

EU-WHO Universal Health Coverage Partnership in Timor-Leste

2013-2015

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 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.

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 National Health Policies Plans and adhere to other aid effectiveness principles.

Launch in Timor-Leste

An inception mission took place in Dili from May 8-10th, 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 and key development partners, such as the European Union, AusAID, USAID and the World Bank.

A road map (see annex 1) was agreed upon by all partners for the 3 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 will be implemented through funding of a Health Policy Advisor position at the WHO Country Office and USD 557,000 for activities.



Dr. Rajesh Pandav, Health Policy Advisor, WHO Country Office Timor-Leste, Dr. Hernan Montenegro, Health Systems Advisor, WHO Headquarters Geneva, H.E. Dr. Sergio G.C. Lobo, SpB, Minister for Health and Dr. J.M. Luna, WHO Representative to Timor-Leste



Minister of Health, H.E. Dr. Sergio G.C. Lobo, SpB and health development partners at the EU-WHO Universal Health Coverage Partnership Road Map presentation, May 10th 2013

Activities supported in 2013

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 Ministry of Health 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.

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. WHO Country Office Timor-Leste co-chairs the development partner's forum meetings with the Australian Embassy in order to coordinate partner support to Ministry of Health. During 2013, eight development partner meetings were held. WHO also supported Ministry of Health to conduct the National Health Sector Coordination Committee Meeting. One such meeting was held in 2013 with further meetings planned for 2014.

Manual of Procedures for Partnership and Governance

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



The Minister of Health, H.E. Dr. Sergio G.C. Lobo, SpB addresses the health development partners including Peter Maher, Head of Operations Development Cooperation EU Delegation, Timor-Leste at the EU-WHO Universal Health Coverage Partnership road map presentation in Ministry of Health on May 10th, 2013

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

Partnerships Framework Agreement (Code of Conduct)

Technical support was provided by WHO to develop the "Partnership Framework Agreement." The key objectives of the agreement are to:

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

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 2014-2018.

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

National Strategy Development

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

- National Strategy for the Prevention and Control of Non-communicable Diseases (NCDs), Injuries, Disabilities and Care of the Elderly & NCD National Action Plan 2014-2018
- Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) Strategy 2014-2018

3. National Strategy and Action Plan for School Health (2014-2018)

National Strategy for the Prevention and Control of Non-communicable Diseases (NCDs), Injuries, Disabilities and Care of the Elderly & NCD National Action Plan 2014-2018

Non-communicable diseases such as cardiovascular, 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:

- i) Advocacy and Leadership for a multi-sectoral response;
- ii) Health promotion and Primary Prevention to reduce risk factors for NCDs;
- iii) Health System Strengthening for early detection and management of NCDs; and
- iv) 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



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

Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH) Strategy 2014-2018

WHO, in collaboration with UNICEF and UNFPA, supported the Ministry of Health to draft the RMNCAH strategy 2014-2018. 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 2014-2018 is expected to be finalized in early 2014.

This National Strategy on Reproductive, Maternal, Newborn, Child and Adolescent Health, 2014-2018 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 situational 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.

National Strategic Plan for School Health (2014-2018)

WHO provided technical support to Ministry of Health to draft the National Strategic Plan for School Health (2014-2018). The development of the National Strategic Plan included review of existing plans to identify cross cutting areas, consultation with key stakeholders in Ministry of Health (MOH), Ministry of Education (MOE), School

community, development partners and NGOs.



Mr. Luis Celestino, Head of Health Promotion Department, Vice Minister for Health, H.E. Sra. Natalia de Araujo, Teofilho Tilman, Director of District Health Services Same, and participants from Ministry of Education, Ministry of Health, Ministry of Public Works, UNICEF, WHO and NGOs

The National Strategic Plan identifies four broad areas:

- i) Equitable school health strategy and partnerships among all stakeholders for promoting health of school community;
- ii) Safe, healthy environment, both physical and psycho-social that facilitates learning;
- iii) Skill-based health education for school children; and
- iv) Access to health and nutrition services to school children with strong monitoring and evaluation component.

The Strategic Plan will be presented for approval by the Council of Directors of Ministry of Health in February, 2014.



H.E. Dr. Sergio G.C. 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 Ministry of Health

Planning and Budgeting Guidelines

WHO is providing technical support to the Ministry of Health to develop planning and budgeting guidelines. These planning guidelines will reflect the overall NHSSP objective to ensure a central Ministry of Health 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 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 monitoring and evaluation guidelines of the Ministry of Health. The manual covers the following areas:

- i) Overview of Planning and Budgeting System
- ii) National Health Sector Planning
- iii) Hospital Health Planning
- iv) District Health Planning
- v) Community Health Centre and Suco Health Planning

The manual will be finalized in 2014.

Development of Annual Health Sector Plans

WHO, in collaboration with other partners, supported the Directorate of Policy, Planning and Co-operation to develop the 2014 annual plan of the Ministry of Health. A workshop on use of Excel spreadsheets for planning was organized for the staff of the Directorate of Policy, Planning and Co-operation.

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 Ministry of Health, District Health Services and Community Health Centres on micro-planning and community mobilization tools. At the workshop, USAID supported projects- "Imunizasaun Proteje Labarik" (IPL) and HADIAK; NGOs; UNICEF and WHO; and

several departments of Ministry of Health shared experiences on micro-planning and community mobilization approaches.

Monitoring and Evaluation Workshops

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



Dr. Jorge Mario Luna presents participants at the Monitoring and Evaluation with certificates of excellence, Institute of Health Sciences July 26th 2013

WHO collaborated with the National Health Sector Strategic Plan – Support Project to conduct three Monitoring and Evaluation workshops. These were organized by the Directorate of Planning, Policy & Cooperation, Ministry of Health, Timor-Leste between June and August 2013 at the Institute of National Health Sciences. The first five day workshop was inaugurated by the Minister for Health, H.E. Dr. Sergio G.C. Lobo, SpB on June 24th 2013.

The objectives of the workshops were to:

- i) Understand & apply principles of Monitoring & Evaluation (M&E) in order to facilitate increased efficiency and effectiveness.
- ii) Contribute to the progress of health status by using the appropriate M&E tools
- iii) Develop the M&E framework for their respective departments/programs in assistance from Department of Planning Monitoring & Evaluation (DPME).

Participants from various departments across the Ministry of Health were in attendance including: Nutrition, Health promotion, Communicable diseases, Non-communicable diseases, Pharmacy, HMIS, Department of Monitoring & Evaluation, Ethics & Research, Hospital services, and Dental, District Health Managers, Health Management Information System Officers and Department of Planning Policy and Cooperation.



Dr. J.M. Luna and Mr. Ivo Ireneu da Conceicao Freitas, National Director of Policy, Planning and Cooperation, Ministry of Health

II. Health System Financing for Universal Health Coverage

Health Financing Situation Analysis

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 for understanding demand side barriers, in order to overcome barriers to health services access.

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 Ministry of Health organized the first multi-stakeholder workshop on National Health Accounts (NHA) from October 17th-18th 2013, with technical support from WHO.

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

- i) the strengths and limitations of National Health Accounts;
- ii) National Health Accounts matrices;
- iii) the relevance of National Health Accounts;
- iv) implementation issues for National Health Accounts in Timor-Leste and
- v) to identify the way forward.



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

Representatives from the Ministry of Health, Ministry of Finance, development partners (WHO, USAID) private sector and insurance companies took part in the workshop.

Following the National Health Accounts Workshop, government and development partner representatives were informed about the outcomes of the workshop and the

proposed NHA roadmap. The meeting was held in order to identify ways for development partners to collaborate further with Ministry of Health on the planning of National Health Accounts. Representatives from Ministry of Health, AusAID UNICEF, USAID, UNFPA, World Bank and Marie Stopes International were present.

In addition, one staff each from the Department of Finance and Procurement, Ministry of Health and the Directorate of National Statistics, Ministry of Finance were sent for a three week training on National Health Accounts to the Public Health Foundation of India. The first National Health Accounts report is under preparation and will be finalized in 2014.



Participants from Ministry of Health (Directorate of Finance Management and Procurement, Directorate of Policy Planning & Cooperation, INS), Ministry of Finance (General Directorate of Statistics, National Directorate of Budgeting, Development Partnership Management unit), Development Partners (WHO, USAID) private sector (Stamford Hospital) & Insurance companies

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, Ministry of Health. The assessment included:

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



Nurse from Hera Health Post, Dili district displays stocks of malaria medication

The findings of this assessment were presented by the National Director of Pharmacy to the Council of Directors of the Ministry of Health in October 2013.

IV. Human Resources for Health (HRH)

WHO provided support for two officials from Department of Ethics and Quality Control to attend the 5th Technical Meeting and 2nd Meeting of Executive Committee of the Medical Councils Network of the WHO South-East Asia Region, Bangkok, Thailand, August 12-14th 2013.

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

Ministry of Health, led by the Hon Minister, H.E. Dr. Sergio G.C. Lobo, SpB, participated in the "Sixty-sixth Session of the Regional Committee" held from 11th – 13th September 2013, at the WHO South-East Asia Regional Office in New Delhi. The WHO South-East Asia Regional Committee 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 Ministry of Health made interventions on various topics on the agenda, while referring to the support being provided through the EU-WHO Universal Health Coverage Partnership.

During the discussion of agenda item 3, WHO Reform and Programme Budget Matters, Ministry of Health 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."



31st Meeting of Ministers of Health of countries of the South East Asia Region and 66th Session of the Regional Committee 10th – 13th September 2013, Minister of Health, H.E. Dr. Sergio G.C. Lobo, Mr. Ivo Ireneu da Conceicao Freitas, National Director of Policy, Planning and Cooperation, Ministry of Health, Dr. Ines Theodora, Director of Disease Control, Ministry of Health

During the discussion of agenda item 4, Technical discussions on Universal Health Coverage (UHC) 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."

Additional Support by Health Policy Advisor to Ministry of Health

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

Developed the following briefs for Hon Minister of Health:

- i. Public Health
- ii. Public vs Private Health Care Providers
- iii. ASEAN and Implications on Health Sector of Timor-Leste

Provide technical support to the Ministry of Health during parliamentary and budgetary sessions.

Technical briefings to the senior officials of the Ministry of Health 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 Asia).

Technical briefings and presentations to the Ministry of Health officials, attending regional meetings such as on planning, finance, NCDs, Aging, 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 collaborate with health development partners to provided coordinated support to the Ministry of Health.



Ministry of Health, Timor-Leste

Support to the Ministry of Health to revise the GAVI Health Systems Strengthening Proposal to line with the revised start date of funding.

Support to Ministry of Health to draft the proposal for the "National Survey for Non-Communicable Disease Risk Factors and Injuries Using WHO STEPS approach in Timor-Leste in 2014."

Support to Ministry of Health to submit proposal to Asian Development Bank on "Pilot Project to Improve Civil Registration and Vital Statistics (CRVS) system in Bobonaro District of Timor-Leste using Technological Innovations.



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

Priority Area for Policy Dialogue	Steps for Policy Dialogue	Inputs	Deliverables /Indicators	Partners
	Support MoH to develop rules and regulation of Private Sector and Public-Private Partnerships	EU-WHO –HPA; WHO-RO-HQ and external experts;	Rules and regulations developed by 2014	EU-WHO Programme; USAID
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 and 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;

Priority Area for Policy Dialogue	Steps for Policy Dialogue	Inputs	Deliverables /Indicators	Partners
	Support capacity building of faculty of Institute of Health Sciences (INS) for curriculum development and in-service training for both clinical services and leadership and management skills	EU-WHO –HPA; WHO-RO and external experts; Short-term trainings; study tours – South South Collaboration	Regular in-service trainings conducted by INS Modules developed for leadership and management and training completed by 2014; Refresher trainings in 2015	EU-WHO Programme; AusAID; USAID
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 1,066,582 (2010 Census) is divided into 13 administrative districts, 65 Sub-districts, 442 Sucos (villages) and 2,225 aldeias (hamlets). 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 years vision for health based on the National Strategic Development Plan 2011-2030.¹ The NHSSP lays a vision towards a "Healthy East Timorese People in a Healthy Timor-Leste". The Program of the Fifth Constitutional Government: 2012-2017 legislature states that the government will ensure that the people of Timor-Leste have access to good health care, nutritious food, clean drinking water and good sanitation.

In Timor-Leste 70% of the population lives in rural areas in small, dispersed villages isolated by mountainous terrain and poor road conditions. The country has made steady progress in the health sector in the last decade by: reconstruction of health facilities; expansion of community based health services like the SISCa² programme; and graduation of a considerable number of medical students. Some notable achievements of the health sector include reduction in child mortality from 84/1000 to 64/100 live births, elimination of leprosy as a public health problem, elimination of Maternal and Neonatal Tetanus, increase in exclusive breastfeeding rate for 0-6 month old children from 31% in 2003 to 52% in 2010 and improvement in vaccination coverage. The use of modern contraceptives has increased from 7% to 21%³. There has been a marked reduction of confirmed and non-confirmed malaria cases from respectively 37,896 and 185,106 in 2006 to 5,211 and 946 countrywide in 2012 with a significant reduction of malaria attributed deaths from 58 in 2006 to less than 10 so far in 2013. The National Tuberculosis Programme has achieved steady increase in case detection. Treatment success rate consistently beyond the 85% target over the past five years. The 2010 HIV sentinel surveillance (HSS) showed that overall national HIV prevalence ratio is 0.68 % (extrapolated from the antenatal population). HIV prevalence is higher in TB (1.1%) and STI (2.6 %) groups.

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.³ 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. Inadequate caring practices, intercurrent illnesses and low access to health care are immediate causes of malnutrition. Although 52% of children under age 6 months are exclusively breastfed, yet only 30% children aged 6-23 months are being fed according to the Ministry of Health recommended three practices (continued breastfeeding, feeding at least minimum number of times per day according to age and feeding from the minimum number of food groups per day).³ Maternal mortality ratio remains high at 557 per 1000 live births Under 5 child mortality though improving remains high at 64/1000 live birth, with wide variations in rates between some rural and urban areas and between wealth 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. Total Fertility Rate of 5.7 children per women in Timor-Leste is the highest in South East Asia.³ All of these figures point to low health services access exacerbated by the social and political context of a post conflict country in a fragile state setting. Timor-Leste faces a double burden of disease. Communicable diseases such as Tuberculosis, Malaria, and Dengue continue to pose a public health challenge. Non-communicable diseases such as cardiovascular, chronic obstructive pulmonary diseases are among the ten leading causes of death.



¹ Government of Democratic Republic of Timor-Leste (GoTL) (2011) National Strategic Development Plan (NSDP) 2011-2030

² Government of Democratic Republic of Timor-Leste (GoTL) (2011) Strengthen Communities in the area of Health, Through SISCa, Servisu Integrado da Saúde Comunitária, (Integrated Community Health Services), Ministry of Health, Democratic Republic of Timor-Leste

³ GoTL. Timor-Leste Demographic and Health Survey 2003, Ministry of Health Government of Timor-Leste



“Towards a Healthy East Timorese People in a Healthy Timor-Leste” *

* National Health Sector Strategic Plan 2011 - 2030

