Current Challenges and Approaches to improving National Human Resource on Health data
An experience from Timor Leste

Antonio Bonito –INS TL

HRH in Timor-Leste

Projected requirement for selected cadres 2005-2020 vs reality in 2016

Cadre	2005*	2010*	2015*	2020*	Staffing 2016**
Doctors*	73	112	170	210	879
Nurses**	820	1,043	1,348	0	2,224
Midwives	274	274	220	0	553
Laboratory technicians	53	0	60	0	170
Pharmacy technicians	37	0	50	0	164
Radiographers	5		20		7

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Goal in the 2005-2011 HWFP : one doctor for every 8,000 population by 2012

Reality in 2016: one doctor for every 1,360 population.

WHO recommended threshold: 2.28 service delivery staff per 1000 population.

Existing Health professionals, needs and gaps (as per NHSP 2011-2030)

Category	Existing nr.	Needs	Gaps
Medical Specialist	28	300	272
General Doctors	879	1249	370
Dentistas	4	94	90
Specialist Nurse include dentál Nurse	254	N/A	-
General Nurse	2224	1206	1018
Midwives	553	1764	1211
Analist	170	1090	920
Bio-Medical Technic	8	38	30
Radiologist Technic	7	71	70
Fisiotherapist	10	71	61
Farmácy Technic	164	1090	926
Público Health	314	N/A	-
Medical Record	4	40	36

Difficult to get appropriate skills mix and quality of team working

- Still significant gaps in NUMBERS & QUALIFICATIONS:
  - lack of nurses and midwives, specialists, and other cadres
  - less than two nurses for every doctor (international recommended ratio : 1 doctor to 3 nurses)

- Inequitable of distribution:
  - Within districts: weak rural retention: - Lack of basic Infraestructure and poor living conditions, - lack of oportunities if remain in rural locations, - unclear career paths and in-service training, - Inexistent rural and remote areas incentives, - lack of mobility of staff
    - 586 midwives in the country, over 150 based in hospitals and facilities in Dili

- Imbalances between the different service delivery levels skewed towards hospitals and CHCs
  - 43% of HPs had a midwife and 44% of sucos had a nurse; 72% of CHC had a Midwife
  - Some urban CHCs and hospitals were overstaffed relative to their workloads
  - Only 4% of health posts had a pharmacist compared to 96% in the CHCs
- Imbalances within the same facility
  - Some departments in Dili National Hospital had shortages, others had surplus of staff
  - Some CHCs have more than 30 staff, while others may have less than five
- Inequitable distribution between districts
  - Oecusse 7.3 staff per 10,000 population; Manatuto 25 per 10,000 (2014 JAHSR)

Need of quality timely uniformed data to inform HR training needs and staff deployment/redeployment strategies.

- Training and development need to improve
  - National Health Institute: in-service training
    - Inadequate funds due to budget constrains, poor appreciation of the training by most health professionals, time constrains
  - Pre-service
    - Fragmented planning, insufficient training sites: competence based training compromised, insufficient numbers of qualified trainers;
    - need to send students abroad (especially for specialist training),

- Limited resources
    - Government budget allocation reduced on the recent years.
    - Challenges to match recruitment needs (needs based in HSSP 2011-2030)
- No uniformity of data: Different data from different sources
    - Variability of data + delayed accessibility: affects adequate planning for HR

Current approaches

Develop and operationalize

- HRH policy and Health Workforce strategy and plans
- HRH development plan: training needs
- HMIS: more and better integrated data
- HRH information system (integrated in HIS whenever possible)
- Health Workforce Registry (being developed)

CURRENT SCHOLARSHIP PROGRAM

Category	Regular	Subsidio	Obs
Medical Specialist	28	300	
General Medicine	225	7	
Dental Medicine	65	6	
Undergraduate Nurse	242	4	
D3 Nurse	128	-	
Undergraduate Midwifery	216	-	
D3 Midwifery	91	-	
Undergraduate Fharmacist	2	7	
D3 Fharmacist	81	2	
D4 Analist	8	3	
D3 Analist	85	-	
Dental Nurse	78	-	
Fisiotherapist	20	-	

OBRIGADU BARAK

THANK YOU