

PNG - TB in Western Province

Are Australians at risk from Extensively Drug Resistant (XDR)-TB being transmitted from PNG?

- There is no evidence of transmission of these drug resistant TB strains in the Torres Strait.
- There are now two PNG nationals in Australia with XDR-TB, who are in isolation at Cairns Hospital
- If asked: Three other PNG patients with XDR-TB are in isolation at Daru Hospital.
- **In September, PNG commissioned an independent assessment of the risk of TB spreading in the region** by Professor Emma McBryde, Head of Epidemiology, Victorian Infectious Diseases Service
 - the (executive summary of this) report states that TB is a major health problem for PNG, **but the risk of spread to Australia is low**
 - the report makes it clear that treating PNG TB patients in the Torres Strait is not the solution to managing the spread of the disease
 - the (full) report will be presented by the PNG Government at the Health Issues Committee on 30-31 October 2012
 - : AusAID funded this independent study on behalf of the PNG Government (*Exec Summary can be tabled at estimates*).
- Stringent contact tracing protocols are followed to determine source of infections and limit their spread.
- **The number of Torres Strait islanders infected with TB is dropping**
 - In 2010, nine cases were recorded, compared with six in 2011.

Is AusAID doing enough to improve facilities at Daru hospital?

- **Yes. We have committed to improving the Daru Hospital**, which now has some of the best TB facilities in PNG. We will continue to provide assistance to make the facility even better.

Immediate Support

- **Our initial support has focussed on improving TB facilities**
 - **we have refurbished the interim TB isolation ward.** This is operational, staffed by three nurses and two community health workers
 - **construction of a new TB ward isolation ward has commenced and will be completed by mid-February 2013.** This will include **eight MDR-TB/XDR-TB beds**
 - **the X-Ray room has been renovated and a replacement X-ray unit and new GeneXpert machine have been provided**
 - : this has facilitated detection of drug resistant strains of TB within hours
 - : we have also provided the drugs to treat these strains so patients can begin their treatment immediately
 - : in addition we support laboratory diagnosis of drug resistant strains TB in Australia as this capacity does not currently exist in PNG.
- Our support has also improved the **communications centre at Daru hospital** which links the hospital with clinics in the Fly region, to coordinate advice on TB case management and surveillance.

Future support for Daru Hospital

- **A review of redevelopment options for Daru Hospital** was completed by the PNG National Department of Health in September 2011
 - this report indicated the hospital has insufficient floor space for current bed numbers and identified the need for a new Outpatient and Clinical Services Block
 - over the last several months we have offered (the Secretary of Health) to support further high priority refurbishments at Daru Hospital on a number of occasions
 - PNG's Secretary of Health has advised in writing (10 Oct 2012) a Daru Hospital Master Health Plan is required before commencing any further refurbishment or rebuilding.
- **AusAID has agreed to fund this Master Health Plan for upgrading Daru Hospital** followed by scoping of new outpatient and services blocks (the highest priority for upgrading)
 - This will occur by early 2013 and cost approximately \$450,000.
- The scoping work will inform decisions by AusAID and other funding partners on future construction
 - The Master Health Plan will identify and evaluate all options for upgrading facilities at Daru Hospital
 - It will also include an assessment of services to be provided, demographics, future health trends, and capital and recurrent costs.

Broader support for health infrastructure in Western Province

- **AusAID will support additional improvements to health infrastructure in Western Province**, including at the Daru Hospital.
- This will be done in partnership with the PNG Government, the PNG Sustainable Development Program (the non-for-profit majority shareholder of the Ok Tedi mine with a mandate to promote sustainable development) and the Ok Tedi Fly River Development Program.
 - PNG Sustainable Development Program will provide 2.05 million Kina for **new staff accommodation** at Daru Hospital
 - this is for construction of four doctor's houses and a 20 person single occupancy dormitory for nursing staff. We expect this will be completed during the second half of 2013.
- **AusAID has committed to fund the South and Middle Fly Health Development Plan** - and has allocated \$5m for 2013-2017
 - this includes funding for upgrading clinics and staff housing, including at Mabudian (but not Daru Hospital)
 - we expect the Plan will be approved by the PNG Government on 26 October.
- **There is a clear difference between the standard of health care in Australia and PNG**
 - PNG spends around \$40 per person on health services each year, where Australia commits around \$3,300.
 - While Daru Hospital is the responsibility of the PNG Government, AusAID is committed to supporting them to improve the facilities at the hospital.

How can AusAID claim that it is making any impact on TB in Western

Province?

- AusAID support has made a **major impact on TB mortality rates, which have dropped from 25 to just 5 per cent in the last year** (Source: GoPNG - Daru Hospital patient records).
- Our support is also leading to many more people with TB being detected and treated
 - in South Fly in Aug 2012, **34 new TB cases were detected and commenced treatment; compared to 48 cases in last quarter 2011.**
- The increased detection and treatment of TB is critical to making a long term impact because it reduces the rate at which the disease spreads.
- Our support has also led to a successful transition of the bulk of patients from Queensland clinics. **Of the 92 patients handed back from Queensland, 65 have now successfully completed treatment, with the others continuing their treatment.**

What is AusAID doing to address TB in Western Province?

- **AusAID has committed an initial \$11 million** over 4 years to help support the Government of PNG to control TB in Western Province.
- AusAID expensed \$3.5 million of this funding in 2011-12 and will spend \$5.3 million this year.
 - 268 patients have been treated for TB in Western Province since the program began in February 2012
 - of these patients, 41 have been diagnosed with MDR-TB, three have XDR-TB and five have a HIV/TB co-infection.

World Vision Stop TB in Western Province Program

- With our support **World Vision is providing TB specialist staff and managing a network of trained community health workers** to deliver treatment (\$2.9 million)
 - Patients outside of Daru are being treated in their communities through Directly Observed Treatment by 21 trained Community Healthcare Workers and 35 trained treatment volunteers.
 - As expected this is resulting in increased detection and treatment of TB, and should reduce the incidence of TB in the long term.

TB Isolation Ward

- **The interim TB isolation ward** has become operational, staffed by three nurses and two community health workers
 - this is one of the best TB facilities operating in PNG.
- **Construction of a new TB ward has commenced** and will be completed by mid-February 2013 (\$3.5 million).

Drugs

- **An initial year's supply of multi-drug resistant TB drugs** has been delivered to Daru hospital (\$380,000)
 - Additional drugs for treating XDR-TB have been provided (\$7,000)
 - We will continue funding TB drug procurement as needed.

Xray, GeneXpert diagnostic machine and Laboratory testing

- **A replacement X-ray unit and new GeneXpert machine** have been procured, delivered and installed in Daru hospital (operational from 25 May) (\$446,000 including renovation of X-Ray room).
- **Funding to Queensland Mycobacterium Reference Laboratory** has enabled testing and analysis of complex drug sensitive TB as this high level laboratory capacity doesn't currently exist in PNG (\$265,000).

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Sea Ambulance: Medics Queen

- A **sea ambulance** provided by AusAID is specifically designed for conditions on the Fly region of the coast.
- Since May, **the sea ambulance has made a total of 11 medical trips** – at least one each month, including:
 - conducting **five TB outreach clinics** of two days each (including Sigabadaru, Mabaduan)
 - responded to two emergency call-outs including to Sigabaduru (four hour round trip); to transport a patient with spinal injuries to Daru Hospital; and also to collect a patient from Boigu (two day round trip);
 - **delivered medical supplies** to Balimo and Oriomo (two day trip).
- **The Daru Port was closed between 5-26 September** for maintenance of boat launch areas and sea ambulance was not launched during this period
 - During this period, a smaller vessel was used to complete TB awareness visits to three villages.
 - Now that Daru port has reopened, for the first time there are permanent mooring facilities at the port for the sea ambulance, which will allow much more regular use of the boat.
- **In October the boat is scheduled for 16 days TB outreach activities**
 - These will include: patient follow-up and reviews, case identification, TB awareness, and patient retrievals for X-rays and returning patients back to villages.
 - **Today (18 October)** the boat will commence a three day outreach trip to treaty villages on the South Fly coast including Mabaduan, Sigibaduru, as well as Buzi and Dimiri
 - **Yesterday (17 October)**, the boat was on duty in Morehead village.
- **In November the boat is scheduled 15 days TB outreach**
 - This will include undertaking TB and facility supervision in 15 villages near Daru and TB Directly Observed Treatment (DOT) training for staff and treatment supporters in Mabaduan.
 - It will also include an assessment of drug supplies, TB awareness, patient retrieval and repatriation.
- **The boat has been well received by local communities and has performed as expected** in a variety of local conditions, including onshore waters around Daru, across the Fly Delta and in local rivers.
- **The boat complies with Australian standards** which allows it to operate within the open waters of the Torres Strait.
 - The Technical Specifications for the boat state “The vessel will operate in offshore waters, designed to carry 12 person in most sea and wind conditions prevalent in coastal waters”.
 - At a minimum, the vessel can operate in wave heights of 1 metre at a speed of 15-20 knots and /or up to 35 knots of wind.”
 - Fuel consumption is 80 litres of fuel per hour in normal sea conditions (Daru–Mabudawan return = 160 litres based on 2 hours travel – well within fuel capability of the boat)
- **AusAID’s package of support for the boat** includes a qualified driver, services, maintenance, fuel and security which will help to ensure its reliable operation (\$486,000 for design, building, registration, transport, plus approximately \$15,000) per month operation).

doing to address broader health needs in Western Province?

- AusAID is working with the Fly River Provincial Government, the Ok Tedi Fly River Development Program and PNG Sustainable Development Program, to provide better health services across the Province.
 - **strengthening the health system in South Fly** (\$5m, 2013-2017) including medical supplies, rehabilitating health facilities, and supporting the provincial health administration to resource, coordinate and implement health services at all levels
 - **supporting Western Province to implement their TB Program** (\$11m, 2011-2015) through establishing a TB centre in Daru with the capacity to coordinate outreach, diagnosis, treatment and follow up of TB patients in the South Fly and Treaty Villages
 - partnering with the provincial government and local stakeholders to **upgrade water and sanitation services** in the South Fly communities and promote public health and hygiene programs.

Don't cases of XDR-TB prove that AusAID's work in Western Province is failing?

- **No, they prove it is working.** The detection of the XDR-TB in PNG is a result of improved surveillance and diagnosis in Western Province.
 - The number of TB cases (including drug resistant strains) treated in Daru since February is 268 (as of September). It is expected to increase initially with improved community awareness, diagnosis and treatment services.
- The approach Australia is supporting will be **independently reviewed by the World Health Organization (WHO)** in November 2012.
 - It will PNG's decision to publish the report
 - The 2011 WHO assessment was not published
 - : WHO outlined findings to ABC Radio on 25 Nov 2011 (Mark Colvin interview with WHO's Catharina Van Weezenbeek)
- **The new approach is allowing people to access TB treatment in their communities** instead of having to travel across the border for treatment.
 - TB patients are supervised to ensure they take their daily medications.
 - This is the best practice approach according to the WHO, which is the authority on TB management.
 - This approach has been proven to work – including in PNG where it has been already implemented in nine provinces with success.
- **The joint handover of TB patients from Australian to PNG health services has been successful.**
 - **A total of 92 patients have been transferred** from Queensland to PNG care at Daru hospital during the five joint handover clinics (between October 2011 and June 2012).
 - **65 of these people have now successfully completed their treatment** with the others continuing their treatment.
 - **All patients handed over from Queensland have had at least one medical review** by the Daru TB medical officer, Dr Moke
 - : And commenced treatment protocol prescribed by Dr Moke

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- At the most recent (June) cross border meeting of the Health Issues Committee, a joint PNG – Australian Government committee with oversight of cross-border health, **HIC members congratulated the Government of PNG on its progress**
 - The committee members stated their confidence in PNG's ability to manage the TB case load with Australia's support
 - (The next Health Issues Committee is on 30-31 October in Cairns.)
- **On 12 October, the Commonwealth Chief Medical Officer, Professor Chris Baggoley, provided a statement on the public health approach (WHO DOTS protocol) employed by PNG authorities in Western Province**
 - The CMO's statement underlines DOTS as an appropriate strategy and notes WHO's support for the approach (DoHA approve tabling at Senate Estimates by AusAID .
- **AusAID categorically rejects the comments made by Coalition MP Warren Entsch on the integrity of Australian aid staff in Papua New Guinea ('Crisis alert as TB funds withdrawn')** Courier Mail, 23 August.
- **Mr Entsch made baseless claims against the work of dedicated professionals in Australia and PNG who are working together in difficult circumstances to improve the health of poor people.**
- **AusAID's comprehensive TB program in PNG's Western Province was mobilised following the withdrawal of TB clinics from the Torres Strait by Queensland Health in 2011.**
- **Contrary to Mr Entsch's claim, AusAID did not decide to cease Qld clinics in Torres Strait – the decision was made by Qld Health.**
- **Responsibility for consultation on health programs in the South Fly is the responsibility of PNG authorities.**
- **The South Fly TB Strengthening Plan, supported by AusAID, was developed by the Western Provincial Health Office in conjunction with health care workers at Daru and the rural community.**
 - This plan aligns with the National Strategic Plan for TB in PNG which was also developed after a long and comprehensive consultation process involving communities.
- **Western Provincial Health holds regular meetings with community leaders to provide and receive feedback on health services.**
 - In June 2012, 20 community leaders from across the South Fly District attended a meeting to discuss progress of the TB program.
 - Feedback from this meeting was positive, including on the new diagnostic equipment, more staff and drugs.
 - It's important to realise that the population of treaty villages is approximately 3000 people, which is less than five per cent of the total South Fly population and about 1.5 per cent of the total Western Province population.

How does AusAID respond to Warren Entsch's claims of corruption and incompetence?

Why has AusAID ignored the views of the PNG treaty villages?

Why has AusAID given funding to World Vision

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Why won't AusAID fund Youth With a Mission (YWAM)

- **World Vision has a proven track record** of working with the PNG Government to improve TB management in 14 other provinces.
 - World Vision is the Principal Recipient for the Global Fund TB grant in PNG, and is fully accredited with AusAID.
- **World Vision has 12 staff based in Daru.**
- **World Vision's TB program in Western Province is centred on community involvement** in supporting treatment of TB
 - consultation will be an important part of mobilising communities.
 - World Vision is implementing a communications campaign so that locals understand the services available to them.

Why won't AusAID fund Reef and Rainforest Research Centre (RRRC)

- **AusAID is considering funding YWAM** to provide broader health services
 - subject to YWAM developing an agreed work plan with the Western Provincial Government, in line with the priorities of the Province
 - World Vision and YWAM have discussed potential role for YWAM in raising awareness of TB and referring patients.
- **The YWAM medical ship is only able to provide an intermittent service** to people of Western Province.
- **AusAID has received a number of funding proposals from the Reef and Rainforest Research Centre (RRRC)** this year, for support to PNG Treaty Villages.
 - The focus of these proposals was on improving food security, livelihoods, disaster response, and better management of traditional marine resources.
- **The proposals requested support for up to 20 boats and training** for community volunteers to provide surveillance in the treaty villages.
 - **RRRC did not provide any rationale to suggest that this would improve health capacity in Western Province** or reduce Papua New Guinea's reliance on the Queensland Health system.
 - **RRRC did not demonstrate any experience in health or managing TB programs**
- RRRC was informed in writing (18 April 2012) that AusAID would not support their proposal, as it was not in line with PNG Government priorities and approach for addressing climate change.
 - Another **proposal** was not successful for a competitive grant process related to climate change.
- **By comparison, World Vision has a proven track record** of working with the PNG Government to improve TB management in other provinces.
 - Delivery of **best practice** TB management involves delivery of services on an ongoing, reliable basis.
 - Our strategy is to work with the Western Provincial Government to **strengthen** local TB services and management, with a focus on treatment at permanent PNG health facilities.

Background

ANU Development Policy TB Forum and Blog

Following a public forum 'TB control in the PNG-Australia cross-border region: What's needed and why?' on 23 May, a blog and discussion paper was published on ANU's Development Policy website on 10 August. The blog acknowledges the promising steps taken to reduce TB in Western Province, but argues that unless more is done there is a risk of drug resistant TB spreading. It provided seven recommendations to improve the TB response in the Torres Strait region.

AusAID (Ben David) posted a response to the blog on 10 August. This corrected factual errors about the nature of our commitment and clarified AusAID's role in improving TB services.

Standing Committee on Health and Ageing- Health Issues Across International Borders

Between May and August 2012, the Committee convened a series of roundtable discussions regarding the challenges for population health in Australia due to our proximity to regional neighbours and increased globalisation. The Committee had a focus on screening, surveillance and control practices for infectious diseases in Australia, the roles and responsibilities of agencies and coordination in Australia and across regional borders. AusAID participated in the May round table.

TB in Western Province was discussed at three of the round tables. Dr Stephen Vincent (Queensland Respiratory Physician) raised numerous concerns - including echoing Entsch's comments about Daru Hospital, the risk of spread of drug resistant TB in the Torres Strait and that 'despite all the positive hype about the current AusAID TB capacity development in Western Province, it is pretty much going to fall apart'. He was also critical of the cuts to the Queensland health budget and cessation of Queensland clinics in Torres Strait.

On 8 August, Dr Justin Waring (Chair, National Tuberculosis Advisory Committee) acknowledged the need to take a bigger role in our near neighbours with significant TB, but criticised AusAID for providing funds for TB in Western Province through PNG systems (which is incorrect, AusAID is providing funding directly to World Vision and other implementing partners). Dr Waring acknowledged the need for both an upgraded clinic on Saibai Island as well as continued funding in Western Province - but that it would take at least 20 to 30 years for the PNG TB program to become effective and that his preference would be 'a clinic on Saibai Island and let PNG try to sort it out on their own'.

AusAID's approach to TB in Western Province

AusAID has developed an agreed program of support for TB with Western Province health authorities, which is comprehensive and takes a community-based approach. The World Health Organization has endorsed the approach and will conduct its second independent assessment of AusAID's program in November this year. This is a four-year program and we are currently in the first year of implementation.

Epidemiological Risk Assessment

We have funded an independent assessment of the risk of TB spreading the region. This was conducted by Associate Professor Emma McBryde, Head of Epidemiology at the Victorian Infectious Diseases Service at the

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Royal Melbourne Hospital. AusAID has not made any changes to drafts and has not yet seen the full report. It found that the risk of TB, including drug resistant strains of TB, spreading to Australian from the Western Province remains low. It also recommended that the services to address drug resistant strains of TB be expanded to more remote communities. The Western Province Health Steering Committee will meet on 26 October and discuss the report including programming responses.

Recent Media Reporting

The Hon Warren Entsch has continued his ongoing criticism of AusAID's approach to addressing TB including in a recent article on 23 August in the Courier Mail where he accused AusAID of 'incompetence or corruption'. AusAID's Director General responded by writing a letter to the editor of the Courier Mail rejecting Entsch's assertions. Since Entsch visited Daru hospital (unannounced) in PNG on 9-10 June there has been media coverage of his highly critical comments on the condition of the hospital. He continues to advocate for AusAID funding of YWAM and RRRC over World Vision. Entsch has also called for an inquiry into AusAID activities in relation to TB treatment in the region.

On 1 August the first report of a PNG XDR-TB patient being treated in Cairns Hospital appeared in the Brisbane Times. On 3 August Radio National broadcasted a report about the same patient and explored the threat the emergence of XDR-TB represents. The report contained criticism of the AusAID \$8.5 million package to address TB in the Western Province of PNG; commentators criticised the current size of the package saying there needs to be a longer term and more comprehensive approach to the treatment of TB in PNG.

On 24 September an article appeared in the Australian newspaper. Stephen Vincent, a TB expert who previously worked in the Torres Strait TB clinics, has acknowledged that number of Torres Strait islanders infected with TB is dropping. The article quotes Queensland health data that in 2010, nine cases were recorded, compared with six last year. Stephen Vincent has continued his dialogue with the Australian and it is expected he will make disparaging comments about AusAID's approach in future media articles.

Positive reporting highlighting the reduction of TB deaths from 25% to 5% appeared in the Cairns post on 8 October. A Queensland TB physician, Graham Simpson, who formerly treated PNG patients in the Torres Strait, said he 'always wanted the solution to be in PNG' and 'it's excellent news if that's working as planned'. Another positive report appeared in the Australian on 24 September highlighting a decline in the spread of TB from PNG to the Torres Strait. However the report also warned of the long-term threat the disease presented.

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Summary of AusAID funding to help PNG address TB in Western Province (October 2012)

Activity	2011-12	2012-13	2013-14	2014-15	Total
Extending Torres Strait TB clinics + QMRL (ROU with DOHA) ¹	\$858,500	\$132,500			\$991,000
Support through Health and HIV Implementing Service Provider/ Capacity Building Service Centre ²	\$1,598,942	\$801,144	\$533,652	\$353,652	\$3,287,390.00
Stop TB in Western Province (World Vision) ³	\$436,877	\$1,044,812	\$845,790	\$565,484	\$2,892,963
New TB ward ⁴	\$126,941	\$3,372,646			\$3,499,587
GeneXpert and new X-Ray ⁵	\$446,534				\$446,534
Total	\$3,467,794	\$5,351,102	\$1,379,422	\$919,136	\$11,117,474

¹ Funding to DoHA paid in 2011-12, with implementation costs as indicated. Comprises \$265,000 for QMRL; \$726,000 for TB clinics

² Includes cost of: boat (\$486,000 for design, building, registration and transport to PortMoresby and Daru; plus ~\$15,000 per month for operational costs – fuel, driver, maintenance, security), TB health staff (September 2011-February 2012, when transferred to World Vision); purchase of MDR-TB drugs (\$380,000); XDRTB drugs (\$7,000), interim TB isolation ward (\$42,000); communication centre (\$68,000); health adviser;

³ Funding paid in 2011-12, with implementation costs as indicated. World Vision took over management and recruitment of TB health staff.

⁵ Includes refurbishment of X-Ray room at DGH

TB Centre granted a stay of execution

Mark Solomons

QUEENSLAND Health has given a temporary reprieve to the State's Tuberculosis Control Centre after physicians complained there were no plans for dealing with its 200 patients.

Angry doctors were referring patients directly to Chief Health Officer Jeanette Young for appointments this week after she told staff on Friday the centre would close but was unable to answer questions regarding transitional arrangements.

A spokeswoman for Dr Young said there was currently no closure date and the centre would remain open until all the patients, half of whom are being treated for active symptoms of the highly infectious disease, had been dealt with.

"We are working through

all issues of developing personalised plans for all patients," she said.

"The centre will close once plans are in place.

"People will go to the most appropriate hospital to meet their needs.

"It will be based on convenience.

"Until those plans are in place, they will continue to be treated at QTBC."

Australia has a very low incidence of TB, which is spread by droplets from coughing.

But many neighbouring countries, including PNG, have very high rates, and drug-resistant strains are known to be developing.

The *Courier-Mail* earlier this week reported the director of the centre, Dr Anastasios Konstantinos, warning

of the adverse public health implications of the centre's impending closure, which he said he had not been consulted about.

Federal MP for North Queensland and Coalition Chief Whip Warren Entsch said he thought the decision to close the centre was "bizarre" and said he would take it up with State Health Minister Lawrence Springborg and AusAid officials.

For long-time patient Nancy Logie, the decision is bewildering.

The Gold Coast pensioner was diagnosed with the deadly disease in the 1970s and has been treated and advised by the centre's physicians regularly ever since.

"I was dying when I was 37 and I'm still alive at 77," she said.

"They've been there for me all along."

Mrs Logie worries that by closing the centre the Government is removing a crucial contact point for people with the disease and an invaluable source of experience and expertise.

"We can't do without it," she said. "They're pulling out a safety net."

Mrs Logie, who also suffers from a range of allergies and finds it difficult to go out, said she had recently sought the centre's advice on whether it was safe for her to spend time with her new great-grandchild.

"People are afraid of TB," she said. "It's not easy to diagnose. It's a highly specialised field".

Crisis alert as TB funds withdrawn

Peter Michael

THE Federal Government is under pressure to reinstate funding for tuberculosis clinics in the Torres Strait islands and Papua New Guinea after warnings of an increase in medical refugees.

Doctors warn a humanitarian crisis unfolding in PNG's Western Province is spreading to Brisbane, Cairns and Townsville hospitals as more medical refugees seek treatment for drug-resistant tuberculosis, cholera, AIDS and leprosy.

The Queensland and Federal Governments controversially decided to close health clinics in Queensland's northernmost islands in mid-June despite the World Health Organisation listing it as a crisis.

"They've got big problems. And no, we can't prevent the spread into Australia," said Dr Gra-

“

We can't prevent the spread into Australia

Dr Graham Simpson

ham Simpson, a respiratory specialist in Cairns.

"Most drug-resistant TB in this state is imported. It is a slow epidemic, not like the flu season. It takes decades and has enormous momentum. Once it gets a hold, it is hard to stop."

He said there was no official notification of the future of TB services in Queensland, with a push to devolve to 17 districts.

Outraged nurses rallied in Brisbane last week in protest over plans to close the state's primary TB control centre at Princess Alexandra Hospital, which

treats almost half of the average 240 TB cases reported every year.

Far North Queensland federal MP Warren Entsch has accused AusAID officials of "incompetence or corruption" in handling the humanitarian disaster of our nearest neighbour.

"We have got highly contagious patients turning up in airports in Cairns, Townsville and Brisbane," he said.

"This is bigger than drug-resistant tuberculosis. It is cholera, leprosy, infant mortality and malnutrition."

Mr Entsch plans a Private Member's Bill calling for a parliamentary inquiry into the cut-back of services and the handling by AusAID.

North Queensland-based Labor Senator Jan McLucas defended the Federal Government's cuts, saying funds were instead being directed through foreign aid.