

Experiencing PNG's HIV epidemic: a far north Queensland perspective

By Dr Darren Russell and Carla Gorton

Many people in the south of Australia (wryly denoted by north Queenslanders as that area of the continent south of Mackay) would not be aware of Far North Queensland's (FNQ) proximity to Papua New Guinea (PNG). The closest capital city to Cairns is in fact Port Moresby, which lies 827km to our north. Brisbane, on the other hand, lies 1,400km to the south. Business, tourism, education, shopping, and kinship trigger a constant flow of people to and from PNG, with the majority travelling via Cairns.

Cairns has the largest PNG expatriate population in Australia, estimated at more than 3,000 residents. Hundreds more PNG nationals commute to PNG job sites on a regular basis. Many Australian expatriates who live and work in PNG frequently travel to and from Cairns. This two-way travel is expected to increase significantly in the coming years, with a \$US12 billion, 30-year Liquefied Natural Gas (LNG) project led by Exxon Mobil currently under development. This huge project will have a construction phase over the next four years, and 12,000 to 15,000 people will be employed; 1,250 of whom will be required as a permanent workforce. The Queensland Treasurer's trade mission to PNG from 15 to 17 March was the largest trade mission ever undertaken by Trade Queensland, and is testament to the increasing importance of the PNG economy and resources to northern Australia.¹

PNG's HIV epidemic impacting Cairns

Cairns Sexual Health Service is a multidisciplinary service comprising doctors, nurses, Indigenous health workers, administration officers, project officers and psychologists. The service provides programs on HIV, viral hepatitis and sexual health. The Cairns and Hinterland Health Service District includes the major rural centres of Atherton, Mareeba and Innisfail, covering an area of approximately 142,900 kilometres. The Cairns Sexual Health service also provides specialist services to the FNQ cluster which includes Cape York and the Torres Strait Islands. Our service has a current caseload of around 300 HIV-positive clients: the highest prevalence of any region in Queensland, and one of the highest in Australia.

In 2007, 21% of all new HIV diagnoses in Cairns were acquired by heterosexual males reporting sexual contact in PNG: a marked and significant increase from 6% in 2006. This increase caught our service somewhat by surprise, with resulting concern that it may herald the start of a major rise in the number



Pictured above Family Planning Queensland's HIV and sexually transmitted infection (STI) awareness raising materials targeting heterosexual men aged over 35 who travel through Cairns for work or holiday purposes. The project was funded by Queensland Health.

of new HIV diagnoses attributable to PNG. As a result of this rapid rise, Queensland Health funded Family Planning Queensland to develop HIV and sexually transmitted infection (STI) awareness raising materials targeting heterosexual men aged over 35 who travel through Cairns for work or holiday purposes. The project focused on media commonly accessed by men travelling to PNG. It included advertising in the Cairns Post over three months, and half page advertisements in each issue of Paradise (Air Niugini's in-flight magazine) and Our Way (Airlines PNG's in-flight magazine) for the six month campaign period. Posters and flyers were distributed to travel health clinics, medical centres, and Cairns-based mining companies with contracts in PNG. The PNG Business Coalition Against HIV/AIDS (BAHA) promoted the campaign through their online newsletter, which is widely circulated to PNG workplaces. The campaign was evaluated by local market research company Compass Research. Surveys targeting males returning from PNG were conducted at Cairns International Airport to assess recall/recognition and effectiveness of the campaign materials. 89% of respondents said they had seen advertising or media related to HIV, either in Cairns, in-flight, or in PNG. The majority said they had seen it in PNG. 35% recalled seeing it in Cairns and/or in-flight: that figure increasing to 55% when respondents were prompted with the names of the in-flight magazines. 64% of the men rated the campaign as effective or very effective.

The HIV-related clinical workload remains very high, much of it associated with PNG: Australian expats, PNG expats, international workers based in PNG visiting Cairns for their HIV management and antiretroviral medication, or people from PNG who happen to be visiting Cairns for one reason or another. New diagnoses of HIV in Cairns continue to be influenced by people who have contracted HIV in PNG, but the proportion of cases in 2008 and 2009 has been less than in 2007.

PNG's relationship with the Torres Strait

The Torres Strait marks the border between Australia and PNG. The area is home to Torres Strait Islanders, who became citizens of Queensland in 1967. The population of the Torres Strait is a little under 10,000, of whom the vast majority are either of Torres Strait and/or Aboriginal origin.

The Torres Strait's proximity to PNG became an issue in the 1970s when PNG was moving towards

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independence from Australia.² Torres Strait Islanders insisted they were Australian, but the PNG Government objected to complete Australian control over the waters of the strait. Eventually an agreement was struck whereby the islands and their inhabitants remain Australian, but the maritime frontier between Australia and PNG runs through the centre of the strait. In practice, the two countries cooperate closely in the management of the strait's resources.

Free movement (without passports or visas) is available to all people living within the Torres Strait 'Protected Zone', including those on most of the Torres Strait Islands³ and in 13 prescribed coastal villages in the Western Province (WP) of PNG. Saibai Island (part of Australia) is only some 5km from the low-lying coast of PNG. PNG is readily visible from Saibai and only a short 'tinny' ride away.

Traditional activities and visits are carried out across the border, with 59,000 people movements recorded in the 2008/2009 financial year.⁴ Traditional activities under the Treaty include activities on land (such as gardening, food collection and hunting), activities on water (such as fishing for food), ceremonies or social gatherings (such as marriages), and traditional trade. Such numerous visits across the 'border' combined with knowledge of PNG's escalating HIV transmission rates have triggered some concern about possible increases in transmission of HIV.

Lack of data and services

Given the poor state of WP's health facilities and the lack of surveillance data, it is difficult to get a clear picture of the scale of the HIV epidemic in WP. Health workers on both sides of the border are aware of HIV diagnoses. Diagnoses of people from PNG occur sporadically in the health services of the Torres Strait, as well as in the hospital in Daru, the capital of WP. There is an urgent need for more data, both to inform our response to the problem in the region and for the sake of those living in WP.

Some (limited) access to antiretroviral treatments is available in Daru. but accurate information about the scope and coverage of treatment is unavailable. It is believed that there is no HIV testing or treatment available to those living in Protected Zone villages. In order to access treatments, villagers must journey by boat to Daru (on Daru Island), or alternatively, visit one of the health facilities in the Torres Strait: most commonly either Saibai or Boigu Islands. Health centres exist on both islands, with villagers from Protected Zone villages travelling to these centres to obtain medical treatment, usually in the event of emergencies. People are treated locally on humanitarian grounds, and may then be transported to Thursday Island Hospital, or occasionally further afield if necessary.

Until now, very few people with serious HIV-related illnesses have travelled across the border, although the diagnosis and treatment of tuberculosis, for example, is commonplace in those from the Protected Zone. Possible causes for the low number of HIVpositive PNG villagers attending Torres Strait health centres include:

- very little HIV infection in Protected Zone villages
- an early HIV epidemic, with very few people currently at an advanced state of immunosuppression
- a feeling by villagers that treatment would be futile and/or too costly, and
- inability to access the transport and fuel necessary to make the journey across the border.

The degree to which these possibilities are currently playing out is unknown.

FNQ remains uniquely susceptible to a widespread, heterosexuallydriven HIV epidemic that could affect Indigenous Australians in high numbers. The increasing movement of people between PNG and Cairns has resulted in a rise in HIV notifications in Cairns, and to an increase in the workload of the local sexual health clinic and hospital. Responses will need to be complex, particularly given that the players include the Australian and PNG Governments, the State of Queensland, the Province of Western Province, and local governments and administrations.

There is an urgent need for more information about what is taking place with regards to the HIV epidemic in WP, and for more information regarding people movements and sexual networks in the Torres Strait and Cairns. Support is needed for those already diagnosed with HIV, and for those who will be diagnosed in the coming years. Services will also require additional support in dealing with the rising workload attributable to the unique geopolitical situation that links PNG and FNQ.

References

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- 2 Independence was achieved in 1975.
- 3 A notable exception being the islands of the Thursday Island group.
- 4 McKenna, M. (2009). PNG 'illegals' flooding Torres Strait, *The Australian*, 9 November, 2009. Available at http:// www.theaustralian.com.au/news/nation/ png-illegals-flooding-torres-strait/storye6frg6nf-1225795569991 (accessed 7 June, 2010).

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