

Year 5 Report (2016 activities) *Please see a reminder of Strategic Objectives (SO) and Expected Results (ER) at the end of the document*

Country:

EU-Lux-WHO UHC Partnership

Date: 19-1-2017	Prepared by: WHO CO/RO/HQ
Reporting Period: January to December 2016	
Main activities as planned in the Road Map.	
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	
<i>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;</i>	
<i>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 1 (ER1): Support development of consolidated Health Sector Annual Operational Planning, Costing and Budgeting	
Activity 2 (ER1): Strengthen National Health Sector Coordination to ensure role clarity and coordination among development partners and relevant government counterparts	
Activity 3 (ER1): Strengthen capacity of MoH to engage in intersectoral collaboration for health with focus on Malnutrition and Maternal Mortality and achievement of Health SDG Goal	
Activity 4 (ER1): Support MoH in implementing the Primary Health Care and Domiciliary Visit programme	
Activity 5 (ER1): Support MoH in establishing a Drug Regulatory Authority and developing antibiotic guidelines; Promoting and monitoring rational use of drugs	
Activity 6 (ER1): Support MoH in revising and defining National Medicines Policy, National Pharmaceutical Sector Strategic Plan 2017 -2021	
Activity 7 (ER1): Support producing of Medium term health workforce development plan	
Activity 8 (ER1): Support development of Health Workforce Registry	
Activity 9 (ER1): 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	
<i>ER 2. Countries will have put in place expertise, monitoring and evaluation systems and annual health sector reviews.</i>	
Activity 1 (ER2): Support MoH to develop the HMIS Strategic Plan 2016-2020 and strengthen capacity	

of HMIS department for data management and analysis and to monitor SDG goals

Activity 2 (ER2): Support implementation of DHIS2, web-based, health information management system. Develop and update program registers

Activity 3 (ER2): Support to conduct Joint Annual Health Sector Reviews with focus on progress made towards achieving SDG goals

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*

Activity 1 (ER3): Support to develop National Health Financing Policy (including definition of Financing Policy Options) and to define National Health Financing Strategy

Activity 2 (ER3): Support establishment of National Health Accounts

Activity 3 (ER3): Support costing of various MoH Strategies and Action Plans

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 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*

Activity 1 (ER6): Support in the organization and implementation of a National Health conference for dissemination and promoting alignment on SDG's health related information.

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.

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 consolidated Health Sector Annual Operational Planning, Costing and Budgeting	100%
<ul style="list-style-type: none"> The MoH's 2016 Annual Operational Plan was adequately finalized and budgeted. This was done under the lead of the Directorate of Planning and Finance of the MoH, with the support of WHO in collaboration with other partners. The plan operationalized the activities to be undertaken in 2016, according to the NHSSP, the Programme of the Sixth Constitutional Government (2015-2017) and the government budget allocated to the sector for the present year; it reflected as well the inputs of main development partners in harmonized manner. 	2016 Health Sector Annual Operational Plan finalized on time
2- Strengthen National Health Sector Coordination to ensure role clarity and coordination among development partners and relevant government counterparts	80%
<ul style="list-style-type: none"> Promote and facilitate that established common meetings take place as planned, actively following up with MoH and partners. Active participation in Health Sector Coordination platforms: a) Development Partners Meeting; b) National Health Sector Coordination Committee (NHSCC); c) Health Development Partners Meeting; d) Joint Reviews, where progress of the health sector is commonly revised between MoH and health international and national stakeholders and challenges are jointly analyzed; e) Joint Annual Health Sector Planning Summit (1 a year) -a joint planning exercise congregating all partners. Promote coordination and policy dialogue: making presentations of relevant health issues and policies, presenting international updates (i.e. Zika virus situation reports) and engaging other development partners in health policy dialogue and thus facilitating a coordinated approach in support of the MoH. "Guidelines for Development, Approval and Review of Health Policy in Timor Leste" developed. They are intended to guide the policy development in the MoH and ensure quality and uniformity in policies, strategies and plans approved and implemented under the MoH. Developing an electronic database for the health policy documents, including Standard Operational Procedures (SOP) and decree laws. The database is being updated, including inputting of all prior relevant policy documents by the MoH. It is operated by the Directorate of Policy and Cooperation. 	Health Sector Coordination Meetings conducted regularly
3. Strengthen capacity of MoH to engage in intersectoral collaboration for health with focus on Malnutrition and Maternal Mortality and achievement of Health SDG Goal	80%
<ul style="list-style-type: none"> Develop the Health SDG Profile for Timor-Leste: support to determine the base-line where the country stands now regarding those fields that the SDGs intent to improve, in order to allow monitoring progress on the targets the country decides to focus on. WHO has supported the Ministry of Health to develop this profile, involving as well relevant partners in the process. The profile provides an overview of the current status of health, showing all 26 SDG3 indicators plus other selected health-related indicators where data is available. 	MoH has effectively participated in intersectoral collaboration activities

4- Support MoH in implementing the Primary Health Care and Domiciliary Visit programme	80%
<ul style="list-style-type: none"> Operational technical support for implementation of primary health care “Saúde na Família” program has been offered along the year. By end of 2016, integrated MoH medical teams, including a doctor, a midwife, and a nurse, of the “Saúde na Família” program had visited 90% of families all around the country. The programme is in the process of digitization of all records. Production of a book and a video that documents stories from the field since the launch of the implementation of the Programme. 	Training workshops on primary health care and domiciliary visits for health care providers and communities conducted.
5- Support MoH in establishing a Drug Regulatory Authority and developing antibiotic guidelines; Promoting and monitoring rational use of drugs	100%
<ul style="list-style-type: none"> Support to establish National Regulatory Authority (NRA) is ongoing, through trainings, evaluations, sensitization and ensuring the right mechanisms are in place (activity 6). A country wide awareness campaign to inform population and sensitise prescribers on AMR: design, printing and distribution of abundant and customized materials and informative workshops with stakeholders, including prescribers, and media campaigns. Support to establishment of an AMR National Coordination Mechanism. This National Task Force has a multisectoral coordination role, with representatives from relevant ministries Antibiotic Guidelines, developed by the National Hospital (HNGV -Hospital Nacional Guido Valadares-) 	Training workshops on rational use of medicines for providers conducted regularly and community awareness enhanced through development of IEC material
6- Support MoH in revising and defining National Medicines Policy, National Pharmaceutical Sector Strategic Plan 2017 -2021	70%
<ul style="list-style-type: none"> Assessment of the Pharmaceutical sector in Timor-Leste. The assessment, started in 2015, looked at specific areas of drug supply, drug availability, drug procurement, stock management, drug selection, rational drug use (drug prescription), drug regulation and coordination and management. It was finalized in 2016. Revision and update of National Medicines Policy and development the National Pharmaceutical Sector Strategic Plan. Both documents have been drafted following extensive consultation processes that will be continued in 2017 for their finalization and endorsement. Pharmaceutical bidding documents for the autonomous Agency for National Procurement and Distribution of Medicines (SAMES) have been reviewed and updated, which include Practice Guidelines (SoP) for Central Medical Stores. Support capacity development of the staff of the Pharmacy Department, facilitating assistance to training and workshops: a) Safeguarding Quality of Medicines in Resource-Limited Settings course. b) Technical Workshop on the Surveillance and Monitoring of Substandard/ Spurious/ Falsely-Labeled/ Falsified/ Counterfeit Medical Products 	National Medicines Policy and Pharmaceutical Sector Strategic Plan 2017 - 2021 developed
7- Support producing of medium term health workforce development plan	30 %
<ul style="list-style-type: none"> Health Workforce Assessment finalized, through consultative process that involved stakeholders and included field visits, as first step towards the development of a comprehensive Health Workforce Plan. 	Health Workforce development plan finalized by Dec 2016
8- Support development of Health Workforce Registry	20 %
<ul style="list-style-type: none"> First phase for a Health Workforce Registry’s development and implementation. Initial phase of sensitization and clarification and agreement on next steps and role of the various stakeholders. 	Health Workforce Registry functional on the first quarter 2017
9 -Support capacity building of faculty of Institute of Health Sciences (INS) for	70 %

curriculum development and in-service training for both clinical services and leadership and management skills	
<ul style="list-style-type: none"> • Delivery of updating short sessions and courses on priority National Programmes, offered to the members of several of the existing Professional Associations, such as East Timor Medical Association (ETMA), Public Health Association of Timor-Leste, Nursing Association of Timor-Leste and Midwives Association of Timor-Leste. • Improving regulation and licensing systems: sensitization workshop on importance of health workers registration. • Support to health professional associations (Medical, Dentists, Public Health, Nursing, Midwifery) in organizing technical meetings. 	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.	
10- Support MoH to develop the HMIS Strategic Plan 2016-2020 and strengthen capacity of HMIS department for data management and analysis and to monitor SDG goals;	70%
<ul style="list-style-type: none"> • The HMIS Strategic Plan 2016 - 2020 was developed and it is pending final approval and endorsement by the MoH. • Regional training in ICD-X and the regional consultation for the global health estimates for year 2000-2015 for causes of death and DAILYs 	HMIS Strategic Plan finalized; HMIS department staff trained in data management and analysis;
11- Support implementation of DHIS2, web-based, health information management system. Develop and update programm registers.	70%
<ul style="list-style-type: none"> • In 2016 DHIS-2 was rolled out nationwide, based on the lessons learnt from the pilot; efforts in building capacity of human resources for the use and management of the information system have been further strengthened with the organization of quarterly workshops for HMIS officers; also the DHIS-2 system has benefitted from further customisation (TL-HIS) and upgrading. By end of 2016, seven districts have been trained and are fully using TL-HIS. • Develop and update of various program registers. The registration system introduced is simple, aligned to TLHIS formats, avoids duplication of data points, and reduces the time of summation by the primary health care staff. The developed draft registers were field tested in parallel to staff training and scaling up is planned to commence from 2017. Once the Timor-Leste Health Information System (TLHIS) and the registers are fully scaled up, the TLHIS will generate the district level statistics and the registers will facilitate the process of translating the patient information to district statistics, easily, completely and accurately. 	DHIS-2 implemented and rolled out in all municipalities
12- Support to conduct Joint Annual Health Sector Reviews with focus on progress made towards achieving SDG goals	100 %
<ul style="list-style-type: none"> • During the first quarter of 2016, WHO contributed to finalise, translate and distribute reports corresponding to the JAHSR 2015. The 2016 Joint Annual Health Sector Review was organized by the MoH in early December 2016. It was attended by all partners from the health sector and there was representation of the Prime Minister's Office and Ministry of Finance. The meeting was chaired by the two Directors General. Performance of the sector during the year was evaluated during the two days meeting. The final report is expected to be ready in early 2017. 	Annual Health Sector Reviews 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	50%
<ul style="list-style-type: none"> “Health Financing Policy Options” document that is intended to guide the definition of Health Financing Policies and Strategies in Timor-Leste has been developed. Following the analytic framework for policy options analysis of WHO, it outlines a set of core health financing policy questions and proposes feasible policy pathways and options for Timor-Leste to achieve its policy goals of equity and quality of Universal Health Coverage. The paper revisits the health financing system architecture, and considers the most feasible alternatives given the social and economic conditions of Timor-Leste. The document describes options according to the three main functions of revenue raising, pooling and purchasing, and outlines situation analysis, actions that could be taken, their feasibility, their advantages and disadvantages. 	Health Financing Policy and Strategy finalized by December 2016
2- Support establishment of National Health Accounts	30%
<ul style="list-style-type: none"> Advocacy, along the year, regarding utility of yearly development of National Health Accounts and support to the Directorate of Planning and Financial Management (DPFM) of the MoH to identify best source of reliable data for producing NHA. 	Awareness of key MoH and Ministry of Finances Staff on National Health Accounts created; NHA produced yearly
3- Support costing of various MoH Strategies and Action Plans	80 %
<ul style="list-style-type: none"> All the strategies that have been developed during 2016, mentioned in other parts of this document, have been costed or are in the process of doing so. Other costed strategies not mentioned elsewhere in this document include: <ul style="list-style-type: none"> Mental health Strategy 2016-2020, in collaboration with the University of Melbourne. The Strategy aims to improve mental health through a holistic and integrated health services for advocacy, promotion, prevention, early diagnosis, treatment and rehabilitation for the reduction of morbidity, mortality and disability for persons with mental disorders, based on human rights principles Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) strategy was costed 	MoH Strategies and Plans developed from 2016-2018 are costed; costing of EMONC strategy done by July 2016
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	
Many activities described above contribute to the achievement of the expected result 6.	
1- Support in the organization and implementation of a National Health conference for dissemination and promoting alignment on SDG’s health related information.	100%
<ul style="list-style-type: none"> The Third National Health Conference, which this year had a focus on Universal Health Coverage was organised for two days. The conference was prepared by the Department of Policy and Cooperation from the MoH with the support of WHO and the Cuban Medical Brigade. <p>The first day several presentations on health topics related to the theme of the conference, Universal Health conference (UHC), were delivered, making reference as well to the SDGs, stimulating reflection on the country situation regarding these global targets. The second day focused at the country current health situation, with attention on progress of implementation of the Saúde na Família program.</p> <p>This conference was used by the MoH and WHO as a high level platform to socialize and advocate for action on priority public health issues such as primary health care, noncommunicable diseases, nutrition and maternal and child health.</p>	One National Health conference organized during 2016

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. The Health Policy Advisor that supported the implementation of the partnership left the country in February 2016; the newly recruited advisor incorporated in office only at the very end of the month of July 2016. During the interim period the HWO, with the support of local staff, took the responsibility to activate and follow up the activities of the plan to ensure continuity in implementation. However, the time of absence of the Health Policy Advisor provoked some delays in implementation of the plan.
 - a. Health Workforce development plan. Postponed. It is now expected to be finalized by Dec 2017;
 - b. Health financing strategy development has been postponed to 2017;
 - c. Establishment of National Health accounts has been postponed to 2017;
2. In early 2016 the structure of the MoH of Timor-Leste was modified to display two Director Generals (Director General for Provision of Health Services and Director General for Corporative Services) and the upgrade of some Departments to Directorates, as is the case of the Directorate of Pharmacy and Medicine or the fact that one Directorate becomes in charge of Policy and cooperation and another in charge of Finance and Planning. The modification pursued gaining in efficacy and implied few changes in the interlocutors. Although, generally, the actors involved in policy dialog at the MoH remained, in some cases views differed.
 - a. Support producing of Medium term health workforce development plan/ Health Workforce development plan finalized by Dec 2016. The need for a more comprehensive health workforce plan, in which human resources development would be an integrated part was seen as priority. Support will be provided to develop a comprehensive Health Workforce Plan to be finalized by end 2017.
 - b. Health Workforce Registry functional on the first quarter 2017. Postponed. The registry is expected to be functional by end 2017.
3. Timor-Leste started in the last quarter of 2016 a process of de-concentration of responsibilities to municipalities. The implementation of the decentralization reforms are expected to be progressive and slow. It did not affect implementation in 2016.
4. The period for executing the funds from phase 2 was extended to end of September 2016. By then, all the funds of phase 2 had been used and new funding (125,000 USD) was received to implement activities in 2017 and 2018.

Proposed modifications to Programme Road Map resulting from changes above:

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.

1. 2017 road map is attached below, and all suggestions, otherwise minor changes from previous roadmap, have been adequately discussed with MoH.
- 2.

Lessons learned:

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

Providing support at the policy formulation level (and national strategies and plans) requires, in order to be effective, on one side to respect national realities and ensure that evidence-based international knowledge is incorporated into national requirements, following country led processes and self-felt needs and timings. On the other side, attention needs to be paid to the process of translating written policies and plans into implemented activities to ensure that the policy cycle is completed and remains in motion. Finally, the SDGs and the increased attention to NCDs, together with persistent communicable disease risks (Zica) underline more than ever the need to intensify efforts in inter-sectoral work and coordination.

Road Map and timeline for 2017:

Please list here the work plan activities as well as the time frame for those activities for the calendar year 2017. These activities should be related to objectives/ER and have clear timeline and indicators.

Road Map 2017		
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 the assessment of the first phase of implementation of the NHSSP 2011-2030 and its	NHSSP revised by June 2017	Jan-June 2017

revision		
2. Support development of consolidated Health Sector Annual Operational Planning, Costing and Budgeting	2016 Health Sector Annual Operational Plan finalized on time	Jan – Mar 2017
3. 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 2017
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	MoH has effectively participated in intersectoral collaboration activities	Jan – Dec 2017
5. Support MoH 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 2017
6. Support MoH in establishing and reinforcing a Drug Regulatory Authority.	Functional NRA by end 2017	Jan – Dec 2017
7. Promoting and monitoring rational use of drugs	Training workshops on rational use of medicines for providers conducted	Jan – Dec 2017
8. Support MoH in developing, disseminating and operationalising National Medicines Policy, National Pharmaceutical Sector Strategic Plan 2017 -2021 and Pharmaceutical law	National Medicines Policy and Pharmaceutical Sector Strategic Plan 2017 -2021 and Pharmaceutical law developed by March 2017/ Operational plan for year 1 available by June 2017	Jan –Mar 2017 Mar – Jun 2017
9. Support producing an updated Health Workforce Plan	Health Workforce plan finalized by Dec 2017	Jan – Dec 2017
10. Support development of Health Workforce Registry	Health Workforce Registry functional by end of 2017	Jan – Dec 2017
11. Support the development of professional councils and health professional registration processes	Professional councils established	Jan – Dec 2017
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	Regular in-service trainings conducted by INS	Jan – Dec 2017
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	Operational plan for implementing HMIS Strategic plan in use by end of 2017 / HMIS department staff trained in and exposed to data management and analysis	Jan – Dec 2017
2. Support to conduct Joint Annual Health Sector Reviews with focus on progress made towards achieving SDG goals	Annual Health Sector Reviews conducted	Jan 2017 July 2017 Dec 2017
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	Health Financing Policy and Strategy finalized by December 2017	Jan – Dec 2017
2. Support establishment of National Health Accounts	Awareness of key MoH and Ministry of Finances Staff on National Health Accounts created; NHA for 2017 produced	Jun 2017 Jan – Dec 2017
3. Support the on-going decentralization process, improving capacities at municipality and central level for a smooth de-concentration transition	Decentralization mechanisms implemented in all municipalities	Jan – Dec 2017
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 2017
2. Support in the organization and implementation of a National Health Conference for dissemination health topics and promote health research	One National Health conference organized during 2017	September 2017
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	Jan – Dec 2017

Visibility and communication

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

1. Booklet for dissemination of activities undertaken during phase I (2013-2015) of the WHO/EU Universal Health Coverage Partnership in Timor-Leste has been produced and broadly distributed.
2. Primary Health Care implementation program illustrative documents in Timor-Leste have been produced.
3. WHO webpage for Timor-Leste makes reference to the partnership with regular updates.

Impact assessment:

*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.

1.

WHO-led UHC Partnership Activity: 5- Support MoH in establishing a Drug Regulatory Authority and developing antibiotic guidelines; Promoting and monitoring rational use of drugs **and 6-** Support MoH in revising and defining National Medicines Policy, National Pharmaceutical Sector Strategic Plan 2017 - 2021

One of the bottlenecks for improving health service delivery in the country that is constantly repeated in the review meetings is limited access to essential quality medicines and medical products, with persistent reporting of stock outs at all levels of the system. Access to medicines is crucial as well for achieving universal health coverage and in reaching the Sustainable Development Goal for health. Responding to existing as well as new challenges in this line related with new demands, growing private sector, public

expectations and globalization, several activities have been implemented to improve access to medicines. A number of aspects have been addressed in a coordinated way; they include legislation, policy and planning, procedures, knowledge and practices and good use associated with access to quality drugs. The support provided to MoH in this field includes a wide range of actions, as follows:

- Analysis of the current situation of the pharmaceutical sector, to establish progress from previous study dated four years before. The assessment, started in 2015, looked at specific areas of drug supply, drug availability, drug procurement, stock management, drug selection, rational drug use (drug prescription), drug regulation and coordination and management. It was finalized in 2016.*
- Revision of the pharmaceutical law in order to update it, for the decree to appropriately provide the adequate legal framework for the present needs. The still in draft new law includes legislative provisions for the growing private pharmaceutical sector and contemplates as well adequate regulatory practices with the establishment of a National Regulatory Authority adapted to the country reality. Main support was provided in 2015 and it has been complemented in 2016 by the health policy advisor to ensure complementary with policy documents.*
- Development of National Medicines Policy and the National Pharmaceutical Sector Strategic Plan, to guarantee all these guiding tools were in alignment. Both documents have been drafted following extensive consultation processes that will be continued in 2017 for their finalization and endorsement.*
- The support to the autonomous Agency for National Procurement and Distribution of Medicines (SAMÉS) has been coordinated with other partners and with the MoH for altogether improve the acquisition of necessary medicines, the management of the products when in country and their distribution to the health facilities where they are to be used. Through the European Union-WHO Universal Health Coverage Partnership, Pharmaceutical bidding documents have been reviewed and updated to smooth the procurement of pharmaceuticals. As part of these, Practice Guidelines (SoP) for Central Medical Stores have been developed; they are designed to facilitate procedures in the storage and management of pharmaceutical products and medical equipment in a way that improves efficacy and minimizes delays and loses due to expiration or wrong storage.*
- Support capacity development of the staff of the Pharmacy Department, facilitating assistance to training and workshops: a) Safeguarding Quality of Medicines in Resource-Limited Settings course. The training program was directed to specifically to countries with limited resources with the aim of assisting them “to develop a framework which could ensure access to quality medicines”. b) Technical Workshop on the Surveillance and Monitoring of Substandard/ Spurious/ Falsely-Labeled/ Falsified/ Counterfeit Medical Products held by the Indonesia National Agency of Drug and Food control (NADFC) in collaboration with Asian Development Bank and United States Pharmacopeial Convention. The objectives of the workshop were to strengthen regulatory capacities in the region as well as to increase awareness on SSFFC medical products.*
- Support to establish National Regulatory Authority (NRA). The NDPM is acting as the NRA and performs the following functions: marketing authorization and regulation and licensing for pharmaceutical activities, pharmacovigilance and ADR, medicine control and supply chain management. Timor-Leste is now member, since August 2016, of the Regional Network for Promoting Cooperation for Regulation in Trade of Medical Products which mission is ‘to develop and strengthen regulatory collaboration, convergence and reliance in the South-East Asia region*

over shared regulatory issues and challenges, that will build capacity and will enable National Regulatory Authorities to fulfil their mandates and better safeguard public health’.

- *A country wide awareness campaign to inform population and sensitise prescribers about the rising concern of AMR was carried out with the assistance of WHO through the EU-WHO Partnership: design and printing of abundant and customized materials for public awareness on the growing resistance to antimicrobial drugs and the public health risks associated to this reality. The production and distribution, in health facilities and pharmacies around the country, of posters, banners and leaflets has been complemented with informative workshops with stakeholders, including prescribers, and media campaigns.*
- *Support to establishment of an AMR National Coordination Mechanism. This National Task Force has a multisectoral coordination role, with representatives from relevant ministries.*
- *The National Hospital (HNGV -Hospital Nacional Guido Valadares-) developed, with the support of WHO in Timor-Leste as part of the European Union-WHO Universal Health Coverage Partnership and other partners (Menzius School of Health Research, Australia and the Royal Darwin Hospital, Australia), the first Antibiotic Guidelines adapted to country reality.*

The combined results of all of these activities that need to be finalized and followed up during 2017 (and beyond) is expected to contribute to a better access to medicines and medical products, essential aspect of a proper delivery of care and health services and it is expected to show tangible results with improved indicators in the next years.

2.

WHO-led UHC Partnership Activity: Support MoH in implementing the Primary Health Care and Domiciliary Visit programme

A new frontline Service Delivery model: Saúde na Família

EU-WHO partnership has supported since the beginning the development and implementation of “Saúde na Família”, an innovative outreach programme – modeled on the Cuban primary health-care system - was implemented. It was launched by H.E Prime Minister Dr Rui Maria de Araújo in 2015. It constitutes a part of Government’s continuing efforts to provide free universal health care. It is designed to bring a “Comprehensive Service Package for Primary Health Care” at the household level through domiciliary visits by health professionals. The programme recognizes that primary health care is the foundation for health systems strengthening through provision of quality and comprehensive health care in a cost-effective and equitable manner. This is in spirit of the Sustainable Development Goals of “leaving no one behind” by reaching out to a large number that are still being ‘left behind’ in Timor-Leste in terms of access to health care. At the same time it tackles the double burden of disease; while focusing at reducing risks associated with communicable diseases it also addresses early detection, preventative measures for NCD and promotes a healthy life-style.

Although Saúde na Família requires a sizeable human resource and expertise and commitment and collaboration of both government, health authorities and front line health workers on one side and community on the other in order to be an instrument for universalize access to health care in the country, it has demonstrated significant achievements during 2016, under the guidance of the Cuban Brigade and with the support of WHO and other partners. By end of 2016, 90% of families all around the country were visited by an integrated medical team including a doctor, a midwife, and a nurse. The programme is in the process of digitization of all records. WHO (through the EU-WHO partnership) has built on its support provided in 2015 to develop the Service Package and Domiciliary Visit Guidelines by continuing to offer,

along 2016, operational backing to the program including various training courses and updating materials to professionals (mainly to the doctors) of all levels health facilities (Health Posts, Community Health Centres and Referral and National Hospitals).

In addition, WHO in collaboration with UNICEF supported production of a book and a video that documents stories from the field since the launch of the implementation of the Programme. The cases documented in this book underline some of the benefits of this programme, especially when it refers to reaching those that would otherwise very difficultly have access to health services. Many of these cases that have benefitted from medical interventions would probably have never been identified had it not been for the domiciliary visits under the “Saúde na Família” because they would not have looked for medical care or not in time. These stories illustrate that although in its nascent stages, “Saúde na Família”, once fully implemented, should have a significant impact on reducing maternal and child mortality, getting people with communicable and non-communicable diseases on to treatment, and improving the overall health status of the population.

Linking activities to overall Objectives:

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
 - *The National Monitoring & Evaluation framework was developed in previous phases of the project (2015). It has been used during 2016 in the review meetings (JAHSR and Quarter reviews).*
- Reduced share of direct out-of-pocket payments in total health expenditure by at least 10%
 - *Out-of-pocket payments are estimated at 4% (World Bank 2016, Medium Term Health expenditure Pressure Study 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
 - *The “Guidelines for Development, Approval and Review of Health Policy in Timor-Leste”, which guides development and review of health policies and strategies, is in line with JANS and requests that all policies and strategies are evaluated through the JANS process.*
- An agreed Health Financing (HF) strategy exists, linked to NHPSP, such that more rapid progress towards Universal Coverage (UC) is feasible
 - *The Health Financing (HF) strategy does not exist yet. However, as a first step for its development a Health financing policy options document has been produced and extensively shared, contributing significantly to health financing policy dialogue focussed at making progress towards Universal Coverage (UC).*
- Increase in utilization of outpatient health services, particularly among the poor, or a more equitable distribution of public spending on health
 - *The implementation of the outreach program “Saúde na Família” as part of the first level of health care activities, brings outpatient consultations to the household. 90% of households received domiciliary visits by December 2016. Outpatient utilization data for last quarter of 2016 was not ready during the review in early December. Data from the first three quarters*

- shows significant increase of utilization of hospital consultations.
- Inclusive National Policy Dialogue exists, with a roadmap defined, agreed and rolled out
 - National Policy dialogue exists and involves national and international health sector stakeholders and occasionally participation from other sectors like agriculture, education and finance and other government bodies like prime Minister office. The guidance for policy development is at present the NHSSP 2011-2030, which is being rolled out accordingly.
 - 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)
 - Although the proportion of identified bottlenecks that have been analysed is high (70%) the ones addressed remains lower with repetition of identified bottlenecks from one annual review to the next. Majority of these are structural bottlenecks that require medium to long term actions, in the sector and outside, to be solved, although the constant improvements at both policy development and implementation levels (in health workforce, pharmacy and medicines, general higher quality policies, service delivery, monitoring of progress) should lead towards higher percentage of current bottlenecks being addressed in the coming years.
 - Number of substantive policy changes achieved as a result of more effective and inclusive health sector reviews
 - Number of improved policy frameworks elaborated and implemented as a result of a truly representative multi-stakeholder consultation
 - Positive trend seen in stakeholders’ alignment with NHPSP
 - Stakeholders’ alignment with NHPSP is high in Timor-Leste; this is evident in the coordination meetings where updates on the diverse projects and support activities are presented and demonstrate alignment with NHPSP as well as stakeholders coordination.
 - Existence and implementation of an IHP+ compact or equivalent at the country level
 - Agreed or strengthened mutual accountability mechanisms such as joint annual reviews
 - Mutual accountability mechanisms are in place in Timor-Leste. JAHSR are performed regularly as well as common quarterly meetings and planning meetings. Development partners’ plans to support to health sector are jointly presented in an annual joint planning meeting as a step to integrate them in common planning.
 - 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 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.