

REPORT

SITUATION ANALYSIS ON EAR AND HEARING HEALTH CARE IN TIMOR LESTE

TIME OF VISIT: 19-28 March 2014

RESOURCE PERSONS:

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WHO TIMOR LESTE:

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NGOs:

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BACKGROUND



The Democratic Republic of Timor Leste (RDTL), is a South East Asian nation comprising of the eastern half part of the island Timor, the nearby islands of Atauro and Jaco, and the enclave of Oecusse. The Oecusse enclave sits within the Western part of Timor island belonging to the Republic of Indonesia. Timor is also known as Timor Lorosa'e: the land of crocodile because of its shape and legend.

Facts and Figures

Population: 1,114,000

Capital: Dili

Thirteen Districts: Aileu, Ainaro, Baucau, Maliana, Cova-Lima, Dili, Ermera, Lautem, Liquica, Manatuto, Manufahi, Viqueque, and the special autonomous district Oecussi (Ambeno)

Independence : recognized internationally, 20th of May 2002

Official language: Tetum and Portuguese (though, many elderly speak Indonesian)

Government: Head of state is President Ramos Horta, Prime Minister is Kay Rala Xanana Gusmao

Timor-Leste is a lower-middle-income country. In 2010 it had a gross national income of 2220 United States dollars (US\$) per capita and a population of 1.1 million. In the same year, about 41% of the population earned less than US\$ 0.55 per day and therefore fell below the national "poverty line". Per capita expenditure on health care has been steadily increasing over recent years: from US\$ 18 in 2006 to US\$ 31 in 2010.

Statistics

Gross national income per capita (PPP international \$, 2012)	6,230
Life expectancy at birth m/f (years, 2011)	63/65
Probability of dying under five (per 1 000 live births, 2012)	57
Probability of dying between 15 and 60 years m/f (per 1 000 population, 2011)	259/224
Total expenditure on health per capita (Intl \$, 2011)	82
Total expenditure on health as % of GDP (2011)	5.1

Epidemiological Data

Epidemiological research for basic data of ear disease and / or hearing impairment, has never been conducted. There is some data in the documents of the Ministry of Health as follows:

Maternal and Child Health Dept data: in under-five year old children being treated at the Health Centers, a total of 1080 girls and 988 boys were treated for ear disease. There is no further explanation, but we know that in this age group, acute and chronic suppurative otitis media would probably be the most prominent disorder.

From a census in 2010, there were 48,243 persons with disabilities, of which 20,593 had motoric, 29,488 had visual, 17,672 had hearing and 13,308 had mental disability. There was no other information regarding these figures.

MINISTRY OF HEALTH



The key person at MoH is Dr Herculano S. Dos Santos, who is the Head of Non Communicable Disease and Mental Health. This position is directly under Dr. Ines T. da Silva Almeida, the Director for Disease Control. Together with the Directorate of Community Health, Dr Isabel Maria Gomez, both are under coordination of the Directorate of National Public Health. The latter is directly under coordination of the Director General of Health with four other Directorates. (see organogram attached).

Both Dr Herculano and Dr Isabel have been discussing with me regarding the ear and hearing health program and the Sound Hearing 2030 initiative, and both have shown interest and sensitized to the need in the country.

Human Resources

- General physicians: around 400 doctors newly graduated from Cuban Universities spread out in all districts. 300 more fresh graduates will be graduating in the next few years. There is no medical council yet in Timor Leste.
- ENT doctors / Otolaryngologists: none, except one Cuban general ENT specialist consultant at the National Hospital in Dili
- One ENT nurse assisting the ENT specialist at the National Hospital Dili
- Audiologists: none
- Audiology Nurse / Audiometrist: one ENT nurse in the National Hospital, and one audiometrists in Bacau provincial hospital and one audiometrist at the Parish Health Clinic in Aileu
- Special teachers for the Deaf: two teachers at the Agape School for the Deaf
- There are no Speech Therapists for the Deaf, Hearing Aid Technicians: none

Governmental Health Service Delivery

Delivery of health services in Timor Leste is free. But medicines are limited at all levels of services, especially in rural areas. In many occasions, the patients have to

pay for medicine from private pharmacies, which are only available in Dili and therefore only accessible to the capital inhabitants.

The levels of health services:

- a. **National level:** the Dili National Hospital. The hospital is the only major healthcare facility in Timor-Leste, serving its growing population of over one million people.

There is an ENT outpatient clinic, with one Cuban ENT specialist, paid by the government, assisted by one trained nurse. Equipment is very minimal: head lamp, otoscope, and one old and never calibrated Audiometer. There is no microscopic set and the doctor does not perform any surgeries.

Also based at the hospital is the Royal Australasian College of Surgeons (RACS) working together with Timorese surgical team. An extensive range of surgeries – hernia repairs, caesarean sections, tumor excisions, hysterectomies are performed but no ear surgeries. Ear surgeries are performed at Bacau hospital, two hours drive from Dili.

- b. **District level:** there are five District Health Centers / Hospitals, that act as first referral from the District health centres or posts
- c. **Sub-District level:** each of the 13 districts have several health clinics and health posts. There are 66 government-owned community health centres, 42 maternity clinics and 193 health posts. Not all of the posts that do exist meet the Ministry of Health's minimum standards necessary to support a doctor. The Ministry of Health intends to place three doctors in each community health centre and one in each health post meeting the minimum standards. The inadequate standards of many health units may eventually result in underemployment of some of the new doctors and in inefficient use of doctors' time. There are 400 new doctors graduated from Cuba who are now filling all the health centers and posts all over the country.

TRAINING FACILITIES

NATIONAL UNIVERSITY OF TIMOR-LESTE (UNTL)

In September 2010, for the first time eighteen Timorese medical students graduated as medical doctors from the National University. This batch was the first graduates of doctors trained in Cuba for six years and in Timor-Leste for one year. The ceremony, which was a historic moment for Timor-Leste health sector, was attended by the Prime Minister, President, Ministries, Parliamentarian members and also Dean from the School of Medicines of Cuba. Before posting these new doctors at the Community Health Centres in various districts, they were going through two-week orientation on health programmes of the Ministry of Health. WHO Country Office Timor-Leste was requested by the Ministry of Health to provide support and technical assistance to the orientation programme for these new doctors.

The collaborative programme grew from a side meeting between then the Cuban President Fidel Castro and then Timor-Leste President Xanana Gusmao, in 2003, during the Non Aligned Nations Summit in Kuala Lumpur. Since then there were 700 Timorese sent to Cuba (in batches) to study medicines, around 200 Cuban doctors came to Timor-Leste provided health care services at districts health facilities, referral hospitals and at National Hospitals, Dili. In addition, a newly created Faculty of Medicine was attached to the National University of Timor-Leste. This faculty is managed by the Cuban Medical Brigade. At present, there are 150 medical students studying general medicine at UNTL here in Dili.

Several hundred Timorese students are also being trained as nurses and midwives at Timor-Leste's National University or Institute of Health Science. Other Timorese students are being trained as public health officers, either in Timor-Leste – at the Universidade da Paz or the Universidade Dili – or in overseas institutions, mostly in Indonesia.

There is a need and demand for specialist training and continuing professional development. Only nine specialists were employed by the Ministry of Health in 2010 and most of them were put in the Ministry itself to hold administrative / managerial posts. Timor-Leste's National University – in collaboration with the Ministry of Health and the Royal Australasian College of Surgeons – already delivers postgraduate training in general surgery, obstetrics, paediatrics, anaesthesia and internal medicine. After at least two years of service, doctors can enroll on this 18-month diploma course, which is seen as a pathway to specialization. The Ministry of Health is exploring possibilities for future international collaboration for specialist training with Cuba, Indonesia and several other countries.

Only one general doctor is at present in training for ENT specialization, at the Udayana University in Bali, Indonesia.

NGOs

a. “Uma Ita Nian” Parish health Clinic lead by the Maryknoll Sisters / Catholic Church – Free Used Hearing Aids program



This is a small clinic established in Aileu, a district city up in the mountains. The clinic has one full time general doctor, one part time midwife, one trained health worker and several administrative staff. Patients who come in the morning until afternoon, get free examination and medicine.

In the year 1998, an audiologist from Melbourne Australia known as “Dr Sam”, has donated a second hand Audiometer to the clinic, and trained three health workers to perform audiometric tests, make ear cast for persons who are candidates, and fit hearing aids. Since then until now, the ear casts are sent to him in Melbourne, and he sends back a refurbished used hearing aid and ear mould to be fitted to the candidate. Around two to four candidates are fitted every year.

Although in small amounts of people fitted, this is the one and only clinic with refurbished used hearing aids program in Timor Leste.

As volunteer consultant, I examined , treated and cleaned ears of around 30 patients at the Clinic, 20 patients at the Health Center, and 50 Elementary School children. Several cases of chronic suppurative otitis media were detected and treated as well as blocking cerumen , hearing loss in the aged and one case of a male youth with signs of noise induced hearing loss.

b. PRIMARY EAR CARE PROJECT OF ATLASS BY THE ROYAL AUSTRALIAN COLLEGE OF SURGEONS , BAUCAU HOSPITAL.

The Australia Timor-Leste Program of Assistance for Secondary Services - Phase II (ATLASS II) is funded by the Australian Government and managed by the Royal Australasian College of Surgeons (RACS).

ATLASS II Program Partners:

- Australian Government
- MoH TL
- National University of Timor Leste

Bacau Clinic: a dedicated Timorese Primary Ear Care nurse was identified working in an outpatient clinic, allowing the public to have access to ear care services. This clinic allowed an efficient mechanism for the referral of patients to the visiting ENT surgeon team. The project has introduced clinic equipment such as head light, horn probes, alligator forceps, the use of suction and an audiometer. Since 2012 there have been 10 visits by RACS teams from Australia, 4 in Dili and 6 in Bacau. In 2012, 92 ear surgeries, while in 2013, 29 ear surgeries were done.

It was decided that training of community health center nurses in very basic primary ear care was very important, and every district should have one or two special Primary ear care nurses. Until now several nurses have been trained in Viquegue, Los Palos and Mehera, this allowed primary ear care to expand to other districts around Bacau. For this training, several workbooks on basic ear health have been translated into Tetun, using the WHO training modules. Besides ear care services, health promotion on ear care and keeping ears clean was given to school children and “mothers and babies groups”. In January 2014, the Australian volunteer ear care nurse who gave the training sessions has departed. For the future, it is suggested to continue with the second phase in the Eastern districts. This depends on the availability of support from Australian government and, or, NGO and charity organizations like the Baldwyn Rotary Club in Australia.

c. AGAPE SCHOOL FOR THE DEAF

This school is the first educational institute for the Deaf in Timor Lest, lead by MrsWennie Fernandez, the wife of a Phillipino missionary.

Main educational / communication methods is signing and total communication. The American Sign Language is used, while the local sign language has just begun to be described, and will be the first draft for the National Sign Language. The age the school started is 6 years old. There are about students, none of them are wearing hearing aids.

The Agape School for the deaf is training adults in handicraft and organize merchandize to be sold at the Timor Plaza.

Other NGOs:

a. ASSERT (CBM SUPPORTED)

This is a NGO for disability, established in 2005 through the support of Timor Leste Government, Cambodia Trust and CBM . The program started the Timor Lorosa'e Centre for Physical Rehabilitation (TLSPR), a rehabilitation centre in the capital of Timor Leste, to meet the demand for orthopaedic devices such as prosthesis and orthoses and other rehabilitation services such as physiotherapy and occupational therapy.

CBM has supported a CBR program to ensure that people with disabilities are not only given services in the TLSPR but are also reached in the community. CBM also supported a TOT training last year, on the use of Prevention Toolkits in early identification and intervention of children with disabilities and the treatment of cerebral palsy. At the time of this visit the CBM officer has finished the work and left Dili.

b. FRED HOLLOWES FOUNDATION FOR EYE CARE

Since 2005, The Foundation's sister organisation, The Fred Hollows Foundation New Zealand, has worked closely with the government of Timor-Leste to provide vital eye health services for the nation's one million inhabitants and to develop and implement a national eye health strategy.

In collaboration with government and local partners a range of appropriate eye health services have been developed. The Foundation is working with the nation's Ministry of Health to develop a new 5-Year National Eye Health Strategy, repair district eye clinics, provide eye care equipment and supplies, and provide in-service training and equipment to Ministry of Health eye care nurses and technicians who work in remote eye clinics.

The Foundation also completed the country's second national eye health survey in 2010, which will help refine the planning and delivery of services in Timor-Leste over the next five years.

The Foundation's long-term goal is to provide ongoing support to the government and its local partners, helping them to establish a comprehensive and sustainable national eye health program that address the major causes of blindness and low vision.

Programs:

- Perform 478 cataract operations and 2,804 other sight saving or improving interventions
- Train 14 clinic support staff and 46 community health workers
- Screen 10,819 people
- Construct, renovate or upgrade eight facilities including a new national eye centre in Dili
- Deliver \$25,305 worth of medical equipment.

The opening of the National Eye Centre is a significant step towards creating an effective and sustainable eye health program in Timor-Leste and

provides a major resource to the nation's government to assist with the development of a comprehensive health infrastructure.

c. KLIBUR DOMIN (KD) FOR TUBERCULOSIS AND COMMUNITY BASED REHABILITATION (CBR)

In the year 2000 Ryder-Cheshire Australia established a health care facility in the village of Tibar and called it Klibur Domin, which in the local dialect means *Sharing Love*.

KD is involved in outreach programs where staff members are transported into the districts to serve rural communities through education, TB and Malaria testing and other medical and support services including community based rehabilitation.

SUMMARY:

Ear and Hearing Health Care

- There are no data on the prevalence of ear disease and hearing impairment in Timor Leste. During first-hand clinical consultation work, I found a lot of cases with chronic middle ear infections and perforated ear drums, blocking cerumen in school children and hearing loss in the aged.
- Health services in terms of human resources, infrastructure as well as programs for ear disease and hearing impairment are very minimal in this new country. –
- There is not one ENT specialist doctor in the country other than one Cuban ENT specialist at the National Hospital.
- One general physician is at the moment a third year resident in ENT specialization program of the Universitas Udayana in Bali, Indonesia.
- There is no National Program for prevention of deafness and hearing impairment, no national policy for ear and hearing health care or law regarding environmental noise.
- There is a sporadic program for primary ear care (training of nurses and special ENT nurse) and ear surgery sessions by visiting teams from Australia at the Bacau hospital in the Eastern part (RACS/ ATCLASS team)
- Some WHO material for training has been translated into Tetun language by the primary ear care program in Bacau. This can be used for future training programs.

Hearing Aid Fitting Services

- There is no audiologist nor speech therapist in the country.
- There are three audiometrists/ audology technicians, one each at the Dili national hospital ENT clinic, the Bacau hospital clinic, and the Aileu parish clinic.
- There is no service for hearing aid fitting, even at the capital city Dili.

- A small program at the Aileu Uma Ita Nian Clinic fits hearing aids by a trained nurse, mostly in the aged, in personal cooperation with an audiologist in Melbourne.

Ear and hearing education and CBR

- Only one small institution, the AGAPE school for the Deaf , under leadership of a Phillipino special teacher and assistants, giving education and livelihood training for around 30 deaf children and adults.
- In the past CBM has supported ASSERT, a NGO working for the disabled. This NGO is promoting CBR program. At th time of visit, there is no staff of CBM present in Dili.

RECOMMENDATIONS:

- a. Basic population data research, for cause and magnitude of ear disease and hearing impairment in the population, using the WHO survey protocol, by the MoH who showed interest in undertaking this, suggested seeking support of WHO Timor Leste country office, and technical support from a Sound Hearing 2030 consultant.
- b. Human resource capacity building by Training of Trainers (TOT) of allied health personnel is crucial (using the WHO material that have partly bn translated into Tetun language):
 1. Intermediate level : particularly for the 400 newly graduated general doctors distributed though out all Districts and Specialist ENT nurses
 2. Basic level: for health workers in the Community Health Centres and Health Posts.
- c. Assessment of basic equipment and essential drugs needed in the country
- d. Forming a National Committee for prevention of ear disease and hearing impairment is not possible, due to limited human resources. But instead, a Strategic Plan Workshop for sustainable community ear and hearing health to be initiated including focal persons of the MoH and all stakeholders, with expertise from Sound Hearing 2030 consultant and or neighboring National Committees (Indonesia and Phillipines)
- e. To trigger pro-active programs, focal persons to join in Sound Hearing 2030 meetings in the future.
- f. Since Eye care services are in place by the Fred Hollows Foundation, maybe a combined eye and ear care service program can be advocated in future.

Jakarta, 8th April 2014
Dr Bulantrisna Djelantik

PHOTOS



**Uma Ita Nian
catholic Clinic Aileu**



**Ear check in an elementary
school , Aileu**



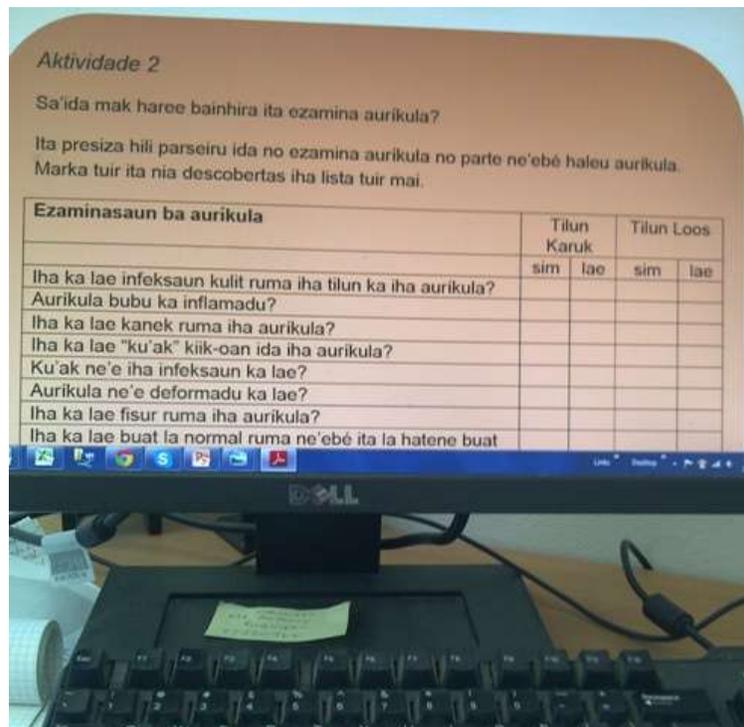
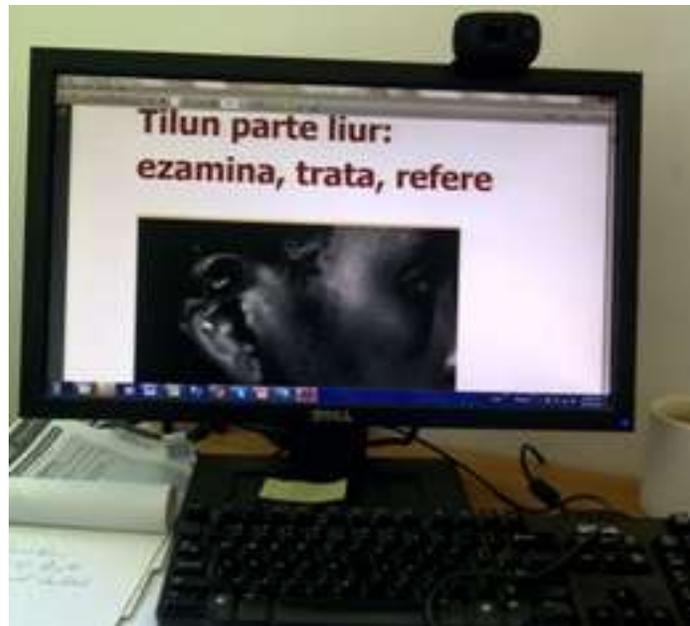
**A community health
worker at the Uma Ita
Nian clinic, Aileu**



**With ENT nurse
Maria at Nat
Hospital Dili**



**With Dr Eric
Vreede. ATLASS at
Nat. Hosp Dili**



Translated WHO training Modules at the Bacau
 Priamry Ear Care Project 2012-2013



Agape School for the Deaf, Dili



**Dr Bulan, Dr Luna, Mr Pinto, Dr
Pandav, at WHO – Timor Leste
country office**