

focus



THE MAGAZINE OF AUSTRALIA'S OVERSEAS AID PROGRAM

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HEALTH

Providing access to health care

Tackling disease

About AusAID

The Australian Government, through the Australian Agency for International Development (AusAID), provides official development assistance to countries in the Asia-Pacific, the Caribbean and in Africa.

Development assistance is delivered as part of long-term sustainable programs across a range of sectors—health, education, infrastructure, gender equality, law and order, rural development and the environment. AusAID also has a proud record of delivering humanitarian assistance to vulnerable populations caught in conflict zones or natural disasters, such as cyclones, floods and earthquakes.

Reasons for giving aid

Australia is committed to helping developing countries achieve the Millennium Development Goals (MDGs), which aim to alleviate world poverty by 2015. Poverty is one of the greatest challenges of our time. We know that poverty not only blights the lives of individuals but contributes to instability and conflict. A strong and effective aid program advances Australia's reputation and influence in the international community. It is in Australia's national interest to support stability and economic development across the world through assistance to people and governments of developing countries.

Size of the aid program

In 2010–11, Australia plans to spend \$4.3 billion on official development assistance. This is 0.33 per cent of our gross national income (GNI). The Australian Government is working towards a target of 0.5 per cent of GNI by 2015.



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Millennium Development Goals

The eight Millennium Development Goals are a blueprint agreed to by all the world's leading development institutions.

For further information see www.ausaid.gov.au/keyaid/mdg.cfm



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cover: Kteik Hteik Soe, 18, caresses her eight-day-old son in Taung Pet Village in the eastern Shan State of Burma. The village is a four-hour walk from the nearest town of Kalaw. Photo: UNICEF/NYHQ2004-1392/Shehzad Noorani

opposite: A UNICEF-supported measles vaccination campaign at Ali Akbar Awan School, Upper Chatter Union Council, Muzaffarabad District, Pakistan-administered Kashmir. Photo: Giacomo Pirozzi

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Subscriptions

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Emergency help for Pakistan

Australia has provided \$75 million to help the people of Pakistan in the wake of the worst floods the country has seen since 1929.

Foreign Minister Kevin Rudd announced a further \$40 million in aid for Pakistan from the Australian Government on top of the original \$35 million committed soon after the floods began.

The assistance includes:

- > \$11 million to help address urgent humanitarian needs in food, health, water and sanitation through United Nations agencies
- > \$20 million to help the Pakistani people rebuild their lives by assisting farmers to replant their crops, ensuring children return to school and rebuilding damaged health facilities
- > \$9 million to further assist Australian non-government organisations in their emergency relief and early recovery efforts.

Read more about Australia's relief efforts in Pakistan on page 28.

top: Foreign Minister Kevin Rudd visits the Australian Medical Task Force health centre in Pakistan.

bottom: Members of the Australian Medical Task Force discuss patient treatment at the health centre at Kot Addu.

Photos: ADF

Australia shows the way by increasing aid to help save lives

Australia has demonstrated the strength of its convictions when it comes to saving children's lives and protecting people's health with significant increases in its pledges to the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the Global Alliance for Vaccines and Immunisation (GAVI).

Foreign Minister Kevin Rudd has announced that Australia will commit \$210 million over three years from 2011

to 2013 to support the Global Fund to reduce sickness and death from HIV, tuberculosis and malaria in developing countries.

Mr Rudd also announced Australia will commit \$60 million over three years to support the critical immunisation work of GAVI.

'Australia's new pledge is a 55 per cent increase on our previous three-year pledge and demonstrates our

confidence in the ongoing success of the Global Fund in the prevention and treatment of these three diseases,' Mr Rudd said.

He said the support to GAVI would double Australia's previous level of support and would help the organisation to increase its efforts to combat two of the biggest childhood killers—pneumonia and diarrhoea.

Australia renews commitment to deliver the MDGs



Australia reaffirmed its commitment to the Millennium Development Goals at a summit at the United Nations in New York in September.

Foreign Minister Kevin Rudd attended the summit of 150 international leaders to firm up commitments and accelerate progress to achieve the internationally agreed goals to halve poverty by 2015.

During the summit, Mr Rudd stated that Australia plans to provide \$5 billion for education over the next five years. He also announced that Australia plans to spend at least \$1.6 billion on improving the health of women and children over the next five years.

Australia will also support a new Alliance for Reproductive, Maternal and Newborn Health. This will see the development agencies of Australia, the United Kingdom and United States, and the Bill and Melinda Gates Foundation, join forces to maximise their impact on saving the lives of women and children. Together they will coordinate efforts to train midwives, extend family planning services and make health services more accessible.

'In 2010, we should not still be seeing women die in childbirth because they don't have access to a trained health worker. We should not be seeing children dying from vaccine-preventable disease,' Mr Rudd said.

'As a global community, we have made progress. The number of women dying from complications during pregnancy and childbirth has decreased by 34 per cent since 1990.

'But we can do better,' he said.

'More than 350,000 women and girls die each year from largely preventable complications related to pregnancy and childbirth. And each year more than eight million children die, including 3.5 million newborn babies.

'The progress has not been good enough for women in countries like PNG, who are 80 times more likely to die in childbirth or pregnancy than an Australian woman.'

A global action plan was adopted at the end of the summit, which set out how efforts will be directed to achieve the eight anti-poverty goals.

above: Foreign Minister Kevin Rudd meets UN Secretary-General Ban Ki-moon at United Nations headquarters. Photo: Trevor Collens

From the Minister

In the past 20 years we have witnessed one of the most rapid reductions in poverty in history. Progress in China and India has helped lift hundreds of millions out of poverty. However, if we exclude those two countries, our eyes are opened afresh to the sheer scale of global poverty that continues today. More than one billion people in our human family are stuck in grinding, abject poverty.

The roadmap for responding to this challenge is the United Nations Millennium Development Goals, which remain at the centre of our aid program. The MDGs are our best hope for ensuring the forces of globalisation are inclusive—for all of our human family, not just part of it.

This financial year we have allocated \$4.3 billion to our aid program, which represents an increase of \$530 million from last financial year—the biggest increase ever in Australia's aid budget.

Just as important as quantity is quality, and this Government is committed to delivering the best development outcomes. As Foreign Minister I want to maximise aid effectiveness with a central emphasis on the measurement of real development outcomes against the MDG targets we have accepted.

Australians should be proud that we are responding to the challenge of poverty in our world by being a real contributor to global development. This is what reason requires. It is also what our conscience demands. It is what effective policy must deliver. An expanding and effective aid policy for Australia is a core objective of this Australian Government.

Kevin Rudd
Minister for Foreign Affairs



More at Focus online

Engineering NGO conference

Engineers Without Borders will introduce the concept of the humanitarian engineer at its annual Engineers Without Borders national conference.

The conference, Impact 2010: Creating change through humanitarian engineering, will take place 25–27 November in Melbourne. Key speakers will include Richard Denniss, Australia Institute Executive Director and Nic Frances, Cool nrg CEO.

Visit www.ewb.org/conference

Australia supports UN Conference in Melbourne

The Australian Government hosted the 63rd United Nations Department of Public Information Non-Governmental Organisations Conference in Melbourne from 30 August to 1 September 2010.

This was the third time the conference has been held outside New York, following Mexico City in 2009 and Paris in 2008.

The 2010 conference focused on global health and the achievement of the Millennium Development Goals, especially the three health goals to reduce child mortality, improve maternal health and combat HIV and AIDS, malaria and other preventable diseases by 2015.

Hundreds of non-government organisation representatives from around the world attended the conference to discuss global health issues and promote new ideas and development approaches in the lead up to the United Nations MDG Summit.

Reducing the impact of disasters

A new initiative to help prepare Indonesians for disasters and reduce their vulnerability was launched in July.

The Australia–Indonesia Facility for Disaster Reduction will help Indonesia to save lives and protect development progress in any future natural disaster.

Staff at the facility are dedicated to supporting Indonesia to improve its level of preparedness for disasters as well as to identifying ways in which communities can be made less vulnerable. Increasing the country's resilience is critical when its geography makes it so prone to natural hazards.

below: An AusAID staff member examines damage caused by a 7.6 magnitude earthquake in Padang, Indonesia, in 2009. Photo: AusAID



Pacific partnerships for secure development

Australia has signed Pacific Partnerships for Development with Marshall Islands, Micronesia and Palau.

During the Pacific Islands Forum in Port Vila, Vanuatu, Australia signed partnerships with Foreign Minister Silk of the Republic of the Marshall Islands, President Mori of the Federated States of Micronesia, and President Toribiong of the Republic of Palau.

Pacific Security Partnerships were also signed with President Tong of the Republic of Kiribati and Prime Minister Tuilaepa of Samoa.

The Pacific Partnerships for Development commit Australia and Pacific partners to make progress towards achieving the UN Millennium Development Goals, and target Australian development assistance to support priority areas such as access to clean water and improving education through better trained teachers.

Pacific Partnerships for Development have previously been signed with Kiribati, Nauru, Papua New Guinea, Solomon Islands, Samoa, Tonga, Tuvalu and Vanuatu. The Pacific Security Partnerships will enhance Australia's security cooperation with Kiribati and with Samoa.



2000th school opened in Indonesia

The 2000th school built under the Australia Indonesia Basic Education Program was officially opened in July.

Madrasah Balaraja is a state junior secondary madrasah (Islamic school) located in Tangerang, Banten Province.

Previously there was only one junior secondary school in this poor, highly-populated area.

Between 2005 and 2010, Australia funded the construction of 2,000 junior secondary schools across 20 of Indonesia's provinces.

This has created around 330,000 new junior secondary school places for 13–15 year olds.

above: Students wave Australian and Indonesian flags while lining the road to Madrasah Balaraja.

left: Students from Madrasah Balaraja.

Photos: Josh Estey/AusAID



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Preventing sexual violence in conflict

by Melissa Stutsel, AusAID



Tenth anniversary of Resolution 1325

Since 1980, almost half of the world's poorest countries have experienced conflict. More than 90 per cent of wars now take place within countries rather than between them. During the 1990s alone, wars claimed more than five million lives. The toll in terms of human suffering, economic loss and wasted development opportunities has been enormous.

Yet there is another side to conflict and post-conflict situations that is gaining increasing attention, and that is the experience of women.

Women are frequently victims of harrowing atrocities and injustices in conflict situations. International evidence shows that violence against women escalates during conflict and remains at high levels in post-conflict situations. Sexual violence is now globally recognised as a tactic of war and is also considered a war crime.

According to the United Nations publication *Stop Rape Now*, hundreds of thousands of women were raped during the Rwanda genocide and as many as 64,000 women experienced sexual violence at the hands of armed combatants during the conflict in Sierra Leone. But sexual violence in conflict is often not limited to rape. It includes acts such as slavery, enforced prostitution, forced pregnancy and enforced sterilisation.

Sexual violence affects millions of people, particularly women and girls. It is debilitating, it destroys communities and severely limits women's ability to engage actively in their societies.

There is growing international recognition that women's experience and perspectives must be considered in peace and security.

This recognition has been formalised through four United Nations Security Council Resolutions over the past decade. These resolutions address women, peace and security, and ending sexual violence in conflict.



The tenth anniversary of Resolution 1325 was on 31 October 2010. This resolution calls for the full participation of women in peace processes including conflict prevention and post-conflict reconstruction. It looks to incorporate gender perspectives in peacekeeping operations and training, protect women and girls, and engender respect for their rights. It also aims to integrate gender perspectives into United Nations reporting and implementation systems. Australia has long supported the principles of Resolution 1325 and has backed its full implementation since it was adopted in 2000.



AusAID will present the International Committee of the Red Cross photographic exhibition 'Women and War' to commemorate the tenth anniversary of UN Security Council Resolution 1325 at the High Court of Australia from 18 October to 5 November 2010.

above: A family at an internally displaced persons camp in Gereida, Sudan. This photo is part of the ICRC's Women and War Photo Exhibition. Photo: Boris Heger/ICRC

opposite: From left, Major General (Ret.) Patrick Cammaert, Former Division Commander for Eastern DRC for the UN's Mission in the Democratic Republic of Congo; Major General Abhijit Guha, Deputy Military Adviser to the Under-Secretary-General, UN Department of Peacekeeping Operations; Margot Wallström, Special Representative of the Secretary-General for Sexual Violence in Armed Conflict; Bob McMullan, the then Australian Parliamentary Secretary for International Development Assistance; and Major General Elhadji Mouhamadou Kandji, Force Commander of the United Nations Mission in the Central African Republic and Chad. Photo: Angela Jimenez



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Putting commitments into practice

In June, Australia joined key United Nations agencies to launch an inventory of best practice in preventing sexual violence in conflict.

The inventory, *Addressing Conflict-Related Sexual Violence—An Analytical Inventory of Peacekeeping Practice*, provides practical examples of peacekeeping tactics that have helped to reduce sexual violence and improve the safety of women in conflict. For example, in Kenya, thorny bushes were planted around camp perimeters to deter night attackers and sexual predators. This helped to protect the

camp without having to resort to barbed wire.

The inventory will help establish a more systematic approach to preventing sexual violence in conflict.

The inventory was funded by the Australian Government, and is the result of collaboration between the UN Department of Peacekeeping Operations and the United Nations Development Fund for Women as part of the inter-agency network, UN Action Against Sexual Violence in Conflict.

United Nations agencies will use the inventory to help train peacekeepers.

Australia is helping the Government of Sri Lanka to accelerate demining operations and resettle displaced communities.



What lies beneath

by Renu Warnasuriya and Suranthi Boange, United Nations Development Programme

Throughout the green jungles of war-torn Sri Lanka, yellow hazard plastic stretches for miles, disrupted only by small signs bearing the formidable image of skull and crossbones. Beneath each symbol is a single word of warning. Mines.

Northern and eastern Sri Lanka were heavily mined during the 30-year conflict, which ended in May 2009. While the dust has now settled and the Sri Lankan people are slowly returning to normal, these signs serve as a reminder of what is left behind.

About 300,000 people were displaced during the final stages of the conflict in 2009. While most have now returned

home to areas where sufficient land has been cleared of mines, approximately 28,000 are still in camps, waiting for land to be made safe. The United Nations Development Programme (UNDP), with Australian Government support, is helping the Government of Sri Lanka to clear war-ravaged districts of landmines. They're also helping displaced people return home and restart their lives.

'The first step in making return and recovery possible is demining, and this continues to be a critical priority in making the North of Sri Lanka safe for returning communities,' said AusAID's First Secretary in Sri Lanka, Sally Mackay.

But demining is a slow and gruelling process, and despite the hard work of the hundreds of deminers working in conflict-

affected areas, Sri Lanka is still years away from being mine free. While much of the clearance is done using manual methods, the use of machines called flails has helped pick up the pace of the process. Vehicle-mounted flails can be driven through mine fields and are capable of destroying large numbers of mines at a time. The Australian Government bought five of these flails, at a cost of \$3 million, to increase the pace of demining.

Nihal Somaweera, Sri Lanka's Additional Secretary of the Ministry of Economic Development, said the government was drawing up a 10-year plan to rid Sri Lanka of landmines and unexploded ordnance.

'In order to achieve this objective, we need to increase our labour capacity



Australian support

Australia has provided US\$3.3 million to UNDP's Support to Mine Action Project since 2006. UNDP is helping the Sri Lankan Government to prioritise mine clearance areas and assign clearance tasks among the Sri Lankan demining units and demining non-government organisations operating in the country.

The project has also helped the Sri Lankan Government set up the National Mine Action Centre to manage and coordinate the National Mine Action Program. It is part of Australia's total financial commitment of A\$10 million since June 2009 to accelerate demining and facilitate the resettlement of displaced communities.

AusAID's Sally Mackay said: 'The Australian Government is accelerating its commitment to demining and will provide \$20 million over five years. UNDP has been a pivotal partner for Australia's demining efforts, and has provided essential coordination support in the process.'

Wuria Karadaghy, UNDP's Mine Action Senior Program Manager, said: 'UNDP's top priority is to build up a sustainable capacity of the local partners at coordination and operation levels, to enable the safe return of thousands of vulnerable groups back to their point of origin.'

opposite top: A mine survivor learns to walk again after he lost his leg. Photo: UNDP

opposite bottom: A Sri Lankan army deminer at work. Photo: UNDP

above: One of the flails purchased by the Australian Government for demining work in Sri Lanka. Photo: AusAID

for manual mine clearance operations. We greatly appreciate the Australian Government's support in terms of funding for manual and mechanical demining operations as well as its support for the setting up of Sri Lanka's National Mine Action Centre.'

Rasaiah Krishnamoorthy is one of the hundreds of deminers working in Sri Lanka. He's leading one of the Australian Government-funded demining teams working in the Mannar District. 'When I first started work as a deminer I felt a little scared, but I realised that I would be all right as long as I followed the safety precautions,' the 36-year-old said.

Rasaiah plans to keep working until all demining operations are complete.

'When I saw people who had lost their

limbs because of landmines I wanted to become a deminer,' he said, adding that demining organisations also offered a good salary compared to other jobs.

Rasaiah, like most of the other deminers in the country, is proud of his contribution to the community.

'It makes me happy to see that I have helped people to come back home. I would be proud to see my son becoming a deminer as well,' he said.

Brave individuals like Rasaiah have helped pave the way for a new life for thousands of Sri Lankans. As they finish their work and move out of the cleared areas, they take with them the strips of polythene and warning signs, making room for the men, women and children who come back to the safety of their homes.



FOCUS ON HEALTH

Good health. Without it you have nothing, or so the saying goes. Healthy people can look after their children, hold down jobs and contribute to their country's development.

opposite: A baby receives a dose of vitamin A at a UNICEF-supported health centre for women and children at Pobe City, Benin.
Photo: UNICEF/NYHQ2006-2852/Julie Pudlowski

Sadly, every day more than 10,000 people are infected with HIV and more than 22,000 people become sick with tuberculosis. A woman dies in childbirth every minute, while more than 24,000 children under five die every day, largely from preventable diseases or conditions like diarrhoea, malnutrition and malaria.

Most of these deaths are in developing countries where access to medical care is limited because the services are too far away or too expensive, or there simply aren't enough trained doctors and nurses to help.

In these countries, awareness of and access to hygiene, sanitation and family planning can be limited. Most often, there simply isn't a system of health care in place to provide total care from health education to affordable medicines to surgery.

Australia's support for health will increase to more than \$555 million in 2010–11 with a focus on the health needs of women and children, tackling regional threats such as HIV and emerging infectious diseases, and addressing malaria and non-communicable diseases in the Pacific.

How AusAID is helping developing countries to improve health



Strengthening national health systems

Australia is helping developing countries build comprehensive, cost-effective health systems that are sustainable both in terms of financing and a supply of trained personnel. For example, Australia is supporting the training of midwives in Indonesia and the upgrading of all nine of PNG's nursing degrees.

We also support national health policy development and planning, disease surveillance systems, research, and medicines supply and regulation.

Support is provided to strengthen service delivery and increase access for the poor to affordable services, including community-based health services.

Tackling major diseases

The prevention and treatment of infectious and non-communicable diseases are a major focus of Australia's aid program.

HIV and AIDS

Halting the spread of HIV in our region is critical to protecting livelihoods and improving people's health and wellbeing. Australia is doing this by helping partner countries provide increasing access to HIV prevention, treatment, care and support.

Malaria

Australia continues to tackle malaria in the Solomon Islands, Vanuatu and other countries with high malaria rates. We use established technologies and work with other agencies and regional governments to strengthen health systems and improve service delivery.

Protecting the health of mothers



Pandemics

Australia has committed \$160 million for initiatives to combat the threat of pandemics and other emerging infectious diseases in the Asia-Pacific region.

Australia has a strong partnership with the World Health Organization and other relevant international organisations, and assists small developing countries to participate in regional responses to health threats.

above: Dr Noah Tapaua (left) and Dr Graham Nunn (right) operate at Port Moresby General Hospital, Papua New Guinea. Photo: Rocky Roe/AusAID

left: Young Mawi sits on her mother Sia's lap under an insecticide-treated bednet at a centre in Monrovia, Liberia. Photo: UNICEF/ NYHQ2007-0657/Giacomo Pirozzi

Healthy mothers are more likely to raise healthy children. Healthy children grow up stronger and better educated, and help build more prosperous communities.

In Australia, 'dying in childbirth' occurs rarely and when it does, it sends shockwaves through the entire family and circle of friends. For women in poor countries, pregnancy and childbirth are the leading causes of death and disability. In Africa, one woman in every 26 risks dying of maternal causes compared to Australia where it is one in 25,000 women. Every day, five Papua New Guinean women die as a result of pregnancy or childbirth.

When a woman dies, the chances of her newborn surviving are much lower. More than four million babies die each year within their first month of life.

At least two-thirds of these deaths are preventable with proven, cost-effective interventions that could and should be available to every woman and child today.

To reduce maternal mortality, women need access to health services—transport

to get there and money to pay for it. They need access to health care earlier so they can plan when they have their families and get the right antenatal care soon after they become pregnant. There needs to be skilled health workers or a qualified midwife helping them during childbirth and they need access to emergency obstetric care, such as a caesarean section, should something go wrong. These simple things, which we take for granted here in Australia, could save hundreds of thousands of lives every year.

There has been significant progress. In the Asia-Pacific region, Bangladesh, Burma, Cambodia, Indonesia and Nepal significantly reduced their maternal mortality ratios between 1990 and 2008, but the rates remain high in other developing countries. The Australian aid program gives maternal and child health a high priority and is working with its partners to improve the health of mothers and babies.

above: Lamphuei and her child Noy in Naver village, Dakcheung, near Sekong, Lao PDR. Photo: Jim Holmes/AusAID



Surviving childbirth in Bangladesh: Shefali's story

by Shahrukh Safi, AusAID

Shefali Begum, 28, lives in a remote northern district of Bangladesh with her husband and two children. Her daughter Hosne Ara Lisa is eight and her son Shamim is three.

The birth of Shamim in March 2009 nearly ended in tragedy.

Shefali fell pregnant with her second child in mid-2008. Her district was covered by an Australian Government-supported maternal, neonatal and child health project run by non-government organisation BRAC, in partnership with UNICEF. This meant that trained health workers visited Shefali during her pregnancy to make sure she and her unborn son were healthy.

On 12 March 2009 she went into labour. A trained childbirth volunteer was with Shefali for the birth at 3am the next morning. Shamim was healthy and everything seemed fine until, after 30 minutes, Shefali still had not delivered the placenta. This worried the childbirth volunteer, who had been trained to identify complications and seek further treatment for the mother. She urged Shefali's family to take her to a hospital, but the family was unable to do so because they did

not have the money to pay for medical treatment. Medical care can be expensive in developing countries like Bangladesh, which poor families can't afford.

Shefali's condition deteriorated through the night and at dawn the volunteer called her supervisor from the project, who joined her at Shefali's house. They convinced the family to take Shefali to the nearest health facility—15km away at the Syedpur Hospital—after promising to pay for her treatment. Shefali was transferred to the 50-bed hospital by van. She received emergency obstetric care, blood transfusions and further treatment. After a few days, Shefali was able to return home with Shamim to her husband and her daughter. The health volunteer continues to visit Shefali and her son to ensure that both are healthy.

Shefali said: 'On that day, in my great danger, BRAC and their staff did a lot for me. I do not have any words to thank them. Without their help I would have died.'

In 2009–10, the Australian Government provided \$16 million to train and deploy an extensive network of frontline health workers in Bangladesh to provide a range of services to pregnant mothers and children.

In Bangladesh:

- > maternal mortality has fallen from 574 (per 100,000 live births) in 1991 to 290 in 2006
- > use of family planning had risen from 49 per cent of married couples to 56 per cent in 2007
- > from 1994 to 2007, infant mortality has decreased from 87 to 52 deaths (per 1,000 live births) and under-five mortality has decreased from 133 to 65 (per 1,000 live births)
- > 18 per cent of births are attended by medically trained health workers and less than 15 per cent of births take place at health facilities.

Australia also supports UNICEF to work with the Bangladesh Ministry of Health and Family Welfare to improve access to and the quality of health services provided.

top: Shefali prepares a meal outside her hut in a remote northern district of Bangladesh.

top left: Shefali discusses her health with a community health worker as part of the maternal, neonatal and child health project run by non-government organisation BRAC, in partnership with UNICEF.

Photos: BRAC

Child survival: our future depends on it

by Professor Trevor Duke, Director of the Centre for International Child Health at the University of Melbourne

In just a few short hours from my home in Melbourne I could be in a country where a child is 15 times more likely to die than here in Australia. In Papua New Guinea, 74 of every 1,000 children born will die before they turn five. By comparison, less than five children out of every 1,000 die before their fifth birthday here in Australia. These high death rates in our neighbouring countries can't be allowed to continue.

In the first two years I worked in PNG, I saw more than 350 children die, but that was the tip of the iceberg. More than 20,000 children were estimated to have died in that time. They died from preventable or treatable diseases you rarely see in Australian children such as measles, malaria, tuberculosis, malnutrition and pneumonia—the biggest killer of children in PNG. These children died because their families were poor and because the health services they needed—trained doctors and nurses, medicines, vaccines, oxygen—weren't available.

I recall vividly a small girl who was brought from a remote village to a health clinic one night. She had a very bad lung infection and the hospital was out of oxygen. The little girl spent the night in this hospital, gasping for breath. Her mother stayed at her bedside while the health workers did what little they could with the resources available. Because the ambulance had broken down, the mother had to take her baby on a bus to the main hospital in the regional centre of Goroka to the only source of oxygen. The little girl arrived blue and gasping for breath. It was too late; she died an hour later.

To its credit, the PNG Government has taken child health seriously over the last 10 years and child death rates have fallen by 20 per cent since 1996. This is because more paediatricians have been trained and are working in 17 of the 20 provinces. There is improved vaccine coverage and deadly measles epidemics have been halted. Vitamin A is more widely available to address malnutrition. Mosquito nets



have been distributed to fight malaria and dengue fever. More girls are going to school, although still too few. Just by enabling a girl to complete primary school, the death rate for her children is halved.

In 2004, PNG paediatricians and the PNG Department of Health started a program of providing oxygen in hospitals. The program, which now runs in 17 hospitals, has reduced pneumonia death rates by 35 per cent. A vaccine against pneumonia and meningitis, which Australian children have received since 1994, was introduced in 2008 and is also saving many lives.

Most recently in June 2010, PNG introduced its first comprehensive strategy to further reduce child deaths, the National Child Health Plan.

There is much to be done. The National Child Health Plan must be implemented. There is a great need for better care for pregnant mothers; there are more women dying in childbirth in PNG now than there were 10 years ago.

Improved nutrition would have a dramatic impact on survival rates for both children and mothers.

More girls (and boys) need to attend and complete school.

Deaths from pneumonia would be further reduced if nutrition was improved and if antibiotics, oxygen and vaccines were more widely available. Neonatal deaths would decrease if health care was sought earlier and the care provided by health centres and hospitals was improved.

The solutions are all about people. More local doctors, midwives, child health nurses and community health workers need to be trained and supported to work in remote settings in the region.

Regionally, Australia cooperates closely on trade because it is important for our shared financial future. We work together on security to ensure regional stability. We must put as much effort into supporting our neighbours to put the survival, health and education of children first. Our shared future depends on it.

above: In Kwikilla District Health Centre, in the Rigo District of PNG's Central Province, nurse Sister Alison completes immunisation records for one-week-old Jeremiah and his mother Buner. Photo: Anthony Mason/AusAID



A holistic approach to health in Nepal

Achieving the health Millennium Development Goals is not impossible. The tools, techniques and technology exist to prevent mothers from dying in childbirth, to stop children from succumbing to malaria, and to halt the spread of deadly conditions such as HIV. With the political will and financing, developing countries can combat disease, improve maternal health and reduce child mortality.

Often what's standing in the way of achieving this is a holistic approach. An approach that brings together private and public systems of health care, that provides for sustained training for doctors, nurses and other health professionals, and that looks at different stages of medical care from family doctors and pharmacists right through to surgical care, that looks at sustainable financing of services from taxation to private or informal health care.

This is what we mean when we talk about a health system because it is just

that—a system of caring for people's health regardless of their sex, age or location.

Nepal is a country emerging from a period of armed conflict where the challenge of maintaining political stability is a daily struggle. While poverty rates are decreasing, some 25 per cent of Nepal's 29 million people still live in abject poverty. Yet the country is making significant health gains.

For example, Nepal is seeing reductions in maternal and child mortality because there has been a sustained investment in a system of health care with strong community-based services being delivered through trained female community health volunteers.

Maternal deaths fell from 281 to 229 for every 100,000 births from 2006 to 2009. This is largely because the number of births attended by skilled health workers increased from 19 per cent to 33 per cent.

AusAID's Principal Health Adviser Benedict David said Nepal was a good example of a whole system approach that was having a sustained and deep impact.

'Nepal has had real success. Even though it's a fragile state, it's managed

to achieve some good maternal and child health outcomes because they've worked to a coordinated country strategy with set principles, which has been supported by donors and other investors over a 10 to 15 year period.

'There's been the political leadership needed to take it forward; despite the instability, the health bureaucracy has remained relatively stable and community-based services were untouched by politics. Regardless of any changes, there's still been a strong commitment to people's health.'

Nepal has also been one of the pilot countries under the International Health Partnership, which was launched in 2007 to align donors, aid organisations and national governments under a unified and holistic country health plan. This has helped to focus their efforts on key health objectives while improving accountability.

The Australian Government has been a strong supporter of the Nepal Health Sector Program under the International Health Partnership, providing \$7 million since 2008.



Collaborative working in Nepal by Ashma Shrestha Basnet, UNICEF Nepal

Kali Bohara, 21, gave birth to her first child at home in her remote village of Thehe, in the mountainous Humla district of Nepal.

'I was assisted by my mother-in-law and other female members of the family,' she recalled. 'The labour pain I went through was intense and went on for two days.'

With her second child, Kali was able to give birth in a new health centre with a skilled health worker and a female community health volunteer—both trained to provide antenatal, birth and postnatal care.

'I was rushed to the health centre soon after the labour pains started, and I was well looked after,' she said. 'It's much cleaner and easier to deliver a baby at the birthing centre.'

As part of the wider approach to improve health care in Nepal, UNICEF supported the setting up of 12 birthing centres in the Humla district and provided training to seven skilled birth attendants. Community representatives

What is a health system?

A health system is all the factors that work together at different levels, which lead to health services being delivered to citizens of a country. At the top or macro level, it involves government planning and policy. At the micro and middle levels, it involves translating that planning and policy into a coordinated delivery of services with trained doctors and nurses, management, hospitals and health centres, and sustainable financing.

have also been trained to help boost awareness of critical maternal and newborn health issues.

Since the birthing centre was set up, all deliveries in the Thehe village have taken place there, said Sabita Buda, a skilled birth attendant. So far there have been more than 40 deliveries at the centre.

The Government of Nepal is helping the effort by providing funds to cover the transportation costs of new mothers as they return home, having delivered their babies safely at a birthing centre.

The Australian Government has also supported UNICEF's child survival,

nutrition and maternal health program with \$2.6 million in funding since 2008.

'We provide a 24-hour service,' Sabita said, referring to the centre in Thehe. 'We have all the basic facilities available here and are able to treat many of the complications that may arise during delivery.'

above left: Two children in Lamjung District, Nepal. Photo: Sarah Boyd/AusAID

above right: In Humla, Nepal, Kali Bohara (right) sits with her newborn son, her elder child (centre) and other family members. Photo: UNICEF Nepal/2010/UKhadka



Tackling malaria

by Melanie Holesgrove, Pacific Malaria Initiative Support Centre

Distributing bed nets to families in remote parts of Solomon Islands can be challenging, but there's no stopping Australian John Smale and his local colleagues.



Sandy beaches, a tropical breeze, beautiful sunsets—if only life in Solomon Islands was always this idyllic. The familiar ‘zzz’ of the malaria-carrying mosquito has, for many years, plagued the islands. Outside of Africa, the Solomon Islands has one of the world’s highest incidences of malaria.

The Pacific Malaria Initiative and its dedicated staff at the Pacific Malaria Initiative Support Centre have helped to drastically reduce the incidence of the disease in Temotu—one of the nation’s more remote provinces.

Brisbane-raised John Smale has been working for the support centre to help tackle the disease in Temotu. Specifically, he is supporting the Vector Borne Disease Control Program of the

Solomon Islands’ Government.

With a background in environmental health, John first visited Solomon Islands in 2008 as part of the Regional Assistance Mission to Solomon Islands (RAMSI).

‘I was lucky enough to visit some provinces and saw just how beautiful the islands and the people of this country are,’ John explained.

He returned in February 2010 as part of the team charged with supporting the government to implement the malaria elimination program in Temotu, the province chosen for the disease control and elimination pilot. The program focuses on distributing long-lasting, insecticide-treated bed nets, and indoor residual spraying—covering the walls inside homes with insecticide that kills and repels mosquitoes. The program is also generating community awareness and support, and building local skills.



Pacific Malaria Initiative

The Australian Government has committed \$25 million over four years to combat malaria in the Pacific. While there has been a steady decline in malaria in Solomon Islands, there has also been a decrease in Vanuatu from 74 malaria cases for every 1,000 people in 2003, to 15 cases for every 1,000 people in 2009.

Australia is partnering with the Government of Solomon Islands, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the World Health Organization and the Pacific Community Secretariat to tackle malaria.

opposite top: Community education about malaria and bed net distribution in Matu Village, on the North coast of Santa Cruz Island. Photo: John Smale

left: A child clings to its mother in Solomon Islands. Photo: Rob Maccoll/AusAID

opposite bottom: John Smale in front of Temotu's active volcano and premier fishing ground, Tiinakula. Photo: John Smale

The pilot program in Temotu has had immense success with a 69 per cent reduction in malaria cases from 2008 to 2009—from 1,200 cases in 2008 to 350 cases in 2009. Only 70 cases have been detected in 2010.

Despite the tropical setting and the easier pace of life, the island outpost has presented some unique logistical challenges.

'The mobile phone network is fairly unreliable and the internet connectivity is limited to intermittent dial up access,' John said.

'Also, flights and shipping routes are cancelled regularly because of poor weather and supplies can sometimes be a long way off.'

Unreliable supply chains, a lack of vehicle access, treacherous roads and limited staff has made the distribution of bed nets difficult.

The remote destination has also been personally testing for John.

'This role was a little hard to adjust to at first,' John said. But seeing how the program had helped to reduce the deadly impact of malaria on the province's most vulnerable communities has been rewarding. He said the program has had a profound effect on the people of Temotu with village chiefs regularly expressing their gratitude.

'Knowing that my skills and experience are helping to improve the health status of the people in Temotu province and will aid them in one day eliminating malaria from their province and their lives is very rewarding,' he said.

'Considering that infants were dying of malaria less than a few years ago, this is a wonderful program to be a part of.'

What is malaria?

Malaria is a mosquito-borne infectious disease that is widespread in tropical and subtropical regions including Asia and Africa. Each year there are up to 500 million reported cases of malaria. The disease kills more than one million people, predominantly young children, each year. Malaria is transmitted by the bite of a female *Anopheles* mosquito. The female transmits malaria parasites into the blood via her saliva, which then moves to the liver where the parasites multiply within red blood cells causing symptoms that include fever, vomiting and headaches. There are lots of drugs to treat malaria but prevention, through antimalarial drugs and items such as insect repellent, clothing and bed nets, is best.



Supporting friends with HIV in PNG

The Poro Sapot project in detail

The Poro Sapot project relies on a combination prevention strategy. It includes peer education to teach female sex workers and men who have sex with men about HIV and AIDS transmission and treatment, STIs, and legal and human rights. About 120 outreach volunteers (volunteers are female sex workers or men who have sex with men) distribute condoms and behaviour change materials, raise HIV and AIDS awareness, and provide peer counselling on safe sex practices in Lae, Port Moresby, Goroka and Kainantu, and along the highway of the highlands region. Each volunteer also works to build wider awareness and understanding among the community and other key groups such as health workers and police. The project also runs a testing and treatment clinic for sexually transmitted infections. The Poro Sapot project has been run by Save the Children since 2003 with funding from the Australian Government.

BB* is a female sex worker in the highlands of Papua New Guinea. She is HIV positive. In 2008, her life was spiralling out of control.

‘I never had respect for myself or others in the community. I was addicted to drinking alcohol, going out with anybody I met and having sex without using a condom. I didn’t know that I was practising risky sexual behaviour. I had no regard for my own health and hygiene. My community was negative towards me; they called me names and gossiped about me. I used to feel ashamed to access the public clinic that was operated by the government.’

BB was recruited to become part of Save the Children’s Poro Sapot project, funded by the Australian Government. The project works to prevent the transmission of HIV among female sex workers and men who have sex with men. Through peer outreach, the project distributes condoms and educates people about safe sex and risky sexual behaviours. The project also runs a sexually transmitted infections (STI) clinic, and builds awareness and understanding within communities and among police and health workers.

‘Poro Sapot has brought a lot of changes in my life. I have minimised my

bad attitude and changed my approach towards my health. Now the community recognises me and respects me for who I am. I act as a role model in the community educating my peers about STIs, HIV and AIDS, the importance of using condoms, and where to access health services.’

Papua New Guinea has 99 per cent of all reported HIV cases in the Pacific with an estimated 54,000 people living with HIV. With HIV at epidemic levels, the country has struggled to reduce the spread of the disease.

In PNG, HIV transmission is driven by people having multiple sex partners and not using condoms, limited education and understanding, and limited services. Poro Sapot, which simply means friends supporting friends, is working to tackle all of these drivers.

As obtaining money for sex and male-to-male sex is illegal in PNG, project manager Christopher Hershey said reaching people in these key vulnerable groups was challenging.

‘There aren’t many people who are imprisoned for these activities, but the stigma attached makes both groups very complicated to work with because they’re integrated within their communities as is the way of life in PNG—a man who has sex with men might be married with



What are HIV and AIDS?

children and a female sex worker could be raising her family within a village. But the shame of engaging in these illegal activities means many conceal their identities and don't seek help while continuing to engage in risky sexual behaviour,' he said.

Christopher said the peer approach was breaking through and delivering results.

'We know there's increased knowledge and use of condoms, and people are accessing health care and clinics more as a result of this project. I've seen families and communities welcome people back after they've been outcast for having HIV. Others have told me that this project has saved their life.'

Christopher said the project was unusual for Save the Children because it doesn't focus on children. However, there are a number of under-age sex workers who benefit from the program and the project is doing research to understand the reasons why young girls are becoming involved in this industry.

'Regardless, these adults are parents or will be parents in the future. By safeguarding their health from infection or re-infection, we will change the impact of HIV on future generations of children.'

*BB's name has been suppressed to protect her identity.

HIV, or human immunodeficiency virus, has emerged as one of the greatest global threats to development. An estimated 33 million people are now living with HIV worldwide, with five million of those in the Asia-Pacific region.

Acquired Immunodeficiency Syndrome (AIDS) is a disease of the human immune system caused by HIV. HIV and AIDS progressively reduce the effectiveness of the immune system and leave individuals susceptible to infections and tumors. HIV is transmitted through the exchange of bodily fluids such as blood and semen. There is no vaccine or cure. Antiretroviral drugs are widely available and help people with HIV and AIDS to live longer and healthier lives.

The effects of HIV can be devastating for individuals, families and communities, and are reversing decades of development gains. The pressures of illness and caring for sick family members can push households into poverty. Poverty in turn increases people's vulnerability to HIV by leading them to adopt high-risk behaviours. For example, women and girls may take up sex work to supplement household income.

Halting the spread of HIV in our region is critical to protecting livelihoods and improving people's health and wellbeing. Australia is doing this by helping partner countries provide increasing access to HIV prevention, treatment, care and support.

above middle: Project Officer Mary Andrew begins a female condom demonstration with a group of sex workers at a Port Moresby guesthouse.

far left: Since marginalised Papua New Guineans are not used to visiting doctors, visitors to the Poro Sapot clinic are first informed about what to expect. Project Officer Theresa Gundu and two volunteers prepare a patient for her examination.

above right: Many PNG clinics provide no physical examinations before making diagnoses or dispensing drugs, which increases risk to the recipients. Here, Nursing Officer Gol Malu examines a patient.

Photos: Rocky Roe



More at Focus online

Direct action targets tuberculosis in Kiribati

An Australian Government-supported program is hoping to reduce the incidence of tuberculosis by 30 per cent.

The tiny, idyllic island nation of Kiribati is home to around 100,000 people who live across 20 of the 33 low-lying coral atolls.

About half of the population live in the capital, South Tarawa, which is only 30 kilometres long and 450 metres at its widest point.

Overcrowding is a real issue.

So is tuberculosis.

The airborne disease—generally spread through coughing—is directly linked to overcrowded households. With an average of 11 people living in each house, and with the generally poor housing conditions, it's no wonder Kiribati has the highest incidence of tuberculosis in the Pacific.

Maima Tawaia is a community DOTS worker and has been a member of DOTS—the Direct Observation Treatment Strategy—for three years. DOTS is part of the Quality TB Epidemic Control Project run by the Secretariat of the Pacific Community and funded by the Australian Government. In her distinctive pink t-shirt, Maima is one of the 15 community DOTS workers who use motorbikes to travel up and down South Tarawa to deliver medicines and make sure tuberculosis sufferers are recovering well and taking the right medicine. The team also includes four specialist nurses who travel the country identifying tuberculosis cases and raising awareness.

Maima said she enjoyed riding the motorcycle each day to deliver medicines and ensure patients took their tablets.

'I like my job because I get to help my community and tuberculosis is not good for my community,' she said.





Tuberculosis facts

The DOTS is proving successful as infectious cases are removed from overcrowded households and patients treated in isolation in hospital for up to two months after which the majority (95 per cent) are no longer infectious. From hospital, patients are transferred to a special centre set up in a traditional building called a Maneaba. Because the building is designed to allow air to flow through and there's lots of space, it's ideal for patients' recovery without contributing to the spread of the disease.

Coordinator Dr Takeieta Kienene said the program was working well. He said the aim was to reduce the tuberculosis infection rate from 120 cases in 2005 to 80 at the program's conclusion—a 30 per cent decrease. Dr Kienene said although this goal was ambitious, there had already been many achievements and systems were in place to reach it soon.

'I believe the Quality TB Epidemic Control Project is doing all it can in terms of systems strengthening by boosting ward space, improving laboratories and

transport, and capacity development. I must say we have done a tremendous job in addressing the tuberculosis problem in Kiribati, and we can stop tuberculosis from being an epidemic only if assistance such as that from the Australian Government continues.'

opposite top: Maima Tawaia and her fellow community health workers set off on their daily run dispensing medicines and checking patients recently discharged from the hospital's tuberculosis ward. Photo: Lorrie Graham/AusAID

left: The Maneaba is constructed in a way so as to provide plenty of ventilation. This is where patients will convalesce for many months.

Photos: AusAID



More at Focus online

- > Spreads through the air via the bacteria mycobacterium bacilli.
- > A person with tuberculosis can infect up to 15 people a year.
- > Worldwide, every minute, roughly four people die of tuberculosis and 15 others develop the disease.
- > Most human tuberculosis infections are asymptomatic (no symptoms) and only one in 10 become 'active'.
- > Symptoms include coughing, fever, night sweats and weight loss.

above: Tuberculosis is a curable disease, but it is especially serious when it affects the lungs. Patients with tuberculosis can become too ill to return to work and recovery takes many months. Photo: Lorrie Graham/AusAID

above left: Community health workers prepare to make the rounds on their motorbikes. Photo: AusAID



Training to save patients' lives

by Jo Elsom, AusAID

In Australia, we take it for granted that emergency medical care is available when we need it. We call 'triple 0' for an ambulance and while we wait for the paramedics, health professionals provide support and advice on the phone. If we rush into a hospital with a life-threatening illness or injury, trained professionals provide immediate medical care.

But for many developing countries, formal emergency care, and the systems and training underpinning that care, are a relatively new concept. In Iraq, less than half the population knows the emergency phone number and many don't recognise the paramedics' uniform.

Like every country, Iraq grapples with illness and injuries; the rate of death or

mortality is reduced through good quality emergency care. Of course, Iraq has had the added challenges of conflict and sanctions.

'The medical profession hasn't been able to mix with and learn from its peers internationally. It has been isolated from seeing how other countries handle emergency care as well as any advances in this field. So now Iraq has a lot of catching up to do. The country and its government are keen to better support its people when they need it most—in life and death situations, and that's what Australia is helping with,' said AusAID's Erica Ferguson from Baghdad.

Since 2008, the Iraq Emergency Medicine Care Development Program has trained 770 paramedics and doctors in emergency medicine. In that time, it has seen patient deaths halve in one Baghdad emergency department alone.

'The change is significant and as such the program has received attention in Iraq from the government, health sector and media. Our training equips those driving ambulances and those at the operating tables to save more lives and help people get well again,' Erica said.

Training has included basic life support and first aid for medics and ambulance drivers, advanced emergency techniques for doctors, and support to develop national health systems and processes to coordinate emergency medicine in Iraq.

The training is provided through a partnership between Iraq's Ministry of Health, the Australian Government, and non-government organisation International Medical Corps (IMC).

The program also educates the public about the medical care provided



Training has included basic life support and first aid for medics and ambulance drivers, advanced emergency techniques for doctors, and support to develop national health systems and processes to coordinate emergency medicine in Iraq.



by paramedics in the first instance and hospital-based emergency medical care.

After participating in training, a medical trainee from Baghdad said: 'An old Iraqi proverb says to seek out knowledge, even if you have to travel to China to find it. We thank IMC and AusAID for the giving us this rare chance to learn through this program...the knowledge is priceless. Best wishes to all who have so served our pained country.'

A trainee doctor from Baghdad said: 'I feel most grateful for this training and now feel confident about performing my job in the emergency department. This made me love my job even more...I am so thankful for this opportunity.'

While there have been impressive short-term improvements, there is no doubt this is a long-term development challenge. But while the medical training



and health system support continues, those who have already been through the courses put what they have learned into practice each day. And the value of that is best summed up by this comment from an Iraqi medical trainee: 'This course saved patients' lives'.

above left: An Iraqi woman and child.

top: An Iraqi ambulance makes it way through a busy Baghdad street.

above: Doctors receive training in Iraq.

Photos: IMC



Eliminating blindness in the Asia-Pacific

by Sam Byfield, Global Advocacy Coordinator, Vision 2020 Australia

Nine-year-old Malo used to spend his days indoors, away from the sun, and separated from his mother while she farmed rice. Malo's quality of life and social inclusion was dramatically reduced because his family could not afford to pay for cataract surgery. All this changed recently, when Malo received the surgery he needed at Phu Yen Eye Clinic, Vietnam, with support from the Australian Government and Vision 2020 Australia's Global Consortium.

Twenty-four hours after surgery, Malo's smile lit up the room as his eye patches were removed. Previously deprived of sight, Malo was eager to make up for lost time and started running joyfully around the hallways. Since his operation, Malo has reintegrated back into society and is enjoying a better quality of life. He recently experienced Tet, Vietnam's New Year festival, and said: 'This is a really happy Tet because I can clearly see all the exciting things around me.' Malo's mother holds much hope for her son's future, and she is happier because she gets to see him outdoors and playing more often.

Malo's story is one heard all too often in the developing world. Globally,

approximately 400 million people are blind and vision impaired because of eye disease and other conditions. Ninety per cent of blind people are in developing countries, and over half of all blindness occurs in the Asia-Pacific. With proper treatment or glasses, 80 per cent of all vision impairment is preventable.

In partnership with AusAID, Vision 2020 Australia's Global Consortium is working to eliminate avoidable blindness in the region. The Global Consortium consists of Vision 2020 Australia and nine leading agencies from across the sector.

With funding from AusAID's \$45 million Avoidable Blindness Initiative, the Global Consortium is tackling



In partnership with AusAID, Vision 2020 Australia's Global Consortium is working to eliminate avoidable blindness in the region. The Global Consortium consists of Vision 2020 Australia and nine leading agencies from across the sector.



avoidable blindness on a number of fronts, including training eye nurses and eye doctors, the development of systems to collect and utilise eye health data, strengthening eye health infrastructure (construction, renovation and provision of equipment), supporting the government's blindness prevention committee, and raising awareness of eye health and sight-restoring surgeries.

Vision impairment is both a cause and a consequence of poverty, and by tackling avoidable blindness more people will be able to return to work and contribute to their families and communities. For example, approximately 90 per cent of vision impaired children in the Asia-Pacific are deprived of the opportunity to attend

school. Efforts to eliminate childhood vision impairment are central to achieving the second Millennium Development Goal—achieving universal primary education.

above left: East Timorese men following their sight-restoring surgery. Photo: Ellen Smith and the Royal Australasian College of Surgeons

above: Malo (R) hugs a friend after his cataract operation performed by Dr Tran Minh Phoung in Phu Yen, Vietnam. Photo: Courtesy of The Fred Hollows Foundation, photographer Brendan Esposito/SMH

The Global Consortium is a partnership of nine Australian eye health and vision care organisations working to eliminate avoidable blindness and vision loss in the Asia-Pacific region. The Royal Australasian College of Surgeons is part of the Global Consortium with its East Timor Eye Program, which started in 2000. Recently, program founder Dr Nitin Verma received both the Order of Australia and the Order of Timor-Leste, in recognition of his contribution to the program and restoring sight in East Timor.

Australians support the health of Pakistanis after floods



The Australian Government has so far pledged \$75 million in assistance to Pakistan following the July floods.

A few hours after the Australian Medical Task Force health centre opened in Pakistan, 14-year-old Uzma carried her pale and lethargic 17-day-old son Mohamad into one of the treatment tents.

With a proud yet nervous smile, Uzma presented her son to the civilian and Australian Defence Force medical staff at the temporary health centre in Kot Addu, a town in the central Punjab province. Mohamad was severely dehydrated and had been suffering from acute diarrhoea for almost half of his new life because of the devastating July floods.

Doctor Judith Findlay, from Perth, and nurse Anne Weir, from Darwin, immediately got to work to save the almost lifeless little boy. After several hours of treatment, Uzma was able to take her son, now awake and alert, home.

'My family lost everything in the floods but thankfully my house was OK so now my family are all living with my husband and I. It is very hot and there isn't much food or clean water around because of the floods, but I am relieved now that my baby is going to be OK,' she said.

Continued over page



The monsoon floods at the end of July devastated two-thirds of Pakistan. In Kot Addu, existing health services were damaged in the floods and the remainder were subsequently overwhelmed with patients. Tens of thousands of people in the region were in need of normal GP services and thousands more required medical treatment for flood-related injuries and illnesses.

far left: Darwin nurse Natasha Roberts provides oral rehydration supplements to waiting patients at the temporary health centre. Photo: Heather Pillans/AusAID

top right: Clinical Nurse Specialist Megan Chandler, from the Australian Medical Task Force, takes the blood pressure of a Pakistani mother, Aziz Javid, at the Kot Addu health centre whilst her daughters look on. Photo: ADF

bottom left: Australian Medical Task Force Doctor Tim Gray (left) and Royal Australian Air Force (RAAF) Medical Officer, Flight Lieutenant Rupert Templeman (right), check the condition of a Pakistani man at the Kot Addu health centre. Photo: ADF



More than 20 million people were affected by the floods in Pakistan and while the flood waters have started to recede, the damage remains.



above: Nurse Jo Wilson treats a patient at the Kot Addu health centre. The patient is covered with her shawl, which has been soaked in water to try and lower her body temperature. Photo: ADF

top right: Darwin nurse Anne Weir with Uzma and her young son Mohamad. Photo: Heather Pillans/AusAID



above right: Nurse Ronnie Taylor talks with Royal Australian Air Force (RAAF) Medical Officer, Squadron Leader Andrew Pearson, about the treatment of a Pakistani child at the Kot Addu health centre. Photo: ADF



opposite: Women wait to be treated at the temporary health centre. Photo: Heather Pillans/AusAID

The Australian Medical Task Force, of up to 60 civilian and Australian Defence Force doctors, nurses and paramedics, saw hundreds of cases similar to that of Uzma and her son: cases of dehydration, diarrhoea, malnourishment, respiratory disease, malaria and many more.

The monsoon floods at the end of July devastated two-thirds of Pakistan. In Kot Addu, existing health services were damaged in the floods and subsequently overwhelmed with patients. Tens of thousands of people in the region were in need of normal GP services and thousands more required

medical treatment for flood-related injuries and illnesses.

That's why AusAID and the Australian Defence Force initiated the task force at the invitation of the Pakistan Government, to relieve overburdened local health services in the immediate aftermath of the floods.

Once open, word spread quickly throughout the community that the Australians were in town providing health care. Despite the blistering heat and humidity, up to 300 patients a day walked for kilometres to get treatment.

Darwin nurse Ronnie Taylor said she



relished the opportunity to help the people of Pakistan.

'I think it's what we expected to see as far as infectious diseases and paediatric cases are concerned. I've seen lots of babies and people with malaria and dehydration particularly,' she said.

'It's a fantastic experience—hard sometimes in the 50-degree heat. It's also been quite an eye-opener, but it's very rewarding. The people are really happy to see us and there is a huge, huge need.

'I remember I treated an elderly blind man for pneumonia and after I'd treated him he had tears streaming down his face. That sort of gratitude makes you realise how much of a difference we're making here.'

Team leader Dr Ian Norton, from Darwin's National Critical Care and Trauma Response Centre, agreed it was a challenging experience.

'Many of the people we've treated, especially many of the children, would have died had we not been able to treat them,' he said.

'The team has found it enormously challenging given the sheer number of

people needing treatment and the heat, but we've really enjoyed the hard work and learned a lot about ourselves and the Pakistani people. There's not one of us who hasn't been thrilled to be here to help.'

Cairns doctor Mark Little said: 'Most of the people we've seen are parents with kids and they want the same things as us—for their kids to be happy and healthy and get a good education. It's a privilege to be here really to be able to help them in their time of need.'

Perth Nurse Jo Wilson said she had been amazed by the resilience of the Pakistani people.

'It's humbling really to be given permission to come and assist these people in their most vulnerable state,' she said.

More than 20 million people were affected by the floods in Pakistan and while the flood waters have started to recede, the damage remains.

During a tour of the health centre in Kot Addu, Foreign Minister Kevin Rudd announced a further \$40 million in Australian Government aid to Pakistan bringing Australia's total relief and recovery assistance to \$75 million.

The civilian doctors, nurses and paramedics from state and territory health agencies formed an Australian Medical Assistance Team. They were deployed by AusAID through Emergency Management Australia under the Australian Government's AusASSIST Plan. The plan is activated by AusAID when disasters, which require a comprehensive Australian Government response, strike developing countries.

'The consequences of an extended crisis in Pakistan are severe, not only because of its humanitarian toll, but because of Pakistan's pivotal place in the security of the region,' Mr Rudd said.

Mr Rudd said while he was troubled to see the extent of the disaster, he was also impressed by the vital assistance being provided by Australia at the health centre in Kot Addu.

SCHOLARSHIPS

In 2010, AusAID is supporting more than 2,100 individuals to study in Australia under Australia Awards.



Selma Amwaama

Selma Amwaama, from Namibia, is currently studying her Masters in Public Health (nursing) at the University of Western Australia. When she completes her degree next year she hopes to return to Namibia and help her country achieve the Millennium Development Goals, by reducing child mortality and improving maternal health.

'I've been working as a nurse and midwife in my home country of Namibia since 2003. Most recently I've worked at Swakopmund District Hospital where my job was to run various wards from maternity to emergency. Before that I ran the Henties Bay Clinic where we provided all sorts of care such as family planning, HIV counselling and testing, antenatal and postnatal care plus emergency delivery.

'I have been lucky to start my Masters in Public Health (nursing) at the University of Western Australia this

year. This is helping to give me a broader understanding of public health.

'When I return to my job at the hospital in Namibia, I would like to focus on improving maternal health. It's not only important in its own right, but is essential to improving the health of children, families and communities. I also would really love to see Namibia make positive progress towards the health-related Millennium Development Goals and I believe this is possible because the Namibian Government has made health a high priority.

'The knowledge I gain from this course will be useful for not only my career but also for my country, and I must thank AusAID for helping developing countries. It's not been easy for me—when I first came here my computer skills were very limited—but I've received the support I need and the people are very friendly.'



More information about Australia Awards at Focus online

Training for the top

East Timor Health Minister Dr Nelson Martins completed a population health graduate diploma and a Master of Health Management at the University of Newcastle in 2000.

From being a medical student activist in Indonesia to a post-doctoral fellow in Australia, Dr Martins' international education has been central to his significant contribution to East Timor's health sector.

In 1998, after working abroad, he decided to return to his home country. Under difficult conditions, Dr Martins managed a small tuberculosis program and treated people in the jungles and mountains.

Conditions in East Timor deteriorated further in 1999 when independence was granted. 'Everything was destroyed including my house. I had nothing left. I lost my job, but as you know, whole sectors collapsed. About 70 per cent of the country's infrastructure was destroyed.'

In 2000, Dr Martins was selected for an Australian Government scholarship.

'I felt very privileged to learn the Australian health management system—what it looks like and the factors that contribute to a functioning health system.'

In his current position as Health Minister, Dr Martins has implemented many changes to address the key health sector challenges in East Timor. When he became Health Minister he said there was a lack of funding, trained staff and logistical support in the majority of hospitals and community health centres and services.

'The community health centre staff were afraid to leave the centre to deliver services in the villages because of the lack of funding and transportation. So, when I started I developed strategies that enabled delivery of health services to the village level and increased funding for health services at the district level through the state budget allocation.'

AusAID provided 20 scholarships under Australia Awards for Timorese students in 2010.

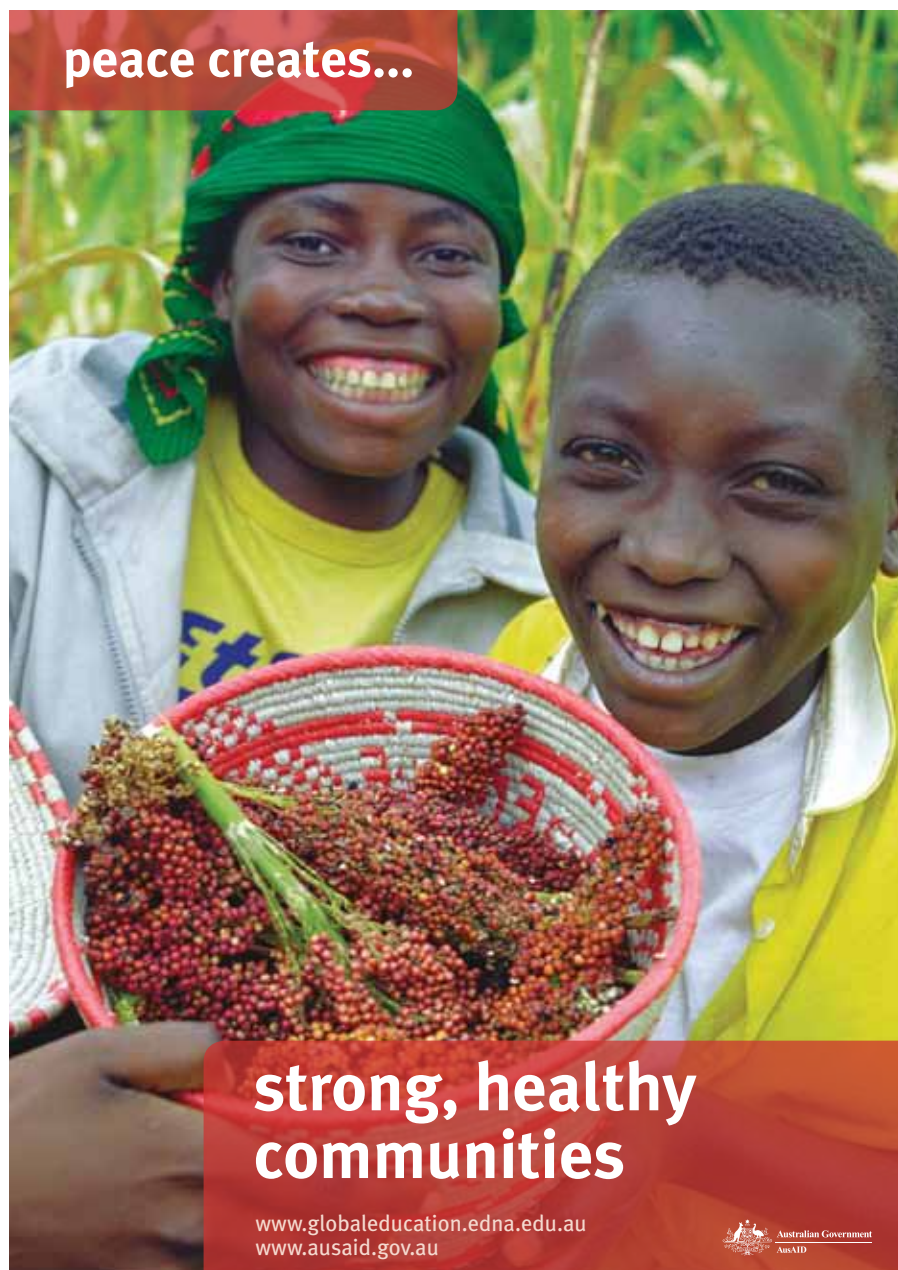
GLOBAL EDUCATION

Peace building

Global education is about an understanding of building and maintaining positive and trusting relationships and ways conflict can be prevented or peacefully resolved.

Students who develop good communication skills to avoid violence and negotiate solutions to problems are able to build more peaceful futures. Conflict has occurred in the past, is happening in the present, and will occur in the future. It can occur globally, as well as nationally, within families and between individuals. Peace building is designed to address the causes of conflict and the grievances of the past. It must involve justice to promote long-term stability, human security and justice.


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