

**EXTERNAL EVALUATION REPORT OF CIVIL SOCIETY ON THE  
IMPLEMENTATION OF NATIONAL STRATEGIC DEVELOPMENT PLAN  
(PEDN) 2011 – 2030 IN THE HEALTH SECTOR**



**IMPLEMENTING AGENCIES:**

**GOVERNMENT, CIVIL SOCIETY, AND BILATERAL AGENCIES**

## Summary

Health is one of the key sectors related to welfare, mental and social life of citizens to carry out their activities in a healthy manner. Good health is essential for a good quality of life. The children of Timor-Leste, in particular, deserve access to good health care, nutritious food, clean drinking water and good sanitation. The context of the health sector is collective and interrelated with economic, political, social and cultural development factors affecting the sustainability of public welfare. Timor-Leste's Constitution embeds medical care as a fundamental right for all citizens and imposes a duty on the government to promote and establish a national health system that is universal, general, free of charge and, as far as possible, decentralised and participatory.

This concerns the fundamental principle of the Constitution of the Democratic Republic of Timor Leste (article 57 – Rights to health care) which states:

1. All have the right to health and medical care, and the duty to protect and promote them.
2. The State promotes the establishment of a national health service that is universal and general. The national health service shall be free of charge in accordance with the possibilities of the State and in conformity with the law.
3. The national health service shall have, as much as possible, a decentralized participatory management.

Pursuant to the RDTL Constitution (Art. 57), the Government is moving forward with the National Development Strategic Plan or Planu Estratejiku Dezenvolvimento Nasional (PEDN, 2011 – 2030) to identify all sectors for national development. Part of this strategic planning is the health sector as one of the key factors for the sustainability of the needs of the general public. In particular, in order to implement PEDN 2011-2030 planning of the health sector is charged with Ministry of Health (MoH) as the central government and state body that has the greatest responsibility for organising and controlling the health sector. To implement this health sector plan efficiently and effectively, the MoH has a vision and mission that is appropriate for the “*short, medium and long term*” to respond to the 2011-2030 PEDN indicators.

In a simple way, to have a health sector with efficient and effective results and quality, in particular for human resources and professional abilities, specialists, doctors, professional technicians, nurses and midwives, including health facilities and equipment, management and administration of health sector and provisional infrastructure. Fundamentally, the

health sector is the basis for improving the quality of life of citizens in order to harmonise peace and security for the benefit of the general public.

## Foreword

The Civil Society purpose of conducting External Evaluation on the implementation of the health sector plan 2011-2030 is to find out the progress being achieved implementation of the national strategic plan between 2011-2019. This external evaluation as a means to observe, study, calculate and evaluate in depth the implementation of the health sector plan carried out by the Ministry of Health (MoH), development partners and implementing agencies in the health sector over the last 5 years, measuring the progress and challenges encountered during the implementation period between 2011 -2020.

Furthermore, this external evaluation intended to assess and evaluate the implementation of the Health Sector Plan *in the National strategic development plans and PEDN indicators (2011-2020)*. Civil society carried out this assessment to justify the implementation phase of the health sector plan 2011-2020, that is linked to the national strategic development plans with its corresponding indicators. To find out whether the objectives have been achieved or not, challenged faced and make recommendation on the way forward

This external evaluation, done in responsible way, transparent, participatory, and professional, in justifying the provision of services effectively and efficiently, optimally and with quality. This evaluation as one of the contributions to strengthen the future programs and implementation by the MoH, and health sector development partners.

Dili, 25 March 2020

## **Acknowledgment**

We are pleased to develop and disseminate this external evaluation plan as a means of encouraging and motivating civil society participation in the progress of national development. In particular, as a civil society partner in the midst of the community with the greatest responsibility to complete this external evaluation as a contribution to the development of national plan in the health sector. As a civil society, we acknowledge:

- The Almighty God who gives strength and power for us to enable this external assessment to be properly carried out;
- The state and government which with moral responsibilities promulgated the state's general budget to finance nation development in response to sustainability and public welfare;
- The Ministry of Health, related institutions, development partners and health sector development partners, with full responsibility give confidence to carry out this external evaluation;
- FONGTIL as an umbrella for civil society organisation that supports and facilitates the financial budget for completing this external evaluation;
- Civil society members who work together with effort and courage by providing and facilitating data for this external evaluation;
- City authorities, sub-districts, village chiefs, regional governments, communities, and the general public who worked together to optimise participation with data support to complete this external evaluation;

Finally, we acknowledge the maximum participation of all parties in the development of national development, the strengthening of unity, security, peace, stability and development. Thank you

Díli, 25 March 2020.

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# PART ONE

## INTRODUCTION

### **1.1. Initial Approach**

The civil society plan and vision for this external evaluation is to assess in depth the progress of the implementation of the national strategic development plan 2011-2030 in the health sector carried out by the Ministry of Health on the basis of health indicators.). This external evaluation by civil society was based on the publication announced by FONGTIL on 4 February 2020. Explicitly, this external evaluation focused on the health sector related to the implementation of the programme that had been completed in the previous governments mandate (2011-2019).

In addition, the sectoral planning for the national development of all relevant ministries and institutions were intended to implement the plan for each sector by different ministries and development partners. The PEDN (2011-2030), which was developed by the government as a benchmark or official guide to be followed. For this reason, all relevant ministries and institutions, development partners and implementing partners in the health sector, such as: local, national and international NGOs, must adopt and use PEDN indicators as an official reference for national development when implementing development plan in the health sector. In particular, the external assessment carried out by civil society focused on the health sector in assessing the progress made by the Ministry of Health during the implementation of the program carried out over the last ten years. Specifically, in order to know in depth the changes and progress made in order to answer or respond to the general needs of this country.

In the context of the above perspective, the Government has developed the PEDN (2011-2030) as a national strategic plan that included a national development plan for each ministry and relevant institution to the *short, medium and long term* of the country. This strategic plan is also a reference for all ministries and includes all programs for each ministry in the development and implementation of their programs in accordance with predetermined period (2030).

In general, we are all aware that the implementation of the PEDN is approaching ten years (10 years) of implementation by governments in all sectors to promote national



development. In order to know the progress and challenges of this strategic planning in each sector, it is necessary to evaluate what can be changed and improved in the future.

Therefore, this PEDN, which includes the health sector, is one of the key sectors for ensuring the lives of all healthy citizens. The Constitution of the Democratic Republic of Timor-Leste (RDTL, Article 57) also present that:

**All have the right to health and medical care, and the duty to protect and promote them; The State promotes the establishment of a national health service that is universal and general. The national health service shall be free of charge in accordance with the possibilities of the State and in conformity with the law; The national health service shall have, as much as possible, a decentralized participatory management.**

In the context of the RDTL Constitution (Article 57), it shows that health is one of the key sectors in ensuring the lives of healthy citizens. To ensure a quality health services and care, it requires the availability of *human resources and professional skills, physicians, health professionals, infrastructure (hospitals, clinics, health centres, etc.), adequate health and sanitation facilities*, to provide optimal, efficient and effective for the society.

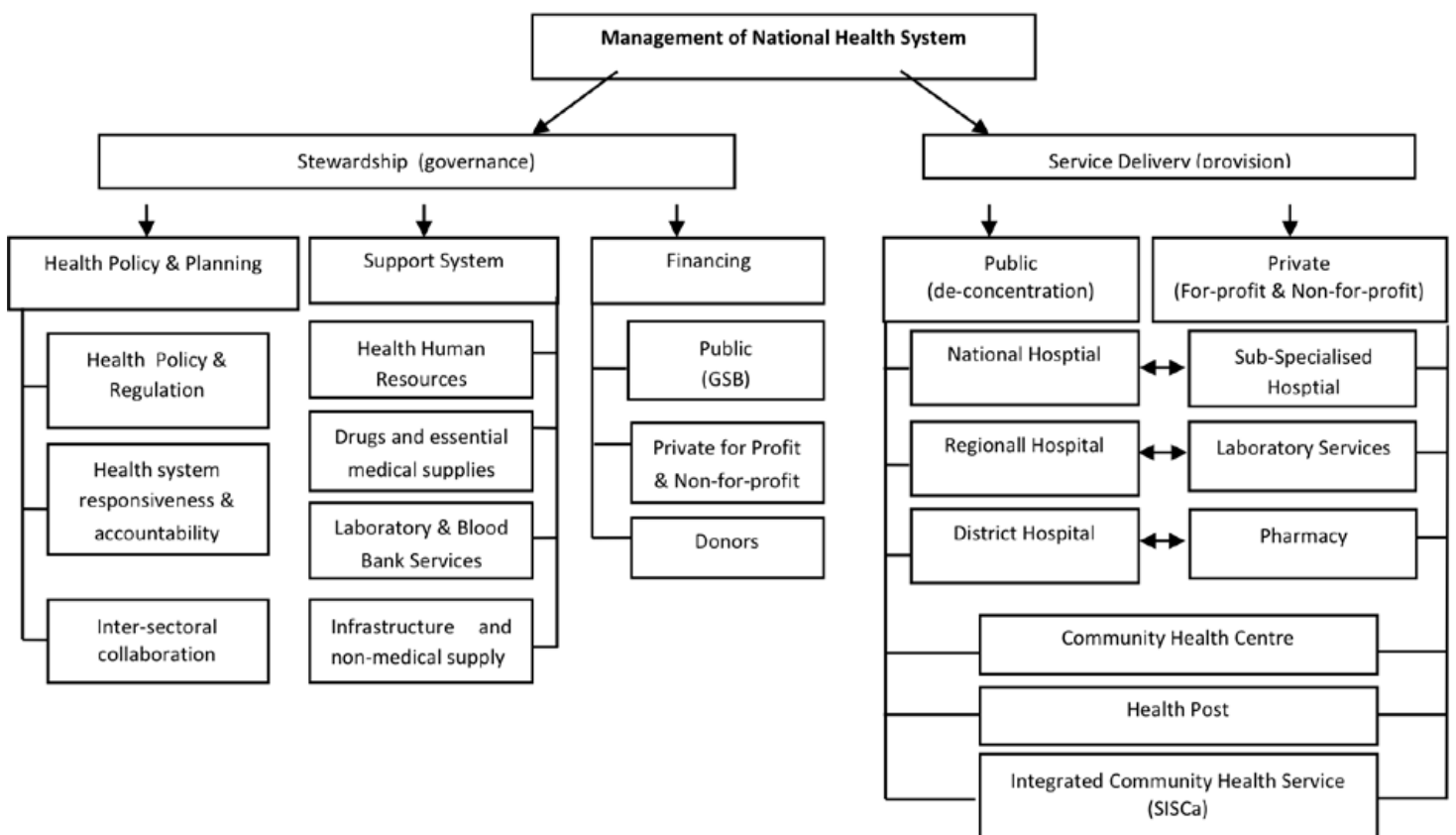
The National Strategic Development Plan (PEDN) is a transformation from an inclusive to an inter-sectoral program that will then become an official indicator or guide for all ministries to be implemented. For this reason, there are public or private institutions, NGOs, both local, national and international in the country. However, from the planned implementation of the health sector at the level of the National, Regional, District, Village and Sub-Village, the benefits and opportunities for all citizens to be able to access health and health care services. The important in completing this implementation plan for the health sector with a view to achieving effective and efficient quality, therefore, it is very important for national, international physicians and health professionals with the greatest responsibility to meet their professional needs as people who work in, effective and efficient manner to align the health and welfare sector for citizens.

In particular, with the basic thinking set out above, the Ministry of Health has "**Vision and Mission**" which is aiming that: all Timorese people or all citizens have the same rights to access health services with the maximum participation of the community, local

authorities, development partners and implementing partners in the health sector. Inclusively, in collaboration with the World Health Organization (WHO), to bring change and progress to the health sector in achieving the objectives of the National Development Strategic Plan (PEDN, 2011 – 2030, cfr. p. 38 – 51).<sup>1</sup>

The health sector is a key and important sector for national development. In order to ensure healthy living for citizens, in addition to economic and financial factors, the health sector is also a determining factor for citizens, the state and the nation. That is why the health sector is interlinked with other sectors in response to citizens' livelihoods.

**Chart 1: National health system model**



Source: Ministry of Health.

<sup>1</sup> . PEDN, p. 38 – 51.

## **1.2. The Purpose of the External Evaluation**

The external evaluation was to assess the implementation of PEDN 2011-2030, especially the health sector implementation between 2011-2019, based on the PEDN indicators for 2020.

### **1.2.1. General Objective**

The general objective of this external assessment is to identify the health sector and its progress in the period 2011-2019. The aim of the evaluation is to "*understand, recognise and discover*" whether the implementation of the Ministry of Health 's plan is being implemented on the basis of "Vision and Mission" to respond to the PEDN indicators (2011-2020) for the progress of national development related to the health sector.

### **1.2.2. Specific Objective**

The specific purpose of this external assessment is to examine the following contents:

- Find out and discover developments in the health sector related to the progress and indicators of the implementation of the PEDN in the preceding 10 (ten) years;
- Find out and discover the challenges faced by the Ministry of Health in relation to the progress made and indicators of the implementation of the PEDN in the preceding ten years;
- Identify and discover the infrastructure of the health sector related to how many public health services have been built and reached in villages and villages on the basis of PEDN indicators;
- Identifying and discovering the amount / quantity of human resources and health equipment resources on the basis of the progress made by the Ministry of Health in implementing the Health Sector Plan on the basis of PEDN indicators;
- Knowing and finding progress and challenges in the provision of primary health care, hospital health services, the distribution of medicines and emergency physicians in the planning for the implementation of the Ministry of Health in the preceding period;

From this objective point of view, as a reference for external evaluation to civil society in the analysis and formulation of recommendations to entities and development partners and implementing partners in the health sector, it will become the basis for the implementation of current and future developments in the coming period.

Essentially, the objective of the external evaluation is to be realised by civil society as a general observation in the implementation of the initial assessment/evaluation of the implementation plan for the health sector, which relates to the plan of the Health Services Program of the Ministry of Health, which was implemented during the administration period 2011-2019. Civil society 's vision for external evaluation as a means of identifying the progress and challenges faced by the Ministry of Health, together with health sector development partners and implementing partners in the development of the health sector during the implementation of national development planning linked to the 2011-2030 PEDN, provided that this is in line with the vision and mission of the Ministry of Health.

**PART TWO**  
**OFFICIAL DESCRIPTION OF THE PROGRAM**  
**IMPLEMENTATION PLAN OF THE MINISTRY OF HEALTH**

**2.1. Distribution and Services of Health Sector**

The objectives of the distribution of services in the health sector are:

- Ensure the quality of primary health that is accessible to all citizens;
- Focus on children , women and vulnerable groups;
- Developing hospital services that respond to the needs of the community for special care;

**2.2. Human resources in the healthcare sector**

Appropriate health professionals, people who are committed as a key to improving the efficiency of health services in Timor-Leste;

**2.3. Infrastructure in the health sector**

- Investing in health facilities to ensure that by 2030, all Timorese have efficient, secure access to a healthy environment and sustainable infrastructure capable of providing effective health services;

To be able to achieve this goal, it is necessary to take actions to:

- Improve existing health and other services and improve their physical condition;
- Increase access to health services by investing in new technology to recognise needs to improve quality of care;
- Ensure adequate medical equipment in all health centres;
- Ensure open and effective health transportation management;
- Develop and sustain ICT networks linking Timor-Leste's health system;

**a. Target by 2015:**

- Sucos with a population between 1,500 and 2,000 located in very remote areas will be serviced by Health Posts delivering a comprehensive package of services
- The delivery of health services by private providers and the not-for-profit sector will be fully regulated and be in compliance with the public health care system
- 70% of pregnant women will receive antenatal care at least four times
- 65% of women will have an assisted delivery
- 90% of children will be immunized against polio, measles, tuberculosis, diphtheria and hepatitis B

- There will be increased awareness of HIV/AIDS, tuberculosis and malaria and other vector-borne diseases
- 80% of malaria outbreaks will be controlled
- 90% of Ministry of Health buildings will have access to electricity, water and basic sanitation

**b. Target by 2020:**

- All Health Posts will be staffed by at least one doctor, two nurses and two midwives
- There will be a Health Post for every 1,000 to 5,000 people
- Sub-district health centres will provide care for 5,000 to 15,000 people and manage approximately four Health Posts
- Villages more than one hour walking distance from a Health Post will have a local village midwife or community health worker who has been trained by the Ministry of Health
- Cardiac, renal and palliative health care services will be available at the National Hospital
- Fifty-four district health centres will be located in the ten districts that do not have hospitals
- Focus will shift from primary care to the delivery of specialist health care

## **PART THREE**

### **EVALUATION METHODOLOGY**

#### **3.1. Methodological Approach**

The methodology for collecting primary and secondary field data was: exploratory and descriptive studies by combining quantitative and qualitative methodologies. Instruments used in data collection: evaluation, data analysis, reporting, updated programme development reports, discussion / focus groups and analytical techniques. Looking for data to be compiled and addressed before undertaking an assessment to find out about "*progress, challenges, facilities, human resource management, health equipment management and drug delivery management*" relevant to the implementation plan of the health sector adopted by the Ministry of Health in ten years or earlier (2011-2019).

#### **3.2. Data collection site for external evaluation**

Places/sites for civil society to collect data are "*hospitals, health centres and community health centres*" located in "regions and districts and villages and sub-villages" in the territory of the country. How to collect primary and secondary data through direct and indirect communication with health service providers in "*hospitals, health centres, health posts and public health posts, official reports or draft of PEDN (2011-2030), etc.,*" including feedback from district and sub-district Civil Society leaders.

#### **3.3. samples used in external evaluation**

In this external evaluation, a systematic sample is used to select individual samples at regular intervals from a list of target populations or institutions such as: *hospitals, health centres, health services, public health posts, including private agencies that facilitate attendance/service in the health sector*. Example: if we want to test a sample by selecting 10 people out of a total population of 100 (one hundred).

Measurement of samples using this assessment was: calculation of sample measurements using 95 % confidence level (CL) with an error probability of 5 %. This conjugation is made up of a number of representatives of the institutions and organisations provided by FONGTIL and the Ministry of Health. Consultants will measure the sample by using an indicative table to measure and justify or validate (identify) the sample.

Indicative Table:

No.	Confidence Level = 95%			Confidence Level = 99%		
	Margin of error			Margin of error		
Population Size	5%	2,5%	1%	5%	2,5%	1%
100	80	94	99	87	96	99
500	217	377	475	285	421	485
1.000	278	606	906	399	727	943
10.000	370	1.332	4.899	622	2.098	6.239
100.000	383	1.513	8.762	659	2.585	14.227
500.000	384	1.532	9.423	663	2.640	16.055
1.000.000	384	1.534	9.512	663	2.647	16.317

Simply put this indicative table example as one of the formats used in a sample of quantity and total numbers obtained or selected with a confidence level to promote evaluation results.

### 3.4. Data Collection Technique

#### ➤ Secondary Data Collection and Table Revision

This process was achieved by reviewing all project papers, National Strategic Plan 2011-2030, National Census 2015, Health Ministry papers and records, FONGTIL reports such as project proposals. Inclusively programmed health sector development plans from the Ministry of Health, including health sector implementation plans several years ago, Demographic Survey, World Health Organization (WHO) Timor-Leste study, policy reports addressed to the Ministry of Health, research or related health sector studies in Timor-Leste, agency reports Some of these reports were then used as a reference source to accumulate Timor-Leste health sector details. Especially implementing PEDN and distributing health care, health sector infrastructure and human resources.

#### ➤ Questionnaire

Prior to the distribution of this external evaluation questionnaire by the Civil Society to hospital service facilitators, health centres , health services and public health posts, including public and private entities, health development partners and health stakeholder



development partners, the preparation of important points that can make it easier to understand. This research question is logically related to the plan to implement a health sector programme that was adapted to the legal framework of the PEDN indicators (2011-2030). The reference term for this research issue cannot be separated from the "vision and mission" of the Ministry of Health 's planned implementation in the health sector and also from the PEDN indicators to be implemented for the "short, medium and long term." Implicitly, research questions for external evaluation are directly linked to every ten-year plan for the implementation of the health sector in order to identify "progress and challenges" in order to improve the sustainability of citizens' welfare every day in the future.

### 3.5. Methods and techniques for analysis of data

The concept used in the analysis of external evaluations is "*exploratory and descriptive methods with qualitative and quantitative methodologies and interpretive methods.*" Before analysing this data, first go through the "focus group discussion" procedure as shown in the table below.

**Table of procedures for analysis of data**

No.	Method	Target	Purpose
1	Focus Group Discussion Each group consists of 8-12 people	Group division: 1. Community Health Volunteers (SisCa) 2. Community Leaders 3. Members of the NGOs/CSO	1. To obtain information on their knowledge, attitudes, healthy/healthy practises that are good/good attitudes towards health, hygiene and sanitation 2. Quality and capacity to deliver health services to the community
2	Interview key people (key informant interviews/structured interviews)	1. Health professional 2. Head of the NGOs 3. Head of health facility 4. INS	1. To gather information through their knowledge and experience on the implementation of PEDN in the health sector 2. To obtain information on the basis of their capacity level and also on voluntary community health activities and also on the part of health professionals 3. To obtain information at health facilities, such as health centers, health centres and hospitals 4. To know about issues related to the provision of health services
3	Interview key people (key informant interview/semi-structured interview)	1. Ministry of Health 2. WHO 3. UN Agencies 4. International institutions and organisations for health	1. To gather information on the National Health Planning Programs, strategies in three areas; a. Provision of healthcare services b. Human Resources c. Infrastructure of the health sector 2. To identify national priorities as well as capacity and human resources for the implementation of PEDN at national, district and community level 3. To gain perspective on the challenges of implementing the PEDN
4	Observation	1. Community Health Posts 2. Health facilities 3. Random identified places	1. To observe the implementation of the PEDN and the availability of health services where the health facilities are adequate or not based on the objectives of the PEDN

			2. In order to identify unused services and also the reasons for not using existing services/facilities
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*Source: Civil Society (2020).*

**PART FOUR**

**FINDINGS OF THE HEALTH SECTOR IMPLEMENTATION**

**2011-2019 BASED ON PEDN 2011-2030**

**4.1. Identify external evaluation content**

The general principle of civil society in measuring external evaluations is to conduct preliminary analyzes of the "progress and challenges" of the programmatic implementation plan of the ministry of health and development implementing partners in the health sector that have been implemented in the anterior government period (ten years ago) such as "content and programmed targets "as seen in the following table.

**Programmed targets for the ministry of health and content to be analysed**

<b>Indicators</b>	<b>Programmed targets of the Ministry of Health</b>
<b>Provision of Primary Health Services</b>	The population from 1500-2000 in Sucos has access to health; community health centers provide services for 5000-15000 people; 70% increase in pregnant women receiving prenatal care at least 4 times; 80% increase in health professional assistance to those giving birth; 90% increase in coverage and treatment rates for two weeks post-natal; guarantee 90% immunization, measles, TB, diphtheria, Hepatitis B; reduce HIV/SIDA, one psychologist gave care to those suffering from mental health.
<b>Primary Health Service Provision</b>	Continuing plans, funding and provision of cardiac and palliative care services at HNGV; planning, financing and provision of ontological and renal care, as well as other health care professionals and HNGV; establishing neurosurgery services; increasing the number of high-quality medical and technical specialists at HNGV and referral hospitals; secondary and third-party health care;
<b>Infrastructure in the Health Sector</b>	Establish and improve health posts to achieve goals and 1 health post located in Suco for 1000-5000 people; Continue to improve and increase capacity (equipment and human resources) at Community Health Centers; guarantee 100% integrated office/building and national Health System with access to electricity, clean water and basic sanitation; continuing improvement and increasing technical capacity in the Referral Hospital that is able to provide special services to the population; Ensuring professionalism in providing remote services, especially in remote areas with suitable accommodation.
<b>Management of Distribution of Medicines and Medical Equipment</b>	Empowering <i>Servisu Autónomo Medikamentus no Ekipamentus Saúde</i> (SAMES, I.P) with a view to improving work services and ensuring the efficiency and logistics of pharmaceutical and medical equipment supply for the National Health Service; reducing stock breakage by less than 20% and SAMES warehouses by less than 10% reforming the National Health Laboratory as well as controlling the analysis of the clinical quality of the

	blood supply system; implementing rules and inspections of pharmacies that sell drugs that do not qualify as special drugs.
<b>Medical Emergency</b>	Ensuring the quality and efficiency of emergency services, starting from the hotline response, rapid response in a professional manner appropriate to each emergency, 24 hours a day; Ensuring adequate and appropriate emergency exit routes, in particular ambulances and multi-functional transport, with the capacity to move across the country; Strengthen emergency evacuation capacity by air (air), especially in remote locations that are difficult to access by land.
<b>Management and Administration in the Health Sector</b>	Implementation of Plano Estrategjiku Nasional 2011-2030; review and improve the structure of the National Health System, including its organisations, resources and technical capacity, to improve integrated service delivery, improve inclusive planning, monitoring, evaluation and collection of indicators; improve financing and management systems for financial, logistical and material and equipment resources and health sector infrastructure; Develop and operationalise an optimal plan of material and human resources, including training, capacity building and performance evaluation, to improve hygiene and aseptic conditions for all buildings and the provision of primary health care and hospitals; Apply survey conditions, which subsequently for health units in all buildings and the provision of primary health services and hospitals; continue to develop efforts towards decentralization with health services, improve coordination with the Ministry of State Administration (Ministério Administrasaun Estatal) and related institutions; Develop and implement appropriate health and safety standards for services in state institutions; Fully implement the provision of services in private health units, with adherence to the public health system, Improve Health Information Systems, with the aim of acting together (collecting) clinical information for each user with a unique registration, which allows access to consultation quickly (rapidly), as well as electronic prescription drugs and the use of complementary diagnostics for the purpose of Electronic Health Registration services for everyone
<b>Human Resources in the Health Sector</b>	Continuing the creation of conditions in health posts consisting of 1 doctor, 2 nurses and 2 midwives; continuing the creation of conditions in all Aldeias, located approximately one hour on foot to each health post, it is necessary to have access to competent health professionals; continuing capacity of the Instituto Nasional Saúde (INS), with a vision (seeing) to guarantee the quality of the teachings, investigation and health research and better supervision of institutions in the health sector; partnerships with higher education institutions with the Ministry of Higher Education, Science and Culture, retraining from higher education to training for health professionals; implementation of current policies to ensure academic training, professional qualifications in continuing education for health professionals;

*Source – Ministry of Health (MoH).*

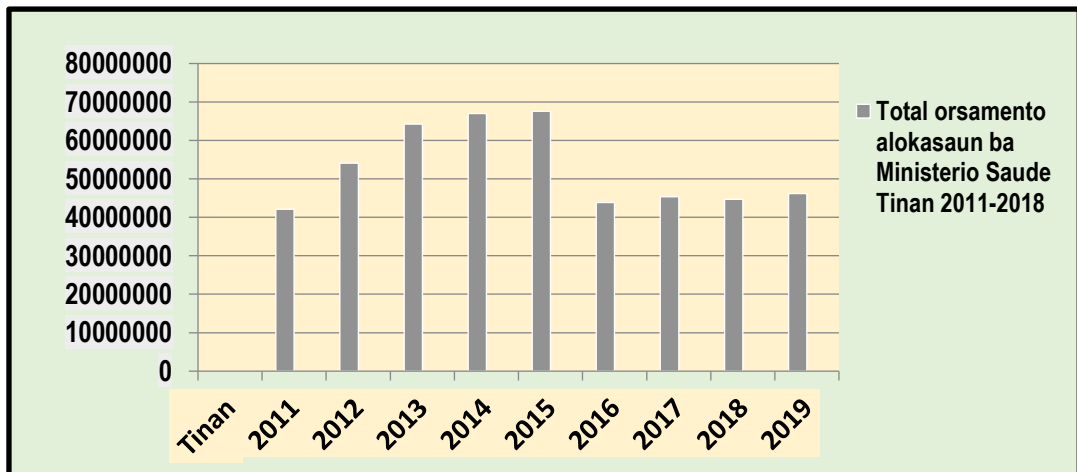
In order to analyse the indicators (content) of the implementation plan for the health sector where the Ministry of Health, development partners and implementing partners for the development of the health sector carried out in the preceding period (formerly) or ten years ago, civil society and members of civil society stationed in districts and sub-districts have started to hold meetings to organize planned activities related to relevant and important points for external evaluation.

In this external evaluation plan, civil society prior to the analysis, collected previous important points such as: PEDN (2011-2030) planned implementation of the Ministry of Health program and information from FONGTIL. Includes facilitators who work in hospitals, health centers, health posts and community health posts located in Sucos and Aldeias. These points are then used as a reference in facilitating civil society in external evaluations to analyze the plan for implementing the health sector program that was implemented in the government period ten years ago.

#### **4.2. Allocation of the General State Budget to the Ministry of Health (MoH)**

The implementation of a programmatic plan for the health sector, starting from the national level to remote areas depends on the general state budget of the fiscal year is allocated to the Ministry of Health. The following table shows the total budget allocation from the State General Budget to the Ministry of Health.

**Table: Statistics of the General State Budget of the Ministry of Health (MoH).**



**Table: Allocation of the General State Budget to the Ministry of Health**

Fiscal Year	Total Budget
2011	\$ 42,099,520.00
2012	\$ 54,128,100.00
2013	\$64,258,000.00
2014	\$66,966,900.00
2015	\$67,543,000.00
2016	\$43,887,000.00
2017	\$45,376,754.00
2018	\$44,708,893.00
2019	\$46,156,625.00

*Source Ministry of finance 2019*

The graph of the General State Budget allocation allocated to the Ministry of Health shows that, as of 2011, the government with a political vision promoted the health sector as a priority for national development.

The State General Budget Allocations table, where each fiscal year is allocated to the Ministry of Health, can also be seen from national statistical data on the total budget used to support the health sector in national development.

Logically, looking at the statistical tables on the allocation to the Ministry of Health of the State General Budget for fiscal years 2011-2019 in unequal amounts, there are

challenges in promoting health sector and health programmes in national development. It can be understood that the Ministry of Health has several programmes in place to promote the health sector in the context of national development that is capable of achieving the desired results and progress, but some programmes such as on achievement of health post in every sucos has not been achieved as it one of the indicators for 2020 in the PEDN 2011-2030. The budget has also seen reduction due to changes in the 7th and 8th governments whereby political impasse existed. This hindered budget and program implementation.

#### **4.3. Provision of Primary Health Services**

For most families in Timor-Leste, their main or first contact with the health system is through primary health care services provided through the municipality/District Health Service structure that includes Health Posts, mobile clinics and Community Health Centres. Community based activities consist of Integrated Community Health Services in all villages and mobile services conducted at other sites such as schools and markets.

Health Posts, usually staffed by one nurse and one midwife, provide curative and preventive care and health promotion programs. At post administration/sub-district level, Community Health Centres provide a higher level of service than Health Posts, have a wider range of staff and provide technical and managerial support to Health Posts. Community Health Centres provide mobile clinics via motor bike twice a week to remote communities without a Health Post.

Across Timor-Leste, the primary health network provides a Basic Service Package that is comprised of basic curative services, immunisation programs, maternal and child health care, delivery of nutrition programs, tuberculosis follow-up, mental health care support, and health promotion and education. Some Community Health Centres also offer dental services and laboratory testing for antenatal care, malaria and TB.

Primary health care will be reconfigured and reformed over the next ten years. By 2015, sucos with populations between 1,500 to 2,000 located in very remote areas will be serviced by Health Posts delivering a comprehensive package of services.

By 2020, all Health Posts will be staffed by at least one doctor, two nurses and two midwives.



Sub-district health centres will provide care for 5,000 to 15,000 people and manage approximately four Health Posts. Fifty-four district health centres will be located in the five districts that do not have hospitals.

Villages more than one-hour walking distance from a Health Post will have a local village midwife or community health worker who has been trained by the Ministry of Health. Midwives will be provided with health kits, transportation and incentives for three years to remain resident in villages. Resources will be improved to the level of one health-worker per 2,500 people and include a doctor, family medicine dispensaries and a basic ambulance service.

This is very important for the health of citizens when we talk about providing primary health services. This service has the legitimacy to regulate the ministry of health with its responsibilities according to operational standards (MoH). The Ministry of Health is a central government body that has the greatest responsibility and obligation to ensure that citizens receive the same (equal) medical treatment so that they can live healthily. According to the observations of civil society on primary health services, services are provided to citizens on a daily basis and there is a sense of progress in looking at health programmes over the ten-year period from 2015 to 2019, among the achievement malaria outbreaks have been controlled 100%. Primary health services are regularly carried out by the Ministry of Health in its programs such as Sisca program and home visits covering all sucos in the country. It can be said that the part of the provision of "*primary health services*" is indicator is being achieved. However, improvement can be further strengthen in the area of human resources. When referring to the "*national indicators*" of the programmatic planning of the Ministry of Health, as stated in the "**2015 Target**," some key programme points have not yet met the objectives of the health sector in responding to the needs of citizens in remote areas, such as:

**Sucos with a population between 1,500 and 2,000 located in very remote areas will be serviced by Health Posts delivering a comprehensive package of services; ensure that the district's community health centres serve between 5000 - 15000 and have the capacity to manage four (4) Health Posts by geographical area;**

**(Civil Society, 2019).**

Essentially, the population living in remote areas receives services, but if it is based on the implementation plan for Health Posts four (4) in order to respond to the population quantity in each district as set out in the target (2015), it can be said that the indicator has not been reached. Nevertheless, the Ministry of Health continues to implement programmes related to primary health services such as; *maternal health, immunisation, HIV/AIDS, leprosy, tuberculosis and malaria*. The results of some of these programmes are shown below.

**a. Maternal Health**

To further improve maternal health in Timor-Leste, government committed to increase access to high quality pre-natal, delivery, post-natal and family planning health services so that by 2015, 70% of pregnant women will receive antenatal care at last four times and 65% of women will have an assisted delivery. Also improve emergency obstetric care through the recognition, early detection and management of obstetric complications at the community and referral level. Strengthen adolescent reproductive health services and empower individuals, families and the community to contribute to the improvement of maternal care and reproductive health services. Improve data collection and analysis in relation to maternal health services.

Pregnant women who visit the Health Post or the Community Health Post receive pre-natal care more or less than 4 (four) times and, after giving birth and receiving treatment from midwives and health professionals, the results are based on the following table.

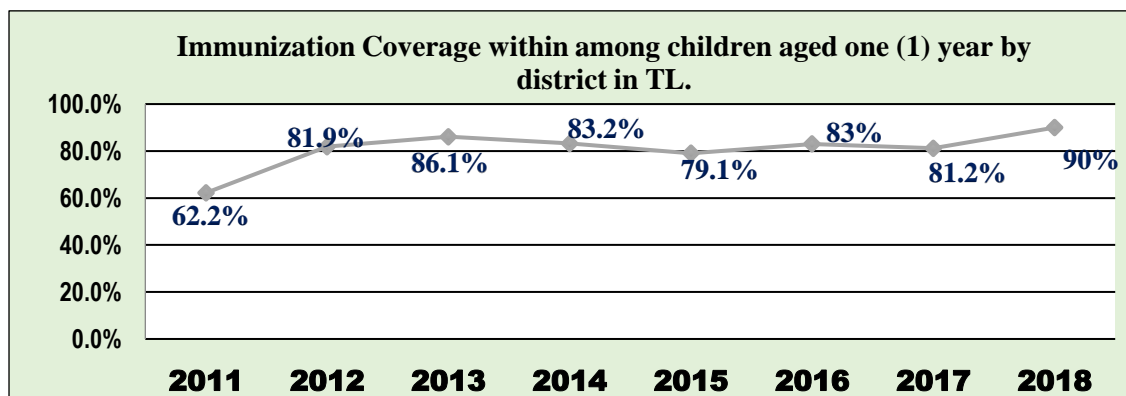
**Table: Maternal Health care**

<b>Pregnant Women Underwent Pre-natal Care approximately four (4) times between 2015 - 2018</b>	
<b>Year</b>	<b>Percentage</b>
<b>2015</b>	<b>50.9%</b>
<b>2018</b>	<b>80 %</b>
<b>Pregnant Women with Professional Health Care after childbirth (Post-natal) between 2015 – 2018</b>	
<b>Year</b>	<b>Percentage</b>
<b>2015</b>	<b>63%</b>
<b>2018</b>	<b>67%</b>
<i>Source MOH annual health reports of 2015 and 2018</i>	

**NB:** Referring to this table on pregnant women receiving pre-natal care and treatment shows that: in 2015, 50.9% did not meet the target. However, it reached its target in 2018 as it reached 80% in 2015 the indicator was set out as 70% of pregnant women will receive antenatal care at least four times. In the same way, pregnant women who have the support of health professionals have reached the goal set by the Ministry of Health. The ratio shows that positive results have been achieved after five (5) years.

**b. Immunization Coverage Program**

A national immunisation programme for children aged one (1) year has been implemented by the Ministry of Health with a programmatic plan starting in 2011-2018 to prevent measles. The results of the immunisation programme are shown in the following graph.

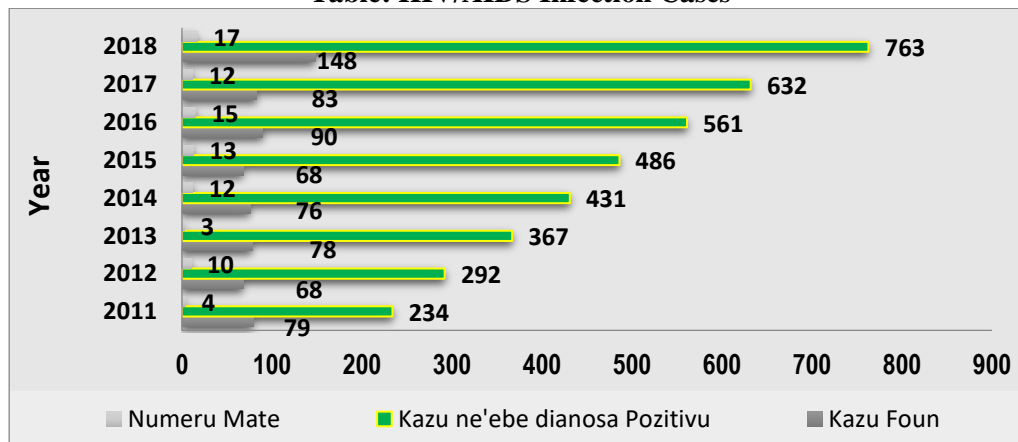


The graph above shows a trend of increase and decrease in immunisation coverage since 2011 to 2018 with 90% coverage national wide. This implies that MoH has intensified immunisation program among the population. The national immunisation programme carried out by the Ministry of Health and Health Professionals in the national territory for children aged one (1) year in 2011-2018 has reached the targeting 2018 which was supposed to be achieved by 2015. The was 90% of children will be immunized against polio, measles, tuberculosis, diphtheria and hepatitis B. The graph shows that each year there is a different percentage, and it can be said that it has responded to national indicators even though it has not reached 100%. However, this programme was implemented by the Ministry of Health in all of Sucos and Aldeias throughout Timor-Leste. This has improved because of primary health care programs such as home visits and SiSca program.

**c. HIV/AIDS Illness Treatment Coverage**

In 2010, the Ministry of Health (MoH) reported cases of HIV/AIDS infection. This case was classified by doctors, specialists and health professionals by diagnosing clients who received treatment at a hospital or health centre in the amount shown in the table below.

**Table: HIV/AIDS Infection Cases**

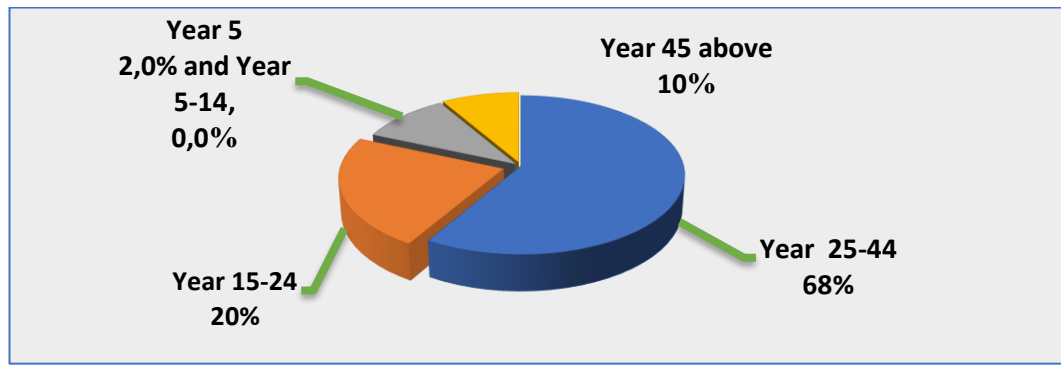


This case of HIV/AIDS infection is reported by the Ministry of Health on the number of male and female and age groups who are infected and dying, as shown in the table below.

Group age/sex	Year 2018	Death	Treatment
Year 5	<b>1</b>	<b>0</b>	<b>0</b>
Male	<b>0</b>	<b>0</b>	<b>0</b>
Female	<b>1</b>	<b>0</b>	<b>0</b>
Year 5-14	<b>0</b>	<b>0</b>	<b>0</b>
Male	<b>0</b>	<b>0</b>	<b>0</b>
Female	<b>0</b>	<b>0</b>	<b>0</b>
Year 15-24	<b>8</b>	<b>5</b>	<b>40</b>
Male	<b>6</b>	<b>4</b>	<b>25</b>
Female	<b>2</b>	<b>1</b>	<b>15</b>
Year 25-44	<b>28</b>	<b>11</b>	<b>70</b>
Male	<b>20</b>	<b>6</b>	<b>45</b>
Female	<b>8</b>	<b>5</b>	<b>25</b>
Year 45 above	<b>4</b>	<b>1</b>	<b>38</b>
Male	<b>3</b>	<b>1</b>	<b>23</b>
Female	<b>1</b>	<b>0</b>	<b>15</b>
Total	<b>41</b>	<b>17</b>	<b>148</b>
Male	<b>29</b>	<b>11</b>	<b>93</b>
Female	<b>12</b>	<b>6</b>	<b>55</b>

*Source: unidade nacional HIV/AIDS, Dep. CDC, DSCD, DNSP, MsD, Timor Leste*

To find out more about the percentage of HIV/AIDS cases by age group in 2018, look at the following statistical graph.



Source: unidade nacional HIV/AIDS, Dep. CDC, DSCD, DNSP, MOH, Timor Leste

The number of HIV/AIDS infections shown in the graph above, based on the 2018 annual report reported by the Ministry of Health, shows that the majority of these infections are in the 15-24 (20%) age group and the 25-44 (68%) age group. The age group between 25-44 (68%) of confirmed cases. This implies they are most sexually active group as it understand the most common means of transmission is through sex intercourse. Followed by group 15-24 (20%) this can be explained that this age group are beginning to become active. The least age group of 45years and above 10%, this could be explained that the age group is less active sexually, have settled relationships and being faithfully to another. The results are shown in the graph also confirm that there were 148 new cases, 17 death and a total number of positive cases of 763 diagnosed in 2018,

#### d. Leprosy Coverage Program

The program on leprosy in Timor-Leste was realized in 2011. The ministry of health and health sector development partners organized awareness-raising plans for communities in each district starting in 2011-2018.

**Table: Detention cases of leprosy cases in each municipality in 2018**

Muisipiu	Alvu Deteksau n Kazu Foun Tinan 2018	Tinan 15				Tinan 15				Total		Atinjmentu (%)	Aleizadu Grau2	
		PB		MB		PB		MB		PB	MB		No.	(%)
		Mane	Feto	Mane	Feto	Mane	Feto	Mane	Feto					
Aileu	3	0	0	0	0	0	0	0	0	0	0	0	0	0%
Ainaro	3	0	0	0	0	0	0	0	0	0	0	0	0	0%
Baucau	15	0	0	0	0	1	0	17	8	1	25	173	0	0%
Bobonaro	10	0	0	0	0	1	0	3	0	1	3	40	0	0%
Covalima	10	0	0	0	0	0	0	3	0	0	3	30	0	0%
Dili	15	0	0	1	0	1	1	26	13	2	40	280	0	0%
Ermera	15	0	0	0	0	0	0	3	0	0	3	20	0	0%
Lautem	3	0	0	0	0	0	0	1	0	0	1	33	0	0%
Liquiça	3	0	0	0	0	0	0	0	0	0	0	0	0	0%
Manatuto	10	0	0	0	0	0	0	8	4	0	12	120	0	0%
Manufahi	6	0	0	0	0	0	0	0	0	0	0	0	0	0%
Oecusse	20	1	0	0	0	0	3	11	4	4	15	95	0	0%
Viqueque	5	0	0	0	0	0	2	2	0	2	2	80	0	0%
<b>Timor Leste</b>	<b>118</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>6</b>	<b>74</b>	<b>29</b>	<b>10</b>	<b>104</b>	<b>97</b>	<b>0</b>	<b>0%</b>

*Source: Unidade Nasional Programa Lepra, Dep. CDC, DSCD, DNSP, MdS, Timor Leste*

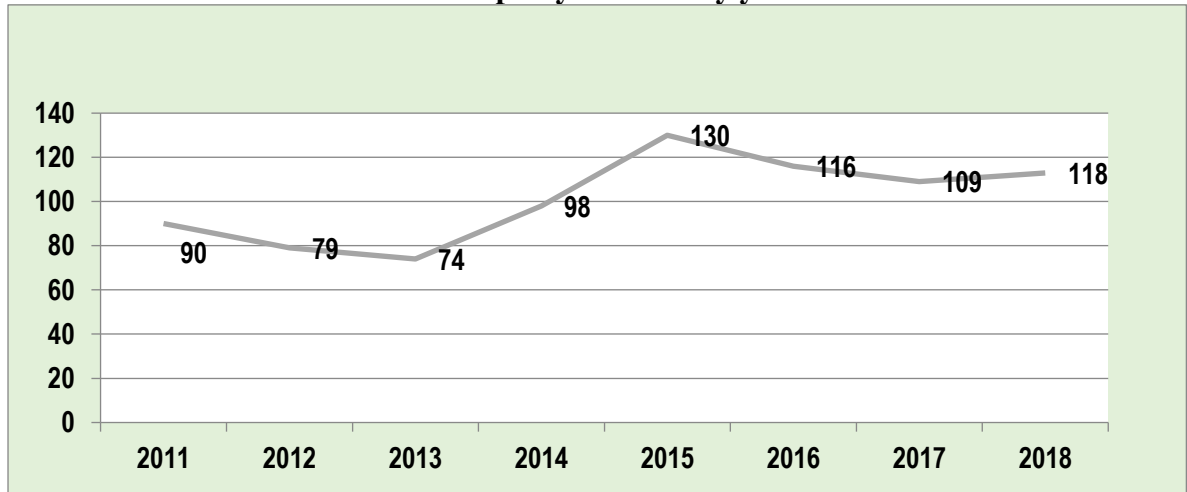
Detention figures presented in the table show that the Ministry of Health has worked hard with a community awareness programme where health professionals are working hard to prevent leprosy. The following are the prevalence rates based on the table below.

**Table: The leprosy prevalence rate of 10,000 population between 2011 - 2018**

Year	2011	2012	2013	2014	2015	2016	2017	2018
The leprosy prevalence rate of 10.000	<b>0.67</b>	<b>0.72</b>	<b>0.87</b>	<b>0.6</b>	<b>0.7</b>	<b>0.8</b>	<b>0.9</b>	<b>0.9</b>

Cases of leprosy with the results presented in the table above, the Ministry of Health, with community awareness programmes trying to control by preventing leprosy from 2011-2018, show that only 0.9 people have leprosy among the 10,000 population. According to the Ministry of Health report, 118 cases were reported in 2018.

**Chart: Leprosy cases every year**

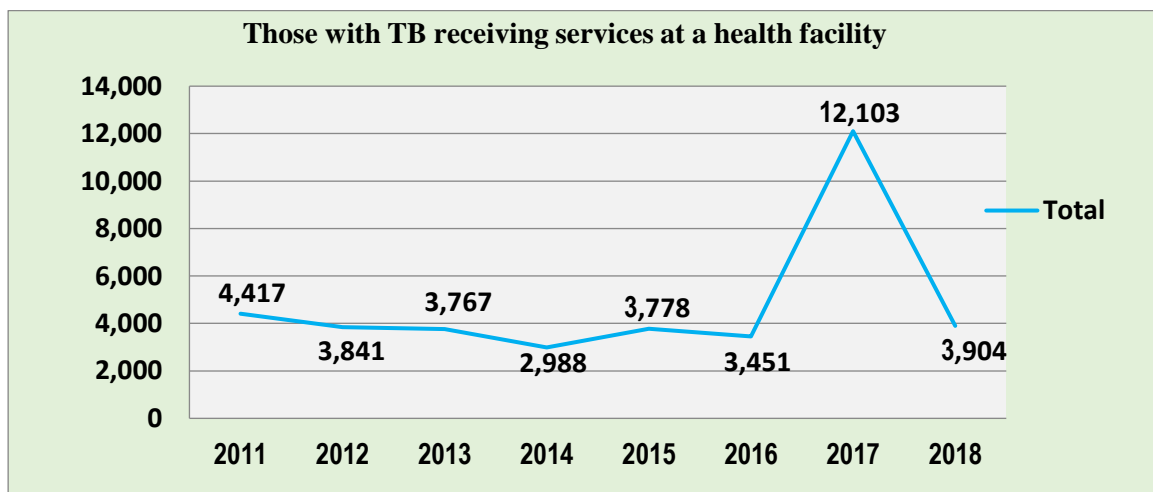


Looking at the results of the graph shows that the Ministry of Health is committed to and training health professionals to treat clients suffering from leprosy with significant progress at all levels of district health.

**e. Program Coverage for TB**

Cases of TB infection have been detected and a significant number of community health professionals have received services. In 2011, the Ministry of Health launched a national programme to raise awareness of the symptoms of TB. The following is the number of registered cases at the health centre each year.

**Table: Number of TB treatments**



The results from this table show that: those who suffered from TB and received services and supervision from health professionals in 2011 and registered 3,841 people. Then in 2013, there were 3,767 people receiving treatment. This figure was reduced to 2,988 people by 2014. In 2015, the total number of treatment recipients was 3,778. Health



professionals provided services to 3,451 people in 2016. The number registered at Hospitals, Health Posts and Health Centers increased sharply to 12,103 people in the following year, 2017. These results indicate that the community has begun to understand and to visit health centres for treatment. There were 3,904 people receiving treatment in 2018.

According to the final report of the Ministry of Health in 2018, the success rate of TB services started at 90% in 2017 compared to the national target of 80%. This percentage shows that the national TB control programme has reached the Ministry of Health's indicators of planning.

#### **f. Malaria Coverage Program**

According to the PEDN (2011-2030), which reported that the national malaria programme would meet its target or target of 80 per cent in 2015, controlled by the Ministry of Health. In order to justify this result, the following tables and graphs will identify the handling of health professionals in the field with the data provided.

**Table: The Malaria Case according to the Municipality, 2011 - 2018**

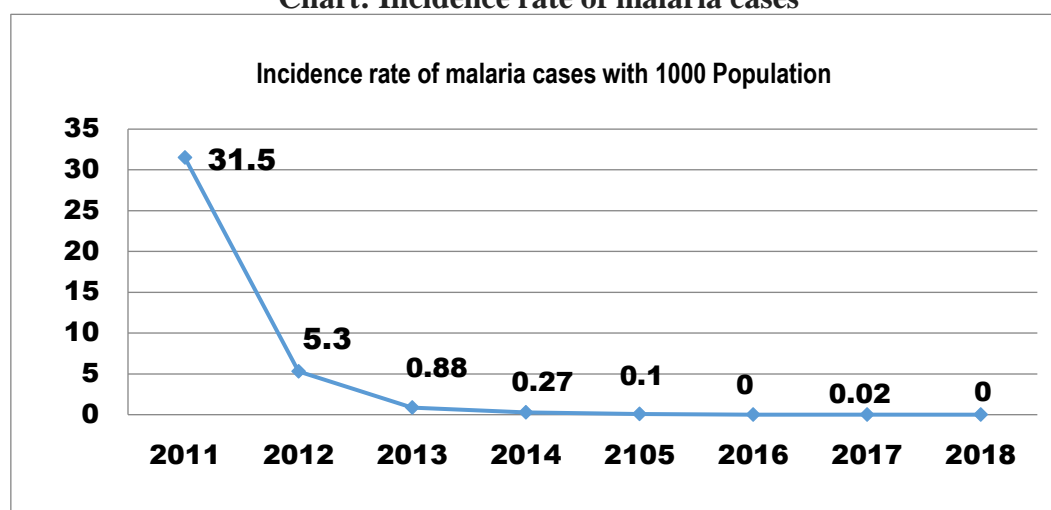
<b>Malaria registered number every year based on municipalities 2011 - 2018</b>								
<b>MUNICIPALITY</b>	<b>YEAR</b>							
	<b>2011</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2105</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Aileu</b>	<b>784</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Ainaro</b>	<b>875</b>	<b>203</b>	<b>34</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Baucau</b>	<b>4,246</b>	<b>373</b>	<b>97</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Bobonaro</b>	<b>1,146</b>	<b>172</b>	<b>20</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>
<b>Covalima</b>	<b>2,940</b>	<b>1117</b>	<b>75</b>	<b>33</b>	<b>5</b>	<b>0</b>	<b>2</b>	<b>0</b>
<b>Dili</b>	<b>5,177</b>	<b>1357</b>	<b>265</b>	<b>47</b>	<b>5</b>	<b>1</b>	<b>10</b>	<b>0</b>
<b>Ermera</b>	<b>1732</b>	<b>16</b>	<b>7</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Lautem</b>	<b>5484</b>	<b>277</b>	<b>30</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Liquiçá</b>	<b>290</b>	<b>63</b>	<b>18</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>

<b>Manatuto</b>	<b>1473</b>	<b>158</b>	<b>20</b>	<b>7</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Manufahi</b>	<b>4070</b>	<b>263</b>	<b>150</b>	<b>39</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Oecusse</b>	<b>2043</b>	<b>428</b>	<b>136</b>	<b>124</b>	<b>49</b>	<b>60</b>	<b>10</b>	<b>0</b>
<b>Viqueque</b>	<b>5893</b>	<b>1704</b>	<b>189</b>	<b>41</b>	<b>12</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>Total</b>	<b>36153</b>	<b>6140</b>	<b>1042</b>	<b>323</b>	<b>80</b>	<b>65</b>	<b>30</b>	<b>0</b>

This table began in 2011 with the notification of malaria hospitals registered in "hospitals, health services, health centres" located in all municipalities with higher case rates. This table shows that in 2011, the municipality that received the highest number of malaria cases was "Viqueque with a total number of malaria cases reaching 5,893, followed by Lautem with a total number of registered cases reaching 5,484." Then followed by two municipalities "Dili with the number of malaria cases reaching 5,177 and Liquica with the number 290" with the smallest number of malaria cases. Judging by registered malaria cases, the Ministry of Health with awareness programmes, health professionals have begun to work hard to reduce malaria cases. Thus, registered malaria cases were reduced to 323 registered cases in 2014.

After this, malaria cases began to decline in 2015-2017. Thus, in 2018, malaria became fully controlled by the Ministry of Health, with the number of cases registered at zero ( 0) in all municipalities. This is justified in the graph of the following incidence of malaria cases.

**Chart: Incidence rate of malaria cases**



This graph shows the incidence rate of malaria cases with a risk of 1000 populations each year. In 2011, the incidence rate of malaria cases was 31.5%, with a high risk increase for 1,000 populations. In 2012, the incidence rate of malaria cases decreased to 5.3% of the risk level for 1,000 populations. In 2013, the incidence rate of malaria cases continued to decline to 0.88% for 1,000 populations. At the beginning of 2013, the Ministry of Health began to achieve its objectives and to control malaria. In 2015, the incidence rate of malaria cases was reduced to 0.1% for 1,000 populations. By 2018, the Ministry of Health had reached its target with 100% notification of malaria cases in all municipalities.

#### **4.4. Provision of Hospital Health Services and Healthcare Specialist**

Secondary and tertiary, or specialist, health care is provided by hospitals. Two levels of hospitals provide secondary health care in Timor-Leste. Referral hospitals are located in five regions. These hospitals have Emergency and In-patient departments, are staffed with general practitioners and have specialists in four clinical areas. The National Hospital of Timor-Leste in Dili is the top tier referral facility for specialised services and has links to international hospitals when specialist tertiary health care services are needed. Both the national hospital and referral hospitals provide training facilities for health workers who work at the primary care level. These hospitals also serve as internship centres for all staff up to Medical Officers. Tertiary health care is currently provided overseas as a result of limited technology and lack of available specialists. By 2020 cardiac, renal and palliative health care services will be available at the National Hospital.

Specialist health care will be the focus of our efforts from 2020 onwards. A specialist hospital will be built in Dili to reduce the need for cancer and other patients requiring specialist treatment to travel overseas.

Specialist hospitals will be built in selected districts and by 2030 there will be district hospital services in all 13 districts. The Suai Hospital will be developed to support the petrochemical industry on the south coast. The National Hospital of Timor-Leste in Dili will be upgraded to a world-class medical facility

In order to guarantee and ensure the provision of hospital health services in the national territory with optimum, efficient and effective quality of service, the Government

approves every period (year) of the general budget to be allocated to each ministry in accordance with the plans of each ministry to promote national development in response to the continuing needs of citizens on a daily basis.

In the context of the General State Budget, in particular the Ministry of Health promotes a strategic plan to respond to plans for the implementation of programmes in the health sector to ensure that health professionals performing their duties and responsibilities are provided with quality, effective and efficient services and special care in hospitals and hospitals, including health centres, health posts and community health centres established in the Municipalities, Sub-Districts, Sucos and Aldeias.

Basically, referring to hospital health services, according to civil society evaluation, shows that progress has been made but that the objectives of the health sector based on PEDN indicators have not yet been achieved. Because referring to reality shows that there are some clients who cannot be treated for their illness at HNGV or Reference Hospital. As an example, many of the patients must be transferred to Denpasar Bali, hospitals in neighbouring Indonesia, as well as to other countries such as Malaysia and Singapore. In the future, therefore, the Ministry of Health needs to invest in doctors, specialists to be propagated in the HNGV and Reference Hospitals established in that country.

It is expected health service delivery pyramid will be looking this by 2030 if the objectives of PEDN are achieved.

*Source: Ministry of Health:*



#### **4.5. Health Infrastructure**

Much of Timor-Leste's health infrastructure was destroyed during the 1999 crisis. However, investments in health infrastructure and the deployment of health staff since independence have resulted in a functioning health system, in 2018 has 292 Health Posts with 287 health post functional, 67 Community Health Centres, 6 referral hospitals and one national hospital now operating across the nation. Staffing and accommodation are also provided for municipality Health Offices.

Despite the rehabilitation and construction of health facilities to date, the current status of many health facilities is not adequate to deliver comprehensive health services. Most maternal health clinics and health laboratories require additional space. Many health facilities have been rehabilitated with reliable water and electricity supplies, and other not making it difficult for them to function properly.

The government committed to invest in health facilities to ensure that by 2030 all Timorese people have access to functional, safe, environmentally friendly and sustainable health infrastructure that delivers effective, quality health services.

To achieve this goal, government committed take action do the following:

- Expand existing health facilities and services and improve their physical condition
- Increase access to health services through new infrastructure investment in line with identified needs for improving quality of care
- Ensure the availability of appropriate medical equipment at all health care facilities
- Ensure the availability and appropriate management of health transport
- Establish and maintain an ICT network linking the Timor-Leste health system.

The following infrastructure programs will deliver improved health services for the entire population of Timor-Leste:

- Rehabilitation and new Health Posts (including staff housing) – Most of the 193 Health Posts will require radical rehabilitation or a new building. The majority of new posts will be in the same locality as the original; however, due to changes in population, new Health Posts will be needed in under-serviced areas.
- Rehabilitation and expansion of community health centres (including staff housing) – Some Community Health Centres will require rehabilitation and the

majority will require expansion, with new rooms added to existing facilities. All health facilities will need a stable supply of water and electricity.

- Hospitals upgrade and expansion – The existing hospital configuration plan will be revised, taking increased service quantity and improved quality into account. The five existing referral hospitals and the National Hospital will be expanded to respond to the expected increase in service levels.
- Expanded and improved training capacity – Training facilities for all staff categories, including doctors, nurses, midwives and other allied health professionals, will be increased and improved. This will include medical and allied health services university courses.
- Communications systems (including radio and internet connections) – All health facilities will have proper communications systems for timely patient referral systems and the transfer of management data. This will require the installation of communications equipment at central, district and health facility levels.
- Improved ambulance/transport in the health sector – The ambulance fleet will be expanded and well maintained.

When it comes to infrastructure and health facilities for thirteen (13) municipalities (districts) located in the national territory. There are six (6) hospitals in the territory. Servicing a total population of 1,179,654<sup>2</sup>, this shows that they have not been able to respond optimally to the needs of citizens and their specific needs. In addition to six (6) hospitals, there are 193 Health Posts in thirteen (13) municipalities (districts), ninety-two (92) Community Health Posts, 66 public and 26 privates, with a total of 292 health post established in the community. However only 287 health posts are active in the communities and 5 health post are not functional at the time of writing this report. The service provided in the health facilities are guided by the national health delivery model.

Based on the “*2015-2020 target*” for the implementation of the Health Sector Plan, it is clear that the implementation plan has not been adjusted to the 2011-2030 PEDN. According to the Ministry of Health plan that; Establish and improve health posts to achieve goals, the indicator was “There will be a Health Post for every 1,000 to 5,000 people”<sup>3</sup> This has not been achieved based on the spread out health post, while the indicator for 2011-2015 was “Sucos with a population between 1,500 and 2,000 located

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<sup>2</sup> Population Census 2015, Ministry of Finance, TL

<sup>3</sup> PEDN 2011 pg 42

in very remote areas will be serviced by Health Posts delivering a comprehensive package of services”<sup>4</sup>. There are 498 Sucos located in the national territory at least each suco should have a health post. This has not yet been achieved as we have only 292 health post.

The Health Post and some Public Health Centers, some have not yet had access to electricity, sanitation and the residence of health professionals to serve the community. Take a look at the implementation of the health sector plan, which states that: *guarantee 100% of the integrated office/building and the national health system with access to electricity, clean water and basic sanitation*. This has not been achieved as per the indicator of 2020 that stated 90% of Ministry of Health buildings will have access to electricity, water and basic sanitation in the PEDN.

Some health and community health centres do not have access to clean water and basic sanitation, to respond to clients who come for treatment. Indeed, this does not occur in all health posts or in all community health centres. The consultant did not get exact number of health facilities without water, electricity and basic sanitation service as the documents reviewed did not contain the information. What we found out was that some health post and community health centers did not have such facilities. Therefore, in the future, the allocation of implementation plans for basic facilities in the health sector needs to be combined in a package to meet the needs of clients.

In correlation with facilities and infrastructure or health facilities that currently exist in that country, according to the PEDN, each municipality will have one (1) hospital. However, we can all look at the fact that this has not been achieved and that there are currently only six (6) municipalities. The following table shows the facilities and the number of health facilities in the Ministry of Health (MoH).

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<sup>4</sup> PEDN 2011 pg 41

**Table: Facilities and Infrastructure**

No.	Health Installation						Total 2018
	Year						
	2011	2015	2018	2011	2015	2018	
	Public			Private			
<b>Health Post</b>	193	209	292, active 287	-	-	-	292
<b>Community Health Centre</b>	66	67	69	26	42	30	99
<b>Hospital</b>	6	6	6				6
<b>Total</b>	265	282	367	26	42	30	397

**NB: Based on the PEDN (2011-2030) each Suco will have one (1) Health Post for a population between 1500 and 2000 with access to health. However, given the total number of public and private health facilities / facilities shown in this table, it has been shown that 498 Sucos have not been covered in the national territory. While SiSca program is active in 417sucos according to 2018 MoH annual report page 10<sup>5</sup>**

With regard to the health facilities/installations shown in this table, the Ministry of Health is still planning to build health facilities and facilities to meet the needs of the community. The following are the number of facilities of the Ministry of Health and located in the national territory of Timor-Leste.

<sup>5</sup> 2018 MOH annual report pg 10



**Table: Number of Health facilities in the ministry of health**

No.	Type of facility	Existing number	Obs.
1.	Health Post	98	149 sucos, which has not yet had a health post
2.	Health Centre	65	
3.	Internment Health Centre	7	
4.	Maternity	49	
5.	Residence	174	124 Suco Health Post does not have a residence yet
6.	Hospital	6	HNGV, HOREX, reference, RAEOA
7.	Mini laboratory	61	
8.	Warehouse	14	

Referring to the table of health facilities presented in the table shows that existing facilities are not capable of responding to public needs. That is why, in the future, there is a need for additional health services, facilities or residences for healthcare professionals in remote areas (Suco and Aldeia) to serve the sick living far from the Health Centre.

#### **4.6. Distribution of Medicines and Medical Equipment**

Observations by civil society in the field concerning the distribution of medicines and medical equipment have not yet achieved the maximum results. When looking at the reality of the distribution of medicines and medical equipment to community health centres or health centres, there is very little stock or medicine to respond quickly to patients who are ill. More health professionals prescribe medicines for clients to buy or encourage them to go to private clinics. Clients with tetanus bacterial infections, HIV/AIDS viruses, Hepatitis B, etc. For example, show great concern to physicians and treatments. Doctors face challenges in providing or determining drugs (medicine) to clients or patients suffering from infections. While there is very little relationship with medical equipment in the municipality and district to serve clients in remote areas quickly. For example, transport and communication to facilitate health professional techniques in the provision of services and the transfer of clients suffering from illness. This is the case in all sub-districts in the national territory.

Observations by civil society in this section encourage health authorities and relevant institutions to pay maximum attention with full consideration and can improve in the future in order to serve all citizens better, more effectively and more effectively.

#### **4.7. Medical Emergency**

Civil society observation in terms of medical emergency services, which operate for 24 hours, is well underway. However, there is a need to add ambulances and multi-functional transport to the Municipality or Sub-District to assist in the transfer of patients or clients suffering from serious illness, etc.

At present, we see that in some municipalities or sub-districts, this multi-functional transport has been damaged without a lack of repair/maintenance and makes it difficult for health professionals to serve clients/patients quickly. These facilities must be urgently needed and must be prepared at Hospitals, Health Posts, Community Health Centers in order to assist in evacuation or transfer.

In particular, for six (6) hospitals currently in existence in the national territory with at least one aircraft (air) to evacuate clients or patients living in remote areas. This is difficult with land communication. To ensure the quality of work effectively, investing in human resources in the field of professional engineering in order to carry out work with the greatest possible and competitive capacity in the service of the community, the government and the country. In the context of medical emergencies, civil society in this case advocates for the government that, in the future, it is expected that transport and communication (air/helicopter) will be included in the planning of the State General Budget to evacuate those who are sick and difficult to access by land to health centres, health centres and hospitals.

#### **4.8. Managing Health Sector Administration**

Management administration as a fundamental basis for providing quality and effective services in the health sector. The health sector programme implemented over ten years has undergone changes and progress, although it has not achieved its objectives based on the PEDN indicators (2011-2030). The Ministry of Health continues its efforts to improve administrative management in the health sector with a view to improving the national health system, through human resources and technical capacity to harmonise institutional capacity to promote quality national development.

Observations by civil society in the health sector show positive signs and progress. Because, through cooperation with local, national and international development partners, improving work services ensures effective and efficient management of quality. According to the civil society perspective and observation, "*electronic health registration for all citizens*" is a health sector that has not yet been implemented. The Ministry of Health may have implemented a "*health information system*" in the internal system of administrative management of the health sector so far, but there are no citizens who use the system when they see the actual reality. All citizens, including Health Posts and Community Health Centers in the national territory, did not have access to this information system when receiving services at the HNGV or Reference Hospital. Civil society is proud of the health information system. In the future, the Ministry of Health can implement this plan in the service system because it can facilitate the management of the health care system and easily register for treatment. In the context of this health information system, the Ministry of Health is investing in technical and training resources for health professionals to improve knowledge on "*technical equipment information management*" in order to facilitate the quality and effective management of the health sector.

#### **4.9. Human Resources in the Health Sector**

Professionally trained, committed people are the key in improving the quality and effectiveness of health services in Timor-Leste.

Despite the extensive medical training program provided by international partner, Cuba, there is still an overall deficiency of skilled workers in our health sector. Health workers are unevenly distributed between urban and rural areas, and between the public and private sectors. The working environment, with poor equipment, shortages of drugs and irregular supervision, saps staff morale and effectiveness. Low wages in government clinics lead to many health workers supplementing their incomes in private practices outside working hours, especially in urban areas, hampering planning and service delivery. Other challenges include the need to improve the skills and competencies of nursing service.

MOH has taken action to address these challenges and ensure that Timor-Leste has adequate and appropriate human resources to provide the health services needed by people. These actions included strengthening the quality of training and education to

meet the needs of health sector and developing continuing education and in-service training programs.

MOH has developed and delivered strategies that improve human resources management across the health sector, including workforce planning, equitable recruitment strategies, the development and distribution of an appropriate skills mix and the retention of workers through appropriate incentives and opportunities. Standards and codes of conduct and ethical practices for health care professionals are developed to ensure that we have a professional health workforce and are being implemented.

In the health sector, human resources play an important role in ensuring the lives of clients or patients. To respond to the PEDN indicators (2011-2030) relating to national development programs and processes in the health sector, it shows changes and progress in the human resources department. According to a health statistics report at the end of December 2018, reporting the number of human resources linked to professional capacity shows large gains in thirteen (13) municipalities with different numbers. In the health sector finding a variety of diseases related to clients or patients who receive treatment at HNGV, Referral Hospital, Health Posts and Community Health Centers, this human resource is very important. Because to manage service management to clients or patients efficiently, the need for human resources with professional, experienced and competitive capabilities. The table below shows the quantity of human resources in the health sector.

**Table – Health statistics on human resources in the hospital, December 2018.**

No.	Hospital	Doctor/Physician			Health Professional	
		National	International	Total	Nurses	Midwives
1.	Ainaro	13	6	19	29	13
2.	Baucau	29	12	41	85	24
3.	Bobonaro	11	8	18	34	16
4.	Covalina	14	1	15	36	15
5.	Dili	113	49	162	292	66
6.	Oecussi	10	14	15	292	14
<b>Total</b>		<b>190</b>	<b>90</b>	<b>271</b>	<b>768</b>	<b>148</b>

*Source – Dep. Recursos Humanos, DNRH, MdS. No Servicos Distrital da Saude.*

The quantity of human resources presented in the above table shows the relationship between national and international physicians, including health professionals working in HNGV and Reference Hospitals in six (6) municipalities. Although there is a significant change in the number of human resources identified, this shows that this number has not been able to respond to the total population with a total of 1,179,654 populations circulating domestically or nationally. Looking at the number of population figures, it shows that the number of national and international doctors according to the table does not cover everything.

With regard to national and international physicians/doctors currently working at HNGV and six (6) Reference Hospitals located within the country, civil society sees that statistically it is not possible to respond to variations in illness or illness from clients or patients who are increasing daily in number. According to the indicative table, the number of national and international doctors is concentrated in only six (6) hospitals, while seven (7) municipalities have only health professionals. With these indications, the number of doctors shows that the Ministry of Health has the power to take action on future programmes in the health sector with a plan that each municipality will have one (1) hospital to respond to citizens' health-related needs. In addition to national, international physicians and health professionals working at HNGV and Reference Hospitals, it is not negligible that human resources at the National Health Centre are located in thirteen (13) municipalities as identified in the following table.

**Table – Health statistics on human resources in the Health Centre, December 2018**

No.	Municipality	Health Centre				
		Doctors		Total	Health Professionals	
		National	International		Nurses	Midwives
1.	Aileu	42	3	45	36	26
2.	Ainaro	25	0	25	24	25
3.	Baucau	85	0	85	82	60
4.	Bobonaro	48	0	48	56	31
5.	Covalina	26	0	26	43	26
6.	Dili	133	0	133	119	104
7.	Ermera	57	2	59	46	28
8.	Lautem	6	4	10	36	22

9.	Liquiça	43	2	45	36	27
10.	Manatuto	43	2	45	56	40
11.	Manufahi	31	3	34	27	28
12.	Oecussi	33	0	33	30	25
13.	Viqueque	57	2	59	91	40
<b>Total</b>		<b>629</b>	<b>18</b>	<b>647</b>	<b>682</b>	<b>482</b>

*Source – Dep. Recursos Humanos, DNRH, MdS. No Servicos Distrital da Saude.*

In the context of human resources associated with national, international doctors and health professionals working in health centres, it is shown that these human resources are adequate to provide services to clients or patients but are not available to Health Posts and Community Health Centres, in particular 465 Sucos in the national territory. For this reason, ongoing investment in human resources in the health sector is important in order to achieve the PEDN indicator (2011-2030) in the future. In this context, the Ministry of Health needs to continue to work with international partners to provide health professionals with the highest level of training in order to deepen their basic knowledge and improve the quality of services effectively and efficiently.

## **Part Five**

### **Conclusion**

Civil society, after collecting all the data for this external assessment, combined to discuss the implementation of the Health Sector Plan, in which the Ministry of Health and Development Partners and implementing partners for the development of the health sector in the national region concluded that: The health sector has changed and progressed in implementing the national strategic development plan 2011-2030. Even so, according to civil society based on observations, the health sector still faces challenges to national development in order to achieve the objectives set out in the PEDN indicators (2011-2030). All efforts made by the Government to achieve the target set out in the national strategic development plan 2011-2030 involving all sectors with the main objective as to progress towards economic sustainability for the well-being of all citizens. This will look at the general demands of the health sector as the key pillar of national development. For this reason, the Government approves the State General Budget for each fiscal year and allocates the budget to each ministry in order to develop national development in accordance with the programmatic plans. Civil society, through this external evaluation, recommends the implementation of the following suggestions and recommendations to the Ministry of Health and the health sector development partners with the following suggestions and recommendations:

#### **5.1. Suggestions to MoH**

- Ministry of Health (MoH) in the future in implementing health sector programs with maximum responsibility in controlling implementer in order to obtain high quality of services provided.
- The Ministry of Health (MoH) needs to monitor the management of financial resources in order to harmonise institutional governance in the implementation of future programmes in the health sector.
- The Ministry of Health (MoH) is responsible and has an obligation to control health professionals in remote areas in order to improve the quality of work services.
- The Ministry of Health (MoH) needs to control medical equipment in the Municipality and the Sub-District so that it can be repaired.

- The Ministry of Health (MoH) prepares a team to monitor quality of basic infrastructure at Health Posts and Community Health Centers in the Municipality and Sub-District.

## **5.2. Recommendation**

- Train for health professionals on how to improve the quality of service.
- Provide appropriate training for health professionals deepens basic knowledge and also train Timorese to become specialist to increase the number of health special in the referral hospital.
- Improve health professionals at the Clinic Post and Health Clinic Center.
- Improving employment services and promoting justice for citizens with equal care.
- Improving the management of human resources and the management of the health sector in remote areas.
- Recruitment of health professionals or psychologists for specific treatments for people with disabilities.
- Recruitment of health professionals in the field of laboratory located in health centres in the municipality and sub-district.
- Construct more health facilities such as hospitals, health community centers, and health post to bring the service near to the communities.
- Provide Cardiac, renal and palliative health care services at the National Hospital
- Provide water, electricity and basic sanitation services to all health facilities
- Recruitment of midwife professionals to be added to clinical centres and health centres in the municipality and sub-district.

Civil society, through this external assessment, justified and simplified some of these important points as part of the minimum contribution to the Ministry of Health and Development and to the implementation partners for the development of the health sector, maximum cooperation from all of us in management of the national development plans of the health sector with a view to achieving the objectives of the PEDN (2011-2020).