

Year 6 Report (2017 activities)

An annex of the Specific Objectives (SO) and Expected Results (ER) has been prepared at the end of the document for your convenience

Country: Timor-Leste

EU-Luxembourg-WHO UHC Partnership

Date: 24 January 2018

Reporting Period: January to December 2017

Prepared by: WHO CO Timor-Leste

INTRODUCTION

The template is structured into IV sections.

Section I: Results

We recommend completing section II prior to section I.

This section is to serve as an exhaustive listing of the results and outputs that have arisen from the UHC Partnership in 2017. Kindly relate these to Specific Objectives, SO I, SOII and SOIII (see Annex). Please note that this section focuses on results achieved through the (partial) completion of activities indicated in the roadmap, with activities having contributed directly or indirectly to listed results and outputs. In brief, section I puts emphasis on the results achieved; section II focuses on the activities per se. Hence our recommendation to complete section II prior to section I.

To take an example, a result could be an improved health sector coordination (as measured or perceived by the actors), as part of an enhanced governance and leadership of the health sector by the MoH or the Government. An activity that has contributed to above-mentioned result could be holding regular meetings, or organization of the joint annual review on a regularly basis. Another example could be to get an increased share of the government budget allocated to the MoH, as a result of the elaboration and utilization of the Health Accounts (which is here considered as an activity).

Section II: Activities

This section includes four subsections pertaining to the roadmap activities.

The first subsection is a list of the activities completed or partially completed as per your country's roadmap in 2017. Please provide a more detailed overview of how activities were undertaken, including the role of the partnership, as well as key documents accomplished (finalized reports, plans, case studies etc.).

The second subsection is for information on any obstacles encountered, or changes in circumstances that affected your original plan as per the roadmap. Please also list here and report on all *additional* activities that were funded by the UHC Partnership which were not included in the original roadmap.

The third subsection serves to understand key takeaways and learning points as a result of the activities or changes this year.

The fourth and final subsection includes a summary and relevant evidence of how the programme activities or results have been communicated to the public.

Section III: Impact Assessment

This section is intended to be a more in-depth exploration into one of the activities, or perhaps two to three interlinking activities that may showcase the impact of the UHC Partnership in a broader context beyond the specifics laid out in the roadmap. The purpose of this is to highlight the more intangible value of the UHC Partnership beyond the outlined metrics, and its contributions in wider scope towards universal health coverage, and should ideally include enough details to be understood by an external reader with no background knowledge of universal health coverage or the UHC Partnership.

Section IV: Roadmap for 2018

The purpose of this section is to look forward and consider what the goals are for 2018 and how those may be reached. Please list the planned activities as well as the time frame for those activities for calendar year 2018, and relate activities to SO's and ER's (see Annex).

SECTION I: RESULTS

Main results

Put here all results as set in the Logical Framework and Roadmap and link them to SO I, SO II or SO III. You may also want to relate to the overarching dimensions of universal health coverage (coverage, financial protection, quality of care, equity etc.). Explain how activities implemented have contributed to the results achieved.

We advise filling out section II prior to filling out this section. The reasoning behind is that section II is a description of the activities undertaken, while section I is for the results achieved and the key outputs from those activities. Example, a result could be an improved handling of antibiotic usage, with a key documentation as to a finalized antibiotic guideline. An activity that has contributed to above-mentioned result is holding training workshops on rational use of medicines for providers on a regularly basis.

SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity

ER 1. Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity

- ✓ The Health Sector is more guided on how to move forward in the next five years, addressing adequately the more pressing issues and revising and/or strengthening some strategies because of the “Assessment of the first phase of implementation of the NHSSP 2011-2030” and the “Recommendations for second phase implementation of the NHSSP 2011-2030” included on it.
- ✓ The Guidelines for Development, Approval and Review of Health Policy in Timor Leste, that were approved, launched, disseminated and started to be implemented during 2017, will facilitate quality, alignment and procedure of new policies in the sector.
- ✓ Intersectoral collaboration is, although slowly, progressively advancing, with MoH effective participation in several multi-sectoral activities (Nutrition working group –KONSANTIL-, common implementation with several Agencies of Reproductive, Neonatal, Child and Adolescent Strategy).
- ✓ The family-based, multi-expert team domiciliary visit program Saúde na Família is in an advanced implementation stage in the country, with 90% of families all around the country were visited by an integrated medical team including a doctor, a midwife and a nurse and progressive digitization of all personal records, with 90% achievement in December 2017. This program shall assure access to health services to all population of Timor-Leste.
- ✓ Access to quality medicines shall be improved in Timor-Leste through a multi-task support approach that included creating the basis for a functional National Regulatory Authority, with forms and basic systems for initial pharmacovigilance tasks, comprehensive revision and development of National Medicines Policy and related legislation (National Medicines Law, Pharmacy Law and Narcotics and Psychotropic Law) –all of them pending approval and endorsement by MoH-; the implementation of these policies will be supported by a Pharmaceutical Sector Strategic Plan 2017 -2021, with a preliminary

draft available. At the same time, rational use of medicines has been promoted through the distribution of National Antibiotic Guidelines (approved in 2017) and several training workshops on rational use of medicines for providers conducted and supported by information materials produced and distributed

✓ Human Resources for Health, a basic pillar of the health system, has been re-enforced with the drafting of a Health Workforce Plan. The current first draft available was developed with the involvement of the regional office as well as WHO HQ experts. The draft plan emphasizes the need for revision of the staffing norms, suggesting new objectives which maintain a strong orientation to the Primary Health Care Basic Package and alignment with the objective of the *Saude na Familia* initiative, while at the same time maintaining targets in the context of the medium term financial constraints, and taking into account the underutilization of staff in health posts and CHC. Although the plan needs further discussions with stakeholders before final approval, the discussions during the process of development have been already positive, and already producing results, for instance influencing the definition of the new organic law being prepared by the new government. The plan is complemented with advances in health workforce accounts, at present with a better understanding of existing possibilities for improving HRH data and its analysis. IT is expected that several of this initiatives will be further developed in 2018-19 and will contribute to more tangible results and translate in positive impact.

✓ Quality of services, linked with all the above and very specially with the work of the health professionals and availability of medicines, has been strengthened through the definition and approval of the Medical Code of Ethics and professional standard competencies for medical doctors, with the creation of a Basic Health professional registration system at MoH and with developed capacities at the National Health Institute that has conducted in-service trainings for health professionals of better quality and in increased number.

ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.

✓ Capacities of the Departments of Health Management Information System and Monitoring and Evaluation staff are progressively stronger, constantly re-enforced with ad-hoc on-the job support in analysing data in preparation for review meetings or the annual reports. In this line the department led a Five Year Health Sector Review and produced the annual statistic report for 2016. Need remains, however, to improve quality of data and ensure it informs policy making adequately.

SO 2. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue

ER 3. Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable

✓ The policy dialogue continued during 2017, ensuring that what transpired in the previous phase was adequately reflected in a practical health financing strategy. A first phase of the process, in July-August 2017, focussed at producing a draft of a health financing country diagnosis that compiled direct inputs from multiple stakeholders and comprehensive literature review. This was distributed electronically to stakeholders for inputs and was thoroughly discussed in a meeting with participants from MoH, development partners, including NGOs, representatives from MoF and Planning Unit. It was as well presented to an internal MoH consultation, chaired by the Health Minister, where most of the Directors of the MoH participated. The contributions proved essential to shape the strategic document. The Health Financing Strategy is in working draft by December 2017.

✓ The process of institutionalising the National health accounts is advancing with awareness of key MoH and Ministry of Finance's staff on National Health Accounts created during the updating and

revision of the GHDB (2002-2015). These developed capacities –in a process to be continued in the next year- will allow the MoH to understand better the health financing data and indicators, including UHC indicators, and be in charge of its production and analysis, favouring better informed decision taking.

✓ As the decentralisation process advances slowly around the country, a draft discussion paper –in working draft at the moment- will allow the MoH to reflect on the implications of the decentralisation as planned for the health sector and facilitate taking decisions in future advancements of the process.

SO 3. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles

ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated

✓ Alignment and harmonization of health development partners is strengthened through monthly coordination meetings co-organised by WHO and EU. Discussion of common interest health issues reduces duplication and increases common approaches. The National Health conference organized during the National Health day complemented the sharing of information in regards to important health sector topics.

✓ MoH capacities to coordinate the health sector were progressively strengthened with the directorate of Policy and cooperation organising and leading the Health sector coordination Committee meeting , with representation of all stakeholders (multilateral agencies, bilateral, NGOs, private sector) and engaging in revising and finalising the health sector partnership guidelines currently in process.

SECTION II: ACTIVITIES

Main activities achieved and progress made:

Please estimate **approximate percentage of achievement** for each roadmap activity.

Please note which activities were undertaken with the technical support of WCO, potentially in collaboration with existing initiatives of UN agencies, NGOs etc.

What are some concrete and visible outputs of Partnership activities (e.g. annual review report, plans and strategies, case studies, publications)?

Please relate all undertaken activities to SO I, SO II or SO III, to an expected result (ER1-ER6) and report progress on the indicators as per the roadmap. This can be presented in a table format or in bullet points.

Main activities achieved and progress made in 2017

SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity

ER 1. Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity

<i>Activity</i>	<i>% of completion/ Key Outputs obtained</i>
1. Support the assessment of the first phase of implementation of the NHSSP 2011-2030 and its revision.	100%
<ul style="list-style-type: none"> The assessment process, led by the MoH NHSSP evaluation committee and closely supported by WHO, was completed and finalized in a consultative workshop on 28th June 2017. A report containing quantitative information (from MoH indicators from all levels of the system) and qualitative data (WHO qualitative assessment) was presented and analyzed. The participants contributed to finalize the draft document that underlines progress and challenges and provides recommendations to inform the revision of the plan. A revision of NHSSP did not take place as such, although the recommendations from the evaluation can be taken as adjustments in the implementation of the defined strategies. 	<ul style="list-style-type: none"> ✓ Assessment of the first phase of implementation of the NHSSP 2011-2030. ✓ Recommendations for second phase implementation of the NHSSP 2011-2030.
2. Support development of consolidated Health Sector Annual Operational Planning, Costing and Budgeting	80 %
<ul style="list-style-type: none"> The Joint Annual Health Sector Planning Summit, planned to take place in early 2017, was hampered by the political happenings that have lasted the year long. Despite of this, inputs were provided to the annual MoH plan for 2017 and its budgeting. 	<ul style="list-style-type: none"> ✓ Health Sector Annual Operational Planning
3. Support adequate processes and quality in the development or updating of NHPSP and that new policies lead to UHC	100 %
<ul style="list-style-type: none"> "Guidelines for Development, Approval and Review of Health Policy in Timor Leste" (developed in 2016) were approved by MoH and officially launched on the National Health Day (28th July) and disseminated; they are being used in all 	<ul style="list-style-type: none"> ✓ Guidelines for Development, Approval and Review of Health Policy

<p>policy/strategy development processes.</p> <ul style="list-style-type: none"> UHC concept is well embedded in the guiding documents of Timor-Leste Health System (health policy framework), NHSSP and NDP. 	<p>Policy in Timor Leste approved, launched, disseminated and implemented</p>
<p>4. Strengthen capacity of MoH to engage in intersectoral collaboration for health with focus on Malnutrition and Maternal Mortality and achievement of Health SDG Goal</p>	<p>100 %</p>
<ul style="list-style-type: none"> WCO has provided Support to MoH for engaging in intersectoral collaboration, participating in intersectoral forum for Nutrition (KONSANTIL), involving the office of Prime Minister in health related matters (i.e implementation of domiciliary visit program (saúde na família), tobacco control activities) and discussing with MoF health financing issues, reporting on health related SDG indicators quarterly to the SDG's working group (led by the Prime Minister). 	<p>✓ MoH has effectively participated in intersectoral collaboration activities</p>
<p>5. Support MoH in implementing the Primary Health Care and Domiciliary Visit programme</p>	<p>100 %</p>
<p>WHO CO has provided technical and financial support in:</p> <ul style="list-style-type: none"> production of a book and a video for dissemination of saúde na família program activities participation in the planning meeting for scheduling and organizing final phases of digitalization of first visits (patient record system) Ad-hoc short trainings/updates to staff of saúde na família program (i.e. in NCD) 	<p>✓ 90% of families all around the country were visited by an integrated medical team including a doctor, a midwife and a nurse.</p> <p>✓ Saúde na Família is in the process of digitization of all personal records, with 90% achievement in December 2017.</p>
<p>6. Support MoH in establishing and reinforcing a Drug Regulatory Authority.</p>	<p>100 %</p>
<ul style="list-style-type: none"> Two members of Pharmacy Directorate participated in the Safeguarding Quality of Medicines in Resource-Limited Settings course. WHO CO supported communication and access to materials and decisions of the South East Asia Regulatory Network. In August 2017, WHO provided support to MoH to establish a National system for Rapid Alert and Recall of substandard and falsified medical products in public and private health sector in Timor Leste. The incipient system is placed under the responsibility of the Department of Pharmacovigilance. A database for registering medicines was put in place, suggesting a method of prioritisation in evaluation of new applications. A simple Data Entry Form for reporting suspect sub-standard or falsified products was developed. 	<p>✓ Incipient but functional NRA</p>
<p>7. Promoting and monitoring rational use of drugs</p>	<p>100 %</p>
<p>WHO CO has provided technical and financial support in:</p> <ul style="list-style-type: none"> Launch, printing and dissemination of National Antibiotic Guidelines Scientific seminar on antimicrobial resistance: increase awareness and understanding of AMR through rational prescribing and use of antimicrobial agents, in December 2017. Production and dissemination of awareness and public information materials. 	<p>✓ National Antibiotic Guidelines available for providers</p> <p>✓ Training workshops on rational use of medicines for providers conducted</p> <p>✓ Information materials produced and</p>

	distributed
8. Support MoH in developing, disseminating and operationalising National Medicines Policy, National Pharmaceutical Sector Strategic Plan 2017 -2021 and Pharmaceutical law	70 %
<p>WHO CO has provided technical and financial support in:</p> <ul style="list-style-type: none"> • Continue discussions and polishing on draft National Medicines Policy (pending legal approval) • Comprehensive review of existing legislation and drafting new ones: National Medicines Law, Pharmacies Law and Narcotics and Psychotropic Law; revised and newly developed laws, pending of approval, intent to be in line with the new policy while strengthening the conditions for stablishing and reinforcing a National Drug Regulatory Authority and improve purchasing and supply of medical products in the country 	<ul style="list-style-type: none"> ✓ National Medicines Policy final draft ✓ National Medicines Law –revised and updated –final draft ✓ Pharmacy Law – developed –final draft. ✓ Narcotics and Psychotropic Law –first draft ✓ Pharmaceutical Sector Strategic Plan 2017 -2021 –first draft
9. Support producing an updated Health Workforce Plan	100%
<ul style="list-style-type: none"> • May 2017, initial consultations, literature review –including health workforce assessment of 2016- and identification of priorities for Health Workforce Plan. • July -August 2017, development of Health Workforce Plan for the period 2018-2022. Currently first draft available. It was developed with the involvement of the regional office as well as WHO HQ experts. 	<ul style="list-style-type: none"> ✓ Health Workforce Plan –first draft
10. Support development of Health Workforce Registry	60%
<ul style="list-style-type: none"> • Initial evaluation of existing country technical capacities: development, maintenance, server location, functioning, human resources needs, IT human resources capacities etc. undertaken by the Health Policy advisor, prior to develop a Health Workforce Registry prototype. • Initial evaluation of existing Human Resources data-base in partner ministries and agencies –civil service commission. • The preliminary studies brought the conclusion to undertake a more profound assessment and develop a Human Resources for Health Information System more integrated with HIS structures and existing country mechanisms. 	<ul style="list-style-type: none"> ✓ Rapid assessment of country capacities for Health Workforce Registry
11.Support the development of professional councils and health professional registration processes	50%
<ul style="list-style-type: none"> • In February 2017, WHO supported the medical association of Timor-Leste in organizing a national workshop to finalise the Medical Code of Ethics and professional standard competencies. • Health professional registration undergoing at MoH, Cabinet of Ethics and Quality control; a very basic system, semi-voluntary, capturing inconsistently data from municipalities, but useful as a first attempt of registration and licensing. 	<ul style="list-style-type: none"> ✓ Medical Code of Ethics and professional standard competencies defined and approved ✓ Basic Health professional registration system at MoH
12.Support capacity building of faculty of Institute of Health Sciences (INS) for in-service training for both clinical services and leadership and management skills	100 %
<ul style="list-style-type: none"> • WHO has worked with the faculty of INS providing on-the job training during the preparation and delivery of several workshops in the INS facilities. Constant communication is maintained in order to influence best practices and better planning. 	<ul style="list-style-type: none"> ✓ Regular in-service trainings conducted by INS

ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.	
1. Support MoH implementation of the HMIS Strategic Plan 2016-2020 and strengthen capacity of HMIS department for data management and analysis and to monitor SDG goals;	100%
<p>WCO has provided technical support to the HMIS and M&E teams of the MoH in:</p> <ul style="list-style-type: none"> • One to one on the job support in analysing health system data indicators and relate them with system performance and potential actions as preparation of presentations for meetings or annual report • Inputs in health data analysis in health sector review meeting –five years health sector review and NHSSP implementation in June 2017 • The HMIS Strategic Plan 2016-2020 has not been formally approved by MoH, however, activities defined in the plan, like rolling out DHS2, capacity building and others have been implemented in the interim. 	<ul style="list-style-type: none"> ✓ HMIS department staff trained in and exposed to data management and analysis ✓ Report on five years implementation of NHSSP ✓ Annual Statistic Report 2016
2. Support to conduct Joint Annual Health Sector Reviews with focus on progress made towards achieving SDG goals	100%
<p>On 2017 there was not a Joint Annual Health Sector Review, however there was a:</p> <ul style="list-style-type: none"> • five year health sector review meeting, as part of the NHSSP first phase's evaluation 	<ul style="list-style-type: none"> ✓ Five Year Health Sector Review conducted
SO 2. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue	
ER 3. Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable	
1. Support to develop National Health Financing Policy (including definition of Financing Policy Options) and to define National Health Financing Strategy	100%
<ul style="list-style-type: none"> • The identified health financing policy options in late 2016, were redefined and better studied in a health financing country diagnosis in July 2017; it was presented and discussed to MoH Managers, including HE Minister and Vice-Minister. • based on this, in November 2017, an initial draft of a National Health Financing Strategy was developed. It has now to be presented for final agreements and approval of the MoH. • As part of the strategy, WHO produced a discussion paper on the decentralization process in the country, to contribute to reflections on the best way forward for implementing de-concentration/devolution strategies to municipalities under the point of view of the health sector. 	<ul style="list-style-type: none"> ✓ Health Financing Strategy working draft by December 2017
2. Support establishment of National Health Accounts	100%
<ul style="list-style-type: none"> • Constant advocacy about the utility of periodic development of NHA has been done; • WHO provided assistance to the Directorate of Planning and Financial Management (DPFM) of the MoH to identify best source of reliable data for producing NHA. • As part of the institutionalization of the process, WHO contributed to establish a productive relationship with the National Statistics Unit with a common understanding between MoH and MoF for the use of available figures and their 	<ul style="list-style-type: none"> ✓ Awareness of key MoH and Ministry of Finances Staff on National Health Accounts created; ✓ GHDB updated and revised data 2002 - 2015

analysis.	
<ul style="list-style-type: none"> Through the HPA, support has been provided for reporting and understanding of UHC indicators (financial risk protection and health related impoverishment) using the new internationally accepted methodology. In December 2017, with support from Regional office (SEARO), the TL health financing profile has been produced. Initial data collection took place, revising data from GEDB to be used as well for NHA 2017 –referring to 2016. 	
3. Support the on-going decentralization process, improving capacities at municipality and central level for a smooth de-concentration transition	70%
<ul style="list-style-type: none"> WHO produced a discussion paper on the decentralization process in the country, to contribute to reflections on the best way forward for implementing de-concentration/devolution strategies to municipalities under the point of view of the health sector. Inception decentralized structures have been put in place in all municipalities by MoH/ Government Decentralized budget allocations for operations running have been allocated and transferred to Municipal authorities, which in turn have coordinated with municipal health authorities for expenditure. Following the present Decentralization legislation some functions remain at responsibility of MoH, ie. Human resources. 	<ul style="list-style-type: none"> ✓ Initial decentralization mechanisms implemented in all municipalities (budget allocation, reporting mechanisms) ✓ Discussion paper on the decentralization process (working draft)
SO 3. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles	
ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated	
1. Strengthen National Health Sector Coordination to ensure role clarity and coordination among development partners and relevant government counterparts	100%
<ul style="list-style-type: none"> Quarterly participation in the Development Partners Meeting where major development partners meet with government counterparts; meetings are chaired by the Prime Minister National Health Sector Coordination Committee (NHSCC) meeting, December 2017, co-chaired by the Director General of the MoH and WHO HPA (in representation of the health partners). Organisation and co-chairing (together with EU) of monthly Development Partners Health and Nutrition Group meetings. 	<ul style="list-style-type: none"> ✓ Health Sector Coordination Meetings conducted regularly
2. Support in the organization and implementation of a National Health Conference for dissemination of health topics and promote health research	100%
<p>WCO provided technical and financial support to the organization of:</p> <ul style="list-style-type: none"> Scientific Seminar on 28th July 2017, as part of the celebrations of the National Health Day. The theme for 2017 was “Bring health services to the family, bring people improved quality of life.” 	<ul style="list-style-type: none"> ✓ One National Health conference organized during 2017, in July
Use media and website to raise visibility of EU-WHO collaboration: printing and distribution of booklets	100%
<ul style="list-style-type: none"> EU-Lux-WHO country activities booklet for 2017 is finalized (covers second phase in Timor-Leste, 2016-2018; at present updated till December 2017)– pending printing-; Constant updates on activities with MOH under the EU-WHO Policy Dialogue Programme have taken place with repeated presence on social media –local newspapers and TV. 	<ul style="list-style-type: none"> ✓ Updates on Social media; ✓ EU-Lux-WHO country activities booklet for 2016-2017;

- Many activities under the partnership have been well communicated through WHO country office and UN face-book pages.

✓ UHC information materials

Changes in circumstances or problems encountered that affected the original plan:

Please provide information on activities eliminated, changed, postponed or added. Please list them and provide the reasons for each of them: obstacles encountered, remedial measures taken, etc.

Activities eliminated, changed, postponed

Roadmap Activity	Reasoning to eliminate/change/postpone activity
<p>The year 2017 was an electoral year. Presidential elections in March were followed by parliamentary voting in August. The results, with close numbers obtained by the main parties, have brought uncertainty at the time of forming a stable government and the process of establishing governing positions and defining a program of work has been elongated. This has inevitably delayed implementation timings as the main players, when present, had divergent focus of attention. The political happenings during the year have affected the results of many policy-related activities, due to difficulties in undertaking fruitful policy dialogue and/or engaging relevant stakeholders, or because approval of policy/strategic documents has been delayed troubling planned progress.</p>	
SO1 / ER1	
Support development of consolidated Health Sector Annual Operational Planning, Costing and Budgeting <i>80% implementation</i>	The Joint Annual Health Sector Planning Summit, planned to take place in early 2017, was hampered by the electoral process. Despite of this, inputs were provided to the annual MoH plan for 2017 and its budgeting (that included some disbursements to municipalities); the plan has guided MoH work along the year 2017.
Support MoH in developing, disseminating and operationalising National Medicines Policy, National Pharmaceutical Sector Strategic Plan 2017 -2021 and Pharmaceutical law <i>70 % implementation</i>	Policy and legislation not approved due to new government in place. New legal adviser in MoH is undertaken final review This fact delayed the finalization of Strategic plan, which has to be aligned and respond to the policy and approved laws, and, in line with this, the definition of an operational plan for the first one to two years of implementation was not possible.
Support development of Health Workforce Registry <i>40% implementation/postponed</i>	The preliminary studies to identify an adequate partner for developing a health workforce registry brought to the conclusion to undertake a more profound assessment and develop a Human Resources for Health Information System more integrated with HIS structures and existing country mechanisms. Accordingly the development of a separate registry was postponed, pending of a further analysis and joint decision with MoH.
Support the development of professional councils and health professional	The MoH internal discussions did not clarify about the need of establishing a sole health professional council of health professionals or a different councils for the various professions; therefore the

registration processes <i>50% implementation</i>	establishment of professional councils has been delayed, although progress has been achieved through increased knowledge and capacities of the Cabinet of Ethics and Quality control, which started a basic health professional registration system.
SO1, ER2	
Support MoH implementation of the HMIS Strategic Plan 2016-2020 and strengthen capacity of HMIS department for data management and analysis and to monitor SDG goals; <i>100 % implementation</i>	The activity was implemented as planned, providing support to MoH in implementation the HMIS Strategic Plan 2016-2020 and strengthen capacity of HMIS department for data management and analysis and to monitor SDG goals; however, the output of having an operational plan to guide the impletation of the strategic plan was not achieved, since the operational plan can only be developed once the strategic plan is approved and the MoH did not approved it yet. Nevertheless, this fact did not really affect the implementation of the plan, possibly provoking only more ad-hoc decisions instead of planned ones.
SO2, ER3	
Support the on-going decentralization process, improving capacities at municipality and central level for a smooth de-concentration transition <i>70% implementation</i>	Although the government started to implement with a lot of eagerness the decentralization process to municipalities, the electoral process, that had the country in political instability for 3 quarters of the year, slowed down the process. Accordingly WHO decided to postpone any training at municipal level, and instead engage in a rapid assessment of the implications of the decentralization as envisaged by government for the health sector. The result of the assessment is a discussion paper, in working draft at end of 2017 expected to contribute to government reflections for improved implementation.

Activities added

None

Lessons learned:

Please describe the principal lessons learned during the last 12 months of the implementation of the UHC Partnership.

– Policy dialogue is closely link and influenced by actors and context and it can not be separated from the governance environment and politics. While the role of WHO, through the EU-Lux-WHO partnership is to provide support for the processes, ensure the critical issues (UHC principles, SDGs, etc.) reach the health policy agenda and that evidence-based international knowledge is incorporated into national requirements, the political happenings during 2017 in Timor-Leste have demonstrated that stability of government and having a solid counterpart is essential for success. As described above, the political happenings during the year have affected the results of many policy-related activities, due to difficulties in undertaking fruitful policy dialogue and/or engaging relevant stakeholders, or because approval of policy/strategic documents has been delayed, troubling planned progress.

Visibility and communication:

Please give a short overview of visibility and communication events that took place and attach evidence: scanned newspapers, pictures, brochures, etc.; also if only available in the local language. Please describe how communication of the programme results to the public has been ensured.

- Booklet for dissemination of activities undertaken during phase II in Timor-Leste (2016-2017) of the WHO/EU Universal Health Coverage Partnership in Timor-Leste has been produced.
- Primary Health Care implementation program illustrative documents in Timor-Leste have been produced and broadly distributed: Book Saude na familia stories, and video –in co-production with UNICEF
- WHO webpage for Timor-Leste makes reference to the partnership with regular updates
- In public activities implemented through the partnership the logo of EU and Luxembourg cooperation are displayed together with WHO and MoH logos (and other partners if there are other contributors)
- Some images from the year:



Figure 1 DG MoH, Dr. Odete Viegas, appreciates the support of WHO during the workshop for developing the medical code of ethics, organized by the Medical Association, January 2017



Figure 2: WHO regional Health Information advisor making a presentation during the Meeting on health information systems strengthening and eHealth investment planning, on 26th April, 2017, in the presence of MoH HMIS and M&E Departments and other stakeholders (UNICEF, DFAT, EU)



Figure 3: WHO consultant, Helena Baiao, discusses with MoH Inspector General in the presence of Directorate of Pharmacy and medicines staff and WHO HPA during the revision of the medicines and pharmacy legislation, May 2017



Figure 4: Preparing the Health workforce plan, May 2017. WHO consultant, Mark Beesley, in the presence of MoH staff from several directorates and departments.

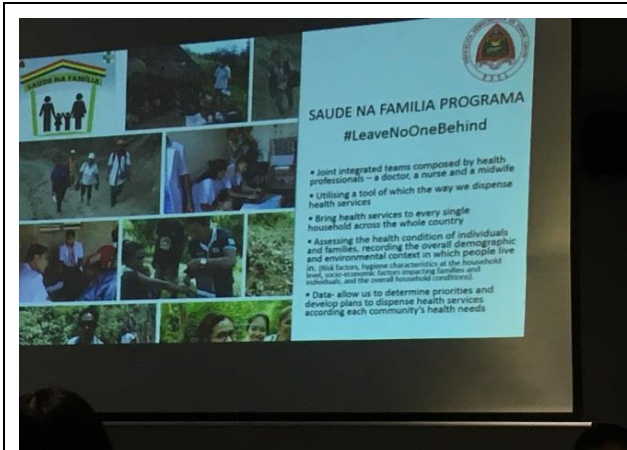


Figure 5: Presentation of Saude na Familia Program, June 2017, in a multisectoral workshop about SDGs



Figure 6: WHO consultant, Dr. Xavier Modol presents the health financing country diagnosis for discussion as part of the development of the health financing strategy, October, 2017



Figure 7, 8: Health sector coordination meeting, co-chaired by Director General MoH, Mr. Jose Magno, and WHO, HPA, Dr. Dolores Castelló, December 2017. The event is well reflected in the press –picture on the side

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MS ho MAP Fó Koñesimentu Rezistencia Antibiótika ba Estudante UNITAL

DILI—Ministériu Saúde (MS),
 Ministériu Agrikultura ho Pes-
 kas (MAP) ho suporta téknika
 hosi OMS Timor-Leste organiza
 ona semináriu científiku ida
 estudantes iha Univesidade Ori-
 entál (UNITAL) Dili, Timor-
 Leste iha loron Sábado semana
 kotuk liu ba, hanesan parte ida hosi
 semana de konsénsia mundial an-
 tibiótika 2017 nian (WAAW).
 Tuir informasaun ne'e ebé
 diáriu ne'e asesu hosi midia Uni-
 ted Nations Nasoins Unidas
 Timor-Leste katak, semináriu
 ne'e hala'o atu sensitiza estudante
 sira kona-bá uzu antibiótika ra-
 sional no tulun atu hasa'e sira-nia
 koñesimentu kona-bá rezistensia
 antimikrobial no antibiótika.
 Semináriu ne'e rasik hetan
 partisipasaun hosi estudante
 kuaze atusida hodi bele hasa'e
 kuñesimentu. (*/jos)

Figure 9: Co-ordination training by MoH and Mo A (Agriculture and fisheries) to university students about antibiotic resistance, December 2017

DNPCK Hala'ó Revizaun ba HSPPM

DILI—Direasaun Nasionál Políti-
 ka no Kooperasaun (DNPCK),
 hala'o revizaun ba Health Sector
 Partnership Procedures Manual
 (HSPPM) ka Manual Prosesual
 Kooperasaun iha Setór Saúde
 Hamutuk Ho Parseiru.
 Tuir informasaun ne'e ebé
 Timor-Post asesu Kinta (21/12)
 hosi midia MS katak enkontru ba
 halo revizaun HSPPM ne'e rasik
 hala'o iha Palásiu Xinza.
 Enkontru ne'e hodi harmoni-
 za esbosu jestaun parserias nian,
 inklui instrumentu sira hodi bele
 sai hanesan matadalan ka guiaun,
 ba kooperasaun no koordinasaun
 entre Ministériu Saúde (MS) ho
 Parseirus sira iha Setor Saúde.
 Marka prezensa iha enkon-
 tru koordinasaun ne'e mak
 representante hosi, John Snow
 Inc (JSI), World Health Organi-
 zation (WHO) no United Na-
 tion Children's Fund (UNICEF)
 no Assesor tekniku hosi Min-
 istériu nian balun. (*/jos)

Figure 10: HPA, Dr. Dolores Castelló, working with the National Directorate of Policy and cooperation in revising the Health Sector Partnership Procedures Manual, December 2017

SECTION III: IMPACT ASSESSMENT / RESULT CHAIN

Impact assessment / results chain:

*Please explain to which extent 1-3 country level activities have already contributed towards achieving the overall programme objectives. **Carrying out activities as per the roadmap is good. We would like to go beyond the activities and try to relate them to potential contribution of the Partnership to broader results or impact: better services for the population, improved health status of the population or a specific target group, better equity, contribution to health in all policies, contribution to lives saved, better access to care and services, improved financial risk protection, better coordination or involvement of the actors... The linkages might be direct (sometimes) or indirect (most of the time) but should be explained with as many details as possible to let an “external” reader understand the added value of the Partnership. If possible, those broader results should be supported by indicators.***

Where possible, please use short stories /field voices box / quotes (MoH, district level officials, health workers etc.) / press releases to illustrate the impact and added value of the programme and WHO action in the policy dialogue process.

Strengthening policymaking

Timor-Leste National Health Sector Strategic Plan (NHSSP) 2011-2030 is a twenty-year vision plan defined in 2010. Despite the long term coverage of the ambitious strategy, it differentiates four five-year periods. The first is defined as the one for ‘setting conditions’, which shall be followed by a “consolidation “ phase. WHO, through the EU-Lux-WHO partnership for policy dialogue and UHC, has supported policy development and definition of guiding documents that could contribute to establish the right settings in all health system areas, thus contributing towards pursuing UHC in a comprehensive way.

The year 2017 has seen three crucial policy documents drafted, namely: Health Financing Strategy, National Medicines Policy and the National Health Workforce Plan. These three policies are the result of in-depth analysis undertaken beforehand in the respective fields, started in 2015 and carried forward in 2016, with respective financial, pharmaceutical and human resources assessments. The principles of SDG3 and UHC endorsed and championed by Timor-Leste are well reflected in these policies. At the same time, they are backed by the “Guidelines for Development, Approval and Review of Health Policy in Timor-Leste”, produced with WHO’s technical assistance and launched by the Ministry of Health in July 2017 at the National Health Day celebrations.

These documents come to complement previously defined strategies (i.e. HMIS strategy) and are at the same time supplemented by legislation update, setting strong basis for the health system in the country. They all are the result of an active policy dialogue, coordination efforts and involvement of all relevant stakeholders. A good determination has been put in assuring their alignment among them, but also with existing country policies, reality, views and expectations. While they have the potential to represent a good basis for work, there is need to follow up –and provide necessary support- for development of final versions, their approval and dissemination and an adequate implementation, completing the policy cycle in advancing towards better health for all Timorese.

SECTION IV: ROADMAP 2018

Roadmap/timeline for 2018:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2018. **These activities should be related to SO's/ER's and have clear timeline and indicators.**

If applicable, we also advise you to define key milestones for each activity, to be able to report on key achievements/progress made on the road towards completion of an activity. In this regard, an 'activity' means a distinct output of the UHC Partnership program, meaningful in terms of the UHC Partnership's overall specific objectives and expected results, and constituted by a report, a document, etc. A "milestone" means control points within an activity that help to chart progress. Milestones may correspond to the completion of a key sub-activity, allowing the next phase of the work to begin. They may also be needed at intermediary points so that, if problems have arisen, corrective measures can be taken. A milestone may be a critical decision point within an activity where, for example, the consortium must decide which of several options to adopt for further development.

Road Map 2018		
SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity		
ER 1. Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity		
1. Support development of Health Sector Annual Operational Planning, Costing and Budgeting at central level and municipalities	2018 Health Sector Annual Operational Plan finalized on time	Apr – May 2018
2. Support adequate processes and quality in the development or updating of NHPSP and that new policies lead to UHC	Policies, strategies and plans produced follow JANS attributes	Jan – Dec 2018
3. Technical support to MoH and capacity development in implementing the Primary Health Care and Domiciliary Visit programme	Saúde na Família program fully functional and information digitalized. / Training to care providers and communities conducted.	Jan – Dec 2018
4. Technical support to strengthen human resources management capacities at central, municipality and health facility level	Management training conducted/ management systems, including performance assessment tools, in place	Jan – Dec 2018
5. Support development of Human Resources for Health Information system and data interpretation and use at central and municipal levels	HRHIS functional and utilized by end of 2018	Jan – Dec 2018
6. Support capacity building of faculty of Institute of Health Sciences (INS) for in-service training for developing needs adapted training modules, including new training methodologies, and conducting training needs assessment	Regular in-service trainings conducted by INS	Jan – Dec 2018
7. Strengthen health care workers registration and quality practice establishing user friendly guidelines on process of Registration, setting conditions for creating professional councils and strengthening health professional associations and making clinical guidelines available	Registration processes established / clinical guidelines available	Jan – Dec 2018

8. Support MoH in disseminating and operationalizing National Medicines Policy, National Pharmaceutical Sector Strategic Plan 2017 -2021 and Pharmaceutical law	Pharmaceutical Sector Strategic Plan, aligned with new policy and legislation, finalized by December 2018	Jan – Dec 2018
9. Support MoH in improving functionality and quality of the Drug Regulatory Authority.	NRA enforces regulations for rational prescribing, dispensing and use of medicines and for SF products by end 2018	Jan – Dec 2018
10. Promoting and monitoring rational use of drugs	National standard treatment guidelines drafted / essential medicines list reviewed by end of 2018	Jan – Dec 2018
ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.		
1. Support MoH in improving quality of data, including inter-operability of existing systems, and strengthen institutional capacity for use of health information at national and sub-national levels (municipality and health facilitates) and to monitor SDG goals;	Assessment of inter-operability of existing HIS systems HMIS department staff trained in and exposed to data management and analysis	Jan – Dec 2018
2. Support periodic monitoring of implementation of NHSSP through joint annual review, with a look at equity and with focus on progress made towards achieving SDG goals	Annual Health Sector Review conducted before December 2018	Dec 2018
SO 2. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue		
ER 3. Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable		
1. Support to finalize and disseminate the National Health Financing Strategy	Health Financing Strategy finalized by June 2018	Jan – Dec 2018
2. Technical assistance to strengthen capacities and support establishment of functional National Health Accounts unit	Awareness of key MoH and Ministry of Finances Staff on National Health Accounts created; NHA for 2017 produced	Mar 2018 Jan – Dec 2018
3. Analysis and recommendations for decentralization implementation for the health sector	Recommendations disseminated to MoH	May 2018
SO 3. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles		
ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated		
1. Strengthen National Health Sector Coordination to ensure role clarity and coordination among development partners and relevant government counterparts	Health Sector Coordination Meetings conducted regularly	Jan – Dec 2018
2. Support in the organization and implementation of a National Health Conference for dissemination of health topics and promote health research	One National Health conference organized during 2018	July 2018
Use media and website to raise visibility of EU-WHO collaboration: printing and distribution of booklets	Regular update of WHO website on EU-WHO Policy Dialogue Programme ; Updates on Social media; EU-WHO Project website updated regularly; booklet printed and distribution	Jan – Dec 2018

Annex:

Specific Objectives and Expected Results of the EU-Luxembourg- WHO Universal Health Coverage Partnership

Specific objectives (SO)	Expected Results (ER)
<p>SO I. To support the development and implementation of robust national health policies, strategies and plans to increase coverage with essential health services, financial risk protection and health equity.</p>	<p>ER 1. Countries will have prepared/developed/updated/adapted their NHPSP through an inclusive policy dialogue process leading to better coverage with essential health services, financial risk protection and health equity.</p> <p>ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</p>
<p>SO II. To improve technical and institutional capacities, knowledge and information for health systems and services adaptation and related policy dialogue.</p>	<p>ER 3. Countries requesting health financing (HF) support will have modified their financing strategies and systems to move more rapidly towards universal coverage (UC), with a particular focus on the poor and vulnerable.</p> <p>ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC.</p> <p>ER 5. Accurate, up-to-date evidence on what works and what does not work regarding health financing reforms for universal coverage is available and shared across countries.</p>
<p>SO III. To ensure international and national stakeholders are increasingly aligned around NHPSP and adhere to other aid effectiveness principles.</p>	<p>ER 6. At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.</p>