



Summary of Independent Health Advice Panel 30 June 2019 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 30 June 2019, the Panel was comprised of the following five members:

Member	Role as per s 199B(1)	Date Appointed
Dr Parbodh Gogna (Chair 2 May 2019 – 28 July 2019)	Chief Medical Officer of the Department of Home Affairs 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)

Member	Nominating Body	Date Appointed
Dr Antonio Di Dio (Chair 29 July 2019 – current)	Australian Medical Association (listed in section 199B(1) of the Act)	1 April 2019, by written instrument (commenced on 2 April 2019)
Associate Professor Susan Evelyn Moloney (expert in paediatric health as listed in section 199B(1) of the Act)	Royal Australasian College of Physicians (listed in section 199B(1) of the Act)	1 April 2019, by written instrument (commenced on 11 April 2019)
Associate Professor Neeraj Singh Gill	Royal Australian and New Zealand College of Psychiatrist (listed in section 199B(1) of the Act)	14 June 2019, by written instrument (commenced on 15 June 2019)

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 and the standard of health services provided to them (section 199A(2)) of the Act – the **monitoring, assessment 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 grounds set out in section 198E(4)(a) of the Act. That is, that the Minister reasonably believes that it is not necessary to remove the person from a regional processing country for appropriate medical or psychiatric assessment or treatment – the **review function**. 15 cases were reviewed by the IHAP during the period 1 April 2019 to 30 June 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.

On 15 August 2019, the IHAP provided its 30 June 2019 Quarterly Report covering the period from 1 April 2019 to 30 June 2019, i.e. the second quarter of 2019. This Report includes:

- IHAP operations during 1 April 2019 to 30 June 2019; and
- Departmental provision of information and assistance to the IHAP during this time period.

IHAP operations for the quarter ending 30 June 2019

IHAP reviews of Ministerial medical transfer refusals during the reporting period

During the period 1 April 2019 to 30 June 2019, the IHAP conducted a further clinical assessment of 15 cases. Each recommendation was made within the legislated 72 hour timeframe¹.

The Panel recommended:

- transfer to Australia for medical treatment in six cases; and
- transfer to Australia for medical treatment be refused in nine cases.

In the nine cases where the IHAP affirmed the Minister's refusal to transfer a relevant transitory person to Australia for treatment, the IHAP based their recommendations on their confidence in the facilities available for treatment at Pacific International Hospital, Port Moresby.

First face-to-face meeting of the IHAP

On 12 June 2019, the Panel held its first face-to-face meeting in Canberra to discuss the 31 March 2019 Quarterly Report and the 30 June 2019 Quarterly Report.

The Panel also used this meeting to discuss the information available on GovTEAMS, the development of an IHAP outcomes tracker and planned visits to regional processing countries.

The Department of Home Affairs (the Department) provided a number of verbal briefings to the Panel at this meeting, including:

- updates on health services in Nauru and Papua New Guinea

¹ In two cases, the Panel requested further information. For this reason, the Panel met twice to discuss these two cases.

- an overview of contractual arrangements between the Department and regional processing countries
- updates on legal matters relating to remote clinical assessments of transitory persons and Panel members indemnity insurance
- an explanation of the different types of medical transfers under sections 198B, 198C and 198G of the Act.

Departmental provision of information and assistance to the IHAP

Under section 199D(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. The IHAP Secretariat team in the Department's Health Services Division ensures the Panel has appropriate administrative support and assistance to perform its functions as required by section 199D(4)(b) of the Act.

The IHAP Secretariat provided the Panel with access to records, documents and information relating to the health of transitory persons in regional processing countries via a secure community in the GovTEAMS platform, which is managed by the Department of Finance. GovTEAMS allows the IHAP Secretariat to support the operations of the Panel by scheduling meetings and facilitating the centralised provision of medical records and other documentation to Panel members to enable them to perform their functions. The secure platform also allows for the creation and editing of clinical assessment forms for transfer cases with access and visibility to all Panel members in real time. The IHAP Secretariat established access to the GovTEAMS platform for new Panel members appointed during this quarter and provided assistance to all Panel members to allow them to access required clinical information prior to case meetings and to meet reporting requirements.

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 of the Act.

The IHAP Secretariat developed a notice template for the IHAP to submit formal requests for information to the head of the Department, entitled, *Notice to produce documents, records or information under section 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.

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. The information was utilised by the Panel in developing their assessment included in the 31 March 2019 quarterly report.

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 section 198C 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 section 198B of the Act.

This section continues to be utilised by decision makers in the Department 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 regional processing countries, 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 while in Australia. 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	4
PNG	198C	25
Nauru	198B	20
Nauru	198C	4