

focus

A young boy in a red and yellow martial arts uniform is captured in a dynamic pose, performing a high kick. His right arm is raised, and his left arm is extended forward. He has a focused expression. The background is blurred, showing other children in similar uniforms, suggesting a group practice or competition. The overall scene is outdoors on a sandy or dirt ground.

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SPORT

Fighting poverty
and poor health

EVERYONE AROUND THE WORLD WANTS TO BE HEALTHY. ADEQUATE HEALTHCARE SYSTEMS LEAD TO HEALTHY POPULATIONS AND COMBAT POVERTY. THEY ALSO PREVENT DISEASES, WHICH IS IN THE GLOBAL INTEREST. FOR THESE REASONS WE SHOULD HELP DEVELOPING COUNTRIES IMPROVE THEIR HEALTHCARE SYSTEMS.



FROM THE MINISTER

Australia helps developing countries in its region to establish well-managed and effective health systems. Most of us recognise health is central to human development and the reduction of poverty.

Evidence from around the world suggests it's not possible for a nation to progress, for its economy to grow or for its population to prosper, if people are without basic healthcare. A nation's strength is, after all, its people. If most are healthy and active they contribute to a robust and productive workforce, committed to building better futures for themselves and their families. They also crave peace and stability as it's a natural human instinct to want to preserve what one has built and achieved.

As a nation we can take pride in the fact we are making a tangible difference to the quality of healthcare in the Asia Pacific. Over the past five years we have, through the aid program, trained thousands of health professionals and helped markedly improve healthcare systems. And in times of medical emergencies we assist. For example, when an

outbreak of polio was reported in western Java in mid 2005, we immediately joined an emergency campaign to immunise 3.5 million children. Our action successfully helped contain the spread of this crippling disease.

Our work in Vietnam on the dengue fever prevention program shows we are at the forefront of scientific research. We are also leaders in the region in HIV/AIDS awareness, prevention and care activities. I convened the inaugural Asia-Pacific Ministerial Meeting on HIV/AIDS in Melbourne in 2001 and we have been the driving force behind the Asia Pacific Leadership Forum on HIV/AIDS and Development. In the recent SARS outbreak, Australia responded quickly and played a significant role in monitoring its progress.

Avian influenza or 'bird flu' is looming large as a major threat to human health. While experts say that a pandemic is not a certainty, preparedness is critical. Since 2003, Australia has pledged \$141 million to the Asia Pacific to help combat emerging infectious diseases such as avian influenza. Australia's most recent contribution, announced at APEC,

is bolstering regional capacity to detect and defend against avian influenza.

Increasingly, Australia works hand-in-hand with other governments and multilateral organisations, such as the World Health Organization, UNICEF and the World Food Programme. This is especially so in times of unprecedented catastrophe, as witnessed in the Indian Ocean tsunami and the recent earthquake in Pakistan. Australia's generous, timely and practical assistance continues to help disaster-affected countries.

While we are quick to offer humanitarian aid in times of crisis, we are equally concerned about building capacity within regional health departments and finding ways to promote good health – or 'self care'. One of the most effective ways of achieving the latter is through sport. Not only is playing sport healthy, sport itself is entertaining and has the ability to unite people and nations.

For many years the Australian Government has led the way in 'sport for community development'. Our programs in the Pacific are attracting a growing number of participants – both

male and female – of various ages and abilities and across a range of different sports.

In this year of the Commonwealth Games in Melbourne, it's pleasing to note several competitors are graduates of our elite level sports programs. I am proud that Australia has had a hand in the preparations and training of these talented young men and women. On behalf of the Australian Government, I wish them every success.

Alexander Downer
Minister for Foreign Affairs

The Minister for Foreign Affairs, Alexander Downer, meets Hong Kong's Minister for Commerce, Industry and Technology, John Tsang, at APEC (Asia-Pacific Economic Cooperation) forum. Photo: Kim Jae-Hwan/AFP

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Government aid in focus The Australian aid program is committed to reducing poverty and achieving sustainable development in the Asia Pacific, Africa and the Middle East. Australian businesses and people play a major role in delivering the aid program. Australian expertise, Australian experience and Australian resources are used to tackle poverty. And by investing in development Australia is investing in its future. In 2005–06 Australia plans to spend almost \$2.491 billion on development assistance. The aid program focuses on promoting regional peace, stability and economic development. Countries with whom Australia is working include Papua New Guinea, Fiji, Solomon Islands, Vanuatu, Samoa, Nauru, Tonga, Kiribati, Tuvalu (the Pacific region); Indonesia, East Timor, Vietnam, Philippines, China, Mongolia, Cambodia, Thailand, Lao PDR, Burma (East Asia); Bangladesh, India, Sri Lanka, Nepal, Pakistan, Maldives, Bhutan (South Asia); and Africa and the Middle East.

COVER: Physical exercise for the mind and body – martial arts, Henan Province, China.
Photo: Mark Henley/Panos Pictures

IN BRIEF

MINEFIELD TOUR



Parliamentary Secretary for Foreign Affairs, Bruce Billson, is also Australia's Special Representative for Mine Action.

As part of a tour of AusAID mine action programs in Cambodia, Mr Billson visited a live mine site in the country's northwest. In Pailin, Australia's overseas aid program is helping to clear landmines and warn people about landmine dangers. It's also raising community prospects through increasing local skills and improving agriculture.

'Australia's mine action program is making a real difference – it is helping to turn minefields into farm fields where people can live and work safely without risk of injury or death from landmines. Through our integrated approach to mine action, we are helping to lift people out of poverty and give them a better future,' says Mr Billson.

Cambodia is one of the world's most heavily-mined countries – the legacy of over 20 years of civil

war. According to estimates, there are between four and six million landmines still scattered across mainly rural land. Tragically, one in roughly every 250 people is affected by landmines.

AusAID has given Cambodia almost \$50 million for mine action since 1996. During his visit, Mr Billson announced a further \$2 million for the Cambodian Mine Action Centre's mine clearance activities through the United Nations.

International aid – together with the efforts of the Government of Cambodia – is ensuring Cambodia's casualty rates from landmines continue to fall. Over 10 years they have reduced from 3,000 per year to around 800 per year. These results are encouraging. Dedicated mine action is saving thousands of lives.

Australia's Special Representative for Mine Action Bruce Billson with Cambodian Mine Action Centre staff in Pailin, Cambodia. Photo: Lorrie Graham

SPORTS PROGRAM

The Prime Minister, John Howard, announced a new \$10 million for sport development at the recent Commonwealth Heads of Government Meeting in Malta.

The program, funded by AusAID and managed by the Australian Sports Commission, will be open to all developing Commonwealth countries with primary focus on the Pacific Islands. The program will operate over five years from July 2006.

AusAID and the Australian Sports Commission will work together to build on existing sport development programs – the Active Community Clubs (Africa), Sport Ability (Africa and Pacific islands) and Pacific Junior Sport. A sports volunteer component will also be added similar to the Melbourne 2006 Sport Development Volunteers Program.



The new sport initiative, called the Australian Sport Outreach Program, will encourage greater participation in physical activity at junior levels. It will also address broader community issues such as HIV/AIDS awareness, non-communicable diseases, youth leadership and personal development.

In training – sport in the Pacific. Photo: ASC

TENNIS IN EAST TIMOR



Tennis legend Evonne Goolagong Cawley and a team of indigenous tennis players recently held coaching sessions for children in East Timor. 'Along with tips and techniques to improve their tennis skills, we will also focus on healthy living and other life skills and leadership training for young people, Timorese and Indigenous Australians alike,' says Evonne. The clinics are coordinated by Australian Volunteers International. Photo: AVI

IN MORESBY



Singer Jimmy Barnes reaches out to former young offenders, telling them, 'It's okay to lay down your guns and pick up a shovel.'

He was in Baruni Village where AusAID works with local authorities on the 'Yumi Lukautim Mosbi' [Let's look after Moresby] Project.

The project aims to bring government and communities together to address crime and promote safety.

Photo: AusAID

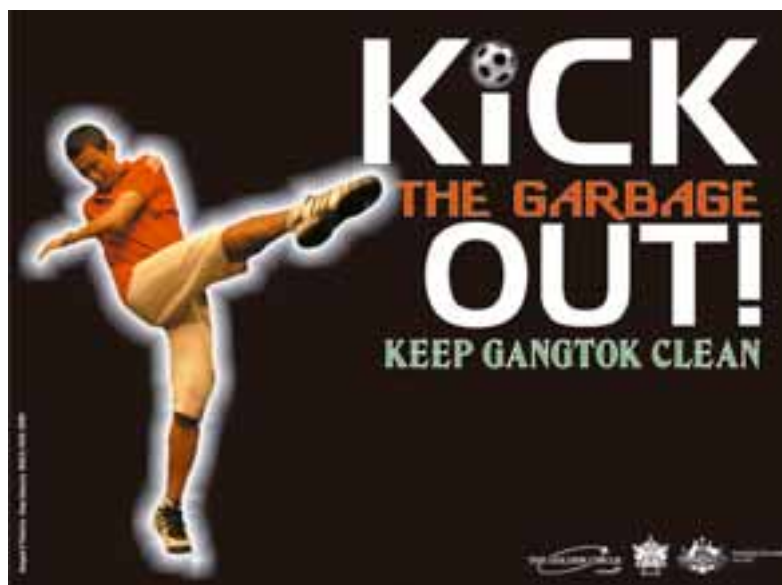
CLEANING UP GANGTOK

INDIA: AusAID has made great headway in helping to achieve a 'clean and green Sikkim'.

For the past two years, AusAID has been in Gangtok, the capital of Sikkim, helping to improve water supply and sanitation and solve the problem of household waste. In partnership with the local government, AusAID is working on a campaign to achieve a clean and healthy environment.

Part of this campaign involves trialling new methods of garbage collection, including a 'binless' system. Many of the 'walkways' in Gangtok are narrow, twisting and very steep. Footpaths and stairways take the place of streets, which present difficulties when it comes to collecting the garbage.

Where there are no roads, men carry 'bin backpacks' up and down the winding steps. As they go, they



blow a whistle to alert residents to bring out their rubbish.

The effectiveness of the 'clean up' campaign is due in large part to Baichung Bhutia, the Sikkimese captain of the Indian soccer team and highly regarded international player. In communication terms, his fame, youth and talent are a persuasive and powerful mix. His endorsement of 'kick out the garbage' almost guarantees its success, such is his reach and

influence in the local community.

Trials in Gangtok have been so promising other towns in Sikkim are replicating them.

India's soccer captain Baichung Bhutia in one of the many posters and hoardings seen in Gangtok encouraging people to get behind the clean up campaign. Photo: Phillip Hawes

CONDOM TREES



AIDS in Papua New Guinea has reached epidemic proportions. A UNAIDS report released on 21 November 2005 says, since 1997, HIV diagnoses have increased by about 30 per cent each year. Approximately 10,000 cases were diagnosed by the end of 2004 but the actual number of people living with HIV could be five times as high.

By using condoms people can protect themselves from the disease but how do they obtain them easily? A bit of ingenuity

helps – condoms in Papua New Guinea now come on trees.

Dispensing boxes are nailed to trees allowing people to pick up a condom at any time. The so-called 'condom trees' are helping to make protection freely available, which is an important part of AusAID's strategy against HIV infection.

Julie and Simon Goode are managers of *positive.negative*, AusAID's travelling photographic exhibition raising HIV/AIDS awareness around regional Australia. They first saw 'condom

trees' in indigenous communities in northern Australia. During a recent visit to Papua New Guinea, they were encouraged to see the same idea. 'They're great. People have easy and discreet access to condoms, and they're free, which is essential for people living mainly subsistence lifestyles,' says Julie.

Simple but resourceful technology – Julie and Simon Goode with 'a condom tree', Papua New Guinea. Photo: Steph Doust/AusAID



Maldives. Although listless and weak, six-year-old Eman Hassan is on the way to recovery. She's one of the luckier ones to receive quality medical treatment in hospital. In the least developed countries, only a third of children receive appropriate care for their respiratory infections.
Photo: Will Salter

POOR HEALTH



China. Medical procedure in progress. The AusAID Bazhong Rural Health Improvement Project is raising the standard of healthcare provided by clinics in Tongjiang. Photo: Iris Yam/AusAID

THE WORLD'S POOREST 20 PER CENT OF PEOPLE ARE ROUGHLY 10 TIMES MORE LIKELY TO DIE BEFORE THEY REACH AGE 14 THAN THE RICHEST 20 PER CENT. WOMEN IN THE POOREST COUNTRIES ARE 500 TIMES MORE LIKELY TO DIE IN CHILDBIRTH THAN WOMEN IN THE DEVELOPED WORLD. MORE THAN 90 PER CENT OF MATERNAL AND CHILD DEATHS, AND 99 PER CENT OF MATERNAL DEATHS, OCCUR IN DEVELOPING COUNTRIES. INADEQUATE NUTRITION REMAINS THE SINGLE LEADING GLOBAL CAUSE OF POOR HEALTH.

ABOUT MORE THAN MEDICINE

A nation's health is a strong indicator of its prospects. Nations with cohesive and relatively safe societies, productive workforces and viable economies enjoy a good standard of health. For those nations without these conditions, the opposite is true in equal measure. Nations without adequate healthcare are likely to suffer social and political tension and 'sick' economic outlooks.



AUSAID'S HEALTH POLICY

The objective of AusAID's health policy is to improve the basic health of those most in need by

- » increasing access to health services
- » raising the quality of health services
- » responding to natural disasters and emergencies through humanitarian assistance.

A new health policy for AusAID will be launched mid year.



GOOD HEALTH MEANS GOOD DEVELOPMENT

Healthier people have a stronger incentive – as well as capacity – to invest in themselves and their communities. They're more interested in education and developing work skills. Quite simply, because they have a reasonable expectation of reaping the benefits, they're more likely to see possibilities for progress and income growth.

And, as healthier people live longer, they're more inclined to

plan and save for retirement. Insofar as increased savings lead to investment, nations may prosper. They'll have at their disposal increased capital for development.

Further, healthier people with good life expectancies have greater interest in maintaining peace and stability. It's understandable they want to protect their gains. And so it follows, a healthy and educated workforce produces a healthier and safer environment that is attractive to foreign investment and trade possibilities.

Good health maximises good development prospects.



HEALTH CONDITIONS

As if to underline its fundamental importance in reducing global poverty, three out of eight Millennium Development Goals relate directly to health (see *Goals for 2015*). A further two – eradicating extreme poverty and hunger, and environmental sustainability – call for a halving of the number of people who don't have enough to eat or who are without safe water to drink. These are significant indicators of health. A sixth goal – developing a global partnership for development

– includes helping developing countries obtain affordable drugs.

The ways poverty contributes to ill health are direct and obvious. Unhygienic living conditions and inadequate nutrition expose the poor to greater risks of infectious disease and maternal and early childhood death. Moreover, poor people are in a weak position to protect themselves. For example, poor villagers may know their drinking water is contaminated but they have neither the social nor political power to have it fixed.

In so many cases simple preventive measures make a huge difference to health. The challenge for AusAID is working with

local partners to help implement them. For example, mosquito nets treated with insecticide to protect against malaria are presently either unavailable or financially out of reach for many poor communities. Immunisation programs safeguard against painful, sometimes fatal, childhood diseases, such as measles, whooping cough and diphtheria. Yet, despite the fact they're cheap to run (especially relative to managing an epidemic), effective, and have far-reaching benefits for public health, not everyone has access to them.

For poor rural areas, such as in Tibet, a simple and cheap remedy for preventing goitres and cretinism is ensuring iodine is put in salt (see *Salty Solution* page 11). Pneumonia and diarrhoea are the most common causes of death in the developing world yet affordable preventive treatments exist. And no measure could be more basic than hand washing but for those living on the fringe, accessing clean water and buying soap can't be taken for granted.

The Australian Government, through AusAID, is working hard to reach those most in need. Around the Asia Pacific it's involved in scores of major health programs at the national, regional and local level. And in collaboration with international organisations, such as the World Health Organization and UNICEF, it's building health care networks to deliver, for example, maternal and child health programs, nutrition interventions and HIV/AIDS awareness initiatives.

Ill health, in turn, contributes in direct and obvious ways to poverty. For example, the capacity for learning or working is drastically compromised if a person is chronically sick.

FAR LEFT: India. A woman struggles to care for her baby and prepare an earthen furnace to cook. Unsanitary living conditions and inadequate nutrition are the main causes of the spread of infectious diseases among the poor. Photo: David Longstreath/AP
LEFT: Bangladesh. Boys playing in flood waters – 99.8 per cent of deaths associated with unsafe water, sanitation and hygiene occur in the developing world. Photo: Dieter Telemans/Panos Pictures

GOALS FOR 2015

The Millennium Development Goals

- 1 Eradicate extreme poverty and hunger
- 2 Achieve universal primary education
- 3 Promote gender equality and empower women
- 4 Reduce child mortality
- 5 Improve maternal health
- 6 Combat HIV/AIDS, malaria and other diseases
- 7 Ensure environmental sustainability
- 8 Develop a global partnership for development

For more information <www.un.org>
<www.ausaid.gov.au/partner/global/undevel.cfm>

'The starting point for development is health,' says AusAID's principal health adviser Jim Tulloch. 'For example, it's well understood healthy individuals – those that enjoy good nutrition and are free from debilitating diseases – are better students and workers. They miss less school and work, are able to concentrate better and are more productive.'

If a person is unable to work through sickness the household budget comes under severe strain – particularly if all resources go to meet medical costs. The situation

can be especially disastrous if the victim is also the sole breadwinner.

To help with caring duties children are often taken out of school, an action which immediately curtails their chances of a brighter future. For, as is the case everywhere in the world, doing well at school can lead to a better job with promotion prospects and a rising income.

And so it is protracted and untreated poor health almost guarantees a descent into poverty, the pernicious effects of which are felt by generations to come.

mask the fact an unacceptably high number still die in childhood. Almost 11 million children worldwide under five years of age die from causes largely preventable.

A consequence of lower death rates is of course higher population growth. Over the next 20 years the population of the least developed countries in the world will grow by an estimated 60 per cent, compared to 30 per cent in the less developed regions and just 3 per cent in the more developed regions. In the Asia Pacific, population growth is exceptionally high in Cambodia, East Timor,

IN 2005–06 THE AUSTRALIAN GOVERNMENT ESTIMATES \$280 MILLION WILL BE SPENT ON HEALTH.



GROWING NUMBERS

Life expectancy at birth in most developing countries is around 64 years – up from around 40 years in the mid 20th Century. Yet many of the years gained will be lived with disability related to ill health.

With the exception of countries with a high incidence of HIV/AIDS, children are entering adolescence healthier than ever before. But this improvement helps

Laos, Papua New Guinea, Solomon Islands, Vanuatu and Nauru.

Not only are populations increasing, larger sections of them are moving to the cities. Migration is accelerating so that by 2030 it's estimated that two-thirds of all people will live in urban areas. Greater concentrations of humanity living in one place will inevitably cause environmental problems, such as air pollution, pressure on water sources and the loss to construction of crucial arable land, forests and open green spaces.

FAR LEFT: China. Looking after teeth – an important part of health. AusAID's Xianyang Integrated Rural Health Project, provided equipment – including a new dental chair – for Changning district hospital in Yongshou County. The ability to acquire and maintain modern medical equipment is a vital part of health service delivery. Photo: Iris Yam/AusAID

TOP LEFT: Papua New Guinea. Getting a shot. To be effective, immunisation programs must be run regularly and cover the entire population. In developing countries this is rarely the case. Photo: Rocky Roe

BELOW LEFT: China. Three generations. Over the past 50 years life expectancy at birth in most developing countries has increased by about 25 years. Photo: Iris Yam/AusAID



RESULTS AROUND THE REGION – A SAMPLE

The aid program improves the quality of life in the Asia-Pacific region for millions of people by, for example:

- » contributing to an innovative dengue fever control project in Vietnam which is achieving a significant reduction in dengue-carrying mosquitoes. Results are so encouraging the project has been extended (see *Pall of Dengue* page 24).
- » increasing the distribution of iodised salt in Tibet from zero to 30 per cent in rural areas and 70 per cent in cities. Iodised salt is a cheap, simple

and effective way to reduce iodine deficiency disorders which, outside of infectious diseases, are the largest public health challenge in Tibet (see *Salty Solution* page 11).

- » improving maternal and child health in Indonesia. Although there are several, one project alone is reaching a quarter of a million women and 900,000 children under five.
- » installing water supply and sanitation systems in East Timor benefiting 71,000 people in 160 communities.

- » conducting a hepatitis B control program in Fiji, Kiribati, Tonga and Vanuatu which has produced an 80 per cent drop in carrier rates.
- » supporting a partnership between Vaiola Hospital in Tonga and Prince of Wales Hospital in Sydney examining diabetes. One of the outstanding achievements of the partnership is a 30 per cent reduction in the number of diabetes related amputations.



LEFT: China. Inside the dispensary at the AusAID-assisted Peiyang health clinic in Tongjiang. Obtaining modern affordable drugs on a reliable and regular basis is a major challenge for most developing countries. Photo: Iris Yam/AusAID

In Solomon Islands the already high maternal mortality rate of 125 per 100,000 births in 1999 deteriorated to 300 per 100,000 in 2003.

The alarming rise in so called 'Western lifestyle' diseases such as heart disease, stroke and type 2 diabetes is another disturbing factor. The main causes are the adoption of a high fat diet and unhealthy habits such as tobacco and alcohol abuse. In Pacific island nations, such as Samoa, obesity is becoming an urgent problem. Among the young and disaffected – with perhaps too much time on their hands – drug and alcohol abuse is showing a dangerous trend.

Another area of concern is mental health. Problems, such as depression and suicide, especially

For the urban poor there will be further and greater exposure to health risks. In the sprawling slums of large cities where people live in crowded, unsanitary conditions, infectious diseases spread easily. Creating healthier housing and spaces for urban living are challenges for developing countries and the aid program.

Forty per cent of the adult population of many countries in the Asia-Pacific region fall into the 15 to 29 years age bracket. Nations experiencing 'population youth bulges' are statistically twice

as prone to internal conflict as countries without youth bulges.

While all sorts of reasons are put forward to explain this fact one of the most compelling is unemployment. Chronic work shortages, particularly for the uneducated and unskilled, cause disaffection. Countries that experience protracted internal conflict have nowhere to go but down. It usually marks the beginning of a nation's spiral into poverty and ill health. Nearby examples are East Timor, Solomon Islands and Papua New Guinea.

among the young are widespread in the region. The toll of road traffic accidents is also soaring, partly as a result of development that brings more vehicles and higher speeds across improved roads.

WIDER PICTURE

By encouraging growth and social stability the aid program is helping to reduce poverty and, at the same time, improve public health.

A range of development initiatives not directly related to health nevertheless produces health benefits. For example, AusAID is helping to raise rural incomes by encouraging better farming practices and selecting higher yield quality crops. It strongly supports scientific organisations such as IRRI (International Rice Research Institute), CIMMYT (International Maize and Wheat Improvement Centre) and the Global Conservation Trust, a plant gene bank. These institutions are successfully contributing to the development of crop varieties high in nutrition, high in yield, resistant to pests and disease, and low in water consumption.

Such activities not only contribute to the health of local communities through boosting the daily diet but also to their longer term wealth. For example, bountiful harvests mean communities are able to store or sell excess grain. Keeping reserves of food – or the flexibility to buy extra if needed – is ‘food security’. It moves people away from an ‘eeked out’ hand-to-mouth existence towards one where they can plan for sustainable futures. Providing agricultural training to meet specific circumstances and raise financial management practices also play their part (see *Right Rural Pitch* page 12).

Improved infrastructure also impacts on health. Better roads to travel along safely and which allow people to reach health services reasonably quickly – say, within hours as opposed to days – is an important difference. By making access easier people are encouraged to seek treatment before it’s too late.

In this way, AusAID’s efforts to improve general infrastructure in the Asia Pacific – such as constructing better roads, laying down water and sanitation systems, and building clinics – positively affect health standards.

Although establishing health services, especially in remote regions, presents difficulties on many levels, AusAID is committed to the task. In Papua New Guinea, the Health Services Support Program has rehabilitated 60 health clinics.

Governance is another area that has a defining influence on health standards. When government departments function effectively and run budgets following transparent administrative processes, funds can be appropriately allocated. Health outlays may be planned and provision of services evenly spread and maintained.

Likewise, ensuring clinic staff are trained and paid, equipment is maintained and safe, and effective drugs are regularly supplied, rely on good governance. There can be no consistent and reliable health delivery without first laying down workable administrative systems. For this reason a large part of the aid budget is directed towards helping raise the standard of governance in the region.

LIFE SKILLS

PAPUA, INDONESIA: No one knows just how many Indonesians are infected with the AIDS virus but, overwhelmingly, victims are young. They’re also ignorant about the disease and how it’s contracted.

Like Vietnam and China, Indonesia is classified by the United Nations as an ‘emerging epidemic’. A significant portion of its population in Papua is infected.

‘Indonesia is one of those places that managed to maintain a low prevalence but almost overnight, things changed,’ says Rachel Odede, head of the UNICEF HIV/AIDS unit in Indonesia. ‘We’re seeing up to 90 per cent in selected locations.’

Papua is remote, sparsely inhabited, and home to both remote tribal cultures and billion-dollar petrochemical and mining industries. Physicians and aid workers fear the HIV/AIDS epidemic is tearing a hole in Papua’s soul.

With the disease spreading rapidly throughout the region, UNICEF and AusAID have joined forces. Together they’re supporting programs to care for the sick and dying. On the prevention side, they’re educating young people to protect themselves before it’s too late.

Often referred to as a life skills education project, joint UNICEF and AusAID initiatives tie in with the Government of Indonesia’s five-year HIV/AIDS strategy. Again, education is central to preventing infection.

‘While we are in the schools we combine life skills education and peer education strategies. Our approach provides young people with the kinds of interpersonal communications skills and critical thinking skills that will help



them when they’re confronted with drugs or put under pressure to engage in unprotected sex,’ says Rachel Odede. ‘We’re also attempting to mount a mass media campaign. We’re very conscious a majority of young people still do not know how to protect themselves.’

The project has already trained hundreds of teachers and school principals in HIV awareness and prevention, and has reached tens of thousands of students.

UNICEF is presently gearing up to meet the increasing threat of mother to child transmission. With a 2.5 per cent birth rate, it’s thought 2,250 to 3,250 infants at risk of HIV infection will be born each year.

SALTY SOLUTION

TIBET: Iodised salt is a simple, effective and cheap answer to iodine deficiency.



For the past three years the Life Skills Education Project has been supported and funded by AusAID and UNICEF Australia

Papua is a priority province for AusAID's bilateral HIV/AIDS Prevention and Care Project. It includes a comprehensive public awareness program implemented by partner organisations like UNICEF. Support also extends to treatment and care of patients and families affected by HIV/AIDS.

ABOVE: Strong links with communities are central to the success of the life skills project. Teacher-parent associations and school committees are working together to spread the HIV/AIDS prevention message to students and as many other groups as possible. Photo: UNICEF



Iodine is a trace element found in the sea and soil. People usually receive their daily requirement, for it's vital for human development, through eating crops, such as vegetables and rice, or fish. But for some of the world's most impoverished people living in high altitude areas or far from the sea, this is not possible. Iodine once present in the soil has long since leached away, causing catastrophic effects for public health.

Iodine deficiency during pregnancy and early childhood can lead to neurological disorders, deafness, psychomotor retardation, mental deficiency and retarded growth.

In a four year period, AusAID helped distribute iodised oil capsules to vulnerable groups – women of childbearing age and infants. More than 95 per cent

of the target group were reached. Since 2000, 170,000 newborn babies were protected from brain damage associated with iodine deficiency.

Iodising salt is the simplest way to prevent iodine deficiency and is the long-term strategy for Tibet. Persuading Tibetans to accept iodised salt however has been, and in some regions continues to be, a challenge.

The fact is raw salt is freely available in Tibet. Non-iodised salt from large salt lakes has for generations been used for bartering goods. Many people are also unaware – or unconvinced – iodine deficiency in the soil is the cause of the nation's high levels of retarded growth, deafness and neurological impairments.

But through education AusAID's iodine disorders project has had significant success

overcoming initial resistance. As a result, iodine in salt is gaining greater acceptance. Between 2000 and 2004 the project achieved:

- » a reduction in the incidence of goitres (the distinctive swelling of the thyroid gland associated with iodine deficiency). Goitre rates fell from 30 per cent to 12 per cent
- » the use of iodised salt in 751 boarding school canteens
- » a doubling of the take up rate – 1.45 million Tibetans now use iodised salt.

Over four years, AusAID has given over \$2 million to support the elimination of iodine deficiency disorders in Tibet.

ABOVE: The Oracle of Lhasa and monks of Nechung. Photo: Dermot Tatlow/Panos Pictures

GLOBALISATION

In a smaller, increasingly interconnected world, health hazards can no longer be kept at a local level.

A by-product of globalisation is the free and rapid movement across the world of potentially fatal diseases, such as HIV/AIDS and SARS. Infectious diseases may be transmitted from one part of the globe to the other in a matter of days but, equally, global technology ensures the international health community is alerted almost immediately. Australia responded quickly to the outbreak of SARS in the region and played a significant role in monitoring its progress – a role it continues to do with HIV/AIDS.

One of the advantages of globalisation is the possibility of sharing scientific and medical knowledge. Once a report is received, high speed communication and surveillance technologies allow potential epidemics to be rapidly identified, organisms pinpointed and routes of transmission understood. The outbreak of avian influenza – bird flu – is being carefully tracked in this way. To be forewarned is to be forearmed (see *Avian Flu* page 26).

In an increasingly interconnected world, health hazards are everybody's business. It's no longer possible to contain potentially significant threats at a local level. Almost all health challenges have wider implications and require a coordinated global response.

Another aspect of globalisation is the potential – although not yet realised – to improve poor people's access to essential

medicines. Affordable and effective drugs have come about through the sharing of knowledge and international trade.

MORE THAN TWO MILLION PEOPLE CROSS INTERNATIONAL BORDERS EVERY DAY, ABOUT ONE TENTH OF HUMANITY EVERY YEAR. HIV/AIDS AND SARS DEMONSTRATE HOW RAPIDLY EPIDEMICS SPREAD.

Yet pharmaceuticals remain one of the most trade sensitive areas. Few disagree that safe and affordable drugs are fundamental to the operation of any healthcare system. The reality is however, many developing countries simply lack the depth of technical expertise, and resources, to negotiate successfully through multilateral trade processes. Furthermore, they don't have the structures or processes in place to regulate, manage and supervise imported goods and services.

Australian assistance is helping Asia-Pacific nations raise technical capacities – for instance, it's helping to draft legislation that will permit regional neighbours to import antiretroviral therapy for use in the treatment of HIV/AIDS patients.

RIGHT RURAL PITCH

PAPUA NEW GUINEA: The people of East New Britain Province welcome innovative rural training.

Hosea Turbarat, Manager of the Kairak Community Resource Training Centre in East New Britain, says 'Get the approach right and the impact will be substantial.'

Farmers want to improve their skills in areas such as financial management and marketing, but, warns Hosea, it's necessary for trainers 'to first understand the social, environmental and economic resources that underpin the livelihoods of rural communities.'

Over the past three years the Integrated Agriculture Training Program has made it its business to understand local circumstances and to tailor courses to fit precisely with community needs.

Course topics range from the traditional, such as agricultural commodities, to the more contemporary, such as sustainable livelihoods, small farm and business analysis, marketing and general computer use.

'We know it's hugely important to vary content to suit the different education levels of our trainees,' says David Macfarlane, the project's technical director. 'We know, for example, some of our communities are innumerate so we modify our modules accordingly. Our trainers spend a lot of time in planning so they can pitch sessions at the right level and trainees are able to get the most out of them.'

Training sessions are held in the villages so both men and women can attend. There's plenty of variety but each tends to emphasise self-reliance and planning. The sustainable



livelihoods course, for instance, covers all sorts of life matters, including family planning, human health and nutrition, and HIV/AIDS awareness.

To date, over 4,000 people have benefited from the training – from the crowded Gazelle Peninsula to the remotest parts of inland Pomio. Results have been direct and tangible, such as the improved quality and production of vanilla and the adoption of recommended agronomic practices for cocoa. At the financial end, monitoring processes confirm attitudes to income, spending and savings are changing in favour of better management.

'For me as a Tolei [tribal group from Gazelle Peninsula], it's most satisfying to see the cooperation. Everyone is working together as a team for the benefit of the rural people of East New Britain Province,' say Hosea Turbarat.

LIFTING A TOXIC LOAD

PACIFIC ISLANDS: Australia is helping its nearest neighbours remove 'the dirty dozen', 12 of the world's most dangerous agricultural herbicides, pesticides and insecticides.

The chemicals, including DDT and Agent Orange, are lethal, especially if they escape into the environment. Absorbed into the fatty tissues of vertebrates (including humans) they produce serious illnesses, including cancers.

Many Pacific island countries have significant stockpiles of chemicals left over from malaria control programs or experimental agricultural practices.

Over the past three years, AusAID has developed country-specific chemical clean-up programs with government partners in Cook Islands, Federated States of Micronesia, Fiji, Kiribati, Marshall Islands, Nauru, Niue, Palau, Samoa, Solomon Islands, Tonga, Tuvalu and Vanuatu.

With no capacity in country for safely destroying persistent organic pollutants – often referred to as 'POPs' – they're shipped to Australia. Cutting-edge technology in a purpose-built plant reduces them to harmless salt and water through a high-temperature vacuum and electrical charging process.

The POPs in PICs (Pacific island countries) program is widely acknowledged as best practice around the world for its use of innovative technology and its strategic communication approach. The United States and European Union have expressed strong interest in Australia's experience as they face similar challenges helping governments in the Caribbean and Africa remove dangerous chemicals.



To date, AusAID has identified, secured, removed and destroyed 120 tonnes of deadly toxic chemicals from 13 Pacific island countries, cleaning up threatened environments and removing a significant health hazard for hundreds of communities.

ABOVE: POPs team cleaning up the countryside – removing toxic chemicals is a precision operation. Photo: Lorrie Graham

RIGHT: Many chemical stores are abandoned or fallen into disrepair. Chemicals exposed to the elements pose significant health and environmental threats. Photo: Lorrie Graham



The Integrated Agriculture Training Program is jointly funded by the Australian Government through AusAID and the Government of Papua New Guinea through National Planning via the Papua New Guinea Incentive Fund. The program started as a joint initiative between the University of Vudal and UniQuest, University of Queensland. It now involves a wide range of private and public stakeholders.

ABOVE: Students and trainers work collaboratively at the Kairak Community Resource Training Centre. Course materials are highly visual and include stories and themes specific to Papua New Guinea. Photo: UniQuest





PLAYING THE GAME

There's a breathless hush in the close tonight –
Ten to make and the match to win –
A bumping pitch and a blinding light,
An hour to play and the last man in.
And it's not for the sake of a ribboned coat,
Or the selfish hope of a season's fame,
But his captain's hand on his shoulder smote –
'Play up! Play up! and play the game!'

Vital Lampada, Henry Newbolt (1862–1938)

SPORT IS A UNIVERSAL LANGUAGE THAT CAN BRING PEOPLE
TOGETHER, NO MATTER WHAT THEIR ORIGIN, BACKGROUND,
RELIGIOUS BELIEFS OR ECONOMIC STATUS.

Kofi Annan, United Nations Secretary General

LEFT: Papua New Guinea. Clash of the
Titans – Australia versus Papua New
Guinea. Photo: Action Photographics
TOP: Pakistan. Sunday afternoon cricket.
Photo: Dermot Tatlow/Panos Pictures

PACIFIC STEPS

Non-communicable diseases – heart disease, diabetes and cancer – are rapidly increasing in many Pacific island nations.

While associated with ‘preventable’ lifestyle choices, such as smoking, inactivity and diets high in fat, until now there has been no reliable data on risk factors and prevention strategies.

With support from AusAID, the World Health Organization trialled STEPS – an information collection plan. By analysing data gathered through regular surveys, trends of key risk factors are emerging. Such is the success of the initiative, STEPS is spreading not only around the Pacific but also to the Philippines, Mongolia, Malaysia and Vietnam.



[1] Running hard. Tonga–Samoa Inclusive Games in Nuku’alofa, Tonga. Photo: NSIC Collection/ASC

[2] Maldives, shortly after the wave. Not even the Indian Ocean tsunami could stop the world game. Photo: Will Salter

[3] Solomon Islands. The Hurricanes in training. Team members are deaf. Photo: Lorrie Graham

[4] Solomon Islands. Anyone for tennis? Improving skills, health and wellbeing

under the Pacific Junior Sport Program. Photo: Lorrie Graham

[5] Solomon Islands. Girls just want to have fun – the playful aspect of sport, part of the Solomon Islands Pacific Sports Carnival. Photo: *Solomon Star* newspaper

[6] Sione Manu competes at the Tonga–Samoa Inclusive Games in Nuku’alofa, Tonga. Photo: NSIC Collection/ASC





SPORT CAN HELP
OVERCOME IGNORANCE AND
DISCRIMINATION AND SOW
THE SEEDS OF INTEGRATION
AND EQUALITY.

Adolf Ogi, United Nations Secretary-
General's Special Adviser on Sport for
Development and Peace

MULTIPLE SPORTS FACTORS

Sport – it's entertaining, healthy and everyone can play

The appeal of sport is beginning to gather pace. 'So many development objectives can be realised through sport,' says Mark Peters, Chief Executive Officer of the Australian Sports Commission. 'Its value is sometimes underestimated but as anyone knows who's ever been to a rugby game in Samoa or Fiji – there's very little that mobilises Pacific island communities quite like sport.'

There's something about the sports factor. Research carried out by the Australian Sports Commission shows it transcends all social, political and ethnic barriers. Its appeal crosses educational levels, religious preferences and all language groups.

Its easy ability to bring people together makes sport a powerful communication tool – a fact not overlooked by AusAID.

Increasingly, the aid program is using sport to reach people – to tell them about important development issues such as HIV/AIDS awareness, drug and alcohol education, and non-communicable disease prevention.

Then there are the health benefits for those who play sport. The World Health Organization estimates physical inactivity causes 1.9 million deaths globally including:

- » about 22 per cent of ischaemic heart disease
- » 10 to 16 per cent of cases each of breast cancer, colon and rectal cancers and diabetes mellitus

'Western lifestyle' diseases – such as heart disease and type 2 diabetes are on the rise in developing countries, even among young people. The increase in fatty diets and a decrease in exercise are the main causes. The World Health Organization

estimates 'less than one-third of young people in countries around the world are sufficiently active to benefit their present and future health and wellbeing.'

FINDING WAYS TO INCREASE PHYSICAL ACTIVITY IS THE MOST COST EFFECTIVE AND SUSTAINABLE WAY TO TACKLE HEALTH PROBLEMS.

Regular physical activity is important for building and maintaining healthy bones, muscles and joints. Acquiring better fitness levels also help control feelings of anxiety and depression. According to the World Health Organization, there are further bonuses in properly guided physical activity. It encourages other healthy behaviours, such as avoiding tobacco, alcohol and drug use.

It also helps to filter violent and aggressive behaviours by allowing participants to 'let off steam'.

Health advantages may be overwhelming but so too are the social ones. UNICEF has identified studies showing involvement in sport or other physical activities allow young people to build self-confidence and feel a sense of achievement. Belonging to a social group or 'team' also encourages greater social interaction and integration. In societies, such as Papua New Guinea, comprising hundreds of different tribal and language groups, sport is a uniting force. It promotes social cohesion and 'nation building'.

For the aid program the case for more sporting opportunities is clear – taking in the multiple factors of social, physical, mental and political gains.

SPORTS PROGRAMS

The Australian Government is at the international forefront of 'sport for community development'. It funds programs in southern Africa, the Caribbean but mostly in the Pacific, reflecting the national interest.

» The Australia–South Pacific Sports Program, funded by AusAID and managed by the Australian Sports Commission, operates in 14 Pacific island nations and has been in existence since 1994.

It addresses sport and physical activity at all levels. The Pacific Junior Sport Program improves health and wellbeing of children aged six to 12 by making sport fun and increasing opportunities to play.

» The Pacific Sport Ability Program is a games-based, inclusive sports program for teachers, sport development officers, coaches and community group representatives. Its purpose is to improve sporting opportunities for people with disabilities. Paralympic sports of boccia, seated volleyball and goalball are part of the program.

Currently operating in Papua New Guinea, Solomon Islands, Tonga, Samoa and Fiji, the program is making an appreciable difference. One of the main benefits is everyone is learning more about disability. 'We know that if children with a disability participate in sport they become more active in their everyday life. Other people see them playing sport and understand that they are capable of doing many things,'

says Nina Davis, President of the Solomon Islands Paralympic Committee.

- » Through the Australia–South Pacific Sports Program, the Australian Government is welcoming Pacific athletes to train at the world-class Australian Institute of Sport.
- » Since 1994, the Australian Sports Commission has offered over 450 scholarships to elite and potentially elite athletes, coaches and sports science practitioners. Many of these athletes have gone on to record significant achievements at World Championships and Olympic, Commonwealth and South Pacific Games.
- » The long-term benefits of Australia's sport development programs in the Pacific are underpinned by the Oceania Sport Education Program. AusAID has committed \$615,000 to developing a world-first regional approach to sport education. It will provide sport administration and coaching courses via flexible and distance learning throughout the Pacific.

The Australian Government is contributing to the development of communities through sport in over 30 countries worldwide (southern Africa, the Caribbean and the Pacific). Such activities ensure Australia's respected international sporting reputation extends beyond the performance of its elite athletes.

For more information about sports programs in developing countries run by the Australian Sports Commission and funded by AusAID see www.ausport.gov.au/international





ABOVE: Australia's Anthony Tupou breaks through defence in the independence celebration match in Port Moresby. Photo: Rocky Roe

LEFT: Rugby league heroes from Papua New Guinea and Australia talking frankly about HIV/AIDS with students. Their main message – 'Play safe, stay safe.' Photo: Rocky Roe

ABOVE RIGHT: Mal Meninga, considered a superstar by locals, is led through the crowd. Photo: Action Photographics



TACKLING HIV

PAPUA NEW GUINEA: Australian rugby league aims to help bring down HIV infection rates.

Such is the passion for rugby league in Papua New Guinea, all those who play – especially at an elite level – are revered. In a country where rugby league is the national sport, visiting Australian players are feted as heroes.

In the daunting battle against the spread of HIV/AIDS, rugby league players are lending their considerable weight to the cause. Drawing on their 'star status' they're talking openly about a disease not many people are comfortable mentioning.

In between rugby matches they're visiting schools and community groups to help raise awareness. And because of the high regard in which they're held, their words resonate. Audiences listen.

Coached by league legends Mal Meninga and Brad Fittler

– 'super heroes' say the locals – the Australian team played in Port Moresby to a capacity crowd roaring its appreciation at every tackle and try. After the match, held as part of recent independence celebrations, Captain Luke Ricketson summed up the feelings of the Australians. Referring to the spirit and goodwill of the game, and the enthusiasm of the supporters, he said it was 'a moment he'd never forget'.

While touring Papua New Guinea, there were plenty of moments the team would never forget. School and community groups packed halls and ovals to listen to their heroes talk about 'staying healthy'. That 'includes protecting yourself against HIV/AIDS,' Brad Fittler told students at Gerehu High School.

Papua New Guinea has the highest reported rate of HIV/AIDS in the Pacific. An AusAID-commissioned report concludes, if not checked, the HIV epidemic will lead to major economic and

AUSTRALIAN RUGBY LEAGUE PLAYERS ARE DEMONSTRATING THE POWER OF SPORT IN COMMUNICATING IMPORTANT LIFE MESSAGES.

social declines. Heterosexual transmission is the most common means of infection. More than twice as many women aged 15–24 have HIV as young men, whereas males have higher infection levels in older age groups.

Infection rates will start to fall only when community attitudes to sex change. It's here in changing attitudes that Australian rugby league players are fulfilling a crucial need. Their high standing in the community permits them to challenge customs and social values, particularly those that subjugate women. In short, as role models and ambassadors for sport, they're able to influence changes in behaviour.

'There can be no rugby league players in the future if this terrible disease isn't stopped now,' says Mal Meninga. 'Australia and Papua New Guinea must work hard to beat it together. One of the ways we can help is by reaching people through rugby league.'

The centrepiece of Australia's response to HIV/AIDS in Papua New Guinea is a five-year, \$60 million National HIV/AIDS support project which works with Papua New Guinea's National Aids Council. Its activities include education programs, counselling, community care and clinical services. For more information <www.ausaid.gov.au/country/png/hiv aids.cfm>



PASSING THE BATON

The Queen's Baton Relay is running through 71 Commonwealth nations on its way to Melbourne.



Before journey's end, the Queen's baton (containing the Queen's message to the athletes) will have travelled more than 180,000 kilometres across land, sea and air. A succession of tireless runners will have carried the baton with pride. Various modes of transport will also have been used – not just vehicles, boats and planes, but bicycles, hot air balloons, horses and even elephants.

The Queen's Baton Relay is an intrinsic part of Commonwealth Games tradition. The race to Melbourne, which is attracting interest and enthusiasm wherever



it goes, shows it's in excellent condition. Communities from 71 Commonwealth nations are turning out in large numbers to cheer and show support. The passing of the baton is an expression by the people of the

unity and shared ideals of the Commonwealth of Nations and goes to the heart of what the games are all about.

One of the lucky runners to be chosen to take the baton in the Maldives is Sharon Stevens,

an AusAID volunteer teacher. Along with 15 other Australian colleagues, she's helping the chain of small coral islands to restore its education system after the devastating effects of the 2004 Indian Ocean tsunami.



FAR LEFT: Maldives. Australian volunteer teacher Sharon Stevens jogs 100 metres along a street in Male. Did she prepare for the big moment? ‘Much to the amusement of the locals, I did do some casual training, jogging around the island and using the small community gym,’ laughs Sharon. Photo: Steph Doust/AusAID

LEFT: Papua New Guinea. Former Commonwealth 100-metres runner Jeffery Bai takes the baton through the streets of Goroka.

‘People have been really excited about the baton relay visiting the Maldives,’ says Sharon. ‘Sport is a very important part of island life. On islands where there is often very little to do after school, games of soccer and volleyball keep children entertained, happy and healthy. More than that, sport is a really great way of rebuilding communities. It pulls people together and encourages them to strive for common goals.’

The 2006 Queen’s Baton Relay – the world’s longest – will end on 15 March when the final relay runner enters the Melbourne Cricket Ground during the opening ceremony of the XVIII Commonwealth Games. After the Queen’s message is removed and read to the crowd, the games begin.

Sharon Stevens is in the Maldives as a volunteer teacher with AusAID.

CLOCKWISE FROM TOP LEFT:

Papua New Guinea. The fearsome Huli Wigmen welcome the baton to Port Moresby.

Tuvalu. Chief Siaoisi Samuelu takes the baton on board a traditional fishing boat bound for Motulalo Island.

Vanuatu. Horsemen from Middlebush Village cut heroic stances as they gallop through volcanic dust, Tanna Island.

Tuvalu. A young girl joyously performs a traditional Tuvaluan dance as part of baton celebrations on the island of Nui.

Photos: Melbourne2006.

GAMES FEVER



BANGLADESH: Epidemiologist Adrian Cameron from Melbourne is helping research into infectious diseases.

Bangladesh's Centre for Health and Population Research is a centre of excellence for investigation and treatment of infectious diseases. Among its successes is the development of oral rehydration therapy. Children, especially infants, with severe diarrhoea caused by diseases such as cholera would die without the treatment. It saves three million young lives a year.

The centre's valuable rehydration research has also led to methods now used the world over in isotonic sports drinks.

'This is a fascinating place and the work here is really interesting,' says Adrian who has been at the research centre for several months. 'Personally and professionally I'm getting so much out of being here.'

Adrian is due to return to Melbourne just two weeks after the closing ceremony of the XVIII Commonwealth Games. But thanks to the visit by Melbourne 2006 Queen's Baton Relay, he is sharing in some of the fun and excitement.



'It's a shame I'm going to miss all the buzz of the games in my home town but in a way the games have come to me in Dhaka.'

Adrian Cameron is working at the Centre for Population Health and Research, Bangladesh, as part of the Australian Youth Ambassadors for Development (AYAD) Program. For more information about becoming a volunteer see <www.ausaid.gov.au/youtham>

TOP: Excited children accompany Bangladeshi athletes as they carry the baton through the busy streets of Dhaka. Photo: Melbourne2006

ABOVE: Adrian Cameron is learning and sharing skills at the Centre for Health and Population Research. Photo: Melbourne2006/prpix.com.au

BETTER HEALTH

IN RURAL CHINA

CHINA: Despite recent strong economic gains, more than 150 million people survive on less than US\$1 dollar a day – the World Bank standard of poverty. A large portion of the poor live in the country's remote rural regions.

Several factors – depleting natural resources, remaining core poverty, and the lack of basic health services – threaten the sustainability of China's future. In recognition of these factors, the Chinese Government has defined a long-term vision of creating a harmonious society. Instead of pursuing a policy of economic growth at all costs it's switching to one of 'balanced development'. In part this means opportunities for progress will be more evenly spread between wealthier urban areas and poorer rural ones.

Since it adopted its policy of reform and opened up to the outside world, the Chinese Government has significantly increased expenditure on national health. In the past 10 years, it has introduced a number of health policies and programs to reduce



SINCE 2001, AUSAID HAS CONTRIBUTED OVER \$27 MILLION TOWARDS RURAL HEALTH IN SHAANXI AND SICHUAN PROVINCES

poverty, particularly in rural areas. Yet the disparity between urban and rural health remains large.

Australia supports China in its efforts to reduce poverty through improving health. Over the past five years, AusAID has made



LEFT: AusAID's Iris Yam visits a young mother and her new baby at Peiyang health clinic in Tongjiang. The Bazhong project is making a big difference to maternal and child health services. Local women now report a high degree of satisfaction with the standard of care. Photo: AusAID

BELOW: Emily Steele (in red), an Australian youth ambassador for development, on an HIV/AIDS prevention rally – also part of the Bazhong Rural Health Improvement Project. Photo: Emily Steele



ABOVE: Villagers participate in a health promotion presentation on hepatitis and streptococcus suis. The latter is a relatively new disease in rural Sichuan Province. Caught from domesticated pigs, it can cause death within days. Health workers attached to the Bazhong project travel around the region to promote hygiene awareness and communicable disease prevention. Photo: Iris Yam/AusAID



For more information on the Bazhong project <www.bzhip.info>

considerable progress in raising the standard of rural health, particularly in health promotion, basic health service delivery and health management systems.

Two long-term AusAID initiatives, implemented under the China Country Strategy for 2002–05, are the Xianyang Integrated Rural Health Project in Shaanxi Province, and the Bazhong Rural Health Improvement Project in Sichuan Province. Both projects have been embraced by local governments and communities alike.

'Health delivery and promotion are areas where we're showing we have made a big difference,' says AusAID's Iris Yam, recently

returned from visiting the projects.

Chinese counterparts report Australia's support has led to a marked improvement in the quality, accessibility and efficiency of health services as well as the capacity of staff to cope with increased demand.

Although the Xianyang project will be complete in March 2007 and Bazhong project in March 2006, Australia will continue to work with China's health sector. Under AusAID's China Country Strategy for 2006–10, future assistance will focus on HIV/AIDS and other communicable diseases, including support for pandemic preparedness and response.

BUILDING A HEALTH SYSTEM

Achievements of the Xianyang and Bazhong projects include:

- » improving the standards of health services in local hospitals and clinics, including in maternal and child health
- » providing professional training for staff
- » improving health planning and management
- » strengthening administrative networks between local health clinics and hospitals
- » implementing a village health small grants scheme in poor rural villages to provide small-scale infrastructure and education programs (mainly about improving hygiene and sanitation)
- » implementing pilot activities in relation to the 'New Country Medical Scheme', a top priority of Chinese health reform, by providing either technical input or mobilisation assistance.
- » promoting HIV/AIDS awareness and prevention

HEARING AID

VANUATU: A team of Australian surgeons and nurses regularly travels around the Pacific treating a range of medical conditions, including hearing loss.



For, ear, nose and throat surgeon Perry Burstin, it's a dream fulfilled. 'For the five years I've been coming to Vanuatu I've wanted to run a specialised ear, nose and throat training course for the excellent nurses here. This is the first training course of its kind in the Pacific.'

Dr Burstin is one of a group of doctors, funded by AusAID through the Royal Australasian College of Surgeons, who travels regularly around the Pacific. He and his colleagues attend to people with conditions that would otherwise go untreated. Medical services in most Pacific nations just aren't there, primarily because health budgets don't stretch very far. Surgeons like Perry Burstin not only perform operations and procedures, they stay on to teach local medical staff.

A surgical team recently in Vanuatu's capital, Port Vila, was treating people with all sorts of health conditions but, in

particular, those with hearing problems. Over a week or so, doctors saw more than 100 patients and conducted several operations.

They also made time to train 12 nurses who found the experience of learning from experts invaluable.

The Australian doctors are confident they leave behind a competent group of health professionals. The nurses are proficient in diagnosing hearing loss, running audiology clinics and fitting hearing aids. And to make sure they're well equipped, the surgeons have donated an ear, nose and throat specialist medical kit to each island. These kits help the nurses identify priority patients, provide preventive care and ensure ear infections, especially in schoolchildren, are treated promptly.

Nurse Andorine Aki is thrilled. 'These kits have everything we need for our clinics on the islands. We are taking them to rural areas so we can care for more patients.'

AusAID has for several years funded medical teams from the Royal Australasian College of Surgeons to travel to the Pacific to treat people in need and to pass on surgical skills. <www.surgeons.org>

ABOVE: Part of the training. Ear, nose and throat nurses try out the equipment from their specialist medical kits. Photo Jessica Pelham/AusAID



PALL OF DENGUE

VIETNAM: The water stored in jars and tanks in a typical village in Long An Province may look fine but it's not. Within its depths a type of mosquito, *Aedes aegypti* – the carrier of a potentially fatal virus – is breeding.

Dengue-carrying mosquitoes thrive in the moist tropical conditions of central and southern Vietnam, although they're by no means confined to these parts. Dengue fever is a serious health hazard across Asia. It's also found in Australia's far north.

A single bite from a dengue-carrying mosquito may cause disease. In most cases victims suffer high temperatures, violent

headaches and muscular pain. In some cases, infection results in dengue haemorrhagic fever, a severe illness in which bleeding and, sometimes, shock leads to death. Dengue fever is most serious in children. It spreads rapidly and can affect large numbers of people during an epidemic.

Dengue fever is a disaster for Vietnam. Over the past 25 years there have been 1.3 million



reported cases of the disease and 25,000 deaths. One of the difficulties in eradicating the disease is water.

Many parts of Vietnam are without safe water systems so people store water in whatever vessels they can. It's in these water containers – jars, tanks, even discarded rubber tyres and old coconut shells – that mosquitoes, including the dangerous *Aedes aegypti*, like to breed.

An AusAID-funded program is working on a new eradication approach.

Scientists have discovered the naturally-occurring crustaceans *Mesocyclops* have an extremely useful habit. When placed in water containers they set about eating and destroying mosquito larvae. These are highly promising observations for the war on dengue.

Villagers are now placing the tiny crustaceans in their concrete water tanks and jars as the health message gets out (see *Exit of a Mosquito*). Everyone is right behind the new approach, from schoolchildren to the old and frail.

Since 2001, none of the communes taking part in a control program in Nam Dinh has reported a single case of dengue. In northern and central Vietnam, around 400,000 people have been

protected from the disease.

In view of its success, AusAID is extending its dengue prevention program in Vietnam for another five years – until 2010. Work will be extended to the three delta provinces of Long An, Ben Tre and Vinh Long. It will of course continue the excellent *Mesocyclops* studies, but the larger program will also find ways to improve water systems for poor communities. The program is based on the principle water should not only be safe from dengue mosquitoes, it should also be safe to drink.

TOP: Nguyen Thi Yen from the National Institute of Hygiene and Epidemiology, Hanoi (left) and Luu Le Loan from the Pasteur Institute, Ho Chi Minh City inspect water storage tanks for dengue mosquito larvae, Long An Province, southern Vietnam. **Photo:** Vu Sinh Nam
LEFT: Community collaborators identify sites where dengue-carrying mosquitoes like to breed and advise householders what to do. Most houses in southern Vietnam don't have piped water and must store rainwater – usually in large concrete jars – for use during the dry season. Water jars are the main breeding site for dengue mosquito larvae. **Photo:** Vu Sinh Nam
RIGHT: Carrying out an inspection. **Photo:** Vu Sinh Nam

EXIT OF A MOSQUITO

Science, community cooperation and tiny crustaceans called *Mesocyclops* are conquering dengue.

Thuy knows all about dengue fever. She's been struck down with the illness twice in her short life – once as an adolescent and recently as an adult. The thought of another attack fills her with dread.

But chances are she's safe. Thuy has been chosen to participate in the dengue fever prevention program running in her community in Bin Chanh Commune, central Vietnam.

'The disease is very bad – it causes terrible aches and pains. So many people, especially children, in my community have suffered. I'm happy to take part in any activities that will get rid of it.'

Chosen for her enthusiasm and her basic health knowledge, Thuy is a 'project collaborator'. She's responsible for making monthly 'monitoring' visits to 100 households. Her job is to identify places where dengue-carrying mosquitoes might breed and to instruct householders how to treat those areas. In short, she's a dengue educator – she asks and answers questions and makes sure no one is left in any doubt how the disease is transmitted. Most importantly, before she leaves, Thuy checks *Mesocyclops* are in place in all water storage jars.



'It's amazing to watch families who have no science background learn to test for *Mesocyclops*. A year ago, none of us would have heard the word let alone have an idea what *Mesocyclops* can do. Now they're our best friends,' says Thuy, who is impressed with how well the entire community is supporting the project.

Local schoolchildren and their teachers conduct commune-wide clean-ups and perform 'dengue plays'. These simple performances are most effective in getting the dengue prevention message across and complement the information in posters and on billboards.

The prevention program is producing astonishing results. No dengue cases have been reported in either Thuy's community or the other two participating ones. In contrast, approximately 110 cases have been identified in surrounding areas.

Program administrators attribute the success largely to the efforts of Thuy and her fellow collaborators. 'We gave the collaborators a long list of duties. And, even though the duties were challenging, the collaborators carried them out and their record-keeping has been impeccable.'

Thuy is delighted her community is reporting reduced, and sometimes zero, numbers of *Aedes aegypti*. As long as her community maintains the prevention practices, there's every indication these results will be sustained.

With the threat of dengue almost nil, now all Thuy has to worry about when a mosquito bites her is the itch.

The results of the AusAID-funded dengue fever prevention program are due to the collaborative efforts and scientific investigations of the following institutions:

- » Australian Foundation for the Peoples of Asia and the Pacific (AFAP)
- » Ministry of Health, Vietnam
- » The Australian Centre for International and Tropical Health and Nutrition at the Queensland Institute of Medical Research
- » Queensland University of Technology

For further information on the work carried out by the dengue prevention program see <www.afap.org> .



AVIAN FLU

WHAT IS AVIAN INFLUENZA?

Avian influenza – bird flu – is a viral infection of birds. Generally humans are not affected but some strains of the avian flu virus are dangerous if people come in close contact with infected birds. More than 68 people in South-East Asia have died from the H5N1 strain. So far there are no reported cases of human to human transmission of any strain of the bird flu virus.

WHY THE CONCERN?

An epidemic of avian influenza can devastate the poultry industry. In 2003, about 300 million birds in Europe were destroyed because of viral outbreaks in the Netherlands, Belgium and Germany. In Asia, more than 120 million birds have died or been destroyed in the latest outbreak.

The World Health Organization has warned bird flu may evolve into a human influenza strain that could cause disease worldwide.

WHAT IS AUSTRALIA DOING?

Australia is providing technical expertise to countries in the region, such as Indonesia, China, Cambodia, Vietnam and Thailand. Over the past two years Australia has contributed over \$141 million to efforts to stop the spread of the disease.

- » A sum of \$15 million is going to Indonesia to help prepare for a potential outbreak.

Funds are for the key areas of detection, diagnosis and containment of the virus. Courses (50,000) of the antiviral medication Tamiflu have been distributed to Indonesia's 44 Avian Influenza referral hospitals. Hospital and surveillance networks, established during the SARS outbreak of 2003, are reactivated. Laboratory staff are receiving special training in diagnosing bird flu.

- » Vietnam is receiving \$3 million to detect, monitor and control outbreaks of the bird flu virus and strengthen surveillance.
- » Workshops and training are underway to help Pacific countries prepare for an outbreak of the virus.
- » A regional network of Australian epidemiologists based in Indonesia, Vietnam and China is being established.
- » Funds are going to South Korea to help it prepare for outbreaks.
- » By working cooperatively with major bodies, such as ASEAN, the World Health Organization and United Nations agencies, Australia is providing assistance at the strategic and regional level.

ABOVE: Vietnam: Preparing chickens for market. Photo: Lorrie Graham

HUMANITARIAN AND



When Azwar Hasan and his team head out to tsunami-affected areas with their tape measure, compass, satellite positioning systems and a can of red spray paint, they're doing much more than making maps. They're making it possible for survivors to rebuild their lives.

'So much was destroyed, including land records, landmarks, and even memories of how the land was,' says Nick Mawdsley, Governance Program Adviser AIPRD (Australia Indonesia Partnership for Rehabilitation and Development). 'The land mapping project gives details of village house sites. It means survivors can rebuild in the safe knowledge their location will not be disputed. It also means the Indonesian National Land Agency can issue a certificate of ownership to each mapped household.'

I journeyed with Nick and his team of map-makers to a handover ceremony at Lhoong sub-district, about 90 minutes

MOVING FORWARD

INDONESIA: With thoughts on the first anniversary of the Indian Ocean tsunami, freelance writer Peter Davis, recently back from Aceh, reports on reconstruction progress.



drive from Banda Aceh. Twenty-eight village heads gathered to receive their maps and accompanying data. Each village head also received a large framed map for public display. It was here I met Mahyuddin, head of Kruang Village, once home to 508 residents now left with only 136. Despite his loss he's optimistic. 'We're keen to move forward and these maps will help us with our future plans,' he says.

The words 'moving forward' are echoed throughout the region. In the temporary barracks housing survivors from Kajhu Village, a

colourful billboard, put up by the Indonesian Red Cross and Red Crescent, says 'Move Forward Aceh'. Only 2,600 of Kajhu's 13,000 people survived.

Community volunteers are selected to work alongside village facilitators employed by the AIPRD Governance Program. Edwar, a young agricultural science graduate, is a spokesman for his village. He lost his twin brother, his parents and his house. 'People need activity to survive. It's important they don't wallow in their grief,' he says. 'That's why the mapping is good. We can see



the purpose. Now we know who owns what we can begin building for the future.'

Building activity proliferates throughout Aceh. Schools, temporary shelters and permanent housing are in progress. AIPRD has rebuilt the emergency wing of the general hospital and is also working on port facilities at Ulee Lheue and a number of schools.

Twenty minutes from the centre of Banda Aceh, in the village of Lamkruet, I met Chut Yusner. She's a civil engineer now working with the Australian Red Cross which is, with AusAID's support, improving village water and sanitation. This is ahead of constructing permanent housing. Chut is a graduate of UNSYIAH University in Banda Aceh. 'I never thought I would be using my skills to help rebuild my community,' she says.

I also saw a truck load of exuberant graduates in academic

gowns driving around Banda Aceh. They're the first batch of engineering graduates from UNSYIAH University since the tsunami. 'I have no doubt this lot of graduates will all be employed like me to help rebuild this community,' Chut says. I had to move quickly to photograph the truck. It was moving forward at a cracking pace.

CLOCKWISE FROM TOP LEFT:

Construction on the temporary port.

Engineering graduates from UNSYIAH University parade through Banda Aceh. They are the first group to graduate since the tsunami struck.

Dredging the harbour for roll-on-roll-off ferry access.

Village heads from Lhoong sub-district receive their maps – a significant step in the reconstruction process. The maps establish secure land ownership.

Photos: Peter Davis

EARTHQUAKE



To date Australia has given \$65 million to help people affected by the severe earthquake that tore large areas of Pakistan, Afghanistan and India, killing 80,000 people, injuring thousands more and leaving three million homeless.

Within hours of learning of the disaster on 8 October 2005, the Australian Government gave funds to the International Federation of the Red Cross and Red Crescent Societies for medical supplies and temporary shelter. Australia also provided thousands of woollen blankets to Pakistan to help earthquake survivors withstand the harsh northern winter, 330,000 water purification tablets and over a thousand vials of tetanus immunoglobulin.

AusAID led and funded a team of engineers to work with the Pakistan Government to assess damage to schools and hospitals and to help plan for future reconstruction. The team consisted of engineers from

RedR Australia (Registered Engineers for Disaster Relief).

As a result of the team's findings, Australian Government funding will be channelled through a new reconstruction facility. This will help source Australian professionals, such as engineers, urban planners and architects able to respond to urgent and ongoing reconstruction projects. It's also likely volunteers will be called to help with the rebuilding effort.

The Australian Defence Force has deployed a medical team to the earthquake zone around Muzaffarabad to provide essential primary healthcare services.

A Pakistani earthquake survivor carries his daughter 45 kilometres over rugged terrain to the relative safety of the mountain village of Gandool. Photo: Farooq Naeem/AFP

HEALTH EDUCATION

FEEDING DREAMS

BANGLADESH: Maximising children's potential relies on them having adequate nutrition.



In Panchagarh district in the northwest of the country, the United Nations World Food Programme, with assistance from the Australian Government, is making sure children eat at school. Since beginning the feeding program in 2003, there's a marked improvement in wellbeing, application and performance of students.

Jahanara remembers times when she would arrive at school hungry and go home hungrier. It was almost impossible to concentrate – she was lethargic and uninterested in lessons. Like many others in Panchagarh district, Jahanara comes from a disadvantaged home. Her mother, the sole breadwinner, works as a cleaner but her meagre income is not enough to cover her family's basic needs. Hunger is a constant companion.

Despite her best efforts Jahanara's mother is unable to

provide adequate nutrition at home. So it's a great relief to her Jahanara and her brothers and sisters receive supplementary food at school. Each day school children are given specially formulated high calorie biscuits containing vitamins and minerals vital for growing bodies.

The improved nutrition is having a profound effect on students and learning. Like her classmates, Jahanara has new motivation, more energy and happily participates in lessons. 'Now I am a little girl,' she says, 'but one day I will finish my education and become a teacher. This is my dream.'

AusAID helps fund the World Food Programme (WFP) in Bangladesh.

ABOVE: No longer constantly hungry, Jahanara (right) is able to concentrate on schoolwork. Photo: World Food Programme (WFP)



A TABLET WORTH TAKING

Bangladesh has one of the highest incidences of malnutrition in the world. Nearly 50 per cent of the population fall below the 'food poverty line'. But one of the main causes of malnutrition isn't just lack of adequate food, it's intestinal worms. Commonplace in Bangladesh because of poor sanitary conditions and a lack of safe drinking water, children with worms quickly become malnourished.

The World Food Programme with AusAID is addressing the problem in its

'Nutrition for Education' activity. Every six months, school children receive a completely safe tablet of albendazole – which kills and expels intestinal worms.

The de-worming program which is funded by AusAID is a joint collaboration between the World Food Programme and the Government of Bangladesh. It's reached 130,000 children but hopes to reach hundreds of thousands more. For more information see <www.wfp.org>

BABY SHEEMA

BANGLADESH: Malnutrition is a common cause of death, particularly for children.



Sheema's mother died soon after she was born. An aunt assumed care of her but when she was just two years old, she became very ill. She was admitted to hospital suffering from profound malnutrition, pneumonia and diarrhoea. There was no doubt she was on the verge of death.

Once medical treatment brought the pneumonia and diarrhoea under control, Sheema was moved to the hospital's

nutrition unit. Here her rehabilitation began. Low-cost indigenous foods, such as *khichuri*, an easy-to-digest mixture of pulses, vegetables and rice helped nourish her frail body. Her aunt was encouraged to stay by her side to learn more about children's dietary requirements and health care.

Sheema's recovery was startling. In five weeks – 35 days – she gained more than two kilos and was well enough to go home. After

just two follow-up visits, she was assessed as healthy.

Sheema's success story is one of thousands to come out of the Nutrition Rehabilitation Unit in the International Centre for Diarrhoeal Diseases Research, Bangladesh (referred to as ICDDRDB) in Dhaka. Each proves simple care and correct nutrition can often make the difference between a healthy life and an untimely death.

ICDDRDB is helping to reduce child and maternal mortality, combating HIV/AIDS, malaria and other diseases in developing countries. The Australian Government is one of the main financial supporters of ICDDRDB.

Four stages of recovery. With hospital care and correct nutrition, Sheema progressed – in just 35 days – from near death to full health.

Photos: ICDDRDB

VOLUNTEERING

MAKING THE MOST

CAMBODIA: Andrew Yong is a passionate advocate for the role sport plays in building self-confidence, fostering camaraderie and just letting people have fun. His enthusiasm is infectious and, as a keen athlete himself, he's enjoying sharing his skills with a group of highly competitive, disabled volleyballers.

Andrew Yong's effort is paying off. 'Our national volleyball team for disabled players came fourth in the recent world championships. That's a fantastic result and a great credit to the players' skill and dedication,' says Andrew, who's in Phnom Penh as a sports development officer at the Kien Kleang National Rehabilitation Centre.

Andrew trains and coaches people with disabilities, especially amputees who have, in the majority of cases, lost their limbs to landmines. In Cambodia, accidental injury and death caused by unexploded ordnance and landmines are common. For those who survive, physical, emotional and mental trauma runs deep.

'One of our newest players lost a hand as a child. He wandered into a disused building and picked up what looked like a harmless object. Unfortunately, it was unexploded ordnance. It went off as soon as he touched it – there was no saving his hand,' explains Andrew. 'Since that day he's been trying to get on with his life as best he can but he lost a lot of confidence with his peers. It's only since he's started playing volleyball that he's begun to feel better about himself and he's happier.'

Players in the disabled section of the Cambodian National

Volleyball League range in age from 17 to 55. Many train at Kien Kleang National Rehabilitation Centre, which they hear about from friends and family, or are referred by non-government organisations. Since the national team's rise to prominence – number one in the Asia Pacific and number four in the world – it's become famous in sporting circles, not only in Cambodia but also around the region.

AusAID is the main supporter of the centre. From just a few players in 1996, it now boasts an elite team and a membership of 180. Facilities are improving – a new volleyball court with a reinforced net is the latest addition.

As volleyball takes off in Cambodia more clubs are springing up. Presently there are 14 around the country. But they're not just good venues for training and competition, they're also lively social hubs. Players and their families like gathering at the clubs to socialise, share experiences and help each other make the most out of life.

'We strongly encourage people with disabilities to get out, meet friends, have a bit of fun, play sport – it's very important they're not left at home or kept out of the public eye,' says Andrew. 'We don't dwell on the disability aspect



at all. We focus on what people can do, we build on their strengths and help them perform to the best of their abilities.'

And, says Andrew, after a surprisingly short while, there's a transformation. 'When patients arrive they're usually self-conscious but as they're encouraged to shed their fears and push their personal boundaries, they become confident people again.'

The next step is to persuade more women with disabilities to play sport. 'Unlike men, women can sometimes feel shy about showing their prostheses. They also have a greater fear of falling over. But we're trying to get around these concerns. Wheelchair racing, because it offers more protection, might be a good start.'

As well as volleyball and other sporting facilities, the Kien Kleang National Rehabilitation Centre offers medical clinics,



prostheses workshops and special fitting rooms. There's also a vocational training centre where disabled people can learn different occupations, such as motor mechanics, and television and radio repair work.

It's all about maximising opportunities and making the most of life.

GENDER

ALTERED LIVES

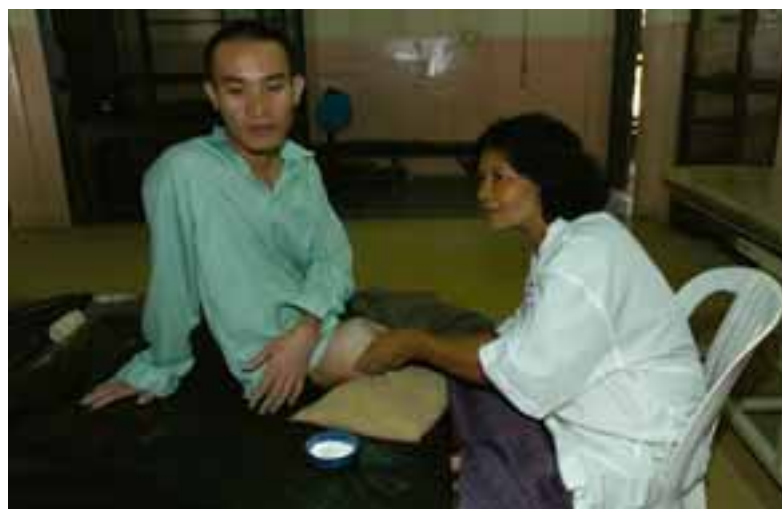
CAMBODIA: Men are more likely than women to be injured by landmines. The reason for this is simple. Men are more likely to be working away from the familiarity and relative safety of the village. They are mainly the soldiers crossing open ground or the farmers ploughing fields.

Unexploded ordnance and landmines are hidden where men more than women tend to go. In short, the ways men make a living, more so than women, are leading them to harm. Children are also at greater risk, especially boys inclined to play 'dare' games while helping with family chores, such as herding animals.

Domestic duties that usually fall to women – for example, collecting water or wood for fuel – can be dangerous too, but on a statistical level, less so than the activities of men.

Yet the effect of landmines on women is profound. While they may suffer less personal injury their lives are nevertheless irretrievably altered. This is because it's women who must care for maimed husbands, fathers and brothers. Female children are also more likely to be pulled out of school to help look after relatives.

While there has been a lot of work in mine-risk education and victim assistance, scarce information exists on mine-clearance in relation to gender. To help rectify this, AusAID is assisting a 'gender sensitive study into mine action' in Cambodia. It is specifically investigating the effects of landmines and unexploded ordnance on men and women, boys and girls. This is so appropriate assistance may be directed to their differing needs.



The revised five-year United Nations Mine Action Strategy states 'all aspects of mine-action programming must include gender considerations.'

AusAID is assisting World Vision in partnership with the International Women's Development Agency (IWDA) to work on a gender-sensitive approach to mine action in Cambodia. It's the first non-government organisation–bilateral collaboration to look at this issue, and is set to forge new research, knowledge and best practice.

ABOVE: An amputee receives treatment from the physiotherapist at Kien Kleang National Rehabilitation Centre. Photo: Lorrie Graham

RIGHT: Former soldier Keth Noeurn says since he's been fitted with an artificial limb he feels less dependent. He's able to work in his business as a barber and to get around the village.

Photo: Kevin Evans



Andrew Yong is in Cambodia as part of the Australian Youth Ambassadors for Development (AYAD) Program. For more information about volunteering see <www.ausaid.gov.au/youtham>

LEFT: Andrew Yong outside the Kien Kleang National Rehabilitation Centre. Photo: Lorrie Graham

TOP LEFT: Reaching high – there's no limit for keen volleyball players.

Photo: Kevin Evans

TOP RIGHT: Wheelchair racing appeals just a little. Photo: Lorrie Graham

UNEXPLODED ORDNANCE

Unexploded ordnance, often referred to as UXOs, are weapons – for example, bombs, shells and grenades – that failed to explode on impact. Until they are carefully de-fused they are 'live' and have the potential to kill or injure if disturbed. Even decades after the battles in which they were used, the risk of detonation remains.

WOMEN'S SPORTING CHANCE

SOLOMON ISLANDS: As an important part of community life, more women will be encouraged to take up sport.

It's commonly but incorrectly assumed, especially in post-conflict situations, the needs of women and men are the same. And so it is men tend to take charge of everything. They fill the leadership roles and make the decisions. Women are sidelined. They may be called upon to fulfil minor responsibilities but, by and large, they're excluded from planning and reconstruction stages. The result is in several areas women's needs, opportunities and aspirations are overlooked.

One such area is sport. In several troubled states around the Pacific women's access to sports training and resources – even the chance to play sport or use recreational facilities – is limited.

Yet sport, which is an excellent way to bring communities together and resolve differences, is also an important part of Melanesian life. Not everyone, however, has an equal opportunity to participate.

Giving women a sporting chance is at the heart of a new activity which aims to support annual provincial and national sports carnivals. The plan is to give women the best possible opportunity to join in. A locally-engaged 'women's participation officer' will ease the way by implementing inclusive activities



for women as participants, referees and organisers.

Through support of the sports carnivals it's hoped women will take the chance to improve their skills and consequently grow in confidence as competitors.

Sports carnivals take place in each of the country's nine provinces leading to a culmination – the Solomon Islands National Games – this year on the island of Makira.

Greater participation in sport is a way of raising the profile of women and including women in another important aspect of community life. When women are included in all aspects of

community life, it will not be so easy to overlook their needs in reconstruction initiatives.

The new sporting activity is to be funded by AusAID and managed through the Australian Sports Commission. The International Women's Development Agency (IWDA) will contribute to the project's gender component.

ABOVE: Barefoot soccer. Sister Anester (left) and Sister Janet battle to gain possession of the ball during a friendly match among the Sisters of Melanesia, Guadalcanal. Photo: Torsten Blackwood/AFP

THINKING CRITICALLY, RESPONDING COMPASSIONATELY

AusAID's Global Education Program raises awareness and understanding of development issues among Australian primary and secondary school students. It explores themes such as rights and responsibility, peace building, sustainability and global justice. It also promotes positive values and attitudes.

RETURN VISIT

With the Indian Ocean tsunami and the earthquake in Pakistan fresh in their minds, students from St John the Apostle Primary School in Canberra have been looking at disaster relief.

With a fictitious budget of \$750,000, the students were challenged to respond to the immediate and longer-term needs of a village in the Asia Pacific devastated by a freak wave.

Teacher Berna Simpson kept guidance to a minimum so students could freely explore their own ideas.

Results were impressive. There were some clever ideas, evidence of lateral thinking and, importantly, a compassionate response to circumstances that had wrecked people's lives. Some of the critical issues recognised by students were:

» the logistics of transporting relief supplies to areas where infrastructure was destroyed



- » the need to consult with village representatives on most urgent requirements
- » how to clean up debris if heavy removal equipment was also destroyed
- » the importance of re-establishing normal routines, such as getting children back to school.

Students presented their findings to an appreciative audience of around 100 AusAID staff. Jim Catchlove, one of AusAID's disaster relief specialists, gave students valuable feedback and was able to answer questions based on personal experience.

Before closing Global Education Coordinator Simon Kaldy noted it was not the first time this grade

6 class had visited AusAID and delivered high calibre responses to a global education task. 'It's very rewarding to see young minds grappling with the challenges and complexities of a humanitarian disaster,' he said. 'The students have applied themselves very thoroughly to the task of how they can best help victims. I'd like to congratulate Berna Simpson for creating some outstanding young global education students.'

Presentations included role plays, powerpoint talks and a guessing competition, 'Which country am I?'
Photo: Andrew Sheargold /AusAID

NEW RELEASE



AusAID and Lonely Planet join forces to raise awareness of the Australian Government's overseas aid program.

Australians love to explore the world and there's no better place to start than in the neighbourhood. The Asia Pacific is home to a variety of rich and diverse cultures.

See the Real World is a travel guide with a difference. It lists key travel information but it also presents in pictures a glimpse of Australia's aid – where and how Australian tax dollars are spent improving people's lives.

For many developing countries in the Asia Pacific tourism is an increasingly important industry. By travelling locally, Australians are showing their support. They're helping to create jobs and to boost weak local economies – both of which are essential in the battle against poverty.

So don't delay

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