

Timor Leste Report

6 Physician responses from Timor-Leste.

100% of respondents practice in hospital settings.

621 Physician responses from 18 countries.



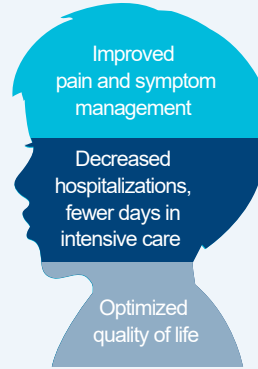
Among the 20 million children globally in need of palliative care, 27% live in Asia-Pacific.

In Timor-Leste, there are 50 new childhood cancer cases each year.

The ADAPT study aims to assess physician perceptions towards palliative care integration for children and adolescents diagnosed with cancer.

Palliative Care

Defined by the WHO as the prevention and relief of patient suffering and the ethical responsibility of health systems that should be integrated with and complement prevention, early diagnosis, and treatment.



Palliative Care integrated into health care systems at all levels:

- Is cost-effective
- Improves resource utilization
- Decreases patient suffering, parental psychological distress

Additional Information: Integrating Palliative Care and Symptom Relief Into Pediatrics: A WHO Guide for Health Care Planners, Implementers and Managers. WHO; 2018.

Access to Pediatric Palliative Care

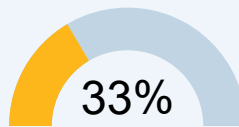
Reported no access to palliative care in their clinic or hospital.



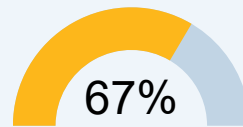
Indicated that palliative care consultation is not available when they felt it was needed.



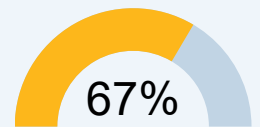
Felt that palliative care was often involved too late.



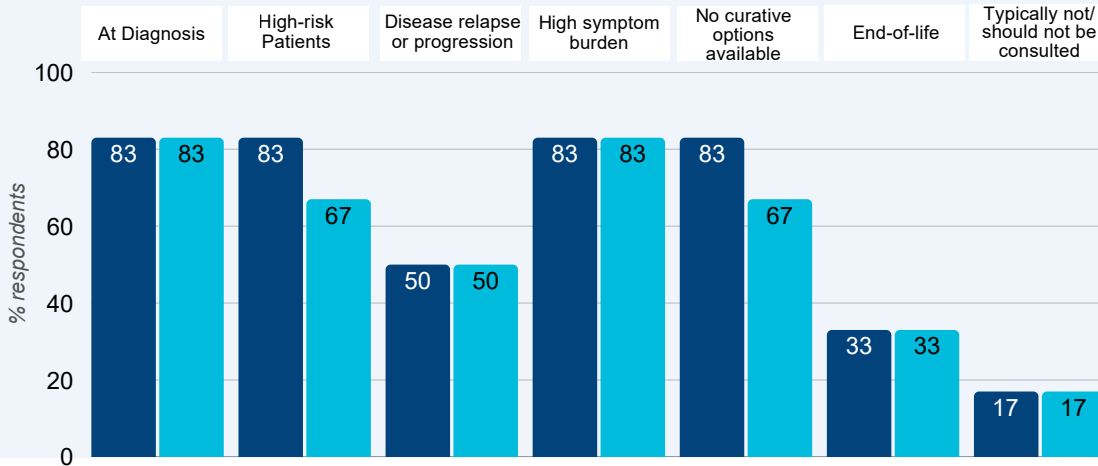
Believe palliative care is appropriate at any stage of treatment in a child with high-risk cancer.



Believe palliative care integration reduces suffering.



Ideal Timing of Initial Palliative Care Consultation

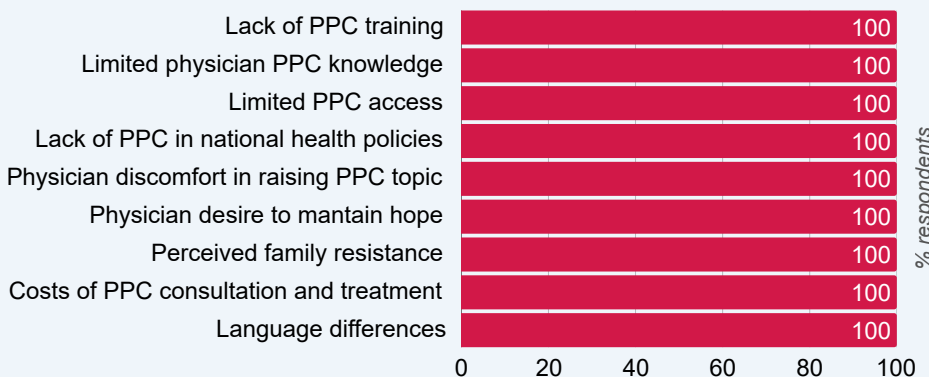


Actual timing of Palliative Care Consultation (Dark Blue)
Ideal timing of Palliative Care Consultation (Light Blue)

According to the WHO, early integration of palliative care is critical to improve the quality of life of children with cancer.

Physicians in Timor-Leste report that palliative care is often introduced late in the treatment of children with cancer, even though earlier integration would be beneficial.

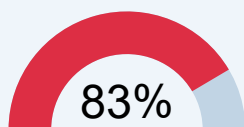
Barriers to Early Palliative Care Integration



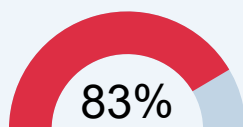
Physicians in Timor-Leste were asked to indicate which barriers impacted pediatric palliative care (PPC) provision in childhood cancer care delivery.

Top Barriers: Nine barriers were reported as the most significant, all of which received a 100% ranking, including barriers to accessing PPC training, care delivery and provision, and inclusion in national health policies.

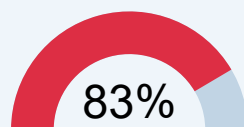
Physician Confidence in Delivering Palliative Care



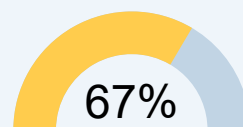
Do not feel confident addressing **physical needs** of children.



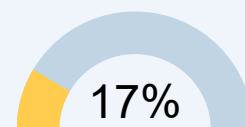
Do not feel confident addressing **emotional needs** of children.



Do not feel confident addressing **spiritual care needs** of children.

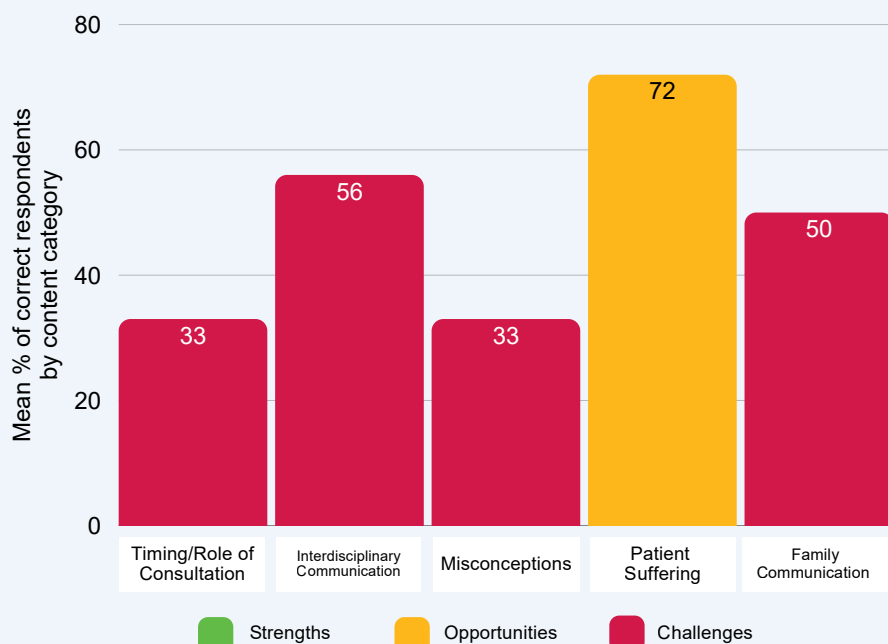


Do not feel confident providing **grief and bereavement support**.



Feel burdened by their inability to control the suffering of children at end-of-life.

Physician Understanding of Pediatric Palliative Care



Opportunities to strengthen PC knowledge include clarifying consultation timing, its role in alleviating suffering and facilitating communication, and addressing PC misconceptions.

48% median score for palliative care knowledge in accordance with WHO guidance.

83% reported no previous palliative care education.

100% desired more education on how to provide palliative care to their patients.

Strengths



Some alignment with WHO guidance (48%).



Acknowledgement that palliative care should be integrated earlier for children with cancer (67%).



Recognized need for palliative care training of clinicians to improve access (100%).

Recommended Next Steps for Timor-Leste



Conduct research to identify and address cultural, knowledge, and access barriers to support earlier pediatric palliative care integration.



Integrate palliative care concepts into the training of multidisciplinary clinicians, including doctors, nurses, social workers, and psychologists.



Improve timely access to pediatric palliative care specialists and services in clinical and community settings.



Increase public and policy awareness of pediatric palliative care while strengthening partnerships and encouraging philanthropic engagement.



Regional Implementation of ADAPT in Thailand

Country-adapted pediatric palliative care curriculum based on identified knowledge gaps.

Collaborate with the WHO Regional Office and partner organizations on initiatives aimed at strengthening access to palliative care services for children across the region.

References and Additional Information

Cuviello A*, Salek M*, Handayani SA, Blair S, Lam CG, on behalf of the ADAPT-AP Study Group. Survey Adaptation and Distribution for Physicians Caring for Children Diagnosed with Cancer in Asia Pacific: Unique Study Challenges and Lessons Learned. JCO Global Oncology. 2024.

Salek M*, Cuviello A*, Handayani S.A, Blair S, Chandra A, Job G, Erlich BS, Chong LA, Bagai P, Buang SNH, Drake R, Gunasekera S, Khaing AA, Kim MS, Mlis R, Mynak ML, Ngoc LB, Lay Dos Santos MM, Sari TT, Sharma KS, Sorrosa R, Souvalansy B, Sriponsawan P, Yotani N, Zaki MA, Devidas M, Baker JN, McNeil MJ, Agulnik A, Lam CG, on behalf of the ADAPT-AP Study Group. Physician perceptions toward palliative care integration in childhood cancer care in Asia Pacific. JCO Global Oncology. 2026.

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Lam, C.G. (2025). Estimates derived from CureAll Country Progress Dashboard (2025), GLOBOCAN 2022 (2025), IICC - 3 (2017), UN World Population Prospects 2024 (2025), and World Bank Open Data Catalog (2025).



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