

AUSTRALIA'S BILATERAL HEALTH PROGRAM REVIEW REPORT

MANAGEMENT RESPONSE

Activity Summary

Australia is the largest bilateral development partner to Timor Leste. With partnership as a key guiding principle, Australia has been supporting a bilateral health program since 1999. Investments in health at the time of the review (for specified period 2015-18) included:

- **AUD 8.8 million to Marie Stopes Timor Leste** to improve sexual and reproductive health services in partnership with the Timor Leste Ministry of Health (MOH).
- **AUD 2.8 million to Health Alliance International** to improve midwives' skills in normal delivery and newborn care in partnership with National Health Institute.
- **AUD 1.1 million to Health Alliance International and Catalpa International** for Liga Inan, a project that uses mobile phone communication to promote use of reproductive, maternal, newborn and child health (RMNCH) services and enable mothers to get advice from midwives.
- **AUD 7.0 million to the Royal Australasian College of Surgeons for the Australia Timor-Leste Assistance to Secondary Services Phase II (ATLASS II)** to provide clinical expertise and postgraduate courses for junior doctors to become general practitioners and specialists.
- **AUD 2.1 million to for Ambulance and Health Transport project** to make health transport available to women in labour and other patients needing urgent care, by maintaining a functioning fleet of ambulances.
- **Technical assistance** to strengthen the health management information system by improving the quality, availability and use of health data.
- **Technical assistance** to improve public financial management in the health sector.

This portfolio of DFAT-managed bilateral investments is administered by the multi-sectoral Australia Timor-Leste Partnership for Human Development (PHD), which was officially launched in March 2017. The goal of PHD is 'improved well-being of all people in Timor-Leste'. The bilateral health investments listed above now constitute the 'health pillar' of the wider PHD program.

Review Summary

An independent review of the bilateral health program occurred in 2017 to help guide future programming decisions. The objectives of the review were to:

- assess performance of current investments, and identify needs and gaps across maternal and child health in Timor-Leste at primary healthcare level and referrals;
- assess the relevance and appropriateness of the range of bilateral investments currently supported by Australia, identifying potential strategic opportunities to improve the supply and demand of maternal and child health, given the context and budget; and
- identify improvements and provide recommendations on key findings and approach for future health sector investments in Timor-Leste.

The scope of the review was limited to health sector investments under the DFAT bilateral aid program since 2013 (see Annex 1); it did not include health initiatives funded from other DFAT sources.

The Review Team comprised an international Team Leader/Health System Specialist, an international Monitoring and Evaluation Specialist, a national health specialist and a representative of the Timor-Leste MOH. The methods used included:

- a desk-based review of program documents and other literature;
- meetings with a broad range of stakeholders using semi-structured consultation guides (39 meetings involving more than 90 people);
- visits to three municipalities (Aileu, Ainaro, Bobonaro) to gain a decentralised and frontline perspective as the basis for municipality case studies;
- direct observations in five health facilities; and
- focus group discussions with community members.

The draft findings were validated in a collaborative stakeholder workshop with over 40 participants representing Government of Timor-Leste (GOTL), Implementing Partners, United Nations agencies and other stakeholders.

Review Findings

The review made the following conclusions:

- The above investments are, on the whole, performing reasonably well against their targets for building RMNCH skills and competencies, improving the functionality of health transport, fostering informed choice from an expanded range of family planning methods, and promoting uptake of these and other RMNCH services.
- Technical assistance on health information has been well-received and the public financial management adviser is providing vital analyses of challenges such as the implications of decentralization.
- It is likely that these investments have contributed, together with other factors, to increasing the range, quality and reach of RMNCH services. These improvements, as well as more direct efforts to promote uptake, have almost certainly helped to boost utilization of RMNCH services.
- Although there has been commendable progress, the program gives disproportionate emphasis to improving RMNCH clinical skills and competencies, despite the risk that these may not be fully utilised - and can even be lost - owing to lack of health facility readiness.
- MOH has shown commitment to internalising responsibility for the Liga Inan and Health Transport components of the program.

Recommendations

The review makes three sets of recommendations: 1) general recommendations concerning ways of working and the balance of investment; 2) recommendations for high-level actions to prepare the ground for detailed redesign of the program, and 3) recommendations for individual investments. These, and the management response to the recommendations, are presented in Table 1 below.

Summary of management response

The recommendations provide a valuable opportunity to reflect on Australia's work to improve health in Timor-Leste. The Australian Embassy in Timor-Leste and PHD met in July 2018 to develop a joint response to the recommendations. The Embassy and PHD note that many of the recommendations require dialogue with the new government of Timor-Leste to further consider and implement these recommendations. The responses proposed below are for the time period 2018-2019; longer-term strategic planning will be informed by a re-design of DFAT's health strategy in 2019 to account for changes in the way Australia invests in health in Timor-Leste. A mid-term review of PHD will take place in 2020 to inform how Australia invests in human development overall beyond 2021.

Table 1: Management response to recommendations of the Health Review report

RECOMMENDATIONS	MANAGEMENT RESPONSE
General recommendations	
<p>1. Improve ways of working: in response to improvements in MOH stewardship by building on Australia's comparative advantage as a health donor to improve aid effectiveness i.e.,</p> <ul style="list-style-type: none"> • increase emphasis on equity and rights; • ensure alignment with new/revised strategies/plans as they emerge and be responsive to MOH direction on geographic focus of projects; and • improve harmonization (as per forthcoming MOH manual) and working with other donors to speak with one voice to GOTL. 	<p>The Embassy and PHD agree with these recommendations, and are already working together to address these recommendations.</p> <p>Further discussion during the re-design process for the new health program in 2019.</p>
<p>2. Manage the program more strategically and increase coherence by actualising the potential comparative advantage of their partnership i.e.:</p> <ul style="list-style-type: none"> • determine the respective roles and functions of DFAT and PHD with regard to policy, strategy and management, and communicate these to stakeholders; • work closely with GOTL to ensure that different elements of the health system improve in ways that support each other to achieve RMNCH objectives; • be alert to emerging opportunities for catalytic interventions that could boost RMNCH, and retain flexibility to respond to them; and • ensure complementary interventions add up to more than the sum of its parts. 	<p>The Embassy and PHD agree with these recommendations, and are working together to clarify respective roles. Improving the strategic management and coherence of the health program will be a key focus of the upcoming strategic planning process within PHD.</p>
<p>3. Improve the balance of investments in response to the evolving capacity of the health sector and to the imbalance created by focusing on the health workforce while persistent systemic issues undermine quality of care, i.e.,</p> <ul style="list-style-type: none"> • reduce direct provision of services and do more to support GOTL to deliver; • give more emphasis to overall health facility readiness for RMNCH services; and • do more to promote and support systemic/institutional reforms and to help the health system adapt to decentralization. 	<p>The Embassy and PHD recognize the significant improvements in health sector capacity in recent years. No major investment changes to the DFAT health program are anticipated in the period 2018-19. However, key considerations for the upcoming health re-design will include exploring opportunities for supporting/strengthening government systems for delivery of healthcare services, facilitating the partnership between healthcare professionals and communities and cross-sectoral collaboration towards better health for the population in the context of decentralisation</p>
Recommendations by health system objective, in preparation for redesign	
<p>4. Stewardship:</p> <ul style="list-style-type: none"> • provide short-term technical advice (TA) to support the MOH 'configuration' review; • explore the feasibility of MOH taking greater responsibility for selecting and managing TAs while having increased flexibility to identify its TA needs; and 	<p>The Embassy and PHD will work with the MOH to clarify priority areas for provision of technical advice. We will also explore alternative models of TA provision, with a view to increasing flexibility and efficiency of TA provision, should budget be available.</p>

<ul style="list-style-type: none"> engage with MOH and other partners on the EmONC Improvement Plan of Action. 	
<p>5. Management:</p> <ul style="list-style-type: none"> pursue dialogue on developing a package of support for middle managers and senior MOH management 	<p>Developing a new package of support for MOH managers is beyond the scope of the current health program. However, we will explore opportunities to embed and strengthen leadership/management training components within existing training programs including:</p> <ul style="list-style-type: none"> Australia Awards RACS postgraduate diploma training Learning Laboratory training through HAI SRH and and family planning training through MSTL <p>We will also explore options to strengthen leadership mentoring within existing health programs, including:</p> <ul style="list-style-type: none"> within the Health Transport program Developing Family Planning management skills of District Public Health Officers on Maternal and Child Health (DPHO-MCH) through MSTL. <p>As part of the health program re-design, we will conduct a needs assessment and consider feasibility of providing targeted management training to MOH staff. Key considerations for the scope of this training include whether to target training at national- or municipal-level staff, and whether to focus on RMNCH management or broader health management.</p> <p>In identifying an appropriate training model, we would also consider lessons learned from previous management training initiatives.</p> <ul style="list-style-type: none"> Australia’s Leadership and Fellowship Awards (IIELB) Scholarships Leadership and management training previously done through WHO/INS/the World bank St. John of God (LIM, QI)
<p>6. Health workforce:</p> <ul style="list-style-type: none"> promote/support institutional reform to improve pre-service training and postgraduate medical education; encourage MOH to take over responsibility for basic refresher training for midwives 	<p>In 2018-19, we will continue the Safe and Clean Delivery and Essential Newborn Care training for midwives, and support to UNFPA to deliver EMoNC training. We will also continue supporting RACS-led Postgraduate Diploma Training on family medicine and other specialisations; as well as Family Planning and Sexual and Reproductive health training through MSTL.</p>

	<p>We will also explore opportunities to provide targeted nutrition training to communities and frontline health workers at community health centres and health posts level, with a focus on developing nutrition counselling skills.</p> <p>As part of the health re-design and in light of the MoH's finalization of the Health Workforce Plan we will explore PHD and MOH's roles in provision of pre-service and refresher training for midwives. This will include consideration of whether the GenderEquity Fund (GEF) training model could be adapted to strengthen midwives capacity to provide family planning services.</p>
<p>7. Infrastructure, equipment and supplies:</p> <ul style="list-style-type: none"> maintain an overview of the functionality of the procurement/supplies system; consider the case for DFAT/PHD to provide support for key items of EmONC equipment as part of a comprehensive MOH-led initiative; help MOH make the case within GOTL for a new autonomous ambulance service and agree an approach and timeline for handover of responsibilities for health transport. 	<p>Comprehensive provision and monitoring of health infrastructure, equipment and supplies is beyond the scope of the current health program.</p> <p>However, we will continue our pilot project of basic health facility maintenance in Aileu; findings of this pilot project, and the potential to scale-up this project to other locations, will be considered as part of the health re-design.</p> <p>Discussions with the new Minister for Health will clarify if an autonomous ambulance service is still a priority for MoH</p>
<p>8. Service delivery:</p> <ul style="list-style-type: none"> make Liga Inan as effective as possible before its transition into MOH is completed; and intensify integrated work with PHD Education and Gender programs to ensure inclusion of adolescent girls and boys in efforts to alter gender norms, foster behaviour change and promote use of services. 	<p>We will continue to support the transition of Liga Inan to GoTL, with a focus on ensuring the technological aspects of Liga Inan are as robust as possible and able to be sustained by GoTL.</p> <p>We will explore opportunities to strengthen PHD Health sector's engagement with other PHD sectors to address the health of adolescents and young people, foster behavior change and promote service uptake.</p> <p>We will also consider options for strengthening our community-based behavior change activities, including potential to engage a behavior change technical advisor, and to build on learnings from the Community-based Monitoring model for health initiative.</p>
Recommendations for the evolution of individual investments	
<p>9. Support transition of Liga Inan and Health Transport into GOTL during 2018-19:</p> <ul style="list-style-type: none"> Detailed suggestions for ensuring that Liga Inan is as effective as possible before its transition into MOH is completed relate to assessing the quality of evidence for it, exploring equity implications, increasing the reach of the intervention, and integrating its 'dashboard' with the routine information system. 	<p>As noted under Recommendation 8, we will continue to support the transition of Liga Inan to GoTL.</p>

<ul style="list-style-type: none"> Once the approaches and timeline for transition of the Health Transport project are agreed, interim support should include operations research to assess new arrangements. 	<p>Our support to Health Transport will continue as usual for the current health program period. We will work with the MOH to plan for transition of Health Transport projects to MOH as part of the health program re-design.</p>
<p>10. Continue Family planning and Postgraduate medical training investments with modifications:</p> <ul style="list-style-type: none"> After 2018, the Family planning project should increasingly emphasise: developing skills of MoH staff; raising awareness of services available in public sector facilities; countering judgmental attitudes toward users of FP; reaching those who are hardest to reach; and improving value for money. Modifications to the Postgraduate medical training project should include: updating the curriculum for general practitioners; following up graduates working in community health centres to understand and improve their working conditions; and finishing the training of those already enrolled for other specialties but not enrolling any more trainees for these areas during the project period. 	<p>We will seek guidance from the new GoTL on strategic directions for family planning and RMNCH services.</p> <p>Regarding postgraduate medical training, we will complete training of the current and July 2018 student intakes. Future support to postgraduate medical training will be guided by the MOH Health Workforce Plan, priorities of the new GOTL, and health service needs in relation to the GoTL Human Capital Development Fund.</p>
<p>11. New investments in Obstetric and neonatal care, Management, and Technical assistance</p> <ul style="list-style-type: none"> Following completion of the project currently led by HAI, a new program on Obstetric and neonatal care should focus on: (i) clinical training for new midwifery graduates prior to deployment; (ii) developing basic EmONC competences among currently serving midwives; and (iii) providing basic EmONC equipment. A new initiative to strengthen health Management at various levels should be developed, with a substantial operations research component to enable learning by doing and to link this initiative to stewardship of the sector, especially in relation to decentralization. Training for middle-level managers should emphasise supportive supervision for better management of infrastructure/equipment/supplies elements for RMNCH services. A flexible budget line for Technical assistance should be created within the program to respond to an expanded range of needs (e.g., health economics and financing, decentralization, health information, PFM, institutional reform for training of health workers, and citizen engagement in governance) and increased ownership by MOH. 	<p>As part of the health program re-design, we will work with the GoTL to consider PHD's role in supporting obstetric and neonatal care.</p> <p>Refer to Recommendations 4 and 5 regarding health management and technical assistance.</p>