


GLOBAL EMERGENCY CARE OPEN ACCESS

Using a Partnership-Based Approach to Strengthen Acute Care Systems in the Pacific and Timor-Leste

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Received: 18 April 2025 | **Revised:** 5 May 2025 | **Accepted:** 12 May 2025

Funding: The Regional Emergency and Critical Care Systems Strengthening Initiative (RECSI) is supported by the Australian Government through the Partnerships for a Healthy Region initiative.

Keywords: critical care | emergency medicine | (MeSH)

ABSTRACT

Emergency and critical care services are essential to universal health coverage. World Health Assembly (WHA) Resolution 76.2, adopted in 2023, outlined the importance of integrated emergency, critical and operative care systems in strengthening primary healthcare capabilities. Recent research has determined that system strengthening and partnership-based approaches to healthcare capacity development have the potential to achieve greater equity and sustainability. The Regional Emergency and Critical Care Systems Strengthening Initiative (RECSI) is an Australian Government funded programme under the Partnerships for a Healthy Region (PHR) initiative. It aims to enhance acute care capacity and healthcare system resilience across the Pacific and Timor Leste. RECSI is led by a consortium of acute care organisations and provides a vehicle for progressing WHA 76.2. The programme focuses on four thematic areas: workforce capacity and training, systems and processes, data and research, and leadership and governance. As part of RECSI's inception, a structured programme logic was developed, which describes programme activities and outputs, and how they contribute to defined intermediate and end-of-programme outcomes. RECSI's monitoring, evaluation and learning (MEL) plan, which supplements the programme logic, incorporates sustainability indicators that are focused on monitoring the impact of mechanisms designed to enable ongoing benefits from programme outcomes. Utilising a

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partner-led and context-specific programme design, RECSI represents a rigorous approach to acute care system strengthening. This strategy aims to build genuine partnerships to leverage skills, knowledge and opportunity across the Pacific and Timor-Leste.

1 | Acute Care in the Pacific and Timor-Leste

Emergency and critical care services are essential to universal health coverage [1]. In addressing the needs of patients with time-sensitive and/or critical illness, these disciplines play a central role in integrated acute care systems [2].

The global relevance of acute care has been affirmed by the World Health Assembly (WHA) on multiple occasions over the last decade [3]. Most recently, WHA Resolution 76.2, adopted in 2023, has outlined the importance of integrated emergency, critical and operative (ECO) care systems in strengthening primary healthcare capabilities [4]. The statement reflects that approximately half of all deaths in low-and-middle-income countries (LMICs) can be addressed through emergency care [5].

Australia and Aotearoa New Zealand's closest neighbours, most of which are LMICs, are confronting escalating healthcare challenges. The burden of acute care across Timor-Leste and Pacific Island Countries and Territories (PICTs) is influenced by trauma, communicable diseases (such as respiratory and vector-borne illness) and exacerbations of chronic conditions [6, 7]. Alongside an increase in non-communicable disease, demands on emergency and critical care services continue to grow [8].

The geographic isolation, small population sizes and fragile healthcare systems of PICTs create significant challenges in delivering timely, effective acute care [9]. Similarly, Timor-Leste faces unique difficulties, with a developing healthcare system that emerged from the nation's independence in 2002 following a long history of political unrest [7, 10, 11]. This is compounded by the susceptibility of the region as a whole to climate change, including the impacts of direct exposures (such as earthquakes, cyclones and floods) and indirect effects (such as food and water insecurity) [12]. Costs of natural disasters account for 1%–9% of annual gross domestic product in PICTs, and 56% of PICT hospitals are considered 'especially vulnerable' to extreme weather events due to low-lying coastal settings [6]. These conditions place considerable strain on under-resourced healthcare systems.

The global health landscape has recently been disrupted by the COVID-19 pandemic, which has further stressed healthcare systems and highlighted gaps in acute care capacity [13]. This experience underscored the need for robust systems that are flexible and responsive to both immediate and evolving threats. Both PICTs and Timor-Leste are supported heavily by development and humanitarian assistance, with Australia being one of the region's largest donors [14, 15].

2 | System Strengthening and WHA Resolution 76.2

Recent research has determined that a system strengthening approach to healthcare capacity development has the potential for a more sustainable impact. This reflects the value of investing in the

foundations of an integrated healthcare system, rather than focusing on a specific disease or issue [6]. A commitment to health system strengthening is articulated in Timor-Leste's National Health Sector Strategic Plan 2011–2030 [7]. PICT governments have expressed similar sentiments [16, 17], with a specific aspiration to leverage improvements made during the COVID-19 pandemic [18].

WHA resolution 76.2 advocates for a system strengthening approach, and acknowledges the interdependence of the disciplines that contribute to an effective 'ECO-system' [19]. It also recognises that ECO care is delivered in a variety of locations; for example, operative care might be delivered in an emergency department, and critical care may be required in pre-hospital settings [20]. The resolution encourages World Health Organization (WHO) Member States to build people-centred, resilient, cost-effective and robust healthcare systems that are equipped to provide routine care and respond to emergencies including pandemics, climate-related disasters and conflict [13, 19].

In the wake of resolution 76.2, the WHO launched the Acute Care Action Network (ACAN), an alliance of stakeholders working to coordinate and advocate for ECO-system development across the globe [21]. Additionally, at the 77th WHA in 2024, WHO Member States called for the development of a 10-year strategy and action plan to operationalise the resolution [22].

3 | Partnership Approaches

Partnership-based approaches have been identified as an effective strategy for global health programmes committed to equity and reciprocity [23]. While there are many positive examples of long-term partnerships between PICTs and donor governments, reports have identified gaps in externally funded health system strengthening projects, noting that partnerships often lack sufficient strategic engagement in programme planning and development phases; flexibility and adaptability in programme delivery; and mechanisms for programme sustainability [24].

While international organisations focussed on acute care system strengthening often partner with local government ministries and stakeholders, it is less common for external partners to collaborate and coordinate to deliver activities. Collaborative partnerships allow for the pooling of resources, knowledge and expertise while ensuring that interventions meet the unique needs of the context [6]. The Australian Council for International Development refers to a 'collaboration continuum' in which closer partners are able to build greater trust and share power and accountability more equally, with additional opportunities for locally-led approaches [25, 26].

As the primary scientific and technical organisation in the Pacific region, the Pacific Community (SPC) plays a key role in brokering partnerships. SPC's Public Health Division is central in providing technical advice, collecting and analysing data, and

building professional networks [27]. SPC is focussed on ‘building trusted relationships’ and ‘creating a shared understanding and pathways to impact’ [28].

In 2023, the Australian Government announced a \$620 million dollar investment over 5 years to support Pacific and Southeast Asian health system strengthening under its Partnerships for a Healthy Region (PHR) initiative, in an effort to build on progress made during COVID-19 under the preceding Indo-Pacific Health Security Initiative [29]. This rebranding, coupled with the initiative’s strategic objective that ‘Australia is a trusted health partner in the Pacific and Southeast Asia’ [29], emphasises the commitment to partnership approaches for effective and sustainable assistance to the region.

4 | The Regional Emergency and Critical Care Systems Strengthening Initiative (RECSI)

In response to WHA resolution 76.2 and the significant acute care needs in the region, the PHR initiative provided an opportunity for several key organisations working in the region to collectively form the RECSI consortium. RECSI aims to produce more resilient and equitable health systems by strengthening emergency and critical care capacity across the Pacific and Timor-Leste. The programme is underpinned by a comprehensive programme logic that links activities, outputs and objectives focusing on four thematic areas: workforce capacity and training, systems and processes, data and research, and leadership and governance (see Figure 1). These themes have been derived from previously identified building blocks for Pacific emergency care, adapted from the WHO health system building blocks [9]. RECSI also addresses cross-cutting issues, such as gender equality, disability and social inclusion (GEDSI) and climate change resilience.

The RECSI work programme encompasses three geographical streams: Timor-Leste, Papua New Guinea (PNG) and the Pacific region (with activities for the latter to be predominantly undertaken in Fiji, as a regional hub). These streams were selected to address the unique needs, priorities and characteristics of partner countries, which differ in their acute care capabilities. The design builds on existing relationships with implementing



FIGURE 1 | RECSI thematic areas.

partners, recent and concurrent capacity-building programmes, and previous Australian Government investments.

RECSI is delivered by a consortium of organisations, led by Alfred Health alongside its academic partner Monash University. Technical partners are the Australasian College for Emergency Medicine (ACEM), Australian and New Zealand Intensive Care Society (ANZICS) and the National Critical Care and Trauma Response Centre (NCCTRC). Implementing partners are Menzies School of Health Research (Timor-Leste stream), National St. John Ambulance Papua New Guinea (PNG stream) and SPC (Pacific Regional stream). Implementing partners have dedicated locally based programme staff, who are fundamental to project design to ensure adequate consultation and context-appropriate activity implementation. The consortium works in close collaboration with local stakeholders, including clinicians, health services and partner governments, to implement the RECSI work plan.

All activities, outputs and outcomes use evidence-informed implementation strategies and have an explicit focus on capacity development and local ownership. The work plan incorporates train-the-trainer approaches to boost local clinical education capabilities, and support for the establishment and strengthening of regional acute care professional networks such as the Pacific Islands Society for Emergency Care (PISEC). This will enable the sustainability of structures and capacities developed during the programme.

5 | Measuring Success

Assessing the outcomes of system strengthening activities is challenging because impact can be difficult to define and measure. Reporting the delivery of outputs, while comparably easy and often mandated, is not necessarily reflective of programme success (or failure) [30]. Despite reporting obligations to donors and stakeholders, programme evaluations are often not publicly available [31].

As part of RECSI’s inception, a theory of change (TOC) approach was used to enable a holistic and long term lens towards the programme’s goal [32]. The TOC was developed via a series of participatory partner and stakeholder meetings focussed on the conception of a shared vision and strategy for the initiative. In parallel with RECSI’s risk register, the TOC considers factors impacting the programme including local context and stakeholder influence. RECSI’s underlying TOC is represented visually via a structured programme logic, which describes programme activities and outputs, and how they contribute to defined intermediate and end-of-programme outcomes (Figure 2).

Supplementing the programme logic is a comprehensive monitoring, evaluation and learning (MEL) plan. This incorporates a detailed MEL framework defining the data collection methods and indicators that will be used to verify the programme’s outcomes and overarching TOC. The plan emphasises qualitative research methods in acknowledgement of the limited qualitative evaluation of recent health system strengthening projects in the region [24].

Using local implementing partners to facilitate data collection, learning from and adapting to local feedback will be a key component of evaluation activities. Several RECSI activities

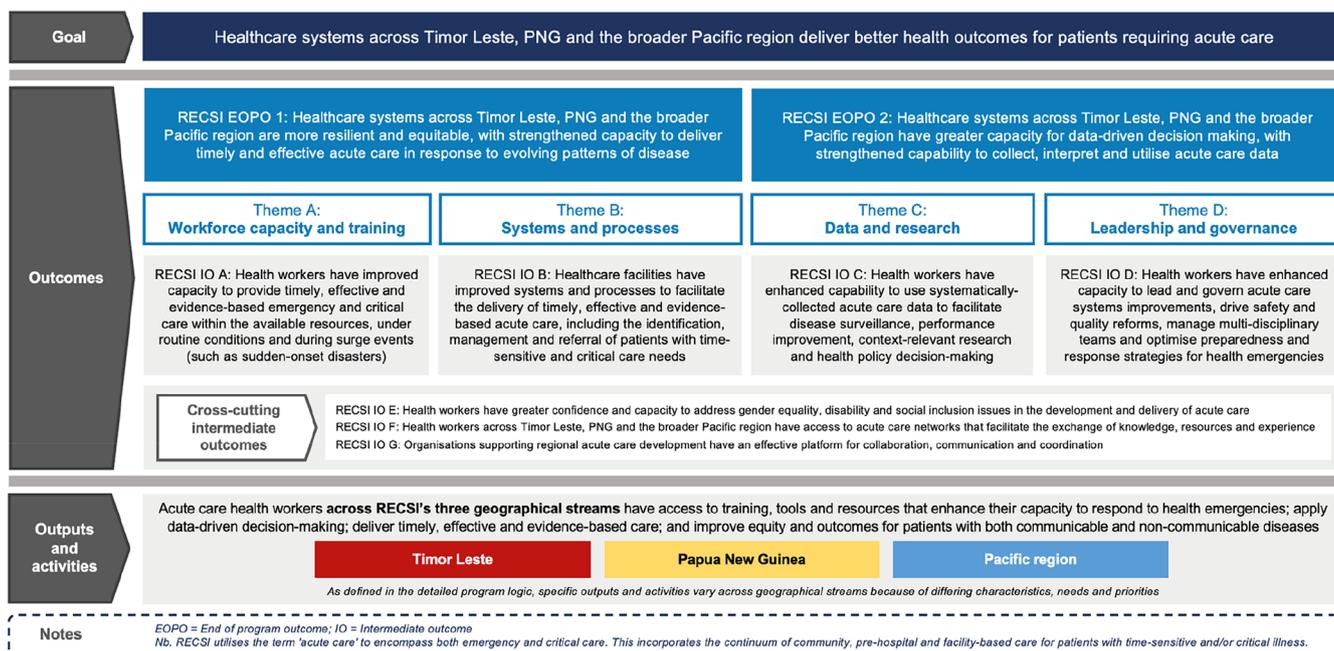


FIGURE 2 | Diagrammatic summary of RECSI programme logic.

will also be supplemented by formal research, which aims to simultaneously develop research capacity among regional acute care clinicians and share learnings from the programme.

Importantly, RECSI's MEL plan incorporates sustainability indicators that are focussed on monitoring the impact of mechanisms designed to enable ongoing benefits from programme outcomes. It aligns with the *Rebbilib* (roadmap) for Pacific MEL strategies for capacity-building programmes in the region released by SPC in 2020, which highlights the importance of considering 'application, transferability and sustainability' when measuring programme performance [33].

Despite recent investments in health information systems in the region, there are ongoing challenges in collecting and aggregating patient-level and system-level health outcomes data [34, 35]. While RECSI aims to strengthen data systems and promote data-driven decision-making, the MEL plan seeks to mitigate data access and quality limitations by incorporating surrogate measures (such as perceptions of impact among key stakeholders) where required.

In summary, RECSI provides a vehicle for progressing WHA 76.2 and acute care system strengthening activities in the region. Utilising a partner-led and context-specific programme design, RECSI represents a rigorous approach to acute care system strengthening. This strategy aims to build genuine partnerships to leverage skills, knowledge and opportunity across the Pacific and Timor-Leste.

Author Contributions

R.M., S.M., C.B., P.C., B.D., A.M.G., C.G., L.H., J.J., A.K., L.M., N.M., S.M., G.P., S.R., C.T. and G.O. were central to initial programme design, conceptualisation, funding acquisition and project administration. S.B. wrote the original draft article, with supervision from G.O., R.M. and K.H. R.M., S.M., M.W., K.H. and G.O. conducted initial reviews and editing. All authors reviewed and provided input to the article prior to submission.

Acknowledgements

The authors would like to acknowledge all those involved in the design and inception of the RECSI programme, including Bronte Martin, Mangu Kendino, Liggie Kare, Aruna Shivam, Beth Price, Andy Macey, Holly Bannon-Murphy, Tim Amos, Libby White, Andrew Udy, De Villiers Smit, Jessica Hocking, Josh Francis, Antony Robinson, George Zhou, Bec Reilly, Melissa Njoku, and the many Pacific and Timorese clinicians who provided essential input and guidance. Open access publishing facilitated by Monash University, as part of the Wiley - Monash University agreement via the Council of Australian University Librarians.

Disclosure

The Regional Emergency and Critical Care Systems Strengthening Initiative (RECSI) is supported by the Australian Government through the Partnerships for a Healthy Region initiative. The views expressed in this article are the authors' alone and are not necessarily the views of the Australian Government.

Conflicts of Interest

P.C., J.J., G.P. and G.O. are all section editors for EMA.

Data Availability Statement

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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