AusAID HRF
Health Resource Facility

External Brief: Human Resources for Health (HRH) in Timor-Leste: Constraints and opportunities in HRH strategy and planning

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11 December 2012

1. Introduction

This briefing paper summarises key information about HRH in Timor-Leste, describes the main components of an HRH plan, and summarises international evidence and experience of key HRH strategies. These strategies include scaling up the health workforce, task-shifting and changing the skill mix amongst health workers, strategies to improve retention and to improve the availability of skilled health workers in rural and remote areas. Drawing on this, an approach for assessing potential HRH policy interventions and options is also outlined.

It draws on the findings of a desk-based review of key constraints and opportunities related to human resources for health (HRH) commissioned by AusAID in 2012 to inform the design of a new program of support for health in Timor-Leste (see Annex for Terms of Reference).

2. The HRH Situation in Timor- Leste

Timor-Leste's constitution states a commitment to universal health care, but health service delivery faces a number of significant challenges. Resources are limited and the terrain of the country makes it difficult to provide access to care in remote areas. Conflict following the country's referendum for independence in 1999 left health sector infrastructure and the health workforce seriously depleted. The health system has however been gradually redeveloping since, and has established a network of community health centres, health posts, maternity clinics, hospitals and an integrated community health services (SISCa) providing mobile outreach, all under the management of the Ministry of Health (MoH).

The MoH's Basic Services Package (BSP) sets out a plan for redevelopment of Timor-Leste's health system. This focuses on delivering on Timor-Leste's Millennium Development Goals including addressing continuing poor maternal and child health outcomes. The main objectives of the health system in Timor- Leste are set out in the National Health Sector Strategic Plan 2011- 2030 (NHSSP, 2011), which was introduced in 2011. It provides a framework for the MoH's actions and directions in achieving the health goals and priorities that they have identified. The NHSSP emphasises the importance of effective HRH in meeting these objectives and includes a chapter on HRH which covers both the development of HRH, and its management. The chapter includes various elements of HRH: workforce planning, continuing professional development and licensing, re-certification and regulation, personnel management and occupational health and safety.

HRH can be the enabler of health objectives, but it can also be a constraint on meeting health objectives if it is not well planned, managed and resourced. Currently there are several critical HRH challenges, which can be grouped under five main headings:

- **HRH shortages:** while the supply of doctors is improving significantly due to the imminent return of the Cuban trained doctors, this brings planning and, management challenge of how to deploy them in a cost effective manner. There is also a need to deal with an ongoing shortage of nurse and midwives, which constrains the implementation of the BSP. In addition, a lack of available specialists across a range of disciplines and allied health professionals has been identified. Though there is some training capacity, it needs to be significantly strengthened. The Human Capital Development Fund, established and administered by the Government of Timor-Leste (GoTL), represents a potential source of further training funds.
- **HRH distribution:** significant disparities in the access to skilled health professionals exist between rural and urban areas. Many rural and remote areas are relatively underserved by health professionals. The available data also suggests that there are big differences in staffing availability even between different rural regions. One immediate challenge will be to enable the Cuban trained doctors to function effectively in their intended positions in regional and rural areas.
- **HRH capacity (clinical services):** There is a need to build competencies and skills to ensure that practice is clinically safe, evidence-based, and in line with staff duties and responsibilities. This will require in-service training and ongoing professional development of existing staff; currently there is only very limited resources and capacity to support in-service training and continuous development of health professionals.
- **HRH capacity (planning, management and administration):** The priority areas which have been identified include staff management; supportive supervision, performance monitoring and review; project management and planning; as well as the need to improve administrative skills and competencies across the system. There is a need to develop an effective Human Resources Information Systems (HRIS) and Minimum Data Set to support planning and analysis, accompanied by training that ensures that these new systems can be used, maintained and developed by local staff. Capacity building within central agencies will also support more effective cooperation, integrated planning and coordination between stakeholders both within and beyond the health sector.
- **HRH working conditions, infrastructure and support:** Improved management for health staff has been highlighted as a key priority in this review, including improved clarity about roles and responsibilities; supportive supervision and performance management and clinical governance, particularly for staff in rural locations. The need to ensure access to required equipment and consumables, transport and housing for rural staff, clear management structures and the development of opportunities for ongoing professional and career development is also highlighted. Implementation of the special career regime forms part of current efforts to strengthen employment conditions.

Despite these challenges, significant policy development work has been undertaken and a range of opportunities exist which can be capitalised on to strengthen HRH. The need to

strengthen HRH and the challenges to be overcome, including the need for more comprehensive planning are recognised in key national level policy documents such as the Timor-Leste Development Plan 2010-2030, and the NHSSP. The number of health workers in the system is being increased through Cuban-trained doctors who are now entering the system, a new resource with potential to strengthen rural health service delivery. Education and training of health workers has commenced at the University of Timor-Leste and the Institute of Health Sciences (IHS), providing a foundation on which further capacity can be built. The national fiscal outlook is positive, with the Petroleum Fund and the Human Capital Development Fund identified as possible funding sources to support future HRH initiatives, subject to GoTL's allocative decisions.

Also, in the short term, two new HR Adviser posts in the MoH have been advertised and when filled can play a supportive role in establishing some of the necessary HR building blocks: a HRIS system; a national HR committee, and technical support for developing a national HR plan.

3. Developing an HRH Plan

A new national HRH plan which addresses these constraints and challenges in a coordinated, appropriately sequenced manner and is aligned with broader health sector objectives would provide a way forward. Key elements of an HRH Plan are summarised in the World Health Organisation's HRH Action Framework. These are policy, finance, education, partnership, leadership and human resources management (HRM) systems.

The Framework emphasises the interconnectedness of these various elements. It also stresses that more or better trained staff is a means to achieve the ultimate goal of better health outcomes. It also provides a reminder that while it may be appropriate for HRH planning to be led by the health ministry, the engagement of other key stakeholders is also vital, particularly other sectors of government such as finance and education.

International and Timor-Leste specific evidence suggests that the main policy led interventions that can be used to address the HRH challenges in Timor-Leste are:

- **Scaling up human resources for health** through training new workers and by improving the productivity of the existing workforce. Ensuring the effective integration of the Cuban trained doctors into the health system is a short-term priority. Further scale-up however will be required, particularly among nurses and midwives who are critical to delivering maternal and child health services, particularly outside of Dili. Available evidence also suggests that there is significant potential to enhance productivity through improving the performance of the existing workforce. This can be supported by a comprehensive training needs assessment and the scaling up of training capacity, particularly through support for the IHS. Early attention should also be given to developing a national training plan with the aim of achieving a broad-based management capacity scale up to improve local management and supervisory capacity.
- **Changing the skill mix and/or task shifting** to ensure the most effective and efficient use of the available workforce. Review of the availability of health workers (and potential health workers) and the roles that they perform within the system may identify both additional capacity as well as ensuring that existing capacity is being well utilised. The current focus on effectively integrating Cuban trained doctors will have implications for other staff that will need to be managed in the short term.

However, this should not prevent a longer term, strategic consideration of other skill mix options. Key areas for consideration include the potential to further utilise community health workers while ensuring that the respective roles of nurses, midwives and doctors are delineated to ensure that each profession's skills are fully utilised.

- **Improving health workforce retention**. Keeping health workers in the health system helps address shortages and builds organisational capacity. A good, safe working environment which supports and rewards performance and provides opportunities for professional development are all associated with improved retention of health workers. Financial incentives and structured approaches such as the special career regime can also be important. International evidence indicates that the most successful retention efforts are those that combine a range of strategies tailored to local circumstances and based on careful assessment of the needs and preferences of staff, as well as an assessment of the effectiveness of retention measures already in place.
- **Improving distribution of the health workforce** so that rural areas are appropriately served by health workers. Efforts to recruit and retain rural workers are likely to be most effective when combining a range of strategies with consideration to income, working conditions, access to support and supervision, and opportunities for training, professional development and career development.

The four areas identified above are not mutually exclusive; it is likely that an effective HRH plan and strategy will consider and align aspects of all four. There are links between the different areas, for example, policies to improve retention can assist in improving distribution; scaling up can be supported by improved retention, and so on. Finally, not all of the interventions noted will have equal relevance or applicability in meeting current HRH priorities in Timor-Leste, and careful consideration of the context, informed by in-country specific intelligence and up-to-date information will be required.

When assessing which HRH policy interventions will be most appropriate and effective in meeting health priorities in Timor-Leste, five criteria can be used, with the following questions asked:

a) **Relevance:** which interventions best respond to national priorities and are most suited to local circumstances?
b) **Acceptability:** which interventions are politically acceptable and have the most stakeholder support?
c) **Affordability:** which interventions are affordable?
d) **Effectiveness:** have complementarities and potential unintended consequences between various interventions been considered?
e) **Impact:** which indicators will be used to measure impact over time?

Answering these questions will help assess potential interventions, provides prompts about which issues need to be considered in the design of plans and strategies, and can assist in identifying the information required to inform selection and development of appropriate HRH policies.

4. Summary

The development of a national HRH plan for Timor-Leste would support the attainment of the health goals set out in the NHSSP. A national HRH plan should be aligned with, and

support, this overall plan for the health sector. It should be comprehensive, taking into account identified HRH priorities and interconnections, and configured to be sustainable, with ambitious but realistic objectives. It will need to incorporate a planned, strategic approach to scale up and a comprehensive training plan for the Timor-Leste health sector. The development of more effective HRIS system, including the definition of a Minimum Data Set would underpin ongoing planning and monitoring

A number of tools and guidelines, drawing on international evidence, are available which can support this process. It is important that the planning process is “owned” by all key stakeholders in Timor-Leste and is supported by the strong and sustained leadership of the Ministry of Health if the implementation of sustainable solutions to HRH challenges is to be achieved.

Annex 1: Terms of Reference

Review of Human Resources for Health (HRH)

AusAID East Timor Health Team

1. Background

East Timor has made good progress in improving child health. For example, the country has reported the world's largest decline in mortality for children under the age of five. Yet every day Timorese mothers and children face huge health challenges. East Timor has one of the highest rates of women dying from pregnancy and childbirth in Asia. The maternal mortality ratio (MMR) is between 408 and 706 deaths per 100,000 live births, over double the regional average. Children in East Timor are still among the most malnourished in the world.

Building a healthier future for East Timor is a fundamental priority for Australia and East Timor. Australia's contribution to health directly supports the Government of

East Timor's (GoET) development and health plans, as captured in the Timor-Leste – Australia Strategic Planning Agreement for Development. The East Timor Minister for Health (MoH) has requested Australia to support key areas of the newly launched National Health Sector Strategic Plan. Australia is embarking on a new health program (2012-13 to 2015-16, up to $50 million) to address these priorities and to focus on improving health outcomes for rural communities across all 13 districts. The provisional aims are to support GoET:

(i) Implement **evidence-based strategies** to make available a high quality continuum of care for women and children, especially the most vulnerable

(ii) Produce, deploy, and manage nurses, midwives, and doctors through a **comprehensive and systematic approach** to plan for HRH

(iii) Mobilise rural communities to:

a) Protect the health and nutrition of mothers and children; and

b) Demand greater accountability and responsiveness from health care providers

The design will be led by AusAID through evidence-based strategies to devise the new health program. We therefore require deeper knowledge to inform the conceptual basis of the program in the following areas: political economy of the health sector, the determinants of health inequalities, household food insecurity, and human resources for health.

Human Resources for Health in East Timor

An effective reproductive, maternal, neonatal and child health (RMNCH) continuum of care requires adequate numbers and equitable distribution of skilled health workers who are appropriately motivated and managed. Prior to independence in 2002, East Timor's health workforce had shrunk from 3,540 health workers to 1,500. Despite improvements in the ratio of health workers to population, it remains just over half the minimum recommended by the WHO. With the main challenges in seeking healthcare services identified as the absence of staff and/or lack of drugs[1].

[1] Timor-Leste Demographic and Health Survey 2009-10.

Inadequate human resources for health (HRH) constrain the coverage and quality of health services. Distribution of health workers is inequitable, with remote rural areas especially under-staffed: 46 per cent of Health Posts (HP) have no nurses, 63 per cent have no midwifes, and 25 per cent have neither (Cabral, 2011). The lack of staff supports the inefficient use of existing human resources in that many find themselves doing jobs which they lack skills. In order to fill these existing gaps and meet GoTL 2020 targets for an additional 250 HPs in rural areas - each staffed with at least one doctor, two nurses and two midwives – East Timor will need almost 700 more nurses and close to 750 more midwives.

The National University of East Timor (UNTL) is running a four-year pre-service diploma course for nurses and midwives. The GoET is also funding the pre-service training of about 900 junior doctors, with the help of Cuban expertise in medical education. The Cuban Medical Brigade is providing doctors in all of the districts while they train the Timorese doctors. Questions remain about ability of the MoH to absorb the Cuban-trained doctors into the national health system. At the same time, development partners support a variety of in-service training activities in a very fragmented way.

2. Purpose and Objectives

The purpose of the assignment is for the AusAID East Timor health team to gain a deeper understanding of the key policy opportunities and constraints facing human resources for health in East Timor, with particular focus in nurses and midwives. This understanding will inform the design of the HRH component of AusAID's new program, which in turn is expected to support the development and implementation of GoET HRH policy and strategy.

3. Qualifications and Experience

The East Timor health team requires researcher(s) who have:

- Strong analytical background
- Track record of high quality policy-relevant research (and publications)
- Experience in both quantitative and qualitative research methods
- Experience in conducting research in developing countries, including fragile states
- Excellent communication skills
- Demonstrated ability to produce clear policy-relevant reports in English
- Ability to communicate technical issues to a non-technical audience
- Postgraduate qualification in human resource management for health, public administration, public health or a related discipline

Adviser Remuneration Framework (ARF): Discipline group B – Human resources development. Job level 3 – up to 10 years professional experience

4. Scope of Services – Literature Review and telephone interviews

The researcher will conduct a literature review and telephone interviews for internal use only to address the following research questions and translate the findings into practical recommendations. The assignment will require up to 22 working days.

What are the main policy challenges facing the GoET in addressing HRH issues?

a) What are the most suitable options for scaling up the numbers and skills of health workers, in ways that are relatively rapid and sustainable?

b) What are the most effective mechanisms and measures for the GoET to deploy and retain health workers in remote and underserved areas?

c) What can be learned from East Timor's experiences to date and the experiences of other countries in similar circumstances facing similar challenges (such as South Sudan, Cambodia and Afghanistan)?

The researcher will need to conduct telephone interviews with key informants in:

- The University of New South Wales (UNSW) as initial source of information
- WHO
- World Bank
- AusAID staff – particularly in-country staff
- HADIAK (USAID)
- Other stakeholders
- MoH – HRH Director

Senior Officer (Health), Dili will work with the researcher to schedule the telephone interviews. AusAID will supply a paragraph which describes the purpose of the analytical piece and also be present at the interview with MoH.

This work could lead to a further piece of analysis on HRH during the design process.

5. Outputs and Reporting

Upon commencing, the researcher(s) will be provided with relevant background materials. The researcher(s) will attend an initial briefing and debrief with the East Timor health team (both can be conducted via teleconference).

The sequence, timing and format of each output are detailed in the table below:

Report	Due date	Format
Research Plan: the selected researcher(s) will develop a research plan, including a draft interview schedule with key headings for the interviews, in consultation with the East Timor health team	26 October 2012	Up to five (5) pages: - Research question(s) and/or problem(s) - Research methodology (including scope of study, participants, method of data collection and plans for data analysis) - Research team - Timeline and proposed detailed budget
Initial Findings: present the outline structure of the review, initial findings and key	15 November 2012	The initial findings represent the narrative of key findings, messages and questions arising to inform the interviews. The researcher(s) is not expected to present a detailed analysis or specificity of different

follow-up questions		documents at this stage. The researchers will also provide an outline structure of the review. One-two (1-2) pages of initial findings and key follow up questions and one (1) page outline structure, plus PowerPoint presentation and discussion with AusAID East Timor health team to be provided by videoconference or teleconference.
Interviews	Week of 19 and 26 November 2012	Conduct a series of interviews with key informants. The names of each informant will be provided by AusAID.
Review	30 November[2] 2012	Up to twenty (20) pages: a review of the situation in East Timor, theoretical underpinnings, case studies and best practice models. This document will not present recommendations.
Internal Policy Brief for AusAID East Timor health team staff	30 November 2012	Up to five (5) pages: based on the findings of the review, the brief will translate the evidence and lessons identified into a set of practical, clearly justified recommendations to inform the new health design.
External Brief for GoTL	30 November 2012	Up to five (5) pages: based on the review and the internal brief, this document will translate the information for GoET in clear and plain English.[3]
AusAID comments	6 December 2012	AusAID staff will read the reports and make any comments and request for clarifications for the researcher(s) by the 6 December 2012.
Final submission of the Review, Internal Policy Brief and External Brief	12 December 2012	The researcher(s) will address AusAID staff comments and clarifications and submit the final versions of the documents.

The due date for the submission of these outputs assumes all meetings with key informants will be timely. The East Timor health team is aware that this may not be the case and therefore some flexibility exists on the date of submission of final outputs.

[2] Submission date for Review, Internal Policy Brief, and External Brief could be pushed back up to a week, depending on when the interviews are scheduled.
[3] AusAID will supply key points to consider in writing for GoTL.

6. Management

The researcher(s) will report directly to the Director (Health and Education), Dili Post, and to the Health Resource Facility (HRF).

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