Millennium Development Goals
2010

Where we are now!
Where do we want to be in 2015?
Timor-Leste is one of the newest member states of the United Nations. Following four centuries of colonization and twenty-four years of occupation and conflict, the popular consultation of 1999 began the arduous task of sovereignty under three years of UN administration.

The process of rebuilding our impoverished nation began under the most challenging of circumstances. Upon the withdrawal of Indonesia, 70% of the country’s infrastructure had been destroyed including homes, health facilities, irrigation systems and water supplies. 95% of schools had been damaged, 100% of the national electrical grid demolished and there were virtually no institutions or State capacity. Three years later, in 2002, Timor-Leste’s independence was restored.

Driven by a strong sense of self-determination and inspired by our sacrifices from the struggle to achieve, in a relatively short period of time, Timor-Leste rose from foreign domination and destruction and has transitioned into a dynamic, stable and democratic society.

While classified as a low income and post conflict state, in 2010, Timor-Leste has emerged breaking the cyclical bouts of instability which prevented national development and is now firmly focused on becoming a nation of peace and stability driven towards creating long term economic prosperity for our people and resolutely committed to working towards achieving the Millennium Development Goals (MDGs).

Our collective vision is for every Timorese to reap the benefits of those democratic principles enshrined in our Constitution; to be free, to have the opportunity to live in a just and safe society and to have access to those basic and inalienable rights outlined in the MDGs.

Substantial progress has been made by strengthening the institutions of the State, reforming the security sector, introducing social welfare and expansionary fiscal policies, providing more effective and efficient service delivery, and fostering more positive conditions for the citizens of Timor-Leste.

Since 2007, record average double-digit economic growth has rendered a steady increase in non oil per capita incomes, from US$398 in 2007 to $499 in 2008 and $599 in 2009. Capital development has surged to 1,023% from 2006/2007 and Timor-Leste has been cited as one of the top ten fastest growing economies in the world in both 2008 and 2009, all testimonies to our determination to fast track development and meet those objectives outlined in the MDGs.

We are, therefore, pleased to report that the most recent World Bank estimate has cited 9% decrease in poverty; making the new poverty level in Timor-Leste 41% for 2009. The fall is attributed to economic growth post 2007, and the increased public spending we pursued, particularly on social programs and labor-based infrastructure works.
Despite these achievements, we are acutely aware of the challenges in post-conflict countries; and also the importance of continued security reforms and the role of the economy in manifesting long lasting peace as an integrated model in sustainable development.

Rich in resource revenue which has accrued over the six billion dollar mark, Timor-Leste, unlike many developing countries, has a real opportunity to invest in our own development and to improve the lives of our citizens.

The Strategic Development Plan of Timor-Leste, SDP (2011-2030), which serves as the primary guiding document for the country’s development over the next twenty years articulates a clear and defined vision; “By 2030, Timor-Leste will have joined the ranks of upper middle-income countries, having ended extreme poverty, eliminated the economic gap with emerging economies of ASEAN, and fostered a democratic and environmentally sustainable society.” The objectives in the SDP are benchmarked against the Millennium Development Goals, reinforcing our nation’s commitment to not only making significant long-term improvements, but also contributing positively to global impact through sustainable development.

To accelerate achievement of the MDGs, in 2011 the MDG Suco Program will be launched, an innovative program to socialize the MDGs to the village level. The MDG Suco Program will give greater community education and understanding of the MDG targets and give ownership and funding to local communities to prioritize, plan and implement projects; particularly in the areas of water, sanitation and housing. The MDG Suco Program will build capacity cross sectors and encourage community participation in national development.

With a view to enhance donor coordination, over the past two years, the Government has developed and implemented core mechanisms to bring the country closer to reaching the MDG targets. We streamlined aid effectiveness and placed this under the Ministry of Finance and committed ourselves firmly to the principles in the Paris Declaration and subsequent Accra Agenda for Action (AAA). Also, the MDG Secretariat is now closely monitored by a Steering Committee chaired by the Minister of Finance, H.E. Emilia Pires with key Line Ministers on the committee for monitoring, analysis, ongoing policy discussions and adoption of new initiatives.

Adopting the National Priorities framework, established in 2008, to articulate the key national priorities on an annual basis and prioritizing those policies and actions which effectively contribute to the achievement of the MDGs has now become the norm to ensure a more coherent approach to the MDGs across the entire Government.

Over the last three years, we have almost tripled its General State Budget and equally as important, has strengthened institutions and mechanisms for higher budget execution to provide better service delivery. In 2009, the budget execution rate at the end of the fiscal year across government was 89%. Around 30% of the annual budget is committed to public health and basic education over the next decade. Investment plans are also being finalized to the year 2015 that detail the public sector’s main investments in health and nutrition, education and research, infrastructure, agriculture, tourism, petroleum and human capacity building.
Timor-Leste is committed to building a society where there is free and universal health care and education; equally accessed without discrimination to gender, religion or race; a society where these services cross regional divides and are delivered with global best practice in standard, function, obligation and duty of care to each and every citizen. Amongst our duties is to ensure that each citizen can reach his or her potential with a significant quality of life and to ensure that all Timorese have the opportunity to participate in and contribute to peace building, nation building and the ongoing consolidation of the State.

With these goals, we have entered the next stage in our development, moving from fragility to agility through effective reforms, advanced social and fiscal policies and accelerated development which has already begun to deliver tangible results.

This Report has been commissioned by the Government of the Democratic Republic of Timor-Leste in concert with the United Nations System, summarizing the progress of the last three years; outlining the key advances made and the challenges remaining in reaching each Goal, with the identification of potential further actions necessary to meet each objective. Timor-Leste is optimistic that it can achieve many of the MDGs by 2015 given the current progress and the pace of reforms envisioned in the next five years. We do acknowledge that better international engagement and partnerships with international actors is at the forefront of accelerated results.

With much more to be achieved, the Government and the people of Timor-Leste have benefited considerably from the support extended by the United Nations missions, agencies, funds and programs. Their assistance has been appreciated in achieving peace and stability in Timorese people. On an international level, our nation is proud to take a lead role in the g7+; a solution oriented forum to give voice to the aspirations and experiences of fragile countries. This is a testament to Timor-Leste’s commitment to global partnerships.

As we work towards achieving the MDGs, we will continue our efforts towards improving aid effectiveness in line with the Paris Declaration and the Accra Agenda for Action to ensure that partnerships for development will increase and bring significant benefits to the Timorese people. We will continue to work closely with the United Nations System and other international development partners to turn the collective visions outlined in the MDGs into a unified reality for our nation.

Kay Rala Xanana Gusmão
Prime Minister
Government of the Democratic Republic of Timor-Leste
Timor-Leste is ranked among the least developed countries in the world having emerged only a decade ago. However, newly acquired freedom, political stability and rapidly improved conditions with newly acquired petroleum wealth to invest in the country has given the Timorese great hope that their standard of living will improve rapidly. The new Strategic Development Plan (2011-2030) envisages Timor-Leste to be in the upper-middle income rank no later than 2030, with the gap closed with today’s more developed neighbors, such as Indonesia, Thailand and Malaysia. The Millennium Development Goals provide the country with targets to achieve the aspirations of its people. As the end of 2010 nears, it is important to look at all that has been achieved towards attaining the Millennium Development Goals in Timor-Leste. This booklet looks at where we are now and what initiatives have been implemented to work towards reaching the MDGs, where we want to be in 2015 and what could be done to reach those goals. This exercise provides analysis on policy components and initiatives for framing future actions by both the Government and international actors.
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GOAL 1

TO ERADICATE EXTREME POVERTY AND HUNGER
To eradicate extreme poverty and hunger

Targets:

1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.
2. Achieve full and productive employment and decent work for all, including women and young people
3. Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Between 2001 and 2007 results from the Timor-Leste Standard of Living Survey (TLSLS) revealed that despite some eight billion dollars being spent on the development of Timor-Leste collectively by international actors, poverty in some areas of the nation had almost doubled (with 26.5% in the eastern districts, 57.8% in the central districts, and 55.1% in western districts). The national poverty rate was 49.9% in 2007 with a 26% decline in average consumption. The worst areas affected were the rural and regional sub districts of Timor-Leste.

By 2006, crises had marred regional divides, the economy had recessed, unemployment was at its height, capital works had stalled and the country was in atrophy with 150,000 Internally Displaced Persons (IDPs) living in 65 refugee camps around the capital of Dili. Stability was threatened by rifts between the police and army with further threats by armed rebel groups which prohibited Timorese from building sound and safe livelihoods.

With few social welfare programs to ease poverty, food insecurity was compounded by low productivity and import reserves too low for national consumption caused rioting. The lack of a viable private sector or public works programs resulted in few employment opportunities. Timor-Leste was the farthest away from achieving the MDGs and considered on track to becoming a failed State.

Where we are now!

In 2010, the State has tackled many of the challenges by identifying the core drivers preventing the country from meeting the MDGs, the most important being consolidating peace and stability.

Between 2007 and 2010, Timor-Leste focused on consolidating and reforming the security sector. By January 2010, the National Police Force (PNTL) had successfully taken over primary policing responsibilities from UNPOL in many districts across Timor-Leste with no measurable increases in crime, allowing many of the broader issues to be addressed in the focal areas of the MDGs including the core components of goal one: poverty, hunger and

Source: Horacio, 2010
employment.

By adopting a reformist agenda and implementing policies to counter the effects of poverty, to reduce hunger and to create opportunities for employment, the nation has fostered better conditions for the people to ease the suffering accrued by decades of extreme poverty.

The most pronounced commitment was tripling the General State Budget for national priorities including social protection and solidarity, food and agriculture, rural development, employment and wage generation.

Poverty

Over the past three years more public spending has been facilitated than all previous years combined to fast track development, spur economic growth, and above all, alleviate poverty. Public spending has been the cornerstone to ease the suffering of the most vulnerable, improve food security, create employment and training opportunities, empower the nascent private sector and rebuild communities that have long suffered from the effects of long term poverty. Newly established laws and anti-poverty initiatives have provided a new landscape for the country to tackle the serious and outstanding issues that have plagued communities, affected the health and well being of the people and restricted the general livelihoods of the Timorese. While poverty reduction is a long term commitment, many of the foundations have been fostered to meet targets of the MDG’s and alleviate some of the most severe effects of poverty.

For the first time in Timor-Leste, social policies and welfare initiatives have been implemented to meet the needs of the most vulnerable. In 2008 and 2009, all 150,000 IDPs from the crisis of 2006 were returned to their homes and/or communities using payment schemes and 93 community meetings held for re-integration and re-settlement through community engagement. Cash and in-kind transfers and pension schemes have benefitted some 338,089 Timorese who have received some type of humanitarian aid.

State assistance in the forms of pensions and subsidies are now paid to veterans, the disabled, the elderly, single mothers, and orphans. In 2008/2009, a total of 187,587 pensions were paid to vulnerable groups. In an effort by the Government to respond to heads of households that were single women, 16,634 pensions were paid to improve daily conditions and assist with living expenses.

Government capital grants and community transfer programs were allocated across the nation for either direct or indirect poverty relief initiatives like local infrastructure projects, creating wage generating programs, providing services to persons with disabilities, or feeding programs.

Advanced health care services are offered to Timorese facing serious medical conditions with overseas medical intervention as well as special training in nutrition, health and well being launched through the newly strengthened Servisu Integradu Saude Communitaria (SISCa) program which now has almost 100% initial primary coverage across Timor-Leste allowing for better education, prevention and monitoring.
Training programs and capacity building has been a focus to help Timorese find a skill base for wage generation. These social mechanisms have and will continue to provide relief for the most vulnerable while the nation accelerates economic growth in the private and public sector for wage generation to further alleviate poverty.

Economic growth for 2007 was 8.4%, 12.8% in 2008 and initial estimates for 2009 are 12.2%. Recent estimates on poverty reduction from the World Bank show a 9% decrease since 2007 demonstrating accelerated poverty reduction initiatives are producing results.

**Unemployment**

Combating unemployment is a major challenge; it is estimated that 15,000 new job seekers enter the market each year and 90% of the unemployed are between 15 and 34. In 2007, the number of new jobs offered by the private sector was approximately 600; thus a major focus has been facilitating and assisting strong private sector growth.

Government schemes like the Intensive Labor Projects at the District, Sub District and Suco (Village) level have benefitted some 40,000 Timorese per year since 2007. The Pakote Referendum (PR) in 2009 which allocated funds to each district for building works to establish a nascent private sector and employ local Timorese allowed for 720 new and existing Timorese companies to execute 808 local community projects. In 2009, US$44 million was spent with local companies in the rural areas to undertake infrastructure projects creating over 64,000 jobs. These public works were executed by Timorese companies using only Timorese employees. A similar program, Pakote de Desenvolvimento Desentralizado (PDD), worth around US$31 million is taking place in 2010 along with another US$5.5 million being invested in the cash-for-work scheme; the former targeting over 20,000 jobs and the latter targeting another 16,000 jobs over a 3 to 6 month period.

91 training centres have been registered that provide training in areas of bread making, agriculture, woodwork, carpentry, electricity, mechanics, welding and constructions in all thirteen districts, 110 trainers were provided advanced training to ensure standard and quality of teaching and 2,429 Timorese received training to administer the centres.

5,018 young people in five districts have participated in the Youth Employment Program and the construction of five professional training and employment centers have supported communities in pursuing career development. 519 young people have joined apprenticeships and trainee programs with major companies in Dili resulting in a 50% retention rate for full-time employment.

Self-employment has been actively promoted. Joint initiatives between micro finance agencies and the Professional Training and Employment Fund have benefitted some 2,378 Timorese. The Feto iha Emprego ba An Rasik (FIAR), a non-government organization focused on women, aided and assisted some 320 com-

Source: Horacio, 2010
panies owned by women with technical and business training.

The Government also established 25 mini-markets in rural areas to increase trade between communities and to create wage generation opportunities. Cooperatives have been established to create new industries and expand existing ones. 26 new cooperatives have been created in primary sectors and 52 cooperatives considered 2nd degree in smaller, niche sectors. The Government has given equipment and materials to the cooperatives to develop business activities in 7 areas and facilitated local road works for better accessibility.

2 new facilities for the provision of micro finance have been built in Bacau and Bobonaro and micro finance services have been strengthened in the districts of Dili and Aileu. Business Development centers in Lospalos, Viqueque, Suai and Ermera have given Timorese advice and services to pursue business opportunities.

The Government implemented the policy: Povu Kuda, Governu Sosa (People Plant, Government Buy). The intent of the policy is to purchase local products planted by local farmers. While the policy is a positive initiative, especially for rural Timor-Leste, monitoring and implementation needs improvement on both a macro and micro level to promote long term wage generation with additional coordination across ministries to maximize the initiative. The strategy is being incorporated into the long term planning of Timor-Leste.

Better conditions for the private sector has seen substantial growth; company registration has increased from 1,695 (2007) to 2,118 (2008) and to 3,781 (2009) while micro businesses registration has increased from 505 (2007) to 859 (2008) and to 1,262 (2009).

**Hunger**

Timor-Leste has focused efforts to improve food security and reduce hunger by improving the productivity of the agriculture sector, moving subsistence farming towards market-oriented agribusiness, introducing new skills and technologies to farmers, encouraging diversification, enhancing distribution and anticipating and planning for critical situations in the short term. A stronger multi-sector approach will be a focus to reach the goal of moving subsistence farming into market-oriented agribusiness for greater community benefits, enhancing wage generation and long-term food security, and providing food assistance to vulnerable groups during the annual lean season and victims of natural disaster to prevent malnutrition.

Over the last three years, the Government has intensified the use of 30,000 hectares of land for growing food crops to ensure food security and sustainability with 2014 as a goal. To grow the human capacity and skill base of Timor-Leste’s food producers, agriculture extension workers have been assigned to 442 villages to provide...
plowing schemes, extension delivery systems and new technologies with diversification of seeds and products.

In 2009 alone, 200 extension workers were trained in crop intensification practices, 2,591 hand tractors were deployed along with 133 units of rice milling machinery and 5,000 storage silos, 31 irrigation schemes were rehabilitated and 8 key resource centers were established for farmers to provide technical assistance, maintenance for agricultural machinery and extension training.

These commitments to build agricultural output and guarantee food security have delivered results. The Ministry of Agriculture estimated that between 2007 and 2009 rice production increased by 73.8% with total areas for cultivation increasing by 45.2% and rice production per hectare increasing by 66.6%. Maize production increased by 21.8%, with total areas for cultivation increasing by 17.5% and maize production per square hectare increasing by 25%, Fish and livestock production is also on the rise with an increase in production of 107,000kg per year. The Government has also initiated a formal livestock trade with an extensive immunization scheme and provided assistance to monitor and facilitate the trade with industrial best practice.

To ensure food supply through the global food crisis, the Government managed to maintain a supply and reserve for the country of rice with minimal disruption of supply during the traditional lean months and subsidized the purchases to secure supply for the nation. More efforts now need to be focused on equitable distribution, monitoring of pricing and subsidies, nutrition information and education and a more cohesive Inter-Ministerial approach to food security.

The 2009-2010 Demographic and Health Survey Preliminary Report states that 58% of children under-five are stunted, i.e. short for their age, and 33% are severely stunted. The report notes “Stunting is the outcome of failure to receive adequate nutrition over an extended period and is also affected by recurrent or chronic illness.” At the time of the survey 19% of children were considered wasted, i.e. low weight for height, and 7% severely wasted with wasting a clearer indicator of a failure to receive adequate nutrition over the period immediately before the survey. As for weight-for-age, 45% of children under five are underweight, a reduction from the 2007 figure of 48.6%. Anemia and Vitamin A deficiency are identified as major problems in Timor-Leste, especially among children and pregnant women. The number of children under-five years that suffer from some form of anemia is 39%, as well as 22% of women aged 15-59 years.

Given these statistics, the Government and partners have initiated several focused interventions to improve food and nutrition security. The initiatives include scaling-up management of acute malnutrition, implementation of universal salt iodization, micro-nutrient...
supplementation (vitamin A, Iron-Folate), promotion of appropriate feeding behaviors and integrated food security, nutrition interventions and increased public education campaigns.

Where do we want to be in 2015?

The long-term vision for Timor-Leste is to “join the ranks of upper-middle-income countries” and “eradicate extreme poverty” by 2030. The target to achieve Goal One by reducing the incidence of poverty to 14% was set in 2004. Timor-Leste, however, has been unfortunate in that the crisis of 2006 was a major setback for the country and the following years were spent responding to the immediate needs of the crisis and regaining peace and stability. After the contraction of the economy in 2006, poverty increased to 49.9%. Since 2007 economic growth has averaged double digits for three consecutive years and the latest estimates have cited a 9% decrease in poverty.

Indications are that the current level of growth is sustainable over the next five years. However it seems unlikely that the poverty target will be met. With the collection of further data and the completion of calculations and modeling the target will be analyzed and recalibrated in 2011.

Employment opportunities are increasing as the private sector is developing and targeted spending has increased capacity. The context of the nation’s recent achievement of independence and the need for national reconstruction, the goal for full employment is beyond 2015.

The aim to ensure the prevalence of under-weight among children under-five years is reduced to 31% by 2015, may be achievable if concentrated efforts are accelerated. While initiatives are bringing tangible improvements, it will take time to build on the current progress and see the flow on effect of the current policies and initiatives.

Additionally, the critical area in changing the norms of behavior in household level knowledge on nutrition and care, training and qualification of human resources and the strengthening of institutional arrangements and frameworks to provide better access to services for communities will require enhancing communications, stronger community relations, more institutional capacity down to the community levels and more coordinated actions to integrate poverty alleviation mechanisms on a grass roots level.

The Government is currently reviewing Goal One and defining critical policy components, as well as focusing on efforts to demonstrate that Goal One is in reach within a decade. Already, Timor-Leste has committed one-third of its annual budget to anti-poverty policies, targeting areas and communities that are behind in the MDGs.

How to get there?

- Continue to ensure macroeconomic stability through careful budget policy.
- Build on measures to strengthen the efficiency and effectiveness of public expenditure and revenue collection.
- Incentivize and encourage the growth of the private sector.
• Promote transparency and good business practices
• Increase agricultural productivity to double yields in rice and maize production and promote ample job opportunities in rural areas.
• Tackle post-harvest losses through improved storage strategies at regional, district and household levels to enhance food availability.
• Stimulate growth and employment in collaboration with the private sector.
• Promote the gradual shift from subsistence production to commercial farming.
• Expand social safety nets to the most vulnerable groups.
• Stimulate the growth of private sector investment to deliver services effectively in partnership with Government.
• Protect and strengthen core service delivery in the areas of health, education, and basic economic services.
• Strengthen data collection which allows for continued, real-time policy review on poverty alleviation.
• Improve the nutritional status:
  o Prioritize nutrition interventions for adolescents, children under 2 and pregnant and lactating mothers.
  o Increase the reach of education to promote improved feeding practices, including exclusive breastfeeding and timely introduction of complementary feeding.
  o Build community awareness, acceptance and engagement with nutritional services.
  o Establish peer support mechanisms such as the Mother Support Group (MSG), Parents Teachers Association (PTA), community health and nutrition champions and networks of community health volunteers.
  o Provide micro-nutrient supplementation (Vitamin A, iron, iodine, etc.) and food fortification (salt iodization) in consideration of food diversity.
  o Treat acute malnutrition at health facilities and community levels.
  o Provide safe drinking water and promote of improved hygiene and sanitation in schools and communities.
GOAL 2

ACHIEVE UNIVERSAL PRIMARY EDUCATION
Achieve universal primary education

**Targets:**
Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.

**Where we are now!**

The challenges of building a new education system in Timor-Leste are monumental. In 2008, the creation and adoption of the Ministry of Education Organic Law (2008), the Education Policy (March 2008) and the Basic law on Education (October 2009) established the necessary framework for a new system to be implemented. January 2010 marked the beginning of a Free and Universal Education System with nine years of compulsory education.

In 2008/2009, there were 1,271 schools: 1,012 are primary schools, 168 pre-secondary schools, 91 secondary schools (73 general and 18 technical schools). These schools serviced a total of 213,767 primary school students (112,190 boys and 101,577 girls), 52,946 junior high school students (26,884 boys and 26,062 girls), 4,044 senior technical high school students and 16,727 students in higher education (10,033 boys and 6,696 girls).

The proportion of children who have reached 5th grade increased from 47% (MoE, EMIS 2004) to 65.9% (MoE, EMIS Report for school year 2008/2009) between 2001 and 2009.

The net enrollment rate in primary education for Timor-Leste is 82.7% (EMIS Report for school year 2008/2009), a substantial increase from the 65.6% measured across the 2006/2007 school year. The EMIS reporting on 2008/2009 recorded a dropout rate of 10% and a relatively high repetition rate of 25%. One of the major contributors to early grade repetition identified in a 2009 report on Early Grade Reading Acquisition was poor progress in learning how to read in Grade One. Intensive teacher training will impact this factor.

In 2008, reforms in the education sector allowed for the decentralization of systems for better implementation and oversight of new policies. Thirteen Superintendents (one per district) and 65 school inspectors (one per sub district) have been appointed. Increasing the quality of teaching has been a priority. In 2007, 75% of the 12,000 teachers across the education sector were unqualified to teach by the standards defined in the National Education Act. Therefore, in order to raise teacher competencies, in 2008, 3,000 teachers received intensive training. In 2009, this program was extended to include 9,000 teachers.

The Government has invested heavily in the eradication of illiteracy and the provision of adult education. Literacy programs have been implemented in all thirteen districts of Timor-Leste. An intensive pilot program in Oecussi and Atauro using the methodology of the “Yes I Can” and “Alfanamor” programs with both Cuban and Brazilian trainers was launched.
with the objective to declare the two regions free of illiteracy. The pilot program served as a reference for implementation in all areas of Timor-Leste.

Thus far, 45,285 students from all 13 districts in Timor-Leste successfully completed the program; which means they can both read and write on a proficient level. The classes were held three times a week, two hours a day in all 442 sucos. The program was divided into three certificates. It is estimated by the end of 2010, the programs will reach some 118,560 Timorese, over one tenth of the population.

In addition to national literacy programs, the Program for Primary School Equivalence was launched in January 2009 to meet the needs of the adult community, those who do not fit into the formal education system but want access to education. The program mainly meets the needs of adult graduates from the literacy courses and youth school dropouts.

The course is being offered for the equivalence of 1st year to 6th year. To date, 3,900 adults and young people have benefitted from the program for Primary School Equivalence.

Where do we want to be in 2015?

In order to achieve the 2015 target where 100% of boys and girls have access, enroll and stay in basic education the net enrollment ratio must grow by 4% per annum, the completion rate will need to lift by half it’s current value. In light of the improvement in net enrollment rates in 2007-2009 the MDG target for 2015 is achievable, however 100% completion rate is unlikely. Considering the challenges in education, the Ministry of Education has redefined basic education target for the next 15 years in the new Strategic Plan (2010-2030), such that by 2025 all children, boys and girls alike will be able to complete a full course of nine years basic education.

How to get there?

- Implement and socialize the National Policy on Education, which places priority on basic education, where every child is required to enroll and stay in nine-year basic education by 2015.
- Increase access and enrollment in every district as well as support a comprehensive Equivalency system.
- Adopt progressive approaches that promote child-centeredness, democratic participation and inclusiveness.
- Improve education quality to build competitive human resources.
- Invest in teacher training, both in-service and pre-service programs towards participatory learning methods.
- Develop textbooks, supplementary reading materials and other learning resources in Tetum and other languages.

Source: MoF, 2010
• Strengthen school management system and capacity building.
• Strengthen community involvement in the provision of education.
• Further enhance in all districts the School Feeding Program with appropriate planning and funding to ensure students benefit from their free school meal
• Enhance community education on the importance of primary education.
GOAL 3

PROMOTE GENDER EQUALITY & EMPOWER WOMEN
Promote gender equality & empower women

Target:
Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.

The third goal is to promote gender equality and empower women where women and girls are able to make choices about their lives by having equal access to resources and opportunities. Women and girls must have security and live without fear of violence.

Where we are now!

While women in Timorese society played a crucial and highly respected role during the Resistance, discriminatory practices in schools, the work place and family life still occur in the traditionally patriarchal society.

Traditional attitudes, early marriages and early pregnancies are amongst factors making it difficult for girls to complete their education. Pregnant girls who leave school early also encounter difficulties resuming their education. Teenage pregnancies and the disconnection of pregnant girls from education is a major source of concern for females and prevent them from attaining an education and having access to future opportunity. It is an aspect of society which is recognized and needs to be socialized through education campaigns, policy directives and creative opportunities for young girls to be reintroduced back into the education system.

On the 8th of March 2008, a milestone for gender rights occurred with the signing of the Dili Declaration by the Government, the National Parliament, Civil Society and Churches in favor of gender equality. The Dili Declaration ensures all parties are committed to the empowerment of women and gender equality with an acknowledgement that much more needs to be done to promote gender equality.

A major milestone for Timor-Leste, the foundation for present and future legislation and policy, was the establishment of the Secretary of State for the Promotion of Equality (SEPI) by Decree-Law number 16/2008 to strengthen women’s rights and gender equality. On the 4th of June 2008, the Council of Ministers approved the law which established the Organic structure of the SEPI, thereby instituting the SEPI as a legal agency and as a central Government body.

The SEPI has drafted a five year strategic plan (2010-2015) focusing on advocacy, drafting and implementing key policy, overseeing vital legislation to protect women, and creating innovative programs across Government and civil society on gender related issues in all 13 districts of Timor-Leste.

The work of the SEPI has seen the appointment of Gender Focal Points now institutionalized at Ministry and District level. Coordination mechanisms have been established with civil society, media, women’s parliamentary groups, development partners and donors. Quotas have been introduced for female representatives in Suco (village) Councils and National Parliament (through party lists), 28% of Suco Council members and 29% of National Parliament
members are currently women. However, only 2% of suco chief are women, reflective of a need for targeted work in this area. In the civil service, in total 27% are women, and 16% of Directors or Chiefs are women. The proportion of women holding seats in National Parliament has increased moderately since the first RDTL Government. The next opportunity to see progress towards the 35% MDG target for women in parliament will be the national election in 2012.

Currently key senior Ministerial positions in the Government are held by women, including the Minister of Finance, the Minister of Justice and the Minister of Social Solidarity.

On the 28th of June 2010, a Timorese woman was elected as one of twelve new experts (out of a total of 23) on gender issues to the United Nations Committee on the Elimination of All Forms of Discrimination against Women. The CEDAW convention was ratified by Timor-Leste in April 2003. The Government presented the first Timor-Leste CEDAW Report to the Committee in 2009.

A serious area for Timor-Leste is domestic violence. In 2009, the Police’s Vulnerable Person’s Unit (VPU) recorded 462 cases of domestic violence, out of the 679 total of gender-based violence cases reported to the VPU. Of all the gender-based violence crimes, domestic violence was the highest reported crime to the VPU in all districts that year.

A critical reform in legislation was the first Law Against Domestic Violence, promulgated in June 2010. Under the new law, domestic violence has been classified as a public crime, and, as such, police will be bound to investigate incidents of domestic violence even if a victim has not filed a formal complaint. In addition, survivors will have access to emergency medical help, shelter, psycho-social and legal support services. The law also requires education on domestic violence to be included in school curriculum. The goal is to eradicate all incidents of domestic violence and community education is a critical element to the law.

Proactive initiatives implemented have included the Children at Risk Protection program. Child Protection officers have been placed in all districts to protect children from sexual abuse, domestic violence and forced labor. Support systems have been developed for women in need. In 2008 and 2009, 16,634 mothers’ subsidies of which 45% were given to female beneficiaries were paid with innovative social safety net programs like “Bolsa da Mãe” (Mother’s Purse) helping children of single mothers to participate in education, and improve living condition.

Where do we want to be in 2015?

In Timor-Leste, the goal is to see gender parity across all levels of education and an equal ratio of literacy between young women and men, achievements which will contribute to the overall participation of women in the social and economic evolution of Timor-Leste. This will require a continued review and monitoring of increased women’s education, economic
and social opportunities and participation coupled with increased women’s contribution in
decision making in the public and private sphere at all levels.

Gender-based violence prevention strategies must be implemented and enforced with the
adoption of the Law against Domestic Violence by key actors in the justice, social services,
health, security and education sector, with key services such as a referral network for survivors
of domestic violence, human trafficking and sexual assault further strengthened and functional
with adequate budget allocation.

Overall, the Government and institutions of the state must lead a coordinated socializa-
tion effort on the national, district and village level to promote gender equality with greater
engagement of women in all aspects of society recognized in the Dili Declaration, in the
Constitution and in the laws of Timor-Leste.

How to get there?

• Ensure the implementation of the CEDAW Concluding Observations namely education
and health, where a written report on implementation is required within two years after
the Timor-Leste first presentation at the CEDAW Committee in 2009. The state’s 2nd and
3rd periodic report is due May 2013.
• Compile sex disaggregated data on enrollment, dropout and completion rates from the
Education Management Information Systems (EMIS) for planning and monitoring to
reduce gender disparity.
• Develop modules on the special needs of girls in teaching training programs for a gender
focus in school improvement plans.
• Formulate national literacy strategies for adolescents, with special attention for girls in
terms of incremental learning and the achievement of primary school equivalency.
• Formulate national strategies including sex education to prevent teenage pregnancies.
• Following promulgation of the Law Against Domestic Violence Law in June 2010, imple-
ment extensive socialization campaigns and increased training within the justice and
security sectors and civil society to raise awareness that violence against women is a crime
and an abuse of human rights.
• Implement programs in the national statistics office to collect regular data on prevalence
of violence against women and girls, either through special surveys or as modules in
existing surveys.
• Collect, collate and disseminate data on violence against women from NGOs, police and
court records.
• Implement gender responsive budgeting within the existing national budgeting system
and the existing system of data collection, monitoring and evaluation.
• Affirm and facilitate policies and actions to promote women’s representation, employment
and career development in public and private sector institutions.
• At all levels of government, support the recruitment/election of women to decision-making
and leadership roles particularly to Director/Chief and Parliament/Suco/Municipality.
This will be particularly relevant in light of upcoming decentralization and municipal
elections.

- At all levels of Government, support training for newly elected women and men focusing on both a gender responsive rights based perspective and technical aspects of their roles as elected officials.
- Adopt the National Employment Policy (currently under formulation) to guide the employment actions in the country addressing the special employment needs of youth and women.
Millennium Development Goals
GOAL 4
REDUCE CHILD MORTALITY
Reduce child mortality

Target:

Reduce by two-third, between 1990 and 2015, the under-five mortality rate.
The fourth goal focuses on the health of Timor-Leste’s youngest citizens.

Where we are now!

Timor-Leste has surpassed the MDG target for 2015 for both the under-five mortality rate and infant mortality rate set in 2004.

For the under five mortality rate, the target was 96 per 1,000 live births for 2015. The 2002, MIC Survey (UNICEF) reported an under five mortality rate of 125 per 1,000 live births which has now decreased to 64 per 1000 live births in 2009 as measured in the Demographic and Health Survey (DHS) 2009/2010.

For the infant mortality rate, the target was 53 per 1000 live births for 2015. In 2002 (MICS) there was an infant mortality rate reported of 88 per 1000 live births which has decreased to 44 per 1000 live births in 2009 (Demographic and Health Survey (DHS) 2009/2010).

The DHS 2009-2010 also confirmed a significant decline in neonatal mortality (first 28 days of life) from 33 per 1,000 live births in 2003 to 22 per 1,000 live births in 2009 and post-neonatal mortality (28 days to 11 months), from 27 per 1,000 live births in 2003 also down to 22 per 1,000 live births in 2009.

In 2004, the National Immunization Strategy was approved. Routine immunization services have been re-established and expanded through the Government initiatives of the community health program called SISCa (Servisu Integradu Saude Communitaria) with a well-functioning network of a cold chain system in place at hospitals and health centres to ensure the integrity of vaccines. As a result, there is close to a three-fold increase in full immunization coverage with all six antigens from 18% in 2003 (DHS 2003) to 53% in 2009 (DHS 2009-2010).

The measles coverage, the last antigen of the EPI schedule, which is a proxy indicator of completion of immunization schedule, has increased from 39% in 2001 to 68.2% in 2009. About three in four children received BCG, DPT 1, and Polio 1. Male children are slightly more likely to be fully immunized than female children (55% and 52%, respectively). Surprisingly, full immunization coverage of children in urban areas is 48%, which is lower than coverage in rural areas (55%).

The implementation of Integrated Management of Childhood Illness (IMCI) has been expanded in all districts improving the treatment of major childhood killer diseases like diarrhea and pneumonia. While the ORT (Oral Rehydration Therapy) coverage for the treat-
ment of diarrhea is persistently high with 79% in 2009, an increase from 75% in 2003, there is a three-fold increase in seeking treatment for fever from a trained health professional or health facilities from 24% in 2003 to 73% in 2009 (DHS 2009-2010). Recently, the implementation of Essential Newborn Care (ENC) is being expanded in all regional referral hospitals, and the community case management for newborn and childhood diseases is being introduced.

**Where do we want to be in 2015?**

The achievements in lowering the under-five and infant mortality rates show marked improvement and new targets are being formulated as Timor-Leste strives to improve child health outcomes. With 68.2% measles coverage a further push is required to achieve the 100% target. The health services will concentrate on expanding coverage through the community health program SISCa (Servisu Integradu Saude Communitaria) and increased training and recruitment of health care workers in Timor-Leste. Decentralization of the health care system and increased funding will continue to contribute to better service delivery which will increase coverage, awareness, education and socialization of better health outcomes for infants, children and carers.

**How to get there?**

- Adopt primary health care policies enabling increased accessibility and coverage of health care with a specific focus on addressing intra and inter district variations.
- Establish and support systematic outreach activities to promote access to and utilization of basic health services by vulnerable groups.
- Increase the reach of education to promote improved feeding practices, including early initiation of breastfeeding, exclusive breastfeeding and timely introduction of complementary feeding. Develop, implement and expand community case management strategy for treatment of newborn and childhood illnesses using a trained community health volunteer network.
- Implement and scale up quality services for newborns at health facilities.
- Continue hygiene and sanitation promotion, malaria prevention and de-worming, and the construction or rehabilitation of water and sanitation facilities in communities and primary schools.
- Implement full scope of national strategies for immunization and nutrition, including the phased introduction of new vaccines.
- Strengthen routine immunization coverage targeting hard-to-reach and not yet reached areas.
- Target Community-based education and promote appropriate caring and feeding practices for mothers, and care-givers in the family using community volunteers of NGOs, Churches, and community organizations.
GOAL 5

IMPROVE MATERNAL HEALTH
Improve maternal health

Targets:

1. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
2. Achieve, by 2015, universal access to reproductive health

The fifth goal is to improve maternal health, which includes reducing by three quarters the maternal mortality ratio between 1990 and 2015, and achieve universal access to reproductive health by 2015.

Where we are now!

The Maternal Mortality Ratio based on the administrative data from the Ministry of Health was 450 per 100,000 live births for 2008/2009; a decrease from the 660 per 100,000 figure from “Maternal Mortality in 2000” by WHO, UNICEF and UNFPA.

Increased antenatal care from a trained health service provider is important to monitor pregnancy and reduce the risks for the mother and child during pregnancy and during delivery. The preliminary results of DHS 2009-10 revealed significant improvement of reproductive health indicators in Timor-Leste.

The percentage of pregnant women receiving antenatal care from a health professional at least once has increased from 42.5% (UN Statistical Yearbook) in 2001 to 86% (DHS 2009-2010) in 2009. 93% of women in urban areas and 84% women in rural areas received antenatal care at least once during their pregnancy. The percentage of deliveries assisted by skilled health staff also grew with an increase from 19% in 2003 (DHS 2003) to 29.6% (DHS 2010) in 2009, below the MDG target.

The percentage of women who had their last birth protected against neonatal tetanus has almost doubled from 43% (DHS 2003) up to 79.9% (DHS 2010). The DHS 2009-2010 also shows a reduction in the Total Fertility Rate from 7.8% (DHS 2003) to 5.7% (DHS 2010) in 2009. This correlates with an increase of the contraceptive prevalence rate by 12.4%, from 10% (DHS 2003) in 2003 to 22.4% (DHS 2010) in 2009.

Overall maternal health has shown a marked improvement. There is still significant progress to be made to ensure better maternal health indicators with the provision of more comprehensive reproductive services at all health facility levels. The Government has taken a number of efforts to improve the access to and utilization of quality maternal health services through expanding the Basic Emergency Obstetric Care along with a concentration on maternal and reproductive health education.

The Nursing and Midwifery School was recently established at the National University of Timor-Leste to expand the number of nurses and midwives to promote pre and post-natal

Source : Alola Foundation, 2010
health. More than 700 Timorese medical students are currently being trained in Cuba and 200 in Timor-Leste, they will return to practice in country dramatically enhancing the human capacity of the health system and contributing to maternal health outcomes.

**Where do we want to be in 2015?**

Despite the geographic and institutional challenges of Timor-Leste, the results of the DHS 2010 have proved that the delivery of maternal, newborn, child and reproductive health services have continued to improve. It is envisaged that by 2015, the ratio of maternal mortality in Timor-Leste must be reduced by 44% to meet the 2015 goal of 252/100,000. By 2015, the contraceptive prevalence rate is also aimed to increase to 40% with the education and use of varying methods of contraception.

**How to get there?**

- Strengthen the health system so every pregnant woman has access to high quality maternal care, clean and safe delivery assisted by skilled birth attendants/health professionals, and functioning emergency obstetric care readily available to provide adequate emergency care as required.
- Strengthen participation in the community-based birth preparedness and management programs for improved access to emergency obstetric care.
- Implement a system of reporting of maternal deaths with subsequent review at appropriate levels for facilitating evidence based decisions for improving maternal health care delivery.
- Strengthen the midwifery education and training in the country to ensure the availability of skilled midwives who will provide quality maternal care and reproductive health services. Continue to consider the consolidation of current services by bringing in skilled midwives from other countries until which time enough Timorese midwives graduate from training to allow the provision of maternal and reproductive health services in all health facility levels in the country.
- Promote inter-sectoral collaboration to address the social determinants of maternal health and enhance community participation in the improvement of reproductive health services.
- Improve nutrition for pregnant women, including improved Iron Folic Acid supplementation during pregnancy for addressing maternal anemia, increasing coverage of tetanus toxoid immunization, and promote healthy behavior in pregnant women and those of childbearing age through effective behavior change communication and interventions.
- Ensure access to and education on contraceptives, improving the quality of services particularly counseling, and offering family planning services through IEC, tri media campaigns and BCC interventions, with a specific focus on adolescent education for preventing early marriage and delaying the age for first pregnancy.
GOAL 6

COMBAT HIV/AIDS, MALARIA
AND OTHER DISEASES
Combat HIV/AIDS, malaria and other diseases

Targets:
1. Have halted by 2015 and begun to reverse the spread of HIV/AIDS
2. Achieve, by 2010, universal access to treatment for HIV/AIDS for those who need it
3. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Where we are now!

HIV/AIDS

Timor-Leste is considered a low prevalence country with concentrated incidence in high-risk populations such as Female Sex Workers (FSW) and Men who have Sex with Men (MSM). For instance, the number of confirmed HIV cases is still relatively low; however there has been an increase of reported HIV cases from 1 in 2003 to 151 in 2009, including fourteen children under-5-years of age. 2009 national data from the Ministry of Health shows that of those who are HIV infected, 10% were children under the age of 15, 30% were between the ages of 15-29, 52% were between the ages of 25 - 44 and 8% were over 45 years of age. Males have a higher HIV rate at 53% as compared to females at 47%. Most infections appear to have been acquired through heterosexual contact, along with other routes of transmission such as MSM contact, injecting drug use, mother-to-child transmission and transmission through blood products.

- As revealed in the Demographic Health Survey conducted in 2009, awareness of HIV/AIDS is very low.
- 32.1% of women and 42.7% of men aged 15-24 have a comprehensive correct knowledge of HIV/AIDS.
- Knowledge of AIDS is higher among the younger population rather than among older people.
- HIV/AIDS prevention programs focus their messages and efforts on delaying sexual activity in young persons, abstinence, limiting the number of sexual encounters to one uninfected partner; and proper use of condoms.
- Women and men with higher levels of schooling are more likely than those with less schooling to be aware of various preventive methods. For example, 18.4% of women who had completed up to primary education know that HIV can be prevented by using condoms compared to 56.2% of those who have secondary education.
- The Government of Timor-Leste has a National Strategic Plan 2011-2016 for STI/HIV/AIDS which is supported by UN Agencies and the Global Fund to fight AIDS, TB and Malaria.

Tuberculosis

The prevalence and incidence rates of tuberculosis are both falling significantly in Timor-Leste. The estimated prevalence rate of tuberculosis throughout the country of 789
per 100,000 (2006) is down to 378 per 100,000 for (2008) approaching the 2015 target of 353 per 100,000. The estimated incidence of new smear positive (NSP) cases has fallen from 250 per 100,000 across the period 2001 -2007 to 145 per 100,000 in 2008 approaching the 2015 target of 138 per 100,000. In 2009, the National TB Program has achieved the two key global targets for TB control namely, a NSP case detection rate of 70% (global target 70%) and treatment success rate of 85% among NSP cases registered in previous year (global target is 85%).

TB services are part of the Basic Services Packages of the Ministry of Health. The National TB Program has been expanded to health facilities at the most peripheral level. Nineteen microscopy centers have been designated and are providing quality assured sputum smear microscopy. Though multi drug resistance of TB drugs (MDR-TB) prevalence is low, ensuring quality MDR-TB management and care has been a challenge due to low in-country technical capacity and inadequate infrastructure.

**Malaria**

Although malaria continues to be a major public health concern good progress is being made. In 2009, the incidence of malaria was 113 cases per 1,000 population; a 50% reduction from the 2007 figure of 206 cases. With increased efforts in expanding the National Malaria Control Program, the incidence of malaria is set to diminish further. Children under 5 years and pregnant mothers are considered to be the principle groups at risk. 46% (DHS 2009-2010) of Timorese households own at least one treated or untreated mosquito net. More than two-fifths of children under age five and 42% of pregnant women slept under an ITN the night before being interviewed (DHS 2010). The child rate for death from malaria has decreased from 2004 by 31%.(MoH 2009)

Strategies have been developed to control malaria and other vector borne diseases. The focus on malaria control has led to the following core strategies:

- Early diagnosis and treatment. A key element of this strategy is the introduction of effective Artemisinine Combination Therapy (ACT) for the treatment of confirmed malaria cases.
- Distribution of Long Lasting Insecticide Treated Nets (LLITN) to the at-risk population through adoption of the UNs universal access to coverage.
- Integrated Vector Control, through initiating and scaling up indoor residual spraying, epidemic preparedness and control.

**Where do we want to be in 2015?**

For Timor-Leste, the MDG targets for 2015 around the detection and cure of tuberculosis
using the Directly Observed Therapy Short Course (DOTS) have been achieved and new targets will now be set. The prevalence and incidence rates of TB are falling but require continued vigilance. The national goal is to curtail and reduce HIV/AIDS prevalence through education, early detection and treatment. To achieve the 2015 targets for malaria will require increased coverage, quality of early detection, expanded treatment of cases, along with the provision of appropriate treatment and a continued improvement in the numbers of children under five and pregnant women using insecticide treated bed nets.

**How to get there?**

- Implement national policies and strategic plans (STI/HIV/AIDS Strategic Plan, Tuberculosis, malaria including other vector borne diseases, and its inter-sectoral action framework).
- Strengthen surveillance systems for all diseases to reliably monitor trends and change in disease patterns.
- Enhance availability and accessibility for Voluntary and Confidential Counseling and Testing throughout the country.
- Increase awareness of serious public health concerns across Government and community representatives.
- Increase opportunities and mechanisms for inter-sectoral action and community participation to address social circumstances and health determinants contributing to the spread of disease.
- Strengthen capacity within Government sectors to respond rapidly and adequately to public health threats. Increase coverage and quality of early detection of malaria cases, provide appropriate treatment, and insecticide treated bed nets to children under five and pregnant women.
- Through State commitment ensure sustained and adequate financing to tackle public health concerns.
GOAL 7

ENSURE ENVIRONMENTAL SUSTAINABILITY
Ensure environmental sustainability

Targets:

1. Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources
2. Reduce biodiversity loss, achieving by 2010, a significant reduction in the rate of loss
3. Halve, by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation.
4. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.

Where we are now!

The country’s natural resource base is fragile with mountainous terrain and steeply sloping land. The country faces acute soil erosion, land slides, and land degradation. The land-based pollution and run off also affects the marine life adversely. With only 13% of land suitable for agriculture, the country faces challenges in producing enough food to feed its growing population. Markedly higher yield rates flowing from improvements initiated by the Government in the Agricultural sector is helping to address this challenge. Households, especially in uplands, can face food insecurity for almost 4 months in a year so through proactive solutions the state is seeking to address the issue by increasing food production whilst providing the safety net of subsidized rice and direct food assistance to vulnerable groups.

Natural water storage in upper catchments is reduced with serious downstream flooding, damaging land and infrastructure and inshore marine ecosystems. The country is mindful of the fact that its fisheries are also at particular risk of depletion, degradation and over-exploitation. In 2007, it was estimated US$36 million was being lost to the fishing industry and destruction of natural marine life in the waters of the Timor Sea by piracy. Increased protection by navy patrol vessels will enhance protection. A Natural Disaster Plan has been adopted and the National Disaster Risk Management Policy implemented at national and district levels to support and improve engagement in areas affected by natural disasters.

Compared to the global average of 0.2% annual deforestation rate (1990-2005), Timor-Leste is losing forests at 4-5 times this average every year. The rate of forest loss during 1972–1999 was estimated at 1.1% per annum. This is a cause of serious concern as flooding, loss of soil and agricultural impacts on livelihoods, dislocation of families and destruction of property. The country is also losing its rich biodiversity due to demographic pressure, poverty, lack of awareness and capacity. Almost 98% of households use fuel wood as a source of energy for cooking and heating in the country. This is not only a major reason for deforestation but also a source of indoor pollution with serious implications for family health, especially those

Source: MoF, 2010
of women and children.

The implementation of the National Energy Policy with its major investment into electricity infrastructure will see this dependence reduced. A significant part of the national grid of distribution lines is due for completion next year with towers already visible in country. A subsequent introduction of generators capable of using heavy fuel or natural gas will follow in the next 2 years.

An in depth study into renewable energy commenced in 2008 and has shown Timor-Leste to have strong potential in the areas of bio-energy including water, wind, biomass, geothermal, photovoltaic, biogas and renewable fuel. Programs to use existing renewable energy sources to supply the energy needs of communities in rural and remote areas are underway with Action Programs developed using Biogas, Micro Hydro, Solar units and Crops (Agro) operating with the direct involvement of local authorities and communities.

The country has ratified all three key conventions and protocols: Rio Conventions, Kyoto Protocol and Montreal Protocol, and is fully committed to meet reporting obligations with active support from the United Nations.

The national figures of the latest data from the Water and Sanitation Services unit of the Ministry of Infrastructure (SAS 2010) show the proportion of the population using an improved water source is now 66%. This demonstrates an improvement from the 2001 figure of 48% which rose to 63.1% in 2007. The trend is on track for the MDG target for 2015 set at 78%.

According to the Timor-Leste 2007 Survey of Living Standards, 84.6% of the population in urban areas and 55.4% in rural areas have access to drinking water from improved source.

In regards to the proportion of the population using an improved sanitation facility the population in urban and rural areas with access to improved sanitation facility is currently 64% and 35%, respectively. The latest data shows 49% nationally, an improvement on 31% from 2001 and 46.8% from 2007. However, the MDG target of 60% for 2015 can only be achieved with a concerted effort to improve sanitation in rural and remote areas.

Challenges in providing improved sources of drinking water must include the ongoing provision of maintenance to assure the effective operation of existing systems and the absence of user contributions to support system operation and maintenance. Strategies that have relied on subsidizing sanitation facilities have been ineffective in narrowing the gap required to meet the MoH target.

Recognizing that additional investment in the water and sanitation sector is required to accelerate progress in meeting the targets, the Government has focused on water and sanitation as one of the 2010 National Priorities and its investment in the sector has increased from US$2 million in 2009 to US$11 million in 2010.

Source: Horacio, 2010
Where do we want to be in 2015?

The country has an energy policy which envisages over 50% of energy coming from renewable sources by 2020 with an investment of over $600 million over the next 15 years. With more and more areas, including villages, being connected to electricity grid, the pressure on forests should be reduced. The GDP per unit of energy use should also be augmented. With these measures, the country will make efforts to build climate resilience across various sectors and community groups; preserve its biodiversity and reduce deforestation. Although the current proportion of land area covered by forest is a little over 50%, higher than the average for South-East Asia (47% in 2005) the current high rate of deforestation, if not carefully managed, can mirror the experience of the region where the forest cover in South-East Asia declined from 56% (1990) to 47% (2005).

That “no child perishes because of inadequate water supply, malnutrition, or lack of health care” is an overriding long-term vision for Timor-Leste by 2030. The target for Goal 7 is to reduce by half the proportion of people without access to an improved drinking water source and an improved sanitation facility by 2015.

For Timor-Leste, the target is to have 86% of the urban population and 75% of the rural population with access to an improved water source by 2015, and approximately 80% of the urban population and 55% of the rural population with access to an improved sanitation facility. The Government is currently drafting the National Water Supply Policy and National Sanitation Policy based on the policy framework that will provide a road map to achieving the water and sanitation target by 2015.

How to get there?

- Mainstream environmental principles in development programs.
- Develop further policies on forestry, sustainable land management and rural energy, with measures to mitigate illegal logging activities.
- Implement an energy policy to achieve at least 50% of energy based on renewable sources. This will result in reduction of greenhouse gas emissions equal to 3 million tons of CO2.
- Formulate the National Adaptation Program of Action (NAPA) to Climate Change and implement to make the Timorese population resilient to climate change.
- Formulate and implement a biodiversity strategy and action plan to explore alternative biodiversity and protected areas management, models and systems under the National Biodiversity Strategy and Action Plan (NBSAP) and Protected Areas Program (POWPA).
- Issue orders requiring license to import Ozone Depleting Substances as required under the Montreal Protocol and Vienna Convention, even though Timor-Leste at present is not a major Importer or user of such substances.
- Promote sustainable management of natural resources (land, water and forests), including using local and indigenous knowledge to enhance community-based resource management.
- Integrate disaster risk reduction with climate change adaptation and mainstream both into
development plans as a key strategy to sustainable development and reducing poverty.

- Promote agricultural practices that avoid shifting agriculture and free, uncontrolled grazing.
- Promote land-use planning, water and waste management in view of growing urbanization
- Develop the national plan for meeting the water and sanitation MDG targets and ensure sustainable service delivery which will include planning, budgeting, implementation and monitoring processes.
- Prioritize rural water supply and sanitation in the allocation of the national budget
- Involve community support in the design, management and implementation of water supply and sanitation programs.
- Undertake annual monitoring and review of progress against national plans with the participation of all key sector stakeholders. In the interest of strengthening the accuracy and depth of global sector knowledge, support must be provided for national monitoring and preparatory activities for GLAAS report, Joint Monitoring Program (JMP) activities, and Country Status Overview.
GOAL 8

DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT
Develop a global partnership for development

Targets:

1. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
2. Address the special needs of the least developed countries
3. Address the special needs of landlocked developing countries and small island developing states
4. Deal comprehensively with the debt problems of developing countries
5. In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries
6. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Where we are now!

Timor-Leste has made a commitment to good governance, sustainable development and poverty reduction and focused particularly in establishing the foundations for an open-rule based, non-discriminatory trading and financial system for national development. Being a young country of only eight years, institutions are still being established; however, between 2007 and 2009 key institutions were established including the Civil Service Commission, the Anti Corruption Commission and the National Petroleum Authority. Timor-Leste now joined the ranks of only one of three countries in the world to be designated with EITI compliant status by the Extractive Industry Transparency Initiative; an integral initiative to ensure transparency in the management of Timor-Leste’s natural resources. A new penal code and civil code have been adopted in line with world’s best practice; the challenge now is building a nascent justice system.

Reforms have been implemented to begin the decentralization process and public financial management has been strengthened to provide better oversight, transparency and accountability. As part of the Public Financial Modernization and for strengthening governance and transparency, Timor-Leste is in the planning phase for an e-Procurement System which allows the citizens to scrutinize what the Government is procuring and who is being awarded, at the same time promoting local economic development and better expenditure management by creating more vendor awareness.

This state of art technology will be a major step in providing transparency and accountability to Timor-Leste with immediate access to accurate data to prepare for future budgets and to provide a thorough archival system for country-wide analysis. An initiative which will contribute to anti-corruption measures.

Source: TL EITI, 2008
In 2009, the new tax reforms gave Timor-Leste one of the lowest tax thresholds in the world incentivizing foreign investment; the new tax regime ranked in the top twenty globally in the World Bank Doing Business Report 2010. The global ranking increased from 75th to 19th.

As a resource rich country with an estimated US$6.2 billion in the Timor-Leste Petroleum Fund as of March 2010, an average income of US$100,000 million monthly and no debt at this stage in development Timor-Leste is a unique position to other fragile and post-conflict nations to develop the non-oil economy using resource revenue through prudent economic management and yearly withdrawals of an estimated sustainable income. Non-oil GDP has had an average double-digit growth rate since 2008. Sound policies, particularly those related to the use of petroleum fund, have contributed to relative macroeconomic stability.

The private sector is small but growing and underpinned by Government support. The Pakote Referendum of 2009, a bold plan to accelerate and capacity build Timorese who were ready and willing to participate in the private sector scheme, saw 808 infrastructure projects executed. The scheme was structured to encourage business in the rural areas and strongly support enterprise outside Dili.

Public-Private Partnerships are in the nascent stage. Small-scale investments have materialized in agriculture and service sectors, but foreign direct investments is slow incoming until such time core infrastructures and legal issues are consolidated and regulatory and legislative foundations are strengthened to facilitate trade and investment.

Mobile phone uptake has increased markedly with the subscribers per 100 people having risen from 2 in 2003 to 35 in 2009. To encourage further uptake, the Government has recently deregulated the sector to allow for the benefits of market competition.

Among the non-oil exports, coffee is the significant commodity that is exported accounting for almost the entirety of merchandise exports. Service exports, though significant, reflect a large presence of donors and security agencies in the country. The trade policy regime is liberal and poses no constraints. Import tariffs are in line with the ASEAN standards and amongst the lowest in the world.

Timor-Leste currently enjoys the privilege of observer status in ASEAN, and has been invited to ASEAN Regional Forum meeting since 2005. The country has decided to apply formally for full membership by 2012. While being part of a regional economic / trade block like ASEAN offers tangible economic benefits, there are also a number of periphery benefits including social and cultural exchange, freer labor movement, improvements in domestic governance, strengthened justice system and being a more integrated regional partner. This will also pave the way for the country’s membership into the World Trade Organization.
2000, at US$ 410, Timor-Leste was the second highest recipient of ODA in per capita terms. This declined to US$ 184 in 2006 and was US$ 260 in 2009 (The Least Developed Countries Report, UN, 2008 and GovTL, MoF: Aid Effectiveness Secretariat). Even in the best of times, ODA is an unpredictable source of development funding. In the context of the recent global financial crisis, the prospects for ODA have further decreased.

The country is deeply committed to aid effectiveness as articulated in the Paris Declaration and Accra Agenda. An Aid Effectiveness Unit within the Ministry of Finance provides oversight and manages information on external assistance. The National Directorate of Aid Effectiveness publishes a Development Partners Disbursement Report; the latest report for the calendar year 2009 shows detailed tracking of aid through Ministries, Sectors and Districts. This is an important tool which will be further enhanced by the timely contribution of information to the unit by all development partners. The country is rapidly moving in the direction of taking full ownership of donor assistance, and aligning it to the national priorities.

The country has adopted the National Priorities framework since 2008 which articulates key national priorities on an annual basis and integrated into the General State Budget. This has enabled the country and the Government to harmonize and better coordinate external assistance.

The Summary of the Strategic Development Plan (2011-2030) was released in April 2010 and the full detail of this long-range planning tool is well underway. The SDP will be a welcome roadmap to the Timor-Leste of 2030 allowing greater understanding and alignment between development partners and the State.

In the spirit of promoting south-south cooperation, the country has received expert services from a number of countries in the developing world, including emerging economies.

Recently Timor-Leste became one of the Co-Chairs of the International Dialogue of Peace Building and State Building for a two year term as well as the g7+, a forum which consists of those countries in the “bottom billion” classified as fragile and post conflict to influence the global community on better international engagement in post conflict and fragile states. Timor-Leste hosted the first international forum on Peacebuilding and Statebuilding in April, 2010 where over 100 country representatives gathered to sign the Dili Declaration.

Where do we want to be in 2015?

As articulated in the Strategic Development Plan (2011-2030), although Timor-Leste enters 2010 as a low-income country, it has strong middle-income potential. By 2030, it is envisioned that the country would have joined the group of upper middle-income countries and joined ASEAN as a full member. It would attract foreign direct investment in key areas.
like petroleum, tourism, agriculture, finance and telecommunications.

The country will continue with its primary development strategy of diversifying its non-oil economy by enabling conditions for the private sector to invest in key development sectors. Significant petroleum revenues will be utilized to improve social infrastructure and generate economic activities resulting in a sustained increase in gross domestic product of at least 8% a year through improved productivity in agriculture, manufacturing, service sectors and export opportunities. Natural resources will be maximized by building on-shore petroleum and mining industries in line with global best practice.

The developed countries must fulfill their commitment to enhancing aid to LDCs. Timor-Leste will also join other Small Island Developing States (SIDS) to advocate for effective implementation of the Program of Action for the Sustainable Development of Small Island Developing States. Attracting capacity, resources and technology for addressing issues like climate change, amongst other policy initiatives, is imperative for collective participation.

**How to get there?**

- Greater aid coordination among donors will be ensured through existing mechanisms and monitored by the Aid Effectiveness Secretariat.
- With the help of international community, achieve accession to ASEAN and integrate with regional economic and trade block.
- Promote investment in ICTs and innovative uses of mobile technology.
- Maximize the economic potential of remittances.
- Promote private sector activities, including foreign direct investment in non-petroleum sectors.
- Increase competitiveness of agricultural exports by removing supply-side barriers.
- Enhance south-south cooperation.
- Expand participation in the global community through the International Dialogue on Peacebuilding and Statebuilding and through the g7+ forum for better international engagement in fragile and post conflict nations for international actors and member countries alike.
Annex 1 – Chart of Selected MDG Indicators for Timor-Leste

## GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Unit</th>
<th>2001</th>
<th>2007</th>
<th>2009</th>
<th>Target 2015</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of population below the national poverty line</td>
<td>%</td>
<td>36&lt;sup&gt;a&lt;/sup&gt;</td>
<td>49.9&lt;sup&gt;b&lt;/sup&gt;</td>
<td>41&lt;sup&gt;c&lt;/sup&gt;</td>
<td>14</td>
<td>Off track</td>
<td>&lt;sup&gt;a&lt;/sup&gt;TLSS 2001 based on US$0.51 per day &lt;sup&gt;b&lt;/sup&gt;TLSS 2007 based on US$0.88 per day &lt;sup&gt;c&lt;/sup&gt;World Bank Poverty Estimation 2010</td>
</tr>
<tr>
<td>Prevalence of under-weight children under five years of age</td>
<td>%</td>
<td>45&lt;sup&gt;a&lt;/sup&gt;</td>
<td>48.6&lt;sup&gt;b&lt;/sup&gt;</td>
<td>45&lt;sup&gt;c&lt;/sup&gt;</td>
<td>31</td>
<td>Off track</td>
<td>&lt;sup&gt;a&lt;/sup&gt;DHS 2003 &lt;sup&gt;b&lt;/sup&gt;TLSS 2007 &lt;sup&gt;c&lt;/sup&gt;DHS 2009-2010 Preliminary Report</td>
</tr>
</tbody>
</table>

## GOAL 2: ACHIEVE UNIVERSAL PRIMARY EDUCATION

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Unit</th>
<th>2001</th>
<th>2007</th>
<th>2009</th>
<th>Target 2015</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net enrollment ratio in primary education</td>
<td>%</td>
<td>65.1&lt;sup&gt;a&lt;/sup&gt;</td>
<td>65.6&lt;sup&gt;b&lt;/sup&gt;</td>
<td>82.7&lt;sup&gt;c&lt;/sup&gt;</td>
<td>100</td>
<td>On track</td>
<td>&lt;sup&gt;a&lt;/sup&gt;TLSS 2001 (FY 2001/2002) &lt;sup&gt;b&lt;/sup&gt;TLSS 2007 (FY 2006/2007) &lt;sup&gt;c&lt;/sup&gt;MoE, EMIS, 2010 (FY 2008/2009)</td>
</tr>
<tr>
<td>Proportion of Children who reached 5th grade</td>
<td>%</td>
<td>47&lt;sup&gt;a&lt;/sup&gt;</td>
<td>65.9&lt;sup&gt;b&lt;/sup&gt;</td>
<td>100</td>
<td>Off track</td>
<td>&lt;sup&gt;a&lt;/sup&gt;MoE, EMIS 2004 &lt;sup&gt;b&lt;/sup&gt;MoE, EMIS, 2010 (FY 2008/2009)</td>
<td></td>
</tr>
</tbody>
</table>
### GOAL 3: PROMOTE GENDER EQUALITY & EMPOWERMENT

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Uni</th>
<th>2001</th>
<th>2007</th>
<th>2009</th>
<th>Target 2015</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of seats held by women in parliament</td>
<td>%</td>
<td>27&lt;sup&gt;a&lt;/sup&gt;</td>
<td>28&lt;sup&gt;b&lt;/sup&gt;</td>
<td>29&lt;sup&gt;b&lt;/sup&gt;</td>
<td>35</td>
<td>On track</td>
<td>&lt;sup&gt;a&lt;/sup&gt; UNIFEM data, 2006 &lt;sup&gt;b&lt;/sup&gt; National Parliament, 2010</td>
</tr>
</tbody>
</table>

### GOAL 4: REDUCE CHILD MORTALITY

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Uni</th>
<th>2001</th>
<th>2007</th>
<th>2009</th>
<th>Target 2015</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under-5 mortality rate</td>
<td>Per 1,000 live births</td>
<td>125&lt;sup&gt;a&lt;/sup&gt;</td>
<td>92&lt;sup&gt;b&lt;/sup&gt;</td>
<td>64&lt;sup&gt;c&lt;/sup&gt;</td>
<td>&lt;96</td>
<td>Achieved</td>
<td>&lt;sup&gt;a&lt;/sup&gt; MICS, 2002 (in 2002) &lt;sup&gt;b&lt;/sup&gt; UNFPA, 2009 (est. for 05-10) &lt;sup&gt;c&lt;/sup&gt; DHS 2009-2010 Preliminary Report</td>
</tr>
<tr>
<td>Infant mortality rate</td>
<td>Per 1,000 live births</td>
<td>88&lt;sup&gt;a&lt;/sup&gt;</td>
<td>60&lt;sup&gt;b&lt;/sup&gt;</td>
<td>44&lt;sup&gt;c&lt;/sup&gt;</td>
<td>&lt;53</td>
<td>Achieved</td>
<td>&lt;sup&gt;a&lt;/sup&gt; UNICEF MICS, 2002 &lt;sup&gt;b&lt;/sup&gt; MoH, Nov 2009 (in 2008) &lt;sup&gt;c&lt;/sup&gt; DHS 2009-2010 Preliminary Report</td>
</tr>
<tr>
<td>Proportion of children immunized against measles</td>
<td>%</td>
<td>39&lt;sup&gt;a&lt;/sup&gt;</td>
<td>63&lt;sup&gt;b&lt;/sup&gt;</td>
<td>68.2&lt;sup&gt;c&lt;/sup&gt;</td>
<td>100</td>
<td>Off track</td>
<td>&lt;sup&gt;a&lt;/sup&gt; UNICEF MICS, 2002 &lt;sup&gt;b&lt;/sup&gt; MoH, EPI unit, 2009 &lt;sup&gt;c&lt;/sup&gt; DHS 2009-2010 Preliminary Report</td>
</tr>
</tbody>
</table>
**GOAL 5: IMPROVE MATERNAL HEALTH**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Uni</th>
<th>2001</th>
<th>2007</th>
<th>2009</th>
<th>Target 2015</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternal mortality ratio</td>
<td>Per 100,000</td>
<td>660&lt;sup&gt;a&lt;/sup&gt;</td>
<td>450&lt;sup&gt;b&lt;/sup&gt;</td>
<td>&lt;252</td>
<td>Off track</td>
<td>a MM in 2000: WHO, UNICEF &amp; UNFPA</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>b MoH 2008/2009</td>
<td></td>
</tr>
<tr>
<td>Proportion of births attended by skilled health personnel</td>
<td>%</td>
<td>19&lt;sup&gt;a&lt;/sup&gt;</td>
<td>19&lt;sup&gt;b&lt;/sup&gt;</td>
<td>29.6&lt;sup&gt;c&lt;/sup&gt;</td>
<td>60</td>
<td>On track</td>
<td>a DHS 2003</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>b UNFPA, 2009</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>c DHS 2009-2010 Preliminary Report</td>
<td></td>
</tr>
<tr>
<td>Contraceptive Prevalence Rate</td>
<td>%</td>
<td>8&lt;sup&gt;a&lt;/sup&gt;</td>
<td>19.8&lt;sup&gt;b&lt;/sup&gt;</td>
<td>22.4&lt;sup&gt;c&lt;/sup&gt;</td>
<td>40</td>
<td>On track</td>
<td>a TLSS, 2001</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>b TLSLS, 2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>c DHS 2009-2010 Preliminary Report</td>
<td></td>
</tr>
<tr>
<td>Antenatal care coverage at least one visit</td>
<td>%</td>
<td>42.5&lt;sup&gt;a&lt;/sup&gt;</td>
<td>55.4&lt;sup&gt;b&lt;/sup&gt;</td>
<td>86&lt;sup&gt;c&lt;/sup&gt;</td>
<td>75</td>
<td>Achieved</td>
<td>a UN Statistical Yearbook, 2008</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>b MoH, Annual Statistic, 2007</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>c DHS 2009-2010 Preliminary Report</td>
<td></td>
</tr>
</tbody>
</table>
## GOAL 6: COMBAT HIV, MALARIA & OTHER DISEASES

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Uni</th>
<th>2001</th>
<th>2007</th>
<th>2009</th>
<th>Target 2015</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incidence associated with malaria</td>
<td>Per 1,000</td>
<td>113</td>
<td>206</td>
<td>113</td>
<td>45</td>
<td>Off track</td>
<td>a MoH, HMIS, 2000 b MoH, HMIS, 2007 c MoH, HMIS, 2010</td>
</tr>
<tr>
<td>Proportion of children under 5 sleeping under insecticide treated bed nets</td>
<td>%</td>
<td>8.3</td>
<td>45.5</td>
<td>100</td>
<td></td>
<td>Off track</td>
<td>a UNSTATS, 2009 b DHS, 2009/2010 Preliminary Report</td>
</tr>
<tr>
<td>Incidence rates associated with TB</td>
<td>Per 100,000</td>
<td>250</td>
<td>250</td>
<td>145</td>
<td>138</td>
<td>On track</td>
<td>a MoH, TB Department, 2010</td>
</tr>
<tr>
<td>Prevalence rates associated with TB</td>
<td></td>
<td>789</td>
<td>378</td>
<td>353</td>
<td></td>
<td>On track</td>
<td></td>
</tr>
<tr>
<td>Proportion of TB detected cases (under DOTS)</td>
<td>%</td>
<td>50</td>
<td>61</td>
<td>70</td>
<td>70</td>
<td>Achieved</td>
<td>a Global TB Control, WHO report, 2007 (2003 figures) b UNSTATS, 2009 (2006 figures) c MoH, 2010</td>
</tr>
<tr>
<td>Proportion of TB detected cases cured (under DOTS)</td>
<td>%</td>
<td>81</td>
<td>79</td>
<td>85</td>
<td>85</td>
<td>Achieved</td>
<td></td>
</tr>
</tbody>
</table>
GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Uni</th>
<th>2001</th>
<th>2007</th>
<th>2009</th>
<th>Target 2015</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of land covered by forest</td>
<td>%</td>
<td>51</td>
<td>50</td>
<td>50</td>
<td>55</td>
<td>Off track</td>
<td>Ministry of Agriculture, forestry Directorate, 2010</td>
</tr>
<tr>
<td>Proportion of population using an improved drinking water source</td>
<td>%</td>
<td>48&lt;sup&gt;a&lt;/sup&gt;</td>
<td>63.1&lt;sup&gt;b&lt;/sup&gt;</td>
<td>66&lt;sup&gt;c&lt;/sup&gt;</td>
<td>78</td>
<td>On track</td>
<td>* SAS, 2010 (National average)&lt;br&gt;b UNFPA, 2009</td>
</tr>
<tr>
<td>Proportion of population using an improved sanitation facility</td>
<td>%</td>
<td>31&lt;sup&gt;a&lt;/sup&gt;</td>
<td>46.8&lt;sup&gt;b&lt;/sup&gt;</td>
<td>49&lt;sup&gt;c&lt;/sup&gt;</td>
<td>60</td>
<td>Off track</td>
<td>* SAS, 2010 (National Coverage)&lt;br&gt;b TLSLS 2007</td>
</tr>
</tbody>
</table>

GOAL 8: DEVELOP GLOBAL PARTNERSHIP FOR DEVELOPMENT

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Uni</th>
<th>2001</th>
<th>2007</th>
<th>2009</th>
<th>Target 2015</th>
<th>Status</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cellular subscribers per 100 population</td>
<td>Per 100</td>
<td>2.0 (in 2003)</td>
<td>7.8</td>
<td>35</td>
<td>N/A</td>
<td>N/A</td>
<td>Telecom Profile, 2009</td>
</tr>
</tbody>
</table>

* Achieved targets will now be replaced by recalibrated targets for 2015. The MDG Report for 2011 will incorporate these new targets.
Annex 2 - Abbreviations

DHS: Demographic and Health Survey
DNE: Diresaun Nasional Estatistika (National Directorate for Statistic)
EMIS: Educational Management Information System
EPI: Expanded of Program Immunization
FY: Fiscal Years
HMIS: Health Management Information System
MICS: Multiple Indicator Cluster Survey
MM: Maternal Mortality
MoE: Ministry of Education
MoF: Ministry of Finance
MoH: Ministry of Health
N/A: Not Applicable (because no specific target has been set)
NHDR: National Human Development Report
SAS: Servisu Agua e Saneamento (Water and Sanitation Services)
TB: Tuberculosis
TLSLS: Timor-Leste Standard of Living Survey
TLSS: Timor Living Standards Survey
UNFPA: United Nations Population Fund
UNICEF: United Nations Children's Fund
UNIFEM: United Nations Development Fund for Women
UNSTATS: United Nations Statistics
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with assistance from the UN Country Team

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