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**Submission to the House of Representatives Standing
Committee on Health and Ageing on Western Province
Torres Strait: Cross Border Health Issues**

PURPOSE

To propose a long term systemic approach to addressing health issues in Western province to reduce risks and impacts of cross border health issues on the health and well-being of Torres Strait Islander and Aboriginal people of the Torres Strait region.

KEY POINTS

The major health risks in the border area include:

- Tuberculosis, including multi-drug resistant TB;
- Sexually transmitted infections and HIV and AIDS;
- Vector borne disease including malaria, Japanese Encephalitis and Dengue;
- Immunisable diseases; and,
- Avian Influenza.

There is no short term "quick fix" for the health services in Western Province. A long term perspective must be taken. The level of resources to control the health issues of concern cannot be underestimated and will require a "whole of system" approach. Specifically the major challenges are:

- There is no stable well functioning health centre in the Treaty Area and difficulties remain in retaining health staff in these areas;
- TB is a growing problem and no major program of activity is schedule till 2010. Multi-drug resistant TB is an emerging problem in this area;
- Malaria Bed Net Distribution Programs have stalled;
- There are high reported rates of STIs and HIV and limited control programs;
- The PNG government drugs and supply program does not ensure deliveries of essential drugs to the province;
- There is no routine disease surveillance nor capacity to respond effectively to epidemics;
- Improving access to transport and communications is essential to rebuilding and re-energizing outreach programs;

- Rebuilding cold chain capability in referral centres is essential to improving immunization rates;
- There are a number of agencies with an active in Western Province Health, government, church, donors, private sector and Foundations who, if brought together can have a greater impact than any one group alone;
- The Ok Tedi mine which provides extensive health and community support to the province is approximately five years from mine closure, so there is a time imperative to capitalize upon its presence to strengthen health services elsewhere in the province;
- A whole of province approach is required drawing together the resources and technical capacity of all available partners.
- To address these issues will require short and longer term measures to develop a systematic and concerted response to treatment, control, prevention and surveillance. This will mean building a health capability in Western Province that does not currently exist.

BACKGROUND AND CONTEXT

The Western Province is comprised of three districts: North, Middle and South Fly. It is PNG's largest and yet least populated province with a land mass of 99,300 sq. kilometres and a crude population density of 1.5 persons per sq. kilometre.

South Fly

Health services in the South Fly are extremely poor and barely functional, lacking the essentials of skilled staff, drugs and medical supplies, transportation and equipment. Any proposed package of interventions must be based upon a long term objective of rebuilding a functional health system. The district has twelve identified facilities including one hospital and four major health centres at Morehead, Mabudawan, Teapopo and Wipim. Daru Provincial Hospital is the referral Hospital for the District.

Under the National Hospitals Act, 1994, Daru Hospital reports to a Hospital Board appointed by the Minister. The National Department of Health has no legislative mandate to oversee the hospital, but de facto carries out this role. Daru Hospital requires extensive refurbishment and organisational improvement.

Middle Fly

Middle Fly has a District Hospital at Balimo run by the ECPNG Mission, which also runs health sub-centres at Bosset and Obo/Kavinanga on the western bank of the Fly, Wawoi in the north east of the district, Mapado to the north east of Balimo, Awaba to the west and Wasua near the mouth of the Fly. The government provides services at Health Centres at Lake Murray between the Fly and Strickland Rivers in the north east, Emeti to the north east of Balimo

and Teapopo in the mouth of the Fly. In addition there are an unconfirmed number of aid posts in the Middle Fly District.

North Fly

Tabubil Hospital, run by Ok Tedi Mining Limited operates as the referral hospital by de facto for the North Fly. It has recently undergone major redevelopment and was the first non-government hospital to be accredited to PNG Hospital Standards. The Hospital and associated public health and outreach services are managed by JTA International. JTA provides a Hospital Administrator, Public Health Adviser and an expatriate medical officer, who work with a full complement of national staff at the hospital. OTML health services provide a range of outreach to the mine affected communities. Doctors working at Tabubil Hospital undertake outreach to the Kiunga Hospital, which currently has no doctor.

An active range of public health strategies have been put in place by the Public Health Adviser working with the public health team, these include: Avian Influenza response plans, health promotion using daily prevention messages in Tok pisin on Radio Fly Tok Save, a comprehensive HIV and AIDS strategy, revitalised malaria control program, strategic plan for TB management program developed and submitted to the NDoH for support under the Global Funded (GFATM) TB program, and strengthening of Village Health Volunteer (VHV) program.

The ECPNG services operate a District Hospital at Rumginae and a community health worker training school, while the government operates Health Centres at Olsobip, Kiunga and Ningerum. Four health sub centres are run by the Catholic mission and are located at Golgobip near the Sandaun border, Trakbits, Kungim, Matkomai near the Irian-Jaya border, and two run by the ECPNG at Haewanae to the north of Rumginae and lowara on the border with Middle Fly. In addition, there are an unconfirmed number of aid posts in the North Fly District.

Operational Financing

There is an acute shortage of operational funding for health services in PNG generally and Western province specifically. Government salaries and operating expenses are allocated and funded separately. Non-salary operating funds for health are required for operating transport, purchasing fuel for patrols, patrol allowances, maintenance and other operating expenditures. Under the Organic Law these are meant to be supported under provincial, district and local level government budgets. This support has been less than adequate to support these recurrent costs in most provinces, including Western province.

Some of the shortfalls in these non-salary operating costs can be met from the Health Sector Improvement Program (HSIP) Trust Account, which is largely donor funded. To access the account Provincial Governments are required to allocate 6% of provincial revenue available for recurrent expenditures (non-salary and non-quarantined eg. infrastructure) to health operating costs. This allocation is reviewed through the NEFC and NDoH and

labelled a Health Grant. In 2007, the FRPG failed to meet this requirement and Western Province did not have access to HSIP Funds.

Western Province has been allocated almost K 4,000,000 through the three rounds of Supplementary Budget allocations. Most of these funds are directed at Daru Hospital, but there is also K 1,800,000 for Kiunga Hospital, K 400,000 for maintenance of Kiunga, Ningerum and Balimo Health Centres, K 200,000 to renovate Mabudawan Health Centre and K 200,000 to renovate Wipim Health Centre. It is very difficult to get contractors to work in Western Province and assistance will be needed if the supplementary budget funds are to be spent in a timely manner.

CURRENT PROGRAMS OF SUPPORT TO HEALTH IN WESTERN PROVINCE

AusAID – Capacity Building Service Centre (CBSC)

Currently CBSC provides a range of advisory support to the South Fly District as part of the Southern Regional Capacity Building Support Team. In addition support from other technical advisers within other regions and national departments is provided as required. Specifically support from CBSC includes hospital, management and technical support with a dedicated TB Program Officer to Daru and the South Fly. CBSC also works closely with the WHO in supporting micro planning for the supplementary immunisation activities. Support to maintain functional radio networks, including recent NAQIA funded radios to border areas, remains an NDoH and CBSC priority.

South Fly TB Project – GFATM funded NDoH program

The roll out of the Global Funded TB Program is not planned for Western Province until at least 2010. Urgent rethinking of this strategy is required.

Australian Doctors International

Australian Doctors International (ADI) deploys volunteer doctors for periods of up to six months in Western Province to: provide primary healthcare services on patrols to remote jungle communities (to date mainly North and north of Middle Fly); teach local community health workers at health centres and aid posts; consult at regional hospitals; and help improve local medical supply systems. ADI also delivers mass community health programs to target the endemic diseases, malaria and lymphatic filariasis.

Balimo Hospital Redevelopment (OTML/JTA)

The Joint District and Provincial Planning and Budget Priorities Committee have approved the rehabilitation of the health centre. OTML has agreed to support the redevelopment of Balimo district hospital and has engaged the services of an Australian Health Services Company JTA to provide advisory services during the proposed redevelopment of the Balimo District Health centre.

Tabubil Hospital and Public Health Outreach in Mine Impact Areas (OTML/JTA)

OTML, through a contract with JTA an Australian Health Services Company operates the Tabubil Hospital and a range of public health outreach programs in the mine affected area.

North Fly - Tabubil Health Agreement 2007 - 2009 (OTML,FRPG, JTA)

Ok Tedi Mining limited (OTML) has approved a five year A\$10 million health program commencing January, 2009 to strengthen health services in the North Fly District of Western Province. The Program is now known as North Fly Health Services Development Program (NFHSDP). OTML has engaged JTA International as the Technical Support Implementation Partner.

The Program is being delivered through a Partnering approach between OTML, Ok Tedi Development Foundation (OTDF), Evangelical Church of Papua New Guinea (ECPNG), Catholic Health Services (CHS), Fly River Provincial Government (FRPG), North Fly District Government (NFDG) and Local Level Government (LLG) and JTA. It is OTML's desire that other partners will join the Program, including PNG Sustainable Development Program Limited (PNGSDPL), Non Government Organisations (NGOs) and international donors.

The Program aims to strengthen existing services providers including the Government and Faith Based Services to improve the delivery of health services. Activities completed undertaken during the first 9 months have included:

- Supported the distribution of over 20,000 bed nets with appropriate community education
- Distribution of essential medical supplies to remote health facilities
- Repair / replacement or the provision of health radios to over 30 facilities
- Provision of essential minor medical equipment
- Provision of capital equipment such as CD4 Counter – HIV and AIDS Program
- Provision of motor vehicles and boats for partners to support access to communities
- Commenced repairs to infrastructure – Aid Posts, Health Centre, Staff Housing
- Commenced the strengthening of education programs
- Baseline survey of existing health services and community requirements
- Established coordination mechanisms within stakeholders

Ok Tedi Fly River Development Foundation (OTFRDF)

A new Foundation has been established to represent the interests of regions covered under OTML's Community Mine Continuation Agreements and to manage compensation monies and deliver development activities and benefits

to these communities. The new Foundation will endure beyond mine closure. It will have the capability to fund community health programs.

Sustainable Development Program Company (SDP)

The SDP manages the government proportion of royalties from the Ok Tedi Mine. It has a mandate to spend a proportion of its funding in Western Province. SDP has allocated funds of K 10 million to support church health services and the Board have approved a further US\$ 10 million for further health support.

RECOMMENDATIONS:

1. Australia consider the opportunity to use its strategic interest in South Fly, to combine with existing efforts in Middle and North Fly to take a province wide view of health services improvement.
2. Australian support should be provided in partnership with other agencies (government, church, NGO, private sector and foundations) working in Western Province.
3. Australian support be complementary to existing efforts in Western Province and where possible extend the work of existing organisations operating in Western Province, rather than setting up separate programs.
4. Australia and other partners should work with the Fly River Provincial Government to develop a sensible, affordable, feasible plan to get the basic services to the population.
5. Australian support should focus on the basics
 - Get the interventions out there
 - Make sure health workers have skills and are where services are needed
 - Be uncompromising in ensuring by whatever means that the essential logistical elements are there so the health worker can provide the intervention – at the lowest level basic delivery facilities, treatment manuals, drugs and medical supplies, radio communications, transportation for referral and an equipped referral centre able to do manage high risk cases (caesareans, manual removal of placenta etc)
 - Communicate key messages to communities to attend care and practise health promoting behaviours
 - Increase the coverage to the population
6. Key elements of the program should include:
 - Comprehensive tuberculosis treatment and control program.

- Comprehensive sexually transmitted infections and HIV and AIDS prevention and control program.
 - Comprehensive malaria control and treatment program.
 - Distribution of medical supplies and vaccines.
 - Immunisation and public health patrols.
 - Surveillance
7. Australia should ensure representation at a round table meeting of key health sector partners is being planned for either 12 or 19 October in Cairns, funded by OTML and SDP to discuss how partners can support a “whole of Western Province approach.” AusAID and Queensland Health will be invited.

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