



Independent Health Advisory Panel First Quarterly Report

Summary Report

Overview

The Independent Health Advice Panel (IHAP; the Panel) was established on 2 March 2019 under subsection 199A of the *Migration Act 1958* (the Act) as amended by the *Home Affairs Legislation Amendment (Miscellaneous Measures) Act 2019*.

As at 31 March 2019, the Panel comprised of:

Member	Role as per s 199B(1)	Date Appointed
Dr Parbodh Gogna (Chair)	Chief Medical Officer of the Department and Surgeon-General of the Australian Border Force	2 March 2019 (through operation of the law)
Professor Brendan Murphy	Commonwealth Chief Medical Officer	2 March 2019 (through operation of the law)

The IHAP has two functions:

1. A general function to monitor, assess and report on the physical and mental health of transitory persons who are in Regional Processing Countries (RPCs) and the standard of health services provided to them (s199A(2)) of the Act – the **monitoring, assessing and reporting function**; and
2. A specific function under s198F of the Act to review a decision by the Minister to refuse to approve a relevant transitory person's transfer to Australia on the ground set out in s198E(4)(a). That is, that the Minister reasonably believes that it is not necessary to remove the person from a RPC for appropriate medical or psychiatric assessment of treatment – the **review function**. No cases had been submitted for review as at 31 March 2019.

Reporting Requirements

As per subsection 199E(1) and (2) of the Act, the Panel must, as soon as practicable after 31 March, 30 June, 30 September and 31 December in each year prepare and give to the Minister a report on its operations during the three month period that ended on that day.

The Minister must cause a summary of each report to be laid before each House of Parliament within three sitting days of that House after the report is given to the Minister.

The IHAP has provided its first Quarterly report for the reporting period 2 – 31 March 2019. The report also provided the Panel's assessment on the physical and mental health conditions of transitory persons in regional processing countries and the standards of health services provided to them, as known to the Panel at 28 June 2019.

The report is structured into two sections.

- Section A. Health Conditions of Transitory Persons in RPCs and Standards of Health Services available to Transitory Persons in RPCs.
- Section B. Operations of the Panel for the first quarter, being the period from 2 March 2019 (i.e. commencement of the IHAP) until 31 March 2019 (i.e. the end of the first quarter). This included a statement on the Department's provision of information and assistance to the IHAP.

Section A. Health conditions of transitory persons in RPCs and standards of health services available to transitory persons in RPCs

To ensure that the members of the Panel had access to the most current information regarding the physical and mental health conditions of transitory persons in Manus and Nauru, the Department:

- On 4 March 2019 facilitated an initial IHAP meeting to provide an overview of health services available to transitory persons in Nauru and Papua New Guinea. This meeting provided an induction briefing regarding living conditions and available health services in each country. This was further detailed in a face to face presentation from relevant senior executives in the Department and the Australian Border Force on 12 June 2019, to specifically discuss health contracts, housing, accommodation, safety and security in the RPCs.
- Provided further information on 26 April 2019 on Health Capability and Capacity in Nauru and Papua New Guinea via the secure GovTEAMS platform.
- Provided detailed statistics regarding the remaining transitory persons population who reside in each regional processing country.
- Provided numbers and reasons for all medical transfers from 1 January 2019 - 31 March 2019.
- Facilitated the Panel's request for data on clinical services provided in the RPCs, clinical reports from the Republic of Nauru Hospital, Taiwan Adventist Hospital, Lorengau Hospital, and the Pacific International Hospital in Port Moresby.
- Facilitated the Panel's request to see the orientation manuals, processing guidelines, clinical governance reports, medication management procedures and the coronial processes held by the Department's contracted health service provider (IHMHS).
- Responded to seven formal notices submitted to the Secretary of the Department on 3 May 2019, to request information under subsection 199D of the Act. This information was made available to the Panel members as quickly as possible and within ten days of the request;
- On 3 May 2019 organised a virtual tour of Pacific International Hospital (PIH), Port Moresby for Panel members;
- On 25 June 2019 facilitated a discussion between Panel members and mental health specialists at PIH Port Moresby to discuss access to critical services.

Members of the Panel (other than the CMO/S-G) noted that they had not personally visited either of the RPCs. The IHAP indicated that they would provide further assessments of the physical and mental health conditions

of transitory persons in RPCs, and the standards of health services provided to transitory persons in RPCs, following such visits.

Members of the Panel propose to visit each RPC at their earliest convenience, in consultation with the Department and the respective governments of the RPCs. These visits will promote further understanding and awareness of the physical and mental health conditions of transitory persons, and the health services available to them in each RPC.

The assessments below are made on the basis of information provided to the Panel to date.

IHAP assessment of the physical and mental health conditions of transitory persons in Nauru

During Quarter 1 2019 there were 5908 consultations to 237 persons provided at the Nauru Regional Processing Centre Medical Centre. 2352 consultations were provided at the IHMS Nauru Settlement Medical Centre. The commonest reason for consultation was for psychological reasons. There were a wide range of other conditions treated with no unusual pattern of disease or disability.

There were 73 admissions to 43 individuals at the RPC Medical Centre, the majority were for mental health admissions and ranged from 1-44 days.

There is an electronic medical record with updated immunisation tracking including typhoid.

There were no patterns of disease that were noted to be unusual by the panel, it was noted there was a high number of psychological presentations and mental health admissions for respite or treatment at the RPC Medical Centre.

IHAP assessment of the standards of health services provided to transitory persons in Nauru

Regarding the available services in Nauru, the IHAP believes that there are reasonable quality primary and secondary care service. These are supplemented on a periodic basis by the availability of specialist services namely physiotherapists, optometrists, ophthalmologists, cardiologist/internal physicians, speech and language therapists, gastroenterologist, neurologists, ENT surgeons, orthopaedic surgeons and infectious disease physicians. Special medical care is not reliably available on the island.

In respect of mental health services there are significant numbers of mental health workers but (unlike PNG) there is no access to high quality inpatient psychiatric care in Nauru and patients with severe mental illness and at high risk of suicide should be transferred to a hospital with appropriate inpatient psychiatric care.

IHAP assessment of the physical and mental health conditions of transitory persons in Papua New Guinea

During Quarter 1 2019 there were 1134 primary health consultations, 472 mental health consultations and 375 specialist consultations performed at East Lorengau Refugee Transit Centre (ELRTC) Manus. Visiting specialists in Cardiology, ENT surgery, Dermatology, Orthopaedics, General Surgery, Internal Medicine and Dental also performed consultations.

There were 21 admissions to Lorengau General Hospital for 17 individuals, there were predominately for mental health concerns. Transfers to Port Moresby occurred for a range of medical and mental health concerns.

It was noted during a number of clinical reviews that some individuals had rapid testing that was positive for typhoid, stool and water testing was negative and a community vaccination program was not required, the Panel will continue to monitor. There are no other patterns of disease that were unusual.

IHAP assessment of the standards of health services provided to transitory persons in Papua New Guinea (Port Moresby and Manus Island)

The Panel's view is that these services provide a reasonable range of primary care at the ELRTC with some limited secondary services at the Lorengau Hospital. Specialist medical care is not reliably available on the island. Mental health services on the island consist of psychologist, mental health nurses and a visiting psychiatrist, sufficient only for ambulatory treatment.

The Panel was impressed with the physical facilities and the range of medical and investigative services available at PHI in Port Moresby. The Panel was further impressed with the quality of cultural understanding of the two psychiatrists working a PIH. The IHP was reasonably confident that acute inpatient mental health treatment can be provided at PHI but noted no access to Electroconvulsive therapy (ECT) or psychiatric intensive care.

Section B. Operations of the Panel for the first quarter, being the period from 2 March 2019 (i.e. commencement of the IHAP) until 31 March 2019 (i.e. the end of the first quarter). Including a statement on the Department's provision of information and assistance to the IHAP.

IHAP reviews of Ministerial medical transfer refusals during the reporting period

During the period between 2 and 31 March 2019, the Minister did not make a decision to refuse a transfer to Australia of a relevant transitory person under section 198E of the Act. Therefore, the Panel conducted no reviews and made no recommendations regarding the transfer of any relevant transitory person during this reporting period.

IHAP operations during the reporting period

On 4 March 2019, representatives of the Department conducted an initial meeting with the IHAP. This was attended by the two Commonwealth members – Dr Gogna and Professor Murphy. The meeting discussed key operating procedures and processes such as the use of the secure GovTEAMS platform, confirmed the interim chair, clarified the assistance that would be provided by the Department through the IHAP Secretariat, and clarified policy supporting the operations of the IHAP.

During the meeting, the Panel requested the IHAP Secretariat provide guidance on how to facilitate a direct clinical assessment with a relevant transitory person, if it was required by videoconference or teleconference.

In response to this request, the Panel was advised on 3 April 2019 via the IHAP community on the GovTEAMS platform, and via email, of a direct assistance line to contact the medical services provider on Nauru and to contact the IHAP Secretariat to request contact with the Pacific International Hospital in Papua New Guinea. The IHAP members are able to use these contact avenues in order to seek the providers' assistance to facilitate direct clinical assessments of relevant transitory persons in the RPCs.

IHAP Recommendations

As at 31st March 2019, the IHAP had made no recommendations to the Minister.

Department provision of information and assistance to the IHAP

Under s199D(3) of the Act, the Secretary of the Department must provide appropriate assistance to the Panel for the purpose of ensuring the panel performs its functions and exercises its powers. An IHAP Secretariat team has been established within the Department's Health Division to ensure that the Panel has appropriate administrative support and assistance to perform its functions as required by 199D(4)(b) of the Act.

The IHAP Secretariat has provided the panel with access to records, documents and information relating to the health of transitory persons who are in RPCs via a secure community in the GovTEAMS platform, which is managed by the Department of Finance

This secure GovTEAMS platform allows the IHAP Secretariat to support the operations of the Panel by scheduling, hosting and recording virtual meetings, and facilitating the centralised provision of medical records and other information and documentation to the Panel members to enable them to perform their functions. The secure platform also allows for the creation and editing of clinical assessments for transfer cases with access and visibility to all Panel members in real time.

The IHAP Secretariat provided each Panel member with access to the GovTEAMS platform, and provided assistance and training to the members in setting up and using the platform.

Provision of information to the IHAP during the reporting period

As per subsection 199E(7) of the Act, this report must include a statement on the timeliness of the provision of information and assistance provided to the Panel under subsection 199D.

The IHAP Secretariat developed a notice template for the IHAP to submit formal requests for information to the head of the Department, if they wish, entitled, *Notice to produce documents, records or information under s 199D of the Migration Act (1958)*. The IHAP may provide this notice to the Department via email to the IHAP Secretariat, or through the secure GovTEAMS platform.

During the period from 2 to 31 March 2019, no records or documents were formally requested under s199D, relating to the health of transitory persons who are in RPCs.

However (as referenced earlier), on 3 May 2019, the IHAP submitted seven notices to the Secretary of the Department to request information under subsection 199D of the Act. This information was made available to the Panel members as quickly as possible and within ten days of their request (as per the IHAP request).

Medical Transfers to Australia by the Department under Section 198B and 198C of the Migration Act 1958

Section 198B of the Act allows for the transfer of a transitory person from a country or place outside Australia for a temporary purpose, for example medical or psychiatric assessment or treatment, or for the purpose of accompanying a person brought to Australia under s198B(1) or s198C of the Act.

Prior to the passage of the Amending Act, all medical transfers to Australia for transitory persons in regional processing countries occurred with the exercise of powers by an officer under s198B of the Act.

This section continues to be utilised by decision makers in the Department/Australian Border Force to transfer transitory persons in regional processing countries to Australia for appropriate medical assessment and treatment. These decisions continue to be made by the decision maker with input from the Department's contracted health service providers in the RPCs, opinions of Medical Officers of the Commonwealth and senior executives.

Section 198C of the Act provides for the transfer, of legacy minors, relevant transitory persons and family members for medical treatment in Australia, as inserted into the Act by the *Home Affairs Legislation Amendment (Miscellaneous Measures) Act 2019*.

Transitory persons may be approved for transfer to Australia under sections 198D (legacy minors), 198E (relevant transitory persons), 198F (relevant transitory persons approved after IHAP assessment) and 198G ('split family' provision). Persons approved for transfer under those provisions are brought to Australia under the power in s198C of the Act.

Note: Any transitory person who is brought to Australia for a temporary purpose must be kept in immigration detention whilst in Australia. That immigration detention must continue until the time of removal from Australia or until the Minister determines that immigration detention is no longer required.

The table below provides the number of persons transferred to Australia under these sections during this reporting period

Processing Country	Section of the Act	Number transferred to Australia
PNG	198B	5
PNG	198C	1
Nauru	198B	20
Nauru	198C	0