

WHO Timor-Leste

Country Cooperation Strategy

2021-2025



**World Health
Organization**
Timor-Leste

Country Cooperation Strategy Timor-Leste | 2021–2025

ISBN: 9789290210047

© World Health Organization 2022

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO; <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>).

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited, as indicated below. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: “This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition”.

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization (<http://www.wipo.int/amc/en/mediation/rules/>).

Suggested citation. Country Cooperation Strategy Timor-Leste | 2021–2025. Dili: World Health Organization, Country Office for Timor-Leste; 2022. Licence: [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

Sales, rights and licensing. To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

Third-party materials. If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

General disclaimers. The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of WHO concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by WHO in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by WHO to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall WHO be liable for damages arising from its use.

WHO Timor-Leste

Country Cooperation Strategy

2021-2025



**World Health
Organization**

Timor-Leste

Contents

Executive summary

| | |
|--|----|
| 1. Introduction | 4 |
| 2. Health and development situation | 8 |
| 2.1 Political, economic, demographic and social context | 9 |
| 2.2 Overall health status of the population | 11 |
| 2.3 Health system and progress towards universal health coverage | 12 |
| 2.4 Health sector response to SDG priorities | 21 |
| 2.5 Reducing vulnerability to climate change: preventing, preparing for, and responding to health emergencies | 30 |
| 2.6 Beyond the health sector | 37 |
| 3. WHO–Timor-Leste collaboration: progress during past five years | 42 |
| 4. Setting the strategic agenda | 46 |
| 4.1 Prioritization process | 47 |
| 4.2. Strategic priorities and focus areas | 48 |
| 5. Implementing the CCS strategic agenda | 59 |
| 5.1 WHO’s core functions and comparative advantage | 60 |
| 5.2 Harnessing the strengths of all health partners | 62 |
| 5.3 Collaborating with the UN system and the Global Action Plan for Healthy Lives and Well-being for All | 63 |
| 6. Monitoring and evaluation | 67 |
| 6.1 Monitoring of CCS implementation | 68 |
| 6.2 CCS evaluation | 68 |
| References | 72 |
| Annexes | 76 |
| Annex 1: Mapping of CCS priorities | 76 |
| Annex 2: Swift action prevented community transmission of COVID-19 | 78 |
| Annex 3: Key interventions in HNAP to control and reduce air pollution | 78 |

Acronyms and abbreviations

| | |
|----------|---|
| AMR | Antimicrobial Resistance |
| CHC | Community Health Centre |
| DHS | Demographic and Health Survey |
| DHIS 2 | District Health Information Software 2 |
| EPI | Expanded Programme on Immunization |
| GPW | General Programme of Work |
| HBV | Hepatitis B Virus |
| HCV | Hepatitis C Virus |
| HEOC | Health Emergency Operation Centre |
| HNAP | Health National Adaptation Plan |
| HP | Health Post |
| IHR-2005 | International Health Regulations (2005) |
| JEE | Joint External Examination |
| MMR | Maternal Mortality Ratio |
| NAPHS | National Action Plan for Health Security |
| NCD | Noncommunicable Disease |
| NHSSP | National Health Sector Strategic Plan |
| NTDs | Neglected Tropical Diseases |
| PHC | Primary Health Care |
| RMNCAH | Reproductive, Maternal, Newborn, Child and Adolescent Health |
| SISCa | Servisu Integra do Saúde Comunitaria (Integrated Community Health Services) |
| SnF | Saúde na Família |
| STEPS | STEPwise Approach to Noncommunicable Disease Risk Factor Surveillance |
| TAPS | Tobacco Advertising, Promotion and Sponsorship |
| TFR | Total Fertility Rate |
| UHC | Universal Health Coverage |
| UNSDCF | United Nations Sustainable Development Cooperation Framework |
| WSP | Water Safety Plan |



Message

WHO Regional Director for South-East Asia

It is my pleasure to introduce this fourth Country Cooperation Strategy (CCS) 2021–2025 for the Democratic Republic of Timor-Leste. This document will form the basis for WHO’s collaborative work with the government of Timor-Leste and other United Nations agencies and development partners to achieve the UN Sustainable Development Goals (SDGs) and WHO’s thirteenth General Programme of Work. In doing so, this CCS aims to anticipate and address Timor-Leste’s future health needs as defined in the country’s National Health Sector Strategic Plan 2011–2030.

Timor-Leste has in recent years made commendable progress on strengthening health systems and improving health status and outcomes, achieving several health-related Millennium Development Goals. Timor-Leste has significantly increased immunization coverage and eliminated several infectious diseases, such as polio, measles, and maternal and neonatal tetanus. High-level political commitment has been critical to the country’s achievements, and will be especially important in tackling noncommunicable diseases, addressing communicable diseases such as TB, and mitigating risks associated with disasters, environmental threats, and health emergencies.

This new CCS is designed to provide Timor-Leste needs-based technical support over the next five years, with a focus on health system strengthening to achieve the SDGs. It was developed in close consultation with the Ministry of Health, as well as with nongovernmental organizations, civil society, United Nations agencies and other development partners. I thank all stakeholders for their contributions. As a trusted partner of the Democratic Republic of Timor-Leste, WHO Country and Regional Offices will continue to provide its full support to the Ministry of Health in its efforts to improve health and well-being and achieve Health for All.

A handwritten signature in black ink, reading "Poonam Khetrpal Singh".

Dr Poonam Khetrpal Singh
Regional Director
WHO South-Asia Region



Message

H.E. Minister of Health, Democratic Republic of Timor-Leste

It is my pleasure to endorse this fourth Country Cooperation Strategy (2021–2025) of World Health Organization (WHO) which is being developed in close consultation with the Ministry of Health and other stakeholders and development partners, which included Bilateral Agencies, UN Agencies, Academic Institutions, Professional bodies, Civil Society Organizations and other donors.

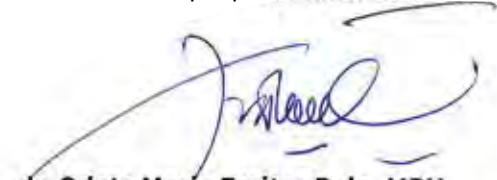
WHO has been providing technical assistance to the Government of Democratic Republic of Timor-Leste for strengthening the country's health system since 1999. During the last decade, Timor-Leste has made remarkable progress in strengthening its health system and improving the health status of the population. Overall life expectancy has increased. Timor-Leste has successfully achieved the MDG4 target by reducing infant and under 5 mortality and substantial progress being made in improving maternal and child health outcomes including increased immunization coverage, eradication and elimination of infectious diseases like polio, measles, maternal and neonatal tetanus. Support provided by WHO has been very helpful to attain these precious gains. We are thankful to WHO.

Despite a number of achievements, the country has been facing challenges like increasing noncommunicable diseases, high burden of communicable diseases especially TB, increased risks associated with disasters, environmental threats and health emergencies during diseases outbreaks. This year particularly, the combination of a huge surge in COVID-19 from April to June, accompanied by the worst flooding crisis in many decades, has severely disrupted Essential Health Services in Timor-Leste. The government, with support from WHO, has successfully been able to pull together enormous resources to respond to these 'double-disasters'.

Strong political commitment exists to implement the SDG Agenda and great emphasis has been given to strengthen the health systems for achieving the Universal Health Coverage (UHC) by 2030. The Ministry of Health appreciates the identification of the four strategic priorities developed jointly between the Ministry of Health and the WHO Country Office for this WHO Country Cooperation Strategy 2021–2025. These are very much in alignment with the National

Health Sector Strategic Plan (2011–2030) of Timor-Leste. This comprehensive strategic document would be an effective guide to address the future health needs of the country.

We firmly believe that during the period covered by this new CCS, the level of cooperation, trust and partnership between WHO, the Timorese Government and the people of Timor-Leste will be further strengthened.



dr. Odete Maria Freitas Belo, MPH
Minister of Health
Ministry of Health
Democratic Republic of Timor-Leste



Foreword

WHO Representative

The World Health Organization has been working closely with the Government of the Democratic Republic of Timor-Leste for strengthening the country’s health system and improving the health status of its population since 1999. This Country Cooperation Strategy (2021–2025) for Timor-Leste is the fourth strategic continued collaboration that describes the medium-term strategic vision and guides its work in Timor-Leste.

This CCS has been developed based on lessons learned and experiences including best practices and partnership experiences from the previous CCS. An extensive consultative, iterative and interactive process has been followed that included in-depth interviews, group discussions, series of consultative meetings with government and different stake holder groups, like UN agencies and development partners, non-governmental organizations, academic institutions, professional bodies and civil society organizations. The underlying principles of the CCS development process included ownership, alignment with the national priorities, harmonization for aid effectiveness and strengthening cooperation among health development partners. It identifies strategic priorities, focus areas and deliverables to optimize WHO’s comparative advantages and expertise.

The priority areas jointly identified for this CCS include: i) Ensuring people’s access to equitable, high quality, resilient, inclusive and people centered Universal Health Coverage; ii) Protecting people from Health Emergencies including disease outbreaks and disasters through strengthened national prevention, preparedness and response capabilities; iii) Ensuring better health and wellbeing by addressing determinants of health through strong multisectoral action; and iv) Supporting health systems by strong and sustainable leadership and governance at every level towards the vision of “Healthy East Timorese People in a Healthy Timor-Leste”.

These strategic priorities are inextricably linked and aligned with the National Health Sector Strategic Plan (2011–2030) of the Government. The CCS is guided by the Thirteenth WHO General Program of Work (GPW 2019– 2023), the WHO South-East Asia Region Flagship Programs and is complementary to the new UN Cooperation Framework (UNSDCF 2021–2025) for Timor-Leste. The CCS will serve as an instrument to navigate and foster multisectoral engagement and integrated approaches to achieve the health-related SDGs.

On behalf of the WHO Country Office team, I express sincere gratitude to all the stakeholders, especially the Ministry of Health and other ministries, Academia, Professional Associations, Civil Society Organizations, Donors, Development Partners and UN agencies for their invaluable contributions to the development of this document.

The CCS Working Group at the Country Office deserves a special mention for their tireless efforts. I thank the WHO Regional Office for South-East Asia and WHO Headquarters for providing valuable feedback.

I strongly believe that partnership between the Government of Timor-Leste and WHO will be further strengthened while implementing this CCS with the common aim of improving the health and well-being of the Timorese people. The WHO Country Office for Timor-Leste will remain committed to providing continued support throughout this CCS period.



Dr. Arvind Mathur
WHO Representative
Democratic Republic of Timor Leste



Executive summary

In the last decade, Timor-Leste has made remarkable progress in strengthening its health system and improving the health status of its population. This has resulted in an increased life expectancy, and the achievement of Millennium Development Goals such as a reduction in infant and under-five mortality, an improvement in maternal and child health outcomes, and an increase in immunization coverage. Further, the country has successfully eliminated infectious diseases such as polio, measles, and maternal and neonatal tetanus. There is full political commitment to reducing the incidence of tuberculosis (TB) by 80% and the number of deaths due to TB by 90% by 2030. The country has made great progress in the context of the pandemic, having established numerous quarantine facilities/isolation centres; trained health-care workers; streamlined the procurement and supply of medicines, consumables, personal protective equipment and other equipment; and strengthened the capacity in critical care across secondary and tertiary health care, to better respond to future pandemics and other disaster situations.





Despite this substantial progress, Timor-Leste faces new challenges, such as the increasing incidence of noncommunicable diseases; high burden of communicable diseases; increased risks associated with disasters, environmental threats, and emergence and re-emergence of diseases due to climate change; and provision of safe water and sanitation facilities, particularly to rural populations. The COVID-19 pandemic continues to strain health-care services, especially by disrupting the maintenance of essential health services and negatively impacting socioeconomic outcomes.

The main challenges related to the health system include the subpar quality of health-care services, lack of a skilled health workforce with an adequate mix of skills, and inequitable distribution and supply of logistics and medicines. The Government of Timor-Leste has been committed to implementing the Sustainable Development Goals (SDG) agenda since its launch in 2015 and has been working towards the achievement of universal health coverage (UHC). The National Health Sector Strategic Plan 2011–2030 (NHSSP) sets out the government's commitment to the provision of UHC for all Timorese, free at the point of delivery.

This WHO Country Cooperation Strategy (CCS), 2021–2025 for Timor-Leste has been developed in collaboration with the government and partners to address the country's future health needs. The CCS will serve as the strategic basis for WHO's work in and with Timor-Leste. The priorities have been set with the intention of supporting the realization of Timor-Leste's national health goals, the goals of the WHO regional flagship programmes, and the global goals and commitments (including the triple billion targets of the Thirteenth General Programme of Work and SDG commitments), as relevant to and agreed upon by the government of Timor-Leste. The CCS complements the UN Sustainable Development Cooperation Framework (UNSDCF 2021–2025) for Timor-Leste.

In keeping with WHO's commitment to accountability and with a focus on responding to the country's specific priorities, the CCS provides a strategic basis for the bottom-up planning process and contributes to the achievement of national SDP and global SDG targets. In recognition of the fact that improving the health and well-being of the Timorese population is the joint responsibility of the government, WHO and development partners, the CCS will be monitored and evaluated jointly with the government and the development partners.

Fig. 1. Country Cooperation Strategy 2021–2025

| Country Cooperation Strategy 2021–2025 | |
|---|---|
|  | <p>Strategic Priority 1:</p> <p>By 2025 people of Timor-Leste have access to equitable, high-quality, resilient, inclusive, and people centered UHC</p> <ul style="list-style-type: none"> • Strengthen the health system through improved workforce, improved access to medicines, health information, sustainable finance and implemented service packages • Improved care through the life course and for communicable and noncommunicable diseases |
|  | <p>Strategic Priority 2:</p> <p>By 2025 people of Timor-Leste are better protected from Health emergencies including disease outbreaks and disasters, through strengthened national prevention, preparedness, and response capabilities</p> <ul style="list-style-type: none"> • Strengthen national capacity in emergency health preparedness • Strengthen prevention of emerging high-threat infectious hazards • Strengthen national capacity to build climate-resilient health system |
|  | <p>Strategic Priority 3:</p> <p>By 2025 people of Timor-Leste enjoy better health and well-being by addressing determinants of health through strong multisectoral action</p> <ul style="list-style-type: none"> • Strengthen legal and regulatory mechanisms for health protection and promotion • Facilitate environmental health and improve access to clean air, water, and sanitation • Strengthen health promotion interventions for improved health behaviours |
|  | <p>Strategic Priority 4:</p> <p>By 2025, health systems are supported by strong and sustainable leadership and governance at every level towards the vision of “Healthy East Timorese in a healthy East Timor”</p> <ul style="list-style-type: none"> • Effective governance structures and mechanisms strengthened to improve functionality and regulation of health systems • Community engagement and empowerment for the realization to the right to health • Monitoring and addressing equity to ensure that no one is left behind <p>WHO acts as an effective leader, convener and advocate for health through partnership and collaboration with all sectors of government, United Nations Country Team and development partners</p> |





Chapter I

Introduction

Country Cooperation Strategy 2021–2025

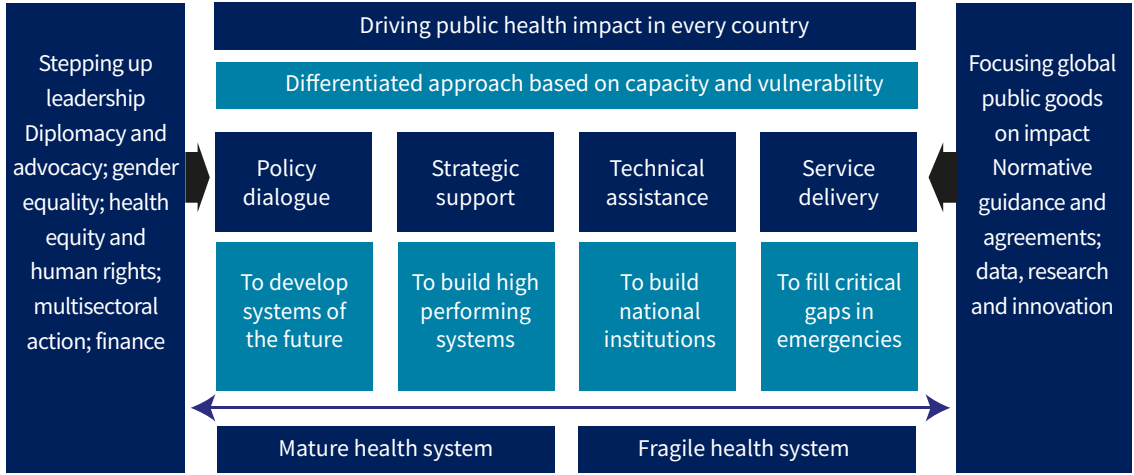
The World Health Organization (WHO) has been providing technical assistance to the Government of the Democratic Republic of Timor-Leste for the development and strengthening of the country's public health system since 1999. In 2003, Timor-Leste formally joined WHO and became a Member State of the South-East Asia Region. The Country Cooperation Strategy 2021–2025 (CCS 2021–2025), the fourth CCS, will form the basis of WHO's collaborative work with the government and partners. The strategic priorities of the CCS are designed to provide need-based technical support to the government for the next five years to strengthen the health system with an eye to achieving the SDGs.

This CCS has been developed on the basis of the lessons learnt and experiences gained during the previous CCSs, as well as extensive consultations and policy dialogues with the government and stakeholders. The latter include United Nations (UN) agencies, nongovernmental organizations (NGOs), academic institutions, professional groups and civil society organizations. The CCS is guided by the National Health Sector Strategic Plan (2011–2030), the Thirteenth WHO General Programme of Work (GPW 2019–2023), and the WHO South-East Asia Region Flagship Programmes, and is complementary to the new UNSDCF 2021–2025 for Timor-Leste. The following objectives were kept in mind during the formulation of the CCS:

- To set in motion a process to transform the health system and promote country ownership of the development process;
- To use evidence-based, equitable approaches focused on results;
- To encourage the development of partnerships involving multiple health and development stakeholders; and
- To harmonize the efforts of various UN organizations.

Considering the weaknesses in Timor-Leste's health system and the evolving socioeconomic context, WHO will need to follow a differentiated approach, which covers all four modalities for driving impact in countries, as set out in the WHO GPW 13 (Fig.2), while implementing the CCS to achieve the desired results. Policy dialogue and strategic support will be the mode of delivery to support the major transformations envisaged in the health system, while technical assistance will be used to build sustainable and effective health programmes and institutional capacity. Service delivery will be used as a modality in times of emergency or to provide critical services as provider of last resort.

Fig. 2. WHO’s strategic shifts and core functions



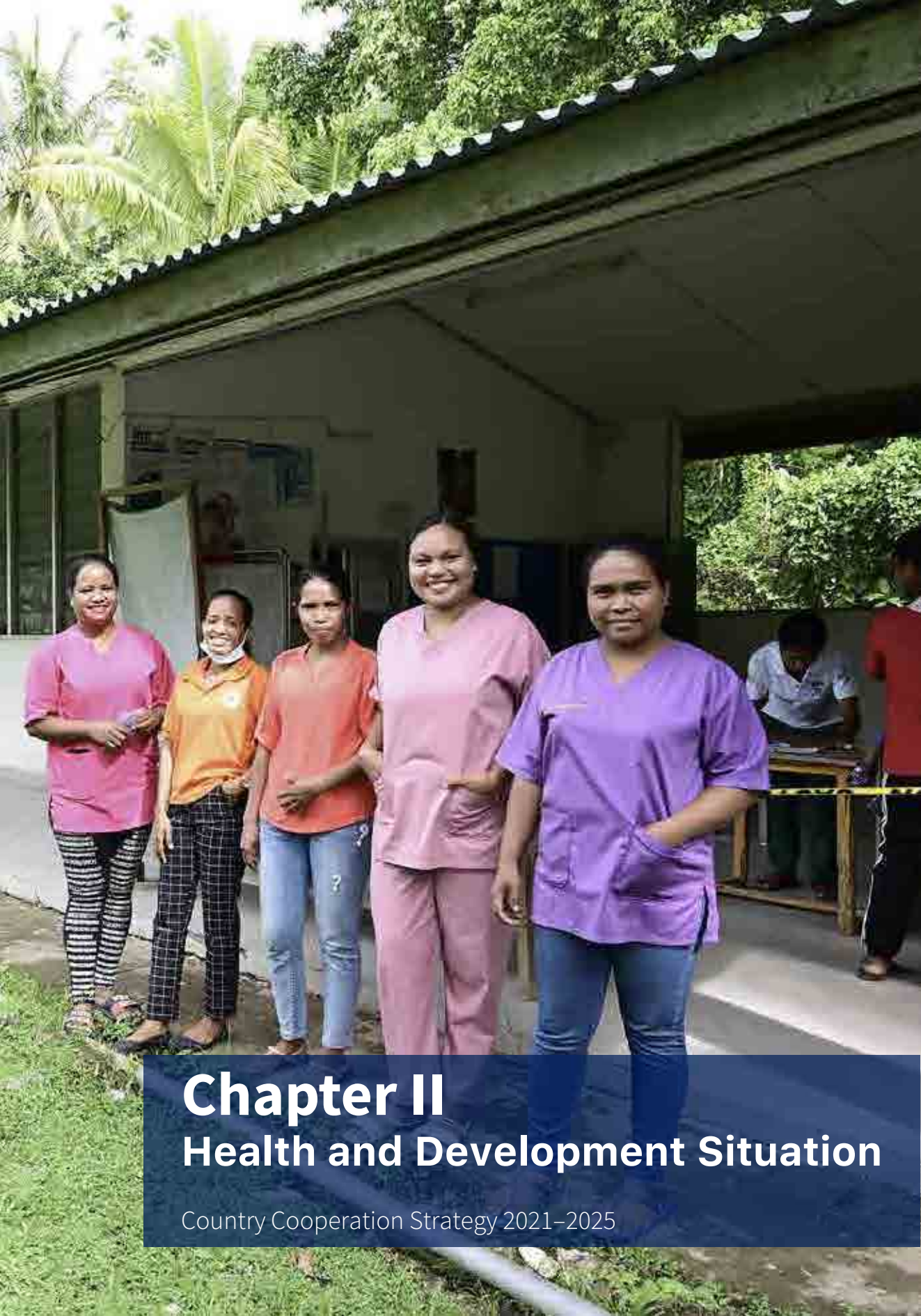
Source: Thirteenth General Programme of Work, WHO, 2019–2023

While the WHO Country Office, under the leadership of the WHO Representative, will be accountable for the implementation, monitoring and evaluation of the CCS, technical assistance will be provided by the WHO Regional Office and headquarters, as required, to strengthen the technical capacity of the Country Office to deliver results corresponding to the strategic priorities of the CCS. The Regional Office and headquarters will provide support for the adoption or adaptation of global goods to the Timor-Leste context, implement the Regional Flagship Programmes¹, support intercountry collaboration and share learning. A mid-term review of the CCS will be conducted in the year 2023 and a final evaluation by the end of 2025.



Happy children in Manufahi municipality





Chapter II

Health and Development Situation

Country Cooperation Strategy 2021–2025

2.1 Political, economic, demographic and social context

2.1.1 Political

Timor-Leste, a small country located in the island of Timor, became an independent state in 2002 after long years of Portuguese colonial administration and Indonesian occupation. It is a unitary, semi-presidential, representative democratic republic. The Prime Minister is the head of government, while the President exercises the functions of head of state. East Timor has a multiparty system. Legislative power is vested both in the government and the National Parliament. Usually, the Prime Minister is the leader of the political party that forms a majority or majority coalition in the unicameral national parliament. There are 13 ministries, including the Ministry of Health (MoH). There is a multi-tier system and the Council of Ministers is chaired by the Prime Minister. Since attaining independence, the country has made remarkable progress in different developmental sectors, including the achievement of the health Millennium Development Goals. However, in recent years, Timor-Leste has faced a series of political crises, leading to the absence of a state budget in 2018, which has seriously affected the country's developmental progress.

2.1.2 Economic

Timor-Leste aspires to become an upper middle-income country by 2030 and has developed its long-term Strategic Development Plan 2011–2030 accordingly. The country's economy is highly dependent on the petroleum sector, oil and gas revenues being the main sources of government revenue. The percentage of the population living below the national poverty line fell from 50.4 in 2007 to 41.8 in 2014². Overall, the economic situation has worsened, with a decline in the gross domestic product (GDP) per capita due to a deceleration in per capita growth at an annual rate of 2.4% between 2011 and 2016³. In 2017 and 2018, political uncertainties and a delay in approving the budget (2018) also slowed down the GDP per capita. Moreover, it has been forecasted that the petroleum sector is likely to grow smaller in the coming years, causing a sharp contraction of the GDP and a rise in inflation. The key challenges facing Timor-Leste are the diversification of economic activity from the public to the private sector, and from petroleum to other sectors. Most of the country's population lives in rural areas and is heavily reliant on subsistence agriculture, with very limited access to markets.

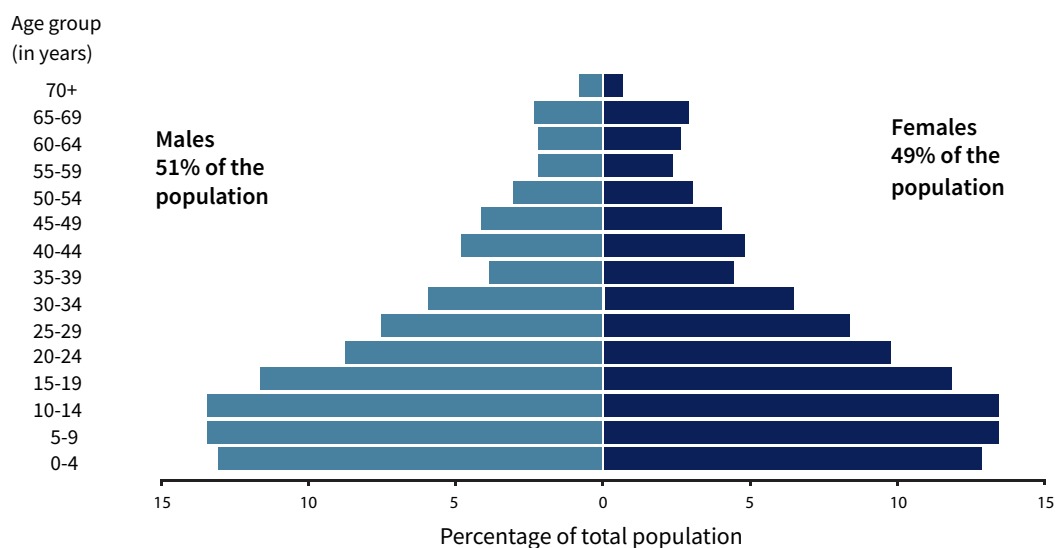
2.1.3 Demographic

According to the 2015 Census, Timor-Leste had a population of 1,179,654. The population was relatively young, the median age being 19.6 years, and the annual population growth rate was 1.81%. The population pyramid, with a wider base at the bottom, shows how skewed the population is towards children and young people as a result of the predominance of large families (Fig. 3). Given the high total fertility rate (TFR) of 4.2 as well as the high rate of pregnancy among teenagers (51 live births for every 1000 adolescent girls)⁴, a large cohort of young population will enter the reproductive age group in the coming decades. This young population will place a burden on people of working age, severely stretching the economy's capacity to create sufficient jobs in the future.

2.1.4 Social

Timor-Leste ranked 131st among 189 countries in the global Human Development Index in 2018 (5). According to the 2015 Census, almost two thirds (64.4%) of the adult population (15 years of age and above) was literate, with the literacy rates being higher among men (68.7%) than women (60.2%).

Fig. 3. Population pyramid of Timor-Leste, 2015



Source: Timor-Leste Population and Housing Census, 2015

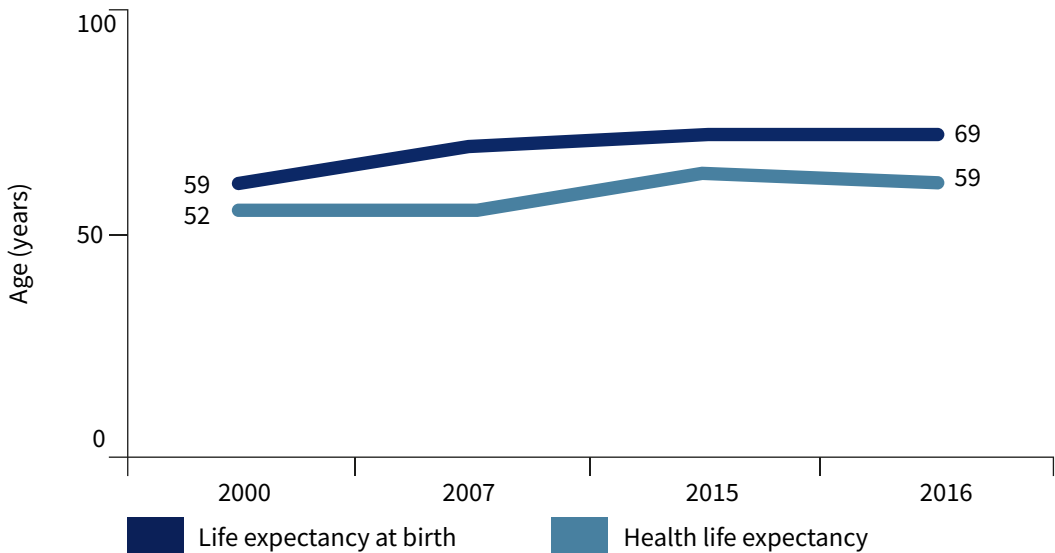
Literacy is higher in urban areas (men 89.7%; women 85.8%) than rural areas (men 58.8%; women 48.8%), and the gender gap is much narrower⁶. The attendance rate for primary school rose impressively from 65% in 2001 to 92% in 2015 (Census 2015). The Global Gender Gap Report 2017, published by the World Economic Forum, ranked Timor-Leste at 128 among 144 countries. Women hold 38% of the parliamentary seats, one of the highest percentages in the world, and the highest in Asia and the Pacific (Inter-Parliamentary Union, 2018).

The empowerment of women and gender equality are high priorities of the government, which has adopted gender mainstreaming as a major strategy for achieving gender equality by 2030. However, the prevalence of violence against women is alarming. As per the findings of the Nabilan Study, more than half (59%) the women between the age of 15 to 49 years had experienced physical and/or sexual partner violence in their lifetime, and 77% of the women who had been physically abused by their male partners, reports experiencing severe violence. As per DHS 2016, 29% had experienced it in the 12 months preceding the Timor-Nabilan Health and Life Experiences Study⁷.

2.2 Overall health status of the population

Since Timor-Leste’s Restoration of Independence, life expectancy at birth has improved by about 10 years (from 58.7 years in 2000 to 68.6 years in 2016). During the same period, healthy life expectancy, a good summary measure of the overall health of the population, improved by 7 years (from 52.2 years to 59.2 years) (Fig. 4)⁸.

Fig. 4. Improvements in life expectancy at birth and healthy life expectancy



Source: World Health Statistics, WHO, 2018

The Global Burden of Disease Study 2017 explored the causes of death in Timor-Leste and the trends over time to be able to make predictions in this regard. It noted that there was an epidemiological shift towards noncommunicable diseases (NCDs). On the basis of the current trends, the country will face a double disease burden by 2040: NCDs will be the major cause of death, yet diarrhoea, pneumonia, human immunodeficiency virus (HIV), tuberculosis (TB) and neonatal illnesses will still be among the top 10 causes⁹. Further, the study revealed that compared to 2007, poor diet, high blood pressure, high blood glucose, tobacco use, and high cholesterol were increasingly becoming disease risk factors in the country¹⁰. While there was an improvement in malnutrition; water, sanitation and hygiene; and air pollution over the same period, they remained in the list of top 10 disease risk factors. Malnutrition, which has been consistently ranked as the country’s top risk factor for disease and death for the past decade, would continue.



A doctor conducting medical check up during house-to-house visit as part of Saude Na Familia programme

2.3 Health system and progress towards universal health coverage

The Constitution of Timor-Leste protects the right to health, medical care and a healthy environment. ^aUnder Article 57, the State has the responsibility of providing free universal health care through a decentralized public health-care system. Since 2002, successive governments have been committed to universal health coverage (UHC). The public health system is the principal service provider and care is free of charge.

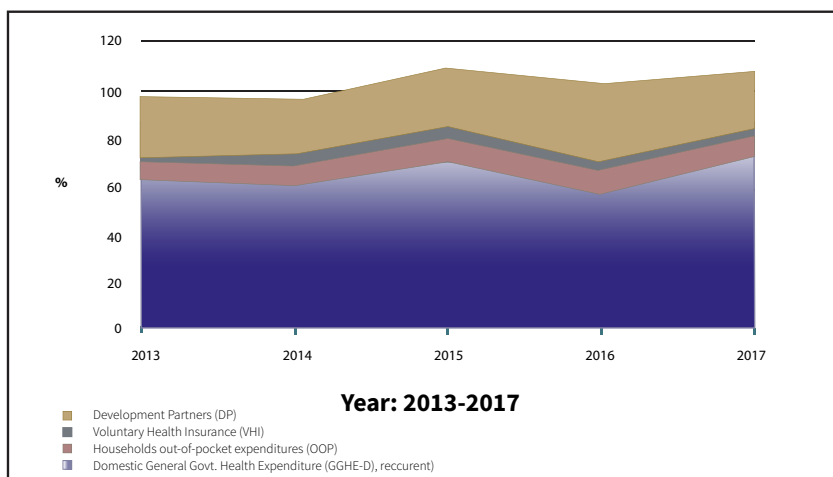
The NHSSP sets out the State’s commitment to the provision of free universal health care and presents a vision for a “Healthy East Timorese People in a Healthy Timor-Leste”¹¹. The Government has just initiated work to adapt the NHSSP to better respond to the current epidemiological profile and socioeconomic landscape. In addition, the NHSSP providing a comprehensive set of reforms, was launched in July 2021. These relate to a new health financing strategy, human resources for the health strategy, and an essential package of primary care services.

^a The Constitution of Timor-Leste, entered into force on 20 May 2002

2.3.1 Health financing and governance

Health care is financed predominantly from public sources. According to the National Health Accounts (2013–2017), domestic general government health expenditure accounted for more than 60% of the total health expenditure¹². While external funding from development partners has played a very important role since the country regained independence, its importance has dwindled over the years. In 2017, external funding accounted for 22.4% (US\$ 24.1 million) of the total health spending¹². While domestic general government health expenditure was seen to be increasing over the five years, it declined as a proportion of general government expenditure, from 10.2% in 2013 to 7.3% in 2014, and was 6.7% in 2017 (Fig. 5).

Fig. 5. Sources of and trends in health revenues, 2013-2017 (US\$ million) (12)

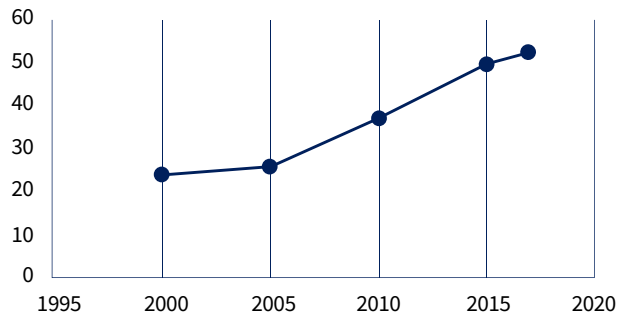


Out-of-pocket expenditure constituted less than 10% of health spending (around US\$ 9 million in 2017, and unchanged from 2013). An estimated 1% or approximately 12,000 people were being pushed into poverty (less than US\$1.90 per person per day) because of out-of-pocket health spending, and around 2.9% of the population experienced catastrophic spending amounting to more than 10% of their entire household budget on health care. Catastrophic spending was almost thrice as high in urban settings (5.46%) than in rural settings (1.93%)¹³. The recently finalized Health Financing Strategy 2019–2023 focuses on several strategic interventions to accelerate progress towards UHC¹⁴. These include introducing public financial management to increase domestic resources for health; enhancing the capacity of the MoH to monitor and analyse health financing data (from the National Health Accounts); informing resource allocation and policy-making; and introducing programme budgeting and performance-based allocation of resources to municipalities.

2.3.2 Equity and quality essential services coverage

Monitoring UHC requires the measurement of the coverage of services, as well as financial protection. The coverage of essential health services is defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health; infectious diseases; NCDs; and service capacity and access among the general and most disadvantaged population. Fig. 6, based on the composite UHC index using 16 indicators, shows that the estimated essential health services coverage has more than doubled since 2000¹⁵.

Fig. 6. Improving trend in UHC services coverage index 2000-2017 (scale of 0 to 100) (SDG 3.8.1)



Health services in Timor-Leste are organized at four levels of care: outreach services, health posts, community health centres at the municipal and submunicipal levels, and referral hospitals at the regional and national levels. Private sector involvement in the health system is low, with only 52 private health facilities (mostly private clinics and pharmacies and no hospitals) registered with the MoH (mostly within Dili).

Curative care (outpatient and inpatient combined) accounts for more than 70% of health spending in Timor-Leste. Spending on preventive care comprised roughly one fifth of the total expenditure in 2017 (slightly higher than 17% in 2013). Unlike other countries in the Region, spending on medicines and medical goods, directly by households outside health facilities, has been almost negligible (3%)¹².

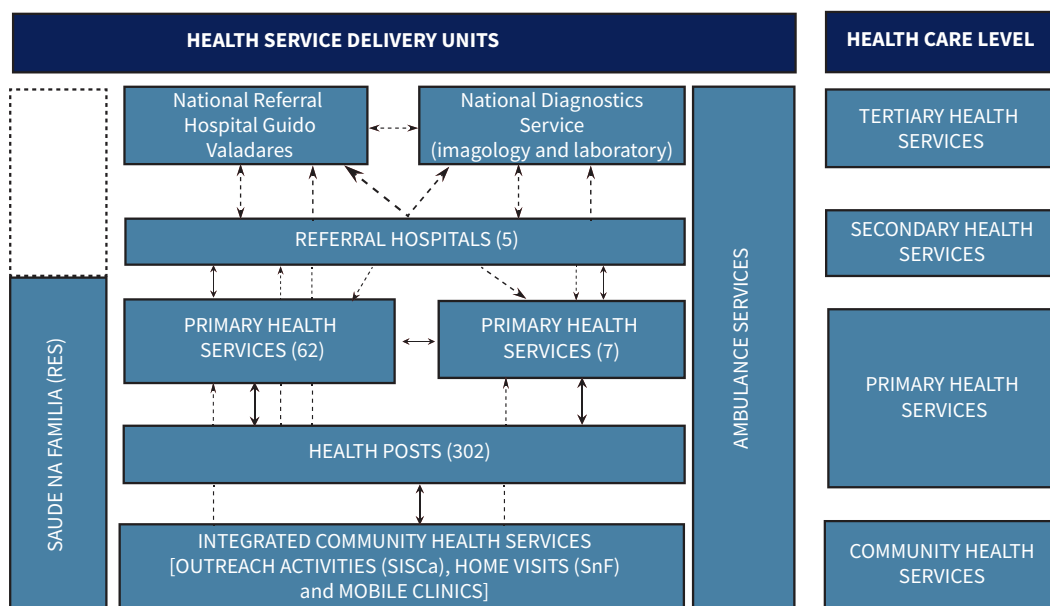


A nurse providing counselling to a mother of newborn baby

Primary health care

Since the Restoration of Independence, Timor-Leste has steadily built infrastructure for primary health care (PHC). The infrastructure consists of 344 health posts (HPs), 71 community health centres (CHCs) and 5 referral hospitals (Fig. 7). Primary health Care in the community comprises outreach activities and home visits. The basic units for providing primary care services at the *suco* (village) level are the HPs, which cover a population of between 1500 and 2000 in rural areas and around 5000 in urban settings. Community ambulatory health services are provided by the CHCs to a population of between 7500 and 12,000 in rural areas and around 15,000 in urban settings. The three main programmes delivering these services are the Sistema Integrado de Saúde Comunitaria or the Integrated Community Health System (SISCa),^b Saúde na Família (SnF)^c and the school-based health programme.^d The coverage, effectiveness and efficiency of these programmes are difficult to assess due to limitations in data recording in the health management information system (HMIS).

Fig. 7. Timor-Leste health service delivery system (2018)



Secondary and tertiary care

The five referral hospitals are located in Baucau, Covalima, Maliana (Bobonaro), Maubisse (Ainaro) and Oecusse. They have been providing a common set of services, including internal medicine, paediatrics, surgery, obstetrics and gynaecology, emergency care and ambulatory outpatient care. The referral hospitals have around 500 beds. Half of these are distributed among the five district

^b SISCa aims at delivering population-based interventions in the community. The interventions include promotion of health, mass drug administration for neglected tropical diseases and immunizations, health registration, and follow-up of children, pregnant women and people with chronic conditions.

^c Saúde na Família was launched in 2015 and is the country's flagship PHC policy. It aims to bring care to the household level through domiciliary visits. Recording the overall household's and individual's health status and clinical information are a part of these visits, as are clinical consultations, follow-up, long-term care, and referrals by a multidisciplinary team of health professionals.

^d The school-based health programme is delivered by health workers from the local CHC. The health workers provide basic services in schools, including general hygiene and health education, oral and eye check-ups, monitoring of weight and growth, provision of vitamin A and coordination of immunization.

hospitals and half (264) are in the National Hospital (Hospital Nacional Guido Valadares) in Dili. Built in 1983, the HNGV is the only national referral hospital in Timor-Leste, and it provides inpatient, outpatient and emergency services covering all major medical and surgical specialties. Specialist services are largely unavailable in Timor-Leste, mainly due to the lack of trained specialists and specialized medical equipment. The country has been addressing this situation through the placement of international doctors in hospitals; by increasing the numbers of Timorese sent abroad for specialist training; and through agreements with Singapore, Malaysia, Australia and Indonesia for the transfer of patients for specialist tertiary care.

Quality

Although the MoH introduced the continuous quality improvement approach, the lack of quality persists in all tiers of service delivery. The quality needs assessment conducted by WHO in 2019 found that there were significant quality concerns in every aspect of the health system, including the workforce (skills and capacities), facilities (hygiene and the availability of basic equipment), and the quality of care (based on clinical best practice)¹⁶. As part of the comprehensive set of health system reforms under consideration, a framework for quality improvement is being developed to address the issue of the quality of services.

Equity – leaving no one behind

There is evidence of significant inequities in the access to and utilization of health services in Timor-Leste. For 70% of those living in the rural and remote mountainous areas and for a quarter of households, it is more than a two-hour walk to the nearest primary health facility¹⁷. A 2016 study¹⁸ on the barriers to access to health services found that a lack of transport facilities for patients was a major issue. Communities had to walk or pay unaffordable sums for private arrangements to reach the hospital. Sometimes they had to resort to having patients carried by porters or on horseback. So, many opted to stay at home, and most considered that traditional medicine was an affordable, accessible and acceptable substitute for hospital care. Poverty, the lack of education, opportunity costs, distance to the facility, quality of care, and cultural and social barriers significantly affect the levels of utilization of health-care services, especially among vulnerable groups.

A 2014 World Bank report revealed that despite the fact that care is free, wealthier patients access hospital care at nearly twice the rate at which poorer patients do¹⁹. This is backed by the 2016 Demographic and Health Survey (DHS) data, which show that women in the wealthiest quintiles were five times more likely to have an institutional delivery than women in the poorest quintiles. These inequities may be explained by the fact that wealthier populations live in Dili and have greater geographical access to services with a greater number of staff. ^ePeople with disabilities face significant challenges in accessing health services due to difficulties with physical access, and because health workers lack the basic knowledge and skills to assist them. Services for persons with mental disabilities are extremely limited²⁰.

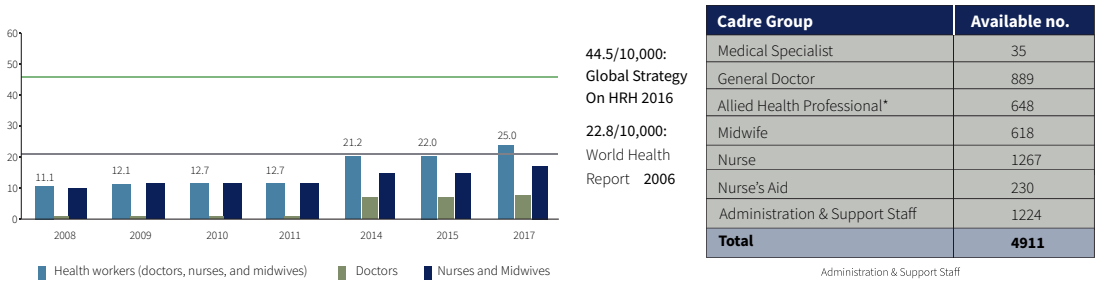
^eGovernment expenditure difference at municipality level derived from the Ministry of Finance Transparency Portal, 2016 and health consultation rate at municipality level derived from HMIS 2012.



2.3.3 Health workforce

Timor-Leste has been doing well in terms of the overall workforce numbers, with the density of health workers having reached 25 for every 10,000 population (Fig. 8)²¹.

Table 1: Public sector health staff, Timor-Leste (August 2017)
Fig. 8. Trends in health worker density per 10,000 population



Source: MoH–HDHR Staff Management Department, August 2017 (not including RAEOA- Oéousse) * Pharmacy and laboratory technician, nutritionist, physiotherapist, etc.

In recent years, the Timor-Leste Government has made significant efforts to produce, develop and distribute a sufficient number of health staff. Six institutions (one public and five private) with national accreditation provide preservice health training/education and collectively, these institutions produce more than 800 new health professionals a year. The health workforce includes health professionals such as doctors, nurses, midwives and allied health professionals, including laboratory technicians, pharmacy technicians, physiotherapists and nutritionists. The general staff consists of administrative staff, drivers, cleaners, etc. Table 1 presents a summary of the workforce in the public health sector²².

Though the country has been successful in increasing the number of health workers, serious concerns have arisen about the health workforce in terms of skill mix, productivity, and even future oversupply and absorption. The equitable distribution of the health workforce is also a major issue. One third of the human resources for health are working in the municipality of Dili, though the area accounts for only one fifth of the country's population. The overall vacancy rate in the HPs and CHCs is 50.8%, and 55% of the existing HPs do not have a nurse, while 54% have no midwife. The recently finalized National Strategic Plan for Health Sector Human Resources 2020–2024 sets out a strategic agenda to address these key issues. In addition to the preservice training, the MoH, with support from its partners and through the Instituto Nacional de Saúde, provides continuous in-service training on different health service packages to ensure continued capacity-building of the health workforce.

2.3.4 Health information system

To strengthen the health information system, the government developed and adopted different strategies and approaches, such as the District Health Information Software 2 (DHIS 2) platform in 2013, the HMIS Strategy (2016–2020) and the National e-Health Strategy (2015–2024). While these strategic documents provide guidelines and orientation on the continuous enhancement of health information systems at all levels, they have not been officially endorsed and, therefore, government commitment and investments have not been secured.



Refresher training on Timor-Leste Health Information System for HMIS, EPI and MCH Focal Points

Due to the existence of different parallel digitalized systems/tools (pharmacy registration, maternity, ambulance system, quality control system and others), in 2013 the MoH decided to develop the Timor-Leste Health Information System in line with DHIS-2, which is an interoperable platform to integrate the existing parallel digitalized systems/tools. The 1st national review of TLHIS was conducted in 2020.

2.3.5 Access to medicines

Target 3.8 of the SDGs underscores the importance of access to essential medicines and vaccines for all as part of attaining UHC. The government has established the Serviço Autónomo de Medicamentos e Equipamentos da Saúde – an autonomous central agency responsible for the procurement and management of medicines and health supplies. It has also developed the

National Standard Treatment Guidelines (2010) and successive essential medicines lists (currently the 3rd edition), in line with WHO guidance. The National Drugs and Medicines Policy was developed in 2010 and updated in 2017.

Despite these efforts, the medicines supply system is ailed by frequent stock-outs, the medicines are of poor quality and are used irrationally, and the costs are high. This is compounded by the poor health-seeking behaviour of the population, inadequate infrastructure, death of trained personnel, lack of monitoring, and fragmentation of the management. There is no official national pharmaceutical regulatory authority, though the Directorate of Pharmacy and Medicines is responsible for some regulatory functions. With the increasing number of pharmaceutical importers and drug outlets, as well as the ongoing pharmacovigilance issues (e.g. management of expired drugs), the regulation of medicines is a growing need. Consumption is currently estimated at US\$7 per capita¹³. WHO has estimated the medicines bill required to deliver the revised draft package of PHC services at US\$14.5 million per year or US\$10.73 per capita²³.



H.E Minister of Health, H.E Vice Minister of Health and WHO Representative along with SAMES Executive Director and team visited SAMES warehouse

2.4 Health sector response to SDG priorities

2.4.1 Reproductive, maternal, newborn, child and adolescent health

The access to modern family planning methods, decreasing desire for very large families, and falling child death rates have contributed to a significant decline in Timor-Leste's TFR, which fell from 6.4 in 2010 to 5.2 in 2019, according to United Nations Population Fund (UNFPA) estimates. 'This is one of the fastest declines in the world, but it is still 2.7 births higher than the global average and almost three times higher than the Asia-Pacific average of 2.1. Moreover, there are regional variations in the TFR across the country. The unmet need for contraception⁸ was double the world average, and 2.5 times the average for the Asia-Pacific (10%). The improvement in the rates of use of modern contraceptive among in women was only 2% between the 2009–2010 DHS and 2016 DHS. There has been an overall decrease in teenage pregnancy, but it is still high (51 live births for every 1000 adolescent girls)⁴. While the birth rates are traditionally the highest among rural adolescent girls, they seem to be increasing among urban girls.



A midwife in Community Health Center providing counselling to a mother of newborn baby

⁴ Fertility rates differ, depending on the source consulted. For example, the TFR based on the 2015 Census is 4.5, while that based on the 2016 DHS is 4.2. The higher rates quoted are from the United Nations Population Division World Population Prospects.

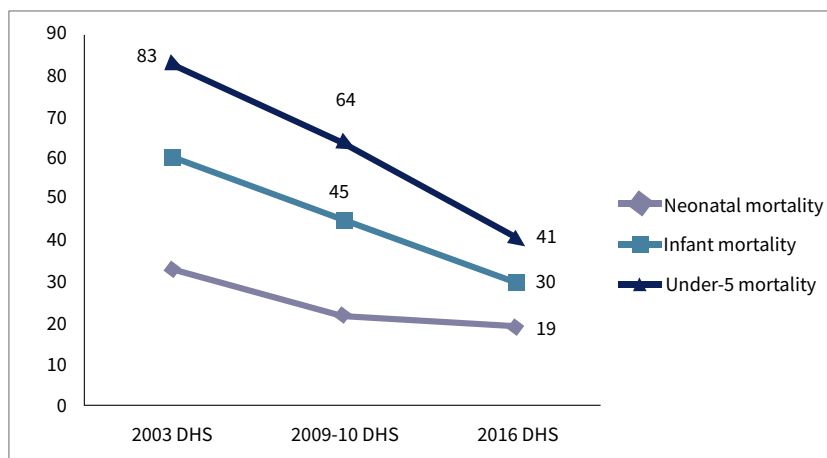
⁸ The unmet need is the percentage of women of the age of 15-49 years who want to stop or delay childbearing, but are not using any method of contraception.

There has been a substantial reduction in maternal deaths over the decades. In 2017, the maternal mortality ratio (MMR) was estimated at 142 per 100,000 live births by the Maternal Mortality Estimation Inter-Agency Group, in comparison with 219 per 100,000 live births in 2010²⁴. According to this body, the annual rate of reduction of the MMR was 6.2% in 2010–2017, which indicates that Timor-Leste is on track to achieve the SDG MMR target of 70/100 000 live births in 2030.

Good progress has been made in the number of institutional deliveries and deliveries assisted by skilled birth attendants, according to successive DHSs. However, the 2016 DHS revealed that more than half (51%) of the births still take place at home and only 57% of deliveries are assisted by skilled birth attendants (Figs. 9 and 10). There is significant variation among the municipalities – over 80% of births take place in health facilities in Dili, compared to only 20% in Ermera.



Fig. 12. Trends in early childhood mortality rates (number of deaths per 1000)¹



On the basis of the Maternal Death Surveillance and Response Annual Report for 2017, the majority (73%) of maternal deaths are due to direct obstetric complications,^h reflecting a lack of effective obstetric care from antepartum, intrapartum to postpartum care. According to the last three DHSs, the mortality rates of both infants and under five-year-olds have steadily decreased, by about half, since 2003. Neonatal mortality, on the other hand, declined by one third between 2003 and 2009–2010, and there has been very little progress since then (Fig.12).

The country has been able to significantly reduce the under-five and neonatal mortality rates compared to the 1990 baseline. Preterm birth complications are the foremost cause of under-five mortality and about 41% of newborn mortality is attributable to these complications. The main causes of child mortality after the neonatal period are preventable diseases, such as pneumonia and diarrhoea, which account for 29% of these deaths (25).

Undernutrition is an important underlying cause of child mortality. Timorese children have the highest levels of stunting and underweight has declined from 58% to 46% and 45% to 40%, respectively, since the 2009–2010 DHS. However, the prevalence of wasted children has increased from 19% to 24%. The rates of exclusive breastfeeding declined from 62% in 2013 to 50% in 2016. Only 13.3% of children of the age of 6–23 months receive a “minimum acceptable diet” (DHS 2016). The country has not yet implemented the International Code on the Marketing of Breastmilk Substitutes.

2.4.2 Vaccine-preventable diseases

The country has been successful in implementing the Extended Programme on Immunization (EPI) Strategic Plan 2014 and undertaking several supplemental or “keep-up” vaccination campaigns. As a result, the vaccination coverage for children under one year of age has reached 73% (2018 EPI survey). In 2012, maternal and neonatal tetanus were eliminated. In 2018, having been free of locally transmitted measles for three years, Timor-Leste was verified as having eliminated endemic measles and controlled rubella and congenital rubella syndrome.

The National Immunization Technical Advisory Group, National Certification Committee for Polio Eradication and National Verification Committee for Measles and Rubella have been established. A twinning agreement between Timor-Leste and Sri Lanka on the strengthening of the immunization system is being implemented effectively. More resources have been mobilized from Gavi, The Vaccine Alliance. The government now pays for 100% of the vaccines in the country. However, to sustain the progress, technical support from WHO and the United Nations Children’s Fund (UNICEF) would certainly be required in the future.

^h Direct obstetric complications are, for example, haemorrhage, sepsis or infections, obstructed labour and embolism.





Midwives demonstrating the importance of vaccine to the mothers at Community Health Center

2.4.3 Tuberculosis

Tuberculosis (TB) continues to be a major public health concern. The incidence rate has stagnated at approximately 500 new cases per 100 000 population per year²⁶. The barriers to the reduction of the TB burden include lackings in case-finding, diagnosis and treatment, as well as increased rates of TB mortality (both with and without HIV coinfection) (Table 2). The community’s awareness of TB is low and appears to be declining in recent years. In the 2009–2010 DHS, 83% of men and 78% of women of the age of 15–49 years had heard of TB, while in 2016, the proportions had dropped to 68% and 63%, respectively. There are also significant financial barriers to the treatment of TB, associated with indirect costs (food and transport). Further, 85% of all catastrophic expenditure by households is related to the care of TB patients.

Table 2: TB burden, 2018

| TB burden | Number (thousand) | Rate (per 100 000 population) |
|---------------------------|-------------------|----------------------------------|
| Total TB incidence | 6.3 (4.1-9) | 498 (322-711) |
| HIV-positive TB incidence | 0.077(0.044-0.12) | 6.1 (3.5-9.5) |
| MDR/RR TB incidence | 0.24 (0.082-0.48) | 19 (6.4-38) |
| HIV-negative TB mortality | 1.2 (0.71-1.8) | 94 (56-142) |
| HIV-positive TB mortality | <0.01 (0-0.025) | 0.39 (0-2) |

Source: WHO Estimates of TB and MDR-TB burden, 2018, produced in consultation with countries
www.who.int/tb/data



TB event: signing pledge

Commitment to end TB by signing a Joint Effort Agreement

In a first of its kind initiative against tuberculosis, the Ministry of Health held a pledge signing ceremony, with support from the WHO Country Office Prime Minister Taur Matan Ruak signed the pledge that envisions comprehensive support and actions to 'End TB in Timor-Leste' The Prime Minister also launched the National Plan for Accelerated Actions for Ending TB by 2025 at the same event.

Tuberculosis, one of the deadliest infectious diseases, affects about 508 people in every 100,000 in Timor-Leste, representing the second highest incidence rate in the WHO South East Asia Region and one of the highest in the world To combat the scourge of TB in Timor-Leste, the National Strategic Plan for Ending TB was developed with support from WHO The National Plan for Accelerated Actions, launched by the Prime Minister, is in line with the National Strategic Plan and aims to close gaps in prevention and care.

The Prevent TB mobile application, a GIS-based dashboard system, using the DHIS 2 platform, was also launched at the same function It is meant to digitalize the information on vulnerability assessment for strategic intervention and was developed with technical support from WHO This application is a part of a broader vision and innovation in transitioning from a paper-based system to a case based electronic surveillance system for TB, HIV and malaria, supported by the Global Fund Grant.





H.E. Taur Matan Ruak
Prime Minister, Timor-Leste

'Ending tuberculosis, a highly contagious, disabling and sometimes fatal disease, is not only an objective defined in the National Health Plan or in the Programme of the 8th Constitutional Government; it is a public health imperative and a constitutional duty undertaken towards our citizens, who wish to see the right to a healthy life become a reality'



Dr Arvind Mathur
WHO Country Representative,
Timor-Leste

'As a reliable and trusted partner, WHO is committed to extending the most scientific and actionable technical assistance and partner with all stakeholders in supporting the Ministry of Health and people of Timor-Leste in realizing their vision of ending TB'



Sr Constantino Lopes
National Programme Manager,
TB, Timor-Leste

'Notwithstanding the COVID-19 pandemic, we plan to continue the outreach activity to screen individuals and households. We are continuing with community outreach and sensitization so that we improve the screening rates'



2.4.4 HIV/AIDS and hepatitis

The first case of HIV in Timor-Leste was identified in 2003 and the cumulative number of cases reported was 840 in 2018. Between 2011 and 2017, the average number of new cases per year was 77 (range: 68–90). However, the number of new cases rose sharply to 145 in 2018²⁷. In Timor-Leste, HIV is transmitted predominantly sexually (98% of reported cases), with female sex workers and men who have sex with men and transgender men considered to be the populations most at risk²⁸. Among the major obstacles in the way of addressing HIV are the low levels of education and testing. Sexually transmitted infections (STIs) are significant risk factors for contracting HIV. Syphilis is the only STI for which serological estimates are available and key populations are tested. The prevalence of syphilis among female sex workers is around 2.5% and among men who have sex with men and transgender men, 5.5%²⁹. A new strategy for HIV/AIDS (2017–2021) was adopted with a view to ending HIV transmission, stopping deaths from AIDS and controlling STIs. The HIV Sentinel Surveillance (2018–2019) has been completed recently. The preliminary results indicate an increasing trend in the prevalence of HIV, both among the general population and key populations.

Infection with hepatitis B virus (HBV) and hepatitis C virus (HCV) is associated with increased risks of liver disease and cancer. The estimated prevalence of HBV and HCV among the general population was 7% and 0.8%, respectively, in 2017³⁰. With the aim of reducing the incidence of and mortality from HBV and HCV, Timor-Leste has set specific targets related to the coverage of the hepatitis B vaccine, prevention of mother to child transmission of HBV, the percentage of safe injections and needle/syringe distribution, ensuring blood safety, and scaling up the diagnosis and treatment of HBV and HCV. The National Aids Programme (NAP) has implemented a Dutch-funded hepatitis B and C testing and hepatitis B vaccination project in 2019–2020, targeting the key populations. Going forward, the NAP has recently drafted an integrated HIV, Hepatitis and STI national strategic plan 2022–2026, and will need additional domestic funding in order to achieve its goals.



2.4.5 Neglected tropical diseases

Among the goals set by the country is the elimination of lymphatic filariasis by 2024 and of yaws by 2023, in addition to the control of soil-transmitted helminths. The MoH successfully conducted round 1 of the mass drug administration against lymphatic filariasis and soil-transmitted helminthiasis for 2015–2019. The geographical coverage was 100% and the administrative coverage, 66–84%. In 2018, the first baseline mapping survey for yaws was carried out in 13 districts by the MoH, with the support of WHO, and the prevalence was found to be only 0.02%. The priority will now be to build the capacity of the staff in yaws surveillance at CHCs and HPs. Early intervention and raising awareness among the community are the other priorities. Although the government has been successful in eliminating leprosy through the use of multidrug therapy throughout the country, it remains endemic in a few municipalities, including Dili.



Laboratory technician taking the student blood sample to check for microfilariae



Door-to-door patient visit for morbidity management and disability prevention to lymphatic filariasis



WHO's staff conducting physical exam to LF patient in the field



Contented children together with WHO and Ministry of Health teams during Transmission Assessment Survey (TAS)

2.4.6 Noncommunicable diseases

An estimated 44% of all deaths in the country are due to NCDs³¹, though the precise rate is not known because of limitations in the vital registration system and because 90% of deaths occurred outside the hospital. A WHO STEPs survey on NCD surveillance, undertaken in 2014, found a high prevalence of risk factors³². On an average, 19.4% of all adults were found to have three or more risk factors, including smoking, an unhealthy diet, overweight and high blood pressure. There were some significant differences between men and women in terms of the types of risk factors, particularly smoking, alcohol consumption and dietary habits, including the intake of salt and obesity (Table 3).

Table 3: Key risk factors for NCDs among adults (18–69 years) in Timor-Leste, 2014

| Key risk factors | Men (%) | Women (%) | Combined (%) |
|---|---------|-----------|--------------|
| Currently use tobacco in any form (smoked and /or smokeless) | 70.6 | 28.9 | 56.1 |
| Drank alcohol in the past 30 days | 42.8 | 2.0 | 28.6 |
| Ate < 5 servings of fruits and vegetables on an average per day | 70.7 | 90.4 | 77.5 |
| Overweight | 8.2 | 16.7 | 11.2 |
| With raised blood pressure or on medication for hypertension | 45.3 | 28.0 | 39.3 |
| With raised fasting blood glucose or on medication for diabetes | 1.5 | 1.6 | 1.5 |
| Raised blood cholesterol/ on medication for raised cholesterol | 18.5 | 25.5 | 21.0 |

Source: National survey for NCD risk factors and injuries using WHO STEP-wise approach in Timor-Leste 2014, WHO Regional Office for South-East Asia



WHO team along with the NCD Department, Ministry of Health conducting an orientation on the integration of Package of Essential Noncommunicable diseases (PEN) in the municipalities

The Multisectoral Action Plan for the Prevention and Control of NCDs (2018–2021) was developed to involve all the relevant sectors in addressing the main risks for NCDs. Among the critical areas that require strengthening are surveillance and primary care. The aspects that will be prioritized in the coming years will be the evaluation, scale-up and mainstreaming of the implementation of the WHO package of essential NCD interventions, which is already being implemented at the CHC level in six municipalities – Dili, Ermera, Baucau, Bobonaro, Liquica and Manatuto. It will also be important to repeat the STEPS survey and to strengthen chronic care services at the tertiary level for cancer, rheumatic heart disease, stroke and those requiring palliative care, to strengthen the continuum of care for NCDs.

Mental health services are largely community-based, though health-care workers do not receive much ongoing training, supervision and peer support to deliver quality integrated services (medicines, counselling, family support). The health workforce does not have the basic knowledge and training to address all types of mental health concerns, and the country currently has only one psychiatrist and one neurologist to deal with acute and chronic issues. Timor-Leste’s estimated suicide rate of 4.6 per 100,000 population is lower than the regional estimate of 13.2 and the global average estimate of 10.6 per 100,000 population.

2.5 Reducing vulnerability to climate change: preventing, preparing for and responding to health emergencies

Timor-Leste is highly vulnerable to natural disasters and climate change. It is no stranger to cyclones, flooding and drought, insufficient food and safe drinking water, heat stress, earthquakes, wildfires and landslides, as well as the consequences of rising sea levels. The country’s capacity to cope with and adapt to the impact of such disasters is limited. However, the government is extremely committed to developing the National Adaptation Plan. It has already developed the Health National Adaptation Plan (HNAP: 2020–2024) on the basis of WHO’s Operational framework for building climate resilient health systems.



WHO Emergency team along with the Ministry of Health’s Emergency and Health Services team conducting health assessment and health facility survey after the April flash flood

Timor-Leste is one of the four countries in the WHO South-East Asia Region that has been implementing the WHO-led project, Building resilience of health systems in Asian LDCs to climate change (2019–2022), which aims to build the capacity of national health-care systems to integrate climate-related concerns into policy, planning and regulatory frameworks, and into interventions for controlling the burden of climate-sensitive health outcomes. It also aims to strengthen the existing surveillance systems, develop an early warning system for climate-related health risks, and develop climate-resilient and environmentally sustainable health-care facilities.

Response to COVID-19 pandemic

From early March 2020, when the country had no quarantine facilities and no dedicated COVID-19 treatment centres, Timor-Leste has come a long way in identifying and establishing numerous quarantine facilities and dedicated COVID-19 isolation centres. With support from WHO and other partners, many health and social workers have been trained to provide surge capacity for COVID-19 case management. In addition, a steady supply of medicines, consumables, personal protective equipment, and other equipment has been procured to ensure minimal stock-outs and adequate care. Initially, the main Achilles heel in the country's case management capacity was the limited competence and capability to manage critical cases. WHO (and partners) ably supported the government in the technical, logistical and financial areas to totally refurbish and upgrade a facility for COVID-19 in Lahane, making it a state-of-the-art critical care facility. Moreover, it substantially strengthened another Dili-based central ICU for COVID-19 cases at Vera Cruz.



A laboratory technician running a COVID-19 sample



WHO has supported the MoH in capacity-building by conducting multiple workshops and refresher training for doctors and health-care workers. It has also worked closely with major institutions, such as the National Hospital and the National Health Laboratory, as well as with the authorities of points of entry (airport, sea border and land borders). The assistance included arrangements for the quarantine of any suspected cases. The health emergency operation centre (HEOC) and emergency medical teams established by the MoH would act as the “coordination hub” in case of a public health emergency. (ANNEX 2: Swift action prevented community transmission of Covid-19 in Timor-Leste.)



WHO Timor-Leste supported the Pillar 4 of the COVID-19 response, Ministry of Health conducted a simulation exercise at the land border

Currently, WHO is providing the government with the necessary strategic, technical, and logistical support to accelerate the vaccination drive for COVID-19 and to strengthen the capacity for critical care in all five regional/referral hospitals across Timor-Leste. It is envisaged that this would enable the country to respond to future pandemics and other disaster situations.



Enthusiastic community during the COVID-19 vaccination campaign



The Minister of Health, the diplomatic corps present in the country and heads of the UN agencies jointly receive the first tranche delivery of COVID-19 vaccine through COVAX

International health regulations

As a State Party to the International Health Regulations 2005 (IHR),¹ Timor-Leste is legally obliged to build national capacity for the detection and investigation of, and response to, public health risks. In 2018, a joint external evaluation (JEE) was undertaken to assess Timor-Leste's core capacities in relation to the IHR (2005). To address the recommendations of the JEE, the government made a commitment to strengthen its core capacities related to the IHR (2005) and developed the National Action Plan for Health Security (NAPHS 2020–2024) with technical support from WHO. The NAPHS will serve as a framework for strengthening capacities for preparedness for public health emergencies and for health security by addressing the gaps identified by the JEE across the 19 technical areas.

Some other steps that have been taken include the development of a public health emergency operation plan for the designated point of entry and the establishment of a well-equipped HEOC. The surveillance staff at the national and municipality level have been provided with training on the Early Warning and Response System. The government has also established a Coordinating Committee on Influenza at the Human-Animal Interface, and developed a Country Implementation Plan on Pandemic Influenza Preparedness. However, the lack of coordination and a dedicated budget will be the major challenge for the implementation of the measures to tackle public health emergencies.



Laboratory technician conducting laboratory test

¹ IHR (2005) was adopted by the World Health Assembly (WHA58.3) in May 2005 and entered into force in June 2007.



Enhancing critical care capacity for COVID-19

Timor Leste has made significant progress in strengthening and expanding critical care services in an attempt to respond to any foreseeable health emergency linked to the COVID-19 pandemic. Starting with minimal critical care infrastructure, limited human resources, and little medical and technical capacity in 2020, the country was able to set up 26 ICU/HDU beds and train over hundred health-care professionals by September 2021. WHO has carried out a readiness assessment of the health facilities for identifying gaps in critical care and IPC and submitted draft recommendations for identified facilities. It has also endorsed the good practices instituted by the MoH.

Several case management trainings have been conducted during the last year to build the capacity of health care workers. The sessions in June August 2020 focused on general case management and patient triaging, based on a range of scenarios faced by health workers. The sessions in November 2020 were conducted in collaboration with the Menzies School of Health Research and focused on respiratory and ventilator operation, oxygen management, continuous positive airway pressure, bilevel positive airway pressure and ventilator settings for referral hospitals. Another training session in November 2020, for health workers and specialist doctors deployed in isolation and quarantine centres in Dili, focused on referrals, triage, case detection and management of critical COVID-19 patients.

Experts from different areas, such as IPC, case management and health systems, conducted orientations and refresher courses for health workers in the five referral hospitals. Doctors, nurses and administrative staff were trained in infection prevention and control, COVID-19 case management, sepsis, transfer of critically ill patients, and simulation practice of clinical case scenarios related to COVID-19.

Notably, until December 2020, Timor-Leste had reported zero deaths and only 27 cases, which allowed the country some time for preparation. Nearing the end of 2021, and having scaled up its health systems at an unprecedented pace, the country still remains under the pandemic threat. The experiences of other countries have revealed the havoc that the delta variant can wreak. As the world nears the second full year of the COVID-19 pandemic, it is not yet time to relent because, as cliched as it may sound, **‘No one is safe until everyone is’** has never been more accurate.



**HE dr Odete Maria Freitas Belo
Minister of Health, Timor-Leste**

‘Health workers’ trainings have contributed to the improved understanding of case severity, clinical case management and referrals, utilization of correct oxygen therapy including simple therapies and non invasive ventilation, which are all so essential to salvage lives and manage COVID-19 cases effectively.’

**Dr Arvind Mathur
WHO Country Representative, Timor-Leste**

‘One thing is clear, the spread of the virus in a pandemic like COVID-19 is inevitable. It is only a matter of time. And the best strategy is to be prepared and keep at it. We are glad that the MoH and the rest of the Government were cognizant from the very start and focused on preparedness and planning. WHO has played a critical role in ensuring that the MoH and the frontline health workers have access to the latest scientific development on COVID-19, along with case management protocols. These were and continue to be tailored to the country context so that response is effective.’

**Dr Nilton Do Carmo Da Silva
Pillar 7 Lead and National Director
of Hospital Services**

‘We realized early on that while we wait for the procurement and shipment of the equipment and essential supplies to expand our critical care facilities, we needed to ready the human resources in case management managing moderate and severe COVID-19 cases and ventilation. And the MoH, the partners, WHO and all the stakeholders agreed unanimously.’



Health workers participating in a basic respiratory and ventilator case management training supported by WHO Timor-Leste and partners

2.6 Beyond the health sector

2.6.1 Tobacco and alcohol consumption

Timor-Leste has among the highest rates of tobacco use in the world, exposing an estimated 400,000 of the population to significantly increased risks of cardiovascular diseases, stroke, cancers and chronic obstructive pulmonary disease³³. The 2014 STEPS survey revealed that the use of tobacco in any form was 70.5% among men and 28.9% among women. Similarly, the prevalence of alcohol consumption (drank in the past 30 days) was found 42.8% men and 2% women. In 2015, a law on tobacco control was ratified and promulgated swiftly, prohibiting smoking in health facilities, schools, shopping malls, government and private sector offices. The country has the largest warnings on cigarette packages in the world, covering 92.5% of the front and back of packages. According to the DHS 2016, the prevalence of smoking came down to 52% among men (from 69.5% in the 2014 STEPS survey) and 4% among women (from 9.6%). But the country is yet to ratify the Framework Convention on Tobacco Control’s Protocol to Eliminate Illicit Trade in Tobacco Products. It needs to strengthen the implementation of tobacco control best buys, including raising taxes on tobacco and banning tobacco advertising, promotion and sponsorship (TAPS), build capacity in providing assistance for cessation and organize anti-tobacco mass media campaigns.

Very limited measures have been taken to address the high consumption of alcohol. Even basic steps, such as mandatory health warnings, banning alcohol advertisements/promotions, regulating pricing and establishing a legal minimum age for the sale of alcoholic beverages, have not been taken. The country aims to reduce the harmful use of alcohol by at least 5% by 2020 and 10% by 2025^j and is working with WHO to develop its first National Alcohol Policy Framework.



The first tobacco cessation centre in the country supported by WHO Timor-Leste

^j The targets relate to the age-standardized prevalence of heavy episodic drinking among adults.



2.6.2 Road safety

Road travel is the primary mode of transport in Timor-Leste and in 2016, 74% of the 150,000 registered vehicles were motorized two-wheelers or three-wheelers³⁴. The number of fatalities from road traffic accidents is estimated to be over twice the number of reported cases. In 2016, the estimated number of fatalities was 161 fatalities (12.7 per 100,000 population) compared to 71 reported fatalities (6 per 100,000)³⁵. Despite the potential under-reporting, the rate has remained quite consistent over the past decade, even though traffic has increased, and the estimated fatality rate is still considerably below the regional and global averages of 20.7 and 18.2 per 100,000, respectively. The National Highway Code (Timor-Leste Government Decree Law No. 6/2003) lays down laws regarding speed limits, drunk driving, wearing helmets and seatbelts. However, these safety measures are not enforced adequately and there are no data on adherence.

2.6.3 Environmental health

Environmental health, the foundation of the people's health, encompasses all the factors, circumstances and conditions in the environment or surroundings of human beings that can exert an influence on health and well-being. There are no national data on the SDG indicators covering mortality rates due to chemical and other pollutants, poisoning, unsafe water and air pollution. On the basis of the findings of the evaluation of the National Environmental Health Strategy 2015–2019, the new National Environmental Health Strategy 2020–2025 was developed. This strategy emphasizes the following priority components: sanitation and hygiene; water safety plans (WSP); food safety; waste management, including health-care waste management and vector control; occupational health; and healthy public places. Improving access to safe water and sanitation facilities, particularly for the rural population, remains a challenging task. Only 74% of rural households have access to safe drinking water and only 43% have access to improved sanitation facilities (DHS-TL 2016). National water quality standards have been developed and WSPs recommended by WHO were piloted in four municipalities. In 2018, Timor-Leste participated in the UN Global Analysis and Assessment of Sanitation and Drinking Water.

2.6.4 Air quality and airborne diseases

In the rural areas of Timor-Leste, more than 95% of the population primarily uses solid fuels (biomass or coal) for cooking³⁶. Exposure to cooking smoke is greater when cooking is done inside the house. The 2016 DHS revealed that 62% of households cook in a covered space outdoors, 14% cook outdoors, 12% cook in a separate building and 12% inside the house. Exposure to tobacco smoke (smoking inside the house) is also high. Data are not available on the ambient air quality of Timor-Leste. The H NAP 2020–2024 lays down key interventions to reduce and control air pollution (Annex 3).

2.6.5 Antimicrobial resistance (AMR)

There is very limited research evidence on the occurrence of antimicrobial-resistant organisms in Timor-Leste, though one study of the resistance profile of bacterial isolates from a sample indicated that resistant organisms could be problematic³⁸. The country’s National Action Plan on AMR 2017–2020 is now under revision for 2022–26³⁹. The plan highlights the government’s commitment to five strategic objectives: 1) bridging gaps in knowledge and awareness; 2) conducting surveillance; 3) improving hygiene, and infection prevention and control; 4) ensuring the rational use of antimicrobial medicines; and 5) promoting sustainable investments in new medicines, diagnostic tools and vaccines. A health working group was launched to focus on AMR, zoonoses and food safety, with a view to coordinating the policies and programme activities of different ministries and agencies. In September 2019, a Fleming Fund Country Grant project was launched by the MoH and Menzies School of Health Research, with the aim of supporting AMR surveillance and laboratories in both the human and animal health sectors.



Ministry of Health team along with university students during 2021 antimicrobial awareness week event supported by WHO Timor-Leste and partners



2.6.6 Food safety

Food safety has been a big public health concern in the country, and a need was felt for a national food safety policy to define the roles and responsibilities of the various sectors involved to facilitate coordination and synergistic action. Thus, the National Food Safety Strategy was developed in 2014, and launched and disseminated in 2020. Timor-Leste took an important step towards ensuring food safety when it became the newest member of the Codex Alimentarius Commission in 2018. Though a national Codex committee has not been established yet, a functional Codex commission has been set up. In 2020, the MoH submitted the first Codex Trust Fund application, with technical support from WHO. The process of setting up of the National Codex Commission will be completed in 2022–2024. This will facilitate the strengthening of Codex-related activities through capacity-building and the adoption of the Codex standards and code of practice in the production, marketing and international trade of food and food products.

The Inspection and Supervision Authority for Economic, Sanitary and Food Activities (AIFAESA) was established in 2016, under decree law 16/2016. However, the lack of management capacity keeps it from functioning effectively. Interventions aimed at raising awareness on food safety (Five Keys to Safer Food) were launched in 2014 for restaurant managers, food vendors, supermarket personnel, food-producing companies and schools. These are being implemented by the MoH in six municipalities, including Dili. However further work needs to be undertaken to strengthen these.



Director General of Health Service Delivery and WHO Representative at the official launch of the CODEX Trust Fund with the support from WHO Timor-Leste





Chapter III

WHO–Timor-Leste Collaboration: Progress During Past Five Years

Country Cooperation Strategy 2021–2025

WHO have been providing technical assistance to the government for the development and strengthening of the country's public health system since 1999. The core functions of WHO include: 1) policy dialogue; 2) setting norms and standards through the provision of quality technical assistance; 3) lending strategic support through the development of partnerships; 4) building capacity and strengthening the knowledge base and research; 5) monitoring the health situation and health trends in the country; and 6) providing operational support to fill critical gaps in service delivery.

Key achievements

- Reduction in MMR by two thirds from the 1990 baseline – on track to achieve 2030 SDG target;
- Polio-free status maintained since 1995;
- Vaccine coverage increased to 73% (2018 EPI survey);
- Initiation of Timor-Leste–Sri Lanka twinning intervention on vaccination programme;
- Maternal and neonatal tetanus eliminated, and elimination status revalidated in June 2018;
- Measles elimination certified in 2018 and rubella controlled;
- The country is on right track to eliminate lymphatic filariasis by 2024 and eradicate yaws by 2023;
- PHC strengthened through SnF and SISCa initiative, and electronic medical record support for public health revised and ratified;
- Health Financing Strategy 2019–2023 and Human Resources for Health Strategic Plan 2020–2024 developed and launched;
- Tobacco Control Law promulgated in late 2015; Timor-Leste has the largest warnings on cigarette packages in the world – 92.5% of front and back;
- NCD Multisectoral Action Plan 2018–2021 developed;
- Increased national capacity for emergency preparedness and response, including establishment of Emergency Health Operation Centre, and development of HNAP 2020–2024 and National Environmental Health Strategy 2020–2025;
- National level vulnerability and adaptation assessment supported;
- National Health Security Plan supported – laboratories expanded, critical care services strengthened;
- Survey on drug-resistance supported;
- National Food Safety Strategy launched with WHO support;
- National Action Plan for AMR surveillance activities launched with WHO support;
- Screening of key population for HIV-AIDS and hepatitis conducted with WHO support, especially during pandemic period;

Key challenges

- Disruption of the maintenance of essential health services and negative impact on socioeconomic outcomes due to the COVID-19 pandemic;
- Inadequate quality health-care services, lack of skilled workforce, inequitable distribution and supply of logistics, medicines, and feeble health management information system;



- Resource mobilization and allocation for all programmes and all non-specific programme funding need to be improved;
- Weak intersectoral coordination for ending communicable diseases as per SDG 3.3;
- Water, sanitation and hygiene in health facilities need strengthening;
Need to restructure MoH and continue efforts to coordinate and liaise with MoH departments;
- Monitoring and evaluation needs to be strengthened;
HR distribution for most programmes (COVID-19 vaccination, sustaining immunization coverage, relocation, new vaccines such as HPV, surveillance) is irrational.

Lessons learned and opportunities

- Formation and activation of Health Development Partners Group, supported and co-chaired by WHO, has worked to harmonize the interventions of various national and international organizations.
- Good collaboration among health development partners has resulted in resource mobilization for priority programmes (vaccination, tuberculosis, malaria and neglected tropical diseases [NTDs]).
- Establishment of twinning partnerships (with Sri Lanka), have helped in strengthening the vaccination programme and in improving quality of programme interventions (with Macao SAR, China).
- Involvement of parliamentarians in public health issues, as evident during the policy advocacy for controlling tobacco and alcohol, have brought good results (increase in tobacco taxation from \$19/Kg to \$50/Kg). This provides an opportunity to develop a strong platform for joint advocacy with them on other multisectoral issues, such as nutrition, NCDs, AMR and environmental health.
- Joint programming with UN agencies on reproductive, maternal, newborn, child and adolescent health (RMNCAH) issues, and implementation of the UN Common Country Assessment (2019) and the UN Sustainable Development Collaboration Framework (UNSDCF 2020–2025) have improved the efficiency of programme activities.
- Consistent efforts to improve intersectoral coordination across programmes has been found to be crucial for success across all health programmes.
- A high level of government commitment to health, with constant support from WHO over the last five years, has contributed to strengthening the health system.





Chapter IV

Setting the Strategic Agenda

Country Cooperation Strategy 2021–2025

The strategic priorities for the CCS are based on:

The United Nations' Sustainable Development Goals 2030

WHO's Thirteenth General Programme of Work 2019–2023

The UNSDCF framework (2021–2025)

The Regional Flagship Priorities

The NHSSP 2011–2030

Lessons learnt and experiences gained during the previous CCS,
including country support plans

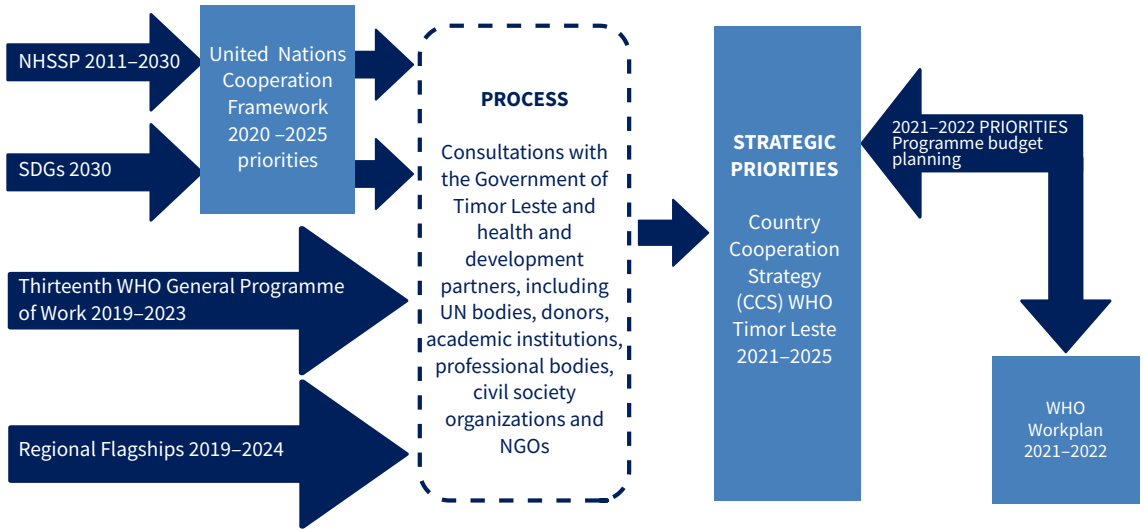
Analysis of country's health situation through consultative
meetings with different stakeholders

4.1 Prioritization process

The prioritization process was highly interactive and consisted of: 1) consultations with the government and health and development partners, including UN bodies, donors, academic institutions, professional bodies, civil society organizations and NGOs; 2) a joint review of the UNSDCF draft priorities to ensure their relevance and importance to the agenda on national health and SDGs; 3) a review of the recommendations of and lessons learnt from the Evaluation Report of the CCS (2015–19)⁴⁰; and 4) an analysis of the WHO Biennial Reports to determine the key operational considerations for increasing impact during the period of the new CCS.

In addition, the priorities and deliverables identified through operational planning in the WHO Timor-Leste Country Support Plan in 2019 were referenced as a basis to define the four broad strategic priorities for the next five years (see Fig. 14 and Annex 1 for full mapping results).

Fig. 13. Prioritization process of the CCS 2021–2025



4.2 Strategic priorities and focus areas

To address the future health needs of the country, the key technical focus areas of the CCS 2021–2025 would include: 1) strengthening the health system, from the primary to the tertiary levels, with an emphasis on improving quality and a special focus on PHC; 2) reducing the burden of communicable diseases and NCDs and strengthening priority interventions on RMNCAH; 3) strengthening the national capacity for health emergencies (including disease outbreaks), surveillance and response systems; 4) addressing the determinants of health, with a focus on increased access to clean water and sanitation through intersectoral collaboration; 5) enhancing the national capacity to build a climate-resilient health system and protecting environmental health; 6) developing robust digital systems to facilitate evidence-based decision-making; 7) supporting the development of effective governance structures and mechanisms; and 8) promoting the realization of the right to health through community empowerment and engagement.

The entire CCS period would be characterized by the use of multipronged approaches to formulating policies, setting norms and standards, designing programmes, developing partnerships, providing direct services and building capacity. To monitor the contribution and progress of the CCS, the result framework of the CCS (Table 5) has been drafted in alignment with the outcomes and targets of the NHSSP, GPW 13, SDGs and UNSDCF (2021–2025). The indicators, targets, means of verification and timeline will be finalized once the revised version of the NHSSP is developed. The Joint Monitoring Group will be tasked with finalizing the CCS Result Framework through consultations with the national-level stakeholders. To sustain the gains and address the priority health needs of the country in the future, the CCS interventions would follow the vision set forth for the Regional Flagship Programmes: “Sustain. Accelerate. Innovate.”



Strategic

Country Cooperation

Fig. 14. Strategic priorities and focus areas

01 Strategic priority

By 2025, the people of Timor-Leste have access to equitable, high quality, resilient, inclusive and people-centred universal health coverage.

FOCUS AREA

1.1 Strengthen the health system through

- Improved workforce
- Improved access to medicines
- Health information
- Sustainable finance
- Implemented service packages

ACCELERATE

1.2 Improved care through the life course and for communicable and noncommunicable diseases

SUSTAIN AND ACCELERATE

KEY DELIVERABLES

Support in the following areas:

- Strengthening of the National Regulatory Authority for medicines, devices, vaccines and blood products
- Priority implementation of interventions on human resources for health, health financing and quality improvement
- Strengthening of health information systems and implementation of telemedicine strategy
- Strengthening of the emergency care system and critical care services (secondary level)
- Electronic medical record for PHC; and implementation of SnF
- Implementation and monitoring of multisectoral action plan on NCDs
- Integration of the package of essential NCD interventions with PHC
- Implementation of guidelines on eye and oral health care
- Revision of mental health strategy on the basis of the Mental Health Gap analysis
- Increase of immunization coverage and introduction of new vaccine(s)
- Establishment of malaria free certification
- Implementation of national plan for elimination of TB
- Updation of National Strategic Plan on HIV/AIDS and STIs
- Revision of strategies on RMN CAH family planning and support for implementation of high impact evidence based strategies
- Maternal and Child Health department’s response to Maternal and

02 Strategic priority | By 2025, the people of Timor-Leste are better protected from health emergencies, including disease outbreaks and disasters, through strengthened national prevention, preparedness and response capabilities.

FOCUS AREA

2.1 Strengthen national capacity in emergency health preparedness

SUSTAIN AND ACCELERATE

2.2 Strengthen prevention of emerging high threat infectious hazards

ACCELERATE

2.3 Strengthen health promotion interventions for improved health behaviours

INNOVATE

KEY DELIVERABLES

- Support for NAPHS implementation, in line with the lessons learnt from COVID-19 response
- Enhancement of national capacity for health emergency preparedness and responses, including strengthening of the National Integrated Diseases Surveillance and Response System, laboratories, and case management
- Enhancement of IHR core capacity (including coordination, points of entry and quarantine)
- Support for establishment of national HEOC and emergency medical teams

03 Strategic priority

By 2025, the people of Timor-Leste enjoy better health and well-being by addressing determinants of health through strong multisectoral action.

FOCUS AREA

3.1 Strengthen legal and regulatory mechanisms for health protection and promotion

SUSTAIN AND ACCELERATE

3.2 Facilitate environmental health and improve access to clean air, water and sanitation

3.3 Strengthen health promotion interventions for improved health behaviours

INNOVATE

KEY DELIVERABLES

- Support for development and implementation of National Health Promotion Strategy
- Strengthening school health promotion interventions
- Support for implementation of evidence based interventions to reduce malnutrition and promote healthy diets
- Support for implementation of programme on strengthening water quality surveillance and improving water safety
- Support for integration of climate related risk interventions with national policy, planning and regulatory frameworks
- Support for implementation of HNAP (for climate change) and National Environmental Health Strategy
- Support for tobacco cessation interventions (including policy on taxes and comprehensive TAPS ban)
- Support for implementation of National Food Safety Strategy
- Support for framing and implementing alcohol prevention policy
- Support for ratification and implementation of Code for Breastmilk Substitutes
- Support for promotion of rights of disabled people to health through legal framework
- Support for and promotion of policies and interventions on road safety and drowning prevention and promotion of the same
- Support for school health promotion policy guideline and implementation
- Healthy Lifestyle physical activity promotion and implementation supported



04 Strategic priority

By 2025, the health system are supported by strong and sustainable leadership and governance at every level towards the vision of “Healthy East Timorese People in a Healthy Timor-Leste”



FOCUS AREA

4.1 Effective governance structures and mechanisms strengthened to improve functionality and regulation of health systems

SUSTAIN AND ACCELERATE

4.2 Community engagement and empowerment for the realization to the right to health

INNOVATE

4.3 Monitoring and addressing equity to ensure that no one is left behind

INNOVATE

4.4 WHO acts as an effective leader, convener and advocate for health through partnership and collaboration with all sectors of government, United Nations Country Team and development partners

SUSTAIN

KEY DELIVERABLES

- Support for strengthening of the National Regulatory Authority
- Support for establishment of professional councils (doctors, nurses, midwives)
- Support for establishment and operation of National Codex Commission
- Support for establishment of Tobacco and Alcohol Control Council (as per Article 24 decree Law)
- Support for implementation of revised NHSSP 2021–2030
- Support for updating and implementing the National Multisectoral AMR Action Plan
- Strengthening of national capacity on health research and knowledge management

KEY DELIVERABLES

- Strengthening MoH leadership capacity including through National University of Timor-Leste
- Strengthening national capacity to track progress in the context of global (GPW 13 and SDGs) and regional (Regional Flagships) goals
- Strengthening partnership with local stakeholders including NGOs, professional bodies, academia and civil society organizations for people's participation in health assembly)
- Enhancing engagement with parliamentarians
- Strengthening coordination among UN agencies and other development partners for health





priorities

Strategy 2021–2025

This CCS will be contributing to priority health national indicators.
Table 5 shows how the indicators are aligned to the GPW 13 result framework, SDGs, UNSDCF and NHSSP.

Table 5: Result framework

| Indicator | Strategic priorities / focus areas | Baseline (year and source) | Target (2025) | Indicator alignments |
|---|------------------------------------|--|---------------|---|
| Priority 1: By 2025, the people of Timor-Leste will have access to equitable, high-quality, resilient, inclusive and patient-centred UHC | | | | |
| UHC service coverage index | Primary health care | 52 (WHO Global Observatory, 2017) | 70 | NHSSP, GPW 13, UNSDCF, Regional Flagships, SDGs |
| Proportion of health facilities where a core set of relevant essential medicines is available at an affordable cost on a sustainable basis (SDG indicator 3.b.3)a | Essential medicines | | >80 | NHSSP, GPW 13, UNSDCF, Regional Flagships, SDGs |
| Proportion of health facilities where a core set of relevant essential medicines is available at an affordable cost on a sustainable basis (SDG indicator 3.b.3)a | Health system | 50.8% [MoH human resources data base, 2018] | TBD | NHSSP, GPW 13, UNSDCF, Regional Flagships, SDGs |
| Proportion of health facilities where a core set of relevant essential medicines is available at an affordable cost on a sustainable basis (SDG indicator 3.b.3)a | Reproductive health | 46.6% (2016) | 60% | NHSSP, GPW 13, UNSDCF, Regional Flagships, SDGs |
| Tuberculosis incidence per 1 000 persons per year (SDG indicator 3.3.2) | Communicable diseases | 498 TB programme, MoH | 249 | NHSSP, GPW 13, UNSDCF, Regional Flagships, SDGs |
| Maternal mortality ratio (per 100 000 live births) | Maternal health | 142 (UN Maternal Mortality Estimation Interagency Group, 2017) | <100 | NHSSP, GPW 13, UNSDCF, Regional Flagships, SDGs |

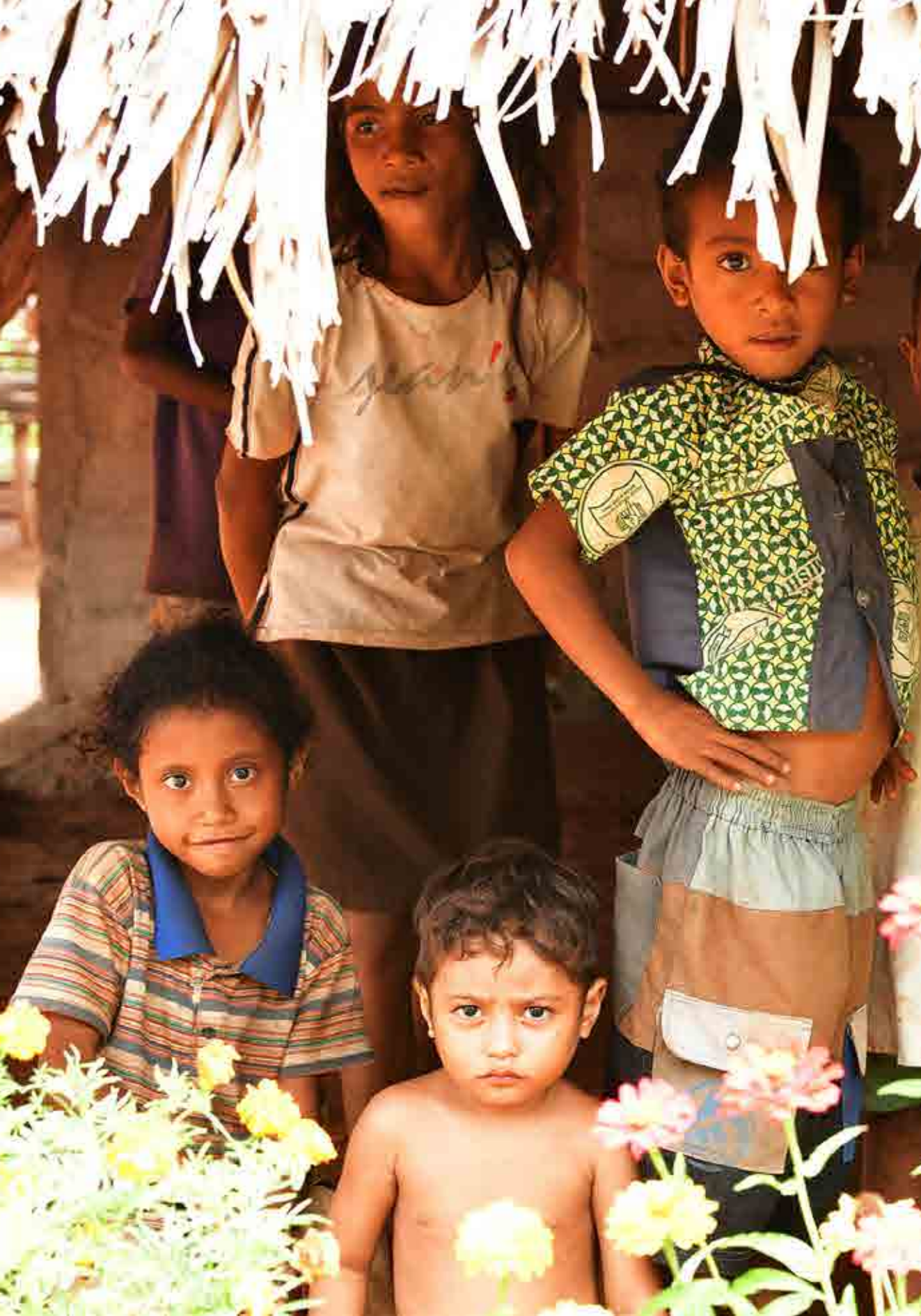
| | | | | |
|---|--------------------------|---|------|---|
| Proportion of births attended by skilled health personnel | Maternal health | 56.7% (2016, DHS-TL) | >70% | NHSSP, GPW 13, UNSDCF, Regional Flagships, SDGs |
| Under-5 mortality rate | Child health | 41% (2016, DHS-TL) | 33% | NHSSP, GPW 13, UNSDCF, Regional Flagships, SDGs |
| Neonatal mortality rate | Child health | 19% (2016, DHS-TL) | 15% | NHSSP , GPW 13, UNSDCF, Regional Flagships, SDGs |
| Mortality due to cardiovascular diseases, cancer, diabetes or chronic respiratory disease | Noncommunicable diseases | 19.9 | <20 | NHSSP , GPW 13, UNSDCF, Regional Flagships, SDGs |
| Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 | Nutrition/child health | 50% nationally (Timor-Leste Food and Nutrition Survey, 2013) | <30% | NHSSP , GPW 13, UNSDCF, SDGs |
| Vaccination coverage of children under one year of age | Child health | 73% (2018 EPI survey) | >70% | NHSSP , GPW 13, UNSDCF, Regional Flagships, SDGs |
| Adolescent birth rate (per 1 000 women of 15–19 years of age) | Adolescent health | 42 (2016 DHS-TL) | TBD | NHSSP , GPW 13, UNSDCF, SDGs |
| Proportion of people with raised blood pressure or on medication for hypertension among those of the age of 18–69 years | Noncommunicable diseases | Males 45.3 %, females 8%; 2014, TL, NCD Survey (WHO STEP-wise) | TBD | NHSSP , GPW 13, UNSDCF, Regional Flagships, SDGs |

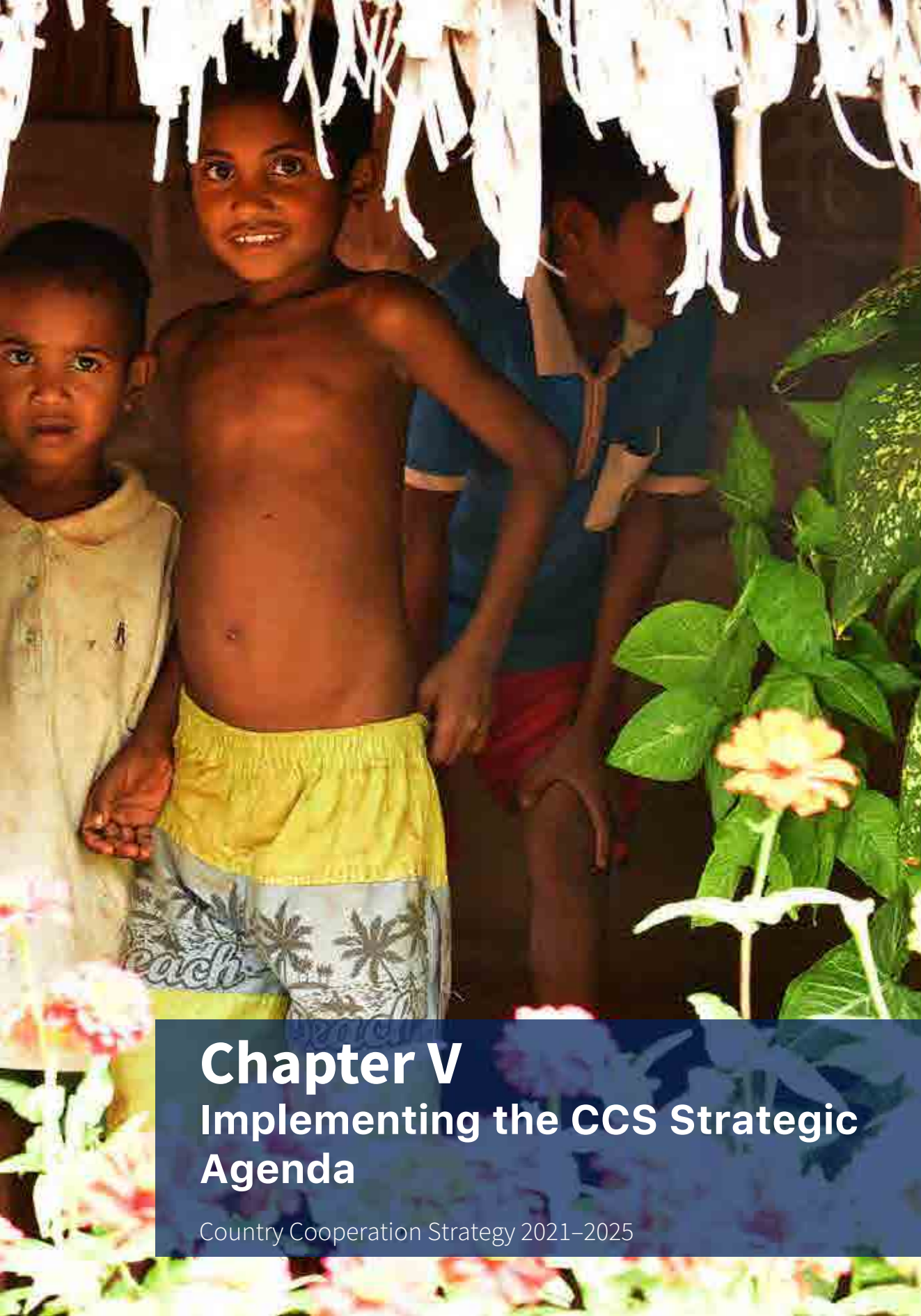
| Priority 2: By 2025, the people of Timor-Leste will be better protected from health emergencies, including disease outbreaks and natural disasters, as a result of strengthened national prevention, preparedness and response | | | | |
|---|-------------------------------------|---|-------------------|---|
| Average (%) of all IHR core capacities | Emergency preparedness and response | 44%: 2018, WHO: e-spar public (IHR capacity progress) https://extranet.who.int/e-spar | >80 | NHSSP , GPW 13, UNSDCF, Regional Flagships, SDGs |
| Global Health Security Index | Emergency preparedness and response | 26 (overall score); rank: 166; 2019, John Hopkins (Centre for Health Security) www.ghsindex.org | TBD | GPW 13 |
| Priority 3: By 2025, the people of Timor-Leste will increasingly enjoy better health and well-being due to strong multisectoral action addressing determinants of health | | | | |
| Age-standardized prevalence of current tobacco use among persons of the age of 15 years and above | Noncommunicable diseases | 56.1% 2014, Timor-Leste NCD survey (WHO STEPS) | Reduction by half | NHSSP , GPW 13, UNSDCF, Regional Flagships, SDGs |
| Breastfeeding rate (exclusive until 6 months) | Nutrition | 50% | >80 | UNSDCF |
| Proportion of households with access to an improved source of drinking water | Environmental health | Rural: 74% ; urban: 92% (2016, DHS-Timor-Leste) | TBD | NHSSP , GPW 13, UNSDCF, SDGs |
| Proportion of households with access to an improved sanitation facility | Environmental health | Rural: 43%; urban: 75% (2016, DHS-Timor-Leste) | TBD | NHSSP , GPW 13, UNSDCF, SDGs |

| Priority 4: By 2025, the health system will be supported by increasingly strong and sustainable leadership and governance at every level with a view to realizing the vision of “Healthy East Timorese People in a Healthy Timor-Leste” | | | | |
|--|--|--|---|---|
| Tobacco and Alcohol Control Council as per Article 24 decree Law | Governance (NCD) | ----- | Tobacco and Alcohol Control Council established | NHSSP, GPW 13 |
| Professional councils (doctors, nurses, midwives) | Governance | ----- | Code for Breastmilk Substitutes implemented | NHSSP, SDGs |
| WHO STEPS survey of NCDs | NCD | WHO STEPS survey 2014 | STEPS survey conducted | NHSSP, GPW 13, UNSDCF SDGs, Regional Flagships |
| Updation of National Multisectoral AMR Action Plan | Governance (health system) | AMR Action Plan: 2017–2020 | AMR Action Plan updated and implemented | NHSSP, GPW13, Regional Flagships |
| Development and implementation of national digital health strategy and roadmap (DHIS2/DHS-Timor-Leste) | Environmental health | HMIS strategy (2016–2020) and National e-Health Strategy (2015–2024) | National digital health strategy and roadmap (2021–2025) developed and implemented | NHSSP, GPW 13, UNSDCF, SDGs |
| Development of strategy/roadmap for Institutional capacity-building of National Health Institute and National University of Timor-Leste | Human resources for health (health system) | ----- | Strategic Plan for National Health Institute and National University of Timor-Leste developed and implemented | NHSSP, GPW 13 |

^a Proxy Indicator: Percentage of health facilities reporting stockouts of essential drugs, Baseline 23.13 (2018), Target: <5%. Data Source: HMIS, MoH

^b The Global Health Security Index is the first comprehensive assessment and benchmarking of health security and related capabilities across the 195 countries that make up the States Parties to the International Health Regulations (IHR [2005]). It relates to national abilities to prevent, detect, and respond to health emergencies; severe gaps in health systems; and vulnerabilities to political, socioeconomic, and environmental risks that can confound outbreak preparedness and response in the light of adherence to international norms.





Chapter V

Implementing the CCS Strategic Agenda

Country Cooperation Strategy 2021–2025

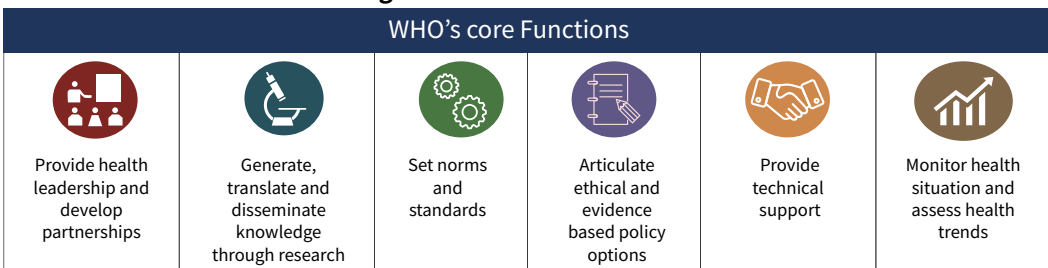
5.1 WHO’s core functions and comparative advantage

In keeping with WHO’s core functions (Fig. 15), the principles of cooperation for each of the CCS priorities will be based on four different “ways of working” to drive public health impact in Timor-Leste. The “way of working” adopted will depend on the need, national capacity and partnership environment in relation to each strategic priority and focus area. Emphasis will be laid on the development of leadership, advocacy, policy dialogue and the strengthening of national institutions to enhance the impact.

The WHO Country Office for Timor-Leste will take the lead in the area of technical cooperation, and will receive backing from experts and surge capacity from the WHO Regional Office for South-East Asia, WHO headquarters, other WHO country offices and WHO collaborating centres, as required and appropriate. To implement the CCS priorities WHO’s working modalities would include the following.

1. **Strategic policy dialogue:** It would establish the policy dialogue agenda and support the government with evidence and policy options and examples of best practice from across the globe that are relevant to the national context, for example, emphasis would be laid on a multisectoral approach for the prevention of NCDs, nutrition and AMR containment.
2. **Strategic support:** It would provide strategic coordination and support in cooperation with the MoH and other ministries, the UN system, the development partners and other stakeholders. It would, for example, co-chair the group of health development partners, and help mobilize resources for health and develop sound national strategies on health systems.
3. **Technical assistance:** It would support the adaptation of norms and standards to the national context. It would also help in the design, implementation and monitoring of health programmes and services, for example, the strengthening of PHC and implementation of essential services package.
4. **Service delivery:** It would extend operational support to fill critical gaps, such as in the delivery of NTDs and EPI programmes on the ground, response to emergencies and critical shortages of supplies.

Fig. 15. WHO’s core functions



Key undertakings of the Country Office

The Country Office would put together a team of competent and motivated staff. It would reassess the current staffing of its team in the light of the strategic agendas and make provisions for adequate staffing in all technical areas. It would lay emphasis on enhancing staff capacity through staff development and learning focused on the development of leadership and enhancement of technical capacity.

Considering the WHO’s leadership role and the current partnership environment in the health sector, more joint programming would be undertaken, involving the development partners, professional groups, NGOs and civil society organizations. A comprehensive plan would be developed in line with the WHO Framework of Engagement with Non-State Actors to involve professional bodies, civil society organizations and NGOs.

Research and the dissemination of knowledge would be one of the priority focuses during the CCS period. To build research capacity and increase knowledge sharing, stronger networks would be developed with academic institutions and WHO collaborating centres. Based on the lessons from the last CCS period, more emphasis would be laid on resource mobilization. Coordination with current donors would be strengthened and new funding opportunities would be explored. A comprehensive resource mobilization plan specific to the four strategic priorities of the CCS would be drawn up. The Country Office would continue to play a proactive role to increase its visibility, using social media networks (Facebook, Twitter, WhatsApp and Instagram), and strive to involve parliamentarians more systematically in different aspects of public health.

Support from the Regional Office and headquarters

To achieve a sustainable impact, a longer-term technical assistance plan, with a follow-up mechanism, is expected to be developed by the Regional Office and headquarters. Joint missions would be planned to build national capacity to accelerate the unfinished tasks in priority areas such as human resources for health, PHC, RMNCH, food and nutrition, NCDs, emergency preparedness and surveillance. Besides, the headquarters would provide guidance on WHO’s strategic shifts and international best practices on “going beyond health” and “Health in All Policies” approaches.

The Country Support Plan (CSP), the new tool for bottom-up country planning to support the development of WHO’s Programme Budget will be in place. The CSP will help achieve the CCS targets by addressing resource requirements, especially in the areas of human resource capacity and technical expertise that are needed to deliver support from each of the three levels of the organization (headquarters, regional and local office). Specifically, the Regional Office would provide support for adapting the global tools to the regional context, implementing the

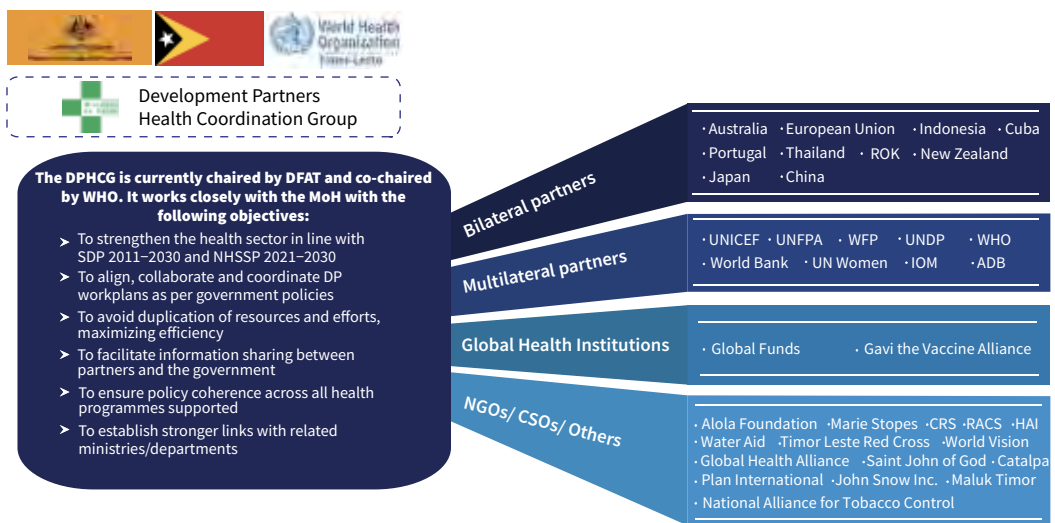


Flagship Programmes, multicountry collaboration, including South–South and triangular cooperation for sharing experience, exchange of technology and expertise within the Region and also to assist in mobilizing resources.

5. 2 Harnessing the strengths of all health partners

The development partners which are providing support to the health sector include multilateral organizations, bilateral organizations, international and national NGOs, South–South collaborations and international public–private initiatives such as Gavi, the Vaccine Alliance, and the Global Fund.

Fig. 16. The Health Development Partners Group



Mother embracing the baby child



5.3 Collaborating with the UN System and the Global Action Plan for Healthy Lives and Well-being for All

As a member of the United Nations Country Team, WHO has been working very closely with all the UN agencies and has strong partnerships through which it can support the MoH. At the country level, the UNSDCF is the primary overarching instrument for coordinating and implementing UN System activities in support of the National Priorities and the 2030 SDG Agenda. As the CCS elaborates the strategic health priorities for WHO, in line with the UNSDCF for Timor-Leste, it will be utilized by the Country Office to build a strong platform for collaboration and partnership among the UN agencies. To achieve a greater impact, emphasis will be laid on a “One UN” approach for different priority interventions, such as RMNCAH (H6 Global Partnership),^k NCDs, AMR, food safety, health financing, essential medicine, water and sanitation, waste management and environmental health.

To accelerate progress with respect to the health-related SDGs, the Global Action Plan for Healthy Lives and Well-being for All was launched at the UN General Assembly in September 2019. It broadly complements the United Nations System-wide Strategic Document, to support the implementation of the SDG 2030 Agenda. It sets out four key commitments to be made by the heads of the signatory agencies, as shown in Fig. 17.

Fig. 17. Four key commitments set out in Global Action Plan for heads of signatory agencies



Under the CCS 2021–2025, WHO Timor-Leste will bring together the Global Action Plan signatory agencies to improve collaboration so as to accelerate progress towards the health-related SDGs, with a focus on strengthening PHC.

^kThe Global Health Partnership H6 (formerly H4+) is a global strategy for the health of women, children and adolescents. It focuses on the country level and its aim is to leverage the strengths and capacities of each of the six member organizations (UNAIDS, UNFPA, UNICEF, UN Women, WHO and World Bank Group) to support high-burden countries in their efforts to improve the survival, health and well-being of every woman, newborn, child and adolescent [<https://www.who.int/life-course/partners/h4/about-h4-plus/en/>].



Firma Eksploitasi
Tiba, Pataca, Tada, Hata

Lahar, Fumo, Tiba, Pataca, Tada, Hata

Firma Eksploitasi

Hama, Lasa, Bsa, Suga, Wu

Hama, Lasa, Bsa, Suga, Wu



One job and one click at a time COVID-19 Immunization Tracker

How Timor-Leste employed digital innovation during the pandemic

When the youngest country of Asia set on the COVID-19 vaccination drive, it had few choices to make and many challenges to circumvent. The vaccination target group was the entire adult population, and the task of maintaining dual dose vaccination records for every individual was daunting. Manual data entry raised challenges related to real time collection of vaccination data, collation and centralization of data from 13 municipal divisions with 72 CHCs, and merging data from hundreds of vaccination posts.

The solution had to be economically viable, efficient, and simple enough to be made universally operational within the country's health system. It came in the form of the COVID-19 immunization tracker (CIT) launched by the MoH with all round technical support from WHO. CIT was designed and integrated into the Timor Leste Health Information System (TLHIS). Its launch coincided with the launch of the COVID-19 vaccination drive by National Parliament President Aniceto Guterres Lopes, in the presence of HE Prime Minister Taur Matan Ruak on 7 April 2021, on the occasion of World Health Day.

TLHIS-CIT captures both individual and aggregated data from the vaccination campaign, against the pre registered population data, enabling real time data updation and tracking. It records any adverse events following immunization, and can be used as a monitoring and evaluation tool to assess the progress and efficacy of vaccine deployment. The tracker has made it possible to compile daily and cumulative vaccine coverage reports for review and monitoring by the Minister of Health, Director General of Health Services and other key government officials, to decide the future course of action.



'The design and integration of the CIT into the existing TLHIS system is an efficient idea; the centrality of the data is maintained without the need to create a separate and new design and platform'

H.E dr. Odete Maria Freitas Belo
Minister of Health, Timor-Leste



'Timor Leste is among the first and few countries in the world to adopt the approach of integrating COVID-19 immunization data in the existing health system in use globally, it is crucial that Timor-Leste should keep this up and find efficient ways of handling and recording critical data such as COVID-19 vaccination'

Dr. Arvind Mathur
WHO Country Representative, Timor-Leste



H.E Prime Minister, Taur Matan Ruak and H.E President of the National Parliament officially launching the Timor-Leste Health Information System COVID-19 Immunization Tracker





Chapter VI

Monitoring and Evaluation

Country Cooperation Strategy 2021–2025

6.1. Monitoring of CCS implementation

Purpose: The purpose of monitoring the implementation of the CCS would be to: 1) ensure that the priority activities under the CCS are being carried out efficiently and in a timely manner; and 2) receive early warning signals to identify problems/challenges related to the implementation of the strategic priorities.

Process: The performance of the CCS will be monitored regularly by the Joint Monitoring Group, composed of staff members from the WHO Country Office, Regional Office and headquarters, UN country team, and members from the MoH and other partners. The mechanisms of coordination to be used by WHO together with the MoH will consist of six reviews of monthly performance, and the annual review of the Biennial Work Plan will be strengthened. Factors that may hamper the smooth implementation of the CCS priorities, such as the political scenario, natural disasters, including disease outbreaks, and socioeconomic conditions, will be closely monitored throughout. The progress of the CCS will be shared annually at the Health Development Partners Group's meetings and the annual report will be circulated among all stakeholders. The main achievements, best practices and lessons learnt will be documented at the end of each biennium. These periodical reviews will be used as major inputs for the mid-term and final evaluation of the CCS.

6.2. CCS evaluation

The main purpose of the evaluation will be to measure whether the targets identified in the country results framework have been achieved, and to determine whether the CCS has contributed to the achievement of the national targets and health-related indicators of the UNSDCF and SDGs. The evaluation process will be commissioned by the WHO Representative. A working group for the evaluation of the CCS will be formed. It will be composed of staff from the Country Office, and staff members from the Regional Office and headquarters.

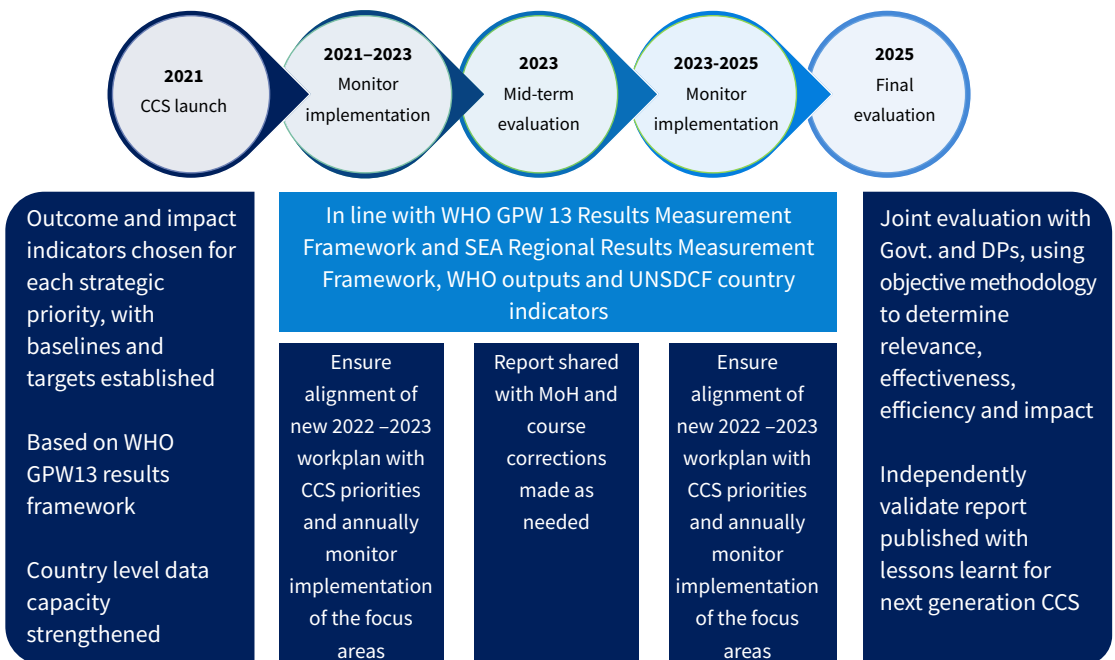
Mid-term evaluation: The main purpose of the mid-term evaluation would be to assess the progress made in the focus areas of the CCS and to determine whether the expected achievements are on track. In addition, the evaluation will aim to identify impediments that may require changes to the strategic priorities, and recommend actions to enhance progress during the second half of the CCS cycle. The review will adopt an interactive and participatory approach, involving stakeholders. These will include the MoH, development partners, academic institutions, professional groups and NGOs. On the basis of the assessment and recommendations, a joint action plan will be developed with the MoH.

Final evaluation: The main purpose of the final evaluation will be to: 1) assess the progress, and document the achievements and challenges with respect to the priority areas of the CCS; 2) determine WHO’s contribution to the improvement in the national health outcomes through the implementation of the CCS priorities; and 3) to identify the lessons learnt, and make recommendations on priorities and ways of working to strengthen collaboration under the next generation CCS.

To ensure that the evaluation is made in an independent and objective manner, an Evaluation Management Group will be formed. It will have representation from all three levels of the organization (Country Office, Regional Office and headquarters). Using WHO’s corporate evaluation policy and practice guidance^{41, 42, 43}, the group will review the implementation of the CCS and the progress made towards the outcomes defined. The main aspects covered by the evaluation will be the relevance, effectiveness, efficiency, impact/results, and sustainability of the strategic priorities. The final findings and recommendations of the evaluation will be shared with all relevant stakeholders, including the MoH, members of the UN country team and other development partners.

Monitoring will be carried out on a regular basis by the Joint Monitoring Group, composed of staff members from the Country Office, Regional Office and headquarters, UN country team, and members of the MoH and other partners. The **key milestones** in monitoring and evaluation are shown in Fig.18.

Fig. 18. Key milestones in monitoring and evaluation of the CCS 2021–2025



Vaccination roll-out: a success story from Timor-Leste

The first dose of the COVID-19 vaccine was administered on 7 April 2021, coinciding with World Health Day. The Prime Minister and the President of the National Parliament kicked off the countrywide campaign by taking the first shots. Though the vaccine arrived in the country in April 2021, the work to obtain the final physical delivery began nearly a year ago.

On 28 May 2020, the Minister of Health sent a “letter of intention” to join the COVAX Facility, supported by WHO, to the WHO Director-General. This was followed up with a letter to Gavi, the Vaccine Alliance in September 2021. On 19 November 2021, the COVAX Facility confirmed Timor-Leste’s membership and sought the country’s requisition for the COVAX Advance Market Commitment (AMC). WHO provided technical assistance to the MoH in the development and submission of the COVAX AMC request, which was sent on 7 December 2020.

On 12 January 2021, a Prime Ministerial dispatch instituted an Interministerial Commission (IMC), chaired by the Vice Prime Minister and including seven cabinet ministers, to coordinate and steer the COVID-19 vaccination campaign. A National Technical Committee (NTC) chaired by the Director General Health Services was formed. The director generals under other relevant ministries, and heads of the armed forces and police were included in the committee. The national EPI Working Group of the MoH continued to work as the key technical advisory body.

In coordination with WHO technical experts, the national EPI Working Group developed a costed National Vaccine Development Plan (NVDP) in consultation with the NTC and IMC. The NVDP is a prerequisite for the allocation of vaccines by the COVAX Facility. On 15 February 2021, the NVDP was duly submitted to the COVAX Facility.

With the NVDP in place, WHO recruited international consultants to assist in the development of technical guidelines and training materials for the campaign and for training health workers. The WHO EPI team conducted national-level training of trainers and assisted in conducting municipal-level trainings on a range of subjects, including volunteer orientation, listing of target population and microplanning. It conducted hands-on demonstration of vaccine administration, injection safety, vaccination rollout, waste disposal and adverse events following immunization.

The first COVID-19 vaccine advocacy session on the media for Oxford AZ was conducted on 19 February 2021. And the first batch of COVID-19 vaccines arrived on 5 April 2021. The first phase of vaccination targeted the priority group – health workers, frontline workers and other essential services and support staff. HE Prime Minister Taur Matan Ruak called on all ministers and members of Parliament to participate in the campaign to increase vaccination coverage in all municipalities.

On 16 October 2021, the country received the first shipment of the Pfizer COVID-19 vaccine for the age group of 12–18 age group. The Pfizer vaccine rollout began on 28 October 2021.





Excited school children after getting their first dose of Pfizer vaccine



Training of Trainers for health workers ahead of Pfizer vaccine campaign



Health workers along with WHO EPI team in field for COVID-19 vaccination drive



A nurse providing vaccine shot to school children during the vaccine campaign in schools



Community members after receiving their first dose of COVID-19 vaccine



WHO Representative observing the community vaccination drive in RAEOA

References

1. Regional Flagship Programmes [<https://www.who.int/southeastasia/about/flagships>, accessed 22 February 2022]
2. Survey of Living Standards (SLS) 2014/15
Ministry of Finance National Accounts 2000–2018
3. The World Bank. Microdata Library [website]. Timor-Leste Demographic and Health Survey 2016. Measure DHS:
4. Demographic and Health Surveys, General directorate of Statistics (GDS) (<https://microdata.worldbank.org/index.php/catalog/2992/study-description>, accessed 22 February 2022)
5. United Nations Development Program. Human Development Report 2019. New York (USA): UNDP; 2019 (<https://hdr.undp.org/sites/default/files/hdr2019.pdf>, accessed 17 February 2022).
6. General Directorate of Statistics (GDS), Ministry of Finance (Timor-Leste), United Nations Population Fund (UNFPA). Timor-Leste Population and Housing Census 2015 (<http://ghdx.healthdata.org/record/timor-leste-population-and-housing-census-2015#:~:text=The%202015%20Timor%2DLeste%20Population,a%209.46%25%20increase%20from%202010>, accessed 22 February 2022).
7. General Directorate of Statistics (GDS), United Nations Population Fund (UNFPA). Timor-Leste Population and Housing Census 2015, Analytical Report on Gender, Volume 13 (<https://timor-leste.unfpa.org/sites/default/files/pub-pdf/2015%20Census%20Gender%20Dimensions%20Analytical%20Report.pdf>, accessed 22 February 2022).
8. World Health Organization. World health statistics 2018: Monitoring health for the SDGs. Geneva: WHO; 2018 (http://www.who.int/gho/mortality_burden_disease/life_tables/en/, accessed 22 February 2022).
9. Institute for Health Metrics and Evaluation (IHME). GBD Foresight tool using 2016 GBD data [website] (<http://ihmeuw.org/4wggq>, accessed 22 February 2022).
10. Institute for Health Metrics and Evaluation (IHME). GBD 2017 Timor-Leste [website] (<http://www.healthdata.org/timor-leste>, accessed 22 February 2022).
11. The National Health Sector Strategic Plan 2011–2030. Ministry of Health, Dili, Timor-Leste; 2011 (<http://extwprlegs1.fao.org/docs/pdf/tim175297.pdf>, accessed 22 February 2022).
12. Timor-Leste National Health Accounts 2013–2017, Summary Report. Ministry of Health Timor-Leste and WHO.
13. WHO. Global health expenditure database. WHO; 2016 (<https://apps.who.int/nha/database/Select/Indicators/en>, accessed 22 February 2022).
14. Timor-Leste Health Financing Strategy 2019–2023. Ministry of Health, Democratic Republic of Timor-Leste, Dili, Timor-Leste; July 2019.
15. WHO Global Health Observatory UHC portal [website] (<https://www.who.int/data/gho>, accessed 22 February 2022).
16. Needs assessment on quality in Timor-Leste. Step 2 of the Twinning Partnership for Improvement between Timor-Leste and Macao SAR China. Geneva: World Health Organization; 2019 (<https://www.who.int/publications/i/item/9789241515474>, accessed 22 February 2022).
17. Government of Timor-Leste. Strategic Development Plan 2011–2030. Dili: Government of Timor-Leste; 2011 (<https://www.adb.org/sites/default/files/linked-documents/cobp-tim-2014-2016-sd-02.pdf>, accessed 22 February 2022).
18. Price JA, Soares AI, Asante AD, Martins JS, Williams K Wiseman VL. “I go I die, I stay I die, better to stay and die in my house”: Understanding the barriers to accessing health care in Timor-Leste. *BMC Health Serv Res.* 2016; 16: 535 doi: 10.1186/s12913-016-1762-2.
19. World Bank. Health equity and financial protection report: Timor-Leste. Washington, D.C.: World Bank; 2014 (<https://openknowledge.worldbank.org/bitstream/handle/10986/24030/Timor0Leste0000al0protection0report.pdf?sequence=1&isAllowed=y>, accessed 22 February 2022).
20. Timor Lest United Nations Country Team. Report for the Universal Periodic Review (UPR) of Timor-Leste; November 2016 (<https://www.upr-info.org/en/review/Timor-Leste/Session-26---November-2016>, accessed 22 February 2022).

21. WHO. Decade for health workforce strengthening in the South-East Asia Region 2015–2024, Second review of progress, 2018. New Delhi: WHO;2018 (<https://apps.who.int/iris/bitstream/handle/10665/274310/9789290226574-eng.pdf?sequence=1&isAllowed=y>, accessed 22 February 2022). National Strategic Plan for Health Sector Human Resources (NHSWSP), 2020–2024. National Directorate for Human Resources, Ministry of Health, Timor-Leste.
22. WHO. Estimating service consumption for updating the primary health care essential service package in Timor-Leste. WHO; June 2019 (unpublished).
23. Maternal mortality in 2000–2017: Internationally comparable MMR estimates by the Maternal Mortality Estimation Inter-Agency Group (MMEIG) WHO, UNICEF, UNFPA, World Bank Group and the United Nations
24. Population Division, Timor-Leste (https://www.who.int/gho/maternal_health/countries/tls.pdf, accessed 30 September 2020)
25. WHO. Ending Preventable Child Deaths from Pneumonia and diarrhoea by 2025: The integrated Global Action Plan for Pneumonia and Diarrhea (GAPPD). WHO, UNICEF; 2013 (https://www.who.int/iris/bitstream/10665/79200/1/9789241505239_eng.pdf?ua=1, accessed 22 February 2022).
26. WHO. Timor-Leste TB Profile, Global TB Report 2018. Geneva: WHO; 2018. Licence: CC BY-NC-SA 3.0 IGO (https://www.who.int/tb/publications/global_report/gtbr2018_main_text_28Feb2019.pdf, accessed 22 February 2022).
27. WHO. National HIV/AIDS Program Reporting, data provided by WHO (unpublished).
28. UNAIDS HIV/AIDS Country Fact Sheet – Timor-Leste; 2018 (https://www.unaids.org/sites/default/files/country-documents/TLS_2018_countryreport.pdf, accessed 22 September 2019).
29. HIV/STI Integrated Biologic and Behavioral Surveillance (IBBS) Survey 2016, Democratic Republic of Timor-Leste; 2016 (<https://www.aidsdatahub.org/sites/default/files/resource/ibbs-fsw-msm-timor-leste-2016-2017.pdf>, accessed 22 February 2022).
30. WHO. Workshop on development of costed action plans for viral hepatitis in South-East Asia Region, 19–23 August 2019, Kathmandu, Nepal (https://cdn.who.int/media/docs/default-source/sea-ro/hiv-hep-titis/report-costed-action-plan-11nov2019.pdf?sfvrsn=ac113e5a_2, accessed 22 February 2022).
31. Noncommunicable diseases country profile 2014. Geneva: WHO; 2014 (http://apps.who.int/iris/bitstream/handle/10665/128038/9789241507509_eng.pdf?sequence=1, accessed 22 February 2022).
32. National survey for noncommunicable disease risk factors and injuries using WHO STEPS approach in Timor-Leste – 2014. WHO SEARO; 2015. (https://www.who.int/ncds/surveillance/steps/Timor-Leste_2014_STEPS_Report.pdf, accessed 22 September 2019)
33. WHO SEARO. Tobacco Factsheet, 2018 (http://apps.who.int/iris/bitstream/handle/10665/272689/wntd_2018_timor-leste_fs.pdf?sequence=1&isAllowed=y, accessed 22 February 2022).
34. WHO. Global status report on road safety. Geneva: WHO; 2018. Licence: CC BYNC-SA 3.0 IGO (<https://www.rtmcc.co.za/images/rtmc/docs/publications/Global%20Status%20Report%202018.pdf>, accessed 22 February 2022).
35. National Police Timor-Leste (PNTL), National Transit Department death data. Reported in the WHO Global status report on road safety 2018 (<https://www.rtmcc.co.za/images/rtmc/docs/publications/Global%20Status%20Report%202018.pdf>, accessed 22 February 2022).
36. General Directorate of Statistics (GDS), Ministry of Health and ICF. Timor-Leste Demographic and Health Survey. Dili: Ministry of Health and Rockville, Maryland, USA: GDS and ICF; 2018.
37. Burden of disease from household air pollution for 2012. World Health Organization; 2012 (https://www.who.int/phe/health_topics/outdoorair/databases/FINAL_HAP_AAP_BoD_24March2014.pdf, accessed 22 February 2022)
38. Oliveira M, Monteiro JL, Rana S, Vilela CL. Antimicrobial resistance in Gram-positive bacteria from Timorese River Buffalo (*Bubalus bubalis*) skin microbiota. *Trop Anim Health Prod.* 2010;42(5):833–9. Doi: 10.1007/s11250-009-9494-5.
39. National Action Plan on Antimicrobial Resistance: Timor-Leste 2017–2020. Ministry of Health, Timor-Leste, May 2017 (<http://www.haiasiapacific.org/wp-content/uploads/2017/08/TimorNAP.pdf>, accessed 22 September 2019).



40. Final Evaluation Report of Timor-Leste CCS (2015–2019). WHO Country Office; November 2019 (unpublished). WHO. Evaluation Policy (2018) approved at the 114rd Session of the Executive board, 29 May 2018, [(EB143(9) Agenda item 4.3] ([https://apps.who.int/gb/ebwha/pdf_files/EB143/B143\(9\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/EB143/B143(9)-en.pdf), accessed 22 February 2022).
41. WHO Evaluation Practice Handbook. WHO; 2013 (https://apps.who.int/iris/bitstream/handle/10665/96311/9789241548687_eng.pdf?sequence=1, accessed 17 February 2022).
42. The WHO Framework for Strengthening Evaluation and Organizational Learning in WHO (https://www.who.int/about/who_reform/documents/framework-strengthening-evaluation-organizational-learning.pdf?ua=1, accessed 22 February 2022).
43. The WHO Framework for Strengthening Evaluation and Organizational Learning in WHO (https://www.who.int/about/who_reform/documents/framework-strengthening-evaluation-organizational-learning.pdf?ua=1, accessed 22 February 2022).

Further Reading

1. The National Health Sector Strategic Plan (2011–2030), Ministry of Health, Democratic Republic of Timor-Leste, Dili, Timor-Leste; 2011 (<http://extwprlegs1.fao.org/docs/pdf/tim175297.pdf>, accessed 22 February 2022).
2. Government of Timor-Leste. Strategic Development Plan: 2011–2030. Dili: Government of Timor-Leste; 2011 (<https://www.adb.org/sites/default/files/linked-documents/cobp-tim-2014-2016-sd-02.pdf>, accessed 22 February 2022).
3. EU-Lux-WHO Universal Health Coverage: Partnership in Timor-Leste, Annual report 2016 (<https://www.uhcpartnership.net/wp-content/uploads/2014/02/UHC-P-2016-Annual-Report-Umbrella-Chapter2.pdf>, accessed 22 February 2022).
4. Demographic and Health Survey 2016, General Directorate of Statistics, Ministry of Finance, Timor-Leste, December 2017 (<https://microdata.worldbank.org/index.php/catalog/2992/study-description>, accessed 22 February 2022).
5. Maternal mortality in 1990–2015 in Timor-Leste, WHO, UNICEF, UNFPA, World Bank Group, and United Nations Population Division, Maternal Mortality Estimation Inter-Agency Group (https://www.who.int/gho/maternal_health/countries/tls.pdf?ua=1, accessed 22 September 2019).
6. Needs assessment on quality in Timor-Leste. Step 2 of the Twinning Partnership for Improvement between Timor-Leste and Macao SAR China. Geneva: World Health Organization; 2019 (<https://www.who.int/publications/i/item/9789241515474>, accessed 22 February 2022).
7. National Strategic Plan for Health Sector Human Resources, 2019–2023. Ministry of Health, Timor-Leste, National Directorate for Human Resources.
8. Timor-Leste Health Financing Strategy 2019–2023. Ministry of Health, Democratic Republic of Timor-Leste, Dili, Timor-Leste, July 2019.
9. Emergency Obstetric and Newborn Care Improvement Plan 2015–2019, Ministry of Health, Dili, Timor-Leste (<https://reliefweb.int/sites/reliefweb.int/files/resources/Emergency%20Obstetric%20and%20EmONC%20Improvement%20Plan%20of%20Action%20ENGLISH.pdf>, accessed 22 September 2019).
10. Timor-Leste TB Profile, Global TB Report 2018, WHO Estimates of TB and MDR-TB burden produced in consultation with countries (<https://www.who.int/tb/data/en/>, accessed 22 September 2019).
11. Mid-term Review of the National Tuberculosis Control Programme, Timor-Leste 2019, WHO-TL and NTP (MOH), Timor-Leste (https://www.who.int/docs/default-source/searo/tuberculosis/mid-term-review-report-timor-leste-2019.pdf?sfvrsn=f4675d2e_2, accessed 22 February 2022).
12. The E-2020 Initiative of 21 Malaria Eliminating Countries, 2019 progress report. WHO; 2020 (<https://apps.who.int/iris/bitstream/handle/10665/325304/WHO-CDS-GMP-2019.07-eng.pdf?ua=1>, accessed 22 September 2019).
13. Vaccine Coverage Survey Report 2018. Timor-Leste: Vaccine coverage cluster survey – 2018.
14. Package of Essential Noncommunicable Diseases Interventions in Timor-Leste. Ministry of Health, Timor-Leste; 2017 (https://extranet.who.int/ncdccs/Data/TLS_D1_Timor-Leste%20OPEN%20revised%2021%20April%202017.pdf, accessed 22 February 2022).)

15. National survey for noncommunicable disease risk factors and injuries using WHO STEP approach in Timor-Leste 2014. WHO SEARO; 2015 (https://www.who.int/ncds/surveillance/steps/Timor-Leste_2014_STEPS_Report.pdf, accessed 22 September 2019).
16. Global School Health Survey 2015, Timor-Leste (https://www.who.int/ncds/surveillance/gshs/GSHS_2015_Timor-Leste_Fact_Sheet.pdf, accessed 22 September 2019).
17. World Bank. Health equity and financial protection report: Timor-Leste. Washington; 2014 (<https://openknowledge.worldbank.org/handle/10986/24030?show=full>, accessed 22 February 2022).
18. World Health Organization, Regional Office for South-East Asia. WHO Country Cooperation Strategy 2015–2019: Timor-Leste, World Health Organization; 2015. Regional Office for South-East Asia. <https://apps.who.int/iris/handle/10665/246258>.
19. World Health Organization, Thirteenth General Programme of Work 2019–2023, Promote Health Keep The World Safe Serve The Vulnerable. WHO; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/324775/WHO-PRP-18.1-eng.pdf>, accessed 22 February 2022).
20. World Health Organization, World health statistics 2019: monitoring health for the SDGs, sustainable development goals. World Health Organization; 2019. License: CC BY-NC-SA 3.0 IGO. <https://apps.who.int/iris/handle/10665/324835>.
21. World Health Organization. Mid-Term Review of Country Cooperation Strategy (CCS: 2015–2019). WHO Country Office, Timor-Leste; 2017 (Unpublished).
22. United Nations Development Assistance Framework, Timor-Leste 2015–2019. Office of the United Nations Resident Coordinator in Timor-Leste; 2015 (https://planipolis.iiep.unesco.org/sites/default/files/resources/timor-leste_undaf-2015-2019_0.pdf, accessed 22 February 2022).
23. United Nations Sustainable Development Cooperation Framework (UNSDCF), Timor-Leste 2021–2025. United Nations, Timor-Leste (https://timorleste.un.org/sites/default/files/2021-04/UNSD-CF%20Timor-Leste%202021-25%20Final_0.pdf, accessed 22 February 2022).
24. State of World Population 2019: Unfinished Business - the pursuit of rights and choices FOR ALL. UNFPA; 2019 (<https://asiapacific.unfpa.org/sites/default/files/pub-pdf/SWP19%20-%20EN%20report-web-%204%20April.pdf>, accessed 22 February 2022).
25. Zero Hunger Challenge, National Action Plan for a Hunger and Malnutrition Free Timor-Leste, National Council for Food Security, Sovereignty and Nutrition in Timor-Leste (KONSSANTIL), Dili, Timor-Leste; 2014 (https://premiunutrisaunprezidensial.files.wordpress.com/2014/08/final-pan-ham-til_english.pdf, accessed 22 February 2022).
26. World Health Organization Regional Office for South-East Asia. Decade for health workforce strengthening in the South-East Asia Region 2015–2024; Second review of progress, 2018. World Health Organization Regional Office for South-East Asia; 2018. License: CC BY-NC-SA 3.0 IGO (<https://apps.who.int/iris/bitstream/handle/10665/274310/9789290226574-eng.pdf?sequence=1&isAllowed=y>, accessed 22 February 2022).
27. Joint External Evaluation (JEE) of the IHR Core Practices of the Democratic Republic of Timor-Leste, Mission Report: 19–23 November 2018. Geneva: WHO; 2019 (<https://apps.who.int/iris/bitstream/handle/10665/324829/WHO-WHE-CPI-2019.56-eng.pdf?sequence=1&isAllowed=y>, accessed 17 February 2022).
28. Health National Adaptation Plan (HNAP) for Preventing Health Risks and Diseases from Climate Change in Timor-Leste: 2020–2024. Ministry of Health, Timor-Leste; 2019.
29. Environmental Health Strategy (2020–2024), Environmental Health Department, Ministry of Health, Government of Democratic Republic of Timor-Leste; December, 2019.
30. Framework for action in building health systems resilience to climate change in South-East Asia Region, 2017–2022. New Delhi: World Health Organization, Regional Office for South-East Asia; 2017. License: CC BY-NC-SA 3.0 IGO (<http://apps.who.int/iris/bitstream/handle/10665/258953/9789290226109-eng.pdf?sequence=1&isAllowed=y>, accessed 17 February 2022).



Annex 1: Mapping of CCS priorities to national, regional and global strategic agenda, with key deliverables identified

| AREAS OF STRATEGIC ALIGNMENT | | | | | | PRIORITY 1 and focus areas | Operational planning |
|--|---|--|---|--|--|---|--|
| NHSSP (2011–2030) priorities | CCS (2015–2019) | UNSDCF (2020–2025) priorities | WHO GPW13 goals | Regional Flagships | SDGs (from the 2030 agenda) | | Areas of support identified to achieve priorities |
| <p>Delivery of health services, including basic package of maternal health, child health, nutrition, control of communicable diseases, such as malaria, TB, HIV/AIDS, leprosy, lymphatic filariasis; NCDs; mental health and epilepsy; oral health and eye health (Section IV, p.33)</p> <p>Development /management of human resources for health (Section VI, p.66)</p> <p>Development of health infrastructure, including medical equipment and supplies, transport and ambulance services (Section VI, p.70)</p> <p>Development of support services, including drugs and consumables, laboratory, blood bank services, health information systems (Section VII, p.77)</p> <p>Financing the national health system (Section VIII, p.86)</p> | <p>SP1: Strengthening health systems to ensure UHC</p> <p>SP2: Reducing burden of communicable diseases</p> <p>SP3: Reducing burden of NCDs, mental health, violence, injuries, disabilities and ageing</p> <p>SP4: Improving reproductive, maternal, newborn, child, and adolescent health and nutrition</p> | <p>OUTCOME 4: By 2025, the people of Timor-Leste increasingly demand and have access to gender-responsive equitable, high quality, resilient and inclusive primary health care and strengthened social protection, including in times of emergencies.</p> <p>Sub-outcome 4.1: By 2025, health care institutions provide improved delivery of quality, gender-responsive, equitable and resilient primary health care, including sexual and reproductive health, for UHC, and in times of emergencies</p> <p>OUTCOME 1: By 2025, nutrition, food security and agricultural productivity have improved for all, irrespective of individual ability, gender, age, socioeconomic status and geographical location</p> <p>Sub-outcome 1.1: By 2025, access to quality nutrition services, in particular for adolescents, women of reproductive age and children under five years of age (including life-saving interventions, micronutrient supplementation, social protection programmes, infant and young child feeding, in particular breastfeeding), hygiene, water and sanitation services have improved significantly and sustainably for all</p> | <p>Contribute to 1 billion more people with UHC</p> <p>Outcome 1.1: Improved access to quality essential health services</p> <p>Outcome 1.2: Reduced number of people suffering financial hardships</p> <p>Outcome 1.3: Improved availability of essential medicines, vaccines, diagnostics and devices for primary health care</p> | <p>Continue progressing towards UHC with focus on human resources for health and essential medicines.</p> <p>Accelerate reduction of maternal, neonatal and under-five mortality.</p> <p>Finish the task of eliminating NTDs and other diseases on the verge of elimination.</p> <p>Prevent and control NCDs through multisectoral policies and plans, with focus on “best buys”.</p> <p>Accelerate efforts to End TB by 2030.</p> | <p>SDG 3.8: Achieve UHC, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.</p> <p>SDG 3.c: Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.</p> <p>SDG 3.3: End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.</p> <p>SDG 3.b: Support the research and development of vaccines and medicines for communicable and noncommunicable diseases.</p> <p>SDG 3.4: Reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.</p> <p>SDG 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.</p> <p>SDG 3.1: Reduce the global maternal mortality ratio.</p> <p>SDG 3.2: End preventable deaths of newborns and children under 5 years of age.</p> <p>SDG 3.7: Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes.</p> <p>SDG 2.2: End all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.</p> | <p>By 2025, the people of Timor-Leste have access to equitable, high-quality, resilient, inclusive, and people-centred UHC</p> <p>1.1 <i>Strengthened health system through:</i> improved workforce improved access to medicines health information sustainable financing implementation of service packages</p> <p>1.2 <i>Improved care through the life course and for communicable and noncommunicable diseases</i></p> | <p>Support in the following areas:</p> <p>Electronic medical record for PHC; implementation of SnF Strengthening of the National Regulatory Authority for medicines, devices, vaccines and blood products Priority implementation of interventions on human resources for health, health financing and quality improvement Strengthening of health information systems and implementation of telemedicine strategies Strengthening of the emergency care system and critical care services (secondary level) Implementation and monitoring of multisectoral action plan on NCDs Integration of the Package of Essential NCD Interventions with PHC Implementation of guidelines on eye and oral health care Revision of mental health strategy on the basis of the Mental Health Gap analysis Increase of immunization coverage and introduction of new vaccine(s) Establishment of malaria-free certification Implementation of national plan for elimination of TB Update of National Strategic Plan on HIV/AIDS and STIs Revision of strategies on RMNCAH-family planning and support for implementation of high-impact evidence-based strategies Maternal and Child Health department’s response to Maternal and Perinatal Death Surveillance and Response System, together with UNICEF and UNFPA Establishment of colposcopy centre in maternity outpatient department of national hospital, and online RBBDOS (new born birth defects database system) in national hospital and 5 regional hospitals Curriculum revision by National University of Timor-Leste for School of Nursing and Midwifery and procurement process for establishment of skill laboratories for the university faculty Implementation of National Health Sector Nutrition Strategy Supported strengthening of health sector capacity to address Gender Based Violence</p> |

| AREAS OF STRATEGIC ALIGNMENT | | | | | | PRIORITY 2 and focus areas | Operational planning |
|--|---|---|---|--|--|---|--|
| NHSSP (2011–30) priorities | CCS (2015–19) | UNSDCF (2020–25) priorities | WHO GPW13 goals | Regional Flagships | SDGs (from the 2030 Agenda) | | Areas of support identified to achieve priorities |
| <p>Services for emerging diseases (Section IV f, p. 61)</p> | <p>SP5: Emergency preparation, surveillance and response, including implementing the IHR</p> | <p>OUTCOME 4: By 2025, the people of Timor-Leste increasingly demand and have access to gender-responsive, equitable, high-quality, resilient and inclusive primary health care, and strengthened social protection, including in times of emergencies</p> <p>OUTCOME 6: By 2025, national and subnational institutions and communities (particularly at-risk populations, including women and children) are better able to manage natural resources and achieve enhanced resilience to climate change impacts, natural and human-induced hazards, and environmental degradation, inclusively and sustainably</p> | <p>Contribute to 1 billion more people better protected from emergencies</p> <p>Outcome 2.1: Country health emergency preparedness strengthened</p> <p>Outcome 2.2: Emergence of high-threat infectious hazards prevented</p> <p>Outcome 2.3: Health emergencies rapidly detected and responded</p> | <p>Scale up capacity development in emergency risk management</p> | <p>SDG 3.4: Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.</p> <p>SDG 3.4.1: Strengthen international Health Regulations (IHR) capacity and health emergency preparedness.</p> <p>SDG 3.9: Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.</p> <p>SDG 13.1: Improve education, awareness generation and human and institutional capacity on climate change mitigation adaptation, impact reduction and early warning.</p> | <p>By 2025, the people of Timor-Leste are better protected from health emergencies, including disease outbreaks and natural disasters, through strengthened national prevention, preparedness and response capabilities.</p> <p>2.1 <i>Strengthened National capacity in emergency health preparedness</i></p> <p>2.2 <i>Strengthened prevention of high-threat infectious hazards</i></p> <p>2.3 <i>Strengthened National capacity to build climate resilient health system</i></p> | <p>Support for NAPHIS implementation, in line with the lessons learnt from COVID-19 response Enhancement of national capacity for health emergency preparedness and responses, including strengthening of the National Integrated Diseases Surveillance and Response System, laboratories and case management Enhancement of IHR core capacity (including coordination, points of entry and quarantine) Support for establishment of national HEOD and emergency medical teams</p> |
| AREAS OF STRATEGIC ALIGNMENT | | | | | | PRIORITY 3 and focus areas | Operational planning |
| NHSSP (2011–2030) priorities | CCS (2015–2019) | UNSDCF (2020–2025) Priorities | WHO GPW13 goals | Regional Flagships | SDGs (from the 2030 Agenda) | | Areas of support identified to achieve priorities |

| | | | | | | | |
|--|--|--|---|---|---|--|--|
| <p>Services for emerging diseases (Section IV F, p.61)</p> <p>Health promotion (Section IV H, p.65)</p> | <p>SP3: Reduce the burden of NCDs, mental health, violence, injuries, disabilities and ageing</p> <p>SP5: Emergency preparedness, surveillance and response, including implementing the IHR (focus on social determinants)</p> | <p>Sub-outcome 4.3: Behaviour change for determinants of health</p> <p>By 2025, communities, particularly women and girls, persons with disabilities, and civil society actors are engaged and empowered to influence decisions and behaviour that affect health and well-being to ensure that the needs of the poor, less educated, rural communities, women and children, persons with disabilities, migrant and mobile populations and other marginalized and vulnerable population groups are met</p> | <p>Contribute to 1 billion more people enjoying better health and well-being</p> <p>Outcome 3.1: Determinants of health addressed, leaving no one behind</p> <p>Outcome 3.2: Reduced risk factors through multisectoral approaches</p> <p>Outcome 3.3: Healthy settings and health in all policies promoted</p> | <p>Prevent and control noncommunicable diseases through multisectoral policies and plans, with focus on "best buys".</p> | <p>SDG 3.4: Reduce by one third premature mortality from noncommunicable diseases through prevention and treatment and promote mental health and well-being.</p> <p>SDG 3.6: Halve the number of global deaths and injuries from road traffic accidents.</p> <p>SDG 6.2: Achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations.</p> | <p>By 2025, the people of Timor-Leste enjoy better health and well-being by addressing determinants of health through strong multisectoral action.</p> <p>3.1 <i>Strengthen legal and regulatory mechanism for health protection and promotion</i></p> <p>3.2 <i>Facilitate environmental health and improve access to clean air, water and sanitation</i></p> <p>3.3 <i>Strengthen health promotion interventions for improved healthy behaviors</i></p> | <p>Support for development and implementation of National Health Promotion Strategy</p> <p>Strengthening school health promotion interventions</p> <p>Support for implementation of evidence-based interventions to reduce malnutrition and promote healthy diets</p> <p>Support for implementation of programme on strengthening water quality surveillance and improving water safety</p> <p>Support for integration of climate-related risk interventions with national policy, planning and regulatory frameworks</p> <p>Support for implementation of HNAAP (for climate change) and National Environmental Health Strategy</p> <p>Support for tobacco cessation interventions (including policy on taxes and comprehensive TAPS ban)</p> <p>Support for implementation of National Food Safety Strategy</p> <p>Support for framing and implementing alcohol prevention policy</p> <p>Support for ratification and implementation of Code for Breastmilk Substitutes</p> <p>Support for promotion of rights of disabled people to health through legal framework</p> <p>Support for and promotion of policies and interventions on road safety and drowning prevention and promotion of the same</p> <p>Health Promoting School policy guideline and implementation</p> <p>Healthy Lifestyle physical activity promotion and implementation supported</p> |
|--|--|--|---|---|---|--|--|

| AREAS OF STRATEGIC ALIGNMENT | | | | | | PRIORITY 4 and focus areas | Operational planning Areas of support identified to achieve priorities |
|--|----------------------|---|---|----------------------|--|--|---|
| NHSSP (2011–2030) priorities | CCS (2015–2019) | UNSDCF (2020–2025) priorities | WHO GPW13 goals | Regional Flagships | SDGs (from the 2030 Agenda) | | |
| <p>Health planning and financial management systems (Section VII.6, p. 83)</p> <p>Financing the National Health System (Section VIII, p.86)</p> <p>Delivery of health services, (Section IV, p.33)</p> <p>Health partnership and collaboration (Section VII, p. 84)</p> <p>Health research and information (Section VII, p. 81–82)</p> <p>Implementation, monitoring and evaluation (Section IX, p.91)</p> | <p>Cross-cutting</p> | <p>Sub-outcome 4.2: Evidence-based decision-making and digital systems</p> <p>By 2025, evidence, such as sex-disaggregated data, is systematically used for policies, strategies, programmes and investment decisions to address public health needs, determinants of health and multisectorality, including through strengthened digital health systems</p> <p>Sub-outcome 4.4: Health financing and budgeting</p> <p>By 2025, sustainable and gender-responsive financing and budgeting for health is ensured to address unmet need for health services, reduce financial hardship arising from out-of-pocket payments and increase resilience to shocks, especially for vulnerable population groups</p> <p>Strategic Priority 5: Accountable, inclusive and participatory governance and quality public services</p> <p>Sub-outcome 5.2: Effective and innovative public administration facilitated by SDG-focused, evidence-based and gender-responsive planning and budgeting systems and professional and meritocratic civil service professionals at all levels</p> | <p>Contribute to the "triple billion" goal and Strategic Priority 4 on health leadership and evidence generation for decision-making</p> <p>Foundational for all technical outcomes and Outcome 4.1: Strengthened country capacity in data and innovation</p> | <p>Cross-cutting</p> | <p>SDG 3.a: Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate</p> <p>SDG 3.5: Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol</p> | <p>By 2025, the health system is supported by increasingly strong and sustainable leadership and governance at every level towards the vision of "Healthy East Timorese People in a Healthy Timor-Leste"</p> <p>4.1 Effective governance structures and mechanisms strengthened to improve functionality and regulation of health systems</p> <p>4.2 <i>Community engagement and empowerment for the realization of the right to health</i></p> <p>4.3 <i>Monitoring and addressing equity to ensure that no one is left behind</i></p> <p>4.4 <i>WHO acts as an effective leader, convenor and advocate for health through partnerships and collaboration with all sectors of government, UNCT and development partners</i></p> | <p>Support for strengthening of the National Regulatory Authority</p> <p>Support for establishment of professional councils (doctors, nurses, midwives)</p> <p>Support for establishment and operation of National Codex Commission</p> <p>Support for establishment of Tobacco and Alcohol Control Council (as per Article 24 decree Law)</p> <p>Support for implementation of revised NHSSP (2021–2030)</p> <p>Support for updating and implementing the National Multisectoral AMR Action Plan</p> <p>Strengthening of national capacity on health research and knowledge management</p> <p>Strengthening MoH leadership capacity, including through National University of Timor-Leste</p> <p>Strengthening national capacity to track progress in the context of global (GPW 13 and SDGs) and regional (Regional Flagships) goals</p> <p>Strengthening partnership with local stakeholders, including NGOs, professional bodies, academia and civil society organizations, for people's participation in health (People's Health Assembly)</p> <p>Enhancing engagement with parliamentarians</p> <p>Strengthening coordination among UN agencies and other development partners for health</p> |

Annex 2: Swift action prevented community transmission of Covid-19

FACT: Timor-Leste's quick response to the COVID-19 crisis has been a result of effective government leadership, supported by technical guidance from WHO and needs-based support from the UHC Partnership.

WHY IT MATTERS: Timor-Leste has a fragile health system, with limited capacity for managing critical cases, few functional isolation facilities and difficulties in procuring timely medical supplies.

RESULTS: Timor-Leste has now increased its capacity to respond to COVID-19 and is better prepared than before to deal with the emergence and control of new cases. WHO guided the nationwide response by providing technical assistance to establish quarantine and isolation centres; set up testing facilities; train health workers and emergency responders in case management, infection prevention and surveillance; and build capacity for data collection. It also provided the country with its first set of test kits and personal protective equipment (PPE) for health workers. Moving ahead, WHO supported several vaccine procurement deals through COVAX and bilateral agreements with countries. It also supported vaccine advocacy campaigns, the capacity-building of health-care workers, as well as the streamlined launching of vaccination and equitable distribution of vaccines across the districts.

IN PRACTICE: WHO raised the alarm about the urgent need for COVID-19 preparedness, and the UHC Partnership, along with other multilateral and bilateral partners, provided critical technical, logistical and financial support for the COVID-19 response. WHO was on the ground straight away when the first suspected case of COVID-19 was reported. The initial patient interview and support for testing was provided by WHO staff backed by the UHC Partnership. WHO's previous work with Timor-Leste was helpful in launching an effective response. In 2019, WHO helped Timor-Leste develop its Pandemic Influenza Preparedness Plan and integrate it with the National Action Plan for Health Security. This placed Timor-Leste in a strong position to prepare for all health security situations in the medium- to long-term, map multisectoral health security resources and take action around COVID-19 for sustainable preparedness.

Moving forward: Stronger surveillance and expanded testing are currently providing 'ears on the ground' to pick up early signals of cases. All referral hospitals and municipalities now act as sentinels and collect samples on a regular basis.



Lab technician working at the National Health Laboratory on the PCR workstation donated by WHO



Timorese health workers undergoing training on how to use PPE facilitated by WHO and other health development partners

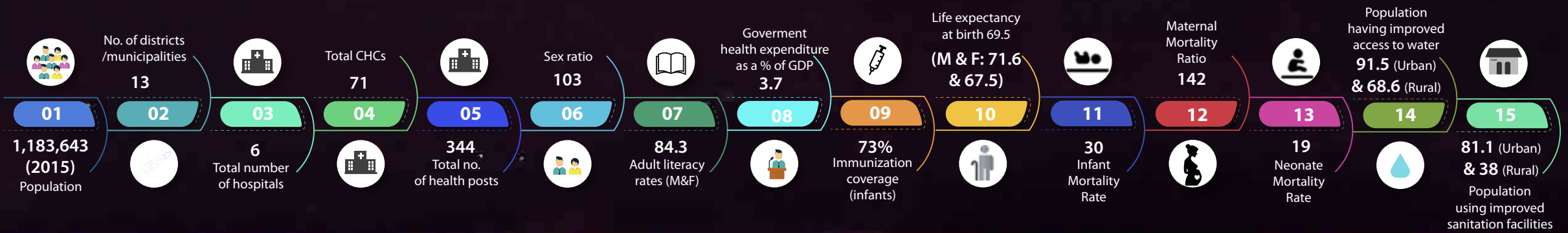
Source: Stories from the field: special series on the COVID-19 response – Timor-Leste, 23 July 2020, Universal Health Coverage Partnership (<https://www.uhcpartnership.net/story-timor-leste/>)

Annex 3: Key interventions in HNAP to control and reduce air pollution

According to the findings of Demographic Health Survey carried out in 2016, exposure to smoke inside the home, either from the use of solid fuels for cooking or from smoking tobacco, has potentially harmful health effects. Eighty-seven percent of households use solid fuels, consisting mostly of firewood, for cooking. The use of solid fuels for cooking is more common in rural areas (95%) than in urban areas (58%). In Timor-Leste, 62% of households cook outdoors under a cover, 14% cook outdoors, and 12% each cook in a separate building and inside the house.

The following interventions have been emphasized in the Health National Adaptation Plan (2020–2024) to reduce and control air pollution:

1. conducting research and studies on climate change, air pollution and respiratory illness;
2. developing national policy and strategy for controlling air pollution, including national standards for both indoor and outdoor air quality;
3. promoting use of improved cooking stove in the rural community;
4. awareness generation on solid waste (domestic and industrial) management to reduce ambient pollution; and
5. procuring and installing air quality monitoring stations in major urban areas and monitoring public transport.







WHO Timor-Leste
Country Cooperation Strategy
2021-2025