. Mr Lepani, PNG High Commissioner, Official Transcript, 11 September 2009, p. 18.

230 Cardiovascular disease is any disease of the heart (cardio) or blood vessels (vascular). The major preventable risk factors for cardiovascular disease are tobacco smoking, high blood pressure, high blood cholesterol, insufficient physical activity, overweight and obesity, poor nutrition and diabetes. Source: National Health and Medical Research Council website: http://www.nhmrc.gov.au/your_health/facts/cvd.htm

231 Diabetes is a chronic disease, which occurs when the pancreas does not produce enough insulin, or when the body cannot effectively use the insulin it produces. This leads to an increased concentration of glucose in the blood (hyperglycaemia). Type 2 diabetes (formerly called non-insulin-dependent or adult-onset diabetes) is caused by the body's ineffective use of insulin. It often results from excess body weight and physical inactivity. Source: WHO, http://www.who.int/topics/diabetes_mellitus/en/

232 Australian Indigenous HealthInfoNet, Overweight and obesity among Indigenous peoples, http://www.healthinfonet.ecu.edu.au/health-risks/overweight-obesity/reviews/our-review

mothers passing on a genetic imprint to their children that will predispose them to developing chronic diseases like coronary heart disease and diabetes.[233]

2.237 According to the Australian Institute of Health and Welfare, rates of Type 2 diabetes in some Aboriginal and Torres Strait Islander communities are among the highest in the world. In some Indigenous communities as many as one third of the population may have diabetes.[234]

2.238 Queensland Health confirmed to the Committee that,

> There are extraordinary levels of obesity and diabetes in the Torres.[235]

2.239 Overall, the Indigenous population experiences socio-economic disadvantage (including education, employment and income, and housing) and has lower levels of access to health services than the general population. As a group, the population also has higher health risk factors like poor nutrition (including, often, less access to affordable fresh foodstuffs), alcohol consumption and smoking.[236]

2.240 Queensland Health confirmed that Torres Strait Islanders have relatively low access to healthy food such as fruit and vegetables. They told the Committee that virtually everything they consume is imported.

> There has been a very strong change of lifestyle away from a traditional diet to a diet that is centred around the food that is available to people in stores….[including] massive quantities of sugar sweetened drinks.[237]

2.241 Professor Whittaker of the Australian Centre for International and Tropical Health advised the Committee that increasing urbanisation in both [PNG and SI] there too is starting to show the burden of non-communicable diseases as being a double burden to those countries too (with non-communicable diseases comprising about 25 per cent of the burden of disease in both countries).

> The problem there is that health systems that are already having trouble responding to the communicable disease burden are now also having to orientate themselves to different interventions for

233 Queensland Health, Official Transcript, 31 August 2009, p.19.

234 Australian Institute of Health and Welfare (AIHW), http://www.aihw.gov.au/diabetes/index.cfm

235 Queensland Health, Official Transcript, 31 August 2009, p. 14.

236 AIHW website. http://www.aihw.gov.au/indigenous/health/index.cfm

237 Queensland Health, Official Transcript, 31 August 2009, p. 19.

> non-communicable diseases like obesity, diabetes and issues related to tobacco, alcohol and injury.[238]

2.242 Professor Whittaker spoke about the need for preventative health campaigns that take into account the social, cultural and environmental determinants of health in the Pacific context.

2.243 For instance, in some Pacific cultures people do not necessarily value the same body sizes that, from a health point of view, we think are healthy. Rather, big is deemed beautiful because it is associated with wealth and doing well.[239]

2.244 And, not dissimilar to the situation of some remote communities in Australia, healthy foods are not always affordable or available to people in the Pacific.[240]

2.245 The Committee was told that the choices people make surrounding nutrition – be it in the Torres Strait or elsewhere - are not readily amenable to change.[241]

2.246 Both Professor Whittaker and Queensland Health say that the solutions require community engagement,

> That means working and listening with the community…It is working with them to find solutions and partnering with groups in the communities, districts and provinces such as civil society organisations and NGOs to do that work.[242]

238 Professor Whittaker, Australian Centre for International and Tropical Health, Official Transcript, 11 September 2009, p. 8.

239 Professor Whittaker, Australian Centre for International and Tropical Health, Official Transcript, 11 September 2009, p. 42.

240 This was the subject of a recent inquiry by the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, into remote Aboriginal and Torres Strait community stores. See the website for the report's recommendations for improving the situation , http://www.aph.gov.au/house/committee/atsia/communitystores/report/Front%20pages.pdf

241 Queensland Health, Official Transcript, 31 August 2009, p. 19.

242 Queensland Health, Official Transcript, 31 August 2009, p. 19 and Professor Whittaker, Australian Centre for International and Tropical Health, Official Transcript, 11 September 2009, p. 42.

Recommendation 5

The Committee recommends that the Australian government partner with non-government organisations and communities to find nutritional solutions that promote healthy eating and redress malnutrition, in affected areas in the Torres Strait and Papua New Guinea.

Capacity development

2.247 All the evidence to the Committee pointed to the importance of empowering communities and local and national institutions in the two countries to identify their own priorities, and to develop community resilience. Australia's contribution should be to help the countries build their knowledge base, managerial and leadership structures; and to help individuals gain the necessary associated skills. As the Committee found, there are many dedicated health professionals and community leaders in PNG and the Solomon Islands who are working hard to improve local health outcomes. Australia can best help by listening to these people and supporting, rather than directing, their initiatives.

3

Committee delegation visit to Papua New Guinea

Source *Lonely Planet*

3.1 The Committee delegation visited Papua New Guinea from Tuesday 6 October 2009 to Sunday 11 October 2009. In order to achieve its objectives, the delegation undertook site visits and held meetings with parliamentary and government officials and representatives of community organisations. The delegation travelled to the capital, Port Moresby, and Western Province, visiting the capital, Daru, and the three treaty villages of Mabadawan, Sigabadaru and Buzi.

Overview of PNG's health infrastructure (physical and human resources)

3.2 The PNG health system employs about 12, 400 staff, approximately 85% of whom are doctors, health extension workers, nurses and community health workers. Infrastructure comprises 614 health facilities. In addition to the major teaching and national referral hospital, Port Moresby General Hospital, there are 19 provincial hospitals, 52 urban clinics, 201 health centres and 342 sub-centres.[1]

3.3 In PNG there is a critical shortage of health workers (0. 6 health workers per 1000 people compared to the 2.3 health workers recommended by the World Health Organisation).[2]

3.4 As alluded to in the previous chapter, health outcomes in PNG have improved little over the last 30 years. And, the PNG health system struggles to meet the health demands of a growing nation. In summary, the population of 5. 3 million is growing at 2.7 per cent per annum; 40 per cent of people live on less than $1 a day; life expectancy stands at 59 years; the fertility rate for women is 4. 6 children per woman; and only 40 per cent of the population has access to safe water. Infectious diseases like pneumonia and diarrhoea are leading causes of death in children, and TB and HIV dominate the disease burden.[3]

1 From 2007 World Bank report *Strategic Directions for Human Development in Papua New Guinea*, in written briefing materials provided to Committee delegation by PNG Medical School on site visit, 7 October 2009.

2 World Vision Submission no. 11, p.1.

3 2007 World Bank report *Strategic Directions for Human Development in Papua New Guinea* in Written briefing material provided to delegation by Medical School at site visit, 7 October 2009.

Papua New Guinea School of Medicine and Health Sciences (SMHS)

Dr John Vince (left) and Sir Isi Kevau (Dean of SMHS)

3.5 The delegation was pleased to have the opportunity to visit the country's only medical school, the Papua New Guinea School of Medicine and Health Science at the University of Papua New Guinea, to meet with Sir Isi Kevau (the School Dean) and Dr John Vince (Professor of Child Health and Deputy Dean), to discuss PNG's health infrastructure, human resources and health workforce training. The university plays a key leadership role in the region, attracting and educating some 15, 000 students annually, including a large contingent from other Pacific nations, particularly the Solomon Islands, which does not have its own medical school or university.

3.6 Australia has had a longstanding relationship with the University of Papua New Guinea, which was established prior to independence, and supporting the training of health workers.

3.7 Australia currently supports the School of Medicine and Health Sciences (SMHS) through the AusAID administered Health Education and Clinical Services (HECS) Program. Launched in July 2009, HECS will provide $7. 3 million over 3 years to help deliver and upgrade programs at the SMHS.

3.8 The SMHS has an operating budget of 61 million kina and has expanded from training doctors and dentists in the 1980s to providing

undergraduate and post-graduate studies to some 600 students. In addition to medicine and dentistry, courses are now available in nursing, radiography, medical laboratory science, community medicine, and pharmacy.

3.9 To-date the SMHS has produced 1195 medical doctors, 151 clinical specialists, 16 dentists and 165 dental workers, 490 allied health workers, 730 post basic diploma nurses, 180 graduate nurses and 180 community health diploma holders.

3.10 In 2008, 230 health workers graduated. Amongst the new cohort were 39 doctors, 4 dentists and 1 dental therapist, 102 nurses, 19 medical laboratory technicians, 19 pharmacists and 6 anaesthetists. Further, some 26 clinical specialists (advanced practice nurses) were produced, with expertise in a range of fields including surgery, public health, obstetrics and gynaecology, and child health.

3.11 Of the students enrolled in 2009, there were 490 undergraduates and 180 postgraduate candidates. This includes 179 medical students, 59 dentistry students and 77 nursing students. The delegation learnt that the ratio of male to female students is 60/40 for doctors and 50/50 for nurses.

3.12 There are 52 full time academic staff (83 % are nationals) and 58 honorary staff (employed by the National Department of Health) at the SMHS. The School has significant problems with filling academic staffing: there were some 37 outstanding academic vacancies as of October 2009. This situation has arisen because of salary disparities with medical doctors employed by the National Department of Health (who get paid more than academics do at the university); and a lack of accommodation for staff. Staffing is supplemented by visiting lecturers through a variety of funding sources.

3.13 After describing the courses offered and the staffing situation at the SMHS (and adding that there were a number of additional colleges throughout the country which offer nurse training), the Dean talked at some length about the benefit of exchange arrangements that had existed in the past (including one with Sydney University) which had built tremendous people-to-people links and institution - institution links. He noted that these links had been weakened over the years, and that moves to re-establish twinning arrangements would be very beneficial.

3.14 Professor Wronski of the School of Medicine at James Cook University had told the Committee the same thing at the hearing in Cairns, namely, that there is a,

> vaccum in the relationships that once drove activity and institutional support…Whilst activity and relationships are

growing, not enough resources are being channelled to allow appropriate growth.[4]

3.15 JCU suggests a range of ways to go about re-establishing links, from proposed joint arrangements between universities and hospitals to establishing a separate body in North Queensland – a centre for tropical health and medical workforce- which would interlink with institutions in the region [such as the PNG SHMS] to provide institutional support, staff rotation, student rotations, student and staff exchanges and curriculum development opportunities.[5] Associate Professor Maguire proposes the establishment of a Western Province Australian Clinicians Network to support capacity building at Daru Hospital and the South Fly Area.[6]

3.16 The Dean told the delegation that there was dialogue underway to establish a memorandum of understanding (MOU) with James Cook University.

3.17 The delegation sees enormous benefits in building and maintaining people –to-people links and, encourages institution-institution links that endure beyond an individual's tenure.

3.18 The Dean and Dr Vince praised the Australian Federal Government's Regional Health Strategy which encourages and supports rural clinician training and placements. The Dean referred to the University of Sydney's School of Rural Health, its satellite clinical schools in rural NSW, and its success in placing medical students in a range of rural and remote settings. He said that he would like to see something similar set up in Papua New Guinea.

3.19 To that end, the Dean proposes establishing two new clinical schools, one in Goroka in the Eastern Highlands and another in Honiara, in the Solomon Islands. He envisages students undertaking residency training in the same region/country where there are enormous opportunities for students to learn about and practice rural medicine.

4 Prof.Wronski, Official Transcript, 31 August 2009, p. 3.

5 Prof.Wronski, Official Transcript, 31 August 2009, p. 3.

6 Assoc. Prof. Maguire, Submission no. 2, http://www.aph.gov.au/house/committee/haa/pacifichealth/subs/sub002.pdf

Recommendation 6

The Committee recommends that the Australian government encourage and support further institutional partnerships and/or reciprocal exchanges between the School of Medical and Health Sciences at the University of Papua New Guinea and Australian universities.

Meetings with parliamentary and government officials

Minister of Health

The Minister for Health, the Hon. Sasa Zibe MP, and committee delegates

3.20 The delegation greatly appreciated the opportunity to meet with the Minister for Health, the Hon. Sasa Zibe and Mr Wep Kanawi (Acting Director, National AIDS Council Secretariat, and a former Secretary for Health) in the Minister's office in Port Moresby.

3.21 Discussions were wide-ranging, frank and open. The Minister warmly welcomed the visit from an Australian parliamentary committee to see PNG's health system first hand, to assess the impact of Australian assistance on health, and to play a role in strengthening the bilateral relationship.

3.22 Minister Zibe stated that Papua New Guinea was neither proud of its poor health statistics nor the indicators reported in international fora. He acknowledged that malaria, TB and communicable diseases were major killers, that child maternal health was very poor, and services for the aged and disabled were minimal. An ageing health workforce, inadequate transport infrastructure and weak law and order are amongst a range of contributing factors that inhibit the delivery of drugs and health services.

3.23 The Minister referred to the recent cholera outbreak and the specific challenges that PNG faced in identifying and dealing with an epidemic in which it had no prior experience. On measures to improve water supply and sanitation in rural areas, he informed the delegation that the Ministry of Health has trained a number of water technicians, and a number of development partners, including the European Union, were supporting water programs across the country.

3.24 The Minister was critical of parallel health systems that continue to operate in the country (be they donor or mining company ones). These, he said, hinder rather than strengthen the PNG health system. He said that that donor health projects tend to attract staff that would otherwise work in the PNG system. Referring to the Torres Strait 'package of measures', the Minister commented that - in order to be sustainable- they too need to be integrated into the PNG health system and not just a 'one-off'. The Minister made repeated calls to support the notion of 'one government, one national department of health, and one health system' in PNG.

3.25 The delegation was advised that the current national health plan expires in 2010. The new one, currently being developed, will focus on primary health care. The Minister is also working hard to mandate the establishment of Provincial Health Authorities in every province to consolidate control of PNG health delivery at the sub-national level and improve accountability. To-date, three provinces (Eastern Highlands, Milne Bay and Western Highlands) have agreed to establish such authorities.

3.26 The Minister and delegates spoke at some length about the impact of climate change. The Committee delegation was told that global warming presents a clear danger to PNG's biodiversity. One of PNG's advantages is its vast marine and terrestrial carbon sinks[7] (for instance, nearly two thirds

7 Carbon sinks are natural or man-made systems that absorb and store carbon dioxide from the atmosphere, such as trees, plants and the ocean. Source: Victorian Government glossary, http://www.vcc.vic.gov.au/2008vcs/glossary.htm It is thought that carbon sinks can moderate the rate and reduce the ultimate impacts of climate change resulting from human-

of PNG's land area is covered in forest). Recognising PNG's unique biodiversity and its contribution to global diversity, Australia and PNG signed a Forest Carbon Partnership in 2008 which aims to reduce emissions from deforestation and provide alternative livelihoods to logging. [8]

3.27 Observing that water shortages and food security were already an issue, the Minister informed the delegation that PNG had been the first country in the Pacific forced to relocate its people to higher ground. He expressed concerns that this could become more common in the future, and that the displaced may experience mental health problems as a consequence.

generated emissions of CO2. Source: University of Connecticut, http://spirit.lib.uconn.edu/~mboyer/ms2001-02glossary.html

8 More information on the International Carbon Initiative can be found on the website of the Australian Department of Climate Change, http://www.climatechange.gov.au/government/initiatives/international-forest-carbon-initiative/

Secretary for Health and Executive Manager, National Department of Health

Delegation Chair and Secretary for Health

3.28 The delegation was pleased to meet with Dr Clement Malau, Secretary for Health and Mr Enoch Posanai, Executive Manager, at the National Department of Health (NDoH) in Port Moresby.

3.29 The Secretary opened the meeting by acknowledging the need to strengthen governance, accountability, transparency and ownership of the PNG health system and health services. Good management of health funds, he said, would improve donor trust in the government. On the transparency front, the delegation is pleased to see that the Department of Health is one of the only PNG government departments to have its own website, with downloadable copies of departmental documents and public health information, including the Health Worker Newsletter, and information on how to avoid cholera.[9]

3.30 Agreeing with the Health Minister that the fragmentary administration of PNG government health services had led to some gaps in accountability, the Secretary said that, if agreed to by the provinces themselves, the

9 National Department of Health website, http://www.health.gov.pg/

establishment of provincial health authorities would allow the government and provinces to work together more closely.

3.31 Mr Posanai said that, notwithstanding changes to administrative arrangements, the NDoH continued to work at the provincial level to build community health posts, which he believes are key to delivering health in rural areas. One of the posts being upgraded by the Department is at Buzi – one of the villages visited by the delegation.

3.32 The Secretary and delegates spent some time discussing the human resource deficit in the health sector. The Secretary estimates that, at a minimum, PNG will need to train 30, 000 health workers in coming years to meet the country's health requirements. The Secretary expressed concern that the emergence of lifestyle diseases like diabetes, CVD and cancer would place an additional strain on the health system.

3.33 He advised that PNG is developing four regional hospitals as "centres of excellence", including a new oncology ward at Lae Hospital and trauma facilities at Mount Hagan hospital.

3.34 Delegates asked the Secretary for his views on the health situation in Western Province. The Secretary replied that Western Province was a wealthy province and that it needed to use its resources to deliver better health outcomes. He acknowledged that there are genuine logistical barriers to doing so, including a sparse and spread out population. The Secretary noted the lack of investment in water and sanitation in Western Province and its health implications. [10]

Site visits to AusAID funded projects

3.35 The delegation made a number of site visits in Port Moresby to organisations that the Australian government supports. The visits afforded delegates a valuable opportunity to meet paid and volunteer health workers, and to hear their perspectives on the health system and health issues like HIV/AIDS; avoidable blindness and workforce training. These visits complemented the delegation's more formal meetings with the Minister for Health and Health Secretary, and engagements with other government and civil society stakeholders. The delegation thinks that AusAID is doing tremendous work supporting these organisations.

10 Note that the Ministry of Health is responsible for the construction, operation and maintenance of supply systems in rural areas.

Poro Sapot

3.36 Run by Save the Children Australia (SCA), the Poro Sapot Project is an STI/HIV intervention that promotes safer sex practices, human rights and well- being. It is the only STI clinic in the country, and the Pacific, that caters specifically for female sex workers and men who have sex with men. Over 40 per cent of staff is HIV positive and/or members of these vulnerable groups.[11]

3.37 The project is premised on peers helping each other to change risky sexual behaviour. Sex workers talk to other sex workers and men talk to other men who have sex with men.

3.38 The centre operates in four centres in three provinces in PNG: the capital, Port Moresby; the second largest city, Lae; the capital of Eastern Highlands Province, Goroka; and the second largest town in that province, Kainantu. There are also outreach services to villages outside of Port Moresby, and around Goroka. Approximately 40 program staff and 160 peer outreach volunteers operate out of the centres. Some 60-80 people are seen each week at the Port Moresby Centre. Staff told the delegation that there is an increasing demand for their services.

3.39 Each of the centres make referrals, distributes and promotes safe sex products and materials, and provides a safe space off the street.

3.40 SCA say its reasons for supporting this project, while not perhaps immediately apparent (because it is a children's organisation), were because it saw the need to reduce the spread of the disease amongst men and women most susceptible to it, and therefore the numbers of children infected into the future. Moreover, SCA believes that it is a cross-cutting development issue that, if not brought under control, will undo any gains PNG makes as a country.

3.41 Since 2003, AusAID has been the single largest supporter of Poro Sapot, with Family Health International and UNICEF coming on board in recent years to contribute additional funds.

3.42 To demonstrate its reach, Poro Sapot supplied the following figures. In the first six months of 2008, the organisation made contact with some 3, 000 women in sex work, half of them young women. In 9 months (October 2007 – June 2008) sexual health information was communicated to 5, 000

11 Save the Children PNG website, http://www.savethechildren.org.au/current-programs/papua-new-guinea/160-health-and-well-being.html and AusAID written briefing material provided to Committee delegation.

individuals, including over 1, 000 demonstrations on the correct usage of male and female condoms. In 2008, 2. 6 million male condoms and 50, 000 female condoms were distributed.

3.43 Research conducted from 2004-2007 by the PNG Institute of Medical Research and SCA, showed that there has been an increase in correct and consistent condom use; increased access of STI and voluntary counselling and testing (VCT); and increased knowledge in HIV transmission and prevention. That good news does, however, contrast with little change in the levels of sexual violence in PNG society, experienced by some 40-60 per cent of those surveyed.

3.44 One of the unique features of the Poro Sapot project is the positive working relationship developed with the police in all four centres. Poro Sapot provides training in basic HIV and human rights in order to sensitise the police to issues faced by sex workers and men who have sex with men. It helps police to understand their role in protecting the rights of vulnerable groups. In recent years, Poro Sapot has been invited to talk to new police recruits at the national police training college.

3.45 The delegation was told that there cannot be too many police forces in the world who invite sex workers and men involved in same-sex relations to talk with them about living with HIV and about living positively.

3.46 In turn, the police resource Poro Sapot's training on legal rights.

3.47 The police also provide security escorts in the Eastern Highlands. Further, on several occasions police have expressed their support by marching with Poro Sapot for World AIDS day.

3.48 Poro Sapot works closely with the National Department of Health, training health care workers, and collaborated on the country's National Strategic Plan on HIV/AIDS.

3.49 Since 2006, Poro Sapot has collaborated with Dame Carol Kadu MP (the only female parliamentarian in PNG) and her taskforce to revise the colonial PNG laws that criminalise prostitution and sex between men. They contend that decriminalisation –namely, reducing structural discrimination – will go a long way towards lessening the stigma experienced by HIV/AIDS sufferers in PNG. Delegates were told that stigma remains the largest barrier to people seeking advice or treatment.

3.50 Because having HIV/AIDS is a source of shame and the subject is taboo, it is difficult to get people to talk openly about prevention and/or treatment. One of the strengths of Poro Sapot is the way that volunteers approach talking about the disease, its prevention and treatment. Volunteers use

peer networks to disseminate information and provide support. The organisation has been successful in getting people to talk about HIV/AIDS. There will be no behaviour change if people do not talk about the disease, why and how it needs to be prevented and/or treated. At the same time some consideration needs to be given to not placing sexual health clinics in prominent areas where people may be too embarrassed to be seen going into them.

3.51 Violence against women is another significant issue. The delegation learnt that that HIV is being transmitted through sexual assaults on women. Female health workers spoke of their concerns about being raped as they go into communities to deliver health services (this is not a rare occurrence) and contracting the disease themselves.

3.52 The delegation valued the chance to meet with staff and volunteers at their workplace and to have the opportunity to speak to some of the clients. Delegates were struck by the passion and commitment of staff and volunteers for the work they do and the dedicated support they provide to those in their care.

3.53 Poro Sapot has close links with HIV/AIDS networks in the Asia- Pacific region, and regularly shares its experiences with health care colleagues at symposia.

Igat Hope

3.54 Established four years ago, Igat Hope is the peak body representing organisations for people living with HIV/AIDS in PNG, and leads advocacy activities at the national level.

3.55 Igat Hope was set up as a complementary representative body to the National Aids Council which the National Parliament established, through an act of Parliament, to facilitate a comprehensive response to HIV and AIDS in the country. That body's membership comprises 17 government departments, representatives of the private sector through the Chamber of Commerce, the church sector, the non-government sector, the Council of Women, and persons living with HIV/AIDS.

3.56 The Igat Hope secretariat seeks to impress upon the PNG government the vital contribution that NGOs and churches make in delivering services to those living with HIV/AIDS, and to work more closely together with them to improve health outcomes.

3.57 AusAID provided financial support to establish Igat Hope and offers ongoing technical support.

3.58 Secretariat staff reiterated to delegates that one of the biggest ongoing issues for them is dealing with the stigma experienced by people living with HIV/AIDS in PNG society.

3.59 Some of Igat Hope's achievements to-date include, convening an inaugural national conference of HIV/AIDS service providers in 2008, organising a successful speakers' program; and participating in the National Aids Council.

3.60 Staff explained that they are working hard to improve the organisation's capacity and accountability in order to attract more funding. Recently, they were successful in obtaining additional support from the Asian Development Bank.

Recommendation 7

The Committee recommends that the Australian government make efforts to link Igat Hope with counterpart organisations in Australia to strengthen their advocacy potential.

Susu Mamas

The delegation and staff outside Susu Mamas

3.61 For the last 33 years, Susu Mamas, a PNG non-profit NGO, has been dedicated to reducing PNG's high infant and maternal mortality rate and providing care to HIV positive mothers and babies, by supporting nutrition, breast-feeding, infant-feeding, hygiene, antenatal and postnatal care, immunisation, family planning, Voluntary Counselling and Testing (VCT), and outreach services.

3.62 A key focus of the organisation is to prevent parent to child transmission of HIV/AIDS. This is because if a pregnant woman takes antiretroviral drugs before the child's birth there is a better chance that the baby will be born without HIV. Babies born to HIV mothers are tested for the virus at 6 weeks of age.

3.63 Susu Mamas conducts antenatal clinics every day and provides free education, contraception, and counselling to some 8, 500 to 10, 000 clients a month. The majority of services are run out of Port Moresby.

3.64 Susu Mamas survives on funding from AusAID and corporate sponsors.

3.65 AusAID funding has enabled expansion of the program into two other areas of high HIV prevalence, namely Mt Hagen in the Western Highlands and Lae in Morobe Province.

3.66 The National Department of Health has undertaken to provide core funding to Susu Mamas beyond 2010.

3.67 During its visit to the Port Moresby clinic, the Committee delegation met a young HIV positive woman and her partner, and their HIV negative baby.

3.68 The couple shared their moving story which belied a common scenario. They described the struggle they had, being unemployed, to buy baby formula (which must be fed to children in lieu of breastmilk in order to prevent transmission of the HIV virus). Baby formula in Port Moresby costs in the region of 49 kina a week, with an inferior version costing about 150 kina a month in Mt Hargan. These costs are prohibitive for the majority of people in PNG who are living below the poverty line.[12]

3.69 Susu Mamas staff described child malnutrition as another significant issue which they seek to address, through education, and, encouraging women who can to breastfeed. The Committee was told that some 50% of children in Morobe exhibit signs of stunted growth, principally through a lack of protein in the first two years of life, with life long adverse impacts on their health.

3.70 The couple that the Committee delegation met spoke highly of the support they received from the staff at Susu Mamas.

12 According to ADB statistics, some 53.5 per cent of people in PNG live below the poverty line (2005), http://www.adb.org/papuanewguinea/country-info.asp

PNG Eye Care Vision Centre and Optical Workshop

Staff and delegates at Vision Centre, Head, Dr Jarap, third from right

3.71 The Vision Centre at Port Moresby Hospital was established in October 2008 with AusAID support (see Chapter 2 for more on the strategic partnership between Vision 2020 Australia and AusAID which brought the centre into being).

3.72 The Vision Centre provides low cost eye examinations and glasses, where they are otherwise unavailable, and training for eye care personnel.

3.73 The centre has become very busy since opening a year ago. An Australian optometrist who provides training and support to the centre said that,

> It is fantastically rewarding to see the Vision Centre delivering affordable eye care to the people of PNG…new staff have been recruited and trained to help absorb some of the increasing demands…[13]

13 Leunig and Farmer Eye Care, http://www.leunigandfarmereyecare.com.au/makingadifference.php/1/308

3.74 The Committee delegation asked staff about the costs of consultations and eyewear.

3.75 Staff replied that a consultation cost 2 kina, and that lenses and frames ranged from 30 kina to 60 kina depending on whether they were ready made or made to order.

3.76 The Head of the Centre, Dr Jambi Garap, advised that there had previously been a monopoly on the supply of glasses but prices had now fallen by half.

3.77 Delegates were very interested to learn about the difficulties of refitting second hand spectacles donated from Australia (and that, such donations are potentially a problem rather than a solution). It is apparently much cheaper and easier for the Centre to order custom-made glasses from China instead.

3.78 The message of NGOs and community organisations in Australia sometimes sending underdeveloped countries items that are not actually all that useful (despite the donors' very best intentions) was one that surprised the delegation. However, it was a resounding and important message that was repeated throughout the course of the week.

3.79 As such, the delegation thinks that it could be most useful if there were a contact point within DFAT or AusAID for those community organisations in Australia who wish to donate services or goods to seek basic advice on the suitability of their donation. Perhaps a website could be established to provide a contact officer's details together with some basic guidelines about donating, and examples of useful versus less useful donations. The office itself could take a proactive education role as well, disseminating information to community organisations in Australia on best practice for making useful donations to organisations and communities overseas.

Recommendation 8

The Committee recommends that the Australian government consider establishing a contact point within the Department of Foreign Affairs and Trade or AusAID to provide community organisations in Australia with basic information on the suitability of their intended donations to countries in our region.

3.80 Dr Garap informed delegates that the Vision Centre model had proved successful and was going to be replicated elsewhere. Plans are afoot for a further Vision Centre to be located at Mt Hagen in the Western Highlands Province, about 500 km from Port Moresby.

Meetings with other civil society and government representatives on health and HIV/AIDS in Port Moresby

3.81 The Committee delegation hosted a well-attended meeting with a wide range of civil society and government representatives gathered to discuss health and HIV/AIDS issues.

3.82 Two parliamentarians were present. Dame Carol Kidu MP, the Minister for Community Development, is well-known for her work as a social justice advocate. In 2007 the magazine *Islands Business* named her person of the year, in recognition of her efforts towards reducing poverty, domestic violence and child abuse, HIV and AIDS and for advancing women's rights. In 2009, she was the first Papua New Guinean to be awarded the prestigious Légion d'honneur by France for her dedication to helping women, young girls, children, the physically and mentally impaired and her commitment to fighting discrimination.[14]

3.83 The Hon. Jamie Maxone-Graham MP is Chairman of the PNG Special Parliamentary Committee on HIV/AIDS advocacy, which is a bipartisan committee comprising 11 members of parliament, tasked to report to parliament on: the broad drivers of the epidemic; appropriate legislation; appropriate coordination mechanisms to support the response; progress fostering effective international partnership, and; progress towards establishing and implementing the mandate of District AIDS committees.

14 Source: Wikipedia, http://en.wikipedia.org/wiki/Carol_Kidu

3.84 Other attendees at the meeting were Mr Wep Kanawi (Acting Director of the National AIDS Council and a former Health Secretary); Dr Clement Malau (Secretary of Health); Dr Joseph Pagalio (Secretary of Education); Ms Caroline Bunemiga, General Manager of Business Against HIV/AIDS, and representatives from UNAIDS (the Joint United Nations Program on HIV/AIDS) and the National Research Institute.

3.85 Dame Carol Kidu commenced talks reiterating a point that the Minister for Health made to the Committee about the need for development partners to work more closely with the national government to strengthen their systems and structures, and not just to support NGOs and churches. She said that,' without government you don't have a nation'. Equally, she said that the national government needs to better support provincial administrations. Improvements in coordination between development partners would also be welcome, to avoid duplication and inefficiencies.

3.86 Discussions continued on a range of health issues and health activities underway. Mr Kanawi spoke about the need to step up action on Millennium Development Goals (MDGs) and HIV/AIDS, especially of concern in the border areas with Indonesia (Western Papua, which borders with Western Province, having the highest HIV/AIDS rates in Indonesia).

3.87 The Hon. Jamie Maxtone-Graham MP emphasised the importance of national ownership and leadership in driving forward any health policies and activities.

3.88 He was particularly keen to learn about the committee's previous inquiry into obesity in Australia as that it was a health issue that he had an interest in. The Committee undertook to send Mr Maxtone-Graham a copy of its obesity report tabled in July 2009, as well as a copy of the National Preventative Health Taskforce's National Preventative Health Strategy, which recommends a wider range of interventions aimed at reducing the chronic disease burden associated with obesity and two other lifestyle risk factors, tobacco and alcohol.

3.89 Dame Carol Kidu spoke about the reference group she is leading, which is looking into amending PNG's criminal code which still criminalises homosexuality and prostitution. Making these acts legal will, she hopes, help contain the HIV epidemic and improve access to treatment and services for those otherwise afraid of being prosecuted.

3.90 The UNAIDS representative, Country Coordinator, Mr Rwabuhemba, supported Dame Carol Kidu's remarks about HIV-related stigma remaining a significant issue and of people being too ashamed to seek

treatment, irrespective of affordability or access to treatment. In addition to the criminal code undermining the national response to AIDS, he contended that continued gender-based violence does the same. He commended the delegation for its interest in HIV/AIDS, at a time when there were many competing priorities, and in a year that had been so focused on climate change issues.

3.91 Dr Pagalio described the HIV/AIDS and reproductive health education that school students are receiving, and provided the delegation with a copy of the Department of Education's teacher manual on HIV/AIDS and reproductive health.

Western Province

Delegates and The Hon. Sali Subam MP (third from left) and The Hon. Bob Danaya (Governor of Western Province (fourth from left) being welcomed at Daru airport

3.92 The delegation was delighted to be so warmly received in Western Province by the Governor, the Hon. Bob Danaya; the local member for South Fly, The Hon. Sali Subam MP, who is also the Parliamentary Secretary for Foreign Affairs; Mr William Goineau, Provincial

Administrator, other staff of the Western Province Administration, and community representatives.

3.93 The delegation's visit to Western Province involved a number of formal and informal engagements with provincial health administrators and health workers.

Meetings in Daru

Provincial Health Office

Delegates and health representatives at Western Province Health Office

3.94 The delegation spent time at the Western Province Health Office and Daru Hospital talking to a range of representatives, listed in the acknowledgments section in Chapter 5. A number of topics were covered, including water and sanitation; TB; HIV; child and maternal health; and AusAID assistance.

3.95 The delegation raised the issue of water rationing in Daru, which they had experienced themselves at their accommodation, and sought further information on the water and sanitation situation in town.

Daru foreshore, local markets and boats on which people live

3.96 The delegation was informed that the population in Daru had tripled in the last 20 years, and that royalty payments from the OK Tedi mine continued to bring people into town. The growing population compounded the lack of investment in all existing infrastructure and services. As mentioned in Chapter 2, water is only available for a few hours a day and less than half the population is connected to an antiquated sewerage system. Subsequently, water borne diseases, including typhoid[15], are endemic.

3.97 A lengthy discussion ensued about TB management. Dr Marome of Daru hospital noted that unsanitary living conditions, poverty and overcrowding were major contributors to the incidence of TB. He told the delegation that diagnosis and treatment compliance remained major issues. He said that while there had been improvements in diagnosing the illness (for instance, there is a TB register and families of patients are screened now as well), there are only two doctors in the country who are able to prescribe second-line treatment. There is a real need for greater monitoring of patients in outlaying areas who are prescribed TB medication. Health workers need to ensure that patients are taking their medication as instructed, in order to get well, to not spread the disease or

15 Typhoid is a bacterial illness transmitted by the ingestion of food or water contaminated with faeces from an infected person. Source: Wikipedia.

contribute to drug resistance. TB workers spoke of various difficulties they face in reaching patients in outlaying areas, in some instances, having to walk days to reach them or not having money for fuel for boats (the main mode of transport), challenges in receiving their salaries and in procuring staff accommodation.

3.98 Specimens also have to be sent to Port Moresby or Brisbane for testing, which results in significant delays to treatment.

3.99 The delegation learnt that the WHO has introduced fixed dose combinations of tablets against TB that simplify the prescription of drugs and the management of drug supply, and lessen the risk of Multi-Drug Resistant (MDR)-TB developing.

3.100 On HIV, and its interaction with TB, it was noted that approximately 20 % of HIV patients also have TB. Patients are automatically screened for HIV and there is an integrated STI clinic at Daru hospital.

3.101 Delegates raised the province's poor child and maternal health indicators, and asked health professionals to comment on the low supervised delivery rate. Staff noted that there are also only 11 midwives in Western Province (all based in regional centres) to cater for some 7, 000 to 8, 000 births per annum. While expectant mothers living close to Daru do come in to the hospital to give birth, it is much more difficult for those living further away, not least because they may have to walk for several days to get to the hospital.

3.102 Funding issues were brought to the delegation's attention. Health professionals noted that there were often delays in receiving their budget allocations after the budget is passed down. Further, when the money arrives half way through the year, there is a rush to spend it all in order to receive the same amount the following year.

3.103 Several at the meeting expressed their concern that AusAID funding was not trickling down to the village level for health or education, and stated that this was not value for money for the Australian taxpayer.

3.104 AusAID said that while the Australian government wishes to be transparent about where monies go, funding is increasingly mainstreamed rather than dedicated to stand alone projects. This means that the Australian government works to strengthen the PNG national health system, and, the government of PNG (not Australia) is responsible for disbursing funds to the provinces, and the provinces to the villages.

Daru Hospital

Daru hospital staff greeting the delegation

3.105 The delegation was met by hospital staff and taken on a tour of the health facilities, which delegates could see needs upgrading.

3.106 Doctors reiterated that typhoid was endemic and that foodborne and respiratory illnesses are common in Daru. They noted that there were

currently 7 or 8 patients with TB which was a vast improvement on the 35 or so they used to have, prior to the current treatment program.

3.107 The Delegation Chair asked staff to elaborate on the areas of greatest need at the hospital.

3.108 Delegates were told that the hospital is 43 years old. The building and equipment are ageing and require maintenance. The power supply is not constant. Drugs have to come from Daru via Port Moresby and be transported by boat so there are supply shortages. There is a 3 to 4 day wait for a bed. Patients have difficulty affording the 10 kina a day hospital fee, the costs being especially prohibitive if they have TB and require treatment for some 6 months. There was one dental therapist but no dentist. Connections with rural services need to be improved. Naturally, patients compare conditions to the 'better' facilities available on the Australian side at the Torres Strait clinics.

3.109 Management issues were cited as a major concern. At the time that the delegation was visiting, the hospital had a caretaker management structure in place, in lieu of a hospital board. Staff said that this placed an enormous administrative burden on them and undermined the service they were able to provide patients.

3.110 The local member, the Hon. Sali Subam MP presented architectural drawings for a new hospital in Daru. Mr Subam said that he had discussed funding the proposed facility with a number of possible donors.

Treaty Villages

Map of treaty villages in Western Province

Auslig map, Australia's maritime zones in the Torres Strait

3.111 Accompanied by the Governor of Western Province, The Hon. Bob Danaya and the local member for South Fly, the Hon. Sali Subam MP, the delegation was thrilled to be able to visit the treaty villages of Mabadawan, Sigabadaru and Buzi in Western Province.

Welcome at Mabadawan village

Delegation Chair in mask presented at Mabadawan. AusAID watertanks in background

3.112 As previously noted, Western Province is Australia's closest neighbour. At their closest point, Sigabadaru is a mere 15 minute boat ride away from

Saibai, compared with a 2 hour boat journey to Daru. Mabadawan is also fairly close to Saibai. Buzi (also spelled Buji) is closest to Boigu Island.

3.113 Despite the short geographical distance between the two countries, this was the first Australian parliamentary committee delegation ever to visit the area, and the first time that Australian and PNG politicians had been there together.

3.114 The visit was an important symbolic gesture of the increasing importance placed by both our countries on working together in partnership on a range of cross-border health issues that jointly affect Australia and Papua New Guinea. The significance of this 'first' was noted repeatedly throughout the treaty village visits by the joint-delegation and hosts alike. It was observed that visitors rarely make the extra effort to visit the villages, not least because they are so difficult to reach. The joint delegation's effort to go beyond Port Moresby and Daru was much appreciated by the locals, and their reception could not have been warmer.

3.115 The delegation received full traditional welcomes from each village which were quite wonderful, and has very fond memories of the day and their generous hosts.

3.116 The visit to the treaty villages was an absolute highlight of the delegation visit and the delegates greatly appreciated the opportunity to meet with village leaders and villagers alike, to view their health facilities and to listen to their health concerns first-hand.

3.117 As mentioned in the previous chapter, the delegation had earlier visited Saibai Island, seen PNG nationals coming ashore and viewed the health facilities on the Australian side of the border. Visiting a representative sample of treaty village communities on the Papua New Guinean side enabled the delegation to compare and contrast both experiences.

3.118 Both sides commented how important visits like these are for those in the PNG and Australian Parliaments alike to view conditions on the ground and to speak to people at the local level.

3.119 Treaty villagers referred to a deterioration in health services. They said that reasonably large sums of money were dedicated to treaty development from both the PNG and Australian governments (including a sum of about 300 million kina for Mabadawan), but they saw little evidence of that translating to better services.

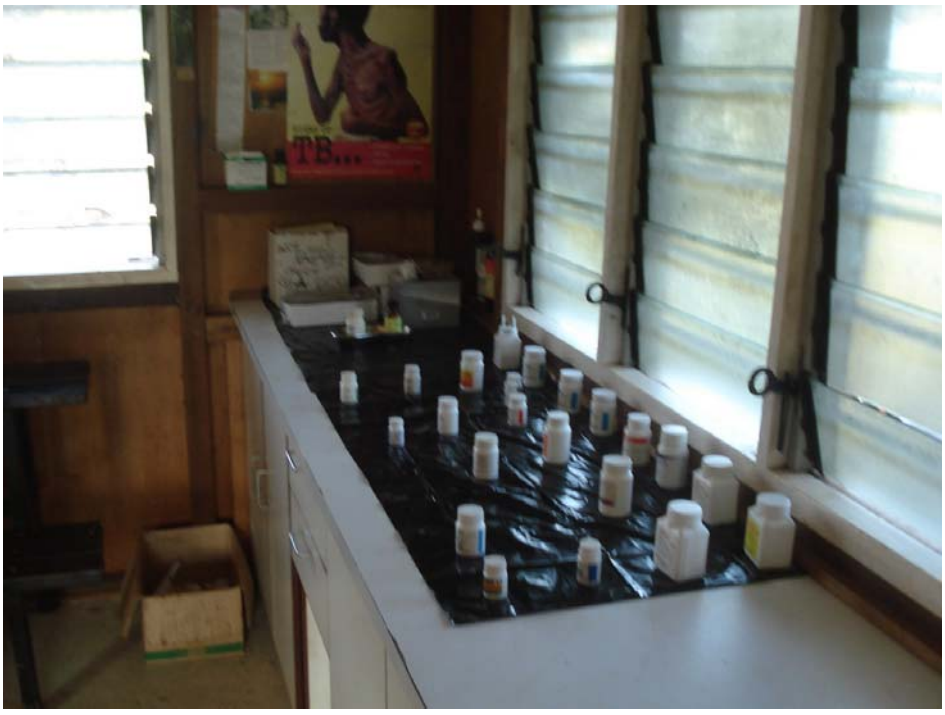
3.120 The delegation visited the health clinic at Mabadawan which is the largest village in the area, with a population of around 750 people, and

community aid posts which serve smaller populations at Sigabadaru (approximately 250) and Buzi (roughly 150).

Delegation and staff in the delivery room at Mabadawan clinic

Delegate and local at the Sigabadaru community aid post radio room

Meeting with Buzi community – AusAID water tanks in background



Drugs on display at Buzi aid post

3.121 The delegation saw that health facilities and services are basic in the villages. At Mabadawan, the clinic building was indeed deteriorating and in need of upgrade, beds had no mattresses and equipment was sparse. Staff said access to drugs and sterile equipment was another issue (with drugs having to make their way from the central store in Port Moresby to

Daru, and then onward to the villages by boat). Villagers called for more doctors and nurses, a routine outreach service from Daru and speedier referrals, to minimise patients accessing the clinic on Saibai. Other issues brought to the delegation's attention included a shortage of housing for health workers; maintenance delays in fixing broken bore pumps; and outstanding compensation claims for ex-pearl divers who had worked in the Australian pearl diving industry.

Delegates and women leaders at Sigabadaru

3.122 The Governor and local member, Sali Subam MP said they would take the villagers' representations back to Port Moresby. Mr Subam made a number of announcements. He stated that the Mabadawan health clinic would be upgraded to a Rural District Hospital so villagers would no longer need to travel to Daru Hospital for treatment and that construction was due to begin before his current term expired in 2012. He added that a boat to assist in the delivery of health services, to be based in Mabadawan, was to be delivered in November, (provided for through his District Service Improvement Program (DSIP) grant). He also said that the district plan sought to redress the health workers' accommodation issue.

3.123 Mr Subam remarked that he had spoken about treaty village health concerns when he visited Canberra and that he was pleased to be part of a new era of engagement with the Australian government. He noted that

both governments were putting in place a package of measures to benefit residents on both sides of the Torres Strait.

3.124 Several commented that the new AusAID funded health communications officer, based in Daru, had already improved access to basic health services, including facilitating information flows; following up on the treatment of TB patients; and building and strengthening relationships between health professionals on both sides of the border. On the issue of improving the delivery of drugs to aid posts, AusAID advised that it is recruiting a manager for pharmaceuticals in Port Moresby to help the Secretary of Health deal with problems in management. Further, the AusAID health adviser in Daru is supporting the Provincial Health Office to improve distribution from province to facilities, including establishing contracted systems to supplement the current ad-hoc arrangements which are that whoever happens to be travelling into the villages takes medical supplies in.

3.125 The delegation learnt that the new health communications officer positions on both sides of the border are performing a critical role. On the basis of their success to date, the Committee thinks that consideration should be given to supporting additional health communications officer positions on both sides of the border to support the two current positions. The Committee heard that compliance is a major issue and it is not realistic to expect one or two officer to monitor everything and everyone.

Recommendation 9

The Committee recommends that the Australian government support additional health communications officer positions in the Torres Strait and treaty villages of the Western Province of Papua New Guinea.

3.126 Obtaining clean drinking water was a major concern of the villagers. The delegation was informed that rainwater tanks provided by AusAID in the villages were greatly valued for their provision of good quality drinking water for some of the year but that they do not provide enough during the dry season, resulting in poor quality water needing to be sourced elsewhere, from wells or rivers. Villagers showed the delegation samples of water drawn from these alternative sources, which were murky in

colour and/or full of sediment. They wryly observed that taking medication for illnesses with such water was counterproductive.

Recommendation 10

The Committee recommends that the Australian government install additional rainwater tanks in treaty villages in the Western Province of Papua New Guinea.

3.127 In respect of the water situation in Sigabadaru and Buzi, the Governor acknowledged that broken bore pumps there had been of an inferior quality and would replaced with better quality ones.

3.128 The delegation commented that it was necessary to make clear to locals who was actually responsible (be it the government or the communities themselves) for providing ongoing maintenance, for bore pumps that need fixing or aid post structures that need to be repaired because they have been destroyed by white ants.

3.129 The delegation heard, time and time again, about the lack of available and/or inadequate housing for health workers (be it for health workers at Daru hospital or aid posts in the treaty villages), and this being a major reason why staff were disinclined to work. For instance, in Sigabadaru, a health worker had left because their house had burnt down and was not going to be replaced.

3.130 The delegation believes that housing and support for community ownership of aid posts must form part of the package when installing new aid posts or seeking to improve current ones.

Recommendation 11

The Committee recommends that any new health facility that the Australian government helps construct should provide for staff accommodation and ongoing maintenance, in consultation and partnership with the local community.

Delegates and children in Sigabadaru

Roundtable with treaty village stakeholders

3.131 Following its visit to the treaty villages, the delegation was pleased to host a roundtable forum in Daru with a range of invitees with a stake in the health and well-being of treaty villagers (including health officials, customs and quarantine officers, and the police). All participants are acknowledged in Chapter 5.

3.132 The District Administrator reiterated his warm welcome to the first Australian parliamentary delegation to visit Western Province.

3.133 Discussions were wide ranging, covering many of the issues raised during the treaty villages visits. In addition to those already mentioned, and repeated calls to upgrade the health clinic at Mabadawan, the following topics were also mooted.

3.134 There was some broader discussion of the poor economic and social conditions in Daru and the Western Province, and the limited prospects for economic development.

3.135 In respect of the health workforce (and tying in with the theme of poor economic conditions), it was noted that workers in the villages often receive their pay erratically, and that they have to travel significant distances to collect it (which takes them away from patients). Public servants in Daru say they find it difficult to make ends meet on their salaries in a town with such high living costs.

3.136 Quarantine officers noted DIAC's movement monitoring officers on the Australian side of the border and said that they needed more people on the PNG side, similarly trained, to deal with people movement and quarantine concerns (namely, animal and plant matter being brought back into PNG from the Torres Strait). The delegation said treaty villagers had told them that while quarantine rules are stringent for those travelling to the Torres Strait, animals such as cats and dogs have been brought back to the villages from the islands on the Australian side. They voiced concern about the potential for zoonotic diseases to spread this way.

3.137 Customs officers commented on the good working relationship that they have with their Australian counterparts. They said that they would like to undertake more Joint Cross-Border Patrols, which they currently do together with Australian and PNG police a few times a year.

3.138 The police acknowledged Australian assistance in providing the police station building but noted that ongoing maintenance costs and fuel for the patrol boat were not covered.

3.139 In recognition of the fact that many health issues extend beyond the health portfolio, the Western Province Deputy Provincial Administrator, Mr Willy Kokoba, wrote to the Australian Department of Health and Ageing in September 2009 to request a Cross-Border Regional Review (CBRR). As an alternative to the Health Issues Committee deliberations, the proposed review would take into account a broader community development approach which would include food security, income earning opportunities, transport and communications, cultural issues, fisheries and law and justice.

3.140 The proposal was distributed to all Health Issues Committee (HIC) members requesting comments prior to it being submitted to the Joint Advisory Council (JAC) in late October 2009.[16]

3.141 Following that, the WP Provincial Administrator intervened instructing that the CBRR be presented to the Provincial management team for review prior to submission to JAC. It was discussed and endorsed at the December 2009 Provincial management Team (PMT) meeting. It will now be refined and presented to the next HIC for discussion. If endorsed by HIC, it will then proceed to JAC.[17]

3.142 On the matter of an alternative forum for discussion of treaty related health issues to the Health Issues Committee, the delegation thinks that complementary consultative mechanisms should be considered. The Committee notes that there are elements of fear and mistrust in the current process by some locals on both sides and thinks that there may be other creative and fruitful ways to facilitate engagement at the local level.

3.143 The delegation and participants in the roundtable on treaty development found the roundtable format one useful way for a range of stakeholders to engage on treaty issues. Another possibility is the establishment of something similar to a set-up the Committee saw work fairly well in the remote Australian indigenous community of Maningrida in the Northern Territory when it visited there, in relation to a previous inquiry. The Government Business Manager in Maningrida had successfully facilitated the establishment of a Community Reference Group (CRC), comprised of local elders, leaders and community representatives. The CRC there believed that it should be one of the first ports of call for all government business on health or other service delivery matters. The Committee saw that this forum appeared to work well allowing different voices in the community to be heard, and for people to discuss government business in an informal but structured and respectful manner with each other and with government officials. More than anything it is collaborative process and a trust building exercise.

16 Personal communication from AusAID PNG Post, 15/02/09.

17 Personal communication from AusAID PNG Post, 15/02/09.

Recommendation 12

The Committee recommends that the Australian government, in conjunction with the Papua New Guinean government, facilitate more creative and inclusive forums in which locals on both sides of the treaty zone border can engage on health and other treaty related issues with each other and with government officials of both nations.

4

Committee delegation visit to Solomon Islands

Source *Lonely Planet*

4.1 The Committee delegation visited Solomon Islands (SI) from Sunday 11 October 2009 to Friday 16 October 2009. In order to achieve its objectives, the delegation undertook site visits and held meetings with parliamentary and government officials and representatives of community organisations. The delegation travelled to the capital, Honiara, and Western Province, visiting the capital, Gizo, and the village of Vonunu on the island Vella Lavella.

Overview of Solomon Island's health infrastructure (physical and human resources)

4.2 There are over 300 health facilities in the Solomon Islands. This includes 12 hospitals, (the National Referral Hospital (NRH), one in each province and an additional one in Guadalcanal, Western and Malaita provinces).[1]

4.3 There are 31 area health centres, 109 rural health clinics and 172 nurse aid posts.[2] The table below shows the breakdown by province, and the approximate numbers of health staff in each health facility. Like PNG, the Solomon Islands is classified as one of 57 countries deemed to have a critical shortage of health workers.

4.4 As mentioned in Chapter 2, the Solomon Islands has made gains in health indicators. While the AusAID website states that the country is on track to meet two of the Millennium Development Goals (MDG 4: reduce child mortality and MDG 5: improve maternal health), as with other Pacific countries, there are concerns about the accuracy of the data, and there remain significant challenges in child and maternal health.[3] Life expectancy in the Solomon Islands is higher than PNG's at 65 for men and 68 for women.[4] Compared with PNG, a higher proportion of the population – approximately 70% - has access to clean water.[5] However, like PNG, strain is placed on the health system by a high population growth rate, estimated at 2. 4% (2009). Unemployment is also high.[6] There is an increasing incidence of non-communicable diseases like diabetes as diets westernise; high levels of tobacco use (some 43% of men smoke); 50% of presentations to outpatient clinics are for acute respiratory infections (due to malaria and fever); and a third of children in the Solomon Islands are stunted, with 9% of these being severely stunted.[7]

1 Personal communication from AusAID (figures an approximate), 15/02/2010.
2 Personal communication from AusAID (figures an approximate), 15/02/2010.
3 AusAID website, Hhttp://www.ausaid.gov.au/country/country.cfm?CountryID=16H
4 WHO website, Hhttp://www.who.int/countries/slb/en/H
5 ADB website, Hhttp://www.adb.org/SolomonIslands/mdg.aspH
6 Submission no. 6 from the Solomon Islands High Commission, Hhttp://www.aph.gov.au/house/committee/haa/pacifichealth/subs/sub006.pdf
7 Submission no. 6 from the Solomon Islands High Commission, Hhttp://www.aph.gov.au/house/committee/haa/pacifichealth/subs/sub006.pdfH

Total number of hospitals, area health centres and aid posts for every province in Solomon Islands as at end of 2009

PROVINCE	**HOSPITALS**	**AHC**	**RHC**	**N/AID POST**	**Total clinic for each Prov.**	**ESTAB STAFF**
Western	2	3	23	31	**59**	135
Isabel	1	4	9	18	**32**	71
Central	1	3	5	14	**23**	54
Honiara * including NRH	1	4	5	5	**15**	682
Guadalcanal	1	6	11	20	**38**	97
Temotu	1	1	5	11	**18**	67
Makira/Ulawa	1	3	14	18	**36**	78
Malaita	2	4	25	43	**74**	199
Choiseul	1	2	10	12	**25**	62
Ren/Bel		1	2		**3**	19
Total no. of each type clinic for SI.	**11**	**31**	**109**	**172**	**323**	**1464**

Source AusAID Post, Solomon Islands

Meetings with parliamentary and government officials

Deputy Prime Minister

The Australian High Commissioner to Solomon Islands, the Deputy Prime Minister, and committee delegation

4.5 The Committee delegation was honoured to meet with the Deputy Prime Minister of the Solomon Islands, the Hon. Mr Fred Fono, in his offices in Honiara. The delegation was accompanied by the Australian High Commissioner to the Solomon Islands, Mr Frank Ingruber.

4.6 The Deputy Prime Minister commenced discussions by conveying appreciation for Australian government support provided through the Health Sector Support program (HSSP), and noted that the delegation's visit was timely in light of the current parliamentary inquiry into the National Referral Hospital.

4.7 The delegation emphasised the importance that Australia places on partnership with the Solomon Islands and Papua New Guinea, and other Pacific nations, and referred to various visits made to both countries by the Australian prime Minister, government ministers, and parliamentary secretaries in the last 18 months.

4.8 The Deputy Prime Minister said that the most pressing health challenges for service delivery in the Solomon Islands include: difficulties in ensuring

the effective and prompt delivery of essential medicines to remote locations; the demands placed on the health system by one of the highest population growths in the region; and needing to improve the physical and human infrastructure, in particular, boost the health workforce.

4.9 High staff turnover has been a major problem in the Solomon Islands, especially since the ethnic tensions. The delegation learnt that some provinces have no doctors and some health clinics only have nurses.

4.10 One of the ways that the SI government is seeking to redress doctor shortages is by sending students to Cuba for medical training, through an arrangement with the Cuban government. Some 75 students are currently studying medicine in Cuba. It is one of the requirements of the Cuban Doctor Scheme that doctors return to their home provinces to practice medicine there for 5 years. An incentive scheme exists to provide housing assistance.

4.11 The Deputy Prime Minister spoke about the potential of bulk purchasing models for pharmaceutical procurement in the Pacific, as a way of reducing the costs of medicines. He said that this is something that the Pacific Islands Forum secretariat is investigating.

4.12 Most of the villages in Solomon Islands are located on the coast and the impact of climate change is a key concern of the Solomon Islands Government. The Deputy Prime Minister said that the government would likely require international assistance to relocate vulnerable villages.

Minister for Health and Medical Services

Minister for Health and delegates

4.13 The delegation was pleased to meet with the new Minister for Health and Medical Services, the Hon. Clay Forau MP, appointed in July 2009, and to be able to discuss a range of health matters with him directly. The delegation was also grateful for the opportunity to engage with a wide range of staff from his Ministry throughout the week.

4.14 The Minister welcomed the delegation. He said that the Solomon Islands partnership with AusAID through the HSSP is a very effective one and that it had played a vital role in supporting the Ministry of Health through a period of significant budget reservations, and assisted with the procurement and supply of essential medicines.

4.15 On improving health infrastructure, the Minister said he wishes to see a number of provincial hospitals, including the one in Western Province, upgraded to referral facilities in order to ease the burden on the National Referral Hospital.

4.16 Noting the gains made in reducing the incidence of malaria, the Minister said that the disease still remained a problem and that this deferred visitors, and important tourism revenue.

4.17 He also said that while the Solomon Islands had made significant inroads into achieving the MDGs, there is still some way to go. According to UNICEF, the rates of childhood immunisation remain low at approximately 60-70 %. The Minister noted the Ministry's current measles vaccination campaign, which featured prominently on the front page of the newspaper on the day that the delegation visited.

4.18 The Minister expanded on some of the health impacts of climate change. He stated that rising sea levels and king tides were a key concern, including in his own home village, which, he posited, may not even exist in 10 years time. The inundation of water means that there is less land to grow crops on and water quality has been affected. Where there was once fresh water, he says, now it is salty.

4.19 On the rise of non-communicable diseases in the Pacific region, the delegation asked the Minister whether diabetes was a significant health issue in the Solomon Islands.

4.20 The Minister responded that diabetes was indeed a problem, especially in Honiara, where it is affecting the working population who have adopted a fast food diet and an increasingly sedentary lifestyle. Diabetes is less of an issue, he said, in the rural areas where villagers tend to eat the food that they grow. He said that the Ministry's non-communicable diseases unit is developing a diabetes prevention policy.

National Parliament

Speaker

The Delegation Chair and Chair of the Australian Parliament Pacific Friendship Group with the Speaker of the Solomon Islands Parliament

The Delegation Secretary, delegates and the Sergeant-at-Arms in the Chamber of the Solomon Islands Parliament

4.21 It was a special privilege for the delegation to meet with the Speaker of the Solomon Islands Parliament, the Rt. Hon. Sir Peter Kenilorea, KBE, PC, a position Sir Peter has held for nearly 10 years.

4.22 Representing his country and the region in an official capacity since 1964, and one of the South Pacific's senior statesmen, Sir Peter was the country's first Chief Minister (now, Prime Minister) on gaining independence in 1978. Amongst numerous roles held over the ensuing decades, Sir Peter has served as a Finance Secretary, Fisheries Minister and Ombudsman, been the Director of the Forum Fisheries Agency and Co-chairman of the Peace Negotiation and Chairman of the Peace Monitoring Council.[8]

4.23 The Speaker spent some time describing how the Special Select Committee Inquiry into the Quality of Medical Services Provided at the National Referral Hospital (NRH Inquiry) came into being, and its progress to-date. The committee was formed by a motion made in Parliament in April 2009. At the time of meeting, 10 public hearings had been held, with a further 3 planned. The report has since been tabled (on 22 December 2009), and can be downloaded from the Parliament website.[9]

4.24 The Speaker and delegates spoke at length about governance. They discussed the differences and similarities in their respective parliamentary machinery (one difference being that MPs in the Solomon Island each receive $2 million Kina to spend on projects of their own choosing in their electorates; the progress of RAMSI (now focusing its work on government and economic recovery); and parliamentary strengthening activities.

4.25 Capacity development from the UNDP and NSW Parliament to-date, ranges from strengthening parliamentary committees and the parliament's oversight role, to help with the website and revising the Standing Orders. There are also a number of proposed twinning initiatives between the NSW Parliament and SI Parliament, including the establishment of direct personal relationships between senior officers in procedural and committee areas of the house departments and other parliamentary departments; the secondment or exchange of staff for specific periods or specific projects; and the attendance of staff at training exercises such as those run by the Australian National University's Centre for Democratic

8 National Parliament of Solomon Islands website, Hhttp://www.parliament.gov.sb/index.php?q=node/238H

9 National Parliament of Solomon Islands website, Hhttp://www.parliament.gov.sb/files/committees/SpecialSelectCommittee/Committee%20Report.pdf

Institutions.[10] The delegation was informed that Hansard had been established in the Solomon Islands Parliament with the assistance of the NSW Parliament, as had televised committee hearings which were proving popular viewing.

4.26 The Speaker stated that MPs were being pulled in a number of different directions by constituents who have huge expectations and that this reduced the time parliamentarians could devote to law-making. However, he had noticed an increasing appreciation amongst MPs for their unique and important role in law-making.

4.27 On health priorities, the Speaker referred to equipment shortages and the need for more trained operators to maintain equipment. The Speaker informed delegates that land disputes were often behind construction delays, be they for roads or new health clinics.

4.28 The Speaker noted a range of governance challenges in the forestry and fisheries industries. He expressed concern at the nation's dependence on forestry as the main source of revenue and said that alternatives would need to be sought within the next 5 years or so.

Select committee inquiry into the quality of services at the National Referral Hospital

4.29 Delegates met with the Chair of the Special Select Committee Inquiry into the Quality of Medical Services at the National Referral Hospital (NRH), the Hon. Peter Boyers MP, and his committee colleague, the Hon. Patteson Oti MP.

4.30 The delegation was interested to learn more about the impetus behind the inquiry into the NRH. Mr Boyers spoke of friends' treatment which had been less than optimal at the hospital and informed the delegation that a 2006 audit report had identified a number of grave problems with the hospital finances and administration.

4.31 This was the first ever inquiry into the hospital's services and the Committee Chair said that health workers and the public were keen to participate in hearings. Mr Boyers emphasised that the Committee had travelled throughout the country, in addition to holding hearings in Honiara. He acknowledged AusAID's appearance at a recent hearing.

10 Legislative Council, *Business Plan 2009-2010, Capacity building to strengthen parliamentary democracy in the Asia-Pacific,* *H*http://www.parliament.nsw.gov.au/prod/web/common.nsf/cbe381f08171c2e8ca256fca007d6044/86277602f641a1fbca2575c400234593/$FILE/Business%20Plan%202009-2011%20Strengthen%20parliamentary%20democracy%E2%80%A6.pdfH

4.32 Mr Boyers told the Committee that the 33% budget reservation and freeze on public sector recruitment, and inefficient procurement processes were amongst the most significant constraints to achieving better health outcomes at the hospital. He said that the hospital was understaffed with, for example, a ratio of one nurse to 15-20 patients, and that diagnostic tools were inadequate. Moreover, parts to fix equipment provided by overseas donors (in this hospital's case, Taiwan) were often difficult to come by.

4.33 Like the Speaker, the Committee Chair highlighted the importance of twinning arrangements with Australian institutions. In this respect, he would like to see much greater linkages with St Vincent's Hospital and Westmead Hospital in Sydney.

Australian Leadership Awards (ALA) Fellowships

Delegates with Australian Leadership Awardees

4.34 The delegation enjoyed meeting with a number of Ministry of Health and Medical Services Australian Leadership Fellows. The Australian Leadership Awards Scheme (managed by AusAID) provides health staff with opportunities for study, research and professional attachment programs in Australia.[11]

4.35 The delegation sought the fellows' views on a range of health issues and asked them what would make the greatest difference to improving health outcomes in their country.

4.36 Fellows said that information systems were in need of improvement. Whilst there is data collection at the community level, health information systems (including the NRH's) will need to be standardised and computerised in order for that information to be better utilised.

4.37 Delegates were informed that the hospital has neither the trained staff nor the equipment to conduct diagnostic tests, other than for malaria. Most diagnostic tests have to be sent to Australia, to Brisbane, or Adelaide (TB) at a cost of approximately $700, 000 per year. Obtaining the results can take up to 6 weeks. In the interim, disease can spread and complications can arise. Alternatively, if the tests prove negative, as was the case with some suspected swine flu cases, beds in isolation wards are unnecessarily occupied.

4.38 Fellows spoke of acute nursing and doctor shortages. Delegates were told that on average some 30 nurses are trained a year. There will however be additional places in 2010 (47 nurse trainees at the SI Higher College of Education and 17 at the Atoifi Hospital in Malaita (64 in total). Compared with doctors, nurses have little to no further professional development. Delegates were advised that, in a situation not dissimilar to that in Australia, it is difficult to attract doctors to work in rural and remote areas. The lack of schools, transport and other services puts practitioners off relocating.

4.39 The delegation wished to know whether people's health was better or worse in the capital than in rural areas. It was generally agreed that, especially nutrition wise, people fare worse in Honiara and the settlements than in the villages where they can grow their own food. Overcrowding in homes also leads to the spread of TB and other respiratory diseases, and there is widespread malnutrition.

4.40 Delegates enquired about the level of domestic violence that exists in the community. Hospital staff said that a high consumption of alcohol fuels

11 See AusAID website for details, Hhttp://www.ausaid.gov.au/scholar/alafellow.cfmH

serious domestic violence incidents. Fellows said that redressing violence against women was on the government's agenda.

4.41 On 10 December 2009, Deputy Prime Minister Fono publicly launched a Solomon Islands Government (SIG) study on violence against women and children. On 11 February 2010, Cabinet endorsed a Solomon Islands Government policy on eliminating violence against women.[12]

4.42 Fellows said that the ALA Scheme had provided them with wonderful learning opportunities for which they were very appreciative. However, they also believed it would be equally beneficial for similar leadership training to be offered at the NRH itself. Perhaps, trainers could come over and offer courses there, rather than always sending people to Australia.

4.43 They also expressed their desire to establish more formal ongoing relationships with Australian institutions.

Recommendation 13

The Committee recommends that the Australian government encourage and support further institutional partnerships, including reciprocal exchanges between Department of Health staff in the Solomon Islands and Australian institutions (such as hospitals, universities and laboratories), including the provision of training at the National Referral Hospital.

12 Personal communication from Ausaid Post in Solomon Islands, 18/02/2010.

Tour of the National Referral Hospital

Medical Superintendent (standing), NRH CEO (seated, second left) and delegates

4.44 The Medical Superintendent, Dr Tenneth Dalipanda, Hospital CEO, Mr Douglas Ete, and Deputy Director of Nursing, Ms Rachel Wate, gave delegates a presentation on and tour of the NRH. Delegates appreciated the opportunity to see for themselves conditions for patients and staff alike, and to speak with health professionals.

4.45 The delegation's interest in the hospital was welcomed. Dr Dalipanda said that it was the first Australian parliamentary delegation visit during his tenure of 2 years. He provided delegates with a copy of the hospital's comprehensive submission to the Select Committee Inquiry.

4.46 Dr Dalipanda spoke of the need to strengthen primary health care in the province, in order to reduce the burden on the NRH, which is the only referral hospital in the Solomon Islands. Unlike PNG, health care in the SI has been universal (free) for the last 30-40 years. The superintendent observed that completely free health care, whilst perhaps unsustainable into the future, was an entrenched premise, which would be difficult to overturn.

4.47 On the health impacts of climate change, the delegation was fascinated to learn that the NRH had had to be evacuated the week prior to its visit during a tsunami alert because of its proximity to the sea. Staff told delegates that the sea used to be 100 metres away from the buildings but had been getting closer and closer in recent years. The hospital would need to be moved to higher ground, not least because it was the frontline facility for any emergency response in the event of a tsunami.

4.48 The encroaching sea level on the national hospital is the most prominent example of what the delegation heard is happening all around the country to other existing health infrastructure along the coast. Aid posts are being flooded in coastal communities and people are hesitant to build new health structures in the same place for this very reason. This makes it difficult for governments and communities to plan for the future.

View of ocean from National Referral Hospital window, only metres away

4.49 The NRH provides surgery, physiotherapy, dentistry and medical laboratory services. The hospital has 290 beds and treats about 11, 000 patients in the course of a year, 60 % of these through the accident and emergency clinic. Some 30, 000 x-rays are done each year. Staff can teleconference with staff at St Vincent's Hospital to discuss x-rays. There are 50 doctors and 14 intern doctors.

4.50 The delegation was interested to learn more about the Cuban doctor scheme which supplements staff numbers with medical students from Cuba. Staff commented on language barriers, namely that it takes up to a

year for the student doctors to learn sufficient English and/or pidgin in order to be able to communicate with patients (requiring close supervision) and difficulties in finding housing for them all.

4.51 The delegation learnt that some 5000 to 6000 babies are delivered each year at the hospital. There are not enough beds in the maternity ward to cater for the numbers. The vast majority of women in the Solomon Islands deliver their babies at clinics or aid posts. Pregnant women are not routinely given pre-natal scans.

4.52 Hospital staff indicated that there were approximately 300 TB cases a year, with no recorded Multi-Drug Resistant TB (MDR-TB). TB patients are kept in isolation wards for a period of 2 months.

4.53 Cancer treatment is limited and sufficient to deal only with a single tumour or lymphoma. There is no mammogram service in the country.

4.54 The delegation observed a lot of people smoking in Honiara and enquired about the levels of smoking in the Solomon Islands. The superintendent advised that smoking is a major health issue. Cigarettes are cheap and they are a source of revenue for the government. Some 40% of the population is estimated to smoke, and it is a growing problem. Smoking, of course, increases the risk of heart disease. Delegates were told that an estimated 90% of parliamentarians are believed to smoke and/or have diabetes.

4.55 Hypertension, a precursor to cardiovascular disease, and diabetes are on the rise (through increased salt and sugar intakes), and the hospital has a dedicated diabetes clinic, which the delegation visited.

4.56 The delegation was taken with the plastic food used to demonstrate appropriate portion sizes and promote healthy food combinations to patients.

4.57 The delegation asked what was being done in respect of preventative health and was advised that it is much more difficult for the Centre to procure funding for prevention than it is to receive funding for treatment. The hospital had recently applied for funding from the World Diabetic Foundation and was awaiting advice on the outcome of that application.

Recommendation 14

The Committee recommends that the Australian government support education programs about diabetes prevention and nutrition in the Torres Strait, the Solomon Islands and Papua New Guinea, in areas where diabetes and nutrition are problematic.

Healthy foods on display at Diabetes Clinic at National Referral Hospital

National Malaria Program

4.58 Delegates met with staff of the Ministry of Health's vector borne disease unit to discuss the national malaria program. As mentioned in earlier chapters, government and multi-donor efforts in recent years have significantly reduced the incidence of malaria in the Solomon Islands. The delegation congratulated staff on the success to-date and asked staff to elaborate on some of the program's key components.

4.59 The Director, Mr Albino Bobogare, replied that there were new rapid diagnostic tools which take nurses 15 minutes to complete and do not require any special equipment or even power. Bed nets were also being

more widely distributed, and for free. There had also been an effective scaling up of efforts.

4.60 Delegates wished to know if there were matters that hampered ongoing efforts to eliminate malaria.

4.61 Mr Bobogare responded that human resources remain thin on the ground and there is a lack of adequate housing for health workers in outlying areas. He also expressed concerns about an overprescription of drugs and high presumptive treatment which contributes to drug resistance.

Regional Assistance Mission to Solomon Islands

4.62 The delegation rounded off meetings in Honiara with a visit to RAMSI headquarters to meet with the RAMSI Special Coordinator; Acting Development Coordinator; and other RAMSI staff for a progress update on RAMSI.

4.63 Delegates were briefed on the RAMSI development program which has been focusing its efforts on strengthening public administration; focusing on revenue, tracking and managing expenditure, and making sure that expenditure matches the budget.

4.64 The Special Coordinator emphasised Australia's strong ongoing commitment to the Solomon Islands and said that a recent people's survey had indicated that some 80-90 % of the population wanted RAMSI to remain in-country.

4.65 He added that RAMSI was a joint effort by Australia, New Zealand and a host of other Pacific nations who contributed various strengths and collectively lent credibility to the mission. That partnership, he said, is the pride of Pacific Islands Forum member countries.

Roundtables with Ministry of Health and development partners and NGOs

Delegates and Ministry of Health roundtable participants

4.66 The delegation welcomed the opportunity to host two separate interactive roundtable meetings with representatives from the Ministry of Health and Australia's development partners and NGOs on returning from visiting Western Province. All participants are gratefully acknowledged in Chapter 5.

4.67 Conducting the roundtable meetings towards the end of the visit allowed delegates to report on some of its findings from during the week and to seek further information.

4.68 A diverse range of topics was discussed at both sessions. Amongst issues covered was the need for a greater focus on child and maternal health, and in particular, expanding immunisation. The delegation learnt that whilst the measles campaign had successfully immunised some 95 % of children, a recent assessment of the Expanded Program of Immunisation (EPI) had identified gaps in cold chain[13] preservation as a key constraint in others. Solar fridges, like the one delegates saw at Vonunu clinic, were not necessarily the norm in health clinics.

4.69 Speakers referred to a lack of resources for public health programs, in areas including nutrition, mental health, family planning and, especially, disability. Delegates were surprised to discover that there are only two nutritionists and not even one clinical psychologist practising in the country. Ms Langmead, an Australian Youth Ambassador working as a community based rehabilitation coordinator in Honiara, noted a serious shortage of disability workers. She said that in her work she saw a lot of secondary disability resulting from malaria, TB and diabetes, and that funding for disabilities was nowhere near commensurate with need. For instance, there is no provision for prosthetics. There are no government funded occupational therapists or speech pathologists either. Services for disabilities remain heavily reliant on NGOs and volunteers.

4.70 The delegation asked government representatives to comment on service provision for persons with disabilities. Delegates were told that $ 600, 000 dollars are allocated in the budget for the whole country. Government officials concurred with Ms Langmead that some provinces have more scant human resources than others, and added that it was not just a matter of staff per se but ensuring they also had adequate transport and fuel in order to travel to people living with disabilities in outlying areas.

13 A cold-chain is a temperature controlled supply chain. An unbroken cold chain is an uninterrupted series of storage and distribution activities which maintain a given temperature range. It is used to help extend the shelf life of products including pharmaceutical drugs. Source: Wikipedia.

4.71 In addition to the $ 600, 000 budget, there is an equipment budget of $ 500, 000. Observing the steep inclines required to reach the health and education facilities at Vonunu village, the delegation enquired about the practicalities of using wheelchairs over such terrain. Officials noted that some donated wheelchairs were impractical for precisely these reasons. The delegation was interested to learn that negotiations are underway with an Australian company, Motivation, that has successfully adapted wheelchairs for use in remote indigenous communities that could work equally well in villages in the tropics. Whilst these wheelchairs do involve a greater initial outlay, they are generally of better quality and last longer.

4.72 Delegates remarked that disability does not necessarily receive the same profile as other health issues in Australia either. AusAID noted its disability policy and emphasised that its health priorities were determined by the Solomon Islands government.

4.73 Staff housing was cited as an ongoing major issue. There is little point it seems in constructing clinics without building accompanying housing for staff.

4.74 On the already well-documented problems with drug delivery, the Director of Pharmacy Services noted substantial improvements in recent years but emphasised the need for stand alone programs to be integrated into the mainstream system.

4.75 One of the key messages that the delegation took away from discussions with health officials was that local systems can sometimes be undermined by volunteers' actions. For example, visiting doctors from overseas might provide medicines that are not on the Solomon Islands' national drug list, which creates a mismatch for ongoing care. There can also be an expectation fostered that drugs and experts from overseas are to be relied upon as the solution.

4.76 The delegation believes that all donated drugs and services from Australian personnel should, as much as possible (and exceptions may apply), match the Solomon Islands' national treatment protocols.

4.77 The delegation was interested to learn from those present what their view was of the proposal for Pacific nations' bulk purchasing drugs in order to reduce the cost to each country. The general consensus was that more administrative and logistical problems may be created than solved with such a scheme. Reference was made to similar schemes having been tried in the Caribbean and Fiji and not having worked terribly well.

4.78 Similarly, donors' multiple reporting requirements add a significant administrative burden to health personnel already struggling to treat patients under difficult conditions. This appeared particularly an issue for nurses who are required to fill out a numerous forms for treatment given under different donor funded programs for malaria, TB and others.

4.79 The delegation understands that Australian organisations are, for the most part, cognisant of this administrative burden, but urges all to try and streamline or integrate their requirements with those of the Solomon Island government's so as not to add to the problem.

4.80 The Ministry of Health's chief statistician, Ms Baakai Iakoba, commented on deficiencies in data collection. She said that, for instance, whilst morbidity reporting rates were quite good, it was not so for mortality rates. She said that the deceased are often just buried. Communities see little point in paying to have a death certificate issued. On the issue of underreported HIV/AIDS cases, she conceded there may be cases not known about. The stigma associated with the disease means that people are reluctant to get tested and/or have it known that HIV/AIDS is what a relative died of.

4.81 Mr Bobogare expressed concerns that the successful reductions in the rate of malaria to-date might result in complacency. He stressed the importance of ongoing vigilance to eliminate the disease completely.

4.82 Delegates referred to the limited laboratory services that they witnessed at the NRH and the fact that lab services -other than for malaria detection – are undertaken in Australia at a cost of some $700, 000. The delegation wanted to know whether it would not be more cost efficient to undertake these services in country. The delegation was advised that it was not just a case of building the lab, but also staffing it with trained personnel and being able to maintain the equipment. A massive physical and human infrastructure is required to operate the sophisticated laboratory services required. Whilst Australian Volunteers International (AVI) is seeking to develop capacity by placing pathologists at the NRH, any solutions beyond the interim, the delegation heard, will not lie with volunteer schemes.

4.83 One of the key messages that the delegation took away from discussions with health officials was that the local health systems can sometimes be undermined by volunteers' actions. For example, visiting doctors from overseas might provide medicines that are not on the Solomon Islands national drug list which creates a mismatch for ongoing care. There can also then be an expectation fostered that drugs and experts from overseas have to be relied upon to sort any issues out.

4.84 The delegation thinks that all donated drugs and services from Australian personnel should, where possible (and exceptions may apply), match the Solomon Islands national treatment protocols.

4.85 Much was made of the need to train and empower local staff through partnership with Australian institutions, be these laboratories, hospitals or peak bodies. Key to successful programs or projects, like the national malaria program, are ones that locals, in conjunction with donors, themselves can lead, sustain, be enthusiastic about and see results from.

4.86 Development partners and NGOs identified good working relationships with each other and the host government as integral to having an impact on the ground. There is general consensus that there is very good cooperation between the Ministry of Health and development partners, aided by technical advisory support provided by AusAID.

4.87 The Country Program Manager for AVI stated that the intention of the scheme was to partner Australian volunteers with a local counterpart but that there was not always an equivalent counterpart in waiting. She noted that it can be a long-term process. For example, it had taken 10 years of placing volunteers in the pharmacy to be able to hand over to a Solomon Islands counterpart for the first time.

4.88 Volunteer placements come with a number of different challenges the delegation heard. Sometimes there are cultural barriers between volunteers and their counterpart, if, for instance, the volunteers are very young. Equally, the delegation heard, some volunteers had proved extremely successful coaches, boosting staff morale and galvanising momentum in an organisation, fundamentally altering its culture.

4.89 Recognising the contribution of charismatic mentors, corporate leadership and management training, AusAID mentioned that it is in discussions with the Ministry of Health to establish a mentoring program that would partner senior bureaucrats in the respective countries.

4.90 Delegates said they thought such a scheme seemed a very good idea. They noted that the Department of Health and Ageing ran a Pacific Senior Health Officials Network which similarly aims to facilitate communication between senior health officials in the region.[14]

14 At the Canberra roundtable Health said the aim of the network is to support health system governance and the development and implementation of sound and effective health policies within the region. The network promotes a partnership and technical exchanges between health officials through a policy partnerships initiative and middle managers program, Department of Health, Official Transcript, 11 September 2009, p. 7.

Recommendation 15

The Committee recommends that a mentoring program (especially for women) be established that matches senior bureaucrats, in the Australian Department of Health and Australian health facilities with senior bureaucrats in the Solomon Islands Department of Health.

4.91 The delegation asked the Japanese International Cooperation Agency (JICA) representative at the roundtable meeting about the status of the new Gizo Hospital. Construction was due to start in a matter of weeks, she said. The representative added that Japanese capacity building included assistance with developing health information systems and training health workers in case management systems. JICA acknowledged AusAID's assistance on the project and said that it welcomed the opportunity for further collaboration.

4.92 Delegates referred to concerns brought to their attention about the difficulties of sourcing replacement parts from donor countries in Asia and the difficulties in trying to read manuals in foreign languages, be it Chinese or Japanese. The JICA official replied that the agency was mindful of these issues.

4.93 The delegation sought further information from the Director of the SI Planned Parenthood Association about education in regards to family planning. Mr Saleni responded that there was an increasing acceptance by Solomon Islanders that family planning was a necessity. Campaigns are mostly conducted via radios which more people had access to than television, and outreach visits were undertaken by family planning health workers. Mr Saleni referred to the Men and Boys Behaviour Change Program which the delegation had learnt about at its Canberra roundtable. He said that, while successful at teaching rather than just disseminating health information, it was expensive to run, and did not have as wide coverage as he would like.

4.94 A number of participants commented on concerns Solomon Islanders have about cross-border health issues, be it the transfer of HIV/AIDS from the PNG border with the Solomon Islands (the delegation learnt that there is a fair degree of movement between Bougainville (part of PNG) and Choiseul Province in SI); or from Australians visiting the Solomon Islands

with other infectious diseases. Every case of swine flu in the Solomon Islands was said to have come across from Australia.

Western Province

4.95 The delegation was warmly welcomed to Western Province by the Premier of Western Province, the Hon. George Solingi MP; the Provincial Minister of Health, the Hon. Sutcliff George; the Provincial Secretary, Mr Arnold Moveni; other officials from the provincial administration, and representatives of the community.

4.96 The delegation's visit to Western Province involved a number of engagements with provincial health administrators and health workers.

Meetings in Gizo

Premier

The delegation, Western Province Premier, Acting Health Director and Health Minister

4.97 The delegation appreciated the opportunity to meet with the Western Province Premier and the provincial Ministers for Health and Education,

together with the Acting Health Director of Gizo Hospital, in the Premier's office.

4.98 A range of health challenges facing Western Province was discussed at the meeting, with a focus on the impacts of climate change.

4.99 The Premier referred to the devastating tsunami which struck Gizo in April 2007, and from which it was still recovering, over two years later.

4.100 Delegates were advised that environment ministers from the region, including the Australian Environment Minister, the Hon. Peter Garrett MP, would be gathering in Gizo the following month to discuss the progress of safeguarding coral reefs, fisheries and food security in the Coral Triangle Region.

4.101 The Premier said that it was the first time that Gizo had hosted an international conference on this scale. They were greatly looking forward to hosting the environment ministers and, moreover, having attention focused on these important issues in the Pacific, a region so affected by climate change.

Hospital

4.102 The Acting Health Director, Dr Mike Buin, took the delegation on a tour of Gizo Hospital. It was useful for the delegation to compare a provincial hospital with the National Referral Hospital in the capital.

Gizo Hospital

4.103 Dr Buin told the delegation that the current hospital had 68 beds and was one of two serving a population of approximately 80, 000 people in the province. Staff deal with 2, 000 admissions each year and carry out emergency surgery, including most commonly for ectopic pregnancies, caesareans and ruptured appendices. Of those 2, 000 admissions, some 500 are for births, illustrating the country's high population growth.

4.104 More complex surgical cases are referred to the NRH in Honiara. If cases are life threatening and complex, the Aspen medical clinic (i.e the RAMSI medical facility) in Honiara can be called upon to medivac patients out with their helicopter.

4.105 Delegates learnt that there are only 7 doctors in the whole province, and some 140 nurses, 40 of whom operate out of the hospitals, the rest from posts.

4.106 The delegation asked the Director to elaborate on the incidence of TB; HIV/AIDS; and malaria. The Director replied that there are certain 'hotspots' where TB is prevalent, especially where overcrowding is a factor. There had been one death from HIV/AIDS and two confirmed cases of infection in 2009. With respect to malaria, he said that a new drug protocol, higher levels of indoor spraying and the wider distribution of treated bed nets had contributed to a reduction in cases. However, there had still been two deaths from the disease the previous year. Education on bed nets was still required, with some people still using them as fishing nets or as hammocks for infants.

4.107 The Director noted ongoing difficulties in obtaining medicines and supplies from the centralised drug store in Honiara, especially in outlying areas. Delays in deliveries, he said, often result in patients developing complications.

4.108 Dr Buin referred to budget cuts and delays in receiving their budgetary allocation, both of which had heavily impacted on the quality of the services that the hospital could provide.

4.109 Delegates were advised that a new hospital is being planned for Gizo, with an increased bed capacity of 80. The hospital is going to be built by the Japanese government if various conditions are met by the Solomon Island government, including the provision of a water supply. AusAID has had some input into the design phase and advisors are working on establishing a maintenance program for when the hospital is built.

Vonunu

Community welcome on Vonunu

AusAID clinic

4.110 The delegation travelled by boat from Gizo to the village of Vonunu on the island of Vella Lavella to tour an area health care centre funded by AusAID, which had been completed 18 months prior. The clinic was built under the RAMSI Infrastructure Related Support Program. Similar clinics to that in Vonunu were also built in Kia (Isabel Province); Malu'u (Malaita Province) and Tamboko (West Guadacanal Province) in 2008-2009.

4.111 Staff at the health clinic proudly showed delegates around their new solar-powered centre. The clinic appeared to have sufficient staff, and a reasonable stock of medicines. Further, maintenance issues were being attended to.

Delegates being greeted by staff at Vonunu health clinic

Health staff showing delegates around the clinic

4.112 Delegates thought that the centre was light, bright and airy and were delighted to be introduced to some newborn babies and mothers who appeared to be in very good health.

Newborn baby in health clinic

4.113 Nurses told delegates about a measles vaccination campaign that had just been successfully completed in the area, with support from AusAID, WHO and UNICEF.

Vonunu High School

4.114 Vonunu high school is a boarding school that caters for 300 students from Vella Lavella and surrounding islands in the Province. The school motto is 'learning and working together.'

4.115 The delegation was delighted to spend time talking with the principal, teachers and students, and to have the chance to learn something of the

Solomon Islands education system and high school curriculum from those discussions.

4.116 Delegates learnt that resources were sparse with students sharing textbooks. The school had three computers but no access to the internet.

4.117 Despite the limited equipment and tools, the students whom delegates spoke with were enthusiastic about their studies and eager to chat about their plans for the future.

4.118 The committee delegation departed Solomon Islands and returned to Australia on Friday 16 October 2009.

School principal, AusAID advisor and Delegation Chair


KINGS
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5

Delegation follow-up, concluding comments, and acknowledgements

Delegation follow-up

5.1 Soon after returning to Australia the Parliamentary Relations Office organised a delegation debrief meeting with DFAT and AusAID officers. Delegates discussed the execution of the program and provided feedback to the departments on the overall effectiveness of the programs in Papua New Guinea and the Solomon Islands.

5.2 The Committee delegation invited the Papua New Guinean and Solomon Islands High Commissioners to a working lunch at Parliament House on 17 November 2009 to discuss the visit to their respective countries.

5.3 The delegation also arranged a series of meetings with relevant government ministers and parliamentary secretaries including the then Parliamentary Secretary for Pacific Island Affairs, the Hon. Duncan Kerr MP; the Parliamentary Secretary for International Development Assistance, the Hon. Bob McMullan MP; and the Minister for Indigenous Health, Rural & Regional Health and Regional Services Delivery, the Hon. Warren Snowdon (who has portfolio responsibility for the Torres Strait region). These meetings afforded the delegation a unique opportunity to be briefed by government members with portfolio responsibility for health matters in the region, share aspects of the visit, and discuss aid priorities.

5.4 Committee delegation members also extended an invitation to the New Zealand High Commission to discuss the visit. The Committee delegation was delighted to meet with Mr Vangelis Vitalis, the NZ Deputy High Commissioner in Canberra. Mr Vitalis provided delegates with a useful

overview of New Zealand's role in the Pacific and NZAID's programs in Papua New Guinea and the Solomon Islands.

Concluding comments

5.5 Not many Australians are aware that Australia's closest international border is a few kilometres away from the Torres Strait and that Australia and Papua New Guinea share a unique treaty arrangement that permits free movement between treaty villages on either side.

5.6 There has been a number of media reports in the last year or two intimating that there is an 'influx' of PNG nationals arriving in the Torres Strait via the treaty and that infection risks for communicable diseases like TB and HIV/AIDS are very high.

5.7 The inquiry and delegation of the Health Committee sought to examine these issues in detail and hopes that this report goes some way towards highlighting the issues in their complexity, tempering some of the unsubstantiated fears, and reaffirming why we permit a relatively small number of sick PNG nationals access to health services in the Torres Strait, under specific conditions. We do so for humanitarian and practical reasons and because that's what good neighbours do. The report shows that there exists a range of structures and systems in place for managing this process from treaty consultation processes through to Queensland health treatment guidelines. There are costs associated with treating these individuals and while the numbers treated are small, costs for serious conditions like MDR-TB are not insignificant. It is in everyone's interests to try and mitigate against these.

5.8 The Committee heard and saw for itself some of the push factors why treatment may be sought on the Australian side. There are vast disparities between health facilities in PNG and those in Australia. Major challenges on the PNG side include a lack of human resources, equipment and infrastructure coupled with rugged geography and governance issues that make difficult the distribution of essential supplies and service delivery. The Committee learnt that the problems are not solely due to a lack of money, especially in Western Province, which is actually one of the richest provinces in the country.

5.9 Australian aid in the region is substantial and seeks to strengthen health facilities along the border in Western Province as well as to strengthen the national health systems in PNG and SI alike. Extra resources are being

allocated to Saibai health clinic in recognition that it caters for PNG nationals in addition to Torres Strait residents. Whether those sums are sufficient is subject to ongoing review.

5.10 The Office of Development Effectiveness reports indicate that overseas aid effectiveness is a mixed bag, more successful in some areas and/projects than others. Placing Australian advisors in in-line agencies like the Ministry of Health to work alongside host counterparts in the Solomons is one strategy that appears to work well. On overseas aid it is worth mentioning something not well-known. Assistance flows two ways. For instance, PNG provided aid to Australia, for its victims of natural disasters in the Victorian bushfires and Queensland floods.

5.11 Australia works in partnership with the governments of PNG and SI to achieve better health outcomes and determines priorities in both countries in line with what those governments want.

5.12 PNG and the SI are sovereign nations and Australia can and only wishes to assist. Ultimately the PNG and SI governments are responsible for delivering health services to their own citizens.

5.13 In this report, the delegation highlights the problems but also what works or could work better and Australia's role in facilitating solutions.

5.14 For instance, Australia has clearly made a fundamental difference to the water and sanitation situation in treaty villages in the Western Province of Papua New Guinea through supplying rainwater tanks that provide a minimum level of safe drinking water. The delegation has recommended that this installation program be expanded to provide more than the minimum level of water required. Installing adequate water and sanitation in villages is part of getting the basics right for better health outcomes. The delegation notes that the PNG government together with Sustainable Development have undertaken to improve water reticulation and would like to see this done as soon as possible. That said, the delegation recognises the very real logistical and practical difficulties that stand in the way of any speedy or comprehensive installation.

5.15 In the Solomon Islands, Australia has built basic but functional health clinics, complete with solar fridges for cold storage of vaccines.

5.16 The delegation learnt that one-off projects, supply deliveries and volunteer or staff placements can sometimes do more harm than good, despite donors' best intentions. The Committee has recommended that a contact point be established that provides community organisations with basic information on the suitability of their intended donations in the region.

5.17 Similarly, when building new health facilities or offering other goods and services to assist, the Australian government and Australian community organisations must consult donor partners and local communities. New health facilities must be cognisant of the suite of support measures that will need to be put in place for staff and to maintain that new structure.

5.18 The delegation heard from nearly everyone it met with during the visits about the huge benefits of twinning arrangements between health institutions in our respective countries, be these hospitals, laboratories, universities, or parliaments. Developing and maintaining institutional relationships are not up to governments per se, rather the institutions themselves. However, the delegation has recommended that the Australian government do all that it can to encourage and support sustainable schemes and exchanges.

5.19 Fostering greater people-to-people links, genuine exchange and sharing of information and training lies at the heart of a new era of reengagement and underscores true partnership.

5.20 Myriad benefits are being reaped from the Australian Leadership Awards, the relationship that exists between the Solomon Islands Parliament and the NSW Parliament, and courses like the Australian National University's Centre for Democratic Institution's "Women in Politics Course", designed to assist participants from the region get more women elected in their national parliaments.

5.21 The delegation hopes to see more women parliamentarians elected in the region in coming years, and for the Australian Parliament to do all it can to support that process. Hence, our recommendation to the presiding officers to establish a parliamentary mentoring program especially for women MPs. The delegation believes such a program would have reciprocal benefits for, and enrich all our parliaments.

5.22 This inaugural committee delegation visit to PNG and the SI was the first joint parliamentary delegation in recent memory to the treaty villages and, indeed, the first parliamentary health delegation in recent memory.

5.23 The symbolism of such a visit is very important. The delegation visit was warmly welcomed by our respective governments at the highest levels at the national and provincial levels, institutions and community organisations. Delegates were also made to feel incredibly welcome in the villages and were privileged to spend time in villages that are not easy to get to in the western provinces in both PNG and SI. Wherever the delegation went it experienced and shared the goodwill that exists

between the people of Australia, Papua New Guinea and the Solomon Islands.

5.24 Of course governments must go beyond symbolism and beyond in-principle agreements, to fund and implement the better health infrastructure and services that are required on both sides of the border. That is something which the Australian and PNG governments have both undertaken to do with the new Package of Measures which is designed to strengthen health services on both sides of the border. This package is in its infancy but already, the delegation heard, measures such as installing health communications officers on both sides of the border are proving effective. The delegation has recommended that consideration be given to expanding such positions in the future because their job is so vital and possibly beyond the capabilities of any one or two individuals. The delegation was told that close communication between partners is key to any program's success, including that achieved by the national malaria program in the Solomon Islands.

5.25 The delegation was fortunate to be able to meet with Ministers, parliamentarians, health professionals and communities, for discussion on a range of health issues from TB, HIV/AIDS, and malaria to the rise in diabetes and the encroaching impacts of climate change on health. All dialogue was conducted in a frank and open manner.

5.26 Delegates were especially impressed, and indeed humbled by, all the health professionals and community workers that they met with up in the Torres Strait, in PNG and in the SI, who are so clearly committed to providing the best patient care they can under the circumstances, often with limited tools and support. They are the unsung heroes of any health system.

5.27 Beyond aid, PNG and SI require robust integrated health care systems, that incorporate a range of outreach services in outlying areas. Australia has rural and remote areas that governments find difficult to service too.

5.28 PNG and the Solomon Islands are not alone in grappling with how best to deal with moving a fragmented health system to a less fragmented one. Australia has long struggled with the issue of major health reform, and still debates what level of government (national, state or local) should take responsibility for health services funding and delivery. Major structural reform is again, today, on the agenda in Australia. We have something fundamental in common here. Similarly, we must all deal with the impact of climate change on health. Let us share our experiences and learn from each other about what does and does not work so well.

5.29 The delegation visits played a role in that sharing and learning process. Delegates hope to see the parliamentarians we met in PNG and SI back in Australia in the near future to continue our engagement. It is so important for leaders and communities in our respective countries to have ongoing dialogue about the range of health issues that affect our region.

5.30 The Committee firmly believes that the travel provided a valuable platform for committee members to learn more about issues relevant to their portfolio and to build parliament and other people-to-people contacts in the region. Such purposeful travel, in conjunction with an ongoing inquiry, considerably enhances committee work and the work of the Parliament.

Acknowledgments

5.31 On return to Australia, the delegation sent thank you letters to all those with whom it met and/or helped to coordinate the delegation visit. Copies of photos taken with the delegation were also mailed as a courtesy.

5.32 In addition to the individuals listed below, the delegation wishes to record its appreciation to everyone else who worked 'behind the scenes' to ensure that the visit went so smoothly.

Papua New Guinea

5.33 The Australian High Commission in Port Moresby are to be commended for organising an excellent program. The delegation thanks the Australian High Commissioner, His Excellency Mr Chris Moraitis, and staff for their generous hospitality and assistance during our week's stay. We extend thanks to the Deputy High Commissioner, Mr John Feakes; senior AusAID officers Dr Anne Malcolm and Ms Fiona Cornwall, and Mr Adrian Lochrin and Mr Paul Murphy, DFAT Counsellor and DFAT First Secretary respectively, for accompanying us on engagements throughout the week. We appreciated their counsel and good company.

5.34 The delegation greatly appreciated the opportunity to meet with members of the PNG Parliament and Government in Port Moresby including the Minister for Health and HIV/AIDS, the Hon. Sasa Zibe MP; the Minister for Community Development, Dame Carol Kidu CBE MP; and Chair of the Special Parliamentary Committee on HIV/AIDS Advocacy, the Hon. Jamie Maxtone-Graham MP, MBE. We also acknowledge the senior executive that we met with including the Secretary for Health, Dr Clement

Malau; the Executive Manager for Public Health, Mr Enoch Posanai; and Mr Wep Kanawi, Acting Director of the National Aids Council Secretariat.

5.35 The delegation makes special mention of the Hon. Bob Danaya MP, Governor of Western Province, and the Hon. Sali Sabam MP, Member for South Fly. Without these two our visit to the Western Province and treaty villages would not have been possible, or indeed the special experience that it was. We are very grateful for all that they did to make us feel so welcome in their constituencies; their warm hospitality, counsel and company on our visits to Mabadawan, Sigabadaru and Buzi.

5.36 The delegation was pleased to conduct a range of site visits in Port Moresby and thanks the following individuals and organisations for taking the time to show delegates around and talk with them about their work: Mr Christopher Hershey, Project Manager, staff and volunteers at Poro Sapot; Ms Annie McPherson, Secretariat Coordinator and staff at Igat Hope; Sir Isi Kevau, Executive Dean and Professor of Medicine and Professor John Vince, Deputy Dean and Professor of Child Health at the University of Papua New Guinea's School of Medicine and Health Sciences; Dr Jambi Garap, Head of PNG Eye Care Vision Centre and Optical Workshop and staff; and Mr Geoff Clarke, Technical Advisor and staff at Susu Mamas.

5.37 Delegates appreciated the opportunity to meet with other civil society and government representatives and health administrators throughout the week to discuss health issues, including Ms Caroline Bunemiga, General Manager, Business Against HIV/AIDS; Dr Joseph Palagio, Secretary of Education and Dr Mathias Sapuri, Medical Society President.

5.38 We were met in Daru by a delegation from the Western Province provincial administration. We thank Mr William Goineau, the Provincial Administrator, and his staff including, Mr Wonalam Gire, Protocol Officer and Mr Frank Botude, International Coordinator, Department of Social Services, for providing such an impressive welcome at the airport on our arrival and the 'sing sing 'entertainment later that evening.

5.39 A special thank you is extended to the treaty villages of Mabadawan, Sigabadaru and Buzi in Western Province for hosting our visit. We received extraordinary welcomes in each village. Hundreds of villagers came out to greet us, showcasing magnificent traditional singing, dancing and culture. We are indebted to the following Councillors in the respective villages: Mr Kebei Baduwame of Mabadawan; Mr Kebei Sale of Sigabadaru; and Mr Frank Wappa of Buzi. We also thank the health workers who gave us a tour of their health facilities; the organising committees; those who provided refreshments, made leis and the

women's fellowship group at Sigabadaru who presented the delegation with beautiful handicraft gifts. We have fond memories of all the people we befriended that day.

5.40 We were grateful for the opportunity to meet with a number of Western Province health managers and health workers at our site visits to the Provincial Health Office and Daru hospital including, Mr Alois Nakemole, South Fly District Health Manager; Mrs Alice Honjepari, Director of Rural Health Services; Dr Amos Lano, CEO of Daru Hospital; Dr Sidney James, Director of Medical Services; Dr Abel Marome, Senior Clinician at Daru Hospital; Ms Lilian Motup, TB Project Officer; Sister Rita, Home of Good Hope, HIV Clinic; Dr Naomi Pomat, Health Communications Officer (AusAID funded); Mr Geoff Miller, Provincial Health Capacity Building Advisor (AusAID advisor); and Ms Lucy Morris. We aknowledge the presence of representatives from PNG Sustainable Development Ltd at the meeting at the hospital.

5.41 The delegation was pleased to participate in an inter-sectoral meeting on treaty village development and thanks the treaty village chairman, Mr Sisia Kimia, and others for taking the time to meet with the delegation on a Saturday. In addition to some of the individuals listed at paragraph 5.14 who also attended this forum, we acknowledge the following attendees: Mr Willi Kokoba, Deputy Provincial Administrator; Mr Michael Viriu, South Fly District Adminstrator; Mr Jimu Alphones, Police Station Commander; Mr Babela Kalama, Principal Advisor, Department of Agriculture and Livestock; Mr Dick Jogo, Principal Advisor, Fisheries; Mr Melchoir Rokuman, Program Agriculture Officer; Mr Philemon Abe, Agriculture Officer; Mr Les Ture, Immigration Officer; Mr Netsely Baerey, Principal Advisor, Education; Mr Renagi Raga, Director of Social Services; Dr John Ibale, Director of Economic Services, Department of Social Services; and Mr Karl Yohang, Commerce Advisor, Department of Social Services.

5.42 The delegation also wishes to acknowledge Corporal Mark Gadimilo from the Royal Papua New Guinean Constabulary and Federal Agent Mark Atkins for accompanying the delegation in a security and protection capacity throughout the week.

Solomon Islands

5.43 The delegation is most appreciative of the fine support and assistance it received from the Australian High Commission in the Solomon Islands, His Excellency Mr Frank Ingruber, and staff, including Deputy High Commissioner, Ms Alison Duncan and Ms Angie Kovaloff and Ms

Angellah Kingmele of AusAID. Particular thanks go to Mr Kamal Azmi, Counsellor, Development Cooperation, and Mr Justin Baguley, Senior Development Program Specialist, who took considerable time out from their working week to accompany us to meetings and, in Mr Baguley's case, travelling out with us to Western Province. We greatly appreciated the effort put into developing such an interesting program and the care that everyone took to ensure that the delegation was well-informed and well-looked after during the week.

5.44 The delegation greatly appreciated its engagements with members of the Solomon Islands Parliament including the Deputy Prime Minister of the Solomon Islands, the Hon. Fred Fono MP; Speaker of the National Parliament, the Rt Hon. Sir Peter Kenilorea; and Health Minister, the Hon. Clay Forau MP.

5.45 The delegation enjoyed its tour of the National Parliament Chamber from the Sergeant-at-Arms Mr Chris Forau.

5.46 We were fortunate to meet with a number of agency staff in Honiara who provided informative insights into a range of health issues.

5.47 The delegation thanks the following Australian Leadership Award Fellows who participated in a working lunch with delegates : Mrs Verzilyn Isom, Head of Nursing School, Solomon Islands Higher College of Education (SICHE); Mr Michael Larui, Director of Nursing, MHMS; Ms Sanet Talo, Registrar, Nursing Council; Mrs Jessie Larui, Lecturer, SICHE Midwifery School; ,Mr Stephen Kole, Clinical Nurse Consultant, NRH; Mr Amos Lapo, Director, Primary Health Care; Mr Selwyn Hou, Director Nursing, NRH; Mr Abraham Manomokari, Director of Planning, MHMS; and Mrs Hellen Orihao, Nurse Educator, NRH.

5.48 The delegation also thanks Dr Tenneth Dalipanda, the National Referral Hospital Medical Superintendent, hospital CEO Douglas Ete and Deputy Director of Nursing Rachel Wate for showing us around the hospital and providing a comprehensive overview of its facilities and services. We extend our thanks to all the staff that we met during the tour including those in the diabetes clinic and microbiology lab.

5.49 Delegates were pleased to meet with their parliamentary committee counterparts on the Special Select Committee Inquiry into the Quality of Services at the National Referral Hospital to learn about their inquiry. We thank the Chair of the Committee, the Hon. Peter Boyers MP and his colleague, the Hon. John Patteson Oti MP, for taking the time to meet with us.

5.50 The delegation valued meeting with Mr Alby Bobogare, Director of the Vector Borne Disease Unit, and colleagues, to discuss the national malaria program.

5.51 Delegates are grateful to senior RAMSI staff, namely, RAMSI Special Coordinator, Mr Graeme Wilson; Acting RAMSI Development Coordinator, Mr James Hall; Acting Commander Participating Police Force (PPF), Anne Dellaca; and Deputy Commander Combined Task Forcer (CTF), Stuart Brown, for providing an update on the status of RAMSI activities.

5.52 The delegation thanks the Western Province Premier, the Hon. George Solingi Lilo for welcoming us warmly to the Province, and the members of his government with whom we met including, the Deputy Premier, Robert Pae Kuve, and ministers, including, the Health Minister, the Hon. Sutcliff George and Education Minister the Hon. Victoria Sino. We also acknowledge the assistance of executive staff such as the Provincial Secretary, Mr Arnold Moveni.

5.53 The delegation appreciated its tour of Gizo hospital and thanks health staff including the Acting Health Director, Dr Michael Buin; Hospital Secretary, Mr Alfred Vilaka; and Director of Nursing, Western Province, Mr Charles Sigoto, for providing us with an overview of the Province's health services.

5.54 Visiting Vonunu Area Health Centre and Vonunu High School on Vella Lavella Island in Gizo Province was a real highlight of the delegation visit and we are most appreciative of the warm welcome we received, and the tour of the clinic and school. We met many people but especially thank the Chairman of the health centre and the Clinical Nurse-in-charge respectively, Mr Amos Zamo and Mr Francis Sirobui; and the Principal of the High School, Mr Wayne Koebule. It was a pleasure to meet and talk with a number of high school students.

5.55 The delegation also wishes to thank Senior Sergeant Gorae for escorting delegates during our time in Western Province.

5.56 On its return to Honiara, the delegation hosted two valuable roundtable forums to discuss a broad spectrum of health issues: the first, with senior executive staff from the Ministry of Health; and the second with development partners and NGO representatives. The delegation thanks all the invited participants for their input in these sessions. In addition to some of the Australian leadership fellows we met earlier in the week, these included the following Ministry of Health staff: Dr Junilyn Pikacha, Reproductive Health Director; Mr Alby Lovi, Health Promotion Director;

Mr Robinson Fugui, Environment Health Director; Dr Nemia Bainvalu, Communicable Disease Director; Mr William Same, Mental Health Director; Mr Aaron Olofia, Social Welfare Director; Ms Elsie Taloafiri, CBR Coordinator; Dr Divi Ogaoga, Medical Officer, Child Health; Dr Wale Tobata, Director, Pharmacy; and Dr Baakai Iakoba, Chief Statistician. Other participants included Mr Michael Saleni, Director of the Solomon Islands Planned Parenthood Association (SIPPA); Ms Lilian Sauni, Malaria Coordinator, Secretariat of the Pacific Community; Ms Yoko Asano, JICA Solomon Islands Office; Mr Brett Cowling from World Vision; and Ms Jennifer Wiggans, Country Program Manager, Australian Volunteers International.

5.57 The Committee delegation was also delighted to meet with a number of Australian volunteers during the week, working for VIDA, AVI and AYAD volunteer programs. We especially thank the AYAD volunteers who participated in the Ministry of Health roundtable, Mr Michael Nunan and Ms Ruth Langmead, who were working in the hospital pharmacy and disability sector in the SI, respectively.

Australia

5.58 The Committee highly valued the input of His Excellency Mr Charles Lepani, Papua New Guinean High Commissioner to Australia and His Excellency Mr Victor Ngele, Solomon Islands High Commissioner into the inquiry and delegation visit.

5.59 The Committee extends thanks to all the other witnesses (listed individually in Appendix B) who participated in inquiry activities including private briefings, hearings and inspections, in Canberra, Cairns, Thursday Island and Saibai Island.

5.60 We also thank Mr Brett Young, the DFAT Treaty Liaison Officer on Thursday Island for his hospitality and role in facilitating our visit in the Torres Strait.

5.61 Committee delegation members appreciated the comprehensive oral and written briefings delegates received from DFAT and AusAID officers prior to the delegation. We thank the following DFAT officers: Mr Geoff Tooth, Assistant Secretary PNG and Fiji Branch; Ms Heidi Bootle, Director Solomon Islands Section; Mr Colin Milner, Director PNG and Torres Strait Section, and the following AusAID officers: Ms Ellen Shipley, Acting Assistant Director-General, Papua New Guinea Branch; Ms Jennifer Lean, Manager, Cross-cutting analysis, PNG Branch; Ms Debbie Bowman,

Director Human Development, Pacific Branch and Mr Tim Gill, Manager, Pacific Health, Pacific Branch.

5.62 The delegation acknowledges assistance received from the parliamentary library research staff who prepared the delegation's aims and objectives. These served as a useful guiding framework for the visit.

5.63 Delegates extend their appreciation to the Parliamentary Relations Office of the Department of the House of Representatives, in particular, Ms Lynette Mollard, Senior Visits Officer, for her role in coordinating the delegation's program, travel and administrative arrangements.

5.64 The delegation thanks the then Parliamentary Secretary for Pacific Island Affairs, the Hon. Duncan Kerr MP, for his support of the delegation visit from the outset, including meeting with delegates during the visit and afterwards. Input into the program from Mr Kerr's staff including Chief of Staff, Mr Alopi Latukefu, and advisor, Ms Sarah Bilney, was also appreciated.

5.65 The delegation also thanks the Parliamentary Secretary for International Development Assistance, the Hon. Bob McMullan MP; and the Minister for Indigenous Health, Rural & Regional Health and Regional Services Delivery, the Hon. Warren Snowdon for meeting with delegates on their return to Australia, and being equally supportive of the visits.

5.66 Finally, the delegation valued the opportunity to meet with the NZ Deputy High Commissioner, Mr Vangelis Vitalis, to discuss Australia and New Zealand's mutual interests in the region and coordinating our development assistance.

Mr Steve Georganas MP
Chair

March 2010

A

Appendix A - Port Moresby Declaration

Port Moresby Declaration

1. The Government of Australia is committed to beginning a new era of cooperation with the island nations of the Pacific.
2. Australia respects the independence of the island nations, and the diversity and complexity of development challenges across our shared region.
3. Economic growth across the Pacific island nations, while improving in some, generally lags behind other developing regions. Progress towards the United Nations' Millennium Development Goals has been mixed.
4. The Pacific has significant natural resources - minerals, timber and marine resources. Managing them wisely and sustainably is a challenge for the region.
5. Australia and the Pacific island nations face a common challenge in climate change. Many of our Pacific neighbours, especially low lying atolls, are particularly vulnerable to the effects of climate change, including devastation from more frequent and severe extreme weather events.
6. The Government of Australia is committed to working in close cooperation with the Pacific island nations to meet our common challenges and to raise the standard of living for people throughout the region.
7. The Government of Australia proposes to pursue Pacific Partnerships for Development with our Pacific island neighbours. These Pacific Partnerships for Development will provide a new framework for Australia and the Pacific island nations to commit jointly to achieving shared goals.

8. Under the Pacific Partnerships for Development, the Government of Australia will be prepared to provide increased development assistance over time in a spirit of mutual responsibility embracing commitments by the Pacific island nations to improve governance, to increase investment in economic infrastructure, and to achieve better outcomes in health and education.

9. The Pacific Partnerships for Development will be a mechanism to provide better development outcomes for the Pacific Island nations. These Partnerships will embrace:

    - improving economic infrastructure and enhancing local employment possibilities through infrastructure and broad-based growth;
    - enhancing private sector development, including better access to microfinance;
    - achieving quality, universal basic education;
    - improving health outcomes through better access to basic health services; and
    - enhancing governance, including the role of civil society, and the role of non-government organisations in basic service delivery.

10. Working jointly to help the Pacific island nations meet their Millennium Development Goals will also be a focus of the Partnerships.

11. Australia will increase its practical cooperation with the Pacific island nations to meet the challenge of climate change and sustainable management of resources.

12. Australia will make a direct contribution to education and training opportunities for citizens from the Pacific island nations - including through the enhancement of regional education institutions and a significant program of scholarships to study at Australian education institutions.

13. Australia is also committed to linking the economies of the Pacific island nations to Australia and New Zealand and to the world, including through pursuing a region-wide free trade agreement and enhancing other private sector development opportunities. This will help to secure a sustainable and more prosperous future for the region.

14. As we announced in Canberra on 27 February [2008], the Governments of Australia and New Zealand will work more closely together and with our partners to coordinate our development assistance to the Pacific. Together, Australia and New Zealand provide around $1 billion of development

assistance to the region. By working together we can improve the impact of our development assistance and provide better results for the people of the Pacific islands.

15. Australia will also work to increase its cooperation with other donor countries and organisations, and international financial institutions such as the World Bank, including through more coordinated delivery of development assistance programs across the region and joint programs where feasible.

16. Australia is committed to close and strong relationships with our Pacific neighbours and with regional organisations, particularly the Pacific Islands Forum. We are also committed to fostering stronger linkages between Australian, national and regional institutions.

17. Australia's relationships in the region already have considerable depth - across people-to-people links, economics and trade, and government cooperation. But Australia wants a new era of cooperation to begin. The Government of Australia is committed to working with the Pacific island nations on the basis of partnership, mutual respect and mutual responsibility.

18. Australia proposes that, progressively over the course of the coming years, we negotiate Pacific Partnerships for Development with those of our Pacific neighbours that share this vision.

19. Australia believes that, with long-term commitment and by working towards agreed goals, we will be able to build strong, stable nations in a more prosperous region.

20. Australia believes that the Millennium Development Goals agreed by the international community at the United Nations Millennium Conference in 2000, provide an appropriate framework for developing nations world-wide, including in our region. At the mid-point, progress towards the Millennium Development Goals has been mixed. Australia wants to reach a common resolve with the island nations of the Pacific to strive towards greater success against the Millennium Development Goals by 2015.[1]

1 AusAID website, http://www.ausaid.gov.au/country/PortMorDec.cfm

B

Appendix B– List of hearings and witnesses

Private briefings

Wednesday 19 August 2009, Canberra

Department of Foreign Affairs and Trade

- Mr Geoff Tooth, Assistant Secretary, Papua New Guinea and Fiji Branch, Pacific Division; and
- Ms Sandra Collett, Executive Officer, Papua New Guinea and Torres Strait Section, Papua New Guinea and Fiji Branch, Pacific Division.

AusAID

- Mrs Margaret Joan Callan, Assistant Director- General, Papua New Guinea Branch.

Department of Health and Ageing

- Ms Jennifer Bryant, First Assistant Secretary, Office of Health Protection;
- Ms Fay Gardner, Assistant Secretary, Health Protection Policy Branch, Office of Health Protection; and
- Mr Klaus Gerhard Klaucke, Acting Assistant Secretary, International Strategies Branch.

Wednesday 2 September 2009, Thursday Island

Department of Foreign Affairs and Trade

- Mr Brett Young, Torres Strait Treaty Liaison Officer.

Department of Immigration and Citizenship

- Mr Andrew William Heath, Regional Manager, Torres Strait.

Thursday Island Hospital

- Dr Michael Stuckey, Senior Medical Officer.

Torres Strait Regional Authority

- Mr John Toshie Kris, Chairperson; and
- Mr Wayne See Kee, General Manager.

Individuals

- Dr Shaun Tasman Parish, Senior Medical Officer, Torres Strait, and Northern Peninsula Health District.

Public hearings

Monday 31 August 2009, Cairns

James Cook University

- Dr Alan Craig Hauquitz, Senior Lecturer, Anton Breinl Centre for Public Health and Tropical Medicine;
- Associate Professor Graeme Paul Maguire, Associate Professor, Medicine, School of Medicine and Dentistry;
- Dr Scott Alexander Ritchie, Senior Research Fellow;
- Dr Darren Russell, Adjunct Associate Professor;
- Professor Richard Speare, Director, Anton Breinl Centre for Public Health and Tropical Medicine; and

- Professor Ian Wronski, Pro-Vice Chancellor, Faculty of Medicine, Health and Molecular Sciences.

Queensland Health

- Dr Neil Beaton, District Executive Director of Medical Services, Cairns Base Hospital;
- Dr Patricia Susan Fagan, Public Health Physician, Sexual Health, Tropical Population Health Services;
- Dr Anastasios Konstantinos, Director, Queensland Tuberculosis Control Centre;
- Mr Bradley Gordon McCulloch, Senior Director, Tropical Population Health Services, Queensland Health; and
- Associate Professor Graham Simpson, Director, Thoracic Medicine, Cairns Base Hospital, and Director, Cairns Regional Tuberculosis Control Centre.

Friday 11 September 2009, Canberra: Roundtable Hearing

Aspen Medical Pty Ltd

- Mr Paul Ekin-Smyth, General Manager.

AusAID

- Ms Sue Connell, Director, Human Development, Pacific Branch;
- Ms Ellen Shipley, Acting Assistant Director-General, Papua New Guinea Branch.

Australia Centre for International and Tropical Health (ACITH)

- Professor Maxine Anne Whittaker, Director.

Burnet Institute

- Dr Christopher John Morgan, Principal Fellow; and
- Professor Michael Toole, Head, Centre for International Health.

CARE Australia

- Ms Jennifer Clement, Manager, Country Programs.

Caritas Australia

- Ms Justine McMahon, Group Leader, Pacific Program.

Department of Foreign Affairs and Trade

- Ms Heidi Boolte, Director, Solomon Islands Section, Pacific Islands Branch, Pacific Division; and
- Mr Colin Milner, Acting Assistant Secretary, Papua New Guinea and Fiji Branch, Pacific Division.

Department of Health and Ageing

- Ms Jennifer Bryant, First Assistant Secretary, Office of Health Protection;
- Ms Fay Gardner, Assistant Secretary, Health Protection Policy Branch, Office of Health Protection; and
- Mr Klaus Gerhard Klaucke, Acting Assistant Secretary, International Strategies Branch.

GRM International

- Mr Anthony John Carrigan, Senior Manager; and
- Mr Darryn Michael Purdy, Deputy Managing Director.

High Commission of Papua New Guinea

- His Excellency Mr Charles Watson Lepani, High Commissioner to Australia.

High Commission of the Solomon Islands

- His Excellency Mr Victor Samuel Ngele, High Commissioner to Australia.

Lowy Institute for International Policy

- Mr Bill Bowtell, Director HIV/AIDS Project and Executive Director, Pacific Friends of the Global Fund.

National Centre for Epidemiology and Population Health (NCEPH), Australian National University

- Professor Paul Michael Kelly.

Pacific Association of Non-Governmental Organisations (PIANGO)

- Ms Emele Duituturaga, Acting Director.

Sexual Health and Family Planning Australia (SH & FPA)

- Ms Naomi Knight, Chief Executive Officer.

Vision 2020 Australia

- Ms Jennifer Gersbeck, Chief Executive Officer; and
- Associate Professor Richard Le Mesurier, Regional Chairman, Western Pacific Region, International Agency for the Prevention of Blindness.

World Vision Australia

- Ms Eleanor (Nell) Kennon, Policy Advisor.

Inspections

Wednesday 1 September 2009, Saibai Island

Torres Strait Regional Authority

- Councillor Ron Enosa, Member for Saibai Island.

Torres Strait Regional Council

- Mayor Fred Gela.

Community Forum

- Mr Keri Akiba;
- Mr Bob Ibuai;
- Mr Stevenson Kawiri;
- Mr Edward Sam;

- Mr Terry Waia; and
- Mr Jensen Warusam.

Saibai Health Clinic

- Ms Teresa O'Brien, Nurse Manager

C

Appendix C – List of submissions and exhibits

Submissions

1. Dr Alan Hauquitz, Anton Breinl Centre for Public Health and Tropical Medicine, James Cook University
2. Associate Professor Graeme Maguire, School of Medicine and Dentistry, James Cook University
3. Dr Darren Russell, Director of Cairns Sexual Health Service at Cairns Base Hospital and Adjunct Associate Professor in the School of Medicine and Dentistry, James Cook University
4. Professor Rick Speare and Dr Lee F. Skerratt, Anton Breinl Centre for Public Health and Tropical Medicine
5. Torres Strait Regional Authority
6. High Commission of the Solomon Islands
7. JTA International
8. Sexual Health and Family Planning Australia
9. Sanofi Aventis
10. Vision 2020 Australia
11. World Vision Australia

Exhibits

1. AusAID, Millennium Development Goals Sheet (provided by AusAID at the roundtable hearing in Canberra on 11 September 2009)
2. AusAID Office of Development Effectiveness, Australian Aid to Health Service Delivery in Papua New Guinea, Solomon Islands and Vanuatu, Evaluation report, June 2009 (provided by AusAID at the roundtable hearing in Canberra on 11 September 2009)
3. AusAID, Tracking development and governance in the Pacific, August 2009 (provided by AusAID at the roundtable hearing in Canberra on 11 September 2009)
4. Annex B, Cairns Compact on Strengthening Development Coordination in the Pacific (provided by AusAID at the roundtable hearing in Canberra on 11 September 2009)
5. World Vision and the University of Melbourne, Reducing maternal and child health deaths: experiences from Papua New Guinea and the Solomon Islands (provided by World Vision at the roundtable hearing in Canberra on 11 September 2009)
6. Papua New Guinea Department of Health Report (May 2009), Ministerial Taskforce on Maternal Health in Papua New Guinea (provided in-confidence by World Vision at the roundtable hearing in Canberra on 11 September 2009)
7. Lowy Institute for International Policy, Pacific Friends of the Global Fund to Fight AIDS, Tuberculosis and Malaria (provided by Mr Bill Bowtell, Lowy Institute, at the roundtable hearing in Canberra on 11 September 2009)
8. Pacific Islands Association of Non-Governmental Organisations (PIANGO) Strategic Plan 2006-2010 (provided by Ms Emele Duituturaga at the roundtable hearing in Canberra on 11 September 2009)
9. Health Policy Division, The George Institute for International Health and G-Finder (Global Funding of Innovation for Neglected Diseases) Neglected Disease Research and Development: How much are we really spending? (February 2009) (provided by The George Institute by email)
10. The Earth Institute, Columbia University and UNDP, The Millennium Villages Project Annual Report, January 1- December 21, 2008 (provided by Dr Alan Hauquitz at the roundtable hearing in Cairns on 31 August 2009)

11. Overseas Development Institute (ODI), Sustaining and Scaling the Millennium Villages: Moving from rural investments to national development plans to reach the MDGS, Synthesis report, September 2008, provided by Dr Alan Hauquitz at the roundtable hearing in Cairns on 31 August 2009)

D

Appendix D - Committee delegation program

Papua New Guinea

Tuesday 6 October 2009

Arrive in Port Moresby

Security briefing

Briefing dinner with Australian High Commission staff

Wednesday 7 October 2009

Breakfast meeting with the Australian Parliamentary Secretary for Pacific Affairs, the Hon. Duncan Kerr, MP, for a briefing on his visit to Daru, followed by joint press conference with Mr Kerr and Mr Georganas at Crown Plaza Hotel

Site visit to Poro Sapot (Save the Children's largest HIV/AIDS project)

Site visit to Igat Hope (the primary representative body for people living with HIV/AIDS in PNG)

Site visit to the University of Papua New Guinea School of Medicine and Health Sciences (SMHS)

Site visit to PNG Eye Care Vision Centre and Optical Workshop at Port Moresby General Hospital

Working lunch with civil society and government representatives working on health and HIV/AIDS

Meeting with Mr Sasa Zibe, Minister for Health

Site visit to Susu Mamas (non-profit NGO dedicated to reducing PNG's high infant and maternal mortality rates and providing care to HIV/AIDS positive mothers and babies)

Evening reception hosted by the Australian High Commissioner

Thursday 8 October 2009

Meeting with Dr Clement Malau, Secretary of Health and Mr Enoch Posanai, Executive Manager, Public Health at the National Department of Health

Lunch with health administrators

Depart Port Moresby for Daru, Western Province

Dinner with Western Province Government and health managers

Entertainment (Sing Sing) provided by Western Province Government

Friday 9 October 2009

Visit to treaty villages of Mabadawan, Sigabadaru and Buzi in Western Province

Dinner hosted by Governor Bob Danaya

Saturday 10 October 2009

Meeting with the Western Province Provincial Health Office

Site visit to Daru Hospital

Intersectoral meeting on treaty village development, with representatives from the provincial government and departments

Depart Daru for Port Moresby

Attend the Australian High Commission Ball

Sunday 11 October 2009

Depart Port Moresby for Honiara

Solomon Islands

Sunday 11 October 2009

Arrive in Honiara

Informal briefing with the Australian High Commissioner

Monday 12 October 2009

Meeting with the Deputy Prime Minister, the Hon. Mr Fred Fono MP

Meeting with the Minister for Health and Medical Services, the Hon. Clay Forau MP

Meeting with the Speaker of the National Parliament, Rt Hon. Sir Peter Kenilorea, KBE, PC

Tour of the National Parliament from the Sergeant-at-Arms

Lunch with Ministry of Health and Medical Services Australian Leadership Fellows

Site visit to the National Referral Hospital

Meeting with the Special Select Committee Inquiry into the Quality of Services at the National Referral Hospital, chaired by the Hon. Peter Boyers MP

Dinner hosted by the Australian High Commissioner

Tuesday 13 October 2009

Meeting with Mr Albino Bobogare (Director) and staff, Vector Borne Disease Unit, Ministry of Health and Medical Services, to discuss national malaria program

Meeting with RAMSI Special Coordinator, Mr Graeme Wilson and Acting RAMSI Development Coordinator, Mr James Hall

Depart Honiara for Gizo, Western Province

Arrive in Gizo

Meeting with Western Province Premier, the Hon. George Solingi Lilo; Health Minister, Mr Sutcliff George; Acting Health Director, Dr Michael Buin; and Minister for Education, the Hon. Victoria Sino

Tour of Gizo Hospital

Dinner hosted by Western Province Government

Wednesday 14 October 2009

Depart Gizo for Vonunu, Vella Lavella Island

Site visits to Vonunu Area Health Centre and Vonunu High School

Depart Vonunu for Gizo

Depart Gizo for Honiara

Thursday 15 October 2009

Roundtable with Ministry of Health officials

Roundtable with development partners and NGOs

Reception with health stakeholders

Friday 16 October 2009

Depart Honiara for Australia.

E

Appendix E – Delegation media clippings and article

PNG Post Courier

Thursday 8 October 2009, "Aussies to see health issues" (enclosed)

Friday 9 October 2009, "Australians urge ties to continue" (enclosed)

Tuesday 20 October 2009, "Australians to address health issues" (enclosed)

Sunday Chronicle

Sunday 11 October 2009, "Aussie MPs here to discuss health issues" (enclosed)

The National

Thursday 8 October 2009, "Australian MPs to discuss health issues" (enclosed)

About the House

December 2009, "Health beyond borders" (enclosed)

Aussies to see health issues

MEMBERS of the Australian Parliamentary Committee on Health and Ageing are in PNG to discuss health issues affecting the country.

The committee will be speaking to ministers, members of Parliament, experts and administrators working to improve health in PNG.

They will visit health facilities in Port Moresby and Daru in Western Province.

They had lunch and discussions with chairman of the Special Parliamentary Committee on HIV/AIDS Jamie Maxtone-Graham, Community Development Minister Dame Carol Kidu, National AIDS Council Secretariat acting director Wep Kanawi, Health Secretary Dr Clement Malau and other people yesterday.

Today, the Australia committee are going to Daru and other places along the border to see how they can help address some of the health issues affecting the people living there.

Some of the issues the committee is focusing on include cross-border health and communicable health concerns such as malaria and HIV/AIDS, the rise of non-communicable diseases like diabetes in the region and the health impacts of climate change.

Committee chairman Steve Georganas MP said: "The committee is particularly interested in learning how it can work more closely with our neighbours in PNG on health matters."

During the visit to PNG the committee will visit health facilities such as the Well Baby Clinic, Poro Sapot and Igat Hope initiatives, the University of PNG Medical School and Daru Hospital. When in Daru, the committee will also visit the Torres Strait Treaty villages of Mabadauan, Sigabadaru and Buji that are close to the Australian border.

The PNG delegation includes four of the 10 committee members, Mr Georganas MP, Ms Jill Hall MP, Ms Amanda Rishworth MP and Mr James Bidgood MP.

Mr Maxtone-Graham speaks to the Australian Parliamentary Committee members on Health and Ageing at a lunch discussion yesterday.

Picture: TARAMI LEGEI

PNG Post-Courier

Edition 1FRI 09 OCT 2009, Page 014

Australians urge ties to continue

By Jonathan Tannos

VISITING Australian Parliamentary Secretary for Pacific Affairs Duncan Kerr said PNG's relationship with his country will consolidate even further following the hectic seven-day official visit.

To emphasise the point, during an early media conference yesterday, Mr Kerr introduced Federal Member Steven Georganas, who also arrived with a Parliamentary delegation on another official visit to PNG.

He said this further enhanced the partnership advising, that Mr Georganas was head of the independent parliamentary Health and Aging Committee.

Mr Kerr, who is no stranger to PNG, having been the dean of the Law faculty at the University of PNG (1983-85) held talks with senior Cabinet Ministers including Prime Minister Sir Michael Somare, and his deputy Sir Puka Temu.

Mr Kerr is also the co-author of "The Annotated Constitution of PNG" with Dr Brian Brunton and was once counsel for the Ombudsman Commission as well as being involved with high profile cases in both the National and Supreme Courts.

Mr Kerr expressed delight at having achieved a fruitful visit, mainly discussing current bilateral treaty arrangements and development assistance between the two countries.

He said the major review of the Australia/PNG Treaty on Development Co-operation was yet to take place and indications from PNG were that no final position had been finalised yet.

Mr Kerr said under Australia's sectoral approach in development assistance, two main areas include HIV/AIDS and law and justice will be promptly taken on board for budgetary considerations.

On his visit to Western Province, Mr Kerr said the revenue earnings of Ok Tedi mine was declining position because of its declining 3-4 years lifespan and its proposed seven-year extension and its border crossing status.

He said this posed both development and service delivery challenges which the Government was examining. They also visited Milne Bay.

Section: HOME NEWS

PNG Post-Courier
Edition 1TUE 20 OCT 2009, Page 019

Australians to address health issues

AN Australian parliamentary delegation recently visited villages in Western Province covered by the Australia/PNG border treaty.
Members of the Australian Parliamentary Committee on health and Ageing led by team leader Steve Georganas visited villages in the Torres Strait including Mabudawan, Sigabaduru and Buzi.
The committee heard views of the villagers and saw for themselves what the real situation was like on health services along the border.
They looked at health centres, aid posts, water supplies and the general health of the people.
Villagers have been crossing the border to seek medical services on the Australian side, Western Governor Dr Bob Danaya said.
Dr Danaya and South Fly MP Sali Subam accompanied the visitors on the visit.
Mr Georganas said they were grateful to visit the villages and hear the people speak about their hardships. He said the issues and the needs identified would be raised at the highest government to government level between PNG and Australia.
A workable plan would be drawn up to with adequate funding to improve health services along the South Fly coast and minimise border crossing in future.
Dr Danaya said the delegation agreed to ensure health care in the treaty villages were given priority. Mr Subam commended Australian Prime Minister Kevin Rudd for showing interest in the welfare of the people of PNG.

Section: SOUTHERN POST

Aussie MPs here to discuss health issues

MEMBERS of the Australian Parliamentary Committee on Health and Ageing arrived in Papua New Guinea on Tuesday to discuss health issues affecting the region.

The Committee met Ministers, Members of Parliament, experts and administrators working to improve health in PNG. They will visit health facilities in Port Moresby and Daru in Western Province.

Some of the issues the Committee will be focusing on include cross-border health and communicable health concerns such as malaria and HIV/AIDS, the rise of non-communicable diseases like diabetes in the region and the health impacts of climate change.

Committee Chair, Mr Steve Georganas MP said "The Committee is particularly interested in learning how it can work more closely with our neighbours in PNG on health matters."

During the visit to PNG the committee will visit health facilities such as the Well Baby Clinic, Poro Sapot and Igat Hope initiatives, the University of PNG Medical School and Daru Hospital. When in Daru, the committee will also visit the Torres Strait Treaty Villages of Mabaduan, Sigabadaru and Buji that are close to the Australian border.

Australian MPs to discuss health issues

MEMBERS of the Australian Parliamentary Committee on Health and Ageing met with their Papua New Guinea counterparts yesterday to discuss health issues affecting the region.

The PNG delegation met with chairman of the PNG Parliamentary Committee on HIV/AIDS, Jamie Maxtone-Graham, Department of Community Development Dame Carol Kidu and Health secretary Dr Clement Malau including representatives from United Nations AIDS programme and the Education Department.

The committee arrived on Monday and will be here until Sunday.

They will be speaking to ministers, Members of Parliament, experts and administrators working to improve health in PNG.

They will visit health facilities in Port Moresby and Daru, Western province.

Some of the issues the committee would be focusing on include cross-border health and communicable health concerns such as malaria and HIV/AIDS, the rise of non-communicable diseases like diabetes in the region and the health impacts of climate change.

Committee chair, Steve Georganas said "The committee is particularly interested ito learn how it can work more closely with our neighbours in PNG on health matters."

During the visit, the committee will visit health facilities such as the Well Baby Clinic, Poro Sapot and Igat Hope, the University of PNG Medical School and Daru Hospital.

When in Daru, the committee will also visit the Torres Strait Treaty villages of Mabadauan, Sigabadaru and Buji that are close to the Australian border.

The Australian delegate includes four of the 10 committee members: Steve Georganas MP, Jill Hall MP, Amanda Rishworth MP and James Bidgood MP.

Health beyond borders

EXTRA

Cross-border health issues were the focus of a recent parliamentary visit to our closest neighbour.

Just four kilometres separate Australia from our nearest neighbour, Papua New Guinea. Under an agreement between our two countries, locals on both sides of the border may travel freely between the islands of the Torres Strait for reasons of kinship, fishing and trading. Under certain circumstances, PNG islanders may also visit health facilities on the Australian side for treatment.

Keen to find out more about the health arrangements and conditions in this remote region of our neighbourhood, members of the House of Representatives Health and Ageing Committee recently visited Papua New Guinea.

It was, as far as anyone could remember, the first time an official parliamentary delegation from Australia had ventured out to PNG's most western province. To mark the occasion, the villagers of Mabadwan, Sigabadaru and Buzi arranged a traditional welcome for the four Australian MPs: Steve Georganas (Hindmarsh, SA), Jill Hall (Shortland, NSW), Amanda Rishworth (Kingston, SA) and James Bidgood (Dawson, Qld), who were accompanied by the Governor of the Western Province, Bob Danaya, and the local Member for South Fly, Sali Subam.

Before travelling to Papua New Guinea, the Health Committee visited Saibai Island in the Torres Strait, so they could compare health facilities on both sides of the border. The committee also conducted a roundtable discussion in Canberra on Pacific health issues to help them find out about the key health challenges facing Pacific nations.

In Papua New Guinea, committee members explored health issues that jointly affect Australia and PNG, such as malaria, dengue fever, drug resistant tuberculosis and HIV/AIDS. They also considered the scope for further cooperation on these and other prevalent health issues like diabetes, which is on the rise in Australia and the Pacific, and the health impacts of climate change.

With an estimated 40 per cent of the PNG population living in poverty, life expectancy is low and infant mortality is high. Committee chair Steve Georganas said there's very limited health care for most people.

"The health facilities are very basic in the PNG treaty villages," Mr Georganas said. "There's no electricity and no refrigeration for storing drugs, no roads in and no roads out, no public transport and no airfield. The only way to get there is by banana boat or helicopter. I don't think you can actually understand the isolation of these villages until you've been there."

While in Daru, the delegation participated in roundtable discussions with doctors, nurses, community workers and government officials, including the Deputy Provincial Administrator and customs, immigration and quarantine officers.

From PNG, the committee members also travelled to the Solomon Islands where Australia provides funding for around 30 per cent of the health budget. Committee members visited the remote village of Vonunu on Vella Vavella Island in Western Province, where AusAID has built a new health clinic.

Australian assistance to the Solomon Islands for 2009-10 will amount to an estimated $246 million, including development assistance from AusAID as well as other Australian support provided through RAMSI (the Regional Assistance Mission to Solomon Islands).

NEIGHBOURHOOD HEALTH WATCH: *Health Committee Chair Steve Georganas in Papua New Guinea. Photo: Sara Edson*

"Australia is playing a magnificent role in the Solomons, and it's really important that we're there," Mr Georganas said. "They are one of our closest neighbours and it's important that we assist and help with their priorities in health."

Health committee members discussed this partnership with the new Health Minister, Clay Forau and the Deputy Prime Minister, Fred Fono, who said their health priorities were three-fold: improving infrastructure, manpower and the effective delivery of drugs and medical supplies.

According to Steve Georganas, they're making progress strengthening their health systems, but there's a long way to go.

"For example, a doctor at the national hospital was telling us they don't do mammograms because there's no treatment, so what's the point of doing the testing," he said.

The committee expects to table its report on the visit in early 2010. ■

WELCOME: *Traditional greeting for the Health Committee. Photo: Sara Edson*