

## 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.<sup>1</sup>

## **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."<sup>2</sup>

- 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.<sup>3</sup>

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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](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.<sup>4</sup>
- 1.14 HIV/AIDS is another priority area for which an additional schedule will be developed.<sup>5</sup>
- 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:

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

5 AusAID website, <http://www.usaid.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.<sup>6</sup>

## 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.<sup>7</sup> 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).<sup>8</sup> 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

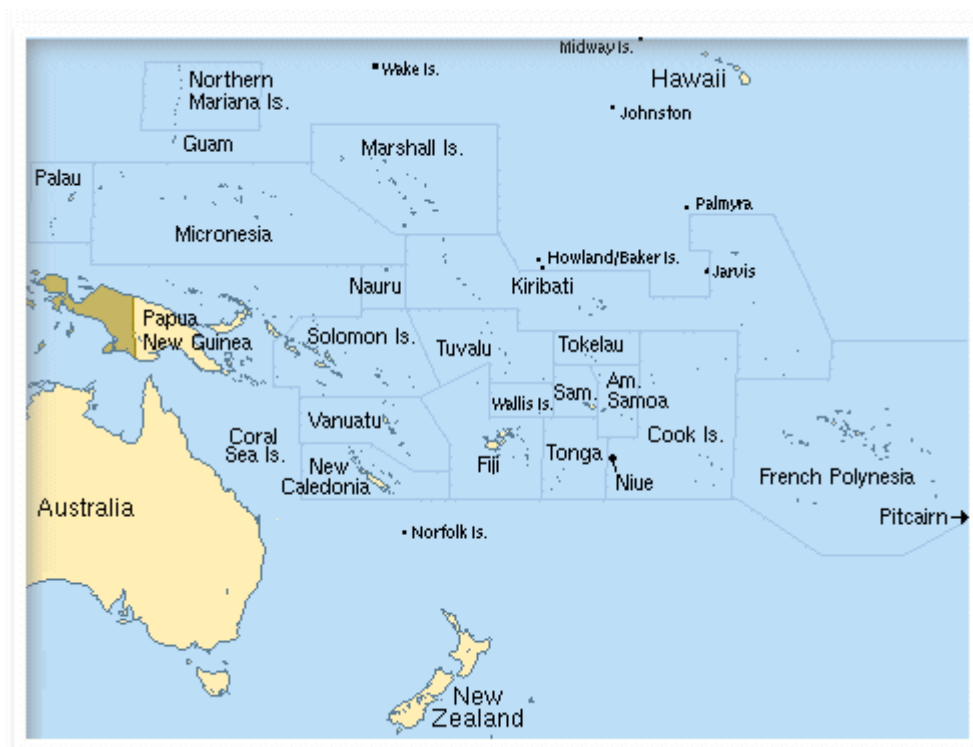
1.19 Against the backdrop of the Australian government's stated intention to reengage with the Pacific, the Committee decided to make a case for a delegation to Papua New Guinea and the Solomon Islands to learn more about the topical health concerns we share in the region. These include cross-border 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 countries 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.<sup>9</sup>

## 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.<sup>10</sup>
- 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, influenza pandemic preparedness, avoidable blindness, sexual and reproductive health and human resources for health.<sup>11</sup>

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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).<sup>12</sup>

### 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.<sup>13</sup>
- 1.32 The AusAID website has further details of Australia's various aid programs and activities in PNG and SI.<sup>14</sup>

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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](http://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<sup>15</sup> 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.<sup>16</sup>
- 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 surprising 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.<sup>17</sup>
- 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.aid.gov.au/about/index.html>

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

17 AusAID Working Paper 1: PNG Country Report (June 2009) , p. 32-33  
[http://www.ode.aid.gov.au/publications/pdf/working\\_paper\\_1\\_png.pdf](http://www.ode.aid.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.<sup>18</sup>

- 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.<sup>19</sup>

### **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.

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18 AusAID Working Paper 1: SI Country Report (June 2009) , pp. 36-40,  
[http://www.ode.aid.gov.au/publications/pdf/working\\_paper\\_2\\_sols.pdf](http://www.ode.aid.gov.au/publications/pdf/working_paper_2_sols.pdf)

19 For more information on the review see the AusAID website,  
<http://www.aid.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.<sup>20</sup>

## 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

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20 HAA Committee website, Committee activities,  
<http://www.apf.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.<sup>21</sup> 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.<sup>22</sup> 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](http://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](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.<sup>23</sup> 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.<sup>24</sup>

- 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.

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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](http://www.aph.gov.au/Senate/committee/fadt_ctte/swpacific/index.htm)

