

## Timor-Leste



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The Democratic Republic of Timor-Leste is a new country rising from an oppressed, turbulent and difficult past. It declared its independence in May 2002 after voting to separate from Indonesia in 1999. It became the 191<sup>st</sup> United Nations (UN) member in September 2002 and is the poorest country in Asia and among the poorest in the world. This emerging nation is now faced with the challenges of developing its own governance systems and rebuilding its infrastructure and health sector, long neglected by occupying powers and political upheaval.

### HEALTH & DEVELOPMENT

**Progress is being made in rehabilitation.** Timor-Leste has made substantial progress in rehabilitating its economy, reconstructing infrastructure and reintegrating refugees. Access to health care and development of infrastructure (including laboratory facilities) are hindered by geographic conditions and low population density in some districts. Access to reproductive health services is poor (less than 24% of deliveries were attended by skilled health personnel in 2002, less than 12% in highland areas); increasing incidence of teenage pregnancies and short inter-pregnancy gaps contribute to high maternal mortality rates.

**Maternal and child malnutrition are prevalent** due to poor knowledge and bad rearing methods. The infant mortality rate is estimated at 70-95 per 1000 live births; the most common causes include infections, prematurity and birth-trauma. The under-5 mortality rate is also high, mainly due to acute respiratory infections, diarrhoea, dengue and malaria.

**Communicable diseases account for nearly 60% of deaths;** the main causes are malaria, acute respiratory infections and diarrhoea, particularly in children. Tuberculosis, yaws, leprosy, filariasis and Japanese encephalitis are also public health problems. Noncommunicable disorders including cardiovascular disease, diabetes and traffic accidents are increasing.

**More than 40% of the population still live below the poverty line** (with less than US\$ 0.55 per day). Timor-Leste's population growth is estimated at 4% per year. The economy is highly dependent on commercially produced crops (coffee, coconuts, cloves and cacao) and commercial forestry.

**The National Development Plan** will guide health sector development by: emphasizing preventive care and health promotion; integrating health systems with other sectors; targeting groups for interventions; developing policies for human resources for health; promoting access to basic health care by vulnerable groups; adopting Integrated Management of Childhood Illness (IMCI); and mainstreaming gender equality.

Total population (2005) <sup>1</sup>	947 000
% under 15 (2005) <sup>1</sup>	41
Population distribution % rural (2005) <sup>1</sup>	92
Life expectancy at birth (2004) <sup>2</sup>	63
Under-5 mortality rate per 1000 (2004) <sup>2</sup>	80
Maternal mortality ratio per 100 000 live births (2000) <sup>3</sup>	660
Total expenditure on health % GDP (2004) <sup>4</sup>	10.6
General government expenditure on health as % of general government expenditure (2004) <sup>4</sup>	8.8
Human Development Index rank, out of 177 countries (2003) <sup>5</sup>	140
Gross National Income (GNI) per capita US\$ (2004) <sup>6</sup>	550
% population with sustainable access to an improved water source <sup>5</sup>	52
% population with sustainable access to improved sanitation (2002) <sup>5</sup>	33

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>Health and education are Government priorities, establishing and developing an affordable and accessible needs-based cost-effective health system, improving living conditions and reducing poverty</li> <li>After independence, development partners agreed to set up the Trust Fund for East Timor (TFET) to support and coordinate rehabilitation and reconstruction efforts</li> <li>The National Development Plan 2004-2009 lays out the strategy to reach the Government vision for 2020 of reducing poverty in all sectors and regions and promoting equitable and sustainable economic growth; improving health, education and well-being for everyone.</li> </ul>	<ul style="list-style-type: none"> <li>Low population coverage with unequal access to adequate health services, clean water and sanitation</li> <li>Inadequate health information systems for monitoring and analysis of health indicators</li> <li>Immature human resource development capacity throughout the health sector; intensive recruitment of national staff to fill the established posts</li> <li>Reliance on external cooperation: during the past years about 40% of the Ministry of Health (MOH) budget has been financed through TFET and bilateral/multilateral agencies; this will fall in future years.</li> </ul>

**Sources:**

<sup>1</sup>United Nations Population Division

<sup>2</sup>World Health Report 2006

<sup>3</sup>World Health Report 2005

<sup>4</sup>WHO data on National Health Accounts

<sup>5</sup>Human Development Report 2005

<sup>6</sup>World Development Indicators 2005 (World Bank)

## PARTNERS

The TFET is financed by development partners including multilateral (Asian Development Bank and the World Bank) and bilateral agencies (Australia, Finland, Ireland, Italy, Japan, New Zealand, Norway, Portugal, and the United Kingdom of Great Britain and Northern Ireland), UN agencies and international nongovernmental organizations (NGOs). TFET funding is around US\$ 41 million.

Bilateral partners support different health programmes. The Australian Agency for International Development (AusAID) supports oral and mental health, health promotion and advice on ambulance systems; Japan supports maternal and child health activities through UNICEF.

Multilateral assistance in child and reproductive health is provided by UNFPA, UNICEF and WHO through a joint action plan. UNICEF and WHO support the Expanded Programme of Immunization (EPI), IMCI, nutrition and water and sanitation; WHO also collaborates with FAO, WFP and UNDP in food security, disaster management and environmental health.

Other financial and technical partners include the European Commission, the German Development Corporation (GTZ), the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) and the International Monetary Fund (IMF).

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• The MOH works with partners to develop a framework to achieve the Millennium Development Goals (MDGs)</li> <li>• The MOH supports a Sector-Wide Approach (SWAp) to ensure external assistance is not donor driven and is in line with the priorities agreed by the MOH, stakeholders and donors</li> <li>• Missions and meetings of partners and the Government are conducted twice per year to discuss the flow of funds and the type of assistance required</li> <li>• The MOH developed guidelines for working with NGOs ensuring consistent approaches and preventive messages.</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of flexibility and harmonization by partners in the process of implementation of the programmes within the context of the country's rapidly changing situation</li> <li>• Limited knowledge of English and urgent need to translate documents and tools into local languages</li> <li>• Separate reporting requirements by different partners adds complexity to the work in the country</li> <li>• Frequent uncoordinated visits and missions by international institutions, officials and expatriate staff working for various agencies disrupting work in the country; technical and managerial assistance to the MOH to ensure appropriate briefing and coordination of visits.</li> </ul>

## WHO STRATEGIC AGENDA (2004-2008)

The main mission of WHO in Timor-Leste is to collaborate with the Government and other development partners to provide the greatest possible contribution to improving the health of the people of Timor-Leste. The WHO Strategic Agenda is consistent with Timor-Leste's national health development goals and focuses on advocating and supporting appropriate health policies, facilitating sustainable development of health systems, developing and implementing health intervention programmes to reduce the excess burden of disease and improving health conditions contributing to poverty alleviation and gender equity.

WHO's strategic agenda is considered part of the UN Common Country Assessment (CCA) and the UN Development Assistance Framework (UNDAF). The Country Cooperation Strategy outlines strategies to better meet the health needs of Timor-Leste; it identifies directions, operational principles and functions of WHO in the country based on the national health sector development goals and the MDGs.

- **Health policy development.** Support development of adequate and appropriate health policy and legislation; develop a capacity process within the MOH suitable to the culture, language and political issues of the country.
- **Donor coordination and partnerships for health development.** Different reporting systems that satisfy donors represent a challenge to the newly developed MOH. WHO aims to support the MOH to identify priorities and develop monitoring mechanisms for donor assistance and implementation, to serve as a forum and broker to coordinate assistance to the health sector.
- **Health systems development.** Currently there is limited managerial and human resources development capacity in the MOH. WHO aims to support MOH efforts to improve human resources development including educational policies, improving staff performance, deployment and career development practices. Support the MOH through the decentralization process, reconciling the specific roles, responsibilities and organizational structure of the health system.
- **Interventions for priority health problems.** Work with partners to provide and coordinate technical assistance to the priority health programmes.



## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/tls/en/>

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