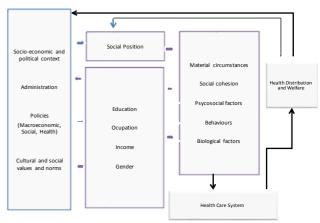
Operationalising Strategic Development Plan for Effective Results



Social Strategic Sector: Health & Social Solidarity
Presentation by Minister of Health

Timor-Leste & Development Partners Meeting (TLDPM)
Dili Convention Centre, 25-26 July 2014

DETERMINANTS OF SOCIAL SECTOR



Key Progress in Social Inclusion

- The development of a database is underway for the public service transition pension scheme, and the ongoing discussions on the future contributory scheme.
- Pensions for the elderly have been established and are improving the lives of the beneficiaries.
- Major Progress in Social Inclusion:
 - √ "Bolsa da Mae" conditional transfer program being expanded (this year to 50,000 beneficiaries.
 - ✓ First draft of Child Protection Law prepared for discussion.

Key Progress in Social Inclusion (cont.)

- More shelters uma mahon for victims of gender violence.
- The process of inter-ministerial coordination and NGOs have developed an action plan to implement the national policy of inclusion and promoting the rights of persons with disabilities.
- Validation in progress to data recorded in 2003-2005 and 2009 for the National Liberation Combatants and the families of martyrs who are currently receiving 18,000 pension.

Progress in Provision of Health Services

Average life expectancy at birth	62
Total fertility rate	5.7
Maternal mortality rate	557/100,000
Child mortality rate	44/1,000
Mortality rate of children under 5 years of age	64/1,000
% of children ≤ 5 years of age with chronic malnutrition	53%
% of children ≤ 5 years old malnourished	49%
Incidence of Tuberculosis	133/100,000
Incidence of Malaria	2/1,000

Progress in Provision of Health Services

- ☐ Implementation of the new policy of Primary Health Care, with the beginning home visits;
- ☐ Placement of new doctors, nurses and midwives in Sucos and Sub-Districts;
- ☐ Reduction of medication/drug stock;
- Reducing in the number of maternal deaths and children under 5 years of age;
- □ New Strategic Plan to Combat Malnutrition developed, accompanied by improvements in the rate of children nutrition;
- Access to medical care abroad for diagnosis and treatment of more complex cases and were national capacity is limited - we are witnessing, however a significant reduction of Medical Boards.

Key Challenges in Social Solidarity

(in the operationalization of the SDP in the short, medium and long term)

Short and medium term

- •One challenge is to continue to better outreach to the most vulnerable in the community, ensuring that they have access to services.
- •Infrastructure limitations and the limitations of systems remain a challenge (e.g. lack of banking facilities in some districts for payments to beneficiaries)

Key Strategies to adopt

- To improve awareness of ministries programs, covering the entire territory, especially in remote and more isolated areas;
- Creation of an integrated information, surveillance, monitoring and evaluation system of services delivered;
- Continuous human resources training and development of professional staff in areas that support the delivery of services -Strategic Human Resources Plans;
- Development of Standard Operating Procedures (SOPs or SOPs) for the management of social sector; Strengthening the conditions of existing infrastructure and services;
- Regular meetings led by Deputy Prime Minister with the Social Sector Strategic Working Group and the Working Groups of the Sub-Sector to improve coordination with key stakeholders;
- Reflections and evaluation of defined annual programs, ensuring programmatic budgeting for the Social Sector.

Key Challenges in Health Management

- The quality of the provision of primary health care is very limited for the population concentrated in the districts, resulting in a demand for such care in hospitals;
- Inadequate care of patients and the resulting lack of confidence in public services;
- Referal system focused on patient transportation plus discontinuity of care;
- The subsystem record of health information is deficient;
- The existence of population clusters without regular access to health services due to lack of physical infrastructure of health about 50% of the sucos do not have direct access to a public health center (442 sucos in the country, but there are only 226 health centers).

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