

# Chapter 3

## Health service provision in the Torres Strait

3.1 In the previous chapter, the committee outlined the Treaty provisions and referred briefly to concerns arising from them. In this chapter, the committee examines health issues in the Torres Strait region. While health and the provision of medical care are not matters directly covered by the Treaty, the free movement provisions have contributed to a situation where public health and access to health services have become significant issues in the region.

3.2 The committee starts its examination by looking at the nature and extent of local concerns associated with PNG traditional inhabitants visiting the Torres Strait to receive medical attention. It then seeks to establish why some PNG visitors choose to access health services in Australian health clinics rather than those available in their own country.

### Access to health services under the Treaty

3.3 The Treaty allows traditional inhabitants from the PNG Treaty villages the freedom to enter the Torres Strait Protected Zone and stay temporarily to perform traditional activities. They are not subject to the same immigration, customs, health and quarantine requirements and checks as PNG citizens who are not traditional inhabitants. The Treaty defines traditional activities and lists the activities that come under this definition. Access to health services, however, is not classified as a traditional activity. The *Guidelines for Traditional Visitors* indicate clearly that a visit to a medical clinic is a non-traditional activity.<sup>1</sup> Thus, any traditional inhabitant from PNG seeking to gain entry to Australia for medical reasons is not entitled to benefit from the free movement provisions and must satisfy Australia's immigration laws.

### *PNG traditional inhabitants visiting island health clinics*

3.4 Although using health services is not included under the freedom of movement provisions, every day, PNG nationals travel cross the border to receive treatment at one of the island health clinics, particularly those located on Saibai and Boigu. The Torres Strait Island Regional Council (TSIRC) informed the committee that there are 13 Western Province communities plus an additional 16 communities outside the Treaty zone that access health facilities in the Torres Strait.<sup>2</sup> Mr John Toshi Kris, Chairperson, TSRA, told the committee that island communities are being 'inundated' with people coming across with medical issues.<sup>3</sup>

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1 See previous paragraph 2.28.

2 Torres Strait Island Regional Council (TSIRC), *Submission 9*, p. 2.

3 *Committee Hansard*, 24 March 2010, p. 5.

3.5 Data on the number of PNG nationals seeking medical assistance in the Torres Strait is incomplete due to problems recording the exact nature of visits. The TSRA suggested that 'DIAC and Queensland Health estimates of unregulated health service use are perhaps conservative'. It noted:

Few people are likely to declare that medical treatment is a reason for their visit if it is illegal; also, clinic staff may not report visits on minor medical matters and instead deal with them as part of their routine day-to-day business.<sup>4</sup>

3.6 Indeed, the Department of Immigration and Citizenship (DIAC) noted that according to health care consultants, medical treatment may be a primary rather than a secondary factor in some 'traditional' visits.<sup>5</sup>

3.7 Despite questions about the accuracy of the data, without doubt, the number of PNG nationals receiving medical treatment in the Torres Strait is significant. On average, PNG nationals make around 2,500 visits to Torres Strait island health clinics every year.<sup>6</sup> For example, in 2007–08, there were 2,350 presentations on Saibai and Boigu.<sup>7</sup> Considering that Saibai and Boigu each have a population of around 300 people, PNG visitors make up a large proportion of the people residing on an island.<sup>8</sup> In addition, according to TSRA, some PNG traditional inhabitants stay on the Torres Strait islands or in Cairns or Townsville hospitals 'for up to nine months'. This is mainly a result of tuberculosis treatment requiring 'at least six months of intravenous treatment'.<sup>9</sup>

3.8 Ms Bronwyn Nardi, Queensland Health, noted that although there were some issues around data collection, the district chief executive officer had compared figures for the first three months of 2009 with the first three months of 2010 and found a 300 per cent change from the quanta. However, a change of this magnitude is probably an anomaly caused by fewer PNG nationals seeking health care at Torres Strait health

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4 Torres Strait Regional Authority (TSRA), *Submission 18*, p. 12.

5 Department of Immigration and Citizenship (DIAC), *Submission 16*, p. 16.

6 Queensland Government, *Submission 20*, p. 15. TSRA and Immigration figures support this estimate. See for example TSRA, *Submission 5*; House of Representatives Standing Committee on Health and Ageing, Roundtable forum on regional health issues jointly affecting Australia and the South Pacific, p. 5; and DIAC, *Submission 16*, p. 16.

7 Queensland Government, *Submission 20*, p. 15. TSRA and Immigration figures support this estimate. See for example TSRA, *Submission 5*; House of Representatives Standing Committee on Health and Ageing, Roundtable forum on regional health issues jointly affecting Australia and the South Pacific, p. 5; and DIAC, *Submission 16*, p. 16.

8 Australian Bureau of Statistics, *Population Distribution, Aboriginal and Torres Strait Islanders Australians*, Catalogue number 4705.0, table 21, 2006, p. 40. It indicates that Boigu had a total of 282 and Saibai a total of 338 inhabitants.

9 TSRA, *Submission 18*, p. 12.

clinics in 2009 as a result of the swine flu epidemic and the temporary closure of the border.<sup>10</sup>

3.9 As a matter of interest, Ms Nardi recorded that on Wednesday, 24 March 2010, 60 per cent of the inpatients in Thursday Island hospital were PNG nationals, which, in her view, was 'not unusual'.<sup>11</sup> Also, demographic and medical information collected by Queensland Health on patients presenting at their specialist mobile units in the Torres Strait indicate that PNG nationals account for over 99 per cent of presentations at these clinics.<sup>12</sup> It should be noted, as explained by Ms Nardi, that Queensland Health has no control over the volumes that are coming through the border to its healthcare facilities, and that demand for healthcare services from PNG nationals appears to be rising.<sup>13</sup>

### **Concerns about PNG nationals accessing health services in the Torres Strait**

3.10 During the inquiry, including the committee's visit to the Torres Strait, the committee learnt of numerous worries regarding PNG nationals visiting island health clinics. The committee turns to examine each of these in detail.

#### ***Strain on local resources***

3.11 Local inhabitants were concerned that PNG nationals receiving treatment in the Torres Strait place 'a lot of strain on infrastructure and communities' and restrict local residents' access to health professionals.<sup>14</sup> For example, the TSIRC noted that limited doctor availability 'sometimes mean that legal residents do not have access to health professionals because their time is spent on PNG Nationals'.<sup>15</sup>

3.12 Community leaders on Saibai and Boigu informed the committee that their people, particularly the elderly, feel as though they are missing out on access to health services.<sup>16</sup> Some pointed to the high number of Thursday Island hospital beds occupied by PNG nationals with tuberculosis, which, in their view, affects access to

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10 *Committee Hansard*, 25 March 2010, p. 20.

11 *Committee Hansard*, 25 March 2010, p. 20.

12 Queensland Government, answer to question on notice, p. 3.

13 *Committee Hansard*, 25 March 2010, pp. 19–20.

14 For example, the TSRA referred to local concerns that health resources are being used by visitors from PNG and impacting on the ability of Torres Strait Islanders to access health services. TSRA, *Submission 58* to Senate Select Committee on Regional and Remote Indigenous Communities, p. 13. See also, Torres Shire Council, *Submission 19*, p. 6; TSIRC, *Submission 9*, p. 3; and John Toshi Kris, *Committee Hansard*, 24 March 2010, p. 5.

15 *Committee Hansard*, 18 June 2010, p. 4. The TSRA also referred to clinic staff dealing with PNG visitors as part of their routine business which may affect the quality of health service delivery to local people. *Submission 18*, p. 12.

16 Meeting with community leaders on Saibai, 23 March 2010.

services by locals.<sup>17</sup> Queensland Health statistics support this view, indicating, as stated earlier, that it is not unusual to have 60 per cent of the inpatients in Thursday Island hospital from PNG.<sup>18</sup>

3.13 Ms Nardi noted the rising demand for healthcare services from PNG nationals and the concerns relating to the shift 'of funding for the provision of health care from Torres Strait Australians to Papua New Guinean nationals'.<sup>19</sup> She indicated that 'it is feasible that around 10 per cent' of the Queensland Government's Torres Strait Islands health budget of \$58.5 million is diverted to PNG nationals (approximately \$6–6.8 million).<sup>20</sup> She noted:

While we are providing acute care for Papua New Guineans, that means there are other services that are not being provided—things like increases in primary health care and public health.<sup>21</sup>

3.14 Acknowledging these concerns, Queensland Health pointed out that while PNG nationals may access some services, there are many that they can not.<sup>22</sup> The committee also learnt that the waiting time to see a specialist on Torres Strait Islands is shorter than on the mainland and that there is no obligation on the health workers to accept referrals from PNG.

3.15 Even so, the strongly-held perception in the region remains that significant numbers of PNG nationals are receiving medical treatment, which inevitably affects the quality of service available to local people.

3.16 Furthermore, the TSRA was of the view that these visits by PNG nationals to Torres Strait health facilities also place 'a silent burden' on infrastructure, education and welfare services.<sup>23</sup> For example, the increased demand for the limited supply of water and sanitation infrastructure, particularly during the dry seasons, could produce additional health concerns.<sup>24</sup>

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17 *Submission 2* and see also Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 25.

18 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 20.

19 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 20. Ms Nardi indicated that part of the increase could be attributed to the advent of swine flu.

20 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 20.

21 *Committee Hansard*, 25 March 2010, p. 20.

22 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 20.

23 TSRA, *Submission 18*, pp. 11–12; see also TSIRC, *Submission 2*, p. 1; Department of Health and Ageing (DoHA), *Submission 11*, p. 1.

24 TSRA, *Submission 5*, House of Representatives Standing Committee on Health and Ageing, Roundtable forum on regional health issues jointly affecting Australia and the South Pacific, p. 3.

### *Transmission of communicable diseases*

3.17 As well as the strain on medical resources and vital infrastructure associated with promoting good health, a large number of submissions referred to the prevalence of communicable diseases in PNG and the risk of their transmission to Australia. The TSRA drew attention to local inhabitants and their increasing concern that diseases, including HIV/AIDS and dengue fever, are entering Torres Strait Islands via the movement of PNG nationals.<sup>25</sup> Community leaders on Saibai also spoke to the committee about their people's fear of contracting infectious disease.

3.18 The most worrying diseases present in PNG are malaria, tuberculosis (TB), sexually transmitted infections (STI) and HIV/AIDS.<sup>26</sup> For example, in March 2009, the rate of tuberculosis in Western Province, the PNG region closest to the Torres Strait, was 552 cases per 100,000 people.<sup>27</sup> Indeed, the most common reasons for health visits by PNG nationals to the Saibai health clinic were tuberculosis and malaria.<sup>28</sup> The following statistics record the medical conditions of PNG nationals treated by the Saibai health clinic over the 2006–2007 period.<sup>29</sup>

**Table 3.1: Reasons for health visits of PNG nationals to the Saibai health clinic, 2006–2007**

Reasons for Presentations	2006	2007
Other Problems	20%	19%
Doctor/Specialist review	11%	8%
TB medication/confirmed TB	10%	16%
TB investigation	10%	11%
Post Treatment Review	9%	n/a
Aches and Pains	n/a	9%
Surgical Elective Cases	n/a	8%
Prescriptions	n/a	8%

3.19 The freedom of movement provisions, which exempt traditional inhabitants from the usual immigration health checks at the border in the Torres Strait, add to the fear of likely transmission of serious diseases. Unauthorised visitors who manage to land on the islands undetected also increase the risk of diseases being transmitted to

25 TSRA, *Submission 18*, pp. 11–12; see also Jennifer Bryant, *Committee Hansard*, 17 December 2009, pp. 74–75.

26 DoHA, *Submission 11*, p. 1. See also TSIRC, *Submission 9*, p. 3; TSRA, *Submission 18*, p. 12.

27 DoHA, answer to question on notice 4, 17 December 2009.

28 DIAC, *Submission 16*, p. 16.

29 TSRA, *Submission 5*, House of Representatives Standing Committee on Health and Ageing, Roundtable forum on regional health issues jointly affecting Australia and the South Pacific, p. 9.

people on the islands. These visitors cannot be monitored in a similar manner to authorised entries who are registered at the designated immigration entry points.

### *Tuberculosis*

3.20 Tuberculosis presents a particular problem for the Torres Strait. Ms Nardi explained that diseases such as tuberculosis, which essentially have been controlled in Australia, are crossing the border from PNG. She noted further that while tuberculosis can present as an acute illness, it requires lengthy treatment that can last about six months.<sup>30</sup>

3.21 Evidence to the inquiry made clear that appropriate and thorough treatment of tuberculosis is of vital importance. If the treatment is not completed or administered incorrectly, tuberculosis may build up a resistance to drugs, requiring stronger and more expensive medicines to treat effectively. This form of tuberculosis may not only spread as a drug-resistant disease but eventually as a multi-drug resistant tuberculosis (MDR TB).<sup>31</sup> Health workers in the Torres Strait are conscious of the potential for the transmission of MDR TB.<sup>32</sup> Limited surveys estimate that between 10 and 20 per cent of tuberculosis in PNG could be MDR TB.<sup>33</sup> Ms Nardi stated that 'we know that in Papua there is an extreme drug resistant tuberculosis which is essentially a death sentence'.<sup>34</sup>

3.22 According to Ms Nardi, the Torres Strait Islanders are 'genuinely concerned about these severe and exotic illnesses coming into their community'. She noted that the incidence of PNG nationals returning home and failing to maintain their drug regime was 'common enough'. Ms Nardi underlined the need to treat diseases like tuberculosis appropriately so they do not extend into Torres Strait communities and then spread to the mainland.<sup>35</sup>

### *HIV/AIDS*

3.23 Another communicable disease raising significant concern amongst Torres Strait Islanders is HIV/AIDS, which is the leading cause of deaths in some PNG districts.<sup>36</sup> The Department of Health and Ageing (DoHA) informed the committee

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30 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 21.

31 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, pp. 21–22.

32 Queensland Government, *Submission 20*, p. 17.

33 Richard Speare, House of Representatives Standing Committee on Health and Ageing, Regional health issues jointly affecting Australia and the South Pacific, *Committee Hansard*, 31 August 2009, p. 10.

34 *Committee Hansard*, 25 March 2010, p. 21.

35 *Committee Hansard*, 25 March 2010, p. 21.

36 Australian Government, Papua New Guinea–Australia Partnership for Development, Priority Outcome 3: Health, 10 June 2009, pp. 1–2.

that PNG has the highest incidence of HIV in the Pacific region, with an estimated two per cent of the adult population, or approximately 64,000 persons, being HIV positive.<sup>37</sup> The epidemic is concentrated in seven highlands and central provinces and along the Highlands Highway.<sup>38</sup> Limited transportation options and thus movement of people have to date contained the spread of the disease.<sup>39</sup>

3.24 Despite the lack of comprehensive data, the prevalence of HIV/AIDS in Western Province is estimated to be low.<sup>40</sup> This information seems to be supported by information provided by AusAID that indicates that only seven cases have been diagnosed in Daru and these have been people who had contracted HIV outside Western Province.<sup>41</sup> Further, DoHA informed the committee that on average, one case per year amongst PNG nationals is diagnosed at the health clinics.<sup>42</sup>

3.25 Although the presence of HIV/AIDS is low in Western Province, DoHA observed that the disease continues to be an issue that needs careful management.<sup>43</sup> For example, the situation could change considerably with the construction of a highway from the South Fly district towards the Indonesian border in Western Province. This development is expected to increase the movement of people, including that of 'mobile men with money'.<sup>44</sup> Some medical experts have suggested that road construction projects should be accompanied by 'very rigorous HIV prevention programs' in order to educate the people and to minimise the risk of HIV/AIDS spreading.<sup>45</sup>

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37 DoHA, answer to question on notice 4, 17 December 2009.

38 Michael Toole, House of Representatives Standing Committee on Health and Ageing, Regional health issues jointly affecting Australia and the South Pacific, *Committee Hansard*, 11 September 2009, pp. 14–15.

39 Jennifer Bryant, *Committee Hansard*, 17 December 2009, p. 80.

40 DoHA, answer to question on notice 4, 17 December 2009.

41 Jennifer Lean, *Committee Hansard*, 18 December 2009, p. 23.

42 DoHA, answer to question on notice 4, 17 December 2009.

43 DoHA, *Submission 11*, p. 1. See also Australian Government, Papua New Guinea–Australia Partnership for Development, Priority Outcome 3: Health, 10 June 2009, pp. 2–3. It noted that provision of health services in PNG and Western Province 'is not reaching rural areas where approximately 86 per cent of Papua New Guineans live'. In fact, the number of open aid posts had reduced by 160 in just one year (2005 to 2006).

44 Bradley McCulloch, House of Representatives Standing Committee on Health and Ageing, Regional health issues jointly affecting Australia and the South Pacific, *Committee Hansard*, 31 August 2009, p. 16; Professor Michael Toole, House of Representatives Standing Committee on Health and Ageing, Regional health issues jointly affecting Australia and the South Pacific, *Committee Hansard*, 11 September 2009, p. 14.

45 Michael Toole, House of Representatives Standing Committee on Health and Ageing, Regional health issues jointly affecting Australia and the South Pacific, *Committee Hansard*, 11 September 2009, pp. 14–15.

3.26 The terms of reference for AusAID's evaluation of Australia's contribution to the national HIV response in PNG made a similar reference to the potential for HIV/AIDS to spread because of increased people movements and activity associated with infrastructure projects.<sup>46</sup> The committee considers that this evaluation, provides an opportunity for AusAID to consider developments in PNG's Western Province and the likely exposure of the Treaty villages to this disease. It therefore suggests that the Office of Development Effectiveness include Western Province, in particular the 13 Torres Strait Treaty villages, in its evaluation of Australian aid program's contribution to PNG's national HIV response.

3.27 While the prevalence of HIV/AIDS in the southern part of PNG is low at the moment, the committee recognises that health professionals in the region are concerned about the potential transmission of the disease. Fortunately, at the moment, the incidence of HIV/AIDS is almost non-existent in the Torres Strait Islands, with only three confirmed cases.<sup>47</sup> Dr Patricia Fagan told a House of Representatives Committee that there was 'no known local transmission of HIV among the people of Cape York and the Torres region'.<sup>48</sup>

3.28 The Queensland Government informed the committee that the spread of HIV/AIDS to the islands 'to this point has proven not to be as significant as initially anticipated'; but it was aware that cross-border movements complicate the situation.<sup>49</sup> Experts agree that 'the soil is very fertile' and that Torres Strait Islanders 'are extremely vulnerable to an HIV epidemic'.<sup>50</sup>

3.29 The potential for co-infection of tuberculosis and HIV is an added problem. The high rate of HIV infections can undermine the effective management of

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46 AusAID, Office of Development Effectiveness, Evaluation of Australian aid program's contribution to the national HIV/AIDS response in PNG, Evaluation terms of reference, p. 2, <http://www.ode.ausaid.gov.au/publications/index.html#papua1> (accessed 23 September 2010).

47 Darren Russell, House of Representatives Standing Committee on Health and Ageing, Regional health issues jointly affecting Australia and the South Pacific, *Committee Hansard*, 31 August 2009, p. 9.

48 Patricia Fagan, House of Representatives Standing Committee on Health and Ageing, Regional health issues jointly affecting Australia and the South Pacific, *Committee Hansard*, 31 August 2009, p. 15. Data regarding HIV/AIDS 'in respect of Australian nationals in the Torres Strait is reported directly to our national surveillance systems', Jennifer Bryant, *Committee Hansard*, 17 December 2009, p. 80.

49 Queensland Government, *Submission 20*, p. 17.

50 Darren Russell, p. 9, and Dr Patricia Fagan, p. 14, in House of Representatives Standing Committee on Health and Ageing, Regional health issues jointly affecting Australia and the South Pacific, *Committee Hansard*, 31 August 2009.



tuberculosis because tuberculosis and HIV interact, making 'each other worse'.<sup>51</sup> Even though the number of co-infection cases is very low, the survival rate is also low.<sup>52</sup>

### *Other communicable diseases*

3.30 Malaria is another communicable disease causing concern in the Torres Strait region. It 'remains a serious health problem' in PNG, where it is 'the third leading cause of hospital admissions and deaths'. In 2007, there were 87,961 confirmed malaria cases in PNG, of which 594 resulted in deaths. However, malaria in PNG is thought to be contained, even though its prevalence in Western Province is not monitored.<sup>53</sup> This would appear to be supported by the statistics from the Torres Strait: the number of confirmed malaria cases presented at the Saibai health clinic between 2006 and 2008 had declined from 20 cases in 2006 to six in 2008.<sup>54</sup>

3.31 Apart from human-to-human transmission, there are other means through which diseases enter the islands. The committee considers these concerns in greater detail in the chapter on biosecurity. The committee now turns to examine the reasons PNG citizens seek health care on the Torres Strait Islands.

### **Incentives for seeking medical care in the Torres Strait**

3.32 The occurrence of communicable diseases in PNG together with the free movement of people creates genuine grounds for concern. The core question before the committee is why PNG nationals are travelling away from their homes and communities to access health services in the Torres Strait. The following section explores some of the main reasons.

### **Disparity in available health services**

3.33 Many witnesses cited the large disparity between the quality of health services in Western Province and in the Torres Strait as a major incentive for PNG nationals to seek medical treatment on the Australian side of the border. For example, Ms Nardi noted that health care in the Torres Strait is in demand because 'the health services in Papua New Guinea are of a lesser, lower standard and the services that are offered in the Torres Strait are of a higher standard—there is a confidence in them'. She explained:

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51 Anastasios Konstantinos, House of Representatives Standing Committee on Health and Ageing, Regional health issues jointly affecting Australia and the South Pacific, *Committee Hansard*, 31 August 2009, p. 23.

52 Graham Simpson, House of Representatives Standing Committee on Health and Ageing, Regional health issues jointly affecting Australia and the South Pacific, *Committee Hansard*, 31 August 2009, p. 22.

53 DoHA, answer to question on notice 4, 17 December 2009.

54 TSRA, *Submission 5* to House of Representatives Standing Committee on Health and Ageing, Roundtable forum on regional health issues jointly affecting Australia and the South Pacific, p. 9.

I think we are seeing that Queensland Health is suffering from being a downstream type arrangement from what is a failing healthcare system in the Papua New Guinean area.<sup>55</sup>

3.34 Indeed, 'PNG has one of the poorest health records in the Pacific and is unlikely to meet any of its health-related Millennium Development Goals' (MDGs).<sup>56</sup> None of its health sector indicators has improved since 2002. Evidence indicates that: 'Communicable and often easily preventable diseases are the most common causes' of death, with two in five deaths caused by 'six diseases that can be easily and inexpensively treated' at aid posts.<sup>57</sup>

3.35 The World Health Organization's (WHO) Country Health Information Profile on PNG for 2009 provides some insight into the state of health facilities in the country and the health care services available to Papua New Guineans, especially in rural areas. With regard to health facilities, it recorded that:

A function and expenditure review in 2001 described the health system in rural areas as being in a state of 'slow breakdown and collapse, currently being saved from complete collapse by donors'...'About 600 rural facilities are closed or not functioning effectively. Where services remain, the breadth and quality of the services are diminishing'. This dire situation has worsened since then, and more facilities have closed down. In spite of this being acknowledged for some time, little has been done yet to seek redress.<sup>58</sup>

3.36 The information profile noted that while nurses and community health workers form the backbone of primary health care services in rural areas, both 'are considered to be in short supply and dramatically reduced'. For example, it noted that the nurse-to-population ratio was estimated at 1:2271, stating further:

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55 *Committee Hansard*, 25 March 2010, p. 22.

56 AusAID, *Submission 21*, p. 1. According to a UNDP report, PNG's level of human development remains low and has, in some areas, deteriorated over the recent years. For example, with regard to health indicators, it noted: 'Life expectancy increased from 40 years in 1971, to nearly 50 years in 1980, with infant mortality declining from 134/1,000 to 72/1,000 over the same period. By 2002, however, Papua New Guinea's progress had slowed against a number of key social indicators with low life expectancy (57 years), high infant mortality (64/1,000) and very high maternal mortality (370/100,000)'. Government of Papua New Guinea United Nations Development System, *A partnership for nation-building: United Nations country programme Papua New Guinea 2008 – 2012*, May 2007, p. 11, paragraphs. 17 and 20, <http://www.undp.org.pg/documents/UNCP/UNCP%202.pdf?ArticleId=34> (accessed 7 June 2010).

57 Australian Government, Papua New Guinea–Australia Partnership for Development, Priority Outcome 3: Health, 10 June 2009, pp. 2–3.

58 World Health Organisation, *Country Health Information Profiles, Papua New Guinea*, p. 327, <http://www.wpro.who.int/NR/rdonlyres/11EE7BCC-0C36-4B66-A6E3-8075333E34E5/0/29PapuaNewGuinea2009.pdf> (accessed 7 June 2010).

An additional 600 nurses, 600 community health workers and 100 midwives are estimated to be needed to fill vacant posts, but current production rates are insufficient to fill the gaps. The doctor-to-population ratio is estimated at 1:19 399 population, the majority of doctors being in Port Moresby.<sup>59</sup>

- 3.37 Some provinces and many districts have no doctor. Ms Nardi observed:  
To be perfectly honest, there are horrendous things coming out of Papua New Guinea that we are looking after in the Torres Strait that really indicate that the health of that nation truly needs some attention...<sup>60</sup>

### ***Reasons for poor state of health services in PNG***

3.38 The reasons for the poor state of health facilities in PNG and the shortfall in capacity to meet the health needs of its people are varied and complex. The nature of settlement in PNG, with widely scattered rural communities separated by difficult terrain, makes the provision of health services on the ground difficult and expensive. Some villages can only be reached on foot. Also, according to the WHO, spending on health is falling in PNG despite its high share of government funding. It noted that 'total health expenditure as a share of Gross Domestic Product (GDP) rose steadily from 3.2 per cent to 4.4 per cent between 1997 and 2001'. In 2007, it fell back to 3.2 per cent, with total health expenditure per capita declining to US\$31.3 from US\$32 in 1997.<sup>61</sup>

3.39 The administration of finances, including the prioritisation and allocation of funding between the central and provincial governments, is a major impediment to the effective delivery of health services.<sup>62</sup> Capacity constraints and weak governance, including lack of accountability, coordination and leadership in the delivery of health services, is a further complication.<sup>63</sup> Criticism has been directed at the 'lack of flexibility around the use of the funds', including in emergencies, and the disregard of funding priorities in some provinces.<sup>64</sup> As a result, funding may not always reach its target. According to AusAID, these constraints between central and provincial governments in PNG result in a 'large amount of the money [left] unspent'.<sup>65</sup> In

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59 World Health Organisation, *Country Health Information Profiles, Papua New Guinea*, p. 326, <http://www.wpro.who.int/NR/rdonlyres/11EE7BCC-0C36-4B66-A6E3-8075333E34E5/0/29PapuaNewGuinea2009.pdf> (accessed 7 June 2010).

60 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, p. 23.

61 World Health Organisation, *Country Health Information Profiles, Papua New Guinea*, p. 325, <http://www.wpro.who.int/NR/rdonlyres/11EE7BCC-0C36-4B66-A6E3-8075333E34E5/0/29PapuaNewGuinea2009.pdf> (accessed 7 June 2010).

62 Australian Government, Papua New Guinea–Australia Partnership for Development, Priority Outcome 3: Health, 10 June 2009, p. 3.

63 *Review of the PNG–Australia Development Cooperation Treaty (1999)*, 19 April 2010, p. 45.

64 *Review of the PNG–Australia Development Cooperation Treaty (1999)*, 19 April 2010, p. 46.

65 Jennifer Lean, *Committee Hansard*, 18 December 2009, p. 26.

addition, 'The late and sporadic release of funds has led to serious delays in activities' and exemplifies the problems regarding allocating funds to where they are most needed.<sup>66</sup> Provinces also face the challenge of managing two different sources of funds, from the PNG Government and donors, each with different sets of rules and procedures.<sup>67</sup>

3.40 Another impediment to improving the PNG health system is its changing funding arrangements, in particular, the 'transfer of control over supplementary funding for infrastructure from the National Department of Health to the National Department of Planning and Monitoring'.<sup>68</sup>

3.41 Evidence suggested that despite funding shortfalls, Western Province has sufficient financial resources to fund its health services as a result of resources from mining revenues.<sup>69</sup> According to AusAID, the revenue flows to Western Province 'are substantially above that required to fully fund basic services, including health'. It noted that royalties and dividends from the Ok Tedi mine to the Western Province Administration are projected at K60 million in 2010. However, it also indicated that the total health revenue of Western Province 'is difficult to estimate as funding comes from multiple sources'. Despite the apparent availability of funds, AusAID informed the committee that in 2005–2008, the province was said to have spent '59 per cent of what was necessary to deliver basic health services'.<sup>70</sup>

### *Health services in the South Fly District*

3.42 For this inquiry, the health situation in the South Fly District of Western Province, which is adjacent to the Torres Strait, is of particular relevance. Not only does this region suffer from the same shortage of health facilities and workers that affect PNG as a whole but, as a remote rural area, it faces even greater problems. DoHA explained the challenges confronting the district:

PNG villages...face pressing health concerns brought about by poor sanitation, poor water quality and limited disease control. Local health services suffer from inadequate infrastructure, shortages in staff and clinical supplies and have limited diagnostic capacity.<sup>71</sup>

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66 AusAID, answer to question on notice 2, 18 December 2009.

67 *Review of the PNG–Australia Development Cooperation Treaty (1999)*, 19 April 2010, pp. 46–7.

68 DoHA, *Submission 11*, p. 6.

69 Ellen Shipley, *Committee Hansard*, 18 December 2009, p. 22.

70 AusAID, answer to question on notice 2, 18 December 2009.

71 DoHA, *Submission 11*, p. 1; Also see Queensland Nurses' Union, *Submission 29*, p. 1; Kevin Murphy, *Submission 15*, pp. 5–6. See also Australian Government, Papua New Guinea–Australia Partnership for Development, Priority Outcome 3: Health, 10 June 2009, pp. 2–3. It noted that provision of health services in PNG and Western Province 'is not reaching rural areas where approximately 86 per cent of Papua New Guineans live'. In fact, the number of open aid posts had reduced by 160 in just one year (2005 to 2006).

3.43 Mayor Frederick Gela, TSIRC, told the committee that it was evident that 'the villagers who access the Treaty arrangement have been neglected for years—for generations'.<sup>72</sup> Dr Garrick Hitchcock, an academic with extensive experience in the Torres Strait region, said that the region does not have resources such as timber, oil, gas or minerals; the southern area of Western Province is 'the backblocks', 'off the beaten path and very peripheral'. He suggested that the people would do whatever they could to try to improve their standard of living and health care and are looking elsewhere.<sup>73</sup> Dr David Lawrence, another academic who has researched the Torres Strait region, spoke similarly of the very poor standard of health care on the PNG side of the border. He described the region as 'the most marginalised province in Papua New Guinea and basically in Port Moresby it is seen as rubbish country...not considered to be terribly useful, productive or important'.<sup>74</sup> In his assessment:

Their access to health, education and welfare is just appalling. Daru has a population—sometimes it fluctuates—of about 13,000 people, so just the Daru Island has more people than the whole of the Australian side of the Torres Strait. It has one hospital. We do not even know that there is actually one doctor for the whole of the Western Province.<sup>75</sup>

3.44 DoHA submitted that the Daru hospital requires major infrastructure development but also that the quality of clinical services, management and governance issues needs to improve.<sup>76</sup> Furthermore, it noted that the clinical outreach services from Daru hospital lack the capacity to support rural areas: for example, access to maternal and child health outreach services in most cases had not been functioning at all in remote communities. It stated that the non-functioning of these services means that family planning, immunisation for young children, antenatal screening, health education and awareness are not available. DoHA suggested that as a result of these poor outreach health services, people in these communities tend to prefer to use the freedom of movement provisions to access health services in the Torres Strait.<sup>77</sup> Community leaders on Saibai were of the view that with the lack of facilities on Daru, people were being referred to the Torres Strait in increasing numbers.<sup>78</sup> Indeed, the TSIRC claimed that health officials in Daru encouraged PNG nationals through referrals to visit Australian health clinics and timed these visits 'perfectly' with the visits to the islands by specialist doctors.<sup>79</sup> Overall, the TSRA noted:

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72 *Committee Hansard*, 18 June 2010, pp. 8–9.

73 *Committee Hansard*, 18 June 2010, p. 51.

74 *Committee Hansard*, 18 June 2010, p. 51.

75 *Committee Hansard*, 18 June 2010, p. 47.

76 *Submission 11*, Attachment A, p. 2.

77 *Submission 11*, Attachment A, p. 4.

78 Meeting on Saibai, 23 March 2010.

79 TSIRC, *Submission 9*, p. 3.

Given the desperate condition of infrastructure and health care services in the Western Province of PNG, where they have little prospect of adequate treatment, these people may be regarded as 'medical refugees'.<sup>80</sup>

### **Accessibility to Torres Strait health clinics**

3.45 A second reason for PNG nationals from the region choosing to seek assistance from Australian health clinics is the proximity and accessibility to health clinics, especially on Saibai, and the high quality health care provided on the islands. The Saibai health clinic is situated in the centre of the community, just a short walk from the designated entry point. It is administered by Queensland Health that is also undertaking design work for a new primary healthcare centre and staff accommodation on the island.<sup>81</sup>

3.46 For those living in the villages across the border, the distance to a health clinic in the Torres Strait is generally shorter than that to the closest one in PNG. Transport and the terrain may also make travel to Australia's northernmost islands easier, safer and quicker and many would be familiar with the region and have family connections. Indeed, Mayor Gela observed that while it may be practical for some villagers to walk to Daru to access the health facilities:

Some villagers do not have that luxury, so it is quicker, easier and more convenient for them, rather than walking for 2½ hours to seek urgent medical attention, to jump in a tinnie. It will only take on 20 minutes before they hit the shores of Saibai and access our facility.<sup>82</sup>

3.47 Along similar lines, Ms Ellen Shipley, AusAID, noted:

When there is a health clinic available a short distance away by boat and people need to travel four or more hours or several days to access the same or similar types of services on the PNG side, they make choices and it is very difficult to argue with that.<sup>83</sup>

3.48 Mr Kevin Murphy, a researcher focusing on the Torres Strait, noted that some PNG communities may have a closer connection with the Torres Strait than other parts of PNG.<sup>84</sup>

### **Provision of humanitarian assistance**

3.49 Another incentive for villagers from the South Fly District to cross the border into the Torres Strait to obtain medical treatment is their expectation that they will

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80 TSRA, *Submission 18*, p. 12.

81 DoHA, *Submission 11*, p. 3.

82 *Committee Hansard*, 18 June 2010, p. 9.

83 *Committee Hansard*, 18 December 2009, pp. 27–28.

84 *Committee Hansard*, 18 June 2010, pp. 51–52.

receive the care they need. This understanding is based on the fact that Australia continues to provide the necessary health services, especially for those PNG visitors requiring urgent medical attention.

3.50 As the first point of call in the Torres Strait, PNG nationals who are ill are treated on their arrival at health clinics on the outer islands. Also, Queensland Health has established specialist clinics on the outer islands to treat PNG patients with tuberculosis as part of its cross-border management strategy.<sup>85</sup> In addition, the Australian Government is funding 'additional sexual health clinical staff...at the Thursday Island Hospital including the extra costs, such as transportation, related to community awareness in the Torres Strait'.<sup>86</sup> A sexual health program, upgrade of the Saibai health clinic and provision of staff housing have been allocated \$9.2 million of the \$13.8 million under the Health Issues Committee (HIC) package of measures.<sup>87</sup>

3.51 Queensland Health informed the committee that it exercises a humanitarian duty of care for PNG nationals in need of medical assistance who present at its clinics.<sup>88</sup> Thus, when a PNG traditional inhabitant arrives on a Torres Strait Island and is assessed as having an illness, they are treated by Queensland Health staff at an island health clinic.<sup>89</sup>

3.52 Ms Nardi spoke of the humanitarian approach taken by health professionals in the Torres Strait. She suggested that no clinician was 'going to turn someone away who is bleeding at their door' and asked, 'if people present at the clinic's door—some people in labour, some of them with acute illnesses—what do they do with them?'<sup>90</sup> She explained:

Essentially, if someone presents to our clinics with an acute illness or an exacerbation of a chronic illness, we will treat them, but we will not take people who are referred and we try not to continue ongoing treatment. The idea is to treat that which is before us and then return them or refer them back to the Papua New Guinea border.<sup>91</sup>

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85 Queensland Government, *Submission 20*, p. 17.

86 TSRA, *Submission 18*, p. 14.

87 Fay Gardner, House of Representatives Standing Committee on Health and Ageing, Regional health issues jointly affecting Australia and the South Pacific, *Committee Hansard*, 11 September 2009, p. 21.

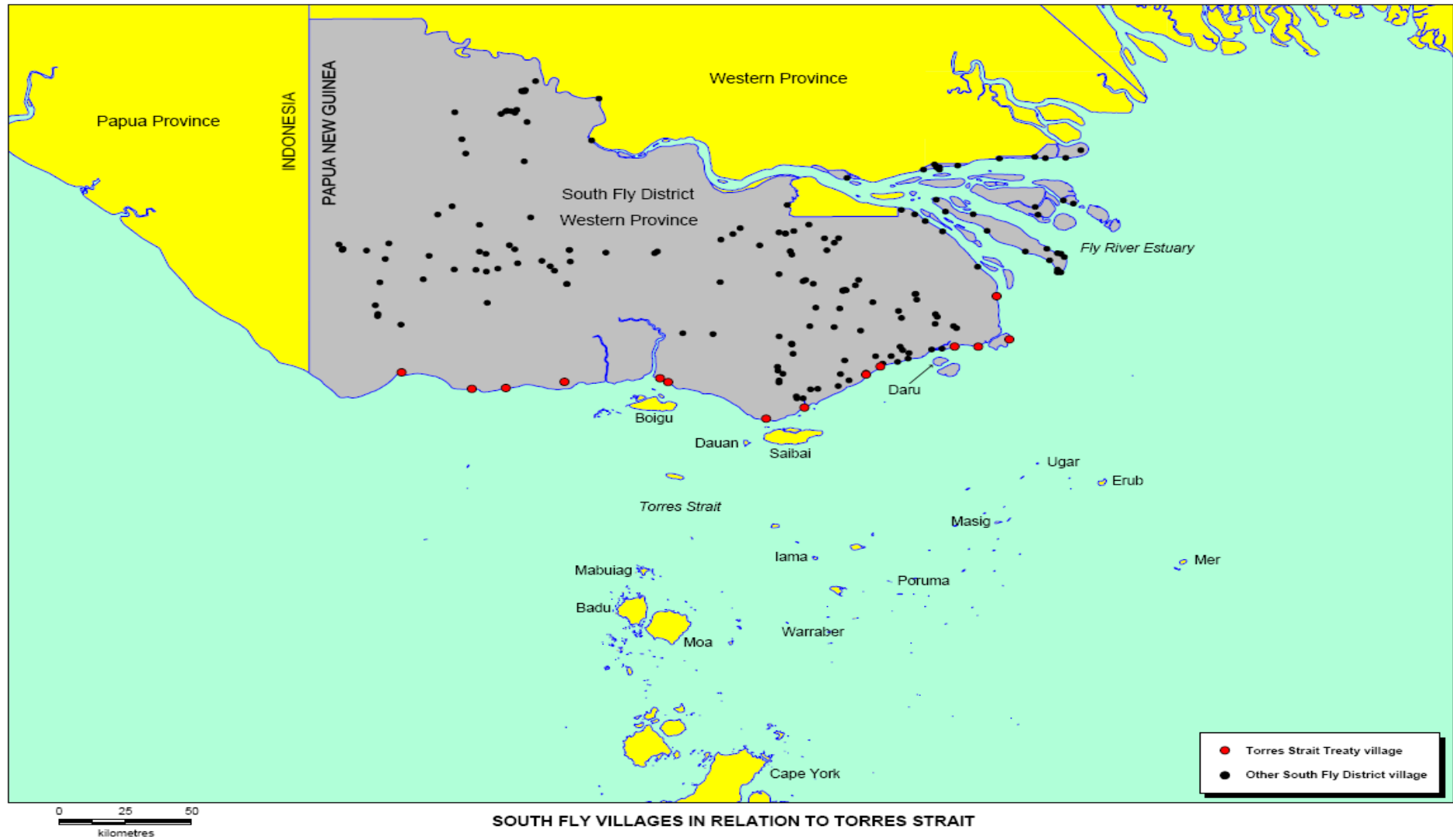
88 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, pp. 19–20.

89 Jennifer Bryant, *Committee Hansard*, 17 December 2009, p. 74.

90 *Committee Hansard*, 25 March 2010, p. 26.

91 *Committee Hansard*, 25 March 2010, p. 21.

**Figure 3.1: PNG villages and proximity to the Torres Strait**



*(Map courtesy of Dr Garrick Hitchcock)*

*It is much easier for some villagers along the south coast of PNG to travel to Saibai or Boigu to seek medical assistance.*



3.53 Australia's level of care extends to medical evacuations to mainland hospitals and providing treatment that may last many months. Ms Nardi noted that 'the reality is that we have made a decision that we treat the acute illness and that does mean that sometimes we have to transport them. That is just what we have to do'.<sup>92</sup> This transfer may involve transporting patients from outer islands health clinics to the Thursday Island hospital or onto the mainland hospitals in Cairns, Townsville and Brisbane, with the majority transferred to Cairns.<sup>93</sup> In the 12 months to September 2009, 92 PNG nationals required medical evacuation, including approximately 15 patients with tuberculosis and another 15 with obstetric-related conditions.<sup>94</sup> More recent statistics indicate that these numbers have risen significantly.<sup>95</sup>

**Table 3.2: PNG Medivac 1 July 2009 to 31 May 2010**

Island	2009–10		2008–09	
	Patients*	Escorts	Patients**	Escorts
Saibai	119	61	58	39
Boigu	47	35	16	16
Erub	3	-	4	4
Iama	1	-	0	0
Mer	1	1	0	0
Ugar	1	-	0	0
Badu	-	-	2	1
Total	172	97	80	58

\*Of these patients, 23 or 13.4% were from non-Treaty villages

\*\*Of these patients, 15 or 18.8 % were from non-Treaty villages

3.54 Mr Andrew Heath, DIAC, explained that most evacuations are to Thursday Island, with some moving to the mainland upon triage assessment at Thursday Island. He noted that a lot of the medevac cases occur on Saibai and Boigu, with very few from the other islands.<sup>96</sup>

92 *Committee Hansard*, 25 March 2010, p. 26.

93 Queensland Government, *Submission 20*, p. 16.

94 DIAC, *Submission 16*, p. 16.

95 DIAC, Statistical update for traditional movements within the protected zone, Tabled document, 18 June 2010, p. 1.

96 *Committee Hansard*, 18 June 2010, p. 23.

3.55 The following table provides data on evacuations from the Saibai health clinic in 2006 and 2007.<sup>97</sup>

**Table 3.3: Reasons for evacuation from the Saibai health clinic in 2006 and 2007**

Reasons for Evacuations	2006	2007
Other Problems	39%	23%
TB investigation	18%	7%
Specialist Review	12%	n/a
Wounds/lacerations	10%	n/a
Fractures	10%	n/a
Surgical Elective Cases	n/a	31%
Fractures	n/a	9%
Eye problems/Blindness	n/a	3%

3.56 Queensland Health statistics indicated that during 2007–08, PNG patients spent 3,366 days in Queensland public hospitals.<sup>98</sup>

3.57 Local inhabitants understand the reasons for providing health services to PNG nationals and support the humanitarian approach.<sup>99</sup> Mr Kris observed that although communities were still being 'inundated with people' coming across with medical issues, 'you cannot turn people away from your doorstep when someone turns up sick'.<sup>100</sup>

### **Public health**

3.58 The Australian Government has agreed to treat PNG patients not only for humanitarian reasons but also on public health grounds.<sup>101</sup> Public health concerns are particularly important considering the prevalence of tuberculosis and the limited to non-existent facilities in PNG for identifying and treating this disease.<sup>102</sup>

97 TSRA, *Submission 5* to House of Representatives Standing Committee on Health and Ageing, Roundtable forum on regional health issues jointly affecting Australia and the South Pacific, p. 9.

98 Queensland Government, *Submission 20*, p. 16.

99 *Committee Hansard*, 18 June 2010, p. 4.

100 *Committee Hansard*, 24 March 2010, p. 5.

101 See for example Department of Health and Ageing, *Submission 11*, p. 2; and Queensland Government, *Queensland Health: Management of PNG Nationals*, draft policy, p. 2; *Committee Hansard*, 18 December 2009, p. 28.

102 *Committee Hansard*, 17 December 2009, p. 80.

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## Perceived access to social welfare

3.59 Finally, according to anecdotal evidence, some PNG nationals seek assistance from Australian health clinics under the misguided belief that they would be entitled to social welfare benefits. The committee heard accounts of PNG women choosing to deliver their babies on island health clinics in order to obtain the baby bonus provided to Australian children and/or to obtain an Australian citizenship more easily. When questioned about this, Queensland Health explained that it does not capture data on the reasons for PNG nationals giving birth in Australia and that 'those issues are for Immigration or others to determine'.<sup>103</sup>

## Conclusion

3.60 Significant numbers of PNG nationals are crossing the border in the Torres Strait to access Australian health services. There are very strong push and pull factors driving this trend—poor access to health care services in the southern part of Western Province compared to the high standard of health care available in the Torres Strait; the proximity of, and relative ease of transport to, these services; and Australia's humanitarian and public health approach to providing medical assistance to PNG nationals in need.

3.61 The following chapters look at the measures that the Australian Government is taking to reverse the trend of PNG nationals from the South Fly District crossing the border to access health services in Australia.

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103 Bronwyn Nardi, *Committee Hansard*, 25 March 2010, pp. 27–28.