



HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	1.1 million (mid-2007)
Adult HIV Prevalence**	<0.2%(end 2005)
HIV Prevalence in Most At-Risk Populations**	Sex workers: 3% (2003) MSM: 1% (2003)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	0% (end 2006)

*US Census Bureau **UNAIDS ***WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

Timor-Leste is a low HIV-prevalence country with less than 0.2 percent of the adult population estimated to be HIV-positive. However, social factors such as massive social dislocation, cross-border migration, high unemployment, and a weak and limited health system could dramatically increase the spread of HIV infection. Many young people are not well-equipped with the knowledge and life skills to manage HIV risk in an increasingly challenging environment.

The first HIV/AIDS case in Timor-Leste was detected in 2001. Forty-three cases of the disease were confirmed in 2007 and are now

under treatment, according to the Ministry of Health. However, limited surveillance capabilities and inadequate testing could mean that more people are infected.

Although HIV prevalence among the general population appears to be quite low, there are signs of a low-level epidemic among Timor-Leste's sex workers and men who have sex with men (MSM). According to data collected in mid-2003 by Family Health International (FHI), HIV-prevalence rates among sex workers and MSM were 3 percent and 1 percent, respectively. According to the same study, among female sex workers (FSWs), 14 percent tested positive for gonorrhea, 15 percent for chlamydia, 16 percent for trichomonas and 60 percent for herpes simplex virus-2. No comparable data have been collected since, and consequently, the current situation is unknown. Timor-Leste is also vulnerable due to its close proximity to nearby countries that are experiencing localized epidemics such as Indonesia and Papua New Guinea.

General public health knowledge on primary health care, including reproductive health, sexually transmitted infections (STIs), and HIV/AIDS, is very limited especially in remote areas. Only 50.7 percent of the population 15 years old and over ever heard about HIV/AIDS; and among those in that same population group who think it can be avoided, only 41.8 percent know that it can be avoided by use of condoms, according to the 2007 Timor-Leste Living Standards Measurement Study. There are others factors that contribute to the risk and impact of HIV/AIDS among women; they include domestic violence, lower literacy and education levels, and cultural constraints in discussing issues of sex. Providing the general population with information to combat HIV/AIDS is complicated due to low prevalence and limited access to the communities. According to the National Statistic Directorate Census 2004, most people live in the rural areas, mainly around the northern coastal regions in small, dispersed villages. According to the Demographic and Health Surveys conducted in 2003, more than 60 percent of women and 70 percent of men do not recognize any method of family planning, and only 10 percent of women are using any contraceptive method.

Timor-Leste can still be classified as a conflict country. The civil unrest that erupted in April/May 2006 continues to be unsettled and constitutes a risk for high rates of domestic violence and sexual assault, thereby leaving women more vulnerable to infection since they are unable to negotiate condom use. The country has a high tuberculosis (TB) burden, with 250 new cases per 100,000 people in 2005, according to the World Health Organization.

From the 43 cases under treatment, data from the Ministry of Health due to be released in early 2008, shows that at least three people have HIV-TB co-infections; two children under five received the infection from their mothers; and two pregnant women are under prevention of mother-to-child transmission (PMTCT) HIV treatment.



National Response

HIV/AIDS has had a devastating impact on other countries in comparable circumstances to Timor-Leste. Among Timor-Leste's nearest neighbors, Papua New Guinea appears to be in the early stages of a generalized HIV epidemic that threatens to not only halt, but also reverse the development achievements the nation has made in its relatively short history. Many of the circumstances that have led to the current HIV situation in Papua New Guinea are also present in Timor-Leste, including large-scale social dislocation and high levels of HIV-related risk.

In 2002 a National HIV/AIDS/STI Strategic Plan (2002–2005) was adopted. In the period since, Timor-Leste has adopted and implemented strategies, policies, programs, and projects to address HIV/AIDS. However, among key stakeholders, it is generally accepted that while many effective activities have been implemented, overall coordination is weak, and important gaps exist. Knowledge about HIV/AIDS across the general population remains low, the level of unsafe sex practices is high, and STI rates are also high.

In mid-2005, the Ministry of Health, with support from UN Agencies and key civil society organizations, initiated a process to review the National HIV/AIDS/STI Strategic Plan (2002–2005) and develop a new national strategic plan to cover the period 2006–2010. The new National Strategic Plan for HIV/AIDS/STIs 2006–2010 was approved by the Council of Ministers in August 2006. The goal is “to maintain Timor-Leste as a low prevalence HIV nation and minimize the adverse consequences for those infected with HIV.” Four program components were identified:

- Prevention and education targeting the population in general and more specifically most-at-risk groups (MARGs), which include MSM, FSW, clients of sex workers, people in uniform, and young people;
- Voluntary counseling and testing targeting MARGs and PMTCT; and
- Clinical services: ensure availability of antiretroviral treatment to all diagnosed people; develop policies, protocols, and procedures to all aspect of patient management; STI treatment services; procurement and supply of drugs and other commodities; and blood safety.

A key part of the national strategy is the establishment of the National AIDS Commission, to provide independent advice to the Government of Timor-Leste on all matters related to HIV/AIDS and to monitor and advise on the progress in implementation of the National Strategic Program.

In 2006, the Global Fund to Fight AIDS, Tuberculosis and Malaria approved a fifth-round grant for Timor-Leste to scale up the national response to HIV/AIDS through the delivery of services and information to at-risk populations and people living with HIV/AIDS. The grant was signed in December 2006 and now is on quarter three implementation. Assessment reports show good performance in relation to targets settled for quarter 1 and quarter 2.

USAID Support

The United States Agency for International Development (USAID) programs in Timor-Leste are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international health initiative dedicated to a single disease – a five-year, \$15 billion, multifaceted approach to combating the disease in more than 114 countries around the world. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitment of \$15 billion over five years.

Prior to the Global Fund to Fight AIDS, Tuberculosis and Malaria grant for Timor-Leste to scale up the national response to HIV/AIDS, from 2003 to 2006, USAID supported the development of Timor-Leste's first National HIV/AIDS program. It was the first and only project about HIV/AIDS in the entire country from 2003 to 2006. Below are the main achievements of the project:

- Policy: provided support to the government to develop appropriate health policies and systems.
- Research: qualitative assessment of the response of social and political institutions. One key result was the inauguration of the National AIDS Council in 2003, to champion the needs of the AIDS program; mapping the communities considered to be in higher risk; MSM and FSW; collecting valuable data on the behavior of risk groups in Timor-Leste: MSM, FSW, military personnel, students and taxi drivers.
- Prevention activities: supporting Timor-Leste social codes, which encourage abstinence and fidelity; providing precisely targeted, evidence-based behavior change communications; and providing condoms to those at risk of HIV/STIs.

- Services: in partnership with the government, nongovernmental organizations, faith-based organizations, and private sector, including USAID-supported Cooperativa Café Timor Clinics, established HIV testing, counseling, treatment and care services.

USAID is an active member of the National Country Coordinating Mechanism (NCCM) that oversees all Global Fund to Fight AIDS, Tuberculosis and Malaria grants in the country. In 2006, USAID provided technical support to the NCCM in order to fulfill additional requirements before signing the Global Fund Round 5 proposal for HIV/AIDS.

Important Links and Contacts

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USAID Websites: http://www.usaid.gov/our_work/global_health/aids/Countries/ane/easttimor.html

For more information, see http://www.usaid.gov/our_work/global_health/aids

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