



Submission No 30

Inquiry into Australia's Relationship with Timor-Leste

Organisation: Royal Australasian College of Surgeons

Joint Standing Committee on Foreign Affairs, Defence and Trade
Foreign Affairs Sub-Committee



CONSULTATION ON AUSTRALIA'S RELATIONSHIP WITH TIMOR LESTE

The Royal Australasian College of Surgeons welcomes the Committee's invitation to comment on Australia's relationship with Timor Leste.

Background

Formed in 1927, the College is a not-for-profit organisation training surgeons and maintaining surgical standards in Australia and New Zealand. A Fellowship based organisation, the College is committed to ensuring the highest standard of safe and comprehensive surgical care for the community we serve through excellence in surgical education, training, professional development and support. As part of this commitment the College strives to take informed and principled positions on issues of public health.

The College also has a proud tradition of providing voluntary surgical services to less developed nations in our region and, increasingly, supporting capacity development of the health workforce in these countries.

The College has worked in Timor Leste since the late-1990s, when individual Fellows of the College self-funded their volunteer visits to Timor Leste to deliver emergency and essential surgical and medical services to the Timorese population.

After the departure of Indonesia from Timor Leste in 1999, much of the country's service delivery system, including its health system, was in tatters. Many medical personnel had fled the country. The Australia East Timor Specialist Service Project (AETSSP) was initiated by the College in 2001 at the request of the Timorese Ministry of Health (MoH) and the United Nations Transitional Administration to help address the severe shortfalls in specialised medical and clinical services at the time.

When AETSSP came to an end in September 2006, the MoH requested the Australian Government and the College continue support for specialist medical and clinical services through the design and implementation of the Australia Timor-Leste Program of Assistance for Specialist Services (ATLASS). ATLASS commenced in October 2006 and concluded in June 2012. The program represented a progression towards a more demand-driven program with a much stronger emphasis on capacity development than in AETSSP. ATLASS activities responded to the emerging priorities of the MoH, which included greater decentralisation of health care through the five district hospitals, establishment and consolidation of standards of clinical care and building the capacity of the Timorese medical workforce. The ATLASS Program trained Timor's first anaesthetist, second general surgeon and first cleft palate and burns management specialist.

From July 2012–June 2016 the College will implement another program – the Australia-Timor Leste Program of Assistance in Secondary Services (ATLASS II). ATLASS II's main activities are dedicated to building the capacity of the Timorese health workforce (in general surgery, orthopaedics, anaesthetics, paediatrics, obstetrics and emergency medicine) through a range of formal training, mentoring and support activities, including an 18 month Post Graduate Diploma program in collaboration with the University of Timor Leste.

The first two years of the ATLASS II Program will allow for the delivery of services by specialist visiting teams in Ear, Nose and Throat Surgery, Paediatric surgery, Plastic and Reconstructive surgery and Urology. **Australian Government funding for these visiting teams will cease from July 2014. At this stage, the Timorese workforce's capacity in these speciality areas still requires considerable development and it is highly unlikely that it will be sufficiently able to deliver autonomous delivery of services in these clinical specialities post July 2014.**

Eye health in Timor Leste

In 2001, the East Timor Eye Program (ETEP) was established by the College to provide targeted eye care services through the deployment of Australian ophthalmology and optometry teams initially to Dili and from 2007 onwards, to the five district hospitals. Over the course of the program, the ETEP has benefitted from a strong support base from individual ophthalmologists and other eye health professionals.

The ETEP has provided support for training for all aspects of the eye health workforce in Timor Leste. The College works closely with the MoH to select and train local staff to improve eye care capacity. Training and up-skilling Timorese eye health personnel ensures a long-term, sustainable and appropriate eye health program providing preventive and curative eye care services to the people of Timor Leste. The provision of equipment and consumables to the National Eye Centre and district hospitals enables surgery and a full range of outpatient eye care services. Speciality surgical services continue to be provided through visiting specialist teams, who are predominantly based at the district hospitals to service the remote communities. Visiting teams also work closely with Timorese counterparts in capacity strengthening which includes both formal and informal training and mentoring. The bulk of surgery carried out by the visiting teams has been for treating cataracts but the focus is now on transitioning towards sub-speciality services.

It must be noted that the four year design for the ATLASS II program described above does not include funding for any eye health support (e.g. visiting eye teams, training and mentoring of eye care personnel, equipment and consumables). Support for the eye program now comes from the funding provided by Vision 2020 (V2020) through AusAID's Avoidable Blindness Initiative (ABI). The College has received funding from V2020 since 2010 to work in partnership with Fred Hollows Foundation New Zealand (FHFNZ) to address eye health priorities in Timor Leste. The new East Asia Vision Program (EAVP) 2013-2015 provides funding for the next three years to implement the outreach program (in collaboration with FHFNZ) and placement of a long term ophthalmologist in-country. The EAVP will also focus on training and capacity development initiatives in low vision and vision rehabilitation services such as orientation and mobility (O&M) and Braille training for primary school teachers as well as supporting local non-governmental organisations in remote areas with their vision rehabilitation activities.

Through the ETEP, the first Timorese ophthalmologist completed his surgical training and graduated with a qualification in a Masters in International Ophthalmology from the University of Sydney at the end of 2008. Since then, expatriate ophthalmologists have worked closely with the Timorese ophthalmologist to mentor and provide further training. Although his expertise and surgical skills have greatly improved, ongoing mentoring is needed to assure quality maintenance of clinical services. **There is currently only one Timorese ophthalmologist for a population of 1.1 million.**

Current and future priorities in Timor Leste

Despite notable improvements in the health system in Timor Leste since 2001, there remains a critical need for Australia to demonstrate an ongoing commitment to the development of a sustainable workforce at all levels of the health system – primary, secondary and tertiary. The Australian Government's focus on primary health care and on the need to improve maternal, newborn and child health indicators is noted and welcomed. However it must be recognised that in line with a focus on primary and preventive health, tertiary health care through surgical and medical services must also be developed and maintained in tandem in a broad range of clinical specialities.

Governments worldwide have focused on primary health care since the declaration of Alma Atta in 1978. Surgical care is often not considered a public health priority in developing countries' contexts. However, "without it [surgical care], in spite of preventive measures...people will not have faith in primary health care...people in need must have access to skilled surgical care at the first-line referral hospitals"¹. Surgically treatable conditions such as cataracts, obstructed labour, hernia, and congenital abnormalities like club foot and cleft lip are possible to treat; they also address preventable disability or even death, and make productive employment attainable. In any health system, surgical conditions will

¹ <http://www.who.int/surgery/en/>

always account for a significant portion of a population's burden of disease, no matter how successful prevention strategies are².

With the significant influx of Timorese medical graduates from the Cuban medical system over the next two years, Timor Leste will have an increased pool of doctors from which to deliver basic medical services throughout the districts – again this is welcomed as a mechanism for ensuring increased access to basic medical services, particularly for people living in rural and remote areas. However, it is critical that the skills and expertise of these doctors are further developed beyond the basic level of medical training received through the Cuban system. ATCLASS II's primary focus is on training through a Post Graduate (PG) Diploma Program which has five modules: surgery (including orthopaedics), anaesthesia, obstetrics, paediatrics and internal medicine. The diploma modules will increase the PG trainees' skills in basic clinical procedures however high performing Timorese candidates must be identified, recognised and nurtured, with opportunity to undertake overseas specialist training funded and supported.

Blindness and low vision remain a significant area of avoidable disability in Timor Leste and affect not only the health of the population but the generation of income, livelihoods and overall poverty reduction. The capacity of the sole Timorese ophthalmologist in Timor Leste has improved markedly over a number of years with consistent and sustained support from the ETEP and individual Australian ophthalmologists who have donated their time and invested financially into his personal and professional development. However, the importance of ensuring that eye health remains on the agenda of both the Timor Leste and Australian Governments must not be forgotten. Again, training the returning Cuban trained medical doctors in basic eye care will ensure that people in Timor Leste, particularly in rural and remote areas, receive basic eye care services. However, support for training high performing Timorese doctors in advanced surgical ophthalmology is necessary to ensure that complex eye conditions can be identified, managed and treated. This is of particular importance for if and when international specialist visiting teams are phased out (currently only guaranteed with Australian Government funding support until the beginning of 2016).

At the same time as strengthening the capacity of the health workforce to deliver emergency and essential surgical and medical services and the wider health workforce (nurses, allied health professionals, mid-level workers, community based workers), the health system in Timor Leste needs institutional strengthening. The national hospital in Dili and the MoH need to be supported in strengthening capacity in policy and program planning, procurement, HR and financial management, monitoring, evaluation and quality improvement systems, and regulation.

The College remains committed to working with the Timorese MoH and other partners to help them achieve a sustainable, high functioning health system that meets the needs of the Timorese population. In order to achieve this, however, there needs to be greater certainty of funding. It is to be hoped that the Australian Government will guarantee funding for visiting surgical teams beyond July 2014, and that funding will be provided to ensure eye health support is included as part of the ATCLASS II program.

The extent of the challenge is outlined below, with the people of Timor Leste confronting a formidable burden of disease and disability.

The College thanks the Committee for the opportunity to participate in this consultation process and looks forward to a strengthening and enriching of the ties between Australia and Timor Leste.

² <http://www.who.int/surgery/SurgeryDebasworldbank.pdf>

Context – Health in Timor Leste

According to the UNDP Human Development Index³ Timor Leste ranks 134 out of 187 countries, sitting below the regional East Asia/Pacific average. The total population of Timor Leste currently stands at 1,124,000. Of this population, the national average life expectancy (for both sexes) is low, at 67 years⁴.

Measured by both income and human development indicators, Timor Leste is one of the world's least developed countries. More than 40% of the population lives below the poverty line of USD 88 cents a day⁵. The vast majority of the poorer and more vulnerable communities live in rural and remote districts.

The major health problems currently affecting Timor Leste according to the World Health Organization (WHO) are:

- One of the highest rates of women dying from pregnancy and childbirth in Asia. Many women lose their lives during childbirth due to extremely limited resources. The vast majority of deliveries (70%) are conducted at home without a skilled birth attendant and most women do not receive post-delivery visits to check on their post-partum health or that of their child.
- More than 45% of children are underweight for their age especially those living in rural districts.
- Limited access to clean water and basic sanitation contributes to the spread of infectious diseases such as diarrhea, which can lead to fatal outcomes.
- Malaria is highly endemic in all districts with the highest morbidity and mortality rates reported in children.
- Tuberculosis (TB) is a major public health problem with an estimated 8,000 active TB cases nationally.
- Infectious diseases, low utilisation of skilled assistance for antenatal and poor reproductive health are the most common causes of newborn mortality.
- Sexually transmitted infections (STI) are common in sexually active age groups, mostly in Dili and Baucau districts.

Avoidable blindness and visual impairment have been recognised as important contributors to disability and poverty. Current data on blindness and visual impairment in Timor Leste estimates that 39,400 people aged over 40 have a visual impairment and 14,100 are blind a prevalence of 6.2%⁶. The principal cause of visual impairment is cataract (50.6%) and refractive errors (42.1%). Other causes which contribute to less than 10% of the burden of disease include trauma, eye infection, and some Vitamin A deficiency related night blindness.

The 2012 UNESCAP *'Disability at a glance'* report estimates the prevalence of disability in Timor Leste to be at 4.6%. Prevalence for men is slightly higher at 4.7% and for women is at 4.4%. In line with global data, age is a significant factor for increased likelihood of impairment with persons over 50 comprising 40.9% of people with disability. Visual impairment was the most common impairment type with 61.7% of people with a disability experiencing a visual impairment.

³ 'Timor-Leste - Country Profile: Human Development Indicators, <http://hdrstats.undp.org/en/countries/profiles/TLS.html> [accessed 19/03/13]

⁴ 'Timor-Leste: Country Profile', <http://www.who.int/countries/tls/en/> [accessed 19/03/13]

⁵ 'Health challenges' http://www.burnet.edu.au/countries/12_timor_lesste, [accessed 19/03/13]

⁶ EAVP PDD, page 4.