



Submission No 18

Inquiry into Australia's Relationship with Timor-Leste

Name: Mr Malcolm Baxter OAM

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

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The Secretary
Joint Standing Committee on Foreign Affairs, Defence & Trade
Parliament House
CANBERRA ACT 2600

Dear Sir / Madam,

Submission to Parliamentary Enquiry into Australia's Relationship with Timor-Leste

I wish to make a submission to the Committee overseeing the above enquiry.

The particular Term of Reference I wish to submit under is *Aid ,including support and governance issues* ,notably Medical Aid and with particular reference to ear, nose and throat medical services to the people of Timor-Leste, which is my particular area of expertise.

Timor-Leste has a population of just over one million people with a large proportion of those being children, teenagers or young adults. They have a variety of medical problems and lack full expertise to deal with these. Medical aid has been provided through the Australian Government since Independence, and in particular, the Royal Australasian College of Surgeons (RACS) has been active in providing surgical aid in all specialties. This surgical aid is not only simply provision of surgical treatment, but is also very focused on the provision of skill sharing and training of health services personnel at all levels. This is seen as a central core task for all the RACS projects.

Otolaryngology/Head & Neck Surgery (Ear, Nose and Throat, or ENT) has always been seen as an important speciality in the College's provision of service, and (like our own Indigenous population) Timor-Leste has a high proportion of ear disease in its population. This is usually more severe or wide spread than is found in the non-indigenous part of the Australian population and similar westernised societies. This disease includes things like congenital hearing loss and acquired adult deafness, but the main problem, as in similar populations, is otitis media, or middle ear infection.

This may take the form of otitis media with effusion (OME) , ie , fluid in the middle ear space behind an intact ear drum causing deafness; Recurrent Otitis Media, where there is recurrent suppuration and discharge associated with fever and lassitude, which is common in children everywhere but especially in developing countries and Chronic Suppurative Otitis Media (CSOM), where there is a defect in the ear drum with chronic purulent discharge and hearing loss. This last may be accompanied by a potentially lethal condition called cholesteatoma and untreated otitis media , especially CSOM with cholesteatoma ,may lead on to various complications. If severe and untreated, it may actually cause death because of spread of infection to the brain, a situation which is now very uncommon in mainstream Australia but not in the developing world.

However, the most insidious problem of otitis media is its association with hearing loss, which can range from mild to severe. This is especially important in the school age population, as the hearing loss can interfere with learning and this may last throughout the child's school career and inhibit them achieving their educational potential which may have dire consequences in a population such as Timor-Leste, because of the consequent loss of potential skill and talent to the country.

Apart from otitis media as a cause of this, in the Timor-Leste school age population, we have also found many cases of congenital sensorineural hearing loss where a child is born with "nerve" deafness which may be mild, moderate or profound (total). There is little to be done in this population at present, with this type of patient ,as it is not amenable to surgery or medication and rehabilitation facilities are very limited. Compare this with Australia where similarly affected children are identified very early by neonatal screening and receive free support and hearing aids, via Australian Hearing, throughout childhood and adolescence and may even receive a cochlear implant in appropriate cases.

None of this is available in Timor-Leste, apart from very rudimentary rehabilitation at an NGO school in Dili.

The great majority of childhood deafness however, as in similar societies, is otitis media which is medically and surgically remediable.

In 2009, an audiologic survey was made, by an RACS funded audiologist, of the schools in the Maliana District of Timor-Leste which found a 17.1% incidence of childhood hearing loss (328 students tested) and a similar survey in 2012 in the Bacau District of Timor-Leste found an 18.3% incidence of childhood hearing loss (259 students tested). These incidences are very high compared with our own (non-indigenous) society and similar western societies and it can be assumed that a similar incidence would be present throughout Timor-Leste with consequent drastic effects on the children's education.

In 2003 I carried out a scoping visit to Timor-Leste on behalf of the Royal Australasian College of Surgeons to assess the need for ENT services there. Following this, regular visits were instituted by the RACS under the ATLASS Program to make regular ENT visits to that country for the purpose of carrying out clinics and surgery, assessing hearing , advising on rehabilitation and to select suitable individuals for training. Apart from a short period due to domestic unrest, these visits have been carried out regularly since that time. Initially two visits per

year of one week duration each were carried out via the ATLASS program with funding from AusAID. Over the last three years, these visits have been increased to four per year with the provision of two extra trips kindly funded by the Balwyn Rotary Club who have generously made a large grant to support these visits. The visits are mainly held in Dili and Bacau, as the two main centres, although visits have been made to other centres, notably Maliana. Each visit consists of an ENT Surgeon, an Anaesthetist, an Operating Theatre Nurse and an Audiologist. Occasionally other personnel such as extra nurses go on a self-funded basis. All personnel are volunteers. Other than the self-funded ones, the team members receive airfares and basic accommodation expenses. The purpose is to run clinics, which are selected by the local staff, advise on medical treatment and where appropriate, carry out surgery.

I have always believed that the back-bone of ENT services in such developing countries, where there is obviously going to be a lack of specialist surgical personnel, is the specialist ear nurse who will carry out clinics throughout the year, carry out simple medical treatment such as cleaning out ears and using topical drops and triage the patients, for the visiting teams to see with a view to possibly operating on. Very successful schemes involving this specialist nurse led model have been established in the Solomon Islands and Vanuatu over the last 20 years.

We at the RACS believe that this is the model which should be established firmly in Timor-Leste and which will form the back-bone of further ENT services. Recruitment of such nurses has been slow and it has been difficult to get approval for such nurses to be seconded from other duties at times, but we have identified one person in Bacau who is now carrying out this function and also one in Dili at the main hospital. Both are being currently guided and trained by Ms Julie Souness, a nurse volunteer working as Ear Care Nurse, based in Bacau, whose expenses and stipend are provided by VIDA, an Aus AID initiative. Progress has been slow, but we have seen definite improvement and we believe it fundamental that this should be encouraged and expanded to service the ENT needs of the population, and in particular, the ear and hearing needs of its paediatric population.

The next step in such a program is obviously the training of a local Doctor to become a qualified ENT Surgeon. We have identified one young Doctor who is currently training in Indonesia in this speciality, however, it is unlikely that he will be ready to operate independently for three or four more years and may require further training externally.

This project has always been warmly supported by the RACS and my other professional organisation, the Australian Society of Otolaryngology, Head & Neck Surgery (ASOHNS) to which all ENT surgical team members belong. Two years ago ASOHNS made a gift of \$55,000 to ATLASS for the sole purpose of providing equipment to Timor-Leste to carry out this speciality. ASOHNS Federal Council, is keen to explore how we can help further with this project.

A tremendous good will towards Timor Leste and its population has been built up by the many ENT surgeons, Anaesthetists, Nurses, Audiologists and others who have generously donated their time over the years.

We were recently informed that ATLASS in its present form will come to an end and our AusAID funded visits will stop in the next one to two years. It is understood that there is naturally a desire to make the country self-reliant in this way.

Whilst recognising that funding is always limited and it is naturally desirable for a country to become independent medically as in other ways, we do not believe that the expertise is there for Timor-Leste to become independent in our speciality in the near future. We believe that the withdrawal of these services will impact severely on the ear health of the population, especially its young people and children with consequent potentially disastrous effects on their education.

We respectfully ask that funding be continued by the Federal Government to allow continued visits, by our specialist teams to Timor-Leste, to continue our program of ear health . In this way we believe there will be continuing benefit to the people of Timor –Leste ,especially children and adolescents.

Apart from the provision of clinical services, we are anxious that the small start that we have made in providing an in-country ENT service be continued, which will mean further recruitment and training of nursing staff especially and the support of the local ENT Surgeon when he returns from Indonesia.

I would be happy to provide any further information at the request of the Committee, or to appear in person before it to further expand on the matters raised herein.

Yours sincerely

Malcolm Baxter OAM, FRACS

Convenor RACS
ATLASS ENT Program
Convenor ASOHNS Outreach Program