



El papel de los aliados para el desarrollo en respuesta a la pandemia de Covid-19 en Timor Leste

The role of development partners in Timor-Leste's Covid-19 Pandemic response

O papel dos parceiros de desenvolvimento na resposta à Pandemia Covid-19 de Timor-Leste

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Abstract: The Covid-19 pandemic presents unprecedented challenges around the world and Timor-Leste is no exception. Despite volatile economic performance, consistent low levels of health spending, and bureaucratic fragility associated with young democratic institutions, Timor-Leste is one of the few nations that has mitigated the virus effectively. We consider the first-hand accounts of healthcare and NGO workers, community leaders, and Ministry of Health officials responding to the Covid-19 pandemic in assessing the effectiveness of 'South-South' development partnerships and co-operation. Our analysis of interview data collected during April and May show that Timor-Leste's success in responding to the pandemic is a product of the continuing efforts of genuine partnerships and international aid. We

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argue that despite criticism of the development effectiveness agenda following the 2011 Busan Forum, on-the-ground accounts in Timor-Leste display the value of unconditional partnerships, mutually defined goals, and development

cooperation in combatting the pandemic. This research contributes to the literature on development effectiveness and is the first of its kind characterising the Timorese response to the Covid-19 pandemic.

Keywords: Asia; Timor-Leste; covid-19; development partnership; international aid; donor support

Resumen: La pandemia de Covid-19 presenta desafíos sin precedentes en todo el mundo y Timor-Leste no es una excepción. A pesar del desempeño económico volátil, los bajos niveles constantes de gasto en salud y la fragilidad burocrática asociada con las instituciones democráticas jóvenes, Timor-Leste es una de las pocas naciones que ha mitigado el virus de manera efectiva. Consideramos los relatos de primera mano de trabajadores de la salud y de ONG, líderes comunitarios y funcionarios del Ministerio de Salud que respondieron a la pandemia de Covid-19 al evaluar la efectividad de las asociaciones y la cooperación para el desarrollo 'Sur-Sur'. Nuestro análisis de datos realizado durante abril y mayo, muestra que el éxito de Timor-Leste en respuesta a la pandemia es producto de los esfuerzos de asociaciones verdaderas y de la ayuda internacional. Argumentamos que, a pesar de las críticas a la agenda de eficacia del desarrollo después del Foro de Busan de 2011, los análisis sobre el terreno en Timor-Leste, muestran el valor de las alianzas incondicionales, los objetivos definidos mutuamente y la cooperación en la lucha contra la pandemia. Esta investigación contribuye a la literatura sobre la efectividad del desarrollo y es la primera de su tipo que caracteriza la respuesta timorese a la pandemia de Covid-19.

Palabras clave: Asia; Timor Oriental; Covid-19; asociación para el desarrollo; ayuda internacional; apoyo de donantes.

Resumo: A pandemia de Covid-19 apresenta desafios sem precedentes em todo o mundo e Timor-Leste não é exceção. Apesar do desempenho económico volátil, dos baixos níveis consistentes de gastos com saúde e da fragilidade burocrática associada a instituições democráticas jovens, Timor-Leste é uma das poucas nações que mitigaram o vírus de forma eficaz. Consideramos os relatos em primeira mão de trabalhadores de saúde e ONGs, líderes comunitários e funcionários do Ministério da Saúde que responderam à pandemia de Covid-19 ao avaliar a eficácia das parcerias e cooperação de desenvolvimento "Sul-Sul". A nossa análise dos dados das entrevistas recolhidos durante abril e maio mostra que o sucesso de Timor-Leste na resposta à pandemia é produto dos esforços contínuos de parcerias genuínas e ajuda internacional. Argumentamos que, apesar das críticas à agenda de eficácia do desenvolvimento após o Fórum de Busan de 2011, as contas no terreno em Timor-Leste mostram o valor de parcerias incondicionais, objetivos mutuamente definidos e cooperação para o desenvolvimento no combate à pandemia. Esta investigação contribui para a literatura sobre a eficácia do desenvolvimento e é a primeira do género a caracterizar a resposta timorese à pandemia de Covid-19.



Palavras-chave: Ásia; Timor-Leste; covid19; parceria de desenvolvimento; ajuda internacional; apoio do doador

INTRODUCTION

The Covid-19 pandemic presents unprecedented challenges around the world and Timor-Leste is no exception. On March 28th, President Lu-Olo declared a national emergency for the Timorese nation. With help from the World Health Organisation (WHO) and regional governments, Timor-Leste has contained the spread of Covid-19 remarkably well with only two dozen cases and not a single death related to the virus. Despite volatile economic performance, consistent low levels of health spending and bureaucratic fragility associated with young democratic institutions (Keefer, 2007), Timor-Leste is one of the few nations for which available data exists that has mitigated the virus so effectively (Worldometer, 2020).

To gain an ‘on-the-ground’ understanding of the role of development partners and international aid in Timor’s success in combatting the virus, we conducted a series of interviews with officials from the Timorese Ministry of Health, medical professionals with the national healthcare service, and local NGO workers and religious clergy. Our interview data provide a qualitative account that shows Timor-Leste has overcome significant material and personnel shortages with the help of international aid organisations and regional governments who are committed to the nation’s success.

We frame our analysis of Timor-Leste’s development and its response to the Covid-19 Pandemic as a model of development cooperation involving both traditional non-traditional donors. The development effectiveness agenda shifts the focus to recipient ownership and emphasises partnership and cooperation through horizontal relationships, mutual respect and accountability, and capacity building (Bergamaschi & Tickner, 2017; Eyben & Savage, 2013; Hayman, 2012). These principles are articulated in the Paris



Declaration and reaffirmed in the 2011 Busan Forum (Busan Partnership for Effective Development Co-Operation, 2011), both of which have influenced aid delivery since inception. Although development partners differ in their goals and maintain different types of relationships, there are common denominators for genuine partnerships which we find are fully displayed in foreign cooperation with Timor-Leste. We highlight these crucial elements throughout the article in relation to the first-hand accounts of frontline workers and officials involved in combatting the pandemic.

The article proceeds four sections. First, we outline the literature on effectiveness and development partnerships which then allows us to create a framework for genuine development partnerships. The second section gives context by providing a brief history of institutional development in Timor-Leste and some of the challenges the island nation has faced in its fight for independence. The third section highlights evidence of genuine development partnerships in Timor and the ways in which the ideas expressed at the Busan Forum emerge qualitatively. In this section, interview data are provided, and particular attention is paid to the accounts of front-line medical workers. The fourth section provides analysis, opportunities going forward and concluding remarks.

Development effectiveness

The 2011 Fourth High Level Forum on Aid Effectiveness in Busan provided was an assessment of the progress made on fulfilling the tenets of the 2005 Paris Declaration. The Paris Declaration aimed to improve development effectiveness by focusing on five pillars: Ownership, Alignment, Harmonisation, Managing for Results and Mutual Accountability (OECD, 2005). In addition to reaffirming the principles of the 2003 High Level Forum in Rome, the Paris Declaration attempted to align development practices with the UN's Millennium Development Goals (MDGs) with a particular focus on increasing the effectiveness of aid by strengthening governance and improving development performance (OECD, 2005). Although many of the same ideas are reaffirmed in the 2011 Busan Forum, a critical



junction exists. In 2011, OECD nations recognise the fundamental differences between North-South and South-South cooperation and highlight the latter's potential explicitly. While a common development agenda emerges, it is conceded that '[t]he nature, modalities and responsibilities that apply to South-South co-operation differ from those that apply to North-South co-operation' (OECD, 2011, para. 2). This change represented what has been called a shift from 'aid effectiveness' to 'development effectiveness' (Kim & Lee, 2013). The focus was no longer on the improving the effectiveness of the aid monies as an end goal; instead, the focus was directed at development through the most reasonable means available by 'focusing on results'. This shift represented the already changing dynamic of development cooperation outside the traditional conceptions of vertical partnerships and conditional relationships. Emerging nations such as the BRICS nations (Brazil, Russia, India, China, South Africa) had drawn from their past experiences as aid recipients to reimagine foreign aid and development around the ideas of solidarity and unconditionality (Bergamaschi et al., 2017; Quadir, 2013). This is evidenced by providing aid to advance the interests of the recipient nation without placing contingencies or conditions on the ways in which funding is allocated. Whereas past conditions may include the ideological or material interests of the donor, development aid from Southern nations attempts to place donor and recipient on equal footing by referring to the development relationship as one of 'cooperation' and 'equal partnership'. This departure in rhetoric may seem trivial, however, refusal to use the traditionally-dominant language of donor and recipient provides an alternative vision of development and is designed to foster horizontal relationships so that development goals will be reached (Olu et al., 2017).

Based on the Busan aid effectiveness document, there are several indicators of the extent to which donors' aid is aligned with country policies and systems and this include coordinating technical assistance with national development strategies for delivering an successful development programmes. Under this, both state and development partners should work in close coordination and collaboration (according to their roles) to address



development issues and agendas (Brown, 2020; Klingebiel & Janus, 2014). Thus, with these coordination and collaboration, some problems can be avoided and effectiveness of aid can be improved. For instance, an empirical study conducted by (Olivié & Pérez, 2016) found out that numbers of major development programmes on rebuilding health system in Afghanistan was lack of coordination between them and with national government and this has undermined development objectives and make development projects less cost-effective.

Development partnerships often include technical cooperation and capacity building. This can include knowledge and skills transfer between the partners through technical or medical training, or it can occur through awarding grants or scholarships for academic training. One example of such cooperation is Cuba's longstanding medical exchange program where medical professionals from Cuba are deployed to partner nations in Africa, Central and South America, and other areas in the Asian Pacific – and Timor-Leste specifically (Birn & Muntaner, 2019). Medical training and capacity building may seem obvious, but technical training between partners in other fields is also common as well. One example is India's involvement in providing human resource training through scholarships and professional training awards in African nations (King & King, 2019).

Conceptual framework

We frame our analysis of Timor-Leste's development and its response to the Covid-19 Pandemic as a model of development co-operation involving both traditional and non-traditional donors. Development partnerships are horizontal relationships based on transparency and aligned goals, mutual respect, and unconditionality. These principles take are observed in development partnerships between 'Southern' countries and are addressed to a certain degree in the 'development effectiveness' agenda resulting from the 2011 Busan Forum (OECD, 2011). Although development partners differ in their goals and maintain different types of relationships, there are common denominators for genuine partnerships. We identify the following themes that were both crucial in Timor-Leste's success in responding to the



pandemic and can serve as a bare minimum in genuine development partnerships:

- Mutual goals and transparency between all involved parties – including between donors, states, and non-governmental actors
- Ownership of the aid agenda by recipient countries – respect for sovereignty and perceived unconditionality of aid and support

Genuine development partners align mutual goals and share accountability, but donors acknowledge sovereignty by centering the recipient government as the key decision maker in development programmes and the development agenda. This allows members of the partnership to establish a relationship based on trust and gives the perception that aid is unconditional and is not tied to policy reforms such as with the vertical development relationships of the past. Genuine partnerships include actors at the national, subnational, and municipal level, and NGOs and local leaders also share a seat at the decision-making table. This fosters an environment of knowledge exchange and information sharing which is key to transparency and mutual respect. Genuine development partnerships can also feature other elements such as ‘time and commitment needed to build and maintain a strong partnership’ (Gordon Crawford, 2003), but the three principles we outline serve as a bare minimum for genuine partnership in our model and analysis.

Volatile economic performance, low levels of health spending, and bureaucratic fragility are all salient issues that plague Timor-Leste’s ability to deliver healthcare to its citizens, but genuine development partnership have strengthened Timor’s capacity to deal with exogenous shocks. To accomplish this, partnering donors focus on technical co-operation and supplying recipient nations with civil society experts, medical professionals, and technical training (Bry, 2016). Global South partners are uniquely qualified to provide technical expertise in areas of regional importance, such as with handling region-specific issues regarding climate change challenges and medical conditions. By increasing competency in these areas, partners



aim to offset the magnitude of exogenous shocks. This goal is also outlined in the 2011 Busan Forum. The report emphasises that ‘development strategies and programmes prioritise the building of resilience among people and societies at risk from shocks, especially in highly vulnerable settings such as small island developing states’ (Busan Partnership for Effective Development Co-Operation, 2011). The Covid-19 Global Pandemic represents an exogenous shock and an unprecedented global challenge, but Timor-Leste’s development partnerships build capacity to offset these challenges. Our analysis evaluates Timor’s response in relation to the ‘genuine partnership’ framework and the claims articulated within the development effectiveness agenda following the Busan Forum. In the next section, we highlight Timor-Leste’s tumultuous recent history and the challenges it has faced in developing institutions and a modern healthcare apparatus.

Background and healthcare development in Timor-Leste

Timor-Leste’s modern history has been shaped by foreign intervention and occupation. After over four centuries of colonial rule by Portugal, the Portuguese leftist Carnation Revolution led to Portugal’s withdrawal from Timor-Leste. Portugal’s withdrawal in 1974 created to a fracturing of the Timorese into two political movements: the União Democrática Timorese (UDT), which consisted of pro-Portuguese loyalists, local colonial administrative officials and conservative elites; and FRETILIN, a leftist revolutionary group consisting of lower-level officials, teachers, and an anti-elite class calling for social change and land reform (Jones, 2010). FRETILIN quickly rose in popularity by supporting trade unions and facilitating literacy and education courses for children. However, threatened by FRETILIN’s rise and the fear that communism would gain a foothold and spread to other Indonesian territories, Indonesia invaded Timor-Leste to squash its pro-independence ambitions by ousting leftist politicians and political parties altogether. Nearly a quarter of the population was murdered – either directly through mass executions, or indirectly as a result of starvation and 70 percent of Timor-Leste’s infrastructure was destroyed (CAVR, 2006; Heldal et al., 2007; Stead, 2015).



Indonesian occupation continued up until after the Independence Referendum in 1999 where over 78% voted for independence. Following the vote, aggression from Indonesian forces would cause the deaths of over 1000 Timorese people and the displacement of approximately 300,000 to rural areas of the island (CAVR, 2006). Conflict following the referendum gained attention from the international community and Timor became an immediate concern. Australia initiated a peacekeeping force, INTERFET (International Force in East Timor), which was later followed by UNTAET, the UN's transitional administration in Timor-Leste (CAVR, 2006). The UN's missions in Timor-Leste aimed at ensuring peace through its transition to independence, political freedoms and rights for the Timorese people, as well as other state building efforts aimed to increase institutional capacity (Smith, 2020). With assistance from the Australian government, Timor created a democratic constitution that established a semi-presidential model of government and expanded social and political rights to Timorese citizens, including free and competitive elections. Part of administrative development assistance from the UN and the Australian government included establishing a healthcare system with improved healthcare access and quality of care on the agenda (Paksi, 2020).

The newly independent Timorese government sought to rebuild its healthcare system; however, it had few financial resources to fund this venture, leaving future development of Timor-Leste in the hands of external donors. Armed conflict had destroyed public infrastructure (including health facilities) and many healthcare professionals (including many Indonesian doctors and senior health administrators) departed the country. Prior to the referendum, there were 160 doctors providing health services (Rosser & Bremner, 2015), but following the referendum, only 25 Timorese doctors and one specialist remained (Tulloch, 2003). This resulted in a complete collapse of the healthcare system and thus in the decline of healthcare for the Timorese people. According to a study conducted by the Asian Development Bank, only 24 percent of women in cities could access skilled



medical personnel when giving birth, while in rural areas, this statistic dropped to 12 percent; thus, maternal mortality rates reached 800 per 100,000 births. Meanwhile, over 40 percent of the population lived below the poverty line and women were particularly affected with 28 percent suffering from malnutrition and seven percent of these in need of treatment (Asian Development Bank, 2005).

Healthcare development in Timor began with the help of the European Union, AusAID and the World Bank, which assisted in establishing the Cabinet of Health Research and Development (CHRD) in Dili to conduct research for sustainable health development for the nation. Following this, aid assistance has come in the form of providing technical advice, capacity building and allocating healthcare personnel, and equipment and infrastructure for supporting healthcare service delivery (Paksi, 2020). Traditional donors such as Australian Aid (AusAID), a regional NGO, also contribute aid funding and provide medical training for Timorese medical professionals both in Timor and Australia. AusAID also allocated medical personnel and donated funding for medical facilities.

Additionally, development partnerships have played a crucial role in Timor-Leste since gaining independence, with many partners playing a supporting role continuously up to 2020 Pandemic. Since 2003, the Timorese and Cuban governments have developed partnership co-operation to improve health capacity within the country. This bilateral collaboration has been conducted in three ways: through sending Cuban health workers to Timor, through direct funding, and by offering scholarships to Timorese students to study medicine in Cuba.

At the national level, the capacity of Dili National Hospital lacks adequate space to accommodate surges. For example, the Timor Post, a local newspaper, reports that Dili National Hospital is often over its capacity to treat only 264 patients. This situation forces some patients to use additional beds and receive treatment in the hospital's halls (Post, 2016). Furthermore, Timor-Leste has no medical specialists for diseases like tumours and cancer.



Despite the country's nationalised healthcare service, disproportionate access plagues poorer patients who are only able to access healthcare service at about half the rate of wealthier patients (Price et al., 2016). While the 'state pays for a few well connected people to fly to overseas hospitals' (Scheiner, 2015), many of the Timorese are unable to access services within the country and do not have the financial means to go abroad (Quintão, 2016).

METHOD

This research has used qualitative approach to collect data from respondents. The characteristics of the research demanded this methodology. Well, it allowed us to obtain more information about our research (Busetto, Wick, & Gumbinger, 2020). However, the existence of COVID-19 when this research was conducted has complicated in-person qualitative data collection and this is due to social distancing and the prioritization of participants' and researchers' safety. Therefore this research gathered data through virtual method, Methodology used in other investigations such as the one carried out by Roberts, Pavlakis, & Richards (2021). For this semi-structured interviews via WhatsApp Video Calls (Seufert, Poignée, Hoßfeld, 2022; Boczek & Koppers, 2020) were conducted with Timorese officials, healthcare professionals, NGO workers and community leaders. The goal was to engage as many stakeholders as possible involved in the response to the COVID-19 Pandemic to provide an 'on the ground' qualitative account of the effectiveness of development partnerships.

By gathering information from different angles, we hoped to observe trends which could be weighed against official claims made by the government. Different interviewees were able to speak to different issues at various length, so we were also able to triangulate information between respondents from different agencies. Given the context and heightened demand due to the outbreak of the pandemic, we were able to conduct a total of Twelve interviews from April 26 to May 5, 2020. All interviews were



translated by one of the authors who is a native speaker. Interviewees include: five Ministry of Health officials; two hospital nurses; two religious officials; one hospital doctor; and two international NGO workers.

ANALYSIS AND DEVELOPMENT OF STUDY

Timorese response to the Covid-19 Pandemic. On March 28th, President Lu-Olo declared a national emergency in response to the Covid-19 pandemic. In addition to allocating \$250 million dollars from its petroleum fund for preparation and prevention (Media of Presidential Office, 2020), the government enacted a series of measures to prevent the spread of the virus. Mandatory social distancing and compulsory 14-day isolation for anyone suspected of exposure to the virus was authorised with the declaration. The Ministry of Health (MoH), with the support of development partners, responded in the same month by conducting a series of meetings to ensure preparedness for confirmed cases in the country. The first priority was to protect the territory from people who came from abroad and could bring the virus in. With assistance from the WHO, the MoH established health scanning and screening at all points of entry. This was quickly followed by a health awareness and public hygiene campaign to inform the Timorese people about the virus and preventative measures (WHO, 2020b). The MoH information campaign included social media, television, public training and workshops all aimed at spreading information about the virus and preventative measures (Respondent 4).

The MoH designated quarantine sites for individuals exposed to the virus, however, protests from the local communities in fear of close proximity to infected persons caused the team to forego the planned sites. The MoH instead seized control of hotel buildings to use as quarantine facilities. As per the initial plans, wards in Hospital Nacional Guido Valadares (HNGV) were identified for isolation and treatment facilities for Covid-19 suspected and confirmed cases. However, due to the overwhelming number of patients being treated for other illnesses, the MoH again decided to forego these plans. The MoH instead designated Vera Cruz Community Health



Centre in Metinaro as the sole isolation and quarantine facility. The MoH's intention is to further assess and upgrade the Centre for Covid-19 case management and quarantine purposes. Parallely, the Ministry of Public Works fast-tracked the rehabilitation of Lahane Hospital, which was not being used at the time. The intention is to use the hospital as an isolation site for the critical cases of Covid-19 (National Agency of Timor-Leste, 2020c).

The secondary agenda focused on preparations within the country. The Ministry of Health championed this two-part effort, and two teams were established to respond to the virus: The Inter-ministerial Commission to Combat Covid-19 and the Integrated Crisis Management Centre. The Inter-ministerial Commission to Combat Covid-19 was to be used as a 'situation room' and serve as an intermediary between the Integrated Crisis Management Centre and the Government. The Integrated Crisis Management Centre would focus efforts on the front lines and in the local communities (National Agency of Timor-Leste, 2020c).

The Ministry of Health's first task was to coordinate information and strategies amongst ministries, institutions, NGOs, Churches, Veteran groups, and cultural leaders. According to a senior member of the MoH, it was important to create a united front in combatting the virus. The first step in this objective was to unite the various leaders and create open lines of communication between officials. Outreach was confirmed by local religious leaders whose churches were employed to help distribute masks to police officers and the local community (Respondent 10).

The MoH made efforts to build and equip medical facilities in all 13 districts. One senior doctor working at a district hospital disclosed that facilities were not equipped to handle Covid-19 patients, but after a visit and assessment from the Ministry of Health, it was decided to convert an old hospital building next to his office into a small treatment facility for Covid-19 patients. He said that the old hospital had been used to isolate patients with Tuberculosis but is not functional in its current form:



Isolation is done behind there, in the old house [behind the hospital] but only specifically for the TB program. [...] Now the hospital is starting to be developed, last week the national team came from Dili and agreed to improve facilities in anticipation of the event of a Covid-19 explosion. But what will be used is the [...] building in front of the hospital because it is more feasible. And maybe it will provide between 8-10 beds. Later the [building] will be used for two special places for patients and one for the medical team. (Respondent 9).

Additionally, the Ministry of Health made efforts to improve capacity and increase the number of health personnel. One way shortages in personnel are being addressed is by asking for volunteers. A nurse in the Dili National Hospital stated that the government is querying unemployed Timorese residents for assistance as health worker volunteers and for other civil servant roles (Respondent 5). MoH also requested foreign support in anticipation of spikes in the virus:

The government has also requested the help of medical personnel from China and Cuba through the Foreign Ministry since January or February. We've been talking about that since the beginning of the year. For now, we are still anticipating the spread of Covid-19 from Indonesia because the number of positive Covid-19 patients is increasing while we only have general practitioners. While the number of specialist doctors is minimal. So, we need to anticipate this by asking for the help of specialist doctors from abroad. (Respondent 6)

b) International support. The World Health Organisation played a crucial role in Timor-Leste's administrative response. The WHO coordinated screening at land, sea, and airport entry points into the country. Temperature scanning was introduced at Dili International Airport as well as assistance with health screening and health declaration cards. The WHO concurrently with the Ministry of Health initiated a public awareness campaign aimed at informing Timorese citizens of hygiene and handwashing



procedures, and provided personal protective equipment and medical supplies. Timorese medical professionals received hands-on, interactive training in handling and treatment, as well as emergency response procedures to Covid-19. This included 150 doctors and nurses from the national hospital, Hospital Nacional Guido Valadares (HNGV) in Dili and the National Laboratory (NHL), and 40 emergency responders from Dili District (some of whom are clinical staff from the five Community Health Centres and ambulance crew) (WHO, 2020a). Additionally, the WHO provided personal protective equipment such as gloves, respirator masks, N95 masks, surgical masks, gowns and goggles (WHO, 2020c). All the while, the Victorian Infectious Disease Reference Laboratory in Melbourne, Australia provided parallel testing and laboratory support (WHO, 2020b).

Further donor support came from AusAID, and financial and personnel support came from China, Indonesia, Australia, and Cuba. These partners provided information, training and material aid that was and continues to be crucial for combatting Covid-19. Indeed, the MoH faces material and personnel shortages but the existence of international donors and development partners who can work collaboratively with the MoH are key to the success in preventing the spread of Covid-19 and strengthening the Timorese healthcare system. This argument is better articulated by a senior civil servant at the MoH:

We felt troubled because at that time there was a lack of personal protective equipment and sophisticated technology equipment in Timor-Leste to deal with Covid-19. But now it's more complete because there are [foreign] donors. (Respondent 6)

The training provided by the WHO was welcomed and multiple interviews revealed that it was regarded as the 'international standard' (Respondents 2, 3 and 5) that would not only benefit healthcare delivery during the pandemic, but also would allow for the transfer of knowledge between other health professionals. Consistent throughout the interviews was an appreciation for international aid and the World Health Organisation. One MoH official highlighted the role of international aid and the helpful contributions from foreign governments:



[...] the WHO has been helpful in providing information and guidelines. There has been material aid from China, and human aid from Cuba, and smaller amounts from Australia (government and grassroots) and other countries. (Respondent 11)

Although respondents were quick to point out that WHO and international assistance is very helpful, Timor-Leste not only lacks adequate hospital facilities and capacity for the outbreak, but it also lacks personal protective equipment for handling infected persons. A lack of medical personnel, financial support, administrative capacity and human resources (particularly health specialists), as well as transportation, all present challenges for the country. A senior doctor in a district hospital confirmed that both his hospital and the national hospital face similar problems. He pointed out that the national health sector has not received enough attention post-independence from the central government (Respondent 9). A MoH official echoed a similar sentiment:

PPE [personal protective equipment] is indeed limited because it has not been prepared. The government has allocated special budget for these supplies. [...] It seems like every country is the same, not yet ready to handle Covid-19. Preparation such as providing isolation and professional training is the first challenge that needs to be seen. Now we are thankful that there are not too many Covid-19 cases in Timor and there are no cases of community contaminations. (Respondent 7)

Other health officials and frontline medical personnel similarly emphasised that the government has made a strong effort to address personnel shortages but that there was still a lack of personal protective equipment:

Human resources are already there but tools are still a challenge for us. But with the help of aid from China we are grateful there are tools that help our work. The closure of the border has also been done so we feel safe because no one can go in and out (Timor-Leste) anymore. Medical staff and doctors are on standby at 13 municipalities. We only fear [shortages of] the tools. (Respondent 6)



Another element that was highlighted is a lack of localised testing. A nurse from Guido Valadares National Hospital said the lack of proper testing equipment made the job much harder in diagnosing and treating patients with Covid-19: we don't have laboratory facilities at our place. So, if we suspect Covid-19 symptoms, then we call the telephone number 119, and they transport the patient to quarantine first, then they process [the test]. (Respondent 2)

The nurse (Respondent 2) also gently reminded us of a point that often goes overlooked:

Even though we are nurses, this is the first time we have encountered Covid-19. So, we need help such as guidelines, personal protective equipment and effective assistance so that people can get used to a clean life with frequent hand washing, keeping their distance [social distancing] and also what to do when sneezing. So, we still need more help. [emphasis added]

CONCLUSION

This research is based on preliminary data and analysis and therefore has limitations. Covid-19 is an ongoing pandemic and this research is hopefully one of many contributions that explores healthcare delivery at various points throughout the process. While we attempted to capture the sentiment of interviewees to the best of our ability, translated interviews can pose problems in relaying the correct message. Finally, we are unable to make generalised claims that Timor's containment of the virus is the sole product of swift action and partner support; however, we have shown that these efforts taken in joint have undoubtedly strengthened the healthcare system and will provide long-lasting benefits for the Timorese people. This research shows the value of genuine development partnerships in Timor-Leste's response to an exogenous shock – the Covid-19 Pandemic. Our



goal was to gain an ‘on-the-ground’ view of development partnering and the ways in which frontline medical professionals would respond to the pandemic. We believe we have fulfilled this goal and have confirmed both the presence and importance of genuine development partnerships based on mutual goals, respect for sovereignty and unconditional partner support. In addition to supporting our framework, there are three points that were expressed repeatedly as crucial in preventing transmission of the virus that are worth elaborating upon. The Covid-19 Pandemic is an ongoing pandemic, the extent of which is yet to be determined; however, world leaders are beginning to see the shortcomings of delayed and ineffective and a reluctance to follow medical advice. The Timorese are an exception. Through swift and decisive policy action, effective communication and leveraging strong working relationships, Timor-Leste’s response to Covid-19 has been undeniably impressive.

Second, the value of partnership between the government and international institutions like the WHO, AusAid and regional actors cannot be overstated. Timor’s response to the pandemic was an extensive effort with many actors involved. The WHO played a significant role in the nation’s success by providing medical supplies, training, and technical expertise. Additionally, donors like Cuba and China were already assisting Timor through providing medical personnel, and these professionals were able to leverage their strong working relationships in accomplishing the common goal of treating patients with Covid-19. Finally, containing Covid-19 requires partnership and the co-operation of all members of society. Timor’s shared history of social welfare and community laid the foregrounds for the social cohesion necessary to combat the spread of the virus.

Our aim with this research was twofold. First, we wanted to amplify the voices of healthcare workers and actors directly involved in combatting the spread of Covid-19. Second, we attempted to show the effectiveness of genuine partnerships with regional actors, NGOs, and international institutions. The interviews conducted demonstrate that healthcare workers, although faced with significant challenges, felt well-supported and confident in partnering with foreign medical personnel. This shows the value of cohesive teamwork and the dedication of medical professionals during a time



of crisis. Although the role of aid and development partners is crucial for Timor-Leste, the ability of aid workers to collaborate and respond alongside local health professional is vital for service delivery and was central to the Timor's success.

At the time of writing all 24 patients that tested positive for Covid-19 in Timor-Leste have recovered, but the Timorese government must continue to invest in healthcare. As for any nation, protecting the health of citizens and future generations must be prioritised as part of an economic development agenda. The ways in which such development in Timor-Leste is best accomplished should be the focus of forthcoming research efforts following further data collection and provides a great opportunity for future investigation by other researchers.

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