

Strengthening health systems in Timor-Leste

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In a newly independent state, development of a strong, sustainable health system is a priority if reductions in excess mortality among poor and marginalised populations are to be achieved and if major health risk factors are to be dealt with. This paper outlines the plans and achievements of the new health system in Timor-Leste, and the strategies devised by the Ministry of Health for addressing the continuing health challenges.

The health situation at independence

Following the post-referendum violence in Timor-Leste and the destruction of the health system, the priority was to address immediate health needs and resource inequities, and to coordinate external assistance to the health sector. The country needed to be able to react to external offers of support, demands for information and action, and the sometimes clashing agendas of international NGOs, the UN, as well as other donors and external actors. Long-term health system development could not even be considered.

Several months after the conflict, East Timorese health staff formed the East Timorese Health Professionals Working Group. With the assistance of the WHO and UNICEF, the group put together a plan for the future Timor-Leste health care system. This led to the establishment of the Interim Health Authority which operated throughout the 'interim' period leading up to the official formation of the Ministry of Health. There were significant health-related issues to consider:

- the old (Indonesian) health system was inefficient with many facilities and staff under-used and costly. Some facilities had up to 25 staff, ineffective equipment, were under-funded and therefore did not provide quality services, probably contributing to low utilisation rates;
- infant and maternal mortality rates were very high;
- the population was predominantly village dwelling and engaged in subsistence agriculture; and
- the major adult health problems were malaria and TB, and diarrhoea and pneumonia for children — similar problems to those in surrounding developing countries.

Currently, the Ministry of Health addresses priority life

threatening diseases and illnesses within the community through the Basic Package of Services within the principles of the Health Policy Framework and the National Development Plan. It is structured around a primary health care framework extending basic services and interventions directly to the community.

Basic package of services

The basic package of services focuses on communicable disease control, maternal and child health, non-communicable disease control, health promotion and environmental health. The package is delivered through preventive, promotive, curative and rehabilitative interventions. The first point of access should be at health post level, with the referral path from health centres without beds to health centres with beds to the hospitals (Tilman 2004).

In some areas Timor-Leste still relies on external technical support to assist implementation and to strengthen capacity. However, the Ministry of Health has developed a range of policies and guidelines to steer assistance. Of particular importance is the Guiding Frame for Developing Proposals for Interventions in the Health Sector of Timor-Leste, a pro-forma for agreements between the Ministry of Health and individuals and agencies wishing to provide assistance.² By entering into an agreement with the Ministry of Health, external agencies can develop meaningful partnerships that will lead to sustainability and ownership.

Strong health systems are needed for the successful implementation of health interventions. These systems include a sound structure from the village to the central levels, including all logistical components such as communications, transport, power and water. Of equal importance are the capacity of the system and human resources at all levels.

Ministry of Health structure

Timor-Leste has a population of 924,642 divided between 13 districts, 65 sub-districts, and 446 *sucos* (villages). Health services are provided by six hospitals, 67 Community Health Centres, 174 health posts and 87 mobile clinics organised in the following way:

- central services: Directorate of Health Service Delivery, Directorate of Administration, Finance and Logistics, Directorate of Policy and Planning;

- district health services: Community Health Centres, health posts, and mobile clinics; and
- specialised services: hospitals, National Centre for Health Education and Training (NCHET)/ National Institute of Health (which will replace NCHET), National Laboratory, Central Pharmacy.

Current health work force

There are currently 11 postgraduates in the health workforce (a specialist surgeon and ten public health professionals). There are 52 doctors, eight of whom are away on specialisation training, two dentists, and seven public health personnel. There are 1,800 nurses, two of whom are graduates, with 150 at academy level. There are 530 midwives, 264 of whom are civil servants, 46 assistant pharmacists, 70 laboratory assistants, and 160 sanitary inspectors.

The district health service

At district level, it is particularly important that the health system is strong as it is at this level that most people access the service. The District Health Management Team is made up of a district health officer, a deputy health officer, a district public health officer responsible for communicable diseases and an environmental sanitation and nutrition officer.

District health planning is based on a community consultation process, beginning with a consultation with the community to assess needs and scheduled to take place in January and February each year. Needs and services are prioritised and a draft plan is formulated in March/April. After further consultation, the district plan is submitted to the Ministry of Health in May each year. Implementation of district plans requires a close relationship with the community, collaboration with NGOs, and a good working relationship within the health team. Because of the still limited capacity of the national health teams, NGOs are collaborating to help fill gaps until the full human resource capacity is reached.

Constraints to implementation of district plans include:

- inability to accept all requests from communities as they all have different priorities;
- limited capacity and motivation of health team members; and
- difficulty in obtaining budget allocations on time.

Health information systems

Health information systems are crucial for the delivery of appropriate health care as they provide quantitative information that can identify changes and trends in health status as well as qualitative information about service delivery. They provide the basis for targeted interventions and planning. Health

information systems include infectious disease surveillance and weekly and monthly reporting on the utilisation of services and quarterly reporting on all other matters. These reports are assessed thoroughly and form part of the monitoring and evaluation framework. Perusal of the health information reports and results of monitoring and evaluation are linked with supervision.

Supervision

The district health service staff supervise other staff and programme activities of the Community Health Centres and health posts, ensuring that activities are implemented according to the annual plan. They offer advice, support and on-the-job training. Achievements have been impressive but human resources need further attention. It is recognised that supervision presents enormous difficulties as some health posts are very isolated.

Coordination and collaboration at district level

The human resources and facilities at the district level still have limited capacity to provide health services to all communities. Assistance from external NGOs and individuals is welcome. However, it is crucial that services provided are endorsed by the Ministry of Health and provided in collaboration with the district health officer. This sort of cooperation develops a partnership and helps provide uniform services. Monitoring and evaluation can be undertaken along with other district health services and a smooth handover of a sustainable health service staffed with local trained workers will be possible when the assisting organisation moves out.

Capacity building in the health sector

Major problems confronting human resource development in Timor-Leste have been identified in the following areas:

- an undersupply/oversupply in certain types of health personnel;
- sufficient staff trained but not recruited;
- training not commensurate with skills needed;
- low morale of the health workers; and
- inadequate human resource management and planning capacity within the Ministry of Health.

Challenges

The mass departure of health workers including senior professional staff, in September 1999, had a huge impact on capacity to deliver health services. The new Ministry of Health was confronted by the need to absorb a large number of mid- and lower-level health workers who were trained under the Indonesian health system. The number and training of these health workers did not match the needs so it was necessary for

the Ministry of Health to rationalise the human resources with the services that were to be provided. This process led to significant low morale of health workers in the civil service due to uncertainties of future government employment. As a direct result of the large number of unemployed health workers in the community, unregulated private practice has grown.

Within the Ministry, an inadequate skill mix remains. The Indonesian health system employed a vast number of health workers, many often performing a single task. As a result, health workers are reluctant to take new roles or are ill-prepared for multi-skilled tasks. The capacity of local training institutions to cater for new training requirements remains underdeveloped.

The key strategies for improving the capacity of health staff are to:

- improve human resource planning;
- recruit available workforce according to needs giving priority to health posts and Community Health Centres;
- develop and implement education and training systems;
- improve human resources management; and
- develop and implement mechanisms for registration, regulation and quality control of medical practitioners.

Guiding principles for human resources development

The key principles are to give priority in training and staffing to underserved areas and primary health services; for health services to be delivered by multi-skilled personnel with appropriate skill mix at each level through an integrated approach; and for all training programmes to be based on identified needs and delivered in the most cost-effective way.

Institutions need to be strengthened to provide a framework for human resources development and the training institutions need to be strengthened to train the necessary number of health professionals to accepted standards. The policy and legislative institutions need to be strengthened to provide accreditation and regulation of practices of individual health professionals and to provide accreditation of training institutions.

Support for human resources development

Funding and technical support are needed for human resources development but the challenge is to build capacity to ensure sustainability and ownership and to avoid undermining the new, emerging health system. At the moment, human resources development support is received from bilateral and multilateral sources and international NGOs. The NGOs' rationale for their support is that they are well intentioned, cost-effective and transparent, grassroots based, and not over

burdened by bureaucracy.

Capacity building to ensure sustainability and ownership

It is important that aid management strategies clearly provide:

- a model for meaningful collaboration between expatriate workers and their local counterparts;
- mechanisms for development of long-term equitable professional relationships;
- support for the public sector so that sustainable interventions can be undertaken to facilitate implementation of policies; and
- consideration for cross-sectorial cooperation, so that public, private, NGO and church agencies work together and respect government policies.

The Ministry of Health document, the Guiding Frame for Developing Proposals for Interventions in the Health Sector of Timor-Leste, provides a pro forma for official agreement to provide assistance. By entering into an agreement with the Ministry of Health, external agencies can develop meaningful partnerships that will lead to sustainability and ownership.

Future challenges in human resources development

International assistance is still required but the approach needs to be appropriate and all assistance needs coordination. The Human Resources Development Plan focuses on a gradual reduction of international assistance. A policy on the distribution of skilled health professionals is needed and a policy for inclusion of the private sector needs to be explored with a view to possible private-public funding. Evidence based policy is being developed by the Health Research Centre for Operational Research in Timor-Leste. Tax will be a major source of health funding and some out-of-pocket expenditure and insurance is being considered.

Coordination of health sector support

Human resources in the Ministry of Health need to be expanded to undertake all the tasks involved in implementation of strategies. The number of staff with technical experience is relatively limited, especially in consideration of the massive tasks that face them in the ongoing rebuilding of the health system. In the interim, in some areas, Timor-Leste still relies on external technical support to assist implementation, to fill some gaps, and to strengthen capacity.

The National Health Strategy, the Reproductive Health Strategy, the Integrated Management of Childhood Illness (IMCI) guidelines, and essential drugs list and treatment guidelines have been developed. There are opportunities for visiting health professionals to assist the Ministry to implement the national strategies from health post to hospital level, to help

build the capacity of East Timorese health workers, and to contribute to sustainability.

Assistance provided to the health service

Considerable technical assistance is provided by specialists from outside Timor-Leste. For example, specialist programme support and advice is provided by Caritas Norway and AusAID through their TB, mental health and oral health programmes. Specialised clinical service support is provided by the Royal Australian College of Surgeons, Chinese and Cuban specialists, Health Net International and individually-hired specialists. General clinical services are supplemented by district medical officers with the assistance of some Cuban doctors. Management and clinical training is also provided by specialists from outside the country.

Scholarships have been provided for medical doctors whose studies were disrupted after independence (25 medical students), along with two new medical students. Specialisation training will be provided in Indonesia, Philippines and Fiji; the nurse Bachelor degree will be upgraded to a graduate degree and there will be specialist training for medical equipment technicians, pharmacists and anaesthetists.

Guidelines for external assistance

The Ministry of Health's guiding frame document is intended to better coordinate the efforts of all stakeholders, including national and international institutions/NGOs, and UN agencies interested in contributing to the development of the health sector in Timor-Leste. This guiding frame entered into force on 1 June 2005.

Proposals should be submitted to the Ministry of Health. The Committee for Evaluation of Proposals under the chairmanship of the Vice-Minister for Health will assess and discuss the proposal. After approval, a Memorandum of Understanding, spelling out all terms and conditions in which the intervention will be implemented, will be signed.

Another important guideline for external assistance is Guidelines for Donations of Drugs, Consumables, Equipment and Assets to the Democratic Republic of Timor-Leste.

Successes since independence

There has been an enormous amount of goodwill from donors and other actors since independence. The East Timorese health leaders developed a vision and a plan. Partnerships with multilateral and bilateral organisations and NGOs have facilitated the development of a range of important policies and guidelines. However, challenges remain in identifying and addressing gaps in health development in Timor-Leste. These include managing and coordinating all contributors and raising awareness of the existence of guiding documents among all sectors and groups wanting to assist the Ministry of Health.

Notes

1. Beverley Snell and Clement Malau, Centre for International Health, Macfarlane Burnet Institute for Medical Research and Public Health; Nelson Martins, Universidade de la Paz, Timor-Leste; Odete Belo, Lidia Gomes, Misliza Vital, Ministry of Health, Timor-Leste; and Sarah Moon, Australian Red Cross.
2. This guiding frame does not apply to country strategies or other overarching planning documents of UN agencies. However, separate proposals with the intention to seek additional funds from donors should follow this guiding frame.

Reference

Tilman, C 2004, Maternal and Child Nutrition in Timor-Leste, *Mal J Nutr*, 10(2), 125-130.