

JUDE COMFORT

## CHAPTER 11

### *The Motivation, Impact and Challenges of Foreign Health Workers in Timor-Leste*

#### ABSTRACT

The health sector in Timor-Leste is overseen by the Ministry of Health (MoH). It is composed of both the government run health system and a plethora of non government players. These range from large NGOs to smaller organisations and individuals, many of whom opportunistically become involved in the reconstruction process. There has been a groundswell of support from overseas countries keen to assist in the rebuilding of the formerly neglected Timor-Leste. Foreign health workers are involved in many levels of health service delivery, policy development and strategic planning. A large foreign workforce remains in Dili at the Dili Hospital, MoH and NGO head offices. Foreign health workers are also found in rural districts, working in a range of settings. This mix of government and NGO health service delivery is complex and not all activities are well documented (key informant MoH).

This chapter will initially provide a background of the role of foreign health workers in Timor-Leste, then explore their motivations and challenges, and finally briefly discuss the impact of their work. Much of this chapter has been drawn from a qualitative research project completed in Timor-Leste in 2005. This was an exploratory case study using qualitative methodology that included in-depth interviews with foreign health workers, focus group discussions, and key informant interviews. The chapter contains illustrative quotes from these interviews.

#### THE HEALTH SETTING OF POST-CONFLICT TIMOR-LESTE

It appears that during the post referendum emergency period, health systems were deliberately targeted. Combined with the departure of most of the Indonesian qualified medical workforce, the health service was left in tatters. The emergency period saw a quick response of humanitarian aid delivered by the international community through a multi-agency rescue effort (Morris, 2001). Within one year

of the referendum there were over forty mainly international NGOs, each with their own administration and international workforce, operating throughout the country (ICRC, 2003; International Rescue Committee, 2000; Morris, 2001; Povey & Mercer, 2002). During the interim transitional phase when the country was administered by UNAET (United Nations Administration of Timor-Leste), the emphasis moved from a basic emergency humanitarian response to facilitating the transition of power and authority to an elected Timorese government (Fluri, 2003; Morris, 2001).

In the current post-conflict setting, the MoH has now been operationalised and the national health plan has been implemented. Many international NGOs have been phased out from providing local-level health services, while many Timorese have been recruited to the health sector. International physicians are also being recruited to some of the more senior positions, and training programs for different specialist professions have been put in place. However, the lack of locally trained specialists, especially at Dili Hospital, is a major limitation to the long term goal of having an autonomous Timorese hospital (Beckett, 2004; Democratic Republic of Timor-Leste, 2002; Povey & Mercer, 2002).

There has also been the emergence of other international NGOs who are developing specific partnerships based on capacity building and service provision. For example, Mater Care International has a commitment to the provision of obstetric work in Timor-Leste using Australian specialists (Walley, 2001). Also active is the International Centre for Eyecare Education (ICEE), who, following consultation with the MoH, customised and delivered a nine day primary eye care course for nurses (Ramke, nd). Klibur Domin, supported by the Ryder-Cheshire Foundations in Australia, runs a home in Dili caring for disabled people and providing training to Timorese staff (Klibur Domin, nd).

During Timor-Leste's post-conflict period, there has been much goodwill shown by the international aid community in contributing to the reconstruction of one of the world's poorest countries. One manifestation of this has been the partnerships formed at either the institutional level (eg. Medicines Sans Frontieres and AusAid), or at the individual level, where medical and health workers are keen to contribute their knowledge and skills to the rebuilding of the country's health infrastructure. This has resulted in a considerable number of expatriate health professionals working for varying periods of time in either a voluntary or paid capacity in different settings in Timor-Leste. However, it has also been a time of potential tension between the acceptance of the goodwill of NGOs and other donor sources, and the newly emerging government ministry wanting to move towards a more sustainable and planned framework for service delivery.

Post-conflict health settings have many challenges. In Timor-Leste some of these challenges, which also impact on human resource issues, include:

- lack of locally trained professional health workers
- international aid organizations working in the health arena where there may be problems of lack of coordination, overlap of services, clash of interests (such as offers of high tech equipment); co-opting health workers to become translators; adoption of clinical standards that will be hard to maintain (Morris, 2001)

- a population who have been distrustful of the health care system under the Indonesians (such as fertility control programs as thinly disguised genocide), means people may not readily access facilities (Franks, 1996)
- people often only presenting to health services and hospitals at a very late stage of disease or health problem
- few primary health centers and few functioning health centers
- destruction of health records
- poor general infrastructure that impacts on health care, e.g., roads, sanitation, transport, communication, education
- staff working under difficult situations
- funding insecurities (Oxfam Community Aid Abroad, 2004; Republica Democratica de Timor-Leste & United Nations Development Programme, 2003; United Nations Development Programme, 2005).

#### HEALTH WORKFORCE ISSUES IN TIMOR-LESTE

A sustainable health system in Timor-Leste will require a concerted effort to work towards a local, skilled health workforce. Prior to the referendum, most senior health positions were held by Indonesian public servants who left the country during the post referendum violence. It is likely the health workforce will require support from developed countries for some time until a sustainable national health workforce is achieved (Chen et al., 2004).

The workforce requirements of Timor-Leste need to be considered against the backdrop of world-wide health workforce trends, such as higher concentrations of health professionals in urban areas and in developed countries, and the 'brain drain' of health workers migrating from developing to developed countries. Timor-Leste could be facing a competitive environment in attracting and retaining qualified health workers (Baravilala & Moulds, 2004; Bourassa, Forcier, Simoens & Giuffrida, 2004; Duke, Tefuarani & Baravilala, 2004; Wibulpolprasert & Pengpaibon, 2003; Zurn, et al., 2004).

A MoH spokesperson recently indicated that a ten-year plan for human resources for the health sector, including the private sector, has been developed. One of the challenges facing the MoH is the lack of capacity in keeping track of all the current health activities within the country. The size of the non-government health delivery sector is estimated to account for 50 percent of health services (key informant MoH). This includes faith organizations, NGOs and private practitioners. Human resource planning is now considering the training options for the country whilst working to better account for and manage the NGO sector. Although training is required for all levels of health service delivery, the emphasis appears to be on that of doctors and medical specialists. While a new Institute of Health Sciences has been given legislative formality and will be a key player in this, at this stage it is not a fully functioning entity. There is continued concern to ensure that volunteer and NGO organizations work within a framework of responsibility to the MoH, and integrate their services in line with the national health plan (Key Informant, Ministry of Health advisor).

A further challenge is that many of the Timorese doctors have found themselves in advisory and planning positions. As one key informant explained,

*(The health system) is heavily oriented towards expat doctors at the moment. Even though there are about 40 qualified doctors in Timor-Leste, about 90 percent of them are working in the public sector. Not all of them are working as doctors. Some are working in different capacities as advisors like clinical advisors for donor organizations. There is more money in this. Doctors, everyone in the health system is paid poorly. Incentives to stay are very low* (Key informant, Ministry of Health advisor)

One of the challenges facing the rebuilding of the health system is to develop skills appropriate for the facilities available, the local disease mix and the health budgets. Such planning needs to look at both the training needs of current and future Timorese staff and also the role of foreign health workers. However this is not always a clear or simple decision, for example, the concept of specialist surgical teams who fly in for a short time to undertake procedures that are not routinely available. Some commentators suggest the funding allocation for this would be better spent on public health initiatives such as sanitation measures (Watters & Scott, 2004).

Post-conflict health settings usually see international workers opting for placements of six months to two years. Volunteer placements are also important during this period and have the potential to be effective in longer term sustainable projects (United Nations Volunteers, 2002; United Nations Development Programme, 2003). Foreign health workers in Timor-Leste can be loosely grouped as follows:

- Those who work as self-funded volunteers on short term placements
- Those who were working for NGOs in what are termed 'volunteer' positions i.e. usually of one to two years duration and receiving a living wage; Australian Volunteer International positions are an example
- Those who work in contract positions, particularly within the MoH, who could be seen as career development workers

#### FOREIGN HEALTH WORKERS

There has been little formal research on the areas of motivation, rewards, challenges, training opportunities and perceptions of the impact of foreign health workers in a post-conflict setting. Based on work undertaken in Timor-Leste in 2005, these issues have been explored under the areas of motivation, impact and challenges (Comfort, 2005).

##### *Motivation*

The underlying motivation for foreign health workers being in Timor-Leste in the post-conflict phase was often explained as wanting to make a contribution to help improve the country's overwhelming poor health situation, with the belief that this work would make a difference.

*Back home there are specialists (obstetrics and gynaecologists) all around. Here they need help from doctors and specialists. They need us* (Dili Hospital Specialist).

This sentiment of contributing to improving health in Timor-Leste was often supported by a feeling of being able to make a difference by working in a developing country setting in contrast with the situation in Australia or other developed countries. This emerged as a very strong motivator in respondents. The situation in developed countries was often discussed in terms of being embroiled in administration, report writing, excessive policies and procedures that were seen as often taking away from actually delivering professional services.

*My work in Australia did not have any impact . . . (my profession) was getting to the point where we were worrying about minutiae, and legislative overload. Absolutely no relevance to patient outcome . . . absolutely most rewarding the difference you can make here* (Dili Hospital contract specialist).

Those in volunteer positions often talked of this contribution in altruistic terms. That is, their actions in working in a developing country were driven by a desire to give something to others. For these people monetary reward was secondary, and in fact many volunteers were completely self-funded.

*I think when you have a good life you need to help people where you can. I guess I've always been aware of how lucky we are in Australia* (Self funded volunteer nurse).

Most foreign workers clearly stated that part of the motivation of working in developing countries was that the work was more rewarding, professionally challenging and of greater impact. Work was considered to be professionally challenging because of the greater variety and also due to the greater level of work responsibility than in a developed country. The environment of a developing country also presented opportunities to treat or be exposed to work practices that would not arise in developed countries, such as dealing with tropical diseases or advanced cases. Timor-Leste was also described as offering a much broader range of experiences because of fewer constraints around job descriptions with a sense of wanting to do whatever was possible.

*As a physiotherapist in the United States I don't enjoy it as much as here. There is a real push for efficiency, paperwork, reports. This is not the only reason to come here but it is good that you don't have to deal with that here. You are able to work far more as you want to work with far more autonomy* (Long term funded volunteer).

Several respondents specifically commented on the rewards of being professionally stretched by the work environment.

*Professionally having to be stretched by operating with more limited equipment . . . doing procedures that you don't often do at home. Also the*

*rewards of looking at some of the big picture, what is important in life (Self funded volunteer).*

Several people saw the professional reward in seeing systems they had been involved in developing come to fruition. There was the implication that it was harder to see such results in such a short time in their home country and their work in Timor-Leste, therefore had a real impact.

*To know that I have had a huge influence in introducing primary health care, which had been talked about but nobody had been able to put it down on paper on how to introduce it. Probably the highlight of my career (Ministry of Health advisor).*

While it was acknowledged by some that the greater level of autonomy is attractive, it can also be a source of potential problems. In a country struggling to fill qualified positions there is not always adequate supervision by those more experienced, especially with NGOs or in the more remote locations. The following quote illustrates the double edge of increased autonomy.

*You get really devoted staff here doing a great job . . . Some people who are really good at their jobs come over for what would traditionally be called the 'right reasons'. Then you get others who get jobs here because they couldn't work anywhere else. The cowboys . . . the place really lends itself to both. A lot of the folks who do good, productive work here, would not (be so productive) in another more confining environment, they would not . . . flourish so much (Funded volunteer).*

For some foreign workers the history of Timor-Leste was motivated by a conscious social justice/political decision to work specifically in the country. This tended to be more strongly stated by both funded and self funded volunteers. Often there was a sentiment of wanting to contribute something to a country they felt had been neglected by much of the world.

*I have been involved with Timor-Leste through the social justice group of our local church and I took on the distribution of Timorese coffee . . . I thought surely I could contribute something . . . (Self funded volunteer nurse).*

Although not a prime motivator, many foreign workers acknowledged that working overseas would contribute to their career development. This was regardless of whether they were short term volunteers or development career workers.

### *Impact*

When foreign health workers were asked what they thought the impact had been from their work in Timor-Leste, three areas emerged: filling what was otherwise a clinical vacuum; training and assisting in skills development; and awareness-raising on returning to their own community.

As so many Indonesian doctors left after the emergency phase, there has been a need to rebuild the entire health service whilst human resource shortages abound.

The following respondents illustrate the problems in rebuilding and staffing of the National Hospital in Dili:

*(The hospital is)...completely reliant on external aid and in terms of comprehensive medical care at a referral hospital level still reliant on external assistance. External assistance helped fill a gap - got through an emergency, helped establish services. Still a lot of external assistance in health both in the Ministry and in services (Specialist, NGO).*

*Presence of expats has a very big impact. They have no specialists here. The expats have done a great thing for them . . . so they really need the expertise here (Specialist, Dili hospital).*

*(Many Timorese are off getting training) . . . this is the reason we are helping. Maybe after a couple of years the first Timor-Leste specialist trainee will return. However for others it will be another 4 or 5 years before other specialists return from training (Specialist, Dili Hospital).*

All respondents stated there were opportunities to train local staff, and this was an important part of their placement and also important in terms of working towards a sustainable health service. For some, particularly MoH advisors or MoH doctors, capacity building and training was a formal expectation of their position. Yet whether it was a formal expectation or not training occurred for many respondents in an informal and opportunistic manner. However, it was also acknowledged that sometimes the delivery of clinical services was more important than the delivery of training (MoH advisor).

*There is a substantial impact given by foreign doctors because we are not only treating the patients but we are also trying to transfer our skills to the local Timorese doctors. Like the doctors working with me in paediatrics. I have started making regular presentations once a week, giving them bedside teaching, asking them questions, sharing ideas. So that we are preparing them for their further residency programme as well. They are happy with this work, not only treating patients. We are giving something else as well. Giving training, making protocols, treatment guidelines etc. I am sure we have given a good impact (Specialist, Dili Hospital).*

A general challenge in training local staff was the basic level of education across the country was very low. Then there was the subsequent challenge of what language to deliver training in.

*No formal training was given. When the situation arose then I would do some on the job training. Really pragmatic teaching eg sterilising while actually doing it. (my Tetun) was not strong. If I went again I could probably do more formalised training with locals and plan something (Self funded volunteer doctor).*

Several respondents commented that it was not always clinical experience that was required in the training area.

*Definitely need some work training in strategic things like in project stuff like project proposals. I have been helping to write a proposal for a health promotion coordinator (Funded volunteer in an administrative position).*

*It is all about skills transfer but skills transfer in areas that I had not thought it would be. Things like planning when you are going to do things, accounting for donor funds, learning about receipts, management level, strategic planning like what are the aims of the organization and what can they achieve with the resources they have. The sort of things that they never really had the opportunity to be part of before (Long term funded volunteer).*

Several talked about needing to balance service delivery with training, especially when training was not a formal part of their job description.

*It is always a challenge to balance the service delivery with training in any area, and in developing countries (this) may be harder (Self funded volunteer doctor).*

Despite comments by several respondents about how keen the local Timorese were to learn, training was not without its challenges. Some of this appeared to be related to the early stages of developing training options for the Timorese in an environment that is unlikely to have included the range of training options now being presented.

*There are lots of challenges to training here. There has certainly been a huge amount of training done however perhaps not so much a change in performance. One of the major problems in training here is that follow-up of training has been poor, neglected or non existent . . . The staff all love training. I am not sure if it is because they love learning or they want to get . . . formal recognition, other ancillary benefits (Specialist with NGO).*

Although capacity building and training have attracted specific aid programs and funding within Timor-Leste, this was seen by some respondents as not necessarily being money well spent, especially when delivered by fly-in fly-out 'experts' with minimal local consultation. Some respondents felt that this was an expensive process that had little chance for adequate follow-up.

*No doubt that training could be done better . . . It is not worth supporting unless it is linked to supervision and follow-up. A lot of people fly in fly out; spend money and think they have done something and changed things. Maybe nothing changes if you do it in country either, but if you build in that other stuff, then you can at least try (Specialist with NGO).*

Several respondents were involved in the formal training of a counterpart where on-the-job mentoring was an important part of the capacity building process. This was particularly the case for some senior advisory positions within the MoH who would work alongside a Timorese local being groomed to eventually have sole responsibility for the position.

*(training is) always part of job . . . at an individual level either with a counterpart or with others in health department . . . mentoring as one method, other methods often informal training, ad hoc opportunistic training (Advisor, Ministry of Health).*

Short term volunteers particularly indicated the impact they would have in being able to raise awareness, funds and potentially interest others to work in the country, once they had returned home.

*The positive impact of cultural exchange has been great . . . Often also bring in a lot of donated medical supplies and monetary donations. Often take back with them a great experience and photographs for their friends and this is a great thing for Timor-Leste. They are ambassadors for Timor-Leste. They also can give lots of links with overseas medical help eg someone needed heart surgery and the nurses got involved in fundraising and getting the surgery happening organizing flights etc. Which is great (Funded volunteer).*

Although many positives can flow from foreign health workers in a country, there can also be negative impacts – both professional and social. In the working environment these negatives included:

- Issues of cultural insensitivity
- Lack of willingness by some foreigners to work equitably with local staff
- Lack of willingness of some staff to learn the local language
- The undue power and influence given to foreign health workers
- The reticence of local staff to make decisions when there were foreign health workers present and a resulting situation of reliance on foreign workers
- The potential for a system of dependence on foreign health workers and their practices
- The impact of short term placements which result in constant change

One MoH respondent summarized the impact of foreign health workers as one of confusion.

*(the impact is) confusion. There is a lack of integration as a lot of them (foreigners) don't integrate into the system either professionally or socially. They try to adapt Western medicine or health care into the systems here and they are completely inappropriate. They don't understand the mindset or the context here. They try and use things that aren't even sustainable or available in this country. The worse thing is those that . . . openly bag the (national) programme and say it is wrong . . . constantly changing system (Ministry of Health advisor).*

There were also several comments regarding the negative impacts of a constantly changing foreign health workforce. Often a result of the nature of short term placements, in the self-funded volunteer area, placements can be as short as ten days.

*In terms of foreign doctors in the country at the moment, what is the impact of length of staying here? Those who come for a month or two perhaps, they*

*breeze in and out a lot. Unless they have a very defined role and a particular project to work for . . . I'm not sure they do much in the long term. Probably in fact detract from what is being done on a continuing basis by the system (Key informant, Ministry of Health advisor).*

### Challenges

Although there were many rewards for foreign health workers in Timor-Leste, as with any situation in a developing country there were also challenges and frustrations. The two primary challenges that emerged were resource constraints and working in a cross cultural setting. Severe resource limitations could negatively impact the working environment. Such constraints consisted of both practical material supplies and equipment, and also of human resource limitations, most often surrounding the lack of qualified staff.

*. . . in the modern days of medical science, you would love to work in a set up where you can get all the investigations done you want, and all the medications you want to give. But this is not the case in Timor-Leste. There are lots of resource constraints. You can't prescribe the medications you want to prescribe; so you have to compromise a bit. You don't get the drugs you want sometimes . . . (resource constraints make the work) . . . sometimes a bit stressful. You don't always have the equipment either (Specialist, Dili Hospital).*

Most respondents explained that language was a major challenge to working cross culturally. In Timor-Leste this is made even more complex by the fact that while the official languages are Portuguese and Tetum, many people only use Bahasa Indonesian or their home district dialect as their preferred language. Leach has provided a detailed discussion of the challenges of language in Timor-Leste (Leach 2003). Impressively, most respondents had made an effort to learn Tetum, while others had access to formal training. Many long term respondents were fluent in Tetum.

*The work load is exacerbated by the language barrier. Some things I am comfortable with. While others you are not quite sure you have the story right, or understand really why they have come, or what the problem is. This is especially with STDs. There are no diagnostic tests and you haven't the right drugs anyway, and there are no condoms anyway. The whole women's health thing and the cultural challenge of that; contraception, domestic violence, STD; it's a bit overwhelming (Self funded volunteer doctor).*

Other frustrations arising from working cross culturally, often in the approach to work practices, included:

- Working within the parameters of 'Timor time'. This is a more relaxed attitude than the Western concept of time resulting in meetings not necessarily starting on time, a great tolerance of waiting and sometimes a lack of urgency about getting tasks done.

- The time taken to get seemingly simple things done because of a range of other problems, many of which were not understood or stated. This could be because consultations with a range of people needs to be undertaken before a decision can be made, or there may be a death in the family which means key decision makers may not be available.
- Being put on a pedestal because of Western medical qualifications when in fact there are times when the local staff had far more experience and knowledge. Most Timorese greatly respect Western education and training and will assume that foreign workers are in a better position to make an informed decision. The Timorese are often very conscious of their lack of formal training and technical skills.
- Seeing culturally inappropriate Western practices and expectations being applied to Timor-Leste, such as requesting a biopsy even though there was no follow-up oncology treatment if a carcinoma was confirmed. This was also noted as applying to inappropriate donated goods, for example, when a sophisticated autoclaving system was donated to a community that had an inconsistent electricity supply and no way of ensuring ongoing maintenance of the equipment.
- Different prioritizing of clinical cases. An example is in the area of childbirth, where the seriousness of some presentations and the need for immediate interventions were not always recognized by either the patient or sometimes the Timorese staff.
- Working in an environment where many Timorese have little experience of actively taking decisions and hence will often wait for the foreign worker to make the decision. In the health sector most key positions were previously held by Indonesians who were the decision makers.
- The emerging bureaucracy and its idiosyncrasies were often seen as frustrating. A quarter of respondents made particular mention of the difficulties of working with the MoH and other government agencies in the country.

### DISCUSSION

The post-conflict reconstruction phase, by its very nature, has a heavy reliance on foreign workers. This is especially evident in the health field where the human resources required to provide essential health services whilst planning for future services, are unlikely to be able to be met from within the country. What then is the place of foreign health workers in a post-conflict setting? Regrettably, there is unlikely to be a decrease in the number of post-conflict reconstruction settings globally in the foreseeable future.

This chapter has attempted to describe some of the issues that revolve around the placement of foreign health workers in post-conflict Timor-Leste. There has been little formal research undertaken looking at the impact of foreign health workers. The reasons for this may include:

- Political sensitivities of acknowledging potentially poor practice in the use of foreign health workers

- Reluctance of organizations to fund training and evaluation of workforce performance at the expense and pressure to put funds directly into programme delivery
- Receipt of funding which dictates given project outcomes, rarely with inclusion of funding for monitoring or improving workforce practice.

A better understanding of the role of foreign health workers has the potential to enhance their field practice and improve their overall impact. Further research questions remain, such as what is the impact of the self funded volunteer sector in post-conflict settings? What is the role of volunteer placements as career transitions and what barriers face these workers in securing an overseas placement? Research is also needed to investigate how the host country views foreign health workers. While there are undoubtedly many positives that flow from the use of foreign health workers in a post-conflict setting, there is a need for continued scrutiny and critical analysis of the partnerships being undertaken with host countries.

Many complexities exist around the use of foreign workers. Finau discusses some of these issues including the division of loyalties; an undermining of the credibility of local personnel; inappropriately raised community expectations; and the subtle colonialism inherent in the use of expatriate workers. Finau also notes that while poor workforce management often results during politically unstable periods, this is the time that foreign workers are often needed and used (1997). Pfeiffer suggests that there needs to be a substantial rethinking of the way that NGOs operate within the development framework to a position that is far more inclusive of local players. He argues that the deluge of NGO workers can lead to a fragmentation of the local system and an undermining of local control of the health sector (2003).

Many professionals from developed countries want to contribute to post-conflict reconstruction in developing contexts. The global and transient nature of health care workers means that this involvement will continue. However, such an involvement needs to work to maximize returns for both their host country and also for the worker themselves. Continued critical examination of foreign health workers who wish to work in post-conflict settings is required to ensure the practice is culturally appropriate and in a respectful partnership with the host country.

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Jude Comfort  
Curtin University of Technology  
Western Australia