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HIV/AIDS IN EAST TIMOR

Assignment Report: 12–24 November 2000

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1. PURPOSE OF VISIT

The mission was jointly undertaken by Robert Bennoun (Team Leader, UNICEF), Nancy Jamieson, Gede Ngurah Surya Anaya (Family Health International), and Chaiyos Kunanusont (WHO/SEARO STC) from 12 to 24 November 2000 upon the request of the UNAIDS Theme Group in East Timor as a follow-up to the “*Interagency HIV/AIDS/STI Assessment Mission*”¹ from 26 June to 7 July 2000.

The objective of the mission was to prepare a design to support HIV/AIDS/STI prevention and care for UNAIDS cosponsors in East Timor, supporting the efforts of UNTAET and the incoming government of East Timor (See Annex 1).

2. PROJECT AREA

As the follow-up to the previous UNAIDS Interagency Mission in June-July 2000, this mission covered a specific scope of work on

- (1) design for services on sexually transmitted and reproductive tract infections, safe blood supply, laboratory services, voluntary confidential counselling and testing and condom supply.
- (2) design for capacity building on HIV/AIDS/STI among children, young people, and women at reproductive age, vulnerable population such as commercial sex workers and their clients.
- (3) design for the surveillance of sexually-transmitted infections and risk behaviours

The principal product of this mission was the draft proposal “*Interagency HIV/AIDS/STI Design Mission*” which was submitted to the UNAIDS Theme Group of East Timor at the end of the mission.

3. FINDINGS

3.1 Background

During the crisis in 1999, all public services (transportation, health, water, sanitation, electricity and trade) were destroyed. Around 1/3 of all roads (2 332 km.) are currently damaged and 11% of the bridges are in poor condition. The few remaining physicians cannot provide effective health services. Only 21 out of 58 power stations are functioning. Beside physical destruction, people in East Timor are having unseen psychological and cultural injuries which need decades to heal

The population in East Timor now is around 800 000. The Bureau of Statistics Research and Census Unit in East Timor has estimated the population in East Timor in May 2000 as 779 568 (Annex 2). It is still unknown how many Timorese are moving back across the border. There have been around 12 000 international workers currently. Among them, 500 are United Nations staff, while 9 000 are construction/labour workers. The remaining are probably staff of international NGOs and people who moved in for trade, business, and investment.

¹ Collaborative activities among UNICEF, UNFPA, FHI/USAID, and UNAIDS. Request for full report can be made to the UNICEF East Asia and Pacific Regional Office, Bangkok

3.2 Methodology

To facilitate consultation and discussion with people met or consulted, an introduction form was distributed along with request for appointment and was used again at the beginning of consultation/discussion (see Annex 3 for the form). Team members usually split up working in parallel and got together in the evening for wrap-up sessions. Discussions of key points and conclusions were derived from the wrap-up sessions. The final draft report (the design proposal) of the mission was made by Team Leader.

4. CONCLUSIONS

- (1) The present administration in East Timor is under UNTAET (United Nations Transitional Authority of East Timor) which covers three major aspects of civilian administration, civilian police, and peacekeeping forces (PKF). United Nations agencies in East Timor play supporting roles in transferring administration from UNTAET to the emerging bodies of the government of East Timor which is called ETTA (East Timor Transitional Authority). WHO works closely with the Department of Health in ETTA which is an emerging body getting responsibilities from the health division of the civilian administration aspect of UNTAET.
- (2) The health status of Timorese people is generally lower than neighbouring Indonesian districts. Maternal mortality rate ranges from 300 to 500 per 100 000 and could be as high as 8302 per 100 000. Infant mortality rate is 85/1 000 and child mortality rate is 124/1 000 life births. Approximately 20%-40% of deliveries are attended by trained personnel. Around 22% of people are using modern contraceptive methods. Total fertility rate is between 4.5 and 4.6, and median number of household members is 5. Average duration of breastfeeding in East Timor is 16 months. Life expectancy is not calculated because of lack of data.
- (3) Communicable diseases are major health problems. Among the estimated 8 000 cases of active tuberculosis in East Timor, around 2 000 cases are currently under treatment. Malaria is endemic in every district. Over 20% (133 751) of annual consultations (663 960) were suspected malaria. Medical and health services are currently supported by international organizations. The biggest obstacle for developing health service system is lack of human resources and medicines.
- (4) The health infrastructure is under rapid reconstruction. WHO has made a major contribution to the East Timor Transitional Authority (ETTA) in rebuilding health services. One of the most important activities is compilation of data for proper resource allocation. The WHO office in East Timor is generating 'Weekly Epidemiological Bulletins' which have been circulated among concerned staff in East Timor. In the cycle of 50 weeks from September 1999 to September 2000, a total of 663 960 consultations were made to the remaining health systems. The most common morbidity was upper respiratory tract infections. Laboratory services are still not functioning, so diagnoses were made on clinical manifestations. There has been lack of data on sexually transmitted infections and HIV prevalence, but there have been notifications that sexually transmitted infections are

² Jon Pedersen, Marie Arneberg (Editors) David L Philips (Project Director) **Social and Economic Conditions in East Timor**. 1 November 1999, by International Conflict Resolution Program, School of International and Public Affairs, Columbia University, USA and Fafo Institute for Applied Social Science, Oslo, Norway.

increasing. Social interactions among local Timorese girls and international male expatriates are commonly observed. Lack of awareness on HIV/AIDS/STI among both general population, lack of mechanisms to increase awareness, along with cultural constraints on condom use altogether put East Timor at risk of having HIV/STI spread in the general population.

- (5) The components for an HIV epidemic already exist in East Timor; STI and HIV have been reported among the Indonesian and local population for a while since before the crisis; a proportion of population have engaged in unsafe sex, and lots of people are moving, both local and international. These altogether increase the likelihood of an epidemic. It is a matter of how soon and how large the HIV epidemic will be. The earlier the interventions are initiated, the later the epidemic will occur. Since most fundamental activities, i.e. raising awareness and behavioural interventions, will be the same regardless of prevalence of HIV or STI, there is no need to wait for accurate numbers of HIV or STI prevalence rates. The unusually high neonatal syphilis cases reported from ICRC hospital indicate urgency to initiate interventions.
- (6) It is agreed among international and national authorities that the most important and immediate intervention is to increase awareness on HIV/AIDS/STI among the general population.
- (7) The Department of Health has a policy to develop comprehensive health services that integrate care and prevention aspects of health together. One exception is tuberculosis (TB) care and control. The Caritas has involved very effectively in TB care and control. A health authority suggested that Caritas would be an effective collaborator in HIV/AIDS/STI control activities.
- (8) The evolution of sex business in East Timor is activated by the large amount of international contribution and expatriates. Although PKF and civilian police officers are advised not to have sex with local women, the sense of business opportunity is around. It has been reported that there are 3-5 brothels in Dili, but they are not well located. It appears that the sex business exists but is not readily available for anyone to identify immediately.
- (9) Stigmatization exists and possibly, a violent response could be expected if the population is not educated adequately.
- (10) Capacity building and behavioural interventions are urgently needed. This was discussed repeatedly among the staff of United Nations, international NGOs, and the Department of Health (DHS). It is perceived that capacity building resources are very limited in East Timor and capacity building among international and local staff is the first step before the expansion to general population.
- (11) Issues of sexual health and family planning are sensitive in the context of the strong Roman Catholic society in East Timor. Contraception is generally not approved. Although there are perceived needs for reproductive health services, establishing reproductive health, in particular family planning services, requires a courageous spirit. The UNFPA office in East Timor has supplied reproductive health kits to all 13 districts in East Timor including contraceptive pills, injections, and condoms.
- (12) For disease prevention, condoms are available through UNFPA and international NGOs. However, the supply is not constant because the infrastructure and awareness are not adequately developed. Also, condom use is still a sensitive issue and does not get support

from the Catholic Church. There is no policy on condom promotion; thus there is no definitive protocol for the whole system of condom procurement, logistics, and monitoring.

- (13) Services for sexually transmitted infections and reproductive tract infections are lacking. Sexually transmitted infections are under the informal reporting system to WHO, because laboratory services have not been established.
- (14) Blood supply in East Timor is principally from Australia. The local blood supply system is usually associated with emergency, in particular of obstetric and gynaecological ones. This explains why coordination for blood supply is currently with UNFPA. Since there is no established laboratory service in East Timor, locally donated blood units are tested for HIV using rapid assays. There is no protocol on pre-testing or post-testing counselling nor definitive algorithm on individual diagnosis. Donors who test positive with rapid assays are treated differently. There is an urgent need for standard procedures of blood safety system.
- (15) Laboratory services have not been established. Pre-existing facilities were destroyed in the crisis in 1999. The Department of Health is putting up facilities to support diagnosis of communicable diseases. Again, the most important obstacle is lack of human resources.

5. RECOMMENDATIONS

5.1 Blood Supply

With limited data, targets for blood supply are calculated from estimated population. The overall requirement is around 16 000 units annually, for normal situation. This can be set as a long-term goal for blood supply in East Timor.

Calculated targets for blood supply by district, East Timor

City	Estimated Population	% from Total	Blood Supply Target
1. Dili	165 164	21.19	3 303
2. Aileu	33 940	4.35	679
3. Ainaro	39 410	5.06	788
4. Baucau	66 473	8.53	1 329
5. Bobonaro	69 519	8.92	1 390
6. Cova Lima	45 232	5.80	905
7. Ermera	76 492	9.81	1 530
8. Lautem	67 320	8.64	1 346
9. Liquica	39 479	5.06	790
10. Manatuto	31 743	4.07	635
11. Manufahi	40 362	5.18	807
12. Oecussi	38 817	4.98	776
13. Viqueque	65 617	8.42	1 312

Total	779 568	100.00	15 591
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(1) *Immediate plans* should be made among WHO, UNFPA, UNTAET, international NGOs, and DHS to adequately import blood to secure supply for the current situation.

- A **data base** system for blood supply should be established. The system should monitor requests, and utilization of blood and perform short-term forecasting for blood supply activities.
- A **blood bank** should be set up to coordinate import and local donation of blood.
- A **protocol** on blood donation should be set up to properly provide donor screening, donor education, donor self selection, list of assays, pre-test as well as post-test counselling (for donors who request to learn test results), reporting and referral procedure.

(2) A *long-term plan* should be drafted up to prepare for the national blood supply policy and activities. This includes building nationwide safe blood supply networks, donating and testing facilities, and justification for utilization of donated blood. WHO can take this responsibility with International Red Cross and hand over the (long-term planning) activities to the incoming government of East Timor.

5.2 STI/HIV Surveillance

In view of the observations (without proven data) that sexually-transmitted infections (STI) are increasing in East Timor, surveillance of STI is urgently needed to monitor the trend and possibility of heterosexual STI/HIV epidemic. With limited laboratory facilities, surveillance must rely on clinical manifestations only.

(1) STI prevalence

Prevalence of sexually transmitted infections can be estimated after the national survey is conducted. Given the unlikelihood of developing complete laboratory facilities or perfect specimen collection and handling, **careful interviews in the national survey** for past and present symptoms of STI, especially genital ulcer diseases (GUD) and in particular, those indicating herpes type I or II will be the most useful.

(2) STI incidence

Incidence of STI can be calculated from prevalence data. Incidence of gonococcal urethritis (GC) is a good indicator for unprotected sexual intercourse. With the current infrastructure, good STI incidence data are unreachable in near future. Detailed plans can be formulated when services for STI and RTI (Reproductive Tract Infections) are in place. However, laboratory surveillance for resistant strains is usually beneficial for modification of treatment protocols.

(3) HIV prevalence

HIV prevalence in East Timor is very low. **Dry blood spot** and **saliva or urine testing** for HIV are alternative ways to learn about the exact prevalence of HIV in the national survey. To monitor the HIV trend, HIV sentinel surveillance should be set up, at first among vulnerable groups such as female

sex workers, STD clinic attendees, and construction workers. **Pool serum testing** for donated blood can save some cost and should be considered in the situation of limited budget.

5.3 Laboratory Services

(1) HIV testing

It is necessary to establish facilities for HIV testing to screen for safe blood, diagnose infected individuals, and support surveillance activities. The central (national) laboratory unit must be equipped with at least two types of ELISA (Enzyme Linke Immunosorbent Assay), indirect and competitive with particle agglutination (PA) assays. Supplemental tests are not urgently needed but laboratory units must develop connections with reference laboratory facilities, for example, in Australia (Darwin). Monitoring for treatment (Immunophenotyping-CD4, and nucleic acid amplification-viral burden) is not cost-beneficial to establish.

(2) Confirmatory test for syphilis

The central (national) laboratory unit must be able to differentiate syphilis from yaws among VDRL reactive subjects.

(3) Diagnosis and monitoring for MDR-TB

It is necessary to identify multi-drug resistant *Mycobacterium tuberculosis*. The central (national) laboratory unit should regularly collect and culture specimens from treated subjects who do not respond well to TB therapy.

Other activities

Other activities include safe motherhood, condom promotion, capacity building to raise awareness on HIV/AIDS/STI, and increasing administrative efficiency. See summary in Annex 4.

5. ACKNOWLEDGEMENTS

The writer thanks Estrella Serrano for population estimation and data on condom promotion and Daniel Murphy for information on medical services.

Annex 1

SCOPE OF WORK

East Timor HIV/AIDS Design & Proposal Preparation Mission Dr Chaiyos Kunanusont, 13-25 November 2000

- (1) To participate in the design and proposal mission, as a follow up to the assessment mission carried out in July 2000.
- (2) Together with Robert Bennoun (UNICEF, team leader), Nancy Jamieson (FHI), Dr Chaiyos (WHO) and other members of the team, to prepare detailed design and costing of specific interventions on:
 - STI/RTI care seeking
 - Behavioural surveillance to describe and track the changing social context and behavioural risks.
 - HIV/AIDS/STI awareness and prevention among the following specific populations:
 - Young people
 - Women
 - UN and other international organization staff
 - Vulnerable populations, including female sex workers, male sex workers, injecting drug users, female victims of domestic violence and victims of incest
 - Media communications, including
 - Public awareness and communications activities
 - Mass media – posters, radio spots, newspaper articles
 - Targeted communication activities
 - Health promotion
 - Capacity building, prevention and care activities to be carried out with/by
 - Church
 - Women's organizations
 - Student and youth organizations
 - Local NGOs
 - Educational institutions -schools and teachers
- (3) Deliverables
 - Completed HIV/AIDS/STI for the UN system for 2000-2002, with a detailed budget and timeline for implementation
 - Integrated Workplan on HIV/AIDS/STI prevention and care for the UN system.

Annex 2
ESTIMATED POPULATION IN EAST TIMOR

Year	Population Census			Estimations			May 2000
	1980	1985	1990	1997	1998	1999	
AILEU	15	20	25	32	35	32	34
AINARO	44	48	43	47	51	38	39
BAUCAU	75	81	87	93	94	64	66
BONONARO	62	72	82	93	87	63	70
COVA LIMA	26	31	45	53	61	45	45
DILI	68	92	123	168	156	129	165
ERMERA	56	67	78	91	91	73	76
LAUTEM	38	43	48	54	52	65	67
LIQUICA	30	36	44	54	56	39	39
MANATUTO	25	28	32	36	40	31	32
MANUFAHI	27	31	34	39	43	39	40
OECUSSI	37	43	49	56	57	33	39
VIQUEQUE	55	56	57	58	65	65	66
East Timor	558	648	748	874	888	716	780

Note: Numbers are in thousands.

Annex 3 INTRODUCTION SHEET

UNAIDS EAST TIMOR DESIGN MISSION

Objectives of UN HIV/AIDS STI design and proposal development mission

To prepare a design/proposal to support HIV/AIDS/STI prevention and care and support the transitional authority and incoming government of Timor Loro Sae.

Team Members (0408 818-706)

Robert Bennoun, UNICEF, Team Leader, Nancy Jamieson, FHI, Chaiyos Kunanusont, WHO, Gede Ngurah Surya Anaya, FHI consultant

Task

- (1) To analyze opportunities within the planned country programmes of the different UN co-sponsors
- (2) To seek the advice of national and international agencies and key informants on opportunities for action for the immediate, medium [coming year] and long term [over the coming two years and preparing for future.]

Guiding Principle

Desire to learn from the experiences of other countries: Build a compassionate and supportive environment for HIV/AIDS programmes and people living with HIV and AIDS and their families.

Major constraints: cross cutting

Multiple competing priorities, nascent government systems, limited human resources, lack of infrastructure

Topic/ Principal activity area	Status: potential for proposing fully developed activities	Major constraints
STI/RTI services - general population - 'vulnerable groups'	Limited	
Condoms procurement	Advanced [UNFPA procurement]	
Behavioural surveillance	Limited	Need a government in place + interventions to allow for access to appropriate populations
Capacity Building	Medium	Need more 'capacity' in order to do capacity building [Gregorius: UNICEF]
Development of Policies	Limited	Need government in place first
Communication campaign among general population	Advanced	
Intervention among vulnerable groups: group I Women, youth	Advanced: groups already exist	
Interventions among vulnerable groups: group II Female/male sex workers, client groups	?? no implementing agencies	
Blood safety	Limited: long range planning	Need to deal with immediate issue of 'family donors in three hospitals/ using rapid tests

Topic/ Principal activity area	Status: potential for proposing fully developed activities	Major constraints
VCT	Limited	
HIV Surveillance	Limited	Need government and policy in place

Annex 4

SUMMARY OF ACTIVITY

1. CAPACITY BUILDING

It is urgent and essential to increase awareness of both general population and vulnerable groups for HIV/AIDS threats. Awareness will ease capacity building for HIV/AIDS/STI prevention. Activities will be pointed toward specific target groups.

1.1 Women at reproductive age

There are at least 175 000 women at reproductive age (15-49 years) in East Timor in 2000. Prevalence of HIV or STI is unknown. Failure to prevent HIV frequently results in mother to child transmission especially among younger women. STI services are still inadequate and unaccepted. Reproductive health services are not well established. However, there are some interventions needed in East Timor.

- (a) Setting up Mother and Child Health (MCH) Services system in every district to decrease maternal mortality and infant mortality in East Timor with support from UNTAET;
- (b) Integrating sexually transmitted infections and reproductive tract infection diagnosis and treatment into MCH services system, and
- (c) Increasing awareness on HIV/AIDS/STI among women of reproductive age through general health education and specific clinical services.

1.2 Children and youth

Activities include awareness raising among children and the younger generation in schools and in communities focusing on healthy lifestyle.

1.3 Vulnerable groups

Male and female sex workers will learn the natural facts of HIV/AIDS and sexually transmitted infections. Specific messages on safe behaviours will be conveyed. Small grants will be funded to local and international NGO focusing on outreach activities and condom promotion.

2. UNITED NATIONS ACTIVITIES (WHO, UNICEF, UNFPA)

UNICEF will continue to take the lead on HIV/AIDS and STI control activities, especially capacity building. UNFPA will be working with WHO on condom promotion in particular vulnerable groups. Blood safety will be coordinated by both UNFPA and WHO under the development of laboratory services for communicable disease control activities.

3. IMPROVING EFFICIENCY OF WORK IN DILI

3.1 UNAIDS Theme Group Coordinating Unit

Cosponsors agreed to organize a coordinating unit (CU) for UNAIDS Theme Group which would consist of one international officer, one national officer, and one administrative staff. This coordinating unit will act as the focal point for the United Nations system on HIV/AIDS/STI activities, support and be the contact point between the United Nations and nongovernmental organizations.

3.2 Small grant facilities

A small grant facilities (SGF) will be established under the management of the UNAIDS Theme Group Coordinating Unit, with the starting fund of US\$ 250 000 over the period of two years. Grant of up to US\$ 2 000 funds will be approved by the SGF committee. Approximately 20% of budget will be allocated to activities for male and female sex workers, 10% for media, 10% for radio with print media, 10% for capacity building, 10% for counselling, 10% for awareness raising, and 10% for church/clergy-based activities.