

Submission for the DFAT New International Development Policy



Question: How can Australia best utilise its national strengths to enhance the impact of our development program and address multidimensional vulnerabilities?

East Timor Hearts Fund applauds the Department of Foreign Affairs and Trade's (DFAT) new International Development Policy review and open consultation process. Efforts to be guided by Australia's First Nations approach to foreign policy are welcome, as are efforts to draw on lessons from national strengths to enhance the impact of the development program.

Mending Timorese hearts since 2010

East Timor Hearts Fund is Australia's only medical NGO solely focused on life-threatening rheumatic heart disease (RHD) in Timor-Leste. We started informally in late 2010 and became incorporated in 2013. We work with Government and NGO health partners to improve heart health through:

- Helping to strengthen and grow the capacity of Timor-Leste to deliver quality heart health care.
- Saving lives through access to surgery.
- Partnering with leading local organisations to prevent and reduce the burden of heart disease in Timor-Leste using a localisation approach.

Rheumatic heart disease in Timor-Leste

Rheumatic heart disease is a serious, life-threatening disease of the heart involving damage to one or more of the four heart valves. The damage can occur after a person has acute rheumatic fever (ARF) - an illness caused by an autoimmune response to the group A streptococcal bacterial infection.

Timor-Leste has one of the world's highest rates of rheumatic heart disease with one in 28 people estimated to be affected (3.5%). ARF most commonly affects children and young people under the age of 25, and the effects of RHD can be lifelong. Timor-Leste has a high prevalence of RHD in school-aged children – approximately 2% have definite RHD.

Severe RHD can result in heart failure, stroke, arrhythmias, pulmonary hypertension, disability and premature death. For patients with acute or critical RHD, surgery is usually required to save their lives. Currently heart surgery is unavailable in Timor-Leste, so overseas surgery is the only option for the Timorese government which comes at a high cost.

Australia and Timor-Leste – a deep connection

Australia has a long and deep connection with Timor-Leste Australia and was first among other nations to support the country to transition to independence. Australia's International Force East Timor (INTERFET), led by ETHF Ambassador Sir Peter Cosgrove restored security in Timor-Leste following the 1999 post-independence ballot violence. As one of Australia's closest neighbours, we have a moral and strategic obligation to continue our support in the country.

Australia has a unique opportunity to work in real partnership with Timor-Leste to address Sustainable Development Goal 3, Good Health and Well-being. Working together to address issues of RHD within the

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country, by sharing Australia's unique strengths in this area, offers the opportunity to contribute to a direct need not currently being addressed substantially by other development partners.

Australia and Timor-Leste - Preventing and treating RHD together

Whilst RHD can be deadly, the good news is that it is preventable and treatable. Primary prevention aims to stop ARF from occurring in the first place, while secondary prevention aims to limit the RHD from developing or getting worse. Unfortunately, in lower resourced countries like Timor-Leste, access to heart health care is less readily available and there are few trained heart care specialists. Therefore, capability and capacity building investment are vitally needed to support Timor-Leste strengthen its heart health care services.

However, NGO La'o Hamutuk reports financial revenues from the Petroleum Fund are expected to be utilised by the end of 2034 leaving Timor-Leste with insufficient taxation income to address public expenditure requirements. The likely impact of insufficient funding in the health sector will be catastrophic, with positive health outcomes for women and children less likely.¹

To prevent such a catastrophic health situation from occurring, DFAT should consider direct budget support to the Ministry of Health. There is precedence for direct budget support as a legitimate source of aid. In July 2020 DFAT provided \$7 million in direct budget support to the Government of Timor-Leste to cushion the emerging socio-economic impacts of COVID-19.

DFAT could also strengthen initiatives such as the Partnership for Human Development or through a direct small grants program managed directly with the Timor-Leste DFAT Post.

Australia and Timor-Leste have a great opportunity to work together to ensure tangible and impactful heart health outcomes for Timorese people.

Learning from Australia's RHD Endgame Strategy

The Australian Institute of Health and Welfare's report released in August 2022 found there were more than 9,000 individuals living with a diagnosis of ARF and/or RHD recorded on Australian state and territory registers.² While the burden of ARF and RHD among Aboriginal and Torres Strait Islander communities is

¹ file:///C:/Users/EastTimorHeartsFund/Downloads/GER-Timor-Leste-eng.pdf

² Australian Institute of Health and Welfare (2022). Acute rheumatic fever and rheumatic heart disease in Australia 2016–2020, catalogue number CVD 95, AIHW, Australian Government

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well-known and extensively published, cases are also found among other groups such as Māori, Pacific Islanders and migrants from countries where ARF and RHD are common.

The RHD Endgame Strategy: the blueprint to eliminate rheumatic heart disease in Australia by 2031, was developed by 25 leading health and research organisations and released in 2020.³ The blueprint assesses existing and potential strategies to both prevent the next generation of Aboriginal and Torres Strait Islander children from developing RHD and improve the quality of life and outcomes for those already living with the disease.

The strength of the RHD Endgame Strategy lies in the way it was developed through the lived collective experience of Australia's first nation peoples, their communities, Aboriginal Community Controlled Health Organisations, and government and non-government organisations.

Leveraging Australia's strengths in tackling RHD

Australia's RHD Endgame Strategy is being implemented with great success in Aboriginal and Torres Strait Islander communities in the top end of Australia. The strategy sets out the steps needed to eliminate RHD in Australia, with a focus on five priority action areas:

1. **Aboriginal Leadership:** resourcing an Aboriginal and Torres Strait Islander-led National Implementation Unit to coordinate RHD elimination efforts across Australia
2. **Community-based programs:** funding communities to develop programs to eliminate RHD which are locally relevant and culturally appropriate
3. **Healthy Environments:** tackling the primordial causes of RHD by guaranteeing all communities have healthy housing and environments
4. **Early prevention:** establishing comprehensive skin and throat programs in high-risk communities; and
5. **Care and Support:** optimising the health and wellbeing of people living with ARF and RHD and their families.

Australia can utilise our strengths in tackling RHD in Australia to enhance our development program in Timor-Leste. Specific actions Australia can take include:

Recommendation one: Committing support to transfer and localise RHD knowledge and expertise.

Support the Government of Timor-Leste to use a locally led, community-driven approach to develop its own strategy to eliminate RHD in Timor-Leste in the next 30 years.

³<https://endrhd.telethonkids.org.au/siteassets/media-docs---end-rhd/end-rhd-cre---endgame-snapshot.pdf>

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A twinning arrangement could be established between RHD Australia and the Timor-Leste Non-Communicable Diseases team in the Ministry of Health.

Recommendation two: Committing funding to support the coordination and implementation of community-based programs focusing on early prevention of RHD and care and support for people with RHD.

Australia can also leverage Australian health and research NGOs with RHD expertise such as East Timor Hearts Fund, Maluk Timor, Menzies School of Health Research, and St John of God Health Care. These organisations are already well established and trusted by the Timor-Leste Government and locals to provide effective research, education, diagnosis, prevention and treatment programs.

They have also been instrumental in developing the Timor-Leste RHD Guidelines for the Prevention and Management of ARF and RHD. The RHD Guidelines were officially approved by the Timor-Leste Ministry of Health in 2021. Implementation started in five districts with training doctors, nurses, midwives and other health care professionals to recognise and treat RHD. However, support is needed to scale out training to more districts and health care professionals, and to embed training in continuing medical education systems such as through The National Institute of Health.

Similarly, some secondary prophylaxis and patient support programs have been implemented and need support to scale out.

Recommendation three: Prioritising funding to support heart health for women and girls.

The World Health Organisation reports Gender is a major determinant of health for women and men in Timor-Leste. Gender norms, roles and relations interact with biological factors, in turn influencing people's exposure to disease and risks for ill health. RHD is often only diagnosed in women during childbearing years, with pregnancy exacerbating symptoms of RHD. Pregnant women with RHD are also at higher risk of experiencing health complications because of the added stress on their heart.

It is especially important to educate girls of childbearing age and women who want to start or grow their families about RHD. Diagnosis of girls and women who have RHD and early prevention is critical for the health and survival of both mother and baby. Mothers who have RHD are likely less able to work and/or care for their children and family. The long term social and economic impact of this on the women, their families and communities cannot be underestimated.

Conclusion

Timor-Leste has started its journey to reduce RHD for the better health of its people. However, as a low resourced country it needs strong financial support from Australia to ensure its RHD journey continues with pace and impact.

Australia has already developed a proven strategy to end RHD here. Australian NGOs have been partnering with the Timorese Government and local agencies to implement RHD heart health programs locally. The knowledge, expertise and will exists among Australian and Timorese partners to reduce and the devastating impact of RHD and ensure good heart health.