

Implementation of integrated health systems at the community level (SISCa) in Timor-Leste

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Madalena is a qualified registered nurse with specific postgraduate training in palliative care. She is actively involved with planning, organising and conducting various health research projects, including the implementation of the rural health system in Timor-Leste called 'SISCa' (Implementation of integrated health systems at the community level).

Madalena led the delegation for Timor-Leste at the WHO 63rd World Health Assembly in May of 2010 and is currently completing a Masters of Public Governance degree at the Charles Darwin University.

Note: this transcript has been sub-edited, for greater clarity only, by staff at the NRHA.

Well, thank you very much. Good afternoon to all of you. Thank you especially to the senior officers of government here and to the Rural Health Alliance.

It is a privilege for me to represent my country, Timor Leste, and I have the honour to address health related issues through our primary health care activities in Timor Leste.

First of all, I would like to thank the Rural Health Alliance for inviting us, especially Mrs Leanne Coleman, Mr Gordon Gregory and the others who have planned this 11th Rural Health conference in Perth, Australia.

Timor Leste has built a collaboration with the Rural Health Alliance since 2005. And Timor Leste continues to learn and try to get more experience from this conference to expand our national health strategy and plan. So allow me to present an address about the Timor Leste primary health care activities.

This is the map of Timor Leste; many people still don't know where Timor Leste is and if someone asks me, "Where is Timor Leste?" I say, "If you go to Darwin, you can travel one hour further and then you will see Timor Leste." It is half of the island of Timor and the other part—the west part—is Indonesia. The east part is East Timor. So this is 14,000 square kilometres and we have more than 1 million population, 51(?) per cent is male and 49(?) per cent is female.

So this is our vision; we would like to ensure that our people, the Timorese people, can stay in a healthy Timor Leste. Here on the screen is our vision and our mission—we'll ensure that all of our Timorese people have access to affordable health services.

And our constitution states that health services are free for everyone.

We have to regulate our health sector, and then we promote a service based on broad stakeholder participation.

So the service is divided in two; we have basic service packages for the community, and basic service packages for the hospital.

And for the community, we have a program with a bottom-up approach, called SISCa. It is an integrated health service in the community; an outreach service, mobile clinic, health workers, and community health services.

And then for the hospital service: we have our five referral hospitals and then we have our national hospital, and then for tertiary care we collaborate with our neighbourhood countries, like Australia, Singapore, and Indonesia.

So this is SISCa—established after the full government came in last 2007. We do try to approach the service delivery from a bottom-up approach. So we have developed SISCa. SISCa stands for ‘integrated health service program in the community’ or, in Portuguese, *Servisu Integrado Sude Comunita (SISCa)*. And SISCa covers all of the hamlets in East Timor. East Timor has more than 30 districts and 65 sub-districts, and then 442 sucos (villages), and then there are more than 2,000 hamlets. So we have created more than 600 SISCa posts around the territory.

So the principles are vital to us: the SISCa is from and of the community, and then we work together with the community. So the whole population who live in the city, in the mountains, in the valleys must receive the same quality of the health system. And all of the services are free in East Timor.

So the vision of SISCa is a new strategic approach, introduced by the Minister of Health, to support public health activities to increase access to health services.

SISCa was the subject of a State declaration and has a transdisciplinary approach, so all professionals and health workers can work in the SISCa. So it can be doctors, midwives, nurse, allied health and all of the community. And also we train people in health promotion to support SISCa.

SISCa is a cost effective intervention and it does not cost a lot of money to organise a local SISCa. We use real data to plan health interventions; we look at our solutions, and then at our problems. We really operate through community participation, so our people make decisions for their own health, and we make full use of the potential of our community leaders. So we try to approach the community leaders and then cooperate with them, and then we realise this SISCa.

And then SISCa is a marriage between access and demands. So in each location we make sure that we organise six tables in the community. Later on I will show you through the DVD—you will be able to see something of the reality of the organisation of SISCa in East Timor.

So through the participation of local people and with our health professionals and leaders we are able to provide quality services. There is strong participation in health facilities with that bottom-up approach. So if you come to East Timor you will see that it is possible for all of our people to get access to health services. You can come to the national hospital and you can visit all of their activities across the whole country. With SISCa, we visit once a month and the community leaders help us to organise everything.

The SISCa program has six parts or streams.

“SISCa events revolve around a “Six Table Assistance System” consisting of 1) population registration, 2) nutrition assistance, 3) maternal and child health, 4) personal hygiene and sanitation, 5) health care services, and 6) health education.”

The first is registration. With SISCa if there are at least 1000 people we can establish a SISCa post. If there are 100 to 300 families, we can have a SISCa post. So we can start to register people, we can collect good data, denominators and indicators, and then we can easily find the patients. Then we begin the work, based on the MDC program, work with mothers and children, patients with tuberculosis, matters relating to the immunisation program, and so on.

So this is table 2: the nutrition program. So every month, we have to weigh in the children and then we also have to give them information and talk about the kind of food that they consume at home—and then, if they have some problem, or they need some more education or information, we can help them.

And then the table 3 is about maternal and child health program. So we work with the mother and children. And this picture shows our register book for mothers and babies.

And then table 4: we do some health education and then also we some more information about hygiene and sanitation.

And then for the table 5 is health care services; so the health workers can help the pupil, they can do the treatment, and also a basic service there. If they have a problem, they can refer the patient to the hospital or the clinics.

And then the table 6 is health promotion and education. So all of the issues, like the five big diseases in Timor, we can give education on how to prevent them, how to refer them, and then how to treat them at home.

And then how to organise a SISCa, led by the head of each community health centre every month. They have to go to the community centre to do the SISCa program, and then all of their six tables have to be dealt with every month.

And this shows some of the results from the SISCa program after three years. As you can see from the figures on this slide, across the whole country there has been a major decrease in the rate of maternal mortality rate, and child mortality has been reduced by a factor of three (?) according to our survey information.

And then, the next step: we would like to improve the SISCa according to the schedule. For this to happen the community members must visit the SISCa regularly and then we will see if SISCa can meet the targets set for it.

Then we plan to decentralise the service so that its administration is no longer based in the city. We would like to organise SISCa around the communities, as close to the people as possible, including its budget.

SISCa visits each community every month and we sit together with our people and talk about solving any problems we have locally. So this is really important. We do this regularly—every month.

The results have been very encouraging. 61 per cent of SISCa's local village programs have met the standards set for them, and it was 61 per cent as well during the first six months of 2009.

The program has increased the population's easy access to health assistance. Immunisation coverage has increased and the number of family planning activities as well. So our fertility rate was really high—7.8 before—but it is already reduced to 5.7. Also, there has been increased antenatal care and postnatal care.

The district health service is improving. We work with the local authorities and with several partner organisations that are providing technical support and cooperating with us, such as AusAID as well as USAID.

In conclusion, we try to work hard, to create and organise a good health policy. We have a strong vision and we have everybody helping us with promoting our primary health care policy. We are working for healthy Timorese in a healthy Timor Leste. And we have a strong commitment.

Our health is in our own hands. So thank you.

I would like to invite you to watch a DVD which will show you some of the reality of SISCa in East Timor. So please enjoy the CD player.

(CD playing)

So in summary: our Government spends \$35-to \$50 every month for each of these local SISCa services. So we spend from the government budget one million a year on SISCa alone. And we want to be able to have one such service for every 100 families. SISCa will be an important part of our national strategic plan for our 2020 vision for health.

And it is good that we feel we are not on our own. Timor Leste still wants to cooperate and learn more from Australia, even though it's still a long way to come for us. Our two countries are close, and we are confident of further close professional cooperation.

Let me say on behalf of my government, Timor Leste, our Prime Minister, and our other Ministers, that we still want to cooperate closely with Australia, including between or health professionals.

And being here at this Rural Health Conference has been a good example of what we can do together.

So thank you very much. I have really enjoyed the hospitality and wish you all well.