**HEALTH SITUATION**

The Democratic Republic of Timor-Leste, still a young country rising from a difficult past, declared its independence in May 2002 after voting to separate from Indonesia in 1999. It became the 191st UN Member State in September 2002 and is a Member State of the South East Asia Region. It is one of the poorest countries in the world. It faces numerous challenges that affect health and well-being of its people. 70% of the population live in rural areas in small, dispersed villages isolated by mountainous terrain and poor road conditions. The country has made steady progress in the health sector in the last decade by: reconstruction of health facilities and expansion of community based health services known as SISCa programme. Some notable achievements include reduction in child mortality from 84 to 64/1000 live births, elimination of leprosy as a public health problem, elimination of Maternal and Neonatal Tetanus, reduction of incidence and prevalence of malaria and TB, increase in exclusive breastfeeding rate for 0-6 month old children from 31% to 52% in 2010 and improvement in vaccination coverage. The use of modern contraceptives has increased from 7% to 21%. Despite these achievements, we face considerable challenges such as: completing the unfinished agenda of the MDGs: addressing high levels of MMR (300 per 100 000 live births), IMR and malnutrition (Stunting 58%, Wasting 18.6% Maternal Malnutrition Rate 27%), child morbidity and mortality. There is a need for renewed focus on communicable and neglected diseases that pose a public health challenge. Simultaneously, focus is required to address the rising level of noncommunicable diseases such as cardiovascular and chronic obstructive pulmonary diseases that are among the ten leading causes of death. Health services for persons with disabilities, in particular those with mental disabilities, need to be strengthened. FCTC agreements and IHR (2005) implementations are still to be improved.

**HEALTH POLICIES AND SYSTEMS**

Timor-Leste’s Constitution embeds medical and health care as a fundamental right for all citizens and imposes a duty on the government to promote and establish a national health system that is universal, general, free of charge and, as far as possible, decentralized and participatory. Key national policies, strategies and legislations are in place. Timor-Leste’s National Development Plan 2011-2030 and National Health Sector Strategic Plan 2011-2030 (NHSSP) are reflective of State’s commitment to the Millennium Development Goals and for provision of free universal health coverage. The NHSSP 2011-2030 lays a vision towards a “Healthy East Timorese People in a Healthy Timor-Leste”. A number of national strategies have been developed which include: comprehensive RMNCAH strategy (2014-2019), Noncommunicable Diseases, Injury, Disabilities and Healthy Ageing (2014-18), Nutrition (2012-2017), Mental Health (2011-2015), Health Promotion (2011-2015), School Health (2014-2018) while control of Neglected Tropical Diseases, the FCTC framework and IHR implementations are to be enhanced.

**COORDINATION FOR HEALTH**

The MoH established the Department of Partnership Management and a Health Sector Coordination Group to strengthen overall donor coordination of bilateral, multilateral and nongovernmental partners in the health sector. Health Coordination meetings, Joint Annual Review and Health Sector Review and Planning Summit are important mechanisms for partners’ coordination. Technical Working Groups on MCH, Nutrition and District Health are established and functional to address implementation issues. Partnership within the UN systems is strengthened through the UNDAF and Joint programming of UN agencies working in health on: MCH, Food and nutrition, family planning and disease control and emergency preparedness and response.
### Strategic Priorities

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<th>Strategic Priorities</th>
<th>Main Focus Areas for WHO Cooperation</th>
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| **STRATEGIC PRIORITY 1:** Health policy and systems | • Strengthening district health systems and institutional capacity and the Health Management and Information Systems  
• Technical support on policy dialogue on national health policies, strategies and plans and universal health coverage (UHC)  
• Supporting a Senior Health Policy Advisor to provide technical expertise |
| **STRATEGIC PRIORITY 2:** Disease prevention and control | • Technical assistance to coordinate and build capacity for effective implementation of priority communicable diseases and noncommunicable diseases  
• Technical support to enhance the elimination and eradication of communicable diseases of public health concerns  
• Enhancing the implementation of the Integrated Disease Surveillance and Response |
| **STRATEGIC PRIORITY 3:** Maternal and Child Health | • Technical support to improve the immunization programmes  
• Support effective interventions focusing on health workforce, facility-based deliveries, quality of care, contraceptive choice, health education and Integrated Management of Childhood Illnesses (IMCI)  
• Strengthen nutrition and supplements and related interventions delivered through the district and community health centers with the support of clinical management of severe malnutrition at hospital level. |
| **STRATEGIC PRIORITY 4:** Overall capacity building | • Support for further strengthening management, leadership and technical capacity of the Ministry of Health based on the national strategic plan and policy framework.  
• Support legislative, organizational and administrative reforms of management structures, systems and procedures in the Ministry of Health  
• Promote capacity in technical supervision and control throughout the health sector, to promote quality and increase utilization. |
| **STRATEGIC PRIORITY 5:** Partnership and coordination | • Technical support to facilitate partnership coordination  
• Leverage with donors by building on existing mechanism  
• Facilitating the Government’s involvement in partnership and coordination of external resources for aid effectiveness |
| **STRATEGIC PRIORITY 6:** Emergency Preparedness and response | • Support for training of the health workforce in rapid response and emergency management including outbreak investigation and disease surveillance and for providing emergency stocks and supplies  
• Technical support to develop policy and strategies and contingency planning on health component of the emergency preparedness and response  
• Enhance partnerships for effective leadership of MoH in planning, coordination and response to emergencies |