

EU-WHO Universal Health Coverage Partnership in Timor-Leste

2013–2015 (3-Year Report)

Supporting policy dialogue on national health policies, strategies and plans and
universal health coverage



EU-WHO Universal Health Coverage Partnership

The European Union (EU) and the World Health Organization (WHO) began a partnership in October 2011 to support health policy dialogue in seven countries: Liberia, Moldova, Sierra Leone, Sudan, Togo, Tunisia and Vietnam.

In 2013, the EU-WHO Universal Health Coverage Partnership was expanded to include Timor-Leste and six other countries: Chad, Democratic Republic of the Congo, Guinea, Mozambique, South Sudan and Yemen.



Minister of Health, H.E. Dr Sergio GC Lobo, SpB and development partners at the EU-WHO UHC Partnership Road Map presentation, 10 May 2013

Objectives

The overall objective is to improve health sector results in selected countries by:

Supporting the development and implementation of robust national health policies, strategies and plans (NHPSP) to increase coverage with essential health services, financial risks protection and health equity; Improving the technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogues; and fostering international and national stakeholders to be increasingly aligned around NHPSP and adhere to other aid effectiveness principles.

Launch in Timor-Leste

An inception mission took place in Dili on 8–10 May 2013 to launch the EU-WHO Universal Health Coverage Partnership in Timor-Leste. Members of the mission team included Dr Hernan Montenegro, Health Systems Advisor, WHO Headquarters Geneva; Dr Rajesh Pandav, Health Policy Advisor, WHO Timor-Leste and Dr Jorge Mario Luna, WHO Representative to Timor-Leste.

The purpose of the mission was to discuss key areas for policy dialogue and support activities under the EU-WHO Universal Health Coverage Partnership with senior officials from the Ministry of Health (MoH) and key development partners, such as the EU, AusAID, USAID and the World Bank.

A road map (see Annex 1) was agreed upon by all partners for the three-year programme running from 2013 and 2015. The road map outlined four priority areas for policy dialogue including:

1. National Policy formulation and implementation; community participation,

inter-sectoral coordination and harmonization/alignment of international cooperation for health;

2. Health Systems Financing for Universal Health Coverage;
3. Supply and use of medication;
4. Human Resources for Health (HRH).

The road map was implemented through funding of a Health Policy Advisor position at the WHO Country Office and US\$ 557,000 for activities.

Activities supported under the Partnership

Under the overall guidance of the WHO Representative, the Health Policy Advisor at the WHO Country Office Timor-Leste provided and coordinated technical support to the MoH to implement activities agreed in the road map. This was done in close collaboration with colleagues from WHO Country Office Timor-Leste, WHO Regional Office for South-East Asia, New Delhi, India and WHO Headquarters in Geneva.



The Minister of Health, H.E. Dr Sergio GC Lobo SpB addresses development partners including Peter Maher, Head of Operations Development Cooperation EU Delegation, Timor-Leste at the EU-WHO UHC Partnership road map presentation on 10 May 2013

I. National Policy formulation and implementation; community participation, inter-sectoral coordination and harmonization / alignment for international cooperation for health

National Health Sector Coordination

National Health Sector Coordination was strengthened to ensure role clarity and coordination among development partners and relevant government counterparts. During the first two years of this partnership, WHO Country Office Timor-Leste co-chaired the development partners forum meetings with AusAID in order to coordinate partner support to the MoH. The chairmanship rotated in recent years to other partner agencies but WHO continues to play a key role in this forum, usually making presentations of relevant health issues and policies and engaging other development partners in a policy dialogue and thus facilitating a coordinated approach in support of the MoH. WHO also facilitated organizing meetings of the National Health Sector Coordination Committee.

Manual of Procedures for Partnership and Governance

WHO provided technical support to develop a Manual of Procedures for Partnership Governance. The manual presents definitions, concepts, procedures, instruments and documents required for

establishing and developing partnerships. It also defines the nature of partnerships the MoH can establish. This is a guide for existing and potential partners of the MoH. This document was translated into Portuguese, one of the national languages.

Partnerships Framework Agreement (Code of Conduct)

WHO provided technical support to develop the 'Partnership Framework Agreement'. The key objectives of the agreement are to:

- a) Pursue the common vision for health sector development as set out in the National Health Sector Strategic Plan (2011–2030);
- b) Decide on priorities and best allocation of resources to achieve the defined priorities;
- c) Improve the efficiency and accountability of resource use;
- d) Rationalize and harmonize the allocation of all assistance and investments in the sector; and
- e) Be actively led by the MoH in a transparent and effective manner.



Health Development Partners meeting

Inter-sectoral collaboration for health with focus on malnutrition and maternal mortality

In partnership with UNICEF and UNFPA, WHO facilitated multi-stakeholder consultations for development of a comprehensive Reproductive, Maternal, Newborn, Child and Adolescent Health Strategy 2015–2019.

WHO supported translation of Food-based Dietary Guidelines into Tetun, the national language, for effective discussions among multi-sectoral stakeholders.

Joint Health Annual Health Sector Review and Semestral Reviews

In 2014, WHO organized and facilitated the 'Joint Health Annual Health Sector Review', which involved all partners of the MoH – over 200 participants.



Vice Minister of Health Dr Ana Isabel de Fatima Sousa Soares, Health Policy Advisor, WHO, Dr Oscar Barreneche and National Director Planning and Finance, MoH Sr Marcelo Amaral during the Semestral Review

Support was also provided in 2015 for report finalization, translation and wide dissemination to all health development partners. In September 2015, WHO provided active technical support to the preparation and co-facilitation of the MoH Semestral Review of workplan implementation,

including supporting data analysis and the preparation of presentations delivered during the meeting. For the first time, the MoH invited development partners to present to MoH officials their work in support of MoH programmes.

The final report of the semestral review including the recommendations by the Health Vice-Minister chairing the meeting were widely circulated and shared by WHO to all partners.

National Strategy Development

In order to better align MoH disease prevention strategies to the National Health Sector Strategic Plan, WHO provided technical support for development of the following strategies and plans:

1. National Strategy for the Prevention and Control of Noncommunicable Diseases (NCDs), Injuries, Disabilities and Care of the Elderly and NCD National Action Plan 2014–2018
2. Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy 2015–2019
3. National Strategy and Action Plan for School Health (2014–2018)
4. National Blood Policy and National Blood Programme Strategic Plan 2015–2019
5. National eHealth Strategy 2015–2024
6. National Laboratory Strategic Plan 2015–2019

7. National Monitoring & Evaluation Strategic Plan 2016–2020
8. Short-term 3-year Action Plan for Cancer Control in Timor-Leste 2015–2017
9. National Mental Health Strategy 2016–2020.

National Strategy for the Prevention and Control of Noncommunicable Diseases (NCDs), Injuries, Disabilities and Care of the Elderly and NCD National Action Plan 2014–2018

Noncommunicable diseases (NCDs) such as cardiovascular and chronic obstructive pulmonary diseases are among the ten leading causes of death in Timor-Leste. The overall objective of the strategy and action plan is to reduce avoidable mortality, morbidity, risk factors, and costs associated with NCDs, thereby promoting well-being, improving productivity and raising development prospects in Timor-Leste. The strategy and action plan identifies four broad areas:

1. Advocacy and Leadership for a multi-sectoral response;
2. Health promotion and Primary Prevention to reduce risk factors for NCDs;
3. Health System Strengthening for early detection and management of NCDs; and
4. Surveillance, Monitoring and Evaluation and Research.



Dr Herculano Seixas, Head of NCD Department, Dr Anand Krisnan, WHO Consultant, Sra Norberta Belo, Senior Advisor, MoH and Dr Rajesh Pandav, WHO Health Policy Advisor give closing remarks at the NCD consultation workshop

As part of support for the implementation of this strategy, in 2014 WHO provided technical support for the implementation of the first National Survey for NCD risk factors and injuries using the WHO STEPS approach. The final report, endorsed by the MoH and widely disseminated, stresses the heavy burden NCDs represent and how this will increase if action is not taken to address the high prevalence of NCD risk factors identified in the findings of the survey.

In 2015, WHO actively supported the MoH in drafting the tobacco control law, which was enacted by the Cabinet of Ministers and provided support for a national anti-tobacco campaign featuring the Prime Minister.



Dr Maria do Céu Sarmento Pina da Costa, Minister of Health, Dr Rajesh Pandav, WHO Representative, H.E Prime Minister, Dr Rui Maria de Araujo, and Ana Isabel de Fatima Sousa Soares, Vice Minister of Health promoting tobacco control

Short-term 3-year Action Plan for Cancer Control in Timor-Leste 2015–2017

In 2014, after conducting a review of the current state of cancer control in Timor-Leste and performing a situation analysis, WHO assisted the MoH in developing a pragmatic, time-bound national cancer control strategy with measurable inputs and outcomes. This 3-year action plan is recommended to improve cancer control services in Timor-Leste so that basic diagnostic, staging, surgical and medical services and care can be provided to a substantial number of cancer patients in 2017.

The 3-year action plan covers a range of basic issues and services including the increase of the minimum price of a pack of cigarettes; increase pentavalent vaccine 3rd dose coverage to exceed 95%; early detection clinics will be available in all five district hospitals; a referral chain between the Guido Valadares National Hospital (HNGV) and secondary/primary care; availability of histopathology and other diagnostic services, access to estrogen receptor assays, increased diagnostic breast imaging with ultrasonography and mammography; implementation of a structured medical record for cancer cases with a hospital-based cancer registry; the organization of an oncology service with dedicated cancer outpatient clinic managed by a multimodality team of doctors/nurses, committed beds (at least 25), a day-care chemotherapy service with regular supply of essential drugs to administer basic, appropriate referral of patients abroad for radiotherapy and increased access to oral morphine/opioids will be available at HNGV and district hospitals.

Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy 2015–2019

WHO, in collaboration with UNICEF and UNFPA, supported the MoH to draft the RMNCAH strategy 2015–2019. The process involved multi-stakeholder meetings, field visits to health facilities and presentations to the steering committee formed to oversee development of this strategy. The RMNCAH Strategy 2015–2019 was finalized in 2014.



Dr Domingas Sarmento, WHO Maternal and Child Health Officer, delivers Essential Newborn Care training to Nurse Maria Lucia

This National Strategy on RMNCAH aims to serve the need for directing the programmes in an integrated and comprehensive manner, while using continuum of care along the life course approach. This strategy consists of two sections. Section I elaborates on the situation analysis on reproductive, maternal, newborn, child and adolescent health that provides background information for the strategy. Section II provides directions, including vision, mission, goals, objectives and a strategic framework as a guide for implementing the strategy. Once

the strategy was officially endorsed, WHO with UNICEF and UNFPA also supported the development of a costed operational plan.

National Strategic Plan for School Health (2014–2018)

WHO provided technical support to the MoH to draft the National Strategic Plan for School Health (2014–2018).



H.E. Dr Sergio GC. Lobo, SpB, Minister of Health, Dr Rajesh Pandav, Health Policy Advisor WHO, Dr JS Thakur, WHO Consultant, Ms Rita Maria Soares, School Health focal person attend a consultative meeting in MoH

The development of the National Strategic Plan included review of existing plans to identify cross-cutting areas, consultation with key stakeholders in the MoH, Ministry of Education, school community, development partners and NGOs.

The National Strategic Plan identifies four broad areas:

1. Equitable school health strategy and partnerships among all stakeholders for promoting health of school community;
2. Safe, healthy environment, both physical and psychosocial that facilitates learning;

3. Skill-based health education for school children; and
4. Access to health and nutrition services to school children with strong monitoring and evaluation component.

The National Strategic Plan was presented for approval by the MoH Council of Directors in February, 2014.



Mr Luis Celestino, Head of Health Promotion Department, Vice-Minister for Health, H.E. Sra Natalia de Araujo, Teofilio Tilman, Director of District Health Services [DL1], and participants from Ministry of Education, MoH, Ministry of Public Works, UNICEF

Planning and Budgeting Guidelines

WHO provided technical support to the MoH to develop planning and budgeting guidelines. These planning guidelines reflect the overall NHSSP objective to ensure a central MoH role as a policy maker and regulator of the health system, with the district taking on the implementation role of planning, supervising, coordination and monitoring and evaluation (M&E) of service provision in response to national priorities and community needs.

These planning and budgeting guidelines are built on existing policies and procedures, in particular, financial management procedures and M&E guidelines of the MoH. The guidelines cover the following areas:

1. Overview of Planning and Budgeting System
2. National Health Sector Planning
3. Hospital Health Planning
4. District Health Planning
5. Community Health Centre and Suco Health Planning.

The guidelines were finalized in 2014.

Development of Annual Health Sector Plans

WHO, in collaboration with other partners, supported the Directorate of Policy, Planning and Cooperation to develop the MoH's 2014 and 2015 annual plans. A workshop on use of Excel spreadsheets for planning was organized for the staff of the Directorate of Policy, Planning and Cooperation.

Capacity Building for Integrated Micro-planning and Community Mobilization

A two-day orientation workshop on micro-planning and community mobilization tools was held in November 2013 with WHO support. The meeting was held in order to orient staff from the MoH, District Health Services and Community Health Centres on micro-planning and community mobilization tools. At the workshop, USAID supported projects 'Imunisasi Proteje Labarik' (IPL) and HADIAK; NGOs; UNICEF and WHO; and several departments of the MoH shared experiences on micro-planning and community mobilization approaches.

Monitoring and Evaluation Workshops and Capacity Building of the M&E and HMIS Department

WHO provided additional technical support in development and finalization of the Monitoring and Evaluation Framework. This MoH activity has been primarily supported by the National Health Sector Strategic Plan – Support Project (World Bank, Australia, EU).



Dr Jorge Mario Luna presents participants at the M&E workshop with certificates of excellence, Institute of Health Sciences, 26 July 2013

WHO collaborated with the National Health Sector Strategic Plan – Support Project to conduct three M&E workshops. These were organized by the MoH Directorate of Planning, Policy and Cooperation at the Institute of National Health Sciences. The objectives of the workshops were to:

1. Understand and apply principles of M&E in order to facilitate increased efficiency and effectiveness;
2. Contribute to the progress of health status by using the appropriate M&E tools;
3. Develop the M&E framework for their respective departments / programmes with assistance from Department of Planning, Monitoring and Evaluation (DPME).

Participants from various departments across the MoH attended, including: Nutrition, Health Promotion, Communicable Diseases, Noncommunicable Diseases, Pharmacy, HMIS, Department of Monitoring & Evaluation, Ethics & Research, Hospital Services, and Dental, District Health Managers, HMIS Officers and Department of Planning, Policy and Cooperation.



Dr JM Luna and Mr Ivo Ireneu da Conceicao Freitas, National Director of Policy, Planning and Cooperation, MoH

As part of the support to the M&E and HMIS Department, in 2015 WHO facilitated training workshops for the M&E and HMIS staff on quantitative and qualitative data analysis. This has helped the staff of the Department to analyse the data received and to prepare and present during the semestral review meetings.

WHO also provided assistance to the MoH for development of a plan for improvement of Civil Registration and Vital Statistics (CVRS), which included a national stakeholders consultation for the finalization of the plan.

National Blood Policy and Strategic Plan 2015–2019

Timor-Leste faces serious health care problems linked to the inadequate blood supply and the lack of norms and standards in the blood transfusion services. A well-organized blood transfusion service is a vital component of any health care delivery system. Adequate

blood supply has direct influence on other key priority public health programmes such as maternal and child health and in the prevention of transmission of blood-borne infections such as HIV and hepatitis viruses.

Therefore, with WHO technical support and after wide consultation including an assessment of the situation, a National Blood Policy and a five-year Strategic Plan were developed. The Policy and Strategy aim to address all the elements of well-performing national blood transfusion services including the creation of a National Blood Committee and an autonomous National Blood Transfusion Service in charge of implementing the Policy and Strategy and thus ensuring safe blood supply nationally. Fifteen key strategic areas for development are outlined and the development of key partnerships with potential external donors will be fundamental for the successful implementation of the Policy and Strategy.



Voluntary blood donation campaign organized by WHO to promote the new National Blood Policy and Strategy

National eHealth Strategy 2015–2024

The Timor-Leste Strategic Development Plan (2011–2030) highlights the use of information and communication technology (ICT) and plans to establish and maintain an ICT network linking the Timor-

Leste health system. The role of ICT is also highlighted in the National Health Sector Strategic Plan 2011–2030. The role of the eHealth strategy is to support the priorities and goals of the existing national health plan. A National eHealth Strategy will help prioritize implementation of existing programmes, systems, and policies while building a lasting foundation for future health initiatives. The implementation of the National eHealth Strategy in Timor-Leste developed with WHO support provides a strong enabling environment for eHealth, creates legal certainty, establishes policy context for delivering eHealth services more broadly and helps identify standards to be adopted to ensure development of integrated systems. The key objectives of the national eHealth Strategy are to:

1. Enhance eHealth leadership and governance;
2. Improve commitment and investment in eHealth, promoting community participation, mobilization and strengthening of support networks;
3. Accelerate use of ICT services and applications;
4. Promote optimal development and management of ICT infrastructure;
5. Establish enabling intersectoral (and public–private) partnerships to ensure standards and interoperability across various sectors;
6. Promote integration, decentralization and thereby eliminate obstacles hindering access to services;

- Promote optimal management and development of human resource capacity.

It provides clear essentials steps for a cohesive national eHealth strategy providing focus areas for implementation:

- Leadership and Governance
- Strategy and Investment
- ICT Services and Applications
- Infrastructure
- Standards and Interoperability
- Legislation, Policy and Compliance
- Workforce.

National Laboratory Strategic Plan 2015–2019

The development of the Timor-Leste Laboratory Services Strategic Plan is a major step in alignment with the MoH achieving the objectives defined in the National Health Sector Strategic Plan (NHSSP) 2011–2030. This Strategy was developed with support from WHO and the NGO St John of God which provides direct technical support to the National Laboratory. The Strategy comprises three parts.

Part 1 provides a brief introduction including background information, health system in Timor-Leste, health policy and finances. Part 2 provides information on the laboratory structure and the mandate, the current status, the Strengths, Weaknesses, Opportunities and Challenges (SWOC) analysis done in April 2014, and the

review/assessments carried out in June 2014 of laboratories at different levels. Part 3 provides the key components that need to be addressed in the process of strengthening the laboratory structure, function and management. These components include:

- Develop a National Framework for Laboratory Services in Timor-Leste;
- Develop a tiered, integrated laboratory network to ensure equitable health services and a robust referral system;
- Establish an efficient and effective governance system for delivery of public and private health laboratory services (strengthening the concept and capacity of the National Health Laboratory for public health services and the HNGV Laboratory for clinical diagnostic laboratory services;
- Develop/strengthen the Quality Management System components in labs;
- Human Resources Development;
- Indicators to measure progress of the process of strengthening laboratory services.

The implementation of this Strategy will ensure that the laboratory

system in Timor-Leste is upgraded to reach international quality benchmarks and standards in functioning and service delivery.



Dr Maria Santina Gomes, Executive Director National Health Laboratory, Anthea Ramos, St John of God Health Care, H.E. Maria do Céu Sarmento, VM of Health, Dr Luna, WHO Representative, June 2014

National Monitoring & Evaluation Strategic Plan 2016–2020

One of the challenges in implementing the NHSSP was to develop a system for M&E efforts to rehabilitate the health care system, not only at national level, but also at the implementation level of hospitals and health facilities networked across the 13 *município* and 400 *suco* (villages) of the country. The M&E strategy development in 2015 consisted of a step-wise approach which included to reduce the list of 330 existing indicators in the health sector plan into a manageable core set of 30 key indicators, which then formed a National Health Sector Framework, and finalized by the development of a quality index for core outcome indicators, to measure the effective coverage of services offered.

The goal of the M&E Strategic Plan developed with technical support from WHO and NHSSP is that by 2020, all public health facilities have installed and implemented updated M&E systems, and utilize these systems independently to plan, monitor progress and assess impacts. The strategic areas of the plan include:

1. Management
2. Capacity building
3. System linkages
4. Partnerships
5. Information Technology
6. Evaluation.

The M&E Strategic Plan roadmap 2016–2020 provides an overview of the main expected outputs in such areas as:

1. Systems development and refinement
2. Systems installation
3. Annual and mid-term reviews
4. Capacity building programmes
5. Evaluations.

The development and implementation of this Strategy in collaboration with all partners of the MoH is a central strategy for consolidation of M&E systems and developing linkages between planning, budgeting and M&E, in support of the overall national effort to move towards a system of 'One, Plan, One Budget, One M&E'.

Comprehensive Service Package for Primary Health Care and Guidelines and Register for Domiciliary Visits

In April 2015, the MoH launched its Comprehensive Service Package for Primary Health Care, developed with WHO support and included as part of the primary health care programme in Timor-Leste or *Saúde na Família*. The Prime Minister of Timor-Leste,

H.E. Dr Rui Maria de Araujo together with the Minister of Health, H.E. Dra Maria do Céu Sarmento officially launched the Comprehensive Service Package for Primary Health Care, with several government ministries, parliamentarians, United Nations agencies, health development partners and NGO representatives present at the occasion. The new primary health care services package will restructure and strengthen healthcare services at the community level. The package includes guidelines for routine domiciliary visits to be conducted by healthcare workers following the Cuban model of outreach preventive medicine, which would actively involve the community through provision of services at each doorstep, which has the potential to improve the quality of life of the population.



Domiciliary visit by healthcare workers

H. E. Hon. Minister of Health noted that all health professionals will visit or work at the village level to bring the services needed for the community. This is based on the principles of social justice and the basic rights of the population and the responsibility of the Government to guarantee health care for the people. WHO provided technical support in collaboration with other health development partners, in particular the Cuban Medical Brigade in Timor-Leste, for finalizing the two documents.



Community Based Monitoring (CBM) Guidelines

In the last three years, as a result of the support provided through the EU-WHO partnership, there has been a significant number of M&E developments from the managerial perspective. These include the development of annual planning systems, M&E progress cards for health facilities, and supportive supervision facility readiness assessments.

However, there has been limited input from community perspective on health status, health seeking behaviours and satisfaction with services, despite the fact that there are areas of the country with significant gaps in health services access and utilization (for example for immunization services and delivery by trained professionals). In 2015, WHO supported the Department of Monitoring & Evaluation of the MoH for the development of Community Based Monitoring Guidelines. The guidelines were the result of wide consultation and the participation of the MoH and with involvement of development partners and NGOs. The purpose of these guidelines is to provide guidance for health managers, community representatives and community members on how to monitor health and health services from a

community perspective. The guidelines are intended for practitioners (administrators, health providers, local leaders) to enable them to train local community development or health workers to support community based M&E activities in the health sector.

Second National Health Conference: Primary Health Care/Saúde na Família

WHO and the Cuban Medical Brigade sponsored and provided technical support for the organization of the Second National Health Conference, which this year had a focus on primary health care. WHO was involved in all technical aspects including the selection and preparation of the technical programme of the Conference.



H.E Prime Minister Dr Rui Maria de Araujo with Vice Minister of Health Ana Isabel de Fatima Sousa Soares and WHO Representative, Dr Rajesh Pandav at the Second National Health Conference

The Conference was chaired by the Prime Minister, who delivered a lecture on primary health care and also involved the Minister, Vice-Minister and senior officials of the MoH including representatives from the districts. This conference was used by WHO and the MoH as a high level platform to socialize and advocate for action on priority public health issues such as primary health care, noncommunicable diseases, nutrition and maternal and child health.

Introduction of DHIS-2

The MoH with the support of WHO (as part of the EU-WHO partnership plan) and with the participation of other partners, adopted the District Health Information System 2 (DHIS-2) based on the recommendations from a series of technical assessments (HMIS assessment and 5-year strategic plan, HNGV Medical Records assessment, ICT assessment and 5-year road map), extensive review of literature and on consultations and discussions within the MoH. The preparatory phase covered 2013 and 2014 and included the compilation of data needs, revision of HMIS formats, software customization and training of human resources including visits abroad to countries with existing experience in DHIS-2 implementation. During 2015, further customization was done by importing GIS coordinates, data quality (validation rules), set of indicators for dashboard and standard reports.



Dr Murali Krishna, WHO Consultant conducting supportive supervision during the piloting of DHIS-2

Following the preparatory phase, during the second part of 2015, DHIS-2 was piloted in five selected districts. This introduction included training of human resources and handover of hardware as well as regular supportive visits. Capacity building on DHIS-2 is a key component of the introduction and for this a pool of master trainers (nodal officers) has been created, short videos in Tetun language and training materials have been developed, basic computer training

has been provided for all HMIS officers and a dedicated HMIS officer at central level for troubleshooting has been identified, and a regular schedule for follow-up visits has been designed. Based on the lessons learnt from the pilot districts, DHIS-2 will be rolled out nationwide in 2016 when the efforts in building capacity of human resources will be further strengthened with the organization of quarterly workshops for HMIS officers.

National Mental Health Strategy 2016–2020: For a Mentally Healthy Timor-Leste

Starting in the last quarter of 2015, WHO in collaboration with the University of Melbourne is providing technical support to the MoH for the development of the new mental health strategy. Relevant government and non-government documents and research publications were reviewed and consultations with key informants and stakeholders were conducted in late 2015 and are continuing into 2016, which led to a draft strategy now in consultation. The Strategy aims to improve mental health through a holistic and integrated health services for advocacy, promotion, prevention, early diagnosis, treatment and rehabilitation for the reduction of morbidity, mortality and disability for persons with mental disorders, based on human rights principles. It does so through six key strategies:



Consultation workshop on the new Mental Health Strategy

1. Strengthen effective leadership and governance for mental health;
2. Implement comprehensive, intersectoral, integrated and responsive mental health and social care services through community-based promotion, prevention, early diagnosis, treatment and rehabilitation that are culturally appropriate and in line with customary practices in Timor-Leste;
3. Scale up human resources for mental health care delivery;
4. Improve infrastructure and equipment for mental health;
5. Strengthen information systems, M&E, evidence and research for mental health; and,
6. Mobilize resources to effectively finance mental health care.

As part of the process of official endorsement by the MoH, WHO is also providing support in 2016 for the development of a costed action plan to guide the implementation of the strategy.

II. Health System Financing for Universal Health Coverage

Health Financing Situation Analysis and Development of the Draft Health Financing Strategy

In 2014, WHO conducted a health financing situation analysis in Timor-Leste. The aspects covered by the situation analysis included: systems and sources of revenue; trends in expenditures on health; analysis of the coverage of the population;

health policy and strategy responses. In summary, despite significant efforts directed at rebuilding the health sector since independence, the country is confronted by major health challenges.

These include persisting high maternal mortality ratio, high incidence of communicable and vector-borne diseases, and limited system capacity to reach a significant proportion of the population residing in rural and remote areas. Stagnant immunization rates, high malnutrition rates, and high maternal mortality point to the need for sustained national and international investment in primary health care, community health and district management capacity development, to ensure there is health system capacity to provide universal health coverage.

Additional efforts will be required in the coming years to strengthen district planning and health management systems, and explore more innovative service delivery models to reach currently unreached populations. Research is required to understand demand-side barriers, in order to overcome barriers to health service access.



John Grundy, WHO Consultant, conducting interviews for the health finance situation analysis

The NHSSP 2011–2030 sets out the long-term directions of the sector, and categorizes progress into four stages of development, with the

period 2015–2020 representing the consolidation of systems development, and subsequent five-year periods representing periods of maturation and sustainability. The NHSSP sets out ambitious universal health coverage targets with the proposal to place a full complement of professional health staff in health posts in every *suco* of the country, as well as lay out a programme for development of the hospital sector. Current macro-economic conditions, which indicate reductions in oil revenues and only a gradual rise in non-oil GDP, coupled with the reality of rising health-care costs and the prospect of declining official development assistance (ODA), has raised the spectre of an impending health revenue crisis or at the very least a sharp tightening of fiscal space for investment in health and other social sectors. The emergence of a private medical sector, and questions surrounding the efficiency and equity of current resource allocation arrangements, provide additional reasons for deeper reflection regarding health financing and health sector directions.

This being the case, WHO is providing support to the MoH for the development of a health financing strategy, in order to consider more deeply the policy options open to government and partners to manage the risks of changing macro-economic, social and health sector conditions

The development of the Health Financing Strategy included the preparation in 2014 of a literature review / discussion paper document to:

1. Provide an overview of universal health coverage concepts internationally, and how these universal health coverage strategies and approaches have been adapted and applied in the Timor-Leste context;

2. Provide an overview of regional approaches to health financing strategy, including global concepts underlying these approaches;
3. Provide an overview of Timor-Leste macroeconomics and Timor-Leste health financing situation;
4. Outline an overall strategic framework (or options for framework) for health financing strategy in Timor-Leste based on the findings of the literature review.

The paper was then used, together with consultations with in-country stakeholders, and examination of various regional and country databases on health financing, as a resource document or policy discussion paper to inform the development of the draft Timor-Leste health financing strategy in 2015.

The strategic framework included in the health financing strategy is based on the Regional Strategy for Health Financing (WHO, SEARO and WPRO). It is divided into seven strategic areas:

1. Improving health sector efficiency;
2. Building an evidence base for health policy making;
3. Improving aid effectiveness;
4. Research and development of social protection measures;
5. Review public health financing projections based on revised Health

Sector Strategy

6. Explore policy options for improved risk pooling;
7. Explore policy options for improved provider payment methods.

The draft health financing strategy is segmented into five-year planning periods aligned to the NHSSP. The focus of the 2015–2020 period are strategic areas 1 to 3, whereby efficiency gains will be achieved through development of five-yearly health sector plan and expenditure frameworks, reinforced by a stronger evidence base and more effective utilization of ODA funds according to the formula (as specified in the Public Financial Management Reform process) of 'One Plan, One Budget, One M&E'. Installation of five-yearly sector planning and expenditure frameworks will also provide opportunities to inform the exercise of critical policy choice in such areas as human resources planning and the relative weighting of investments in preventive compared to curative care.

Subsequent periods of the health financing strategy implementation (2020–2030) will consider more in-depth policy options regarding long-term public financing, social protection, provider payment methods and health insurance. The medium-term focus however will be on rationalizing expenditures through health sector review, consolidating planning and budgeting and financial management systems, and developing the evidence base for longer-term sector strategy and resource mobilization for health. The draft health financing strategy is expected to pass a final round of consultations before its final endorsement in 2016.

National Health Accounts

WHO provided support for development of a road map for institutionalizing National Health Accounts in Timor-Leste. As part of this initiative, the MoH organized the first multi-stakeholder workshop on National Health Accounts (NHA) on 17–18 October 2013, with technical support from WHO.



Participants from MoH (Directorate of Finance Management and Procurement, Directorate of Policy Planning & Cooperation, INS), Ministry of Finance, development Partners (WHO, USAID) and private sector

The objectives of the workshop were to foster understanding of the key concepts related to National Health Accounts, including:

1. The strengths and limitations of National Health Accounts;
2. National Health Accounts matrices;
3. The relevance of National Health Accounts;
4. Implementation issues for National Health Accounts in Timor-Leste; and,
5. To identify the way forward.



Mr Marcelo Amaral, National Director of Finance Management and Procurement, MoH, Dr Rajesh Pandav, Health Policy Advisor, WHO, Mr Rodolfo Soares, Head of National Account Department, Directorate General of Statistics, Ministry of Finance

III. Supply and use of medication

Assessment of the regulatory system for pharmaceutical products in Timor-Leste

WHO provided support for this assessment. The two key components were an assessment of the national medicines regulatory system, and the drafting of an institutional development plan for the Department of Pharmacy, MoH. The assessment included:

- (a) Required amendments of current legislation;
- (b) Developing a quality



Nurse from Hera, Dili District displays stocks of malaria medication

management system (QMS) for the Drug Regulatory Authority;

- (c) Developing standard operating procedures (SOPs) for function of the Drug Regulatory Authority;
- (d) Develop human resources: staff requirements, training plan and training curriculum;
- (e) Recommendations related to infrastructure of the Drug Regulatory Authority;
- (f) Required equipment for Drug Regulatory Authority; and
- (g) Recommendations for the way forward.

The assessment identified the need to strengthen all aspects of the regulatory system and highlighted the need to address the issue of a lack of human resources. The findings of this assessment were presented by the National Director of Pharmacy to the Council of Directors of the MoH.

Timor-Leste Essential Medicines List and training materials for Medicine Inventory Control

In 2014, WHO in collaboration with the NHSSP-Support Project provided assistance to the Committee for Selection of Medicines, Products and Medical Equipment for the consolidation of the 3rd Edition of the Timor-Leste Essential Medicines List (TLEML), which was endorsed, printed and distributed in May 2015. This same year WHO also supported the development of training of trainers

(ToT) modules to be used by the Department of Pharmacy to build capacity on medicines inventory, control system, storage and distribution.



Review team from MoH, SAMES and WHO SEARO during the assessment of medicines in healthcare delivery

Assessment of Medicines in Health Care Delivery

WHO provided technical support in 2015 for conducting the Pharmaceutical Situation Assessment (medicines in healthcare delivery). This was the second situation assessment conducted after four years and helped to determine the progress of the pharmaceutical sector in support of the health care services.

The assessment was jointly conducted by WHO and MoH staff from the Department of Pharmacy, and included extensive data collection through documentation and interviews with government officials and stakeholders, document reviews and visits to public health facilities and private pharmacies in Dili and selected districts. The visits used a standardized assessment tool including stock-check for availability of 35 selected essential drugs, stock-out, expired drugs, storage conditions, quality-failed stock; OPD prescription survey for WHO indicators; in-patient drug

management, drug consumption and issues related to health system and health care factors. The assessment looked at specific areas of drug supply, drug availability, drug procurement, stock management, drug selection, rational drug use (drug prescription), drug regulation and coordination and management. The draft report included analysis of the situation since the last assessment and practical recommendations for addressing the main problems identified in each of the areas covered. The findings of the report were presented to the Vice-Minister of Health and other senior MoH officials, as well as to other partners during an assessment findings consultation workshop.

IV. Human Resources for Health (HRH)

During the first year of this partnership WHO provided technical assistance to conduct a systematic review of the existing Code of Medical Ethics applicable to Healthcare Professionals. The purpose of this review was to assist the MoH to formulate a code of medical ethics applicable to health care practitioners in Timor-Leste. As part of this process WHO supported officials from the Department of Ethics and Quality Control and Medical Association to participate to a regional workshop in orientation about Medical Ethics.

WHO also provided support for two officials from the Department of Ethics and Quality Control to attend the 5th Technical Meeting and 2nd Meeting of the Executive Committee of the Medical Councils Network of the WHO South-East Asia Region in 2013.

WHO is also providing ongoing support to conduct a health workforce assessment that will lead

the development of the new health workforce strategy in 2016. Part of this process includes implementation of an electronic health workforce Registry using minimum data sets.

WHO in 2014 supported the Instituto Nacional de Saúde (Institute of Health Sciences or INS) in the curriculum development and in-service training for both clinical services and leadership and management skills.

In 2015 a Competency Assessment for Health Care Personnel at the INS was also conducted with WHO support.

Throughout the period of the partnership, WHO provided support for capacity building initiatives through regional and international workshops as well as in several training sessions for health care workers. Many of these training sessions were directly linked to the strategies, policies and normative guidance which were developed by the MoH with WHO support. This includes study tour to Sri Lanka for officials from the Department of [DL2]Planning, M&E, Finance and representative of the district health authority as part of the One Plan, One Budget and One M&E model initiative. WHO also provided support



Workshop on building capacity on Health Planning and Finance

in conducting workshops to build capacity on M&E at central and district levels of the MoH, as well as support provided in 2014 and 2015

for participation of relevant MoH officials in the Asia Regional Flagship Course on Health Systems Strengthening and Sustainable Financing, and courses on the Economics of Health Financing and Systems.

Ministry of Health highlights the support under the EU-WHO partnership at the 66th Session of WHO Regional Committee for South-East Asia

The MoH, led by the Hon. Minister, H.E. Dr Sergio G.C. Lobo, SpB, participated in the Sixty-sixth Session of the Regional Committee, held on 11–13 September 2013, at the WHO South-East Asia Regional Office in New Delhi. The WHO Regional Committee for South-East Asia is composed of representatives of the Member States and Associate Members in the Region. Subject to the general authority of the Director General of the Organization, the Regional Office is the administrative organ of the Regional Committee. In addition, it carries out the decisions of the Health Assembly and of the Executive Board within the Region. At this meeting, officials from the MoH made interventions on various topics on the agenda, while referring to the support being provided through the EU-WHO Universal Health Coverage Partnership.



31st Meeting of Ministers of Health of the South-East Asia Region and 66th Session of the Regional Committee, 10–13 Sept 2013

During the discussion of Agenda Item 3 on WHO Reform and Programme Budget Matters, an MoH official stated, "In this regard we have received funding in June 2013 under the 'EU-WHO Universal Health Coverage Partnership' to support us to ensure that international and national stakeholders are increasingly aligned around National Health Sector Strategic Plan and adhere to other aid effectiveness principles. It will also assist us in improvement of technical and institutional capacities for policy, planning and health financing."

During the discussion of Agenda Item 4 on Technical Discussions on Universal Health Coverage (UHC), the Hon. Minister of Health stated, "Timor-Leste is now focusing on health systems strengthening to ensure universal access to promotive, preventive, curative and rehabilitative health services. This requires development and implementation of robust national health policies, strategies and plans. Ministry of Health through the support of 'EU-WHO Universal Health Coverage Partnership' will ensure that international and national stakeholders are increasingly aligned around National Health Sector Strategic Plan and adhere to other aid effectiveness principles. It will also focus on improvement of technical and institutional capacities for policy, planning and health financing."

During 2015 WHO continued to collaborate with the Cuban Medical Brigade in providing technical assistance to the MoH to introduce and expand the Saúde na Família programme, an adaptation of the Cuban primary health care system. H.E. the Prime Minister launched the programme in July 2015. This collaboration was also reflected during the Second National Health Conference in December 2015 that focused on primary health care,

successfully organized by MoH with joint support from WHO and the Cuban Medical Brigade.



Dr Poonam Khetrapal Singh, Regional Director, WHO SEARO and Dr Maria do Céu Sarmento Pina da Costa, Minister of Health, visiting a primary healthcare centre supported by the Cuban Medical Brigade

Additional Support by Health Policy Advisor to Ministry of Health

Day-to-day technical support to the Hon. Minister of Health and Directorate of Policy, Planning and Cooperation.

Developed the following briefs for Hon. Minister of Health:

1. Public Health
2. Public vs Private Health Care Providers
3. ASEAN and Implications on Health Sector of Timor-Leste.

Provided technical support to MoH during parliamentary and budgetary sessions. Technical briefings to the senior officials of MoH attending the meetings of the governing bodies of WHO (Programme, Budget and Administration Committee of the Executive Board; Executive Board; World Health Assembly and Regional Committee for South-East Asi Consultation workshop on the new Mental Health StrategyM



Ministry of Health, Timor-Leste

Provided support for preparation of technical briefings for senior health officials including the Vice-Minister which were presented during the 68th WHO Regional Committee for South-East Asia Meeting organized in Timor-Leste in 2015.

Technical briefings and presentations to MoH officials attending regional meetings such as on planning, finance, NCDs, ageing, injuries and road safety, etc.

Provided technical briefing on health issues to specialist Parliamentary Committee F (Comissão F: Saúde, Educação, Cultura, Veteranos e Igualdade de Género) in collaboration with UNDP.

Regularly collaborated with health development partners to provide coordinated support to the MoH. Support to the MoH to revise the GAVI Health Systems Strengthening Proposal in line with the revised start date of funding.

Support to the MoH to draft the proposal for the National Survey for NCD Risk Factors and Injuries using WHO STEPS approach in Timor-Leste in 2014, and for the survey implementation and reporting during 2015.

Support to the MoH to submit a proposal to the Asian Development Bank on 'Pilot Project to Improve Civil Registration and Vital Statistics (CRVS) System in Bobonaro District of Timor-Leste using Technological Innovations'.

Impact of the Partnership

The EU-WHO Universal Health Coverage Partnership in Timor-Leste operates against the background of a reconstructing health system after decades of conflict by strengthening national policies, standards, capacity building of human resources, inter-sectoral coordination and harmonization /alignment of international cooperation for health.

It is in line with government plans set out within the National Health Sector Strategic Plan (NHSSP) 2011-2030. The NHSSP lays a vision towards a "Healthy East Timorese People in a Healthy Timor-Leste".

Since its inception, the EU-WHO Partnership has supported the Ministry of Health to develop key national policies and strategies. Strengthening the Ministry of Health capacity in policy and strategies development and implementation, will translate in the long run into better health outcomes by promoting evidence based policy. Under the Partnership several initiatives have been carried to strengthen the capacity for planning, budgeting, monitoring and evaluation of MoH. For example, key among these are the Health Planning and Budgeting Guidelines which reflect the overall NHSSP objective of ensuring a central Ministry of Health strong role as a policy maker and regulator of the health system, with the district taking on the implementation role of planning, supervising, coordination and monitoring and evaluation of services in response to national priorities and community needs. This will also have an impact for better development of annual action plans and allocation of resources both by MoH and development partners.

Several specific activities were aimed to strengthen the Health Management Information System

(HMIS) including the introduction of DHIS-2 which once rolled out nationally will have a significant impact in health information management, reporting and analysis.

The National Health Sector Coordination was strengthened under the influence of the Partnership to ensure role clarity and coordination among development partners and relevant government counterparts.

National Health Accounts if produced regularly can be used in depicting a picture of the current financial state of health systems; providing an overview of overall health care spending by source and purpose; providing inputs to design health systems policies, particularly strategies for health financing and raising additional funds for health.

The activities supported under Supply and use of Medication will assist in strengthening pharmaceutical regulation and will promote rational use of medicines which will improve patient care.

The activities supported under Human Resources for Health are expected to ensure delivery of quality health care and improve doctor patient relationship.

It is early to fully assess the impact of the Partnership and to attribute changes to it. However, the activities conducted under this Partnership are contributing towards strengthening health systems by strategically supporting policies, strategies and activities linked to their implementation. The areas of key support identified are national priorities set out in the national health plans. The policies, strategies and plans developed with Partnership support are important for aligning national vision, priorities, budgetary decisions and identifying the course of action for

addressing the health needs. They are giving direction and coherence to efforts directed at addressing health needs. They are also assisting in resource mobilization and utilization. Eventually they are providing a framework for improved access to quality health care and health outcomes among all Timorese in particular those most in need of those services.



WHO Country Office, Timor-Leste

Annex 1

Road Map for EU-WHO Programme on Policy Dialogue for National Health Policies Strategies and Plan (NHSPSP) and Universal Health Coverage (UHC) in Timor-Leste

Priority Area for Policy Dialogue	Steps for Policy Dialogue	Inputs	Deliverables / Indicators	Partners
National Policy formulation and implementation; community participation, inter-sectoral coordination and harmonization/alignment of international cooperation for health	Strengthen National Health Sector Coordination to ensure role clarity and coordination among development partners and relevant government counterparts	EU-WHO Health Policy Advisor(EU-WHO-HPA); Partners; Meetings/ Workshops	Health Sector Coordination Meetings conducted regularly	EU-WHO Programme NHSSP-SP
	Support finalization and implementation of Code of Conduct for effective coordination between development partners and MoH.	EU-WHO-HPA; Partners; Meetings	Code of Conduct agreed between government and partners by 2014	EU-WHO Programme; NHSSP-SP
	Strengthen capacity of MoH to engage in inter-sectoral collaboration for health with focus on malnutrition and maternal mortality	EU-WHO-HPA; Meetings/ Workshops/ Training/ Study Tours	MoH effectively participates in inter-sectoral collaboration activities	EU-WHO Programme AusAID, USAID
	Support development of consolidated Health Sector Annual Operational Planning, Costing and Budgeting	EU-WHO-HPA; WHO-RO-HQ and External experts; Partners; Trainings; workshops; Study tours – South-South Collaboration	Health Sector Annual Operational Plan finalized on time	EU-WHO Programme; NHSSP-SP; AusAID USAID
	Strengthen MoH capacity in development of M&E plans, including support to conduct Joint Annual Health Sector Reviews	EU-WHO-HPA; WHO-RO-HQ and External experts; Partners; Meetings	M&E plan finalized by December 2013 Annual Health Sector Reviews Conducted	EU-WHO Programme; NHSSP-SP*; AusAID; USAID
	Support MoH to develop the HMIS Strategic Plan and strengthen capacity of HMIS department for data management and analysis	EU-WHO-HPA; External expert; Trainings; Workshops; Study tours – South South Collaboration	HMIS Strategic Plan finalized by December 2013 HMIS department staff trained in data management and analysis; Annual Health Statistics Report printed and disseminated	EU-WHO Programme; NHSSP-SP; AusAID; USAID
	Support MoH to develop rules and regulation of	EU-WHO-HPA; WHO-RO-HQ and	Rules and regulations	EU-WHO Programme; USAID

Priority Area for Policy Dialogue	Steps for Policy Dialogue	Inputs	Deliverables / Indicators	Partners
	Private Sector and Public-Private Partnerships	external experts;	developed by 2014	
Health Systems Financing for Universal Coverage	Support health financing situation analysis and strategy development Capacity strengthening in Health Systems Financing	EU-WHO-HPA; WHO-RO-HQ and external experts; Partners; Meetings/ Workshops	Updated Health Financing Situation Analysis available by June 2014; Health Financing Strategy developed by June 2015	EU-WHO Policy Dialogue Programme; World Bank; NHSSP-SP
	Support establishment of National Health Accounts	EU-WHO-HPA; WHO-RO-HQ and external experts; Short-term trainings; study tours – South-South Collaboration	Awareness of key MoH staff on National Health Accounts created; Process of establishing NHA initiated in 2014	EU-WHO Programme;
Supply and use of medication	Support MoH in establishing Drug Regulatory Authority; Drug and Therapeutic Committees; Promoting monitoring and rational use of drugs	EU-WHO-HPA; WHO-RO-HQ and external experts	Process for establishing Drug and Regulatory and Drug an Therapeutic Committees completed by December 2014; Training workshops on rational use of medicines for providers conducted regularly	EU-WHO Policy Dialogue Programme; World Bank NHSSP-SP USAID
Human Resources for Health (HRH)	Support development of HRH profile and medium-term health workforce development plan which is in line with an integrated service delivery approach	EU-WHO-HPA; WHO-RO and external experts; Meetings	HRH profile regularly updated and disseminated; Medium Term health workforce plan developed in 2014	EU-WHO Programme;
	Support MoH in formulation of code of medical ethics and establishing health profession councils	EU-WHO-HPA; WHO-RO and external experts	Code of Medical Ethics developed by 2014;	EU-WHO Programme;
	Support capacity building of faculty of Institute of Health Sciences (INS) for curriculum development and in-service training for both clinical services and	EU-WHO-HPA; WHO-RO and external experts; Short-term trainings; study tours – South-	Regular in-service trainings conducted by INS Modules developed for leadership and	EU-WHO Programme; AusAID; USAID

Priority Area for Policy Dialogue	Steps for Policy Dialogue	Inputs	Deliverables / Indicators	Partners
	leadership and management skills	South Collaboration	management and training completed by 2014; Refresher trainings in 2015	
Visibility of EU-WHO Policy Dialogue Programme for NHSPS and UHC	Use media and website to raise visibility of EU-WHO collaboration	EU-WHO-HPA;	Regular update of WHO website on EU-WHO Policy Dialogue Programme and media releases	EU-WHO Policy Dialogue Programme;

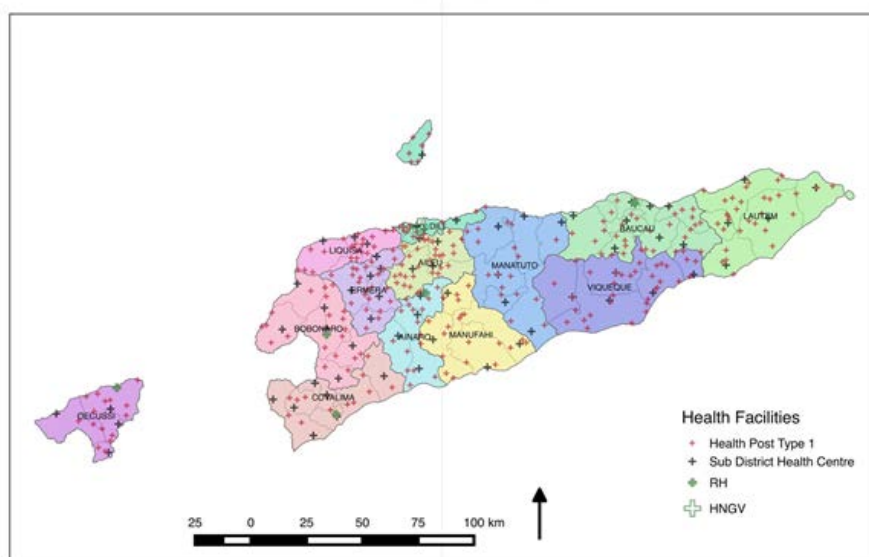
NHSSP-SP*; National Health Sector Strategic Plan – Support Project (World Bank, Australia and EU Multi-donor Trust Fund)

Timor-Leste Health Situation

Timor-Leste with a total population of 1,167,242 (Population and Housing Census 2015) is divided into 13 administrative districts (municipalities), 65 sub-districts, 442 *sucos* (villages) and 2,225 *aldeias* (hamlets). The *suco* (village) is the smallest administrative division. The Constitution of the Democratic Republic of Timor-Leste protects the right to health, medical care and healthy environment. Under Article 57 the State has the responsibility to provide free universal health care through a decentralized public health care system. The National Health Sector Strategic Plan (NHSSP) 2011–2030 provides a 20-year vision for health based on the National Strategic Development Plan 2011–2030. The NHSSP lays a vision towards a 'Healthy East Timorese People in a Healthy Timor-Leste'. The Programme of the Sixth Constitutional Government is based on the National Strategic Development Plan 2011–2030 and on policies of the Fifth Constitutional Government. The National Strategic Development Plan 2011–2030, seeks to transform Timor-Leste into 'a medium-high-income country by 2030, with a healthy, educated and safe population that is prosperous and self-sufficient in terms of food'.

In Timor-Leste, 70% of the population lives in rural areas in small, dispersed villages isolated by mountainous terrain and poor road conditions. In the last decade, Timor-Leste has made steady progress in the health sector by reconstructing health facilities, expanding community based health services through initiatives like SISCa and Saúde na Família and by integrating a considerable number of national medical graduates who have joined the health workforce with assistance and cooperation from the Cuban Medical Brigade, and are serving at district and administrative post levels. Timor-Leste achieved MDG4 by reducing infant and under-5 mortality from 83 per 1000 live births during the period 1999–2003 to 54.6 per 1000 live births in 2013. The Government has prioritized nutrition in its development agenda and declared its commitment through the 2010 Comoro Declaration, to put an end to hunger and malnutrition. Timor-Leste is successfully bringing malaria under control. There has been greater than 75% decline in the incidence of malaria cases over the period 2000–2014, achieving also the MDG for malaria. Leprosy has been declared eliminated as a public health problem. Maternal and neonatal tetanus has also been eliminated. These achievements demonstrate important improvements in service coverage. Major systems developments have taken place in the areas of policy and planning, monitoring and evaluation (M&E), coordination and financial management. Integrated planning and budgeting systems including M&E guidelines have been developed and installed nationally. Towards strengthening human resources for health, the MoH has supported training of health professionals. Many professionals (doctors, nurses and midwives) trained overseas are now serving at the district level to strengthen services at village level.

Timor-Leste Health Facilities



Despite this progress, universal health coverage is yet to be achieved, particularly in remote and rural areas. The national household surveys of 2003 and 2008 indicate lack of access to healthcare due to distance and lack of transportation. Even

though there has been a sharp increase in human resources supply to rural areas, the health facility visit rate has remained unchanged at 2.9 contacts per inhabitant per year and the bed occupancy rates at hospitals have declined to 60%. These increased supply and static utilization rates indicate the presence of service quality or demand-side issues affecting use of health services by the population. The nutritional status of children poses a major concern, with rates of 58% for stunting in children, and an overall rate of anaemia of 38% for children aged 6–59 months. Although 52% of children under age 6 months are exclusively breastfed, yet only 30% children aged 6–23 months are being fed according to MoH recommendations. The maternal mortality ratio remains high at 270 per 100 000 live births. Under-5 child mortality though improving remains high at 54.6 per 1000 live births, with wide variations in rates between some rural and urban areas and between income quintiles.

Immunization coverage remains low. Only 52.6% of one-year-olds are fully immunized, and as per the last survey, 23% had received no vaccinations at all. Births attended by skilled health personnel remain low: just 30% of women delivered their last baby assisted by a skilled provider and only 22% delivered in a health facility. The total fertility rate of 5.7 children per woman in Timor–Leste is the highest in South-East Asia. All of these figures point to low health-service access, exacerbated by the social and political context of a post-conflict country in a fragile state setting.

Added to this, Timor-Leste faces a double burden of disease. Communicable diseases such as tuberculosis, malaria and dengue continue to pose a public health challenge. Noncommunicable diseases such as cardiovascular and chronic obstructive pulmonary diseases are among the ten leading causes of death.



WHO Representative, Dr Rajesh Pandav, with Health Policy Advisor, Dr Oscar Martin Barreneche, presenting the EU-WHO Partnership Report to the H.E Health Minister Dr Maria do Céu Sarmento Pina da Costa and Director General of Health Services, Dr Odete Maria da Silva Viegas de Araujo, Ministry of Health.



Head of the European Union Delegation, Ambassador Sylvie Tabesse, Head of Cooperation, Vincent Vire and WHO Representative Dr Rajesh Pandav with the EU-WHO Partnership Report that Dr Pandav presented to Ms Tabesse and Mr Vir



WHO Representative, Dr. Rajesh Pandav and Health Policy Advisor, Dr Oscar Martin Barreneche brief Dr Paolo Barduagni, Health and Nutrition advisor, Delegation of European Union to Timor-Leste and Mr Johannes Don Bosco, Programme Officer, Operation Section, Delegation of European Union to Timor-Leste on the implementation of the EU-WHO partnership programme.



'Towards a Healthy East Timorese People in a Healthy Timor-Leste' *

* National Health Sector Strategic Plan 2011–2030

