

# Health Profile

Democratic Republic of Timor-Leste



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Dili, Timor-Leste  
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REPÚBLICA DEMOCRÁTICA DE TIMOR-LESTE  
MINISTÉRIO DA SAÚDE  
Gabinete do Ministro da Saúde

## Foreword

An attempt has been made to provide in this document background to the formation of the Ministry of Health, its organizational structure, current health problems in the country, including health care facilities available in the hospitals and district health centres.

The Ministry of Health has also endeavoured to document future health sector plans and proposed projections for the next few years. We expect to considerably raise the level of health of the people of Timor-Leste by providing them better health care services. The National Development Plan gives salient features of the Government's policy on health. This document is supposed to serve as an information booklet for the people who are interested in having a snapshot of the health sector in Timor-Leste.

I would like to take this opportunity to thank Dr Alex Andjaparidze, Head of WHO Office in Timor-Leste, for providing useful input on some important topics, and to Mr Sudesh K. Madanpotra, Administrative Officer to the Minister for Health, Timor-Leste, for collating the information and preparing this useful document.

Dili, Timor-Leste  
26 August 2002

**Dr Rui Maria de Araujo**  
*Minister for Health*

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## Excerpts from the Constitution of the Democratic Republic of Timor-Leste

### Section: 19.2

The State shall promote education, health and vocational training for the youth as may be practicable.

### Section: 57.1

The State shall recognize the right of every citizen to health and medical care.

### Section: 57.2

The State shall promote the establishment of a national health service that is universal and general. The national health service shall be free of charge in accordance with the possibilities of the State and in conformity with the law.

### Section: 57.3

The national health service shall have, as much as possible, a decentralized participatory management.

## 1. HISTORY

**T**HE DEMOCRATIC REPUBLIC OF TIMOR-LESTE is situated on the eastern part of the island of Timor, the easternmost of the Lesser Sunda Islands. It is bordered by the Wetar Strait to the north and the Timor Sea to the south. The western half of the island belongs to the Republic of Indonesia and is part of East Nusa Tenggara province. Timor-Leste was a Portuguese colony from the early 16th century until 1975 and was occupied by Indonesia from 1976 to 1999. On 30 August 1999 the people of Timor-Leste voted over-whelmingly to become an independent nation, and the territory was subsequently placed under the administration of the United Nations (UN) in October 1999. In August 2001, 91.3% of eligible Timor-Lesteese participated in the first democratic, multiparty election for a Constituent Assembly, whose members wrote the country's first constitution. This Constituent Assembly became the first Parliament after Independence on 20 May 2002. In April 2002, Timor-Leste held its first-ever presidential election. Independence hero Xanana Gusmao won by a landslide 86.3% votes of those eligible to participate.



H.E. Mr Kay Rala Xanana Gusmao  
President of the Democratic Republic  
of Timor-Leste

The country has a land area of approximately 14,610 square kilometers. The Enclave of Oecussi in the western part of Timor Island is a part of the national territory of Timor-Leste, as are the islands of Atauro and Jaco. The climate is hot, with an average temperature of 21 degrees C, and a high humidity of about 80%. October to December is the hottest period. On the southern side of the island, acacia and eucalyptus trees cover the foothills of the mountains, but the north coast is arid, with a severe dry season. The country is organized into 13 districts, 67 postos (sub-districts), 498 sucos (villages) and 2,336 aldeias (hamlets). The districts have district administrators with a small complement of staff and coordinators at the postos.

## POPULATION

- ❖ Timor-Leste is a small, post-crisis country with a population of about 850,000 and a land area of 14,610 square kilometers.
- ❖ The vast majority of poor people (85%) live in rural areas.
- ❖ 620,000 Timorese do not have electricity.
- ❖ Timor-Leste has a young population; with about 48.1% below 17 years. 17% are under 5 years.
- ❖ 46% of the population 11 years or older never attended school, and cannot read or write.
- ❖ Average life expectancy is 57 years.
- ❖ Population growth is estimated at 3.93% per year, with a sex ratio (males per 100 females) of 107.
- ❖ 560,000 people live in families without a radio.
- ❖ Although 80% of the population currently has access to health services comprising four hospitals, 65 community health centres and 82 health posts, the current average walking time to a health centre is 70 minutes.

## 2. ECONOMY

Human development indicators place Timor-Leste among the 10 poorest countries on earth. It has a per capita GDP of approximately US\$ 478, which is slightly more than half of the GDP of Rwanda. While significantly better than Rwanda's (at 40), life expectancy of 57 to 58 years puts Timor-Leste on par with countries such as the Democratic Republic of Congo and Eritrea. Maternal mortality rates are similar to those in Cambodia and Madagascar. Available data show that more than 40% of the population live below the poverty line of US\$ 0.55 per day, with significant variations between districts. Commercially produced crops include coffee, coconuts, cloves, and cacao. The rural population still practices shifting cultivation. Commercial forestry is viable in some areas. Oil exploration indicates that there are good prospects for revenue from oil.

### 3. HEALTH

According to the World Health Organization, health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Health is an essential element of national development. Considering this, the Government has given the highest priority to health in the National Development Plan.

#### 3.1 Major Public Health Problems and Constraints

Poor and unequal access to health services, the absence of a regulatory framework, and an inadequate referral system are some of the problems affecting the performance of the health system in the country.

There is a shortage of doctors and technical expertise. The country, therefore, needs international technical support to develop and implement strategies for prevention and control of both communicable and noncommunicable diseases.

There is a need for further technical supervision in health sector development, e.g. development and refining of health sector strategies and policies, development of long-term budget requirements, capacity building of local staff, increase in public awareness and education on health issues. To achieve sustainable development, Timor-Leste needs to improve the nutritional status of its population, improve environmental health, improve food safety practices and strengthen disaster preparedness/response.

The specific problems and constraints being faced by the health sector are:

- ◆ Lack of awareness of health problems, particularly among women and a general lack of understanding of health benefits;
- ◆ Poor access to health service for people living in far-flung areas;
- ◆ High prevalence of preventable communicable diseases such as malaria, tuberculosis, childhood respiratory infections, measles, typhoid, diarrhoeal diseases and a rising incidence of noncommunicable diseases;
- ◆ Poor knowledge of HIV/AIDS among the population, and absence of a systematic or reliable surveillance system;
- ◆ Early marriage and pregnancy and neglect of gender issues;
- ◆ High prevalence of malnutrition, iodine and vitamin A deficiency;
- ◆ Unequal distribution of food and health care in the family favouring boys;



- ◆ High Infant Mortality Rate (IMR) and Under-5 Mortality Rate (U5MR), caused by infectious diseases, with low utilization of skilled assistance for antenatal care, and poor reproductive health identified as the main causes;
- ◆ Inadequate system of comprehensive care for sick children who attend health facilities;
- ◆ Lack of drug legislation and policies, and in monitoring implementation of the national drug policy and training of pharmacists;
- ◆ The prevalence of mental health problems with very low coverage and quality of mental health services;
- ◆ Inadequate water supply and sanitation system for a majority of the population;
- ◆ An inadequate referral system;
- ◆ Lack of laboratory services;
- ◆ Low education in prevention of oral health problems and low levels of oral hygiene in general;
- ◆ Severe shortage of human resources, and
- ◆ Inadequate communication facilities and difficulties in accessibility between districts, particularly during the rainy season.

### 3.2 Current Health Problems

The main health problems in Timor-Leste are:

- (1) Estimates suggest an **infant mortality** rate (IMR) of between 70 and 95 per 1,000 live births; the most common causes being infections, prematurity and birth trauma<sup>1</sup>. Prior to the crisis, appropriately skilled personnel attended only one in five births.
- (2) The **maternal mortality** (deaths related to pregnancy, delivery, and post-partum) rate has been estimated to be as high as 800 per 100,000 live births considered to be one of the greatest problems in the country<sup>2</sup>. Poor reproductive health is a major cause of maternal mortality, with increasing incidence of teenage pregnancies, and

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<sup>1</sup> National Development Plan, p. 151

<sup>2</sup> National Development Plan, May 2002, p. 151

short periods between each pregnancy<sup>3</sup>. The under five mortality rate (U5MR) was reportedly 125 per 1000 live births<sup>4</sup>, but this may be an underestimate.

- (3) The most common childhood illnesses are **acute respiratory and diarrhoeal diseases**, followed by malaria and dengue infection.
- (4) **Maternal and child malnutrition** have long been common in the country. Yet, many communities have only a limited understanding of basic health and nutrition. An estimated 80% of children have intestinal parasitic infections with its subsequent nutritional deficiencies<sup>5</sup>. This is combined with high infant mortality rates of 78-149 per 1,000 live births, and under-five years' mortality rates of 124-201 per 1,000 live births<sup>6</sup>. There is an acute shortage of doctors, nurses, and midwives. According to WHO survey (January 2000-December 2001) states that a partial survey of children six months to five years of age in four districts in March 2000 showed 45% underweight, 41% stunted (height for age below median – 2SD) and 22% wasted (weight for height below median – 2SD). The same survey showed the nutritional status of mothers to be poor – 35% having a body mass index (BMI) below 18.5, which is a “critical situation” according to WHO criteria<sup>7</sup>.
- (5) **Malaria** is highly endemic in all districts, with the highest morbidity and mortality rates reported in children<sup>8</sup>. Due to the breakdown of surveillance, vector control activities and treatment facilities, malaria had shown a three-fold increase in Timor-Leste following the crisis in 1999. Four epidemiological types of malaria have been identified, which include forest malaria, rice field malaria, coastal malaria, and swamp malaria. The peak transmission periods are July/August and December/January, although a longer transmission season exists in the east (Lautem district), owing to the prolonged wet season. Based on historical and recent data, *P. falciparum* and *P. vivax* malaria are equally represented. Four districts, including the capital, are high trans-mission areas and chloroquine-resistant strains have been reported.

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<sup>2</sup> National Development Plan, May 2002, p. 151

<sup>3</sup> State of the Nation Report, April 2002, p.67

<sup>4</sup> World Bank Joint Assessment Mission, 1999

<sup>5</sup> Timor-Leste Health Policy Framework, June 2002

<sup>6</sup> National Development Plan, May 2002, pages 144 and 148

<sup>7</sup> WHO Biennial Report, January 2000 to December 2001, p.9

<sup>8</sup> Timor-Leste Health Policy Framework, June 2002, p.22



- (6) Timor-Leste is endemic for **leprosy**. The results from the recent survey conducted by the International Leprosy Mission in Oecussi district demonstrated an astonishingly high prevalence of leprosy. These findings indicate a prevalence of 115/10,000 amongst those examined, which is the highest prevalent rate of leprosy as compared to any other country or territory. This data, however, does not give the prevailing situation in the whole country, as prior to September 1999, the registered leprosy case prevalence rate was 1.8/10,000. Currently, there is no leprosy control programme in the country<sup>8</sup>.
- (7) Timor-Leste is also highly endemic for **lymphatic filariasis**; three species are present (*Brugia timori*, *Brugia malayi* and *Wuchereria bancrofti*), and patients with clinical manifestations of chronic lymphatic obstruction have been well documented<sup>8</sup>.
- (8) **Tuberculosis** is a major public health problem, with an estimated 8,000 active TB cases nationally, i.e. over 2.5% of the total population<sup>8</sup>.
- (9) **HIV/AIDS** has become the most de-vastating disease faced by humanity. Sexually transmitted infections (STI) are common in sexually active age groups. The existing curative institutions report a total of about 35 STI cases per week, mostly in Dili and Baucau districts. However, the actual situation is still to be ascertained. Indeed the danger may be greater in Timor-Leste, since the risk of HIV/AIDS is particularly high in countries that have been affected by conflict, population displacement, and widespread destruction. Other factors present in Timor-Leste today which can contribute to an epidemic development include the disruption of society which occurred in 1999, a lack of information as to what constitutes risky sexual behaviour and on sexually transmitted infections, low level of HIV/AIDS/STI awareness, poverty, and large groups of young men and women who are unemployed/not in school or involved in other rehabilitation activities. Therefore, this global problem has the potential of devastating effects on the people of Timor-Leste as they become exposed to the rest of the world<sup>9</sup>.
- (10) Routine childhood **immunization** was recommenced in early March 2000. To prevent an expected outbreak of measles, more than 45,000 children were immunized during a special campaign. National

<sup>8</sup> Timor-Leste Health Policy Framework, June 2002, p.22

<sup>9</sup> National Development Plan, May 2002, p. 151

Immunization Days (NIDs) for polio eradication in the entire territory were observed in November and December 2000 with a total coverage of over 84%.

At the same time, the routine EPI coverage was noted to be low. At least 50% of the children 5 years or younger have not received basic immunization. Study indicates that vaccination for



population of 5 years old or more is as follows, BCG (urban-41%, rural-27%), Polio (urban-36%, rural-33%), DPT (urban-36%, rural-22%) and Measles (urban-25%, rural-14%). (Poverty Assessment Project 2001 Workshop, February 2002). The next NIDs will be held in September and October 2002. Approximately 130,500 children are expected to be vaccinated in each of these two rounds.

H.E. Dr Rui Maria de Araujo, Minister for Health, administering polio drops during National Immunization Day, along with H.E. the President and the First Lady

- (11) The level of knowledge on health matters in the general population is poor, and **health promotion** has been identified as a key component of health services.
- (12) Another problem is **yaws**, which has been documented in Aileu, Bobonaro, Los Palos, and Viqueque. It is believed that there are more cases in other parts of the country. WHO is in the process of advising the Ministry of Health to formulate strategies to eliminate this disease.
- (13) The capacity of **laboratories** is very limited. The Central Laboratory at Dili does not cover all the branches of laboratory medicine and has been conducting a limited range of tests. There is a very basic network of health laboratories at district and peripheral levels with only malaria and tuberculosis microscopy carried out in most districts<sup>10</sup>.
- (14) A majority of the population does not have access to **safe drinking water and sanitary facilities**. A study has indicated that at least 415,000 people of Timore-Leste rely on unsafe sources for drinking Water. (Poverty Assessment Project 2001 Workshop, February 2002).

<sup>10</sup> WHO's Biennial Report, January 2000-December 2001, p.6

They depend on contaminated or unprotected sources of water. Existing systems for solid and liquid waste disposal are inadequate<sup>11</sup>.

- (15) **Communicable diseases** account for approximately 60% of deaths, particularly in children. These deaths are associated with respiratory infection, diarrhoea, and malaria, followed by rising incidence of noncommunicable diseases, chronic diseases, road traffic accidents and other conditions<sup>12</sup>. Japanese encephalitis (JE) infection has been identified as an important public health problem in the country. An increasing percentage of the male population are smokers, which may lead to a rise in cardiovascular as well as neoplastic diseases.

#### 4. FINANCIAL RESOURCES

The total expenditure on health in 2001-02 was US\$ 6 million from a total budget of US\$ 64 million, making health the second largest area of expenditure after education.

For the Fiscal Year 2002-2003, various activities under the following three components have been planned under the Consolidated Fund for Timor-Leste.

Sl. No.	Component	Planned Expenditure in US \$
1.	Support delivery of ongoing services	5,956,315
2.	Improve the range and quality of ongoing services as well as develop and implement supporting systems	339,950
3.	Develop and implement policy and management systems	783,002
	<b>Total</b>	<b>7,079,267</b>

<sup>11</sup> State of the Nation Report, Planning Commission, April 2002, p.6

<sup>12</sup> East Timor Health Policy Framework, June 2002, p.21

WHO, UNICEF, UNFPA and other UN Agencies contributed more than US\$ 8 million to the health sector, the Consolidated Fund for Timor-Leste,

## 5. ORGANIZATION

During September 1999-January 2000, WHO, together with UNICEF, acted as a “Temporary Ministry of Health” coordinating health sector activities in Timor-Leste. ICRC and fifteen International NGOs, together with military medical teams from the International Force for Timor-Leste (INTERFET), provided curative services to the general population.

During that interim period, WHO coordinated the important role played by NGOs in providing health care services to the people.

An Interim Health Authority was formed in February 2000, followed by the creation of the Division of Health Services in July 2000. The Ministry of Health came into being in September 2001.

The general **objectives** of the Ministry of Health are to:

- ◆ Reduce levels of maternal and infant mortality;
- ◆ Reduce the incidence of illness and death due to preventable communicable and noncommunicable diseases, including HIV/AIDS;
- ◆ Improve the nutritional status of mothers and children;
- ◆ Improve reproductive health in Timor-Leste;
- ◆ Ensure that all people have access to health services;
- ◆ Ensure the delivery of a minimum health care package at all levels of service;
- ◆ Collaborate with all stakeholders in the health sector to achieve national goals for health;
- ◆ Ensure that sufficient and adequate training for health professionals is undertaken to meet national requirements;
- ◆ Regulate the employment of all health professionals to ensure minimum standards of professional practice;



- ◆ Provide sufficient referral and tertiary health care services, including laboratory support services, to ensure that referral cases are treated effectively;
- ◆ Improve the organization and management systems in the health sector;
- ◆ Increase women's access, both to health information and to quality health services;
- ◆ Increase the availability of mental and dental health services, and
- ◆ Contribute to the improvement of occupational and environmental health in Timor-Leste.

As per the details provided in the attached organizational chart (Annex I), the Ministry of Health consists of:

- ◆ Minister for Health
- ◆ Vice-Minister for Health
- ◆ Director-General of Health
- ◆ Division of Health Services Delivery
- ◆ Division of Administration, Finance, and Logistics Services
- ◆ Division of Health Policy and Planning
- ◆ District Health Services

In addition to the three divisions of the Ministry of Health, the following offices, hospitals and health institutions are being directly supervised by the Director-General:

- (1) District Liaison Services
- (2) Legal Office
- (3) Office of Protocol and Communication
- (4) National Hospital and Referral Hospitals
- (5) National Laboratory
- (6) National Centre for Health Education and Training (NCHET)
- (7) Centre for Drugs Supply and Medical Equipment

The areas of responsibility of the three divisions in the Ministry of Health are given below:

*1. Division of Health Services Delivery:*

- (1) Noncommunicable diseases
- (2) Communicable diseases and environmental health
- (3) Health promotion
- (4) Maternal and child health
- (5) Laboratory services and blood transfusion
- (6) Pharmaceutical services

*2. Division of Administration, Finance and Logistic Services:*

- (1) Finance
- (2) Administration
- (3) Logistics and procurement

*3. Division of Health Policy and Planning:*

- (1) Health policy development
- (2) Planning
- (3) Human resources
- (4) Health information system, monitoring and evaluation

## **6. VISION, VALUES, MISSION AND GOALS OF THE MINISTRY OF HEALTH**

### **6.1 Vision**

Health problems are not exclusively caused by health-related sources. In fact if the factors that influence the health status of a population, are studied, it is seen that health care contributes in a small scale to the whole health status. Education, income, housing, food, water and sanitation are among the most important determinants of health. The Ministry of Health of Timor-Leste is aware of this variety of determinants of the health status and has assumed from its



inception, a vision that implies a broad definition of health “**Healthy Timor-Leste people in a healthy Timor-Leste**”



H.E. Dr Mari Bin Amude Alkatiri, the Prime Minister of the Democratic Republic of Timor-Leste

With this vision statement, the Ministry of Health envisages a community enjoying a level of health that will allow them to develop their full potential in a healthy environment. The fact that the vision implies a healthy Timor-Leste means that sectors other than health should contribute to reach the point that this vision foresees (multisectoral approach to health).

The vision also reflects an aim to reduce poverty to an extent where the level of production and income allows all its people to enjoy a healthy life and to have the minimum means to cover basic needs. Only a healthy community can achieve poverty alleviation.

## 6.2 Values

From the perspective of the Ministry of Health, the values underlying this vision involve a great commitment to **equity** and **cultural sensitivity** through behaviour based on **ethics**, **solidarity** and **friendliness**.

Equity is understood as distribution of health resources according to need. To ensure equity in health, it is necessary to relate access or utilization of health care to needs. Equity is also related to equality. There is evidence of differences in disease burden among different geographic areas (within or between countries), ethnic groups, occupation, employment status, different income groups or different sexes. It is recognized that excess inequality is not only unfair, but, in addition, also damages health.

Cultural sensitivity refers to being aware that cultural differences and similarities exist and have an effect on values, learning process and behaviour. Being responsive to the local history, culture or environment where health service is delivered increases community reliance in the health system. Sometimes in health, such values are harmful and it is only through a respectful approach that a strategy for solution can succeed. In Timor-Leste, cultural diversity is high

and so are the different perceptions of health and disease and the different health care seeking behaviours. In order to find appropriate approaches to these problems, cultural sensitivity needs to be ensured in all decisions made.

As stated in the Democratic Republic of Timor-Leste Constitution, health and medical care is the right of every individual and the obligation of the state to protect and promote it. The system is universal, general and depending on the capacity of the State, free of charge. The management of the system will be decentralized and participatory.

### 6.3 Mission

Consistent with the vision statement, the Mission of the Ministry of Health is *to strive to ensure the availability, accessibility and affordability of health services to all the people of Timor-Leste, to regulate the health sector and to promote community and stakeholders' participation* (including other sectors).

### 6.4 Goals

From these three components of the mission (ensuring availability, regulating and promoting participation) the Ministry of Health expects to contribute to the overall goal of improving the health status of its population.

The Ministry of Health aims to provide quality health care to its people by establishing and developing a cost-effective and needs-based health system which will specially address the health issues and problems of women, children and other vulnerable groups, particularly the poor, in a participatory way.

## 7. HUMAN RESOURCE DEVELOPMENT

The objective of the Human Resource Development policy is to ensure the availability and delivery of quality health services by recruiting, training and managing a sufficient number of health personnel, based on identified health service delivery needs and within sustainable resources.

The policy will seek to achieve equitable distribution as well as an appropriate skill mix for the health delivery system adopted by Timor-Leste.

The Ministry of Health is currently providing medical services to all the 13 districts throughout Timor-Leste with the assistance of a team of inter-national

medical officers and specialists. In order to maintain the high standard of medical services and to ensure the provision of adequate ongoing health services to the people, the Ministry has estimated that it will require approximately 25 district medical officers and 27 medical specialists to service Timor-Leste.



H.E. Dr Rui Maria de Araujo, Minister for Health, Democratic Republic of Timor-Leste

Twenty-one district medical officers have already been recruited, as projected for this fiscal year. Funding for these positions has been made available through the Trust Fund for Timor-Leste budget until 2003. Fourteen medical specialists have been recruited, and a further five are in the process of recruitment - three for Baucau hospital, one for Oecussi and one for Dili national hospital. The specialists include surgeons, obstetricians and gynae-cologists, anaesthetists, paediatricians, internists, and emergency department doctors.

In brief, details of the medical assistance being provided to all the districts is given below:

Staff	Requirement	Recruited	Under Recruitment	Target for Fiscal Year 2002-03
<b>International Staff:</b>				
District medical doctors	25	21	0	21
Medical specialists	27	14	5	20
<b>Present National Staff:</b>				
Doctors	12			
Nurses	624			
Midwives	226			

## 8. HOSPITALS

### 8.1 Dili National Hospital

Dili National Hospital is the referral facility for all cases requiring specialized medical assistance or more sophisticated diagnostic techniques. An Timor-Leste Management Team is managing the hospital. Several organizations (such as RACS, UNFPA, and CordAID) are supporting the hospital and its management team. It has medical, surgical, paediatric and obstetric facilities with a total bed capacity of 228. It is relatively well equipped. The Out-Patient Department (OPD) has ample facilities for different consultation services and provides first, second and third-level care.

During the last eight months, key specialties are permanently available, and medical protocols and treatment guidelines are being elaborated. Three expatriate doctors have been providing, on rotation, uninterrupted service in the Emergency Room.

Procurement and supply management (planning, implementation) is still weak. The hospital is totally dependent on the performance of the Autonomous Medical and Supply System (AMSS) for procurement of medicines and laboratory supplies.

A Hospital Working Group has been created with the task of improving the structure and the management systems of the hospital. Within the hospital, an Internal Planning Commission is working on the budget and planning for the future. The Supply and Procurement Committee is working on ways to improve the supply management.

### 8.2 Referral Hospitals for Secondary Care (Medical and Surgical)

At present one referral hospital is functioning in Baucau district in Timor-Leste (with 114 beds). Four more such hospitals with a provision of 24 beds each are being set up in four different districts i.e. Covalima, Bobonaro, Oecusse and Ainaro (Maubisse). Apart from the inpatient medical services offered in level 4 facilities, surgical operations under general anaesthesia are also planned to be performed. A full set of laboratory and other diagnostic equipment is also proposed to be made available.

## 9. COMMUNITY HEALTH CENTRES IN DISTRICTS

Details of distribution of health facilities in districts of Timor-Leste are given in the attached map (Annex-II).

The following four levels of Community Health Centres are available in every district:

- Level 1:** In order to provide basic health services to the whole population, a network of level 1 health posts and mobile clinics has been deployed. These centres are within 4-8 kms from the house of the patient. The services provided include curative consultation, antenatal and postnatal care, immunization, growth monitoring, health education and health promotion activities.
- Level 2:** In every sub-district there is a community health centre providing promotive, preventive and curative services. These include external consultations supported with a simple laboratory, maternity (including antenatal and postnatal care) to preventive (including immunization) and promotive services.
- Level 3:** From the sub-district facility and always within a distance of less than two hours by medical transport (ambulance that can be activated through a radio communication network), there is a level 3 district facility. In this facility, the services provided include, apart from those provided at lower levels, basic emergency obstetric care like manual removal of placenta, forceps or vacuum-assisted delivery or treatment of other obstetric complications. These facilities are located in districts bordering Dili, like Aileu and Liquica. Atauro island in Dili will also have an observation unit.
- Level 4:** This facility is available in Lautem, Viqueque, Manufahi, Ermera and Manatuto Districts. Facilities include an inpatient department with 10 to 20 beds where medical cases can be diagnosed, treated and referred to higher levels if needed. Complete laboratory services and other diagnostic means are available. Minor surgical procedures like stitching, drainage of abscesses or any other surgical procedure not requiring general anaesthesia are available. Other surgical cases requiring general anaesthesia are referred to referral hospitals, which are located within two hours' driving time.

A copy of the organizational chart of the District Health Services is attached (Annex 3)

## 10. FUTURE PLANS

The Ministry of Health in Timor-Leste is aiming to ensure provision of the health service to all its people, regulate the health sector and promote the participation of stakeholders from health and other sectors. The Ministry of Health is committed to use the available resources in the most cost-effective way.



*From L to R :* H.E. Dr Rui Maria de Araujo, Minister for Health; Mr Carlos B. Tilman, Director, Division of Health Services Delivery; Mr Francisco Salgueiros, Director, NCHET; Mr Augusto Tolan, Director, Central Laboratory; Dr Virna Martins, Director, Division of Health Policy Planning; Mr Francisco Dos Santos, Director, Division of Administration, Finance and Logistics Services; Dr Rogerio Pedro Sam, Director, Dili National Hospital; and H.E. Mr Luis M.R.F. Lobato, Vice-Minister for Health.

As stated in the National Development Plan, Timor-Leste has one of the lowest literacy rates in the world. Health priorities are among the most crucial in the Development Plan. Development strategies have been devised to emphasize the importance of providing adequate access to primary health care, and focusing on prevention and clinical support in underserved areas. It is proposed to develop a system of primary health care, easily accessible to individuals and families in the community through household participation, and at a cost that the community and country can afford to maintain at each stage of its development. Women's rights to health would be ensured, which is particularly focused on reproductive health and on the prevention of health hazards.

The National Development Plan has set the following targets:

- ◆ Infant mortality rate currently estimated between 70-95 per 1,000 live births, to decline significantly within five years;
- ◆ Health sector policies will receive priority to ensure the basic level of health of the workforce, and
- ◆ The share of health would rise significantly from 7.6% of the total budget in fiscal year 2002 to 13.7% in fiscal year 2007.

In view of the above, and as enshrined in the National Development Plan, the policies on the following aspects will be formulated in future:

- ◆ Emphasizing preventive and promotive health care;
- ◆ Adopting primary health care policies;
- ◆ Adopting a policy of integrating the health care system with other sectors;
- ◆ Targeting groups to achieve the greatest health impact;
- ◆ Developing health staffing policies appropriate to the needs of the country;
- ◆ Promoting access and utilization of basic health services by vulnerable groups;
- ◆ Adopting Integrated Management of Childhood Illness (IMCI);
- ◆ Mainstreaming gender health concerns in all programmes, and
- ◆ Working with relevant sectors/organizations to advocate an improved status for women, promoting equal rights for men and women in access to health.

Specific high burden diseases like malaria, tuberculosis, diarrhoeal diseases, respiratory infections, leprosy or mental health, and reproductive health, including high maternal mortality, will need special attention. Diseases with high risk like HIV/AIDS also have high priority in the agenda of the Ministry of Health.



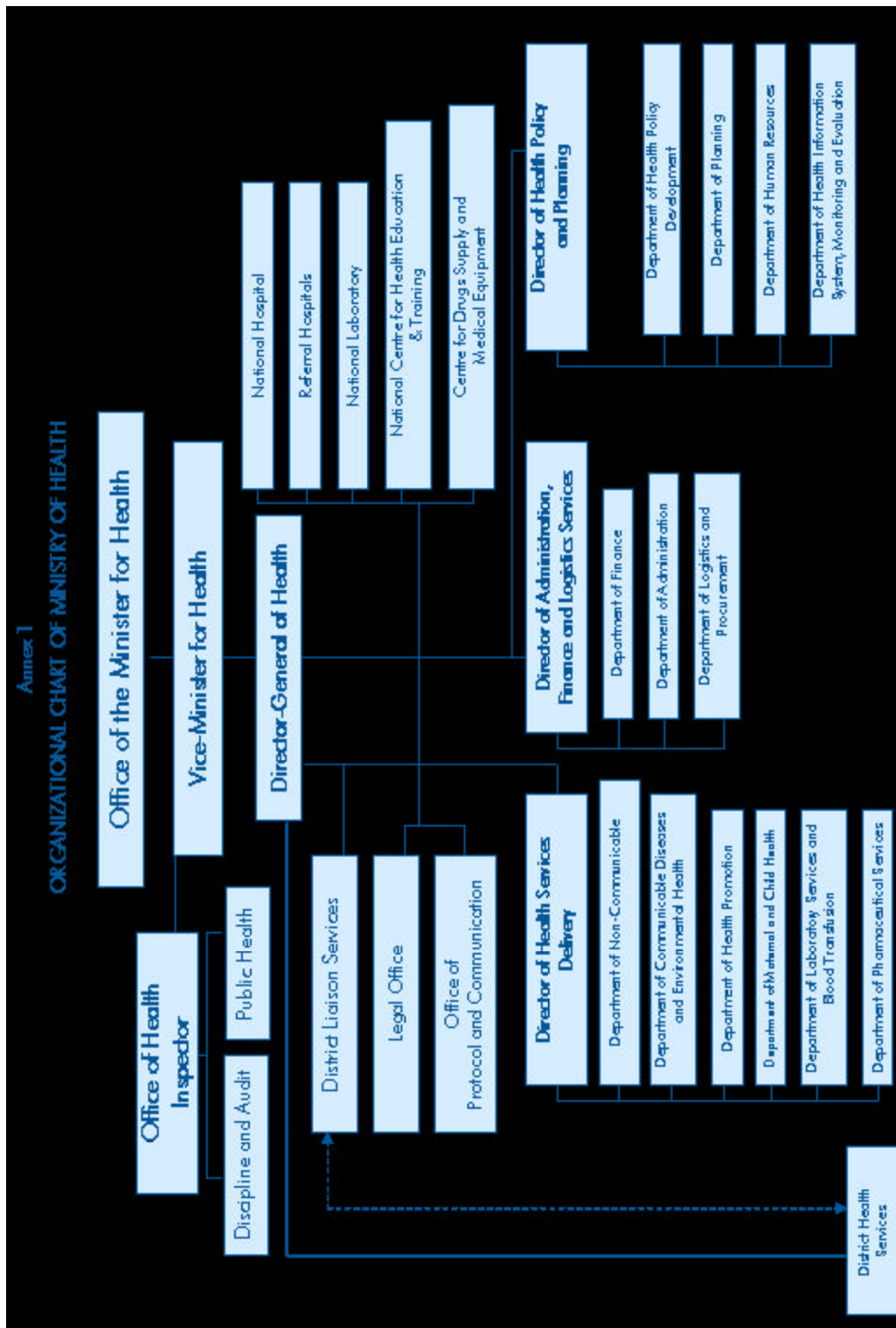
## 11. CONCLUSION

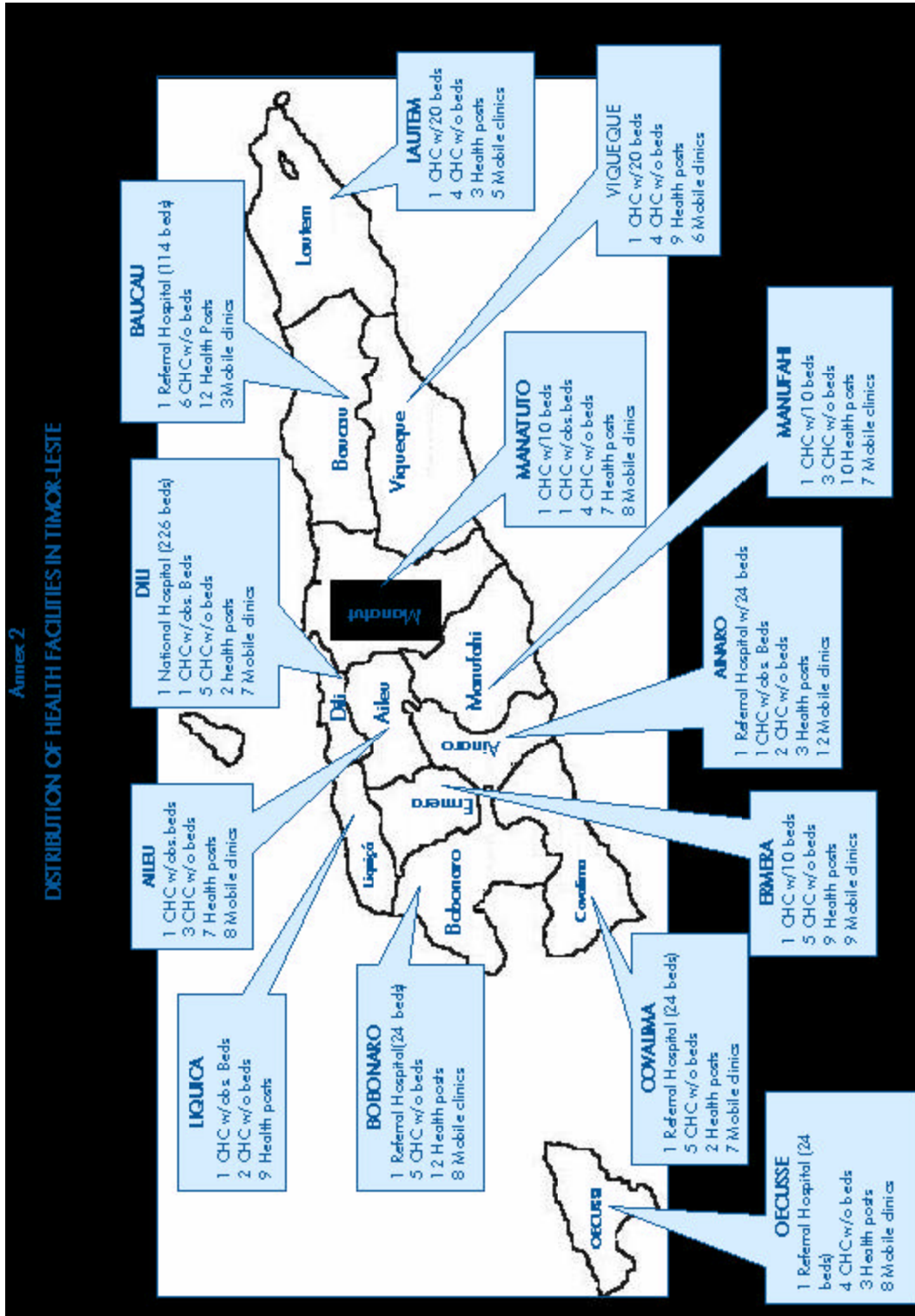
The health problems in Timor-Leste are enormous and include common childhood illnesses, communicable diseases (especially malaria, tuberculosis, Japanese encephalitis and dengue fever), lack of safe drinking water and sanitation facilities, reproductive health problems including high maternal mortality, poor and inequitable access to health services, and inadequate management support systems. Communicable diseases account for the majority of deaths followed by noncommunicable diseases, including chronic diseases, and road traffic accidents. The Ministry of Health has achieved some milestones in rehabilitating the health system. Still, there are major challenges that need to be met in order to achieve a solid and efficient health system. A conscientious effort is needed to re-establish sustainable health services in Timor-Leste. While international agencies have been closely involved in the provision of health services, the people of Timor-Leste are gradually taking over the responsibility for service delivery.

Basic infrastructure and health facilities have been rehabilitated and/or reconstructed at the district and sub-district levels, which are vital for ensuring access to health care for the people. Better health for the Timor-Lesteese is not just an important objective of the rehabilitation and development efforts, it has also become a key driving force for the rehabilitation and participation of the population in directing their own health institutions. Construction of health posts in remote areas with high levels of demand is planned. The Ministry of Health is actively functioning as a coordinating body with national and international agencies and institutions involved in the development of the health sector in the country.

In order to accelerate the process of providing appropriate health facilities to the people, adequate additional financial assistance and human resources are required. The programme approach of external resources to management has proved to be effective in the context of Timor-Leste. Major problems in the area of human resources include imbalance in the production, low skills and wrong skill mix among the staff, and inefficient use of existing human resources. There is an urgent need for capacity building of laboratory facilities. The absence of national health professional staff, as medical doctors and staff at managerial levels, is one of the key constraints. Substantial resources are, therefore, needed for training and human resource development.

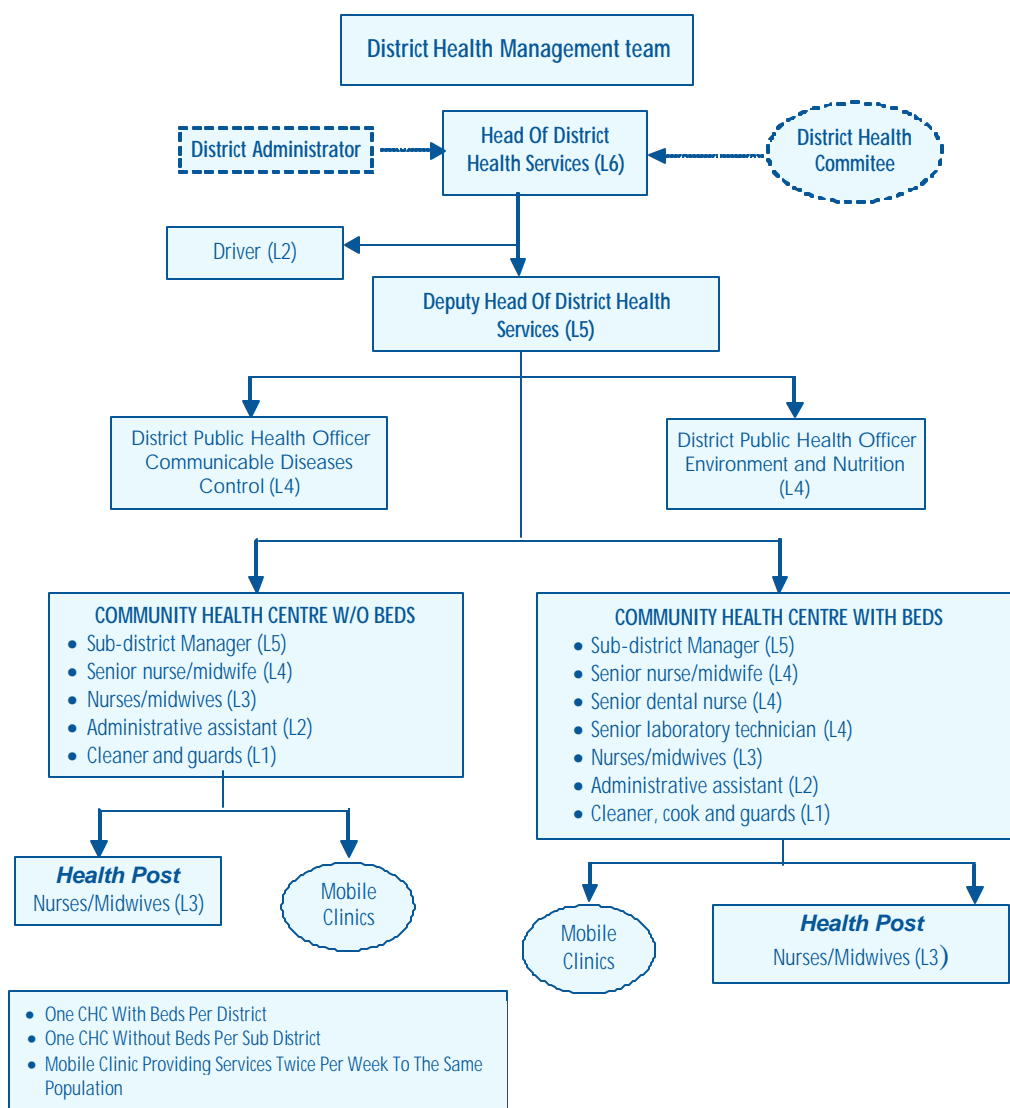






Annex 3

ORGANIZATIONAL CHART FOR DISTRICT HEALTH SERVICES



**Annex 4**  
**COUNTRY REPORTED DATA FOR BASIC HEALTH  
 AND HEALTH-RELATED INDICATORS**

Indicators	Latest available data	Year	Source
<b>Population and Vital Statistics</b>			
Total population	850,000	2002	1
Population density (persons per sq km) <sup>(a)</sup>	58	2002	1
Sex ratio (males per 100 females)	107	2002	1
Annual population growth rate (%)	3.93	2002	1
Urban population (%)	15	2002	1
<b>Socioeconomic Situation</b>			
Gross domestic product per capita (US\$)	478	2002	1
Population below poverty line (US\$ 0.55 per day) (%)	>40	2002	1
Prevalence of underweight (weight-for-age) in children <6-60 months of age (%) <sup>(b)</sup>	45	2000	1
Prevalence of stunting (height-for-age) in children <6-60 months of age (%)	41	2000	1
Prevalence of wasting (weight-for-height) in children <7 years of age (%)	22	2000	1
<b>Environment</b>			
Population with safe drinking water available in the home or with reasonable access (%) <sup>(c)</sup>	-	-	
Population with adequate excreta disposal facilities available (%) <sup>(c)</sup>	-	-	

Indicators	Latest available data	Year	Source
<b>Health Resources</b>			
<i>Facilities</i>			
Hospitals	4	2002	1
Community health centres	65	2002	1
Health posts	82	2002	1
Hospital beds per 10,000 population <sup>(d)</sup>	-	-	-
<i>Human resources</i>			
Physicians <sup>(e)</sup>	47	2002	
Nurses	624	2002	
Midwives	226	2002	
Physicians per 10,000 population	-	-	
<i>Budgetary resources</i>			
Total expenditure on health as % of total government budget <sup>(f)</sup>	9.4	2001-02	1
External resources for health as % of total health expenditure <sup>(g)</sup>	-	-	
Per capita total expenditure on health (US\$)	-	-	
<b>Health Services</b>			
Pregnant women attended by trained personnel during pregnancy (%)	-	-	
Deliveries attended by trained personnel (%)	-	-	
Infants attended by trained personnel (%)	-	-	
Women of childbearing age using family planning (%)	-	-	
Infants reaching their first birthday that have been fully immunized against diphtheria, tetanus, and whooping cough (%) <sup>(h)</sup>	25	2001	1
	58	2002	1

Indicators	Latest available data	Year	Source
Infants reaching their first birthday that have been fully immunized against poliomyelitis (%)	84	2000	1
Infants reaching their first birthday that have been fully immunized against measles (%)	-	-	
Infants reaching their first birthday that have been fully immunized against tuberculosis (%)	-	-	
Women that have been immunized with tetanus toxoid (TT) during pregnancy (%)	-	-	
<b>Health Status</b>			
Life expectancy at birth (years):			
Total	57	2002	1
Male	-		
Female	-		
Infant mortality rate (per 1,000 live births)	70 - 95	2002	1
Under-five mortality rate (per 1,000 live births)	125	1999	1
Maternal mortality ratio (per 100,000 live births)	800	2002	1

Source: Timor-Leste Ministry of Health, *Health Profile*, Dili, 26 August 2002

- (a) Computed value based on reported land surface area of 14,610 sq km
- (b) Study in four districts
- (c) Very low coverage of population by safe drinking water and adequate sanitation facilities
- (d) 114 beds in Baucau district with a provision of 24 beds in 4 other districts
- (e) 12 nationals and 35 international
- (f) 6 out of 64 million US\$ of total budget
- (g) US\$ 8 millions
- (h) Coverage by NIDs



Dili, Timor-Leste  
October 2002