

The purpose of this note

The Government of Timor-Leste has ambitious plans for improving health. AusAID has been discussing with the Minister of Health and his colleagues how Australian support could best be used to help them implement those plans. This note captures the discussions to date.

AusAID is committed to improving the way it works in partnership with the Ministry of Health. The way of work and our support is based on four core principles that:

1. give priority to the people who **most need** primary health services – vulnerable women and children in rural and remote areas
 2. involves transparent joint partnership based on mutual trust and reflecting New Deal principles, and supporting **country ownership** and capacity through: alignment with **national plans** and priorities, , working through and helping strengthen **national systems** for planning, budgeting, financing, delivering and reporting; **harmonisation** with other partners, and **mutual accountability** for behaviour change and results.
 3. is based on an understanding of the entire **health sector** as a complex and dynamic system within which various elements – across the demand side as well as the supply side – interact.
 4. is focused on a two track process (1) **accelerated access to basic health care services**. Support for GOTL plans to establish functioning Health Posts in each suco by 2017 with one doctor, two nurses, two midwives and one lab technician and (2) **sustainable support for institutional development**.
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Key documents describe the challenges and the plans

The Government's ambitions for improving health outcomes and services are set out in the Strategic Development Plan, the Program of the Fifth Constitutional Government, Budget papers and the National Health Sector Strategic Plan (NHSSP). NHSSP policy objectives are grouped under five headings. These headings are reflected in the Program of the Fifth Constitutional Government and 2013 Budget. The five objectives are:

1. **Managing the national health system**, including: stewardship, organisation and management of health services provision to ensure effectiveness and impact;
2. **Delivery of health services**, including: strategic directions for every level of health care; basic packages of health services; and national priority health programs (including health promotion);
3. **Human resources for health (HRH)**, including: development and management of HRH, with a focus on priority weaknesses, such as midwifery to increase skilled birth attendance;
4. **Health infrastructure**, including: physical infrastructure; medical equipment and essential non-medical supplies; transport and ambulance services, communications and Information and Technology (ICT);
5. **Support services**, including: drugs and consumables; laboratory and blood bank services; health research; HMIS; planning and financial management systems; and health partnership and collaboration.

What is AusAID proposing to support in health?

This is a long-term program of support over 8 years. We will start by focusing on the priority problems raised by the Ministry and confirmed through AusAID's analysis. Suggested timing could be:

Phase 1 - September 2013: Health transport: Start support to maintain health vehicles and ambulances, including broader assessment of the problem and supporting long-term solutions. This would involve a mobile mechanic team that travels around the districts assessing the problems, fixing small problems and identifying solutions action for more serious problems. The vehicles would include Ministry of Health ambulances, multifunction vehicles, cars and motorbikes.

Phase 2 - Early 2014: Health equipment: Start support to maintain and repair critical health equipment for maternal child health in national hospital, referral hospitals and CHCs. Take a coaching and mentoring approach to assess the problem, and work through long-term solutions with the Ministry of Health team.

Phase 3 - Mid 2014: Human resources for health: recruit and pay midwives and nurses from Indonesia to work in HPs and CHCs as an interim measure (pending the increased supply of these cadres from Government training institutions); explore options for developing sustainable solutions for human resources constraints

Future support will be identified through regular planning processes and discussions with the Ministry of Health. Discussions to-date suggest it may include:

- Health infrastructure: contract a firm to **rehabilitate health posts**, construct basic accommodation for health workers; Support for ICT equipment (NB associated in-service training can be provided under the Human Resources objective) especially at Health Posts, CHCs and Districts; Support to develop, integrate, implement and monitor a **systematic plan for transport management** (vehicles, fuel and drivers); Support to developing/implementing a **maintenance plan for health facilities**
- Delivery of health services: support NGOs to work with local health staff and PSFs to help them improve **health promotion interventions and BCC**, including mobilising community groups and local leaders for increased action on maternal and child health; Support for partnerships (e.g. with civil society organisations) to test, refine and roll out locally appropriate approaches to empowering and **mobilising communities**, especially for RMNCH and nutrition
- Support services: Explore with local partners if they could provide **blood bank** services and, if so, contract and fund these services whilst working with MOH to strengthen their capacity to contract this service directly; **Drugs and consumables:** support to help reform management of SAMES or its successor; **Laboratory and blood bank services:** support to MOH in taking over contracting blood bank services from local partner; **HMIS:** Support for **HMIS database management**, and use of HMIS info for decision-making
- **Human resources for health:** Support to implement key components of comprehensive plan for **HR development** (drafted under NHSSP-SP) e.g. for strengthening **UNTL capacity** to train key cadres such as midwives & new doctors; Support to develop a system for HR management to roll out new mechanisms as needed (especially for cadres that deliver RMNCH care); engage NGOs to help **strengthen MoH supervision** of providers of reproductive, maternal, neonatal and child health care services.

How will AusAID support the Ministry?

We propose to use three possible modalities to support the Ministry of Health:

1. Procurement and Logistics Facility focusing on health transport and infrastructure (starting in September 2013) and other appropriate areas
2. Potential Health Contractor who could provide health specific technical / management support and sub-contract other partners & NGOs such as MSI & Health Alliance International (starting in late 2014 following AusAID procurement, but only if we think this is needed, after the programme has started)
3. Possible partnership with WHO/UN and World Bank on analysis and technical support (existing partnership with World Bank, possible future partnership with WHO/UN could start in 2014)

What are the next steps?

1. We start the **health transport support in October 2013** with a team from the National Directorate of Administration and Human Resources and National Directorate of Support and Hospital Services.
2. Minister signs off on the approach and provides a **letter of support by November 2013**. AusAID would be happy to present at the Council of Directors or to have some workshops or meetings to explain the new program.
3. Depending on the number of local partners, Australian Embassy consider putting a tender out for the **health contractors**. Ministry of Health joins AusAID on the Technical Advisory Panel that recruits the contractor. The full program with support by the health contractors would commence **Late 2014**.
4. **Review progress and identify program priorities** within MoH planning process in May and June 2014, when MoH is putting together their budget submission to MoF.