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Health and Ageing Committee

Report

SPEECH

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BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

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Speaker	Rishworth, Amanda, MP	Question No.	

Ms RISHWORTH (Kingston) (11.04 am)—I am very pleased to rise to speak on the Standing Committee on Health and Ageing report *Regional health issues jointly affecting Australia and the South Pacific*. This report is the result of the work of some months. The committee travelled to various places to gather significant evidence on some of the health issues affecting our region and, in particular, our nearest neighbours.

This inquiry had as a backdrop the federal government's new era of engagement in the Pacific, and particularly it enabled not just the government but the parliament of Australia to engage directly with some of its closest neighbours, including Papua New Guinea and the Solomon Islands. The aim of the inquiry was to investigate shared health concerns with some of our closest neighbours, and it was regularly noted by the chair during the visit that one of the primary reasons for this was that diseases do not respect nations' borders and therefore the health concerns of our nearest neighbours are the health concerns of us all.

Papua New Guinea is Australia's closest neighbour, and indeed, as previous speakers have mentioned, a lot of Australians do not realise just how close a neighbour it is. In some areas there are only five kilometres separating parts of the Torres Strait from the Western Province of PNG. I was surprised, as I know a lot of people were, to see that while I was standing on the island of Saibai I could actually see the coast of the Western Province. Due to the proximity and traditional movement of the people in the Western Province and the Torres Strait, there are special circumstances that allow for the free movement of people between the Torres Strait and the 13 treaty villages on the Papua New Guinean side.

The committee travelled to the Torres Strait and to three of the treaty villages to investigate how health care was provided on both sides and how the interaction between these two groups of people was impacting on health care. The committee learned that the treaty allowed for people to travel from Australia to the PNG side for traditional purposes, including for trade and family connections. What the treaty does not allow is for people to travel for healthcare purposes. However, what we did learn when we visited both sides was that there is some movement to the Australian side of people who need access to care. This was raised both in the Torres Strait and on the PNG side. We heard from many medical officers who said that for humanitarian reasons, obviously, but also for practical reasons they would not deny health care to those in need because by not treating someone who perhaps presents with tuberculosis you are then leaving both Australia and the Western Province vulnerable to the spread of that disease. We heard that for very practical reasons it is sensible, if PNG locals are travelling across the border, to treat disease.

After travelling to the treaty villages, the reasons that some of the locals would travel to Australia made a lot of common sense to me. To access a hospital in the capital of Daru can take in excess of two hours by boat. Compare that with 15 to 30 minutes to get to Australia. This is one of the major issues. We also learnt that another issue is to do with the level of health services that are available on the PNG side. At times within these treaty villages the level of services can be problematic. There was certainly some discussion about this, and within our recommendations we have talked about supporting an initiative that was discussed in evidence which would allow health workers from Australia to travel directly to the treaty villages, perhaps to assist with health but perhaps also to follow up patients that have presented at Saibai. At the moment health workers would not be able to cross that five-kilometre border; they would have to go through Port Moresby, Daru and then to the treaty villages. Certainly the committee thought that this was a sensible recommendation that would help in a practical way to provide services to that border area.

During our travels to both PNG and the Solomon Islands we also learnt that there are a number of things that Australia is assisting with and needs to be aware of. As previous members have noted, diabetes and lifestyle diseases are occurring in Australia and need to be addressed if we are going to improve the health of our nation. These diseases have the potential to explode in both the Solomon Islands and Papua New Guinea. These lifestyle issues have the potential to be more prevalent in the capital cities of Honiara and Port Moresby, as people's lifestyles include more fast foods and less nutrition and they become more sedentary in their jobs. As it is in some of our remote Indigenous communities, malnutrition was also a problem in some remote areas of the Solomon

Islands and PNG. We have made some recommendations on how we might look at diabetes and malnutrition, which are areas that do need to be addressed.

We heard a lot of evidence about workforce shortages. We think we have workforce shortages in Australia, but there certainly are workforce shortages both in the Solomon Islands and in Papua New Guinea. This is something that both countries are struggling with. How do they train enough health workers, doctors and nurses to service their population?

Because these two nations are geographically spread out, another issue confronting them both is how they can post workers out to the many islands, towns and villages that are quite a way from the capital city and keep them there. We heard evidence that, if housing was not provided for those workers, especially in the treaty villages, then they would not be able to stay there. If you cannot provide housing for the health workers who are posted there then there is not much incentive for them to stay. We recommend that, when AusAID and other aid organisations invest in aid posts, they take into consideration providing, where practicable, housing and other support for the health workers, who are often very isolated.

Non-government organisations do a huge amount of work in providing health services to many people in both the Solomon Islands and Papua New Guinea. We heard evidence that, while a lot of the NGOs have good intentions, especially some of the smaller NGOs, and send old glasses to the Vision Centre at the Port Moresby Hospital, indeed it is not that helpful because it actually costs more to replace the lenses in the second-hand frames than it does to manufacture new glasses. This was something we heard pretty regularly.

We heard that a lot of doctors visit the Solomon Islands and provide medication to people in the outer islands but that medication is not available from the Solomon Islands government. You can see that it will be problematic if people are provided with one type of medication and cannot get continued access to it. The committee recommended that Australia look at setting up a contact point for small non-government organisations, such as Rotary clubs and Lions clubs, to get advice on the best way to help people in the Solomon Islands, PNG and countries that require support. There are many recommendations, and I encourage everyone to have a good look at the report.

I would now like to say some thank-yous. We had a lot of support and a lot of help from so many different people, both here in Australia and in Papua New Guinea and the Solomon Islands. I thank all the Australian organisations and government departments that briefed the committee and provided submissions to the inquiry. For our visit to the Torres Strait, I extend a thank-you to the Torres Strait Regional Authority, who met with us and openly shared their perspective. I extend a special thank-you to Brett Young, who organised the visit.

For our visit to Papua New Guinea, I thank all the Papua New Guinean members of parliament and officials who welcomed us very warmly to their country and were willing to have frank and open discussions with us. In particular I extend a big thank-you to the Hon. Bob Danaya, Governor of Western Province, and Sail Sabam, the local member for South Fly, who accompanied us on the trip. I also thank all the PNG health professionals in Port Moresby, in Daru and in the treaty villages who shared with us their experience of training health professionals and delivering health services on the front line and provided us with their thoughts on the strengths and weaknesses in their respective areas. I have to comment on the dedication and commitment of these health workers on the front line. They were quite inspiring to me, as I know they were to other members of the committee.

I give great thanks to everyone at the Australian High Commission in PNG, especially to the then high commissioner Mr Chris Moraitis. I also give thanks to all the staff, in particular Deputy High Commissioner Jon Feakes, Adrian Lochrin and Paul Murphy, who travelled with us, who provided us with guidance and were particularly patient in answering all of my questions. I also extend a big thank-you to the AusAID staff, who were able to offer a wealth of knowledge and support in the healthcare area, and in particular to Dr Ann Malcolm and Ms Fiona Cornwall.

On our visit to the Solomon Islands, we were very privileged to meet with many members of parliament and officials in Honiara and in Western Province. I give particular thanks to the Premier of Ghizo Island for their hospitality. They really gave us a lot of time. I also thank the health professionals from the Solomon Islands who shared with us their front-line experience and were very welcoming and honest.

I thank very much the Australian high commissioner in the Solomon Islands Mr Frank Ingruber and everyone at the high commission. I thank the AusAID staff who helped us. In particular, I give thanks to Kamal Azmi and

a special thanks to Justin Baguley, who travelled with us to Western Province and provided us with a wealth of practical information about what was happening on the ground.

Finally, the last thankyou needs to go to the secretariat, especially to Sara Edson, who was particularly helpful to all of us during the trip, especially when I managed to have a knee injury. She made sure that I was okay and that I got the proper treatment. Thank you very much to Sara and to the rest of the secretariat of the House of Representatives Standing Committee on Health and Ageing.

This report addresses some of the serious issues in our region, both for today and for the future. The recommendations in this report are concrete recommendations, practical things that Australia and the Australian government can do to further improve health in both our country and the region. I commend the report to the House.