Royal Australasian
College of Surgeons

RACS Global Health

Timor Leste

Country Strategic Plan
2022-2027

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Further information

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Committed to Indigenous health

Service | Integrity | Respect | Compassion | Collaboration

Executive Summary

Since its establishment in 1927, the Royal Australasian College of Surgeons (RACS) has been the leading advocate for surgical standards, professionalism and surgical education in Australia and New Zealand. The College is a not-for-profit organisation that represents more than 6800 surgeons and 1300 surgical Trainees and Specialist International Medical Graduates. RACS is a major financial sponsor of surgical research and supports healthcare and surgical education in the Asia-Pacific region. RACS trains nine surgical specialties across Australia and New Zealand: in Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopedic Surgery, Otolaryngology Head-and-Neck Surgery, Paediatric Surgery, Plastic and Reconstructive Surgery, Urology and Vascular Surgery.

Since 1994, RACS has facilitated medical training, education and clinical support in developing countries in the Asia-Pacific region through the RACS Global Health Program. The RACS Global Health Program provides primary, secondary and tertiary health services and strengthens surgical and medical capacity of national health personnel, health systems and partner organisations in the region. RACS Global Health's vision is that safe, affordable surgical and anaesthetic care is available and accessible to everyone. The RACS Global Health staff team engage specialised surgical, medical and allied health personnel, who donate their time and services to deliver the Global Health programs with staff program management. RACS Global Health have a Country Office in Timor-Leste (established 20021), staffed by a Country Manager and Team of national staff.

RACS is accredited by the Australian Department of Foreign Affairs and Trade (DFAT) and is a member of the Australian Council for International Development (ACFID) and is compliant with the ACFID codes of conduct. RACS Global Health is a Child Safe Department and is fully committed to the principles of child safeguarding and prevention of sexual exploitation and abuse.

The RACS Global Health Timor-Leste Country Strategic Paper (CSP) 2022 - 2027 reflects our commitment to responding to the country's changing development and health needs. Drawing on over 20 years of experience in health development, RACS Global Health builds on lessons learned and the latest knowledge in global health and development, while responding to the changing national context and priorities as determined by national partners.

Timor-Leste is at a critical juncture in its transformation from post-conflict recovery to long-term development and establishing itself as a lower middle-income country. One of the keys to its future is strengthening Timor- Leste's health system to build workforce capacity and enable universal health coverage. In the last decade, Democratic Republic of Timor Leste has made steady progress in the health sector by reconstructing

health facilities, expanding the capacity of provincial and community base services and building the number of national medical and allied health graduates.

The Timor Leste Government's Strategic Development Plan 2011-2030 recognizes that good health is essential for a good quality of life and embeds medical care as a fundamental right for all citizens and has a specific goal to 'develop a hospital service that is able to respond to our people's need for specialist care '. RACS Global Health is well situated to align its program approach to this national priority.

RACS Global Health has a Theory of Change to improve access to surgical and anesthesia care across four thematic areas or 'Domains of Change'. Our work is based on our theory of change, which is that by improving patient access, building workforce capacity, strengthening health systems & advocating for sustainable action in global health we can bring about lasting change to improve access to surgical and anaesthesia care in the Asia Pacific.

This paper proposes that RACS Timor-Leste focus on domains of change 2 and 3 as highlighted below

RACS Global Health Vision: That safe, affordable surgical and anesthetic care is available and accessible to everyone.

Domain of Change 1: Improve access to surgery and other health services by supporting the delivery of vital health services that contribute to improved access, inclusion, and agency.

Domain of Change 2: Develop the capacity of the health workforce by supporting clinical and surgical training, mentorship, education, and essential equipment.

Domain of Change 3: Strengthen health systems by working with services and decision-makers to improve service coordination, support workforce planning, priority setting, and investment.

Domain of Change 4: Advocacy for sustainable surgical and health care by building partnerships for action at a global, regional, and national level.

This will enable continuation of planned consolidation of existing programming to meet need and ensure impact. RACS Timor-Leste will also continue to operate in HNGV where funding opportunities are secured from institutional donors, with a plan to expand to the five provincial hospitals (Baucau, Maliana, Maubere, Oecussi and Suai Referral Hospitals) to provide support to the governments priority to decentralize health services.

RACS Timor Leste will focus on strengthening the organization's agility and ability to respond to change and opportunity to ensure continuity of funding and sustainability of funding. RACS Timor-Leste will further strengthen its partnerships with government at the national and sub-national levels. Partnerships with local NGO's and other development stakeholders will continue, with a focus on strong technical partners that can support quality programming.

Country Context and Situational Analysis

Timor Leste is home to approximately 1.32 million people and is one of the world's newest and least developed countries with 41% of the population being assessed as living below the national poverty line (2020). Timor-Leste is a newly established country, which re-gained its independence from Indonesia in 2002. Over the past 16 years, the country has set the foundations for future development and state building. The country has made progress in developing a national health workforce and addressing its health challenges, with the young nation seeing rapid progress in its health indicators. Significant health, economic, social and education challenges persist, and some of the poorest health outcomes in the world are recorded here. Access to healthcare services poses a major concern as 70% of the population lives in rural areas in small, dispersed villages isolated by mountainous terrain and poor road conditions.

Timor-Leste's Human Development Index (HDI) is placed just within the medium human development category for 2017 at 0.625. This ranks Timor-Leste at 132 out of 189 countries and territories. The country is comprised of 12 municipalities and the Autonomous Administrative Region of Oecusse-Ambeno located inside West Timor in Indonesia primarily accessible by sea or air. The largely population is characterized by small-scale subsistence farmers with most people living in small, scattered villages often isolated by mountainous terrain and poor roads.

Timor-Leste has one of the youngest populations in the Asia and Pacific Region. The median age is 17.4 years and nearly 40% are children under 15. It also has an average population growth rate of 3.2% per annum making it one of the fastest growing populations in the world. Emerging and specific health issues for adolescents in Timor Leste include the high rates of tobacco (27.6 %) and alcohol consumption (15.7%) for 13-17-year old's, and high levels of undernutrition, interpersonal violence and mental health issues.

The Timorese consist of many distinct ethnic groups, with the number of languages spoken (32) being a reflection of both this ethnic mix and Timor-Leste's colonial history.

Impact of COVID-19 pandemic and natural disasters

The pandemic and nationwide floods and landslides caused by Cyclone Seroja in April 2021, have both highlighted and exacerbated key gaps in the health system. Timor-Leste acted quickly in response to the pandemic by putting in place a system of health controls to arrest the spread of the virus. However systemic weaknesses in the health system made it difficult to respond to these crises effectively and revealed there is a need to strengthen emergency response coordination mechanisms and preparedness.

While there has been significant progress on key health outcomes since independence, ongoing shortages and capacity to access medical equipment, dissemination

of information or supplies, including personal protective equipment and medicines have delayed or hindered responses, particularly at municipal and community-level facilities. Key interventions to improve health service delivery include increasing investments in primary health care and continuing to improve the skills-mix and competencies of health workers. Investing in emergency preparedness will also be key to effective management and response to future crises.

In June 2021, the UN Sustainable Development Goals Network warned of the potential impact of COVID-19 pandemic to reverse the significant and hard-won development gains made worldwide, including in Timor Leste. The UN Timor Leste has recommended that Timor Leste accelerate progress to strengthen the health system, reduce health inequalities and address the determinants of health, particularly for non-communicable diseases (NCDs), nutrition, sexual and reproductive health. This is necessary to sustain the significant progress made since independence and achieve the SDGs on health, education, and gender equality (SDGs 3, 4 and 5) by 2030.

Economic Situation

The economy has grown significantly in the past 20 years. However, the pace of growth has been decelerating since 2011. The economy contracted in 2017 due to the political impasse and a reduction in public spending. In line with global economic contraction due to COVID-19 pandemic, Timor-Leste is expecting further deceleration in its GDP.

Economic factors are highly correlated with health outcomes: low incomes and low employment are unambiguously harmful to health. Current data shows a steady economic growth in recent years of the population living below the poverty line with less than US$ 1.90 per day (41.8% in 2014 to that more than 30.3% by 2017) with significant variations between Municipalities and those in rural and urban areas. In 2018, **gross national income** was US$5080 per capita.

Key Health Outcomes

Substantial progress on key health outcomes, especially on life expectancy and mortality (including maternal and infant) has been made in Timor Leste since independence. These improvements may be attributed to investments in antenatal care and an increase in

Figure 2.1
Universal Health Coverage of essential services Progress against SDG 3: 'Ensure healthy lives and promote well-being for all at all ages.

the proportion of births attended by skilled health personnel, as well as investments in the health workforce and health system strengthening.

Despite good progress in strengthening its health delivery systems and improving health outcomes for its population , there remain significant health challenges. The incidence of tuberculosis is very high, at 498 per 100,000 population, and is one of the main causes of hospital deaths in the country. At the same time, the share of non-communicable diseases (NCDs) in the overall burden of disease has increased from 29 percent in 2002 to 55 percent in 2019. Stroke, heart and lung diseases, and diabetes are now among the top ten diseases and have been contributing increasingly to death, illness, and disability. The rise in NCDs is a result of changes in several sociodemographic and lifestyle factors. Tobacco use is rising and constitutes one of the most significant public health threats.

Timor-Leste still has a high prevalence of blindness and visual impairment. one-in-eight Timorese have either blindness or moderate-to-severe visual impairment, with one-in-35 Timorese being blind. These rates equate to 157,000 Timorese having significant ocular impairment, of whom 36,000 are estimated to be blind (2016).

Access to Services

Health services are provided free at the point of use however access to health services poses a major concern. The two largest urban centres, Dili and Baucau, are home to approximately 30% of the population while the majority rural population is highly dispersed across a mostly mountainous terrain that is prone to flooding and landslides, which frequently isolate villages. Over 90% of the nation's roads are rated as poor or very poor, and

when public transport is available many are forced to borrow money to cover the cost.4 Traditional medicines are still used widely, with many Timorese viewing these as affordable, accessible and acceptable substitutes to western health care .

With persistent under-resourcing of health facilities,: staff shortages, regular shortages of equipment and medicines, and weak referral systems; the health services available in the districts have fallen well short of servicing the country's health care requirements.. As a result, the majority rural population's still have limited ability to access to services and while these barriers apply to the whole population, they are likely to affect people with disabilities more profoundly. The intersectionality of gender, age and disability can thus lead to multiple layers of barriers to accessing health.

It is estimated that 94.2% of blindness and Moderate or Severe Visual Impairment (MSVI) in Timor-Leste is due to treatable causes, largely comprised of cataract and uncorrected refractive error. However, cataract surgical coverage is low compared to other Southeast Asian countries. The 2016 RAAB also found that cataract surgical outcomes were below the WHO recommended level .

A further revelation from the RAAB was the gender inequality among service recipients, with the magnitude of blindness high and cataract surgical coverage particularly low among women in Timor Leste.

District hospitals have eye clinics able to provide primary care but not surgical or complex cases, Ophthalmology services are predominantly delivered at the NEC, or by NEC-coordinated outreaches to the districts. The major barriers to uptake of available cataract surgical services were accessibility to services (45.5%) and no one to accompany individuals to services (24.8%).'

Emerging causes of ocular impairment in Timor-Leste mirror the increasing burden of non-communicable disease and increasing age of the Timorese Population, and include glaucoma and diabetic retinopathy .

Health Workforce Capacity

Workforce capacity has been a long-term priority in the health care planning process, given its centrality in sector performance.

In 2010, the Ministry of Health had a total of 30 General Doctors hired to work in several health facilities, rising to 889 in 2019, and an increase of doctor-population ratio from 4 doctor per 10,000 inhabitants to 8.9 ratio. The figure above highlights while a there has been a significant increase of the overall health workforce it is still well below WHO

While increasing the volume of services alone will not address inclusion barriers, it is expected that if services are more accessible and available at both the primary and secondary levels, the number of women and PWD being screened and treated will increase.

recommended global standard of 44.5/10,000.

The NHSSP 2011-2030 defines continuing education as for HRH a key element quality. Despite the efforts made by the National Health Institute (NIS) to offer continuing training to health professional, there are still areas not sufficiently covered and insufficient coordination, planning, monitoring and evaluation of training conducted. In addition to the acknowledged gains in the development of Health Human Resources, identified constraints persist that need to be mitigated, namely:

Insufficient allocation of HRH and inequalities in the distribution of HRH

Insufficient availability of multidisciplinary care teams;

Inadequacy between the profile required by the post and vocational training;

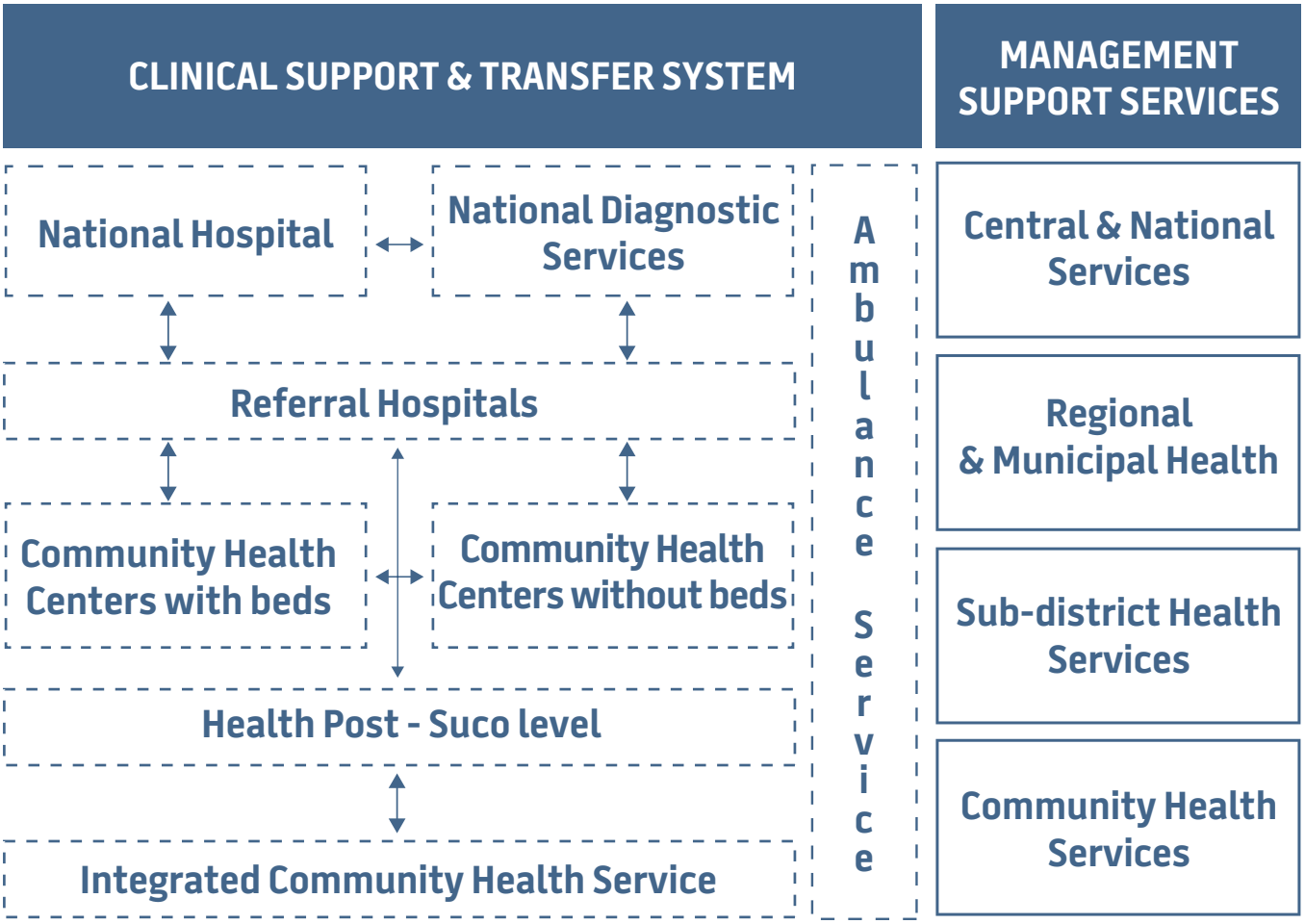
Insufficient policy of motivation, retention and retention of technicians;

Lack of in-house capacity for basic and specialized training of physicians.

Lack of incentive mechanisms and motivation – the grading systems only has two level: general medico and specialist.

Health Financing

Access to universal, equitable, free, and decentralized healthcare is a fundamental right of Timor Leste' citizens . The planning and provision of health services in Timor Leste is therefore primarily a government responsibility however health spending has not been significantly prioritised within recent Government budget. Health financing as a



percentage of overall government expenditure remains low. In April 2020, an autonomous COVID-19 Fund was established to finance both health and economic measures. The 2021 budget allocated $121.5 million to the health sector, equivalent to 6.2 percent of the total budget – a significant increase from the $43 million of the 2020 budget.

Health Service System

The MoH service delivery structure starts with integrated community health services known as Sistema Integradu Saude Communitaria (SISCa) → to Health Posts → Community Health Centres → District Hospitals → Referral Hospitals, and finally the National Hospital (HNGV) in Dili providing the highest specialised services in the country.

MoH has identified the need for decentralisation of health service delivery to the district and community level as a critical factor for the delivery of efficient and effective health services to all. MoH are developing strategic plans to identify priority specialty/sub-specialty areas for each level in keeping with the health services directives and protocols.

While the number of health workers, particularly doctors, nurses, allied health professionals, and midwives has also risen significantly between 2010 -18, there remain concerns that further work needs to be done to address a weak knowledge base in skills and competencies within the existing workforce.

Quality of care can be improved substantially, especially through better training. A 2016 study found that the performance of general practitioners was very good in terms of attitude (91 %), but only moderate in health education, history taking, and treatment accuracy – with values ranging from 50 to 69 %.

Pre-service training, mainly at UNTL, lacks resources such as adequate library facilities, laboratories, and practice sites. Core competency frameworks and competency-based curricula have also not been introduced, which leaves many graduates without suitable skills and competencies when they enter the workforce. The medical curriculum is based on the Cuban method of medical training, and many of the lecturers are provided by the Cuban instructors. There is limited scope to facilitate clinical placements, limiting application of learning.

In-service training at the National Health Institute (INS) is highly dependent on donor resources, and training programs would benefit from better coordination with MoH service delivery priorities. This leads to a disconnect between training and staffing needs on the ground (World Bank.

Gender and Inclusion

The concept of gender equity recognizes that women and men have different needs, power and access to resources, and that these differences should be identified and addressed in a manner that rectifies the imbalance between the sexes. Women and men also use health care differently.

The 2016 Demographic and Health Survey highlighted the differences in the use of health services: the degree of utilization increases with the increase in the educational level of the patient, particularly with regard to family planning and reproductive health. Similarly, differences in gender can be seen in various ways: exposure, risk and vulnerability; nature, severity or frequency of health problems; how symptoms are perceived; behaviors in seeking services; access to health services; ability to follow treatment; long-term social and health consequences, etc.

RACS programming is based on principles of inclusion and equity. RACS in recognized doctors are recognized as leaders in their communities, trained primary health workers (family medicine and general doctors) on concepts of disability inclusion, gender equality and addressing physical and sexual violence.

The health sector in Timor-Leste is atypical internationally in that there are far more men working in the system than women. To support more balanced gender representation of national specialist clinicians, RACS has sought to include female and male candidates into formal education at postgraduate and Master level.

While increasing the volume of services alone will not address inclusion barriers, it is expected that if services are more accessible and available at both the primary and secondary levels, the number of women and PWD being screened and treated will increase.

RACS Global Health Timor Leste Programs

RACS first established operations in Timor Leste in 2001 and works closely with the Ministry of Health of Timor-Leste (MoH), with offices located in the national tertiary hospital Guido Valadares National Hospital (HNGV) to provide essential clinical support and health education in Timor-Leste.

The RACS program in Timor Leste was initially designed to directly provide urgent and essential clinical services to the new nation.

RACS has two key health systems strengthening programs in Timor Leste. These are;

1. Australian Government-funded Australia Timor-Leste Program of Assistance in Secondary Services – Phase II (ATLASS II) established in 2012 at the request of MoH and in partnership with the HNGV and Universidade Nacional Timor Lorosa'e (UNTL).
2. **The East Timor Eye Program (ETEP)** established in 2001 with a goal is to reduce preventable blindness in Timor-Leste by helping to build a sustainable, self-sufficient, and effective eye health system. The program has expanded beyond direct services to address ophthalmic trauma and cataract blindness.at the primary, secondary and tertiary levels .

Over the years, the scope of programming has been expanded and now focuses on medical health workforce development and health systems strengthening. These reflect a core focus on RACS Global Health **Domain of Change 2 and 3**;

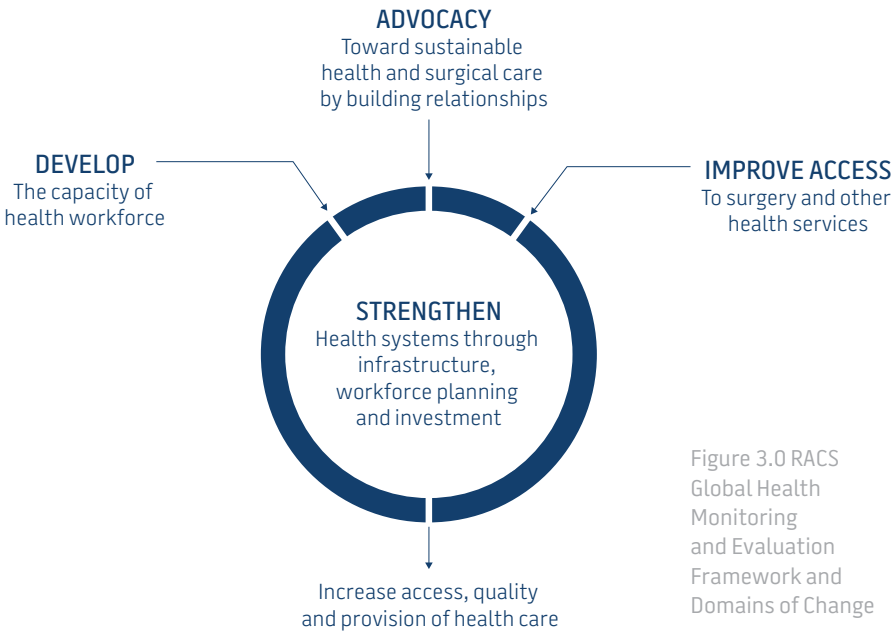


Figure 3.0 RACS Global Health Monitoring and Evaluation Framework and Domains of Change

Domain of Change 2: *Develop the capacity of the health workforce by supporting clinical and surgical training, mentorship, education, and essential equipment. We do this by;*

- Implementation of comprehensive ATLASS II to develop a highly skilled national medical workforce that contributes to universal health coverage.
- Implementation of the East Timor Eye Program (ETEP) to deliver a wide-ranging set of in country training activities of the national eye health workforce at the primary, secondary and tertiary levels. This includes capacity building in ophthalmology, optometry, eye care nursing and allied eye health specialties through education and clinical service delivery coupled with on the job mentoring and training.

Domain of Change 3: *Strengthen health systems by working with services and decision-makers to improve service coordination, support workforce planning, priority setting, and investment. We do this through;*

- ATLASS is supporting the transition to national ownership of medical education in Timor Leste, developing a senior medical faculty that is motivated and capable of taking on clinical leadership and teaching roles, RACS has worked with national specialists' to build their capacity to take on teaching and supervisory roles to contribute to a sustainable, local teaching program; and support the national hospital to strengthen its clinical governance and capacity as a teaching hospital.
- ETEP, where the goal is to reduce preventable blindness by helping to build a sustainable, self-sufficient, and effective eye health system. ETEP's comprehensive approach includes supporting national policy for service planning and building human resources for eye health that will enable sustainable and expanded clinical services.

RACS Global Health Timor Leste Programs

All Districts:

East Timor Eye Program

Goal: To increase community access to high quality, affordable primary, secondary and tertiary eye care services for the Timorese population by contributing to the development of a comprehensive, nation-wide and sustainable eye health system.

Partners: MoH, HNGV, UNTL

Australia Timor-Leste Program of Assistance for Secondary Services II

Goal: To support the Government of Timor Leste to develop a highly skilled national medical workforce, while developing a senior medical faculty that can take on clinical leadership and teaching roles.

Partners: MoH, HNGV, UNTL and Maluk Timor

All districts:

- Placement of ATLASS II trained FMP graduates in CHCs and health posts
- GP training in primary eye health, GBV and referral systems(ETEP)
- Clinical training for district based mid-level ophthalmic practitioners (ETEP)
- Support outreach screening and surgical services in all districts (ETEP)

District – level

Baucau and Maliana (in Bobonaro) Referral Hospital

- Establishing district eye clinics (2021) including training of nurses in OT and eye health (ETEP)
- Support infrastructure for telehealth (practitioner to practitioner) (ATLASS II)
- Placement of ATLASS II trained PGD graduates

Oecussi Referral Hospital

- Training PGD Ophthalmologists (ETEP)
- Establishing district eye clinic (from 2022) including training of nurses in OT and eye health (ETEP)

Suai Referral Hospital

- Placement of ATLASS II trained PGD graduate
- Training PGD Ophthalmologists (ETEP)
- Seeking funding to establish eye clinic (from 2023)

Dili:

- supporting capacity of the National Eye Centre and HNGV including placement of placement of ATLASS II trained PGD and RACS funded Master graduates (ETEP, ATLASS II and RACS Foundation)
- support for COVID isolation centres and response training (incl. HNGV) (RACS, ETEP and ATLASS II

Future: to focus on HNGV/NEC (Dili), all referral hospitals (include above and Ainaro RH) and continue GP training in all districts

The Australia Timor-Leste Program of Assistance in Secondary Services – Phase II (ATLASS II)

This program was established in 2012 at the request of MoH. The primary objective is to support the GoTL to develop a highly skilled national medical workforce that contributes to universal health coverage, while developing a senior medical faculty that is motivated and capable of taking on clinical leadership and teaching roles, as the program is transitioned to national ownership. The specific objectives are to:

1. develop national doctors' core clinical skills and capacity to provide quality care in surgery, anaesthesia, obstetrics and gynaecology, paediatrics, family medicine and internal medicine;
2. develop national specialists' capacity to take on teaching and supervisory roles to contribute to a sustainable, localise teaching program; and
3. support the national hospital to strengthen its clinical governance and capacity as a teaching hospital.

Timorese Clinical Educators participate in the ASIA Pacific Medical Education Conference (APMEC) and associated Essential Skills in Medical Education Course (ESME) January 2021. Photo taken at RACS training room, HNGV, Dili.

RACS engaged International Specialist Clinicians to provide hospital-based postgraduate medical education and training with daily mentoring and support and partnered with local training providers to deliver Family Medicine postgraduate.

ATLASS Key Achievements:

RACS has been the only PGD medical training provider in Timor-Leste and doctors are, graduated through the national university of Timor-Leste. Diploma graduates are GP doctors with an enhanced skill set to work safely and independently largely in primary and secondary health facilities in the municipalities. From 2012 ATLASS II has trained:

- 114 junior doctors in the Foundation Year Program;
- 101 Timorese doctors with a Postgraduate Diploma in Surgery, Anaesthesia, Family Medicine, Paediatrics, Obstetrics and Gynaecology and Internal Medicine;
- 10 Timorese doctors with a Masters of Medicine (Paediatrics); and
- 53 doctors with the Post Graduate Diploma in Family Medicine.

By delivering the PGD training programs in-country the ATLASS program also enable:

- Trainees to continue to contribute to the Timorese health system for the duration of their training.
- Trainees to be provided skills that are contextually relevant and appropriate to the unique healthcare challenges of Timor-Leste.
- Development of a culture of applied learning that can support trainees to continue successfully to Master course abroad.
- Increased HNGV capacity as a teaching hospital through the engagement of national doctors as mentors and teachers of the doctors in training.
- Built clinical communities of practices and networks that now extend across primary, secondary and tertiary centres. These networks support referral between centres as well as provide ongoing technical assistance.
- Supported continuing medical education including HNGV Scientific Conferences, overseas attachments, international conference participation and research

The East Timor Eye Program (ETEP)

Established in 2001 with a goal is to reduce preventable blindness in Timor-Leste ETEP delivers a wide-ranging set of in country training activities in ophthalmology, optometry, eye care nursing and allied eye health specialties, and facilitates capacity building of the national eye health workforce through education and clinical service delivery coupled with on the job mentoring and training. a critical component in the strategy to develop the HNGV Department of Ophthalmology as a teaching centre to ensure the sustainability of Timor-Leste's eye health workforce and services.

The Program objectives are;

1. Increase patient access to eye care throughout Timor-Leste.
2. Build the capacity of the Timorese eye health workforce to meet service and patient needs.
3. Improve service and system-level coordination and planning.

RACS programming included the combined efforts of international visiting eye teams and the placement of a long-term expatriate ophthalmologist.

RACS worked closely with MoH and the National Eye Centre to undertake a system-based assessment and planning for the eye health in Timor Leste which culminated in the National Eye Health Sector Strategic Plan's (NHSSP) 2021-2050. RACS provided technical advice and guidance on service components, resource requirements, sequencing and integration needed to develop a national system. The NEHSP was endorsed by the Timorese Minister for Health in September 2020 with the goal of 'reducing the prevalence of eye health problems by 75%' and will be directly aligned with the NHSSP's eye care strategies being: This culminated in the NEHSP which RACS currently supports eye health system strengthening

1. *Increase access to high quality comprehensive eye care services.*
2. *Strengthen and increase community participation in eye care program at Sistema Integradu Saude Communitaria (integrated community health services) (SISCa).*
3. *Increase the capacity of staff to provide ophthalmology services.*

An immediate NEHSP's goal is for five identified district hospitals to have a fully equipped and staffed ophthalmology department. These would be set up as 'District Eye Hubs', servicing its district as well as surrounding districts

ETEP Key Achievements

Through ETEP RACS has increased community access to high quality, affordable primary, secondary and tertiary eye care services by:

- Building the technical and management capacity within the National Eye Clinic (NEC) . This included overseas masters training for Specialist Ophthalmologists, training in hospital management, information management, logistics/ supply chains and bio—medical skills.
- Equipping the NEC with a full range of sub-specialty ophthalmic equipment
- Improvements to patient management systems and referral pathways.
- Establishing the national Prosthetics Eye Lab and trained the first Timorese ocularist.
- In-line with the MoH objective to decentralize services and reduce the flow of referrals to the capital are strengthening municipal health services through:
  - supporting eye outreach visits to all districts -.
  - Establishing eye health clinics in three districts at the referral hospital.
  - delivering Post Graduate Diploma in Ophthalmology for mid-level ophthalmic doctors and specialized OT nurse training for medical teams who will be posted to work in the districts.
  - training of general practitioners in all districts on primary eye care and referral processes.
  - training and ongoing mentoring support of eye care nurses and technicians throughout the country.
- Playing an integral advocacy role which culminated in the launch of the National Eye Health Strategy Plan 2020-2051 by the Timor-Leste Ministry of Health in September 2020.

Lessons Learnt from RACS program history in Timor Leste

The various successes and challenges experienced in the design, implementation and evaluation of programs and projects since RACS commenced operations in Timor Leste provide useful lessons for the future strategic direction of our work. This section provides an overview of some of the key lessons from which we will have and will adapt RACS programs to increase effectiveness and sustainability over the period 2022-2026.

Building and Maintaining Relationships: Strong partnerships are required by a range of different stakeholders across a range of sectors and specialties .RACS has developed relationships and partnerships with donors, government partners, UN agencies, education institutes, INGOs and national NGOs/CBOs. These relationships have provided a strong foundation upon which to develop programs. Our longstanding relationship with HNGV (which includes NEC) has been integral to our success and will continue to be a strong organisational focus.

Improving Information Management Systems: Information management is fundamentally important to the ongoing learning as well as performance assessment. Over the course of this Country Strategy, ongoing improvement in systematic information management (both staffing and systems) will be a central focus.

Online and Remote Learning modalities: moving to online learning models: COVID-19 State of Emergency resulted in the Post Graduate Diplomas in Family Medicine and Ophthalmology being provided through a rapid transition to online learning. While this learning model could be integrated into future programs obstacles beyond reliable internet access need to be considered. More capacity and responsibility by trainees for self-generated learning needs to be a prioritised to support this modality, and challenges in balancing at home responsibilities with home base learning also need to be addressed to ensure that all students, particularly women, have the dedicated time needed for online studies.

Post training follow up: Once MoH deployed the graduating Post Graduate doctors to their roles in the districts there no ongoing professional development or continued education available and in many cases the graduates report that the health post they are appointed to is not able to utilise the skills they have developed due to lack of equipment or resources and/or they are not allocated a role that would best utilize their training. Workforce planning needs to extend beyond one off skills development.

National HR Strategies and workforce planning need to be reflected in salary grading: The MoH and Civil Services Commission only recognise Medical Doctor/GP (i.e. Medico Geral) and Specialist medical qualifications. There is no category to integrate the Diploma graduates into the health system as senior to other GP doctors; nor is there able to acknowledge or compensation for the considerable extra work and responsibility of clinician educators.

Design services to reduce barriers to access: A key lesson from ETEP outreach was to reduce the need for patient returns for additional treatments, by doing same-day bilateral cataract surgery during outreach visits we have been able to treat many patients who may otherwise have had the first eye operated on and then not returned to have the second eye treated. This has economised the procedure for both the patient and surgical team. It also removes the risk of the patient's second eye progressing to an inoperable state while they wait for the next outreach team to visit (often many months or a year later) and/or do not present to the clinic at all

Need to be adaptable: The impact of COVID-19 in Timor Leste has highlighted the need to remain flexible and responsive to the local conditions and needs of the country. However more broadly.

Need to retain County Office model: The RACS model in Timor Leste, with on the ground office based at HNGV has shown to be able to build constructive relationships (as noted above) and pivot operations and programming quickly in response to environmental and political factors.

Need to diversify funding: Over recent years the Country Office has been successful in building new funding

partnerships however there is a need to continue to seek a diversification of funding sources and it remains important to continue engaging with existing and potential donors, and diversifying the donor base.

Our Organisational Commitments – Moving Forward Timor-Leste Strategy Approach

Through this strategy RACS is endeavoring to support the leadership of the Timorese Government in delivering high quality and comprehensive health care. We have aligned our goals to the achievement of related national strategies.

As a young nation Timor-Leste faces plenty of challenges, many of which have been exacerbated by Covid-19 and natural disasters. Whilst the Timorese Government is committed to improving health infrastructure and health outcomes, it is likely that they will continue to require external support for at least the duration of this 5-year strategy.

Underpinning the RACS County Strategic Plan is our continued support towards the GoTL health priorities. In 2011 the Timorese MoH set out a clear vision (Vision 2030) for "Healthy East Timorese people in a healthy Timor-Leste" in their 'National Health Sector Strategic Plan 2011 – 2030' (NHSSP). The specific health goals of the NHSSP for the next 20 years were:

1. To have comprehensive primary and hospital care services with good quality and accessible to all Timorese people.
2. To provide adequate support system to health care services delivery.
3. To promote higher community and partnership participation in the improvement of national health system.

In seeking to support sustainable impact and align with Timor Leste Government priorities RACS will seek to:

Commitment 1: Leverage existing national policy commitments, with a focus on support to decentralization of the health system and support to provincial hospitals and health centres.

The RACS program in Timor Leste was initially designed to directly provide urgent and essential tertiary clinical services, largely at HNGV, however the focus moved to building capacity of national clinicians to deliver those services.

With the move towards decentralising access, RACS will support MoH, and based on their assessment of capacity and service gaps across the district referral hospitals: support coordination of local clinician teams to be deployed and where appropriate seek opportunities to engage and mobilise international specialised medical staff. RACS will also assess opportunities to leverage online technology to support delivery of services

Current and planned programming includes support for:

- Increased and localised services
- Eye screening and clinical outreach across districts
- Developing tele-health/referral facilities at HNGV and pilot district referral hospitals to improve district level access to health care
- School-based eye screenings - in coordination with relevant ministries and national teacher and health training institutes.

Integration of inclusion and agency

- Training of district general practitioners on identifying and responding to cases of non-accidental violence to women and children and referral systems
- Review of gender and disability barriers to entry
- Health Promotion campaigns to support community health education and awareness raising

Future programming could include:

- RACS Voluntary Medical Teams as part of district outreach to address identified areas of need assessed by MoH and HNGV
- Support for HNGV Clinician teams to provide district outreach
- Community awareness campaigns that include focus on inclusive access

Commitment 2: Support the development, training and detection of the health workforce in Timor Leste with a focus on medical education and training as a key priority for the GoTL.

Health professionals and workers are the backbone of health systems. Planned expansion and scale- up of operations to address universal access requires adequate personnel. Skilled medical staff resources are also key to improving the quality and effectiveness of health services. The NEHSSP notes the lack of in-house capacity for basic and specialized training of physicians which a serious handicap to the vision for health development in the year 2030. NHSSP II goals also include: Developing the capacity for training and education institutions in Timor-Leste; and strengthen health workforce management.

This Country Plan builds upon the foundations of a 20-year long partnership between RACS, HNGV and MOH to build national medical capacity to deliver essential clinical services. RACS through the ATLASS II and ETEP programs delivers post-graduate and continuous medical education in several specialty areas.

RACS will continue to support HNGV achieve its objective to become a teaching and research hospital, and to be the driver of training and education for clinical health workers in different medical specialties. RACS is coaching Timorese Specialist to educate health professionals based at HNGV as well in the districts. To assist transition to local ownership RACS will seek to support management and leadership training for HNGC Executive Council, Heads of Departments and other clinical management positions.

RACS will aim to support increasing localised institutional capacity to independently manage and deliver future formal, short course and ongoing training and education. RACS has established partnerships with UNTL on delivering post graduate training and established a technical agreement with the Institute of National Health (INS) for accreditation and delivery of shorter medical education.

We will also deliver and support clinical training across a range of speciality areas for doctors, nurses and allied health.

Current and planned programming includes support for:

- Coaching HNGV Clinical teams to assume the medical teaching, training and supervision roles confidently and effectively. For future trainees including interns/ trainees, junior colleagues and district medical staff.
  - Addressing workforce capacity needs at the primary, secondary and tertiary levels through Completing in-country education programs such as:
  - Post Graduate Diploma (Family Medicine and Ophthalmology), accredited speciality eye nursing, Paediatric Critical Care, Primary Eye Care for primary general practitioners
  - Clinical Attachments for district based medical staff
  - Developing accredited curriculum, management of facilities, training equipment, materials and tools
  - support professional development through overseas speciality training overseas that will embed skills directly into the Timorese health system e.g. scholarships for specialised (MMED) studies, fellowships and clinical attachments
  - Provision of essential Medical equipment and supplies for district and national hospitals

Future programming could include:

- Strengthening clinical leadership, governance and management competences for senior teams of hospital departments/specialty areas
- Supporting HNGV and MoH to expand services and training in areas such as Primary Trauma Care, Burns Management, Advanced and Emergency Life Support, Anaesthetist, Nursing.
- Developing simulation skills lab at HNGV

Commitment 3. Strengthen health systems by working with services and decision-makers to improve service coordination, support workforce planning, priority setting, and investment.

The NHSSP II takes a system-wide strategic approach that is intended to deliver an integrated model of care that delivers 'better health, better care and better value', helping to reduce the disease burden and accelerate the attainment of SDGs.

Coordinated care across there three levels of services is needed to ensure efficient services. The secondary and tertiary levels shall be oriented to support service quality in the health facilities and to improve the performance of the referral chain. Utilising service need assessments and quality reviews HNGV and MoH will continue to identify new or existing speciality areas that require further or new workforce development, as well as continuous medical education requirements.

RACS will continue to work with MoH and HNGV to provide advice, tools and systems to support workforce planning; service planning, coordination and delivery; clinical governance and quality controls; logistics and maintenance establish patient's information and referral systems so as to improve the expediency and quality of care as well as access. As noted above MoH are identifying priority specialty/ sub-specialty areas for each level in keeping with the health services directives and protocols. In line with the MoH objectives we will support decentralisation of health service delivery particularly to the district referral hospitals.

RACS has worked closely with MoH and the National Eye Centre to undertake a system-based assessment and planning for the eye health in Timor Leste. This has culminated in the NEHSP which RACS currently supports eye health system strengthening

Current and planned programming includes support for:

- Establishing and supporting the effective management of 3 district Eye Clinics at district referral hospitals (in line with the NEHSP). RACS are supplying these facilities with the appropriate equipment, supporting the training of required staff and supporting development of referral pathways across the three service levels
- Establishing diabetic retinopathy screening program through the MoH including referral systems and community awareness raising of related ocular complications.
- Improved systems for collecting patient data: Creation of a Health Management Information System (HMIS) for the national and district eye clinics.
- RACS programming is underpinned by regular service coordination and planning with HNGV and MoH.

Future programming could include;

- Supporting Improved service coordination and priority setting: E.g. Developing first national Surgical conference and supporting establishment of surgical association
- Supporting systems-building that reduces the reliance on health services at the national level. e.g telehealth. Investing In establishing the remaining two District eye clinics at the District Referral Hospitals.
- Establishing and operationalizing governance structures including: National Eye Health Services Steering Committee (NEHSSC); Timor-Leste Institute of Ophthalmology (TLIO) defined in the NEHSP
- Assisting in further strengthening patient pathways, referral and transfer systems, supply systems and patient management:
  - -The findings of the 2021 Barriers to Accessing Eye Health analysis will provide guidance on how to advance patient centered care and to deliver WHO's Integrated People Eye Care (IPEC) agenda.

- - Ensuring district eye clinics are systematically equipped with appropriate equipment and consumables: RACS to work with the NEC to identify supply bottlenecks and coordinate with MoH, SAMES, District Hospital pharmacies, and Hospital Management to address these.
- -Assisting MoH in the establishing of Centres of Excellence for mental health, cardiology, neurology, oncology and nephrology (NHSSP 2020-30)

– Supporting HNGV establishment of Burns Unit, diagnostic services

– Improving current training pathways and link to workforce planning:

– Extending PEC training for all primary care doctors – RACS to advocate and support transition to local delivery, with curriculum integrated into INS

– Advocating for more eye nurse training and for positions to be opened in district facilities: RACS will advocate with MoH and the Ministry of Education for continuity of this training.

– Strengthening continuous quality improvement: supporting development of systems and tools to capture clinical outcome data.

Commitment 4. Advocacy for sustainable surgical and health care by building partnerships for action at a global, regional, and national level.

RACS has played an important advocacy role at the national level, leading and contributing to the development of Timor-Leste's NEHSP 2021-2050, launched by the Ministry of Health in 2021. RACS a is working with MoH to establish national and regional partnerships to further advance the sector.

With government now progressing decentralization there is the opportunity to expand our support towards developing surgical quality standards and workforce capacity for health services and infrastructure across the country, in particular at the District Referral and District hospital level.

Current and planned programming includes support for:

– Development of five-year action and investment plans to support achievement of strategic plan (e.g. National Eye Health Strategic Plan 2020-2050)

– Promotion of surgical care on national health agendas including through the development of National Surgical and Obstetric Plans.

Future programming could include;

– Technical support for development of the Timor Leste National Strategic Obstetrics and Anaesthetic Plan (NSOAP).

RACS Global Health program approach will ensure contextually relevant design: in-country scoping with sector and national partners to assess how programs can be operationalized and transitioned to national ownership. This will include building consensus along the way: consultations, information sharing workshops and training events. RACS Global Health will also leverage partnerships & existing infrastructure: focus on existing education and health systems and infrastructure.

Collaborations and Partnership Approach

RACS has established relationships and partnerships with donors, diplomatic staff, government partners, research institutions. UN agencies, INGOs and national NGOs. To achieve the strategic priorities over the period of the CSP RACS Timor Leste will continue to build strong partnerships including multi-sectoral collaboration will also be strengthened to address cross-cutting issues relevant to the CSP. RACS Country Office, in collaboration with MoH, will also strengthen collaboration with other relevant ministries and national authorities.

Current government partnerships are with;

Ministry of Health: RACS has been collaboratively working with the Ministry of Health for many years including through the implementation of the ATLASS II and ETEP and we continue to develop planning with them to support the national health priorities including a focus on workforce capacity needs required to support decentralise health systems.

Hospital Nacional Guido Valadares (HNGV): RACS and HNGV have worked in partnership since 2001. A renewed agreement between both parties was signed in 2020. The purpose of this partnership agreement is to strengthen the collaboration in delivering postgraduate diploma education and training for Timorese doctors. It also aims to provide training and mentoring of HNGV clinical governance, medical education, leadership, quality improvement practices, capacity building and up-skilling activities for the Timorese health workforce as well as supporting research activities that will improve clinical outcomes for Timorese patients.

Universidade Nacional Timor Lorosa'e (UNTL): RACS works with the national higher education institution to provide accredited medical education and training.

National Eye Centre (NEC): RACS works closely with the NEC to deliver eye care services in the Dili (through HNGV), and support capacity development, consultation and surgical services in the districts.

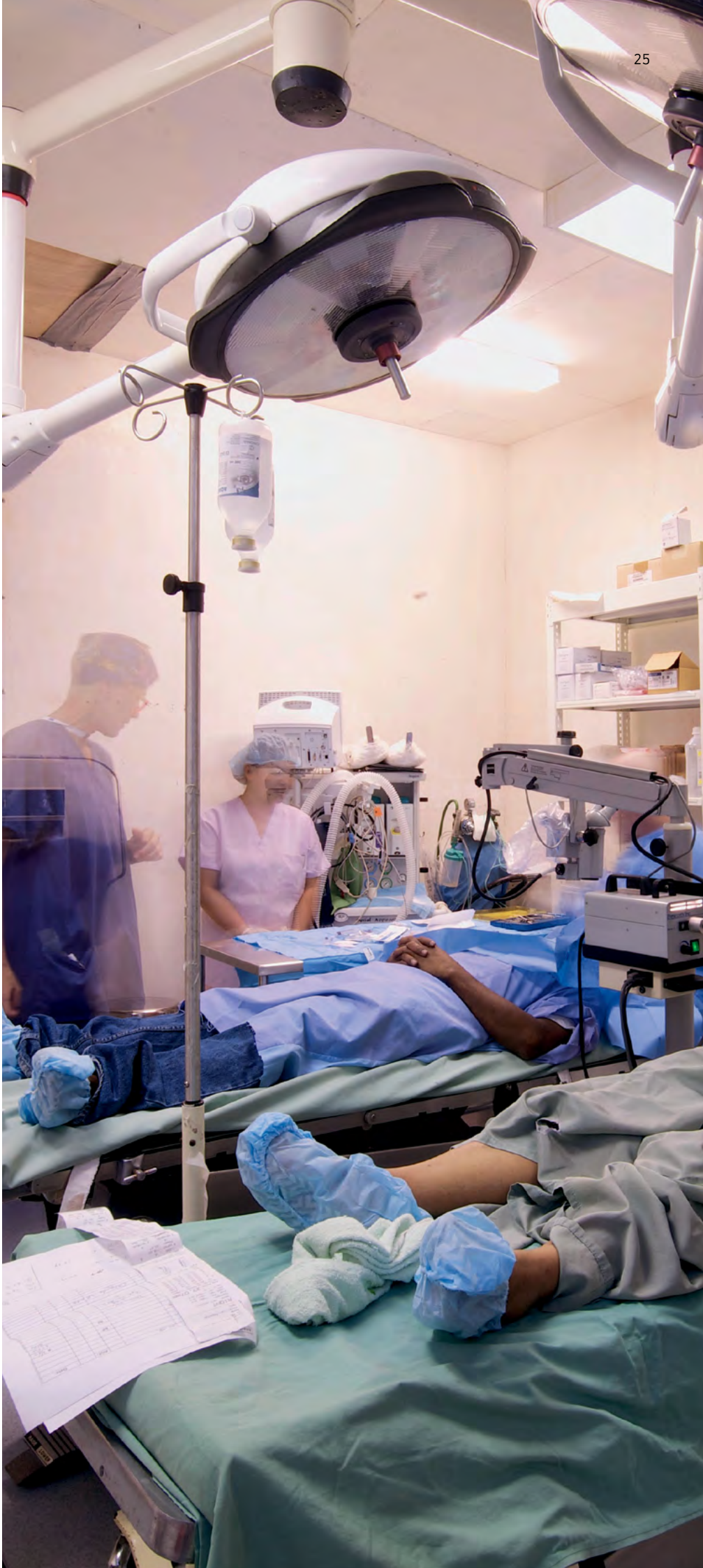
Non-Government Organisations/Civil Society Organisations Program Partners:

- Maluk Timor: a local NGO based in in Dili, providing medical training, mainly around tropical medicine, maternal health and oral health. Maluk Timor has assisted RACS to deliver the Family Medicine Program (FMP) , one of the postgraduate trainings under the ATLASS II program.
- Psychosocial Recovery & Development in East Timor (PRADET): . a Community Based Organization providing psychosocial service for people who are experiencing trauma, mental illness and other psychosocial problems. PRADET has supported the FMP training as well as gender equality and gender-based violence training delivered to district doctors through ETEP.

Sector Stakeholder – the following health organisations are also based at HNGV and support the capacity of the HNGV and the MoH district services. RACS will continue to work collaboratively with these organisations to plan and implement capacity development activities:

Menzies Medical School and Research: Menzies supported the establishment of the National Laboratory and has been working to facilitate training for nurses and laboratory personnel . It has a key role in helping the MoH response to the Covid-19 outbreak including guidelines and training activities covering infection prevention and control, clinical management and surveillance and outbreak response.

St. John of God: St John of God works in partnership with MoH in running the Nursing Development Program and helps to improve quality care across hospitals in Timor-Leste, cantered around HNGV. The focus is on building the capacity of Timorese nurses, midwives and health care leaders through education and training, leadership and management and clinical mentoring and support.



RACS Global Health Timor Leste Country Office systems and structures

RACS Country Office for Timor-Leste will continue to cooperate with and provide assistance to MoH and HNGV. It will continue to strengthen partnerships with government and other stakeholders including health and non-health development partners.

The Country office is currently supported by a Country Manager, one long term advisor (Ophthalmologist) and three national staff that support logistics, administration and project management.

In 2020 a risk review was undertaken of the Country office. To improve protections for staff and minimize cash transfers through country office it was decided to contract staff through a local HR provider (Konnekto Employment Agency) rather than employ directly. They now manage salary payments employee tax and social security compliance.

To support the implementation of the CSP programs, the Country office will seek to strengthen human resource capacity, improve management systems and achieve sustained financial growth. While the organizational structure of the Country Office provides the core requirement for the CSP 2022–2027 priorities, there is an immediate need to strengthen the resourcing for business development, program planning, oversight and reporting that aligns to our compliance requirements internally and externally as well as support RACS accreditation requirements and aspirations.

Performance management and financial compliance are fundamentally important to the credibility and effectiveness of RACS, particularly in an environment where donors and grant funding requirement continue to increase. Given the capacity limitations in local recruiting faced by RACS and NGOs more broadly, it is proposed to recruit an International Program Manager.

It is recognised that with increasing focus from our regional bilateral organisation towards the Pacific and to address areas such as climate change and food security there has been a reduction in relevant pipeline opportunities to support the Timor Leste health system. Given the importance of securing and managing donor funding, priority will be given to understanding and meeting the requirements of different donors and different grant mechanisms.

The Country Office will also leverage additional technical and medical

expertise from the RACS headquarters. Additionally, based on project requirement and availability of funding, additional support will be contracted.

RACS Country office has been in operation, based at HNGV, since 2002 and we currently operate under a Memorandum of Understanding (MoU) with HNGV for the period 2020 to 2024. The RACS office pre-dates many of the current regulatory and compliance systems now in place in Timor Leste and we are currently in the process of review statutory requirements including registration and to establish a local corporate bank account

To support our planned health strengthening programming, which has a focus on decentralization and working at the secondary and primary health level, we have initiated with MoH the development of a MoU.

Financial Sustainability and plans for growth

RACS Global Health is developing the Global Health Business Development Plan (2022 – 2025) in recognition of the risks to financial sustainability of ongoing reliance, almost exclusively, on a single institutional donor. The Plan aims to diversify funding sources, with an emphasis on shifting from reactive to proactive and systematic engagement with external institutional, governmental donors and philanthropic donors from the private sector. The Plan is a high-level "living" internal strategic document and due to be completed by December 2021. The Plan will provide an overarching strategic framework to inform the Timor Leste Country Strategic Plan, by analysing the donor landscape and identifying strategic trends in funding opportunities, RACS Global Health's competitive advantage and/or capability gaps against the market and outline donor engagement plans and funding targets. The Timor Leste Country Strategic Plan will also operationalise the Plan's implementation and ensure the Plan is responsive to changes at the programmatic level, providing insights regarding the operational environment and specific capabilities of the Timor Leste Country Office and experience with key implementation partners.

Risks and Assumptions.

Strategic Assumptions:

Timor-Leste remains a strategic priority for key regional donors such as DFAT and MFAT and RACS Global Health remains a committed implementing partner in Timor-Leste. The Timorese Government continues to fund health care at similar rates to current levels and the NEHSP II strategies for expanding service capacity at district hospitals level will be resourced by the Government. Medical education remains high on the Timor-Leste Government's priority list and it is likely HNGV continues to have as its vision to become a teaching hospital . The health burden will continue to grow in Timor-Leste - By 2050 it is estimated that Timor-Leste will have a population of 2.42 million persons, representing a 75% increase in population.

Strategic Risk:

However, there are strategic risks in operating in Timor Leste, as with any developing nation. Political or social unrest could halt service provision and endanger safety of health care workers. Timor-Leste may also face an economic crisis following reduction of government revenues and/or donor assistance. Current economic projections are not optimistic due to the national petroleum fund diminishing over time with no immediate income sources replacement. This could result in investment lags in inter-related areas that impact on health services and outcomes. The national plan for decentralization may exacerbate territorial inequities and the incapacity to ensure continuity of care across territory and levels. Lack of political will and dedicated resources to support capacity building across the three service levels is also a risk as are lack of incentive mechanisms and motivation for medical staff to act as trainers or participants. The attrition of trained medical staff leaving the system and low salaries, inadequate opportunities to learn, and lack of transportation and housing are some of the challenges the health workers are facing.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Conclusion

The RACS Global Health Timor-Leste Country Strategic Paper (CSP) 2022 - 2027 reflects our commitment to responding to the country's changing development and health needs. Drawing on over 20 years of experience in health development, RACS Global Health builds on lesson learned and the latest knowledge in global health and development, while responding to the changing national context and priorities as determined by national partners and Ministry of Health.

Timor-Leste is at a critical juncture in its transformation from postconflict recovery to long-term development and establishing itself as a lower middleincome country. One of the keys to its future is strengthening Timor- Leste's health system to build workforce capacity and enable universal health coverage. In the last decade, Democratic Republic of Timor Leste has made steady progress in the health sector by reconstructing health facilities, expanding the capacity of provincial and community base services and building the number of national medical and allied health graduates. RACS is committed to continuing to work in partnership with the the Government of Timor Leste to enable health systems strengthening and build workforce capacity.

Royal Australasian
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