Timor-Leste Situation report

Background

The security situation in Dili, Timor-Leste, is slowly improving. The political situation in the country remains fluid. After the resignation of the Prime Minister on 26 June 2006, no decision has yet been taken about his successor. The activities at the local government level in various districts are reportedly functioning as normal.

WHO role in emergency situation

Coordination

WHO continued its close coordination and strong technical support to the MoH in maintaining health services in the country.

Health Care Services for IDP

The MoH/Cuban medical team, national and International NGOs have been providing health care services to all IDP centers. Initially, health services were provided for 24 hours only in the major camps, while mobile clinic used to visit camps with small population. The improving security situation, functioning of community health centers, and no evidence of public health problem in the IDP centers have led the MoH to encourage the IDPs to seek medical care in health posts and community health centers. It is important to mention that since start of the crisis special attention has been given to the pregnant women. Totally 250 pregnant women have been registered in the IDP centers where the consultation and medical examination has been provided. Transportation has also been arranged for the pregnant women for delivery in the hospital.

Surveillance System Description

The MoH with the support of WHO has established and implemented surveillance and response system for IDP (SRSI) just one week after the influx of displaced persons to the IDP centers in Dili district. The SRSI guidelines, including standard reporting form and case definitions were developed and distributed to the agencies and MoH medical team that provide health care services to the IDP centers.

The SRSI monitors the situation of 15 potentially outbreak and high priority diseases in nearly 90% of the IDP centers. All agencies providing health care in the IDP camps have been requested to immediately report any suspicion of possible outbreak of any disease in any IDP camp and provide feedback on priority diseases on weekly basis. However, most of them are reporting on daily basis.

The outbreak investigation team and response was established, and their task and responsibilities was to verify and investigate any possible outbreak based on information from surveillance system and rumors.

As the community health services began to function normally, epidemiological data was also collected from health facilities in Dili in addition to the SRSI.

WHO Country Office developed an Epi Info based software for data management, analysis, and production of epidemiological data. This software helps the Surveillance Officer to provide timely epidemiological information to the decision makers and other stakeholders.
Two WHO field staff have been mobilized to help the surveillance unit in the collection and management of data.

WHO Country Office is directly involved in the data management and analysis to provide feedback, identify and investigation of outbreak.

**Epidemiological Pattern of Diseases**

Currently there are 58 IDP camps in Dili with an estimated 69,000 population. The number of IDP in each camp varies from 15 - 13,200 people. Six of these camps have more than 3,000 population.

Among diseases being monitored, majority of the reported cases are acute upper respiratory infection (64.9%) which is the major disease affecting IDP, followed by skin infections (10.3%), clinical malaria (7.3%), acute watery diarrhea (7.3%), injuries (3.7%), conjunctivitis (3.4%), and pneumonia (2.6%).

**Outbreak Investigation and Response**

Based on the epidemiological analysis, the outbreak response team has identified and verified reports of diphtheria cases, suspected cholera, AFP cases, and acute watery diarrhea. No evidence of cholera and acute watery diarrhea was found, and both diphtheria and AFP cases were incorrectly reported.

**Filling Gaps**

The MoH with support from WHO, UNICEF and UNFPA is planning to conduct a rapid assessment for reproductive health, family planning and child health in the districts. A protocol for this assessment is under preparation.

**Capacity Building**

Due to security situation in the country, many advisers seconded to the MoH by the bilateral agreements have not yet returned the country. In their absence, however, the MoH with continued support from WHO has been able to function normally during the crisis situation. This can be attributed to the national capacity building which WHO has advocated and worked for since very beginning.

**Resources for medical emergency**

WHO has renewed its efforts at the Headquarters and Regional levels to mobilize resources for its two projects: (1) Epidemic Preparedness and Response, and (2) Drugs and consumables for emergency response, for US$ 1.28 million which were included in the Flash Appeal for possible funding for a period of three months. In a recent meeting with the donor community this issue was raised by the WHO Representative and the United Nations Resident and Humanitarian Coordinator also separately requested the donor community in his recent communication to provide funds for health projects.

WHO has already finalized operational plan to support MoH for implementation of the project activities, including procurement of supplies and equipment. Particular attention has been given to the malaria control. If the resources are available, MoH will introduce the Artimisinin-based Combination Therapy (ACT) for treatment of p-falciparum malaria due to high chloroquine resistance and rising resistance to SP (Fanzidar). It is crucial that resources for operation and drugs be available before the rainy season starts in early October 2006. It is therefore crucial that resources are made available to respond to any possible malaria epidemic in Timor-Leste as soon as possible.
WHO Country Office has drafted the operational manual for home based treatment of malaria which has been sent to the Regional Office for technical comments.