



4 September 2008

Dr Kathleen Dermody
Committee Secretary
Senate Foreign Affairs, Defence
And Trade Committee
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600

By E-mail: fadt.sen@aph.gov.au

Dear Dr Dermody

**Inquiry into the economic and security challenges facing Papua New
Guinea and the island states of the south west Pacific**

Please find attached a submission and enclosure from the Australian Nursing Federation to the above inquiry.

We would welcome an opportunity to address the Committee on the submission.

Yours sincerely

A handwritten signature in black ink, appearing to read "NSBLAKE".

NICHOLAS BLAKE
Federal Industrial Officer

Encl.

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australian
nursing federation

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Papua New Guinea and the island states
of the south west Pacific

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INTRODUCTION

The Australian Nursing Federation (ANF) welcomes the opportunity to make a submission to the Senate Standing Committee on Foreign Affairs , Defence and Trade into the economic and security challenges facing Papua New Guinea and the island states of the south west Pacific.

The ANF is the national union for nurses in Australia with branches in each state and territory. The ANF is also the largest professional nursing organisation in Australia. The ANF's core business is the industrial and professional representation of nurses and nursing in Australia.

The ANF's 170,000 members are employed in a wide range of enterprises in urban, rural and remote locations in the public, private and aged care sectors, including hospitals, health services, schools, universities, the armed forces, statutory authorities, local government, offshore territories and industries.

The ANF participates in the development of policy in nursing, nursing regulation, health, community services, veterans affairs, education, training, occupational health and safety, industrial relations, immigration and law reform. aged care.

The ANF has also taken a lead role in providing assistance and support for nurses in our region particularly in the wider Pacific area. The ANF contributes and provides the Secretariat for the South Pacific Nurses Forum (www.spnf.org.au) a major representative group of nurses throughout the Pacific which meets every two years. ANF provides ongoing funding and support for nurses in East Timor and has recently participated in a major review of the role and responsibilities of nurses employed in public sector facilities in Papua New Guinea.

While not wishing to detract from a range of important issues facing the Pacific region ANF would like to use this opportunity to highlight the problems associated with the shortages and maldistribution of health resources and services of our nearest neighbour, Papua New Guinea.

Papua New Guinea, the largest developing country in the Pacific, has over 600 islands and a population of 6 million people (2005). Approximately 87% of the population live in rural areas. Around 800 languages are spoken in Papua New Guinea.

Australia's nearest neighbour faces a host of serious challenges that go to the heart of that countries long term viability.

Despite its natural assets and abundant primary resources Papua New Guinea is an extremely poor country heavily reliant on overseas aid (of which 95% is provided by Australia)

To illustrate this West Bank and Gaza has a per capita GNP more than twice that of Papua New Guinea and Botswana is nearly seven times as wealthy. Papua New Guinea has a greater division between rich and poor than most developing countries and has an HIV/Aids problem that is heading towards central African levels ; it is estimated that 28% of the working population will have contracted the disease by 2020.

The growing youth unemployment levels , police and judicial corruption , and the lack of social infrastructure and support has resulted in a breakdown of law and order to such an extent that the UN classifies Papua New Guinea as marginally less dangerous than Baghdad.

It is in this setting that health services are provided.

The health system in Papua New Guinea

The Papua New Guinea health system, based on the primary health care approach, features:

- a national teaching hospital
- 18 provisional hospitals
- 45 urban clinics
- approximately 500 health centres
- a network of aid posts (over 2000, however, with many closed)

The national government is the largest provider of health services running all the hospitals, almost all the urban facilities and around half of the regional and rural health centres. Church groups operate around half of the rural health facilities and mining and other private companies also operate a small number of health facilities.

Provisional hospitals provide health services to geographical areas, support clinics and health centres and deliver primary care needs for their community. Provincial hospitals typically provide A&E, theatre, oncology, obstetrics and paediatrics, mental health, infectious disease, pharmaceutical, outpatient and general services. Provincial hospitals range in size up to around 600 inpatient beds, however, nearly all of them operate above their capacity.

Port Moresby General Hospital is a national teaching hospital and also services the primary health care needs of the National District Capital. In addition the hospital provides neuro surgery and other specialised services.

The network of urban clinics and health centres are intended to provide primary care in local urban, rural and regional communities, to assist people to remain healthier, manage chronic disease and illness and effectively, stay out of hospitals.

Aid posts are managed and operated by provincial hospitals and provide clinical and primary care referrals to clinics and provisional hospitals in regional and remote areas. It is estimated that up to half of the Aid posts remain closed due to lack of nursing staff, drugs, supplies and financial support.

The health workforce

Papua New Guinea has a health workforce comprising around 9000 nurses, 1000 doctors and 10,000 others, mainly community health workers and ancillary staff. This is woefully inadequate on any measure. For example there are 150 nurses for every 100,000 people in Papua New Guinea compared to Australia's 1125 for every 100,000.

There is a chronic shortage of nurses and community health workers in most rural areas. This coupled with the persistent and serious law and order problem means that even where services are available often they cannot be accessed safely.

The health workforce is remunerated poorly both by international standards but also when compared to workers in Papua New Guinea in comparable or less skilled work. Full time nurses receive around 18,000 Kina per annum (between \$9,000 and \$10,000 Australian dollars) and this poor remuneration has resulted in entrenched recruitment and retention problems.

In 2007 ANF participated into a review of the remuneration and other work arrangements of nurses in Papua New Guinea. A copy of the report is attached to this submission.

The epidemic of communicable diseases

A major feature of the work of all health workers, particularly in the regional and remote areas is to provide education, training and support to local communities in the campaign against communicable diseases. Understanding and acceptance of the need to have safe sanitation, dietary and sexual practices are part of a long term programme by government health services to reduce levels of communicable diseases throughout the country.

Despite these endeavors communicable diseases remain the major cause of morbidity and mortality, with around 50% of all mortality still due to communicable diseases.

Malaria is the leading cause of all outpatient visits and the second cause of hospital admissions and deaths. An average of 1.5 million cases of suspected malaria cases are seen at health facilities annually. **Malaria** is now endemic in every part of the country including those which were once malaria free. Together, **malaria** and **pneumonia** account for one third of all recorded deaths. Serious **measles outbreaks** and **intestinal infectious** diseases including **diarrhoeal** diseases and **typhoid** are major causes of morbidity. Contaminated food and water are major contributors to these illnesses. Only 30% of the population has access to safe water and poor hygienic conditions result in unsafe food handling practices.

Papua New Guinea was declared to have a generalised epidemic of **HIV/AIDS** in 2003. **AIDS** is the leading cause of death in adult inpatients at the Port Moresby Hospital. The number of reported cases shows a hyperbolic increase and it is estimated that 28% of the working population will have contracted the disease by 2020.

Prevalence is rising in low risk groups such as blood donors and women attending antenatal clinics. The main mode of transmission is heterosexual.

Sexually transmitted infections are rising, especially as a result of the sexual assault of women.

Maternal and child morbidity and mortality are not improving. One reason for this is that although about 80% of pregnant women attend an antenatal clinic at least once, only 45% of births are supervised by skilled health workers.

Chronic malnutrition is a problem, particularly among rural women and children, and is closely related to poverty. Overall, 27% of children are considered malnourished with 43% of children aged 0-5 stunted.

Conclusions and recommendations

The ANF seeks to bring the foregoing to the attention of the Committee to highlight one part of the dire circumstances the population of Papua New Guinea face, that is an inability for the country to receive or provide adequate levels of health care.

The economic and security of Papua New Guinea and its neighbours will suffer if these issues are not seriously and quickly addressed and the horrendous trends reversed.

While it is widely acknowledged that the Australian government provides ongoing support and financial aid to Papua New Guinea clearly more needs to be done.

In terms of health ANF would recommend support for programmes and partnerships between Papua New Guinea and Australia that are directed towards addressing the perception of illness and health within communities and that promote healthy practices.

We would also recommend a significant increase in aid levels targeted to improving health facilities, the availability of pharmaceuticals and an adequately trained and well remunerated health workforce.