

Year 4 Report (2015 activities)

Please see a reminder of Strategic Objectives (SO) and **Expected Results(ER) at the end of the document**

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## Country: Timor-Leste

EU-Lux-WHO UHC Partnership

<b>Date: November, 2015</b>	<b>Prepared by: WHO Country Office Timor-Leste</b>
<b>Reporting Period: January 2015 - December 2015</b>	
<b>Main activities as planned in the Road Map.</b>	
<b>Put here all activities as set in the roadmap and link them to SO I, SO II or SO III and to an expected result</b>	
<b>SO I</b> 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	
<b>ER1:</b> 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	
<b>NHSCC meetings conducted regularly &amp; minutes of meetings distributed in a timely manner</b>	
<b>Activities:</b>	
<ul style="list-style-type: none"><li>• The MoH is revising the structure of NHSCC meetings/guidelines and pending approval.</li><li>• WHO organized and facilitated the “Joint Health Annual Health Sector review” which involved all partners of MOH –over 200 participants-. During this reporting year support was also provided for report finalization, translation and wide dissemination to all health development partners.</li><li>• WHO provided active technical support to the preparation and co-facilitation of the MOH Semesterial 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 the MOH officials their work in support of MOH programmes. The final report of the Semesterial review including the recommendations by the Health Vice-Minister chairing the meeting were widely circulated and shared by WHO to all partners</li><li>• WHO actively participates in the Health Development partner’s meetings which are held monthly. These Health Development partners meetings were an initiative of WHO and the AusAID started in 2013 and continue to be active. This is a forum where the WHO-EU collaboration is presented and the policies of MOH are discussed and coordinated approach is agreed among partners. WHO always delivers technical presentations during these meetings. WHO co-chaired these meetings with AusAID until 2014. The chairmanship of the group is rotated and WHO is expected to facilitate this forum again next year.</li><li>• WHO and the Medical Cuban Brigade sponsored and technically supported the organization of the Second National Health Conference which this year had a focus on the Primary Health Care. WHO was involved in all technical aspects including the selection and preparation of the</li></ul>	

technical programme of the Conference. The Conference was chaired by the Prime Minister who delivered a Lecture on PHC and also involved the Minister, Vice Minister and senior officials of MOH including representatives from the Districts. This conference was used by WHO and MOH as a high level platform to socialize and advocate for action on priority public health issues such as PHC, noncommunicable diseases, nutrition and maternal and child health.

Code of Conduct agreed between government and partners by 2014

**Activities:**

- Code of conduct between Government and partners was developed in 2014. It was revised during this reporting period and pending for final approval

MoH Effectively Participates in inter-sectoral collaboration activities

**Activities:**

- WHO supported the development and adoption of the RMNCHA Strategy which was the result of multisectoral collaboration and consultation. The Strategy was adopted by MOH and WHO supported its translation and development of a costed plan and dissemination
- Another important example of MOH effectively participating in inter-sectoral collaboration activities are the tobacco control initiatives which MOH has implemented with WHO as main technical partner. This includes multisectoral participation for enacting tobacco control legislation and support for the creation of a civil society alliance for tobacco control in Timor-Leste which was created by MOH with WHO support.

Framework for intersectoral coordination developed by 2014

**Activities:**

- Activities for this indicator were completed in 2014 (year 3)

Key health outcomes disseminated at national and subnational level

**Activities**

- Provided feedback to national and subnational levels including other stakeholders through the joint Annual Health Sector Review and the Semesterial review to which WHO was the main technical partner providing support to MOH
- WHO technically supported the implementation of the first National Survey for noncommunicable disease risk factors and injuries using the WHO STEPS approach. The final report endorsed by the Ministry of Health and widely disseminated stresses the heavy burden NCDs represent and how it will increase if action is not taken to address the high prevalence of NCD risk factors identified by the findings of the survey.

Health Sector Annual Operational Plan finalized by August of each year

**Activities:**

- Conversion of annual planning excel sheets into web based format and support for development of MoH annual plan for 2016
- Provided technical support to Develop and translation of National Primary Health Care Programme, Timor-Leste and Guidelines for Domiciliary Visits, Domiciliary visit register, Village health register (Saude na Familia)
- Translation into Tetun language of RMNCAH strategy plan 2015-2019 Operational plan
- Finalization of e Health Strategy
- Develop Timor-Leste Country Health profile
- National Laboratory Strategic Plan
- Drafting of Mental Health Strategic Plan

Process for establishing Drug and Regulatory and Drug and Therapeutic Committees completed by December 2014; Training workshops for providers conducted regularly

**Activities:**

- Pharmaceutical situational assessment (medicines for health care services) conducted. This is the second situation assessment conducted after 4 years and helped to make a point in the progress of the pharmaceutical sector in support of the health care services. The report drafted included analysis of situation since last assessment and practical recommendations for addressing main problems identified.
- Finalization printing and distribution of National Essential Drug List –EMTL
- Developed Training of Trainers (ToTs) modules of the Medicine Inventory Control System, Storage and Distribution

Code of Medical Ethics developed by 2014;

**Activities:**

- Supported the systematic review of the existing code of Medical Ethics applicable to health care professionals in Timor-Leste
- Supported officials from Department of Ethics and Quality Control and Medical Association to participate in Orientation about Medical Ethics workshop in Sri Lanka

Regular in-service trainings conducted by INS

**Activities:**

- Support provided for conducting an analytical study of needs for administrative competency development for Health Care Personnel (INS)
- Conducted refreshing trainings on rational use of antibiotics in support of Antimicrobial Resistance Programme

Regular update of WHO website on EU-WHO Policy Dialogue Programme and media releases

**Activities:**

- Regular release of media information on public health issues including those under EU-WHO Policy Dialogue Programme including through social media

HRH profile regularly updated and disseminated; Medium Term health workforce plan developed in 2014

**Activities:**

- WHO conducted a preliminary assessment and is supporting a comprehensive situation analysis of health workforce and the preparation for the development of the new health workforce development plan. The new health workforce development plan 2016-2020 will be developed in collaboration with relevant development partners in early 2016
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**ER2:** Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews

M&E plan finalized by July 2013 and disseminated and implementation initiated

**Activities:**

- Support provided conducting Joint Annual Health Sector Review and semesterial Review.
- Technical support provided to finalize the Community Based Monitoring Guidelines
- Finalized the National Monitoring and Evaluation Strategic Plan 2016-2020
- Supported HMIS department of MoH in preparing the data for regular Semesterial review (2015)
- Assisted MoH in analyzing data of Supportive Supervision
- Assisted MoH in conducting of M & E working group meetings

Annual Health Sector Review Conducted:

**Activities:**

- WHO organized and facilitated the “Joint Health Annual Health Sector review” which involved all partners of MOH –over 200 participants-. During this reporting year support was also provided for report finalization, translation and wide dissemination to all health development partners
- WHO provided active technical support to the preparation and co-facilitation of the MOH Semesterial 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 the MOH officials their work in support of MOH programmes. The final report of the Semesterial review including the recommendations by the Health Vice-Minister chairing the meeting were widely circulated and shared by WHO to all partners

HMIS Strategic Plan finalized by December 2013

**Activities:**

- HMIS strategic Plan developed in 2013.
- Strengthening the HMIS through installing and implementing DHIS2- Customization and Socialization of DHIS 2

HMIS unit staff trained in data management and analysis; Annual Health Statistics Report printed and disseminated

**Activities:**

- DHIS 2 Customization and implementation
  - Translation of Meta Data for DHIS2
  - Translation of data entry form DHIS2
  - Translate documents for DHIS2 and Strategic Plan of National Laboratory (March 2015)
  - End user manual for DHIS2
  - User interface for DHIS2
  - Implementation of DHIS 2
  - Capacity building of HMIS staff on DHIS 2- data entry, analysis and generating reports

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

**ER3:** 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

Updated Health Financing Situation Analysis available by June 2014; Health Financing Strategy finalized by June 2015

**Activities:**

- Development of a Health Financing Strategy for Timor-Leste (Draft)
- Strengthening capacity of MOH towards achieving UHC
- Costing of RMNCAH strategy plan 2015-2019
- Supported MoH staff participation in Universal Health Coverage workshop in Sri Lanka
- Supported the participation of the Director, Directorate of Finance at MoH to a training course on the economics of Health financing & Systems in Australia

Awareness of key MoH Staff on National Health Accounts created; Process of establishing NHA initiated

**Activities:**

- Activities relevant to this were completed during year 3 (2014)

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

**ER6:** At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.

**Activities:**

- Facilitated the partnership of development partners with MoH in implementation of DHIS 2
- Support resource mobilization from donors to strengthen HMIS and M&E Department, MoH
- Provided support to Ministry of Health in conducting Health Sector Reviews (Annual and

Semesterial Reviews)

- WHO assisted MoH in One plan, One budget and One M & E

#### 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?(ex: annual review report, key policy changes that may be under way as a result of the processes described; has there been or will there be any likely improvement in service delivery outputs?)

**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.**

**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

**ER1:** 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

**Percentage of Achievement: 80%**

In order to better align MoH disease prevention strategies to the National Health Sector Strategic Plan, WHO provided technical support to Ministry of Health to develop:

- Reproductive Maternal Newborn and Child and Adolescent Health (RMNCAH) Strategy – Costed Operational Plan (in collaboration with UNICEF and UNFPA)
- Finalize the National M & E strategic Plan 2016-20
- Finalize the Community Based Monitoring & Evaluation Guidelines
- E-Health Strategy (2014-2019)
- Short-term 3-year action plan for cancer control in Timor-Leste (2015-2017)
- Primary Health Care Guidelines
- Domiciliary visit guidelines
- National Mental Health Strategy
- Assessment of Medicines in Health Care delivery

#### **WCO provided technical support to develop:**

- Planning & Budgeting template from Excel to Web based
- Annual Health Sector Plans (2016)
- Capacity Building for planning and budgeting for MoH officials at central and district level (including newly recruited planning officers)

#### **In the area of Pharmaceuticals WCO provided technical support to MoH for:**

- Finalization of Essential Drug List 2014 ( in collaboration with NHSSP-SP)
- Assessment of Pharmacy

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

Trust Fund)

**ER2:** Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews

**Percentage of Achievement: 85%**

**Activities conducted:**

- DHIS 2 Customization and implementation
  - Translation of Meta Data for DHIS2
  - Translation of data entry form DHIS2
  - Translate documents for DHIS2 and Strategic Plan of National Laboratory (March 2015)
  - End user manual for DHIS2
  - User interface for DHIS2
  - Implementation of DHIS 2
- Training of MoH staff on DHIS – 2
- Capacity Building for Monitoring and Evaluation for Ministry of Health staff from central and district level
- Strengthening capacity of MOH towards achieving UHC
- Provided support to Ministry of Health in conducting Health Sector Reviews (Annual and Semesteral Reviews)

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

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

**ER3:** 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

**Percentage of Achievement: 60%**

**Activities conducted:**

- Translation and Costing of the RMNCAH Strategy
- Support Ministry of Health and Ministry of Finance officials to participate in the Asia Regional Flagship Course on Health System Strengthening and Sustainable Financing
- Translation into Tetun language of operational plan and costing report of RMNCAH strategy plan 2015-2019
- Developed Health Financing Strategy (draft)
- Provided support to MoH towards achieving the “One plan, one budget and one M & E”

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

**ER6:**At country level, alignment and harmonization of health aid according to national health plans is consolidated and accelerated.

**Percentage of Achievement: 75%**

**Activities conducted:**

- WHO actively participates in the Health Development partner's meetings which are held monthly. This is a forum where the WHO-EU collaboration is presented and the policies of MOH are discussed and coordinated approach is agreed. The chairmanship of the group is rotated and WHO is expected to facilitate this forum again next year.
- Support MoH for conducting the periodic reviews (Joint Annual Health Sector and Semesteral Reviews).
- WHO is contributing to the evaluation of the NHSSP-SP\* project which closed in June 2015. The results of the evaluation will shape future funding support from WB
- 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 and Operational Plan. During this period WHO supported the translation into Tetun language of the RMNCH Strategy and plan

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

Additional Support by Health Policy Advisor (position funded under the EU-WHO Project) to Ministry of Health

- Technical support to Honorable Minister and Vice Minister of Health and Directorate of Policy, Planning and Cooperation.
- Regular support to the Strategic Communication unit at the Prime Minister's office in public health areas with involvement of the Prime Minister including the Tobacco control campaign, the measles-OPV campaign, etc
- 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 (Universal Health Coverage, South-south and Triangular collaboration, 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

**Please explain any changes in circumstances or Programme implementation challenges encountered affecting the original plan:**

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

1. Support MoH to develop rules and regulation of Private Sector and Public-Private Partnerships has been postponed. This is because International Finance Corporation is undertaking feasibility study for undertaking public private partnerships. Therefore, Ministry of Health requested postponement of this activity till the results of the study are made available.
2. Medium term health workforce development plan which is in line with an integrated service delivery approach has been postponed to 2016. WHO supported an initial technical visit from the Regional Office leading towards planning for the Health Care Workforce Development Plan for early 2016 with WHO support.
3. Drug and Therapeutic Committee has been established in National Hospital through support of NHSSP-SP. This activity hasn't been undertaken. WHO conducted in 2015 a pharmaceutical assessment of medicines in health care which is strongly recommending the establishment of therapeutic committees starting by the national hospital HNGV

4. Health profession council hasn't been established because MoH is still in the process of deciding whether there should be a single health professional council or separate councils for doctors, nurses and midwives. WHO is supporting in November 2015 the participation of 2 senior officials the Regional Meeting of Medical Councils and is expected this will be a step forward towards the creation of the Medical Council in TL

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**Proposed modifications to Programme Road Map resulting from changes above:**

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*If the changes above have implications for future work, please attach the new roadmap to this report and confirm that the changes have been discussed with the MoH and EU delegation.*

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**Lessons learned:**

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*Please describe the principal lessons learned during the year of implementation of the Policy Dialogue Programme:*

1. For cohesiveness and coherence the Health Policy Advisor shared information about key activities and progress with Ministry of Health and development partners. The EU delegation in Timor-Leste is also regularly provided updates.
2. Inter-sectoral coordination is crucial for meeting all objectives
3. Close collaboration at all levels of WHO is important for successful implementation

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**Road Map and timeline for 2016:**

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*Please list here the work plan activities as well as the time frame for those activities for the calendar year 2015. **These activities should be related to objectives/ER and have clear timeline and indicators.***

- Provide support to conduct joint annual health sector review to track progress towards UHC
- Strengthening the capacity of health workers to implement the "Family Health Programme" (PHC)
- Support the health information system at the Municipalities, and National levels including medical records/hospital data management and reporting
- Strengthening the implementation of DHIS-2
- Support provided for development of health financing strategy
- Health Workforce Strategy and Operational Plan

## Visibility and communication

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*Please give a short overview of visibility and communication events that took place and attach evidence (scanned newspapers, pictures, brochure,). Please describe how communication of Programme results to the public has been ensured Use media and website to raise visibility of EU-WHO collaboration*

- WHO Country Office Timor-Leste website on EU-WHO Policy Dialogue Programme developed. Including previous reports (<http://www.searo.who.int/timorleste/areas/eu-who-uhc-partnership-in-timor-leste/en/>)
- There are media releases. Some examples are given below: The article "WHO bolster plans for blood transfusion service development in Timor-Leste" can be found on the homepage of the website under the 'Health Systems Development' section [www.searo.who.int/timorleste](http://www.searo.who.int/timorleste) or at following link: <http://www.searo.who.int/timorleste/news> The article called "WHO Strengthen services at the National Health Laboratory can be found at the following link: <http://www.searo.who.int/timorleste/mediacentre>
- Visibility raised through presentations in various forums like WHO Regional Meetings (<http://www.searo.who.int/timorleste/areas/eu-who-uhc-partnership-in-timor-leste/en/>) and the monthly Health Development Partners meetings and the National Health Sector Coordination meeting.
- Copy to link of the Facebook page of the Cabinet of the Prime Minister of Timor-Leste which includes the photos of the opening of the Second National Health Conference chaired by the Prime Minister and co-sponsored and co-organised by WHO on 19 December 2015  
<https://web.facebook.com/pm.VIgov.tl/>

#### Impact assessment:

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*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.*

In 2013 in Timor-Leste, a three-year Programme started under the EU-WHO Universal Health Coverage Partnership. The aim of this Programme is to improve the quality and accessibility of healthcare for the people of Timor-Leste through promoting policy dialogue in key areas: development of national health policies; health systems financing for universal health coverage; supply and use of medication; human resources for health; community participation, inter-sectoral coordination and harmonization /alignment of international cooperation for health.

The country has made steady progress over the last decade through the reconstruction of health facilities; expansion of community based health services, and bolstering the number of health care workers with assistance and cooperation from the Cuban Medical Brigade. Much of Timor-Leste’s health infrastructure was destroyed during independence struggle and has since been rebuilt. Timor-Leste’s public health system is decentralized. At the municipality level primary health care is provided through a network of health facilities Community Health Centres, Health Posts; outreach services through Saude na familia (House visits/domiciliary visits) and Sistema Integrado Saude Comunitaria (SISCa). The Municipality health system is structured as a hierarchical pyramid with 3 layers: Municipality Health Office, Community Health Centres and Health Posts. Servisu Integrado da Saude

Comunitária (SISCa) or “integrated community health services” is being implemented in 474 locations across the country for populations residing in areas that lack access to health services. This program establishes temporary fixed posts at locations more distant from health facilities for provision of a Ministry of Health approved Basic Services Package (BSP). Despite this progress, universal health coverage is yet to be achieved, particularly in remote and rural areas reflected in high maternal mortality ratio (557 per 1000 live births) and under 5 child mortality (64/1000 live births). Timor-Leste has a small population of approximately 1.1 million people, with over 70% living in rural areas isolated by mountainous terrain and poor road conditions where access to health services remains a challenge.

The EU-WHO Universal Health Coverage Partnership in Timor-Leste operates against this background 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 National Health Sector Strategic Plan (NHSSP) 2011-2030 provides a 20 years 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, since its inception, has supported Ministry of Health to develop several national strategies: the National Strategy for the Prevention and Control of Non-communicable Diseases (NCDs), Injuries, Disabilities and Care of the Elderly and NCD National Action Plan 2014 – 2018; the Reproductive Maternal Neo-Natal Child Adolescent Health (RMNCAH) Strategy 2014-2018; the National Strategic Plan for School Health (2014-2018); “National Blood Policy and National Blood Programme (2014-2018) and Laboratory Strategic Plan (2015-2019).

Under the Programme several initiatives have been supported to strengthen capacity for planning, budgeting, monitoring and evaluation. Key among these are: Health Planning and Budgeting Guidelines have been developed that will reflect the overall National Health Sector Strategic Plan (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 services in response to national priorities and community needs; and initiatives directed at strengthening health management information system. National Health Sector Coordination was strengthened to ensure role clarity and coordination among development partners and relevant government counterparts.

Several activities were supported to strengthen the Health Management Information System (HMIS) which included technical Support for Assessment of current status of HMIS & Medical Records at National Hospital, Roadmap for strengthening HMIS through DHIS-2 and Open MRS; Capacity building on DHIS – 2; Customization of DHIS 2 and translation of user manual and software. Qualitative and quantitative data analysis training for HMIS staff from national and district level, M&E staff from programmes and M&E department. ICD-10 Coding training at National Institute of Health Sciences (WHO Collaborating Centre) at Sri Lanka. Investing in the development of effective health information systems will have several benefits and would enable decision makers at all levels to:

- Detect and control emerging and endemic health problems; monitor progress towards health goals; and promote equity.
- Empower individuals and communities with timely and understandable health related information; and drive improvements in quality of services.
- Strengthen the evidence base for effective health policies; permit evaluation of Scale up efforts;
- Improve governance; mobilize new resources; and ensure accountability in their use

In the area of Health Systems Financing and Universal Coverage, the first ever National Health Accounts workshop was held in 2013 and the Development of Annual Health Sector Plans took place, in collaboration with WHO and other partners. A roadmap for institutionalizing National Health Accounts in Timor-Leste has been developed and the first National Health Accounts Report for 2012 has been drafted. A National Health financing strategy development is in process.

Under Supply and use of Medication, key activities supported under the Programme include Assessment of the regulatory system for pharmaceutical products in Timor-Leste; Development of Pharmacy Law (in collaboration with NHSSP-SP) and Development of Essential Drug List 2014 (in collaboration with NHSSP-SP). An evaluation of

pharmaceutical system just concluded.

Key activity support under Human Resources for Health include Support for MoH in formulation of code of medical ethics and establishing health profession councils and 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. In service training for health care professional in planning, budgeting, monitoring and evaluation and delivery of services.

It is early to assess impact of the Programme and to attribute changes to it. However, the Programme is contributing towards strengthening health systems by strategically supporting policies and activities. The areas of key support are identified national priorities set out in national health plans. The policies, strategies, and plans developed with Programme support are important for aligning national vision, priorities, budgetary decisions and identifying the course of action for addressing the health needs. These will give direction and coherence to efforts directed at addressing health needs. These will assist in resource mobilization and utilization. Eventually these will lead to improved access to quality health care and health outcomes. Strengthening Ministry of Health capacity in planning, budgeting, monitoring and evaluation will translate into better health outcomes by promoting evidence based policy. These will also have an impact for better development of annual action plan and allocation of resources both by MoH and development partners.

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.

*Please see below list of overall programme monitoring indicators and select the ones which apply to your country Road Map. Please describe if this target has been met and how.*

- National Monitoring & Evaluation framework indicators developed and used
  - Yes met. WHO and other development partners supported the development and finalisation of the National Monitoring and Evaluation Framework and Strategic Plan 2016-2020 including the list of national indicators for the Health Sector as endorsed by MoH. WHO also supported development and completion of the Community Based Monitoring Guidelines and the Supportive Supervision Tool that is now being used by MOH and partners
- Reduced share of direct out-of-pocket payments in total health expenditure by at least 10%
  - Yes. Data available in-country indicates that out of pocket health expenditure is currently less than 10% of the overall expenditure in health in Timor-Leste
- Fall in the incidence of financial catastrophe and impoverishment due to out-of-pocket payments
- NHPSP is in line with JANS attributes.
  - NH health sector strategy plan was developed in 2011 before the EU UHC project started. During the period of the EU WHO project implementation, several strategies which have been listed in the annual reports were developed and are in line with the JANS attributes.

- An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible
  - Yes in process of achievement. WHO is the main technical partner of MOH in the drafting of the Health Financing Strategy which came as a result of systematic analysis of literature and consultation to produce a comprehensive situation analysis and a draft Strategy which will be finalised early in 2016.
- Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health
  - The last semestrial review conducted in September 2015 indicated an slight increase in services utilisation which is probably linked with the redistribution of health workforce in rural areas by MOH. However this increase in utilisation is less than expected and more analysis is required.
- Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out
  - Yes achieved. The many strategies developed during the WHO EU collaboration project involved extensive consultation and policy development dialogue with not only MoH but all the relevant stakeholders including other sectors from government, UN and other development partners, civil society and NGOs. Some recent examples include the RMNCAH Strategy, the National Laboratory Strategy plan, the National e-Health Strategy and the ongoing National Mental Health and Health Financing Strategy. Accordingly Timor-Leste currently enjoys a robust policy dialogue in the health sector that is often used as reference by other ministries.
- Proportion of identified bottlenecks which have been analysed and addressed during annual reviews (address the consistency between situation analysis and follow-up in Annual Review reports)
  - A substantial (70%) of the bottlenecks identified during reviews are being addressed. However the process of addressing them takes long time and bottlenecks usually are related to structural issues that cannot be solved fast. But action is being taken for most of those bottlenecks identified
- Number of substantive policy changes achieved as a result of more effective and inclusive health sector reviews AND Number of improved policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation
  - The importance of M&E and HMIS was consistently highlighted during the sectoral reviews and as consequence the decision was made by MoH to introduce DHIS 2 as district/national level information management tool. This is accompanied by the standard supportive supervision tool which is used by all partners and MoH
  - Another important policy recommendations from the health sector reviews include the development of a health workforce strategy and plan and the health financing strategy currently being developed with direct technical support from WHO
  - Another important policy decision made by the government as a consequence of the sectoral reviews relates to the strengthening and expansion of UHC through community based primary health care services delivery. In the context of Timor-Leste, the approach towards reaching UHC will be ensured by the implementation of SISCa or the integrated community health services, and the Saúde na

Família programme, which aim at providing integrated package of preventive and curative services at the lowest community level. The implementation of the dispensarisation or family visits, and the stratification of every *Aldeia*, *Suco* and Municipality will not only provide fundamental epidemiological mapping information of each household but also represents in itself the first step in improving access to key health services in the country, even in the most remote areas.

- Positive trend seen in stakeholders’ alignment with NHPSP
  - Yes. This is demonstrated in the support by all partners and active participation in the annual and semesterial reviews as to Health partners coordination meetings and their participation to multisectoral plans and strategies development such as Tobacco control and RMNCH strategy, The Health Financing Strategy process, the M&E framework and DHIS 2 implementation process jus to mention some of those ongoing this reporting year.
- Existence and implementation of an IHP+ compact or equivalent at the country level
- Agreed or strengthened mutual accountability mechanisms such as joint annual reviews
  - Yes. Conducting Joint annual health sector reviews with full participation and high level involvement are the norm in Timor-Leste now
- Positive trend in stakeholders overall performance on aid effectiveness performance scorecards, or equivalent

**Reminding Strategic Objectives and Expected Results of the EU-Lux/WHO UHC Partnership**

Strategic objectives (SO)	Expected Results (ER)
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; ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.
SO II. 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: ER 4. Countries receiving HF support will have implemented financing reforms to facilitate UC; 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.
SO III. To ensure international and national stakeholders are increasingly aligned around	ER 6. At country level, alignment and harmonization of health aid according to national

NHPSP and adhere to other aid effectiveness principles.

health plans is consolidated and accelerated.