The Present Context

Ranked 140th on the UNDP Human Development Index, the Democratic Republic of Timor-Leste is among the poorest countries in Asia. Per capita income was US$ 460 in 2002. More than 40% of the population lives below the poverty line with significant variations between districts. The country achieved its independence in May 2002, after 24 years of occupation and armed conflict. The violence that followed the separation led to the destruction of the health infrastructure and the withdrawal of many health providers. The current upsurge of unrest began in March 2006, when some 600 military staff were fired from service. Within the capital of Dili random acts of violence are spreading. Thousands of people are in need of clean water, temporary shelter, food and health care. The conflict has so far resulted in approximately 70 000 IDPs many of whom are residing in temporary camps around Dili. Currently, the movements of humanitarian agencies are constrained by the security situation which continues to deteriorate rapidly.

Millennium Development Goals in Timor-Leste

<table>
<thead>
<tr>
<th>Goal</th>
<th>Target 1</th>
<th>Target 2</th>
<th>Target 3</th>
<th>Target 4</th>
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<tr>
<td>Eradicating extreme poverty &amp; hunger</td>
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<td>Achieving universal primary education</td>
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<td>Promoting gender equality</td>
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<td>Reducing child mortality</td>
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<td>Improving maternal health</td>
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<td>Combatting HIV/AIDS, malaria etc.</td>
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<td>Building a global partnership for development</td>
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</tbody>
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Note: Information is based on one to two specific targets for each major goal. The selection of goals and targets in the table is based principally on data availability.

Source: UNDP, Human Development Report, 2002

Main Public Health Issues and Concerns

Health Status

- Infant mortality is 64 per 1000 live births. Under-five mortality is 69 and 91 per 1000 live births for females and males respectively.
- Maternal mortality is 660 per 100 000 live births. There is an increasing incidence of teenage pregnancies and the short spaces between pregnancies. Many women are anaemic, increasing the risk of haemorrhage during delivery.
- Life expectancy at birth is around 63 years. Adult mortality is 267 and 184 per 1000 for men and women respectively.
- In 2003, almost half of the children under five years of age were stunted and 46% underweight.
- Communicable diseases account for approximately 60% of deaths. The main causes of mortality among children under five are malaria, dengue fever, acute respiratory infections and diarrhoeal diseases.
- Malaria is highly endemic. There was a three-fold increase in reported malaria incidence after the 1999 crisis. Over 130 000 suspected cases were reported in 1999. Drug-resistant \( P. falciparum \) is widespread.
- Tuberculosis is a major public health hazard. In 2004, TB incidence was 555 per 100 000.
- Timor-Leste is one of the high leprosy endemic countries. Surveys conducted in a few districts in 2001-2002 showed a prevalence of 3-7 per 10, 000 population.
- Only a third of the population has access to improved sanitation and 52% to improved water sources.
Health System

- Priority problems are poor and unequal access to health services (in the highlands it is no more than 12%), an inadequate referral system and the absence of a regulatory framework in the sector.
- During the 1999 crisis, more than 80% of the health facilities were either destroyed or damaged. The emigration of doctors and other health professionals caused the near-total collapse of health care delivery.
- During that emergency, health care was provided by international organizations. After May 2002, development partners established a “Trust Fund for East Timor” to support key activities including health. Basic infrastructure and health facilities at the district and sub-district levels have been rehabilitated and/or reconstructed, but many remain without access to water.
- A network of health laboratories exists at the district level, but their capacity is inadequate. The central health laboratory provides only limited services and quality control.
- There is a major shortage of doctors, health workers and technical health professionals. In 2004, there were about 0.1 physician, 1.8 nurses and 0.4 midwives and 2 community health workers per 1000 people.
- Poor access to reproductive health services is the first cause of the high rate of maternal mortality. Only 43% of women have access to antenatal care and 24% of deliveries are attended by skilled health personnel. More than 80% of births take place in the home.
- Immunization coverage is low. The MICS-2002 results showed that coverage rates for children under five fell to 16% for polio and 37% for BCG, with only 5% of children fully immunized. National Immunization Days for polio eradication were organized in 2000 and 2002 as well as a measles vaccination campaign in 2003.
- Total health expenditure is approximately 10.6% of the GDP. Of the total health expenditure, approximately 78% is public and 22% is private.

Main Sector Priorities

Practical work and strategic direction is needed to develop and strengthen the health system. The country seeks international technical support to strengthen prevention and control of both communicable and noncommunicable diseases.

WHO identifies three overall priority areas:

- Support the management of the district health system
- Develop health facilities and human resources
- Enhance capacity building, especially at the central and district level planning and management of the MOH.

The focus of WHO’s work during the next five years includes:

- Support for health policy and legislation development;
- Donor coordination and partnerships for health development;
- Health systems development;
- Interventions for priority health problems.

The priorities for the current crisis are:

- Monitoring, collection, analysis, and utilization of relevant public health data;
- Coordination of health actions among the various partners
- Communicable disease control including an early warning component to ensure timely detection of and response to infectious disease outbreaks is considered;
- Maternal child health preventative and curative services;
- Support to the MoH to deliver essential public health functions;
- Improved water, sanitation and hygiene for the camps;
- Development, dissemination, communication of essential health messages.