Scaling Up Towards a Comprehensive Response to HIV/AIDS Prevention, Care, and Treatment for Children

Timor-Leste Country Report

To the East Asia and Pacific Regional Consultation on Children and HIV/AIDS
Hanoi, Viet Nam
March 2006

TABLE OF CONTENTS

ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
AMI	Assistencia Medica Internacional
ARV	Anti Retro Viral
ASHM	Australasian Society for HIV Medicine
CBO	Community Based Organization
CCF	Christian Children's Fund
CCYCF	Comoro Child and Youth Foundation
CRS	Catholic Relief Service
CVTL	Cruz Vermelha Timor Leste
CWS	Church World Service
DCI	Development Cooperation Ireland
DENORE	Development of Knowledge and Research
FHI	Family Health International
FSW	Female Sex Worker
FTH	Fundassaun Timor Hari'i
HAI	Health Alliance International
HIV	Human Immune Deficiency Virus
IOM	International Organization for Migration
MARG	Most At Risk Group
MOE	Ministry of Education
MOH	Ministry of Health
MSM	Men who have Sex with Men
NAPWA	National Association of People Living with HIV/AIDS
NGO	Non Government Organization
PWHA	Person With HIV/AIDS
STI	Sexually Transmitted Infection
UNAIDS	United Nations AIDS program
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VCT	Voluntary Counseling and Testing
WHO	World Health Organization

1.0 BACKGROUND

Timor Leste is a country in the early stages of national development. As such it faces significant challenges common to all new nations as well as specific challenges resulting from its own unique history, culture and environment.

The limited available data shows that HIV prevalence in Timor-Leste is currently low. Official figure puts the currently known cases of HIV/AIDS at 30, many of these cases are anonymous and thus it is known how many of these are Women but two of these cases are known to be children under five. However 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 which threatens to not only halt, but reverse the development achievements that 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 behaviors.

Timor-Leste has recently adopted a National Development Plan[1] that provides clear strategic directions including processes for implementation, to address development challenges. The government, key organisations within civil society and international development partners, has also recognized the unique challenge HIV/AIDS creates to sustaining strategies required to develop this new nation.

Over the past four years 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.

During 2005 the Government through the Ministry of Health in partnership with civil society organizations and United Nations agencies engaged in a consultative process to develop a new national strategy to provide a more comprehensive and coordinated response to HIV/AIDS and STIs. That process also entailed identification of obstacles to scaling up the response to HIV across prevention, treatment, care and support and strategies to address those obstacles. Total attendance at workshops conducted with all districts, cross sector workshops and two national conferences was over 700.

Based on the consultation process and other sources of information this report covers the following matters:
- Current need and program coverage related to prevention, treatment and support
- obstacles and proposed solutions regarding advocacy and political commitment, sustainable financing, harmonization and programming, human resources, health systems and infrastructure, human rights, gender, equity and enabling environment commodities, services and partnerships
- Discussion of targets and milestone

[1] Planning Commission, East Timor *National Development Plan*, Dili May 2002.

2.0 CURRENT SITUATION INCLUDING ITS IMPLICATION FOR WOMEN AND CHILDREN

2.1 Prevention - Risk and Vulnerability

There are significant gaps in strategic information necessary to make a definitive assessment of current levels infection including specifically among women and children, knowledge, attitudes and behaviors relevant to HIV prevention and care. (these gaps are addressed in the new national strategic plan). However various sources of information do suggest within the broader population knowledge of HIV is low, it is not perceived as a significant risk and that unprotected sex with multiple partners is not uncommon.

More generally there are factors related to social vulnerability that create obstacles to prevention and/or heighten risk associated with behaviors that lead to HIV infection. These include high levels of poverty, low literacy levels especially among females, gender inequality, inadequacy of health and other social services, high fertility rate and high rates of social mobility.

In late 2003 a quantitative study of risk factors among groups identified in Timor-Leste as most at risk (Female sex workers, men who have sex with men, members of the uniformed services, taxi drivers) was conducted[2]. Among each group condom use and knowledge regarding HIV was low. Among female sex workers and men who have sex with men rates of STIs was high.

There is a dark area on information on injecting drug use in the country, however, anecdotally it is reported that injecting drug use is relatively infrequent in Timor-Leste. However the extent to which this behavior may occur has not been adequately investigated. Moreover various factors suggest injecting drug use may become a more widespread phenomenon in future years as Timor-Leste becomes more exposed internationally. They include:
- Timor-Leste borders Indonesia where injecting drug use is fuelling more widespread HIV transmission.
- Significant numbers of people from Timor-Leste are going overseas for employment
- Tourism has been identified as a priority industry for development in the National Development Plan and will result in more outsiders entering Timor-Leste

Currently HIV testing rates and more broadly, utilization of VCT services are low.

Routine surveillance of STIs is underdeveloped and unlikely to provide a meaningful indication of infection rates. Between January and October 2005, 1259 STIs were

[2] Family Health International, *HIV, STIs and risk behaviour in East Timor: an historic opportunity for effective action,* Family health International, Dili 2004.

reported to the Ministry of Health[3]. The transitory nature of STI symptoms, low population awareness of STIs, documented practices of self treatment, stigma and minimal diagnosis of asymptomatic infection, suggest the number of infections reported is likely to be a small percentage of actual infections. High levels of STIs are an indicator of HIV risk because of common routes of transmission, while also increasing the biological risk of HIV transmission and particularly for women since usually many women with STI are asymptomatic.

Among female sex workers in the 2003 FHI study 14% tested positive for gonorrhoea, 15% positive for chlamydia, 16% positive for trichomonas and 60% for HSV-2. At the same time among a sample of MSM 14% tested positive for gonorrhoea, 13% positive for chlamydia, and 29% for HSV-2.

Rates of gonorrhea and chlamydia among taxi drivers and soldiers in the 2003 FHI study were relatively low. Among taxi drivers 1% tested positive for gonorrhoea and 2% for chlamydia. Among soldiers 0.5 % tested positive for gonorrhea and 2% for chlamydia. However given that sex workers are the main extra marital sexual partners of these populations and that more then 50% have extramarital partners these rates could have increased significantly since then.

Current Program Coverage (Prevention, VCT and STIs)

In recent years there have been intensive HIV prevention related interventions among some population groups. The Ministry of Education in cooperation with UNICEF supports provision of HIV/AIDS prevention and life skills based education aimed at reducing young people's vulnerability to HIV infection. UNICEF has produced modules for teaching life skills to young people at the junior secondary, senior level and those out of school. Trainers have been trained and the project has commenced initially in 6 districts (Dili, Baucau, Maliana, Manatuto, Lospalos, and Liquica) with plans to extend to all districts in the near future. The new Timor-Leste primary school curriculum includes life skills topics across two subjects (health and hygiene and environmental studies and specifically puberty and HIV/AIDS in grades five and six. The pre-secondary, secondary and out of school life skills modules cover topical issues of communication, relationship, decision making and problem solving skills, self awareness, coping with emotions, Alcohol drug and substance use and STIs/HIV/AIDS[4].

A recent review of the national Strategic Plan 1 covering the period 2003 – 2005 and mapping of STI/HIV/AIDS activities across organizations revealed that the following among several interventions are targeted at women and children.[5]

[3] Ministerio da Saude, Republica Democratica da Timor Leste. *Bulletin Epidemiologia.* Department of CDC. MOH Dili October 2005

[4] Ministry of Health. *Expanded comprehensive response to HIV and AIDS in Timor Leste.* Submission to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Ministry of Health, Dili June 2005

.

[5] Fowler D, *Review of the National Strategic Plan for a comprehensive and multisectoral to HIV/AIDS/STIs in Timor Leste 2002-2005.* Dili November 2005

Fundassuan Timor Hari (A local NGO) conducts youth programs in Dili, Suai, Maliana and Oecussi. Peer education is conducted in twelve schools in Dili. In cooperation with Oxfam a youth centre is run in Covalima. Oxfam is also intending to open a youth centre in Oecussi.

Cruz Vermelha Timor-Leste CVTL (a local NGO affiliated to the Red Cross) conducts outreach on prevention education to secondary and university students. In addition young people aged 15-25 are trained as peer educators. Youth centers are being developed in Dili and Baucau.

Between 2001 and 2004 Deo Gratias conducted high school youth awareness projects targeting 14-18 year olds. The projects were conducted in Baucau, Manatuto, Dili, Liquica, Ermera, and Bobonaro.

Other organisations conducting activities targeting youth (usually in schools) include Denore, Plan International, CCF, Esperanca Loro Sae, CCYCF, UNOTIL and UNFPA who had been ensuring the availability of condom to these organisations.

Fundassuan Timor Hari'i (FTH) and Cruz Vermelha Timor Leste (CVTL) cooperate closely in conducting outreach based prevention programs for female sex workers. Activity is mainly in Dili but also occurs in other districts. It is estimated that contact has been established with approximately 420 FSWs in Dili, Suai, Bobonaro and Covalima. Through this effort and 1300 clients of FSWs in Dili, Bobonaro and Covalima had been reached. Other organisations such as ETWAVE, Denore, Alola and Pastoral da AIDS (all local NGOs) have/are also working with FSWs.

A number of organisations have been involved in developing capacity in VCT. However anecdotally several critical informants suggest that good practice only occurs at a small number of clinics. VCT services are to date available in 2 clinics and at the national Hospital all in the capital.

Extensive training has been provided in STI syndromic management although an evaluation study shows that staff of the 37 sites that have received training no site met all the expected criteria. Although knowledge on syndromic management was satisfactory, only 23% of the facilities evaluated used the standard protocol.[6]

2.2 Treatment (Need and program coverage)

The number of cumulative diagnosis of HIV reported in Timor-Leste is 34. However the actual number of infections is likely to be much higher. HIV testing rates even among most at risk groups is low. There are few VCT services. Most HIV diagnoses occur when a patient presents with symptoms of advanced illness.

Fourteen people are currently receiving anti-retroviral treatment in Timor-Leste. However, the Brazilian Government has committed to providing sufficient anti-retroviral drugs for up to a hundred patients in addition to training and technical

assistance related to the provision of HIV treatment which is also being provided by WHO and ASHM. While certain key components necessary for ensuring universal access to treatment are in place (i.e. availability of drugs, sufficient clinicians trained in HIV management) various systemic obstacles need to be addressed in scaling up. These are discussed in section three of this report.

2.3 Care and Support (Need and program coverage)

Currently counseling services are available for most people living with HIV. However current capacity will be insufficient should there be a significant increase in diagnoses as expected (due to current undiagnosed infections and possible increases in transmission). A small number of NGOs as well as a semi private clinic are working with HIV positive people to establish a peer support group.

3.0 OBSTACLES AND PROPOSED SOLUTIONS

The East Asia and Pacific Regional Consultation on Children and HIV/AIDS is seeking an account of Timor-Leste's progress towards the achievement of the set goals of the United Nations General Assembly Special Session on HIV/AIDS 2001 and Children 2002. This discussed under the framework of obstacles and proposed solutions in the following areas:

- advocacy and political commitment
- sustainable financing, harmonization and programming
- human resources, health systems and infrastructure
- human rights, gender, equity and enabling environment
- -commodities, services and partnerships

3.1 Advocacy and political commitment

Obstacles

There has been high level political commitment to HIV/AIDS in Timor-Leste as evidenced by the adoption of a national strategy in 2002 just after independence when many urgent priorities faced the nation and more recently in the process to develop a new strategic plan which was led by the Minister of Health. However the following obstacles have adversely affected sustaining commitment and ongoing advocacy.

- limited involvement in policy formulation and strategy implementation by sectors other than health;
- dysfunctional national advisory structures
- limited engagement of districts outside Dili the capital
- lack of broad understanding of the potential threat HIV poses to the national development of Timor-Leste

Proposed Solutions

The new national strategic plan proposes strategies to address these obstacles over the period 2006-2010.

The strategy proposes the establishment of a National HIV/AIDS Commission (NAC) as the key advisory structure at the national level. Its membership would be both multi-sectoral and expert based. Sub committees and expert working groups drawing upon a broader membership base would be auspiced by the NAC to develop advice on specific policies, guidelines and protocols required for program implementation

The proposed role of the NAC is advisory as opposed to program coordination and implementation. Inputs to that advice will be drawn from the range of agencies involved in the response to HIV/AIDS/STIs in Timor Leste. It is neither practical nor desirable (given limited resources) to replicate that expertise within the organisational infrastructure of the NAC. However a secretariat function will be provided to meet administrative requirements (office space/equipment, project management, secretarial support). It has been proposed that the Minister of Health chair the National AIDS Commission. While HIV requires a multi-sectoral response, lead government responsibility is located within the Ministry of Health. It is believed that having the Minister as chair will provide a voice within broader government structures (e.g. the Council of Ministers) and encourage high level representation from other sectors.

To broaden the response to HIV nationally the strategy proposes the development of district plans and local coordination structures. In developing the new strategic plan consultation occurred with all districts and draft district plans have been developed. Almost all districts have indicated their interest in developing an ongoing forum with cross sector membership to assist in coordination of district plans and advocate around HIV policy issues.

Strategic Information is one of the organizational components of the new national strategy. Such information will include a more detailed and objective assessment of social factors that contribute to vulnerability. This will provide a more informed and compelling basis for advocacy and building commitment to HIV strategy.

3.2 Sustainable financing, harmonization and programming

Obstacles

The level of funding that has been available for HIV is insufficient to meet the strategic objectives outlined in the new national strategy. Availability of funds is largely dependent on donors. A major donor USAID intends to cease funding of HIV programs by mid 2006 which in the absence of alternative funds will result in the cessation of prevention programs targeting most at risk groups.

The lack of a program focused strategic plan has meant that priorities for HIV funding have been largely determined by donors. While some projects which have been funded are in accord with the priorities of the newly developed strategic plan, the overall programmatic response has been patchy and uncoordinated. In some cases there has been extensive duplication of effort (e.g. VCT training), no strategic assessment of need, and no clarity regarding ongoing programming. There has been no functional coordinating body for the various program funders and implementers to reach agreement on harmonization of programming efforts. The Global Fund to Fight AIDS, TB and Malaria has provisionally agreed to allocate $9.4 million over the next five years to fund HIV programs in Timor-Leste. However, the prospect of the funding materializing is in itself facing some obstacles.

Proposed Solutions

It is anticipated the Global Fund grant for Timor-Leste will materialize as efforts are currently on-going to address the obstacle it is facing. A five year costing of the new national strategic plan has been conducted and it is largely consistent with the Global Fund proposal. The adoption of one national strategy, the establishment of the National AIDS Commission, and the development of one monitoring and evaluation framework (the three ones) will provide a framework for harmonizing the funding of the national strategy.

The proposed National AIDS Commission will have four standing committees which cover the four program components of the national strategy (i.e. Prevention and education, VCT, multi-sectoral action and clinical services). Attached to the strategy is a five year implementation plan and one year business plan which will be used to guide the work of the standing committees.

3.3 Human resources, health systems and infrastructure

Obstacles

Across the organizational sectors (i.e. government, non government, international and private) there is a strong base in regard to human resources to scale up the strategic response to HIV/AIDS. However there are gaps in technical capacity necessary for the development of policies, protocols and procedures on some matters, and training will need to be provided to establish operational capacity in some areas of program implementation. Furthermore capacity development will need to occur in those sectors outside health from which involvement is being sought.

The provision of HIV treatment in Timor Leste presents unique challenges to the health system. It requires the provision of highly specialised services in a resource poor setting where the priority in health service provision is to ensure access to basic primary health care services. However it also involves the provision of testing services through those basic primary health care services with appropriate referral mechanisms where infection is diagnosed. Efficient linkages are also required between different functional areas (treatment, laboratory services, and pharmaceutical provision).

There are obstacles to universal access in regard to delivery of HIV and STI diagnostic and treatment services, management of pharmaceuticals, laboratory services, blood supply and infection control.

STI Treatment Services

Enhanced syndromic management is diagnosis on the basis of laboratory testing, pre and post test counseling (including sexual history taking) and treatment. There are no existing Ministry policy frameworks covering enhanced syndromic management. A small number of sites in Dili provide laboratory based diagnosis of STIs within variable frameworks of enhanced syndromic management. Protocols may be site based, research project based or non existent.

Laboratory Services

Laboratory services are a key component of HIV service delivery. The Timor-Leste Health Policy Framework identifies the National Laboratory attached to the national Hospital in Dili as being the central referral point for all laboratory services[7]. Laboratories with limited functions to mainly support diagnosis of malaria and TB are located in each of the districts. A number of unregulated private laboratories also exist.

Overall infrastructure capacity at the national laboratory is inadequate in regard to space, equipment and human resource skills. However many of these gaps are being addressed through assistance from a major international donor.

Laboratory capacity for the diagnosis of bacterial STIs and antimicrobial susceptibility is currently highly inadequate. Because of the higher susceptibility to HIV infection caused by bacterial STIs (recognised above in the higher priority proposed for enhanced syndromic STI management among MARGs) it is essential that this be redressed.

Procurement and supply of drugs and other commodities

Clinical management of HIV and a number of other strategic functions is dependent on an infrastructure that ensures reliable procurement, storage and distribution of essential drugs and other commodities (e.g. condoms, reagents for HIV testing). It is a priority that management in this area be improved. Comprehensive protocols and procedures need to be developed, management systems improved and human resource capacity enhanced.

Unregulated involvement by the private sector creates significant risk regarding the provision of substandard products and unethical (dishonest/misleading) marketing.

[7] East Timor Ministry of Health, *East Timor Health Policy Framework* ,Ministry of Health June 2002 p45

Blood Safety

Minimising HIV transmission through blood transfusions requires adequate screening of the blood supply. Currently in Timor Leste infrastructure is inadequate to facilitate a level of blood donations required to meet needs. Consequently the system is heavily dependent on blood donations from families of patients. This involves risk of accidental residual transmission of HIV due to the window period of donation. Increasing voluntary blood donations can reduce this risk.

Accidental needle stick injury in health care settings is a risk for HIV transmission as well as other infectious diseases

Proposed Solutions

HIV Treatment Services

It is feasible in Timor Leste to ensure the availability of HIV antiretroviral treatment to all those diagnosed with infection. Numbers believed to be infected are relatively low. Antiretroviral drugs are available from the Government of Brazil. Technical support for the development of system and human resource capacity is available from international agencies. Additional funding is available through the Global Fund for other infrastructure needs. The basic infrastructure for the delivery of services exists in Timor Leste.

Given the relatively low number of people believed to be currently infected with HIV and the complexity of treatment, delivery of antiretroviral treatment would be focused at a small number of sites. Where patients are located outside of Dili partnership arrangements should be made with local health services for drug storage and ongoing patient monitoring on the basis of non laboratory diagnostic procedures (e.g. weight loss, symptoms of opportunistic infections) with regular periodic referral to specialist facilities for full assessment.

The National Hospital in Dili in addition to being a site for antiretroviral delivery should also provide HIV inpatient facilities as well as being the HIV prescribing site for patients outside of Dili. If over the next five years the number of patient increases significantly outside of Dili the provision of antiretroviral prescribing should be expanded while more specialised inpatient facilities remain centralised in Dili.

Policies, protocols and procedures would need to be developed across all aspects of patient management. An immediate priority is the development of guidelines regarding when to commence and alter antiretroviral treatment based on clinical assessment and international best practice while also taking account of factors specific to Timor-Leste (e.g. drug storage capacity outside Dili, transport of specimens for laboratory diagnostic testing). Protocols regarding patient review should be developed for quality assurance purposes. Procedures covering patient confidentiality need to be developed these should cover issues ranging from exchange of information between clinicians and health care workers to the availability of patient records.

Human resource development needs range from those required by highly specialised clinical staff to auxiliary staff (e.g. among cleaners addressing fear of infection, respect for confidentiality). For more highly specialised clinical training Timor Leste is currently dependent on external providers. For financial reasons (i.e. the cost of such training is expensive but generally provided free by external organisations) and capacity, this is likely to continue over the life of this strategy. Harmonisation between training provided by external organisations should be promoted to ensure consistency in treatment service provision through compliance with patient management frameworks developed in Timor Leste.

Relationships with other areas of clinical service provision need to be developed. Priorities are other infectious diseases – particularly TB because it may be an indicator of HIV infection and clinical management of co-infection – and reproductive health (to ensure integration of Prevention of Mother to Child Transmission). Shared care protocols need to be developed and ongoing relationships maintained.

STI Treatment Services

STI treatment in Timor Leste occurs within the framework of either syndromic management or enhanced syndromic management. The basic package of services states that STI counseling and treatment should be provided at all levels of health service delivery in Timor Leste[8].

A review of syndromic management to identify the reasons for poor compliance needs to occur. The review also needs to assess current capacity to provide syndromic management at all health services. On the basis of that review protocols may need to be revised and additional training provided.

Enhanced syndromic management should be the standard of STI management for most at risk groups. STIs are often asymptomatic and most at risk groups because of higher rates of sexual partner change are more likely to be both at risk of, and transmit STIs. Integration of counseling in STI management can also contribute to the adoption of safer sex practices.

Protocols need to be developed for enhanced syndromic management of STIs for MARGs. In addition capacity needs to be established to provide enhanced syndromic management at a limited number of sites outside Dili where there are significant populations of MARGs. Access to these services needs to be promoted to MARGs.

Laboratory Services

Surveillance of HIV and STIs requires laboratory based reporting systems. A regulatory framework is required that proscribes such reporting from private laboratories through licensing arrangements. Such a framework is also required to ensure quality in both the private and public sectors. Further quality mechanisms need

[8] Ibid. p30

to be established to ensure basic management functions are adequately implemented such as inventory control and procurement of requirements.

Procurement and supply of drugs and other commodities

A regulatory framework needs to be established to govern private sector involvement in this area.

Blood Safety

The adoption of universal infection control procedures will minimise this risk. Protocols as well as quality assurance mechanisms need to be developed and implemented, and training provided to all staff working in health care settings.

The provision of post exposure prophylaxis (PEP) where needle stick injuries occur can reduce the likelihood of HIV infection. The availability of PEP can also increase the comfort of health care workers who are in contact with HIV positive patients thereby enhancing quality of care. Resource constraints limit the capacity to provide PEP to sites where HIV positive patients receive treatment. Protocols and training need to be developed for the provision of PEP.

3.4 Human rights, gender, equity and enabling environment

Obstacles

Issues of stigma and discrimination pose the greatest threat to human rights in relation to HIV. As a sexually transmitted disease many of the taboos anecdotally reported to be associated with discussion of sex in Timor-Leste may create an obstacle to promoting greater understanding of HIV – a necessary precondition to addressing stigma and discrimination.

Anecdotally there are reports of discrimination against people with HIV. The unwillingness of people with HIV in Timor-Leste reflects a perception at least of discrimination. This perception itself is likely to be a barrier to people getting tested.

Women have been recognized internationally as being additionally vulnerable to HIV both biologically and socially. In Timor-Leste patterns of social vulnerability are likely to mirror that elsewhere. These patterns include economic dependence on men, lower literacy and cultural beliefs regarding power in gender relationships.

More specific evidence of gender issues relevant to HIV have been identified in Timor Leste. The Regional Women's Congress has raised concerns about HIV/AIDS in relation to sexual violence against women. Rape and gender based violence represent at least 30% of the criminal cases reported to the police. The vast majority of the East Timorese female sex workers entered sex work after experiencing trauma,

and many adult women entered sex work to sustain their families after their husbands abandoned them[9].

Illiteracy and poverty result in inequity and increase vulnerability to HIV risk. Illiteracy is a barrier to HIV education and poverty can reduce access to the means of prevention .e.g. purchase of condoms.

Proposed Solutions

The Government of Timor Leste has recognised the need for multi-sectoral action to address health issues in the "Intersectorial Action Framework for Well Being and Health"[10]. That policy describes the need for involvement in inter-sectoral forums at both the national and district levels as necessary to advocate for public policy. Such advocacy is also required to support the goal of this strategy.

The Intersectorial Action Framework identifies HIV/AIDS as an issue requiring an inter-sectoral approach. Apart from health it recognises social services, education, gender, law and human rights as being particularly relevant[11]. In identifying gender and human rights the policy elsewhere discusses the need to address gender inequality and discrimination against marginalised groups.

The National AIDS Commission will also provide a forum for multi-sectoral public policy advocacy. The engagement of other sectors will facilitate dialogue around changes that can alleviate some of the consequences for HIV vulnerability resulting from inequity (e.g. removal of taxes on condoms).

The National Strategy 2006-2010 recognises sexual and reproductive health promotion as a fundamental requirement for people to protect themselves from HIV infection. Programs to achieve this outcome will help reduce stigma and discrimination by correcting misinformation about HIV.

A range of measures are outlined in the new national strategy to address discrimination against positive people. In addition to specifically protecting the rights of PLWHA and those most vulnerable to HIV/AIDS, it is also necessary that appropriate and accessible legal remedies are available to them. This can be done by inserting relevant provisions in the respective constitutional and civil and criminal laws where such safeguards do not already exist.

3.5 Commodities, services and partnerships

Obstacles

Availability of condoms is a significant barrier to universal access to prevention. In a setting where a significant proportion of the population lives on very low incomes the

[9] Trafficking in East Timor. A look into the Newest Nation's Sex Industry 2004. ALOLA Foundation. 2004

[10] Republica Democratica De Timor Leste. *Intersectorial Action Framework for Well Being and Health (Draft).* May 2005. Dili

[11] Ibid p8

cost of condoms is significant. Supply management of commodities has already been identified as an obstacle in scaling up capacity in the health system.

Limited capacity to provide laboratory based screening of STIs is an obstacle to HIV prevention among most at risk groups as well as reducing transmission of other STIs. STIs both increase the risk of HIV transmission as well as being an indicator of sexual risk practices. Rates of STIs are high among sex workers and men who have sex with men and consequently asymptomatic infection is also likely to be higher. Laboratory diagnosis can contribute to the following outcomes:
- reduction in risk of HIV transmission
- reduction in risk of STI transmission
- opportunity for HIV/STI risk counseling

The lack of a program focused strategy and forum for coordination has been an obstacle to effective partnerships.

Proposed Solutions

Availability of funds through Global Fund mechanisms, continued donation of condoms by UNFPA and public policy to reduce taxation on condoms would reduce financial barriers to condom use.

Measures to address supply management and availability of laboratory based screening are addressed in the clinical services component of the new national strategy.

Clinical management of HIV and a number of other strategic functions is dependent on an infrastructure that ensures reliable procurement, storage and distribution of essential drugs and other commodities (e.g. condoms, reagents for HIV testing). It is a priority that management in this area be improved. Comprehensive protocols and procedures need to be developed, management systems improved and human resource capacity enhanced. The need a regulatory framework for the involvement of the private sector had earlier been advanced.

The new national strategy proposes that enhanced syndromic management of STIs become the standard of care for STI management among most at risk groups. In addition, it identifies an implementation plan which is program focused and recommends the establishment of the National AIDS Commission. Both of these measures will facilitate effective partnerships.

4.0 TARGETS AND MILESTONES

Obstacle
Currently strategic information necessary to set targets and milestones is insufficient. Quantitative data regarding knowledge, attitudes and behavior among target populations is either non existent or out of date and therefore establishing baseline

indicators is not feasible. For example data is available regarding most at risk groups in Dili from a major survey conducted in late 2003. However in the period since major health promotion interventions have occurred with these groups and consequently that data may no longer provide an accurate picture.

Limited service delivery and utilization data is available. Its utility for setting baselines and targets is unclear. Strategic information is an organizational component of the new national strategy. Immediate priorities include quantitative studies of knowledge, attitudes and behaviors across the broader population as well as among most at risk groups. The development of a sentinel surveillance system is also a short term priority as a mechanism to develop and monitor prevalence and incidence.

Proposed solutions:

Standardised performance indicators will be developed to better measure program and project implementation.

Universal access to treatment, care and support and prevention is a realistic goal with adequate funding in Timor-Leste. The National Strategy identifies the requirements to achieve this outcome. Determination of milestones is dependent on the implementation of strategic information systems outlined in the strategy.

4.1 MILESTONES AND STRATEGIC INTERVENTIONS TARGETTED AT WOMEN AND CHILDREN.

The resource matrix in annexed to this report identifies activities and milestones to be achieved in 2006. Interventions specifically or remotely targeted at Women and Children among these are:

National Youth HIV/AIDS Prevention Campaign:
The young people (14-20 years in and out of school) focused campaign will use multi channel including the formal/informal education, NGO, CBO and community outlets to reach the primary target with necessary information and facts about STIs/HIV/AIDS. It will target School Teachers, Health Workers, Parents, Public Opinion Leaders, Media Personnel and Community Leaders Secondarily.

Life Skills Based Education

Life Skills based education will be provided to Children and young people in formal/informal primary, pre-secondary and secondary education will and out of school. The skills education will be provided at the primary school as a part of the core curriculum and at the pre-secondary and secondary schools level as on an extra curricula basis in the interim while the process of its integration into the curriculum that had been initiated is being pursued. In addition LSBE training will be provided to female Sex workers as part of other prevention education program currently being implemented

Voluntary Counseling and Testing (VCT) **-** (pregnant women) district services

Protocols for the provision of VCT to pregnant women will be developed and adopted.
One health care worker from each district trained in VCT provision for pregnant women
And VCT center will be established in each district.

Development of sector plans.

Sector HIV/AIDS response implementation plan and particularly one for the education sector will be developed. This will give credence among others to salient issues related to Children infected and affected by HIV/AIDS

Formulation of antidiscrimination legislation

Policies and Legislation to ensure the violation of the right of persons infected and affected by HIV/AIDS and non discrimination will be drafted and passed.

HIV Positive Development Project

Formation of network and grouping for People Living with HIV/AIDS and people affected by HIV/AIDS will be facilitated.

Provision of Anti retroviral treatment
A Clinical standing Committee of NAC will be established and ART protocols will be developed. Accredited training ART of doctor from each district will be undertaken and the attendance of doctors trained in ART at relevant international Conference and forums will be ensured. Confidentiality guidelines will be developed and adopted, Training will be provided for nursing and auxiliary staff and shared care protocols with TB and maternal/child health services will be developed

District Action plans

District coordination committees will be established for the sole purpose of coordinating district level interventions across sectors. Each district will develop and adopt a one year plan and interventions aimed at building community resilience for support and care of Persons Living with or affected by HIV/AIDS including AIDS widows and orphans as a part of early response at the community level will be encouraged.

Actualising these activities and the set milestones is dependent on funding being secured from sources other then the Global Fund to Fight AIDS, TB and Malaria. Significant funding from the Global Fund is not expected before late 2006.

4.2 Performance Indicators

Preliminary performance indicators for baseline measures and targets will be developed. The first year business plan for the strategy includes conducting a national general population risk survey and specific surveys among most at risk groups. This will provide the data necessary to establish baseline data regarding knowledge, attitudes and behavior. The establishment of a sentinel surveillance system and improvements in existing routine surveillance systems will provide data necessary for developing baseline data regarding prevalence and incidence of disease. Development of standardized reporting formats (partly through incorporation into existing reporting systems) will provide baseline data for system performance.

The development of targets for indicators regarding operational/system performance (e.g. number of sites where VCT is available, compliance with standard operating protocols) is relatively straightforward although implementation of monitoring systems will require significant effort in design and training.

Targets for knowledge, attitudes and behaviors are more complex. Analysis of quantitative research (e.g. population risk surveys) and more intensive qualitative research (e.g. investigation of cultural and social barriers) as well as more detailed assessment of the impact of vulnerability factors (e.g. social mobilization) is necessary to develop realistic targets. Also benchmarking performance against other countries with comparative barriers will assist in defining realistic targets. These issues are addressed in the strategic information component of the new national strategy. An outline of proposed performance are outlined in Annex 2 attached of this report

Proposed Strategic Activity	Date	Required funding, and sources (interim 2006)	Identified funds and commitments	Funding gap	Lead Agency(s) Manager Key partners
Education and Prevention					
National Youth HIV/AIDS Prevention Campaign		$450,000	$189,000 UNICEF	$261,000	**MOH** **UNICEF**
· Training of peer facilitators	May				
· District youth camps	July				
· National campaign launch	August				
Life Skills Education	Ongoing	$400,000 UNICEF	$217,000 UNICEF	$143,000	**UNICEF; MOE** MoH
· School based program implemented	Ongoing		$40,000 committed by UNFPA for LSE		
· Out of School youth program implemented	Ongoing				
· Sex workers program implemented	September				
World AIDS Day General Population Campaign		$46,000 UNTG		$46,000	**NAC**
· National media and local activities	December				
Most At Risk Groups targeted prevention program		$140,000 UN, AUSAID, other donors	Unspecified amount committed by UNFPA		**FTH; CVTL** **FHI (til 06/06)**
· MSM Dili outreach program implemented	Ongoing				
· MSM region based peer support projects commenced	September				
· Sex Worker Dili outreach program implemented	Ongoing				
· Sex Worker outreach projects commenced in border districts and Bacau	August				
· Uniformed services education program implemented	Ongoing				
VCT					
VCT (pregnant women) district services		$41,000 UN, JICA, other donors	$20,000 UNICEF	$21,000	**MOH;** UNICEF WHO
· Protocols adopted for provision of VCT to pregnant women	June				

· One health care worker from each district trained in VCT provision for pregnant women	August				
· Service established in each district	October				
District (MARGs) services		$26,000 UN; JICA; MOH; other donors		$26,000	**MOH** FTH, CVTL
· Protocols adopted for provision of VCT for MARGs	June				
· One health care worker from each district trained in VCT for MARGs	August				
· Service established in each district	October				
Multi-sectoral					
Development of sector plans		$26,000 UN		$26,000	**NAC** UNDP
· Military sector plan developed	March				
· Police sector plan developed	June				
· Education sector plan developed	June				
Antidiscrimination legislation		$21,000 UN, donors		$21,000	**NAC** UNDP
· Legislation drafted	August				
· Legislation passed	November				
Policy Project		$55,000 UN; USAID		$55,000	**NAC;** UNDP
· Review commences	June				
· Policy review	November				
Region HIV Project Officers		48,800 UN		$48,000	**NAC;** UNTG
· Tender selection process implemented	April				
· Project Officers employed	May				
HIV Positive Development Project		$14,200 AUSAID; other donors		$14,200	**NGO;** MOH
· Tender selection process implemented	April				
· Project commenced	May				
Clinical					

Provision of Anti retroviral treatment		$48,500 (+ donated drugs) ASHM, Brazil corp.		$48,500	**MOH;** Brazil corp.**;** ASHM WHO
· Establishment of Clinical standing Committee of NAC	March				
· Development of treatment protocols	June				
· Accredited training of doctor from each district	August				
· Conference attendance for HIV prescribers	August				
· Confidentiality guidelines adopted	June				
· Training for nursing and auxiliary staff	September				
· Shared care protocols with TB and maternal/child health services developed	December				
Region enhanced syndromic management provision for MARGs		$104,000 MOH; ASHM; AUSAID; JICA; other donors		$104,000	**MOH** WHO
· Protocols developed	September				
· Training of nursing and medical staff	November				
· Service promotion	December				
STI counseling		$26,000 MOH; AUSAID; JICA; other donors		$26,000	**MOH** WHO
· Protocols developed	September				
· Training of nursing and medical staff	November				
· Service Promotion	December				
Planning and coordination					
National HIV/AIDS/STI strategic Plan		$3,000	$3,000 UNICEF	Fully funded	**NAC;** MOH
Strategic Plan adopted	February				
Translation of Strategic Plan to Portuguese for Council of Ministers	March				
National AIDS Commission		$64,600	$64,600 committed by UNDP		**NAC;** MOH
· Terms of Reference and executive membership announced	February		$20,000 committed by UNICEF		
· Full membership announced	March				

· Manager recruited	March				**MOH;** NAC
· First meeting	April				
· Premises secured	April				
· Other staff recruited	April				**NAC;** MOH**;** UN
National Monitoring and Evaluation Plan		$25,000 UNTG		$25,000	
· Draft	April				
· Final Plan	June				
District Action plans		$60,000 UN	$60,000 committed by UNDP		**NAC**
· Draft	February				
· District coordination committees	April				
· 1 year plans adopted	April				**MOH;** NAC
National Strategy website		$5000;UN	$5000 committed by UNDP		
· Established	April				
Strategic Planning					
National Population Behavior Survey		$97,000 AUSAID	$30,000 committed by UNFPA for Natl Population KAP	$67,000	**MOH;** NAC**;** FTH CVTL; FHI
· Tender developed	June				
· Tender process completed	August				
· Survey completed	November				
MARGs behavioral surveys		$50,000 AUSAID		$50,000	**MOH;** WHO
· Tender developed	June				
· Tender process completed	August				**MOH;** WHO
· Surveys completed	November				
HIV/STI routine surveillance		$6,500 WHO; MOH		$6,500	
· Expand notification fields to include syndromic disease diagnosed, gender and age	May				
Sentinel surveillance system		$10,500 WHO; MOH		$10,500	

· Identify sites for sentinel surveillance	June				**MOH;** ASHM**;** WHO
· Develop protocols	July				
· Training workshop	September				
· Commence information collection	October				
HIV Treatment Observational data base		$20,000 USAID		$20,000	
· Assess feasibility of participation in Treat Asia	May				
· Develop protocols	July				
· Record information	Nov				

Annex 2

Draft Indicators

Prevention and Education

Impact

Indicator	Information Sources
Incidence of HIV infection	Sentinel surveillance
Incidence of STIs	Sentinel surveillance
% of program target population group (general population, youth, MARGs) that practice safe sex	Population survey; Anonymous health clinic surveys; Condom sales; STI surveillance
% of program target population group with STI symptoms that seek treatment from health clinics	Population survey; Anonymous health clinic surveys;
% of program target population group that know how to prevent HIV	Population survey; Anonymous health clinic surveys;
% of program target population group that know how to use a condom	Population survey; Anonymous health clinic surveys
% of program target population group that consider HIV a serious personal risk if they don't practice safe sex	Population survey; Anonymous health clinic surveys
% of program target population group that consider HIV a significant threat to the development of Timor Leste	Population survey; Anonymous health clinic survey
% of program target population group that would not engage in discriminatory practices against People with HIV.	Population survey; Anonymous health clinic survey; Documentation of discriminatory practices
% of young people who are confident in their capacity to resist pressure to have sex when they choose not to	
Frequency of STI testing among MARGs	Sentinel surveillance
Awareness of asymptomatic STI/HIV infection among MARGs	MARG population surveys

Process

Indicator	Information Sources
The number of agencies/sites where print resources are available for clients	District reports
The number of agencies implementing education programs	District reports

The availability of information resources at suco/sub-district level	District reports
The implementation of a multi-sector public education program in each district	District reports
The level of accurate media coverage of HIV/STIs in Timor Leste	

% of schools implementing life skills education for young people	Implementing agency reports
Number of youth centers where life skills education is implemented	Implementing agency reports
Number of sites frequented by sex workers that outreach education is implemented	District reports
Implementation of specific projects for Military, police, clients of sex workers, itinerant workers.	NAC Information collection, District reports

VCT

IMPACT

Indicator	Information Sources
Frequency of STI testing among MARGs	MARG behavior surveys; Sentinel surveillance
% of MARGs ever tested for HIV	MARG behavior surveys; sentinel surveillance
% of MARGs tested for HIV after HIV risk exposure	MARG behavior surveys; sentinel surveillance
% of pregnant women tested for HIV	Health Management Information System
% of VCT clients with improved knowledge and skills to reduce risk of HIV/STI transmission	MARG behavioral surveys; Measurement of changes against benchmarks in quality improvement program
Reduction in risk behavior among VCT clients	MARG behavioral surveys; Sentinel surveillance
% of people diagnosed with HIV without an opportunistic illness	HIV surveillance system

PROCESS

Indicator	Information Sources
VCT services available at all public health services	Health Management Information System
VCT offered to all pregnant women	Health Management Information System
Standard protocol developed for	Protocol distributed by MOH

provision of VCT to pregnant women	
Standard protocols developed for provision of VCT to MARGs	Protocols distributed by MOH
Standard protocols for providing VCT to general population	Protocols distributed by MOH
Compliance with standard protocols	Quality Improvement System
MARG targeted VCT services available in all districts	Health Management Information System

CLINICAL SERVICES

IMPACT

Indicator	Information Sources
% of people with HIV surviving x years after diagnosis	Health Management Information System (HIV observational data base)
% of people with HIV experiencing opportunistic illness	Health Management Information System (HIV observational data base)
% of people diagnosed with HIV on antiretroviral therapy	Health Management Information System (HIV observational data base)
% of people diagnosed with curable STI cured	Health Management Information System
Accuracy of laboratory diagnosis of HIV and STIs	External Audit
Frequency of shortages in availability of essential drugs and commodities (number and % of sites reporting no stock out of drugs and supplies)	Annual report
Number of HIV infections occurring through use of blood products in medical procedures	Surveillance system
Number of needle stick injuries	Health Management Information System
Number of health care workers infected with HIV through occupational exposure	Surveillance system

PROCESS

Provision of comprehensive quality HIV clinical service in Dili	Participation in quality assurance system (e.g. Treat Asia Project)
Protocols/systems established for provision of ARV treatment and monitoring of patients outside Dili	Health Management Information System (HIV observational database)
Capacity available for treatment of opportunistic illnesses	Health Management Information System
Protocols developed for commencement of ARV therapy including drug regimens	Protocols distributed by MOH
Patient confidentiality protocols	Protocols distributed by MOH

developed	
Shared care protocols developed for patients co infected with TB	Protocols distributed by MOH
Protocols developed for management of pregnant women with HIV	Protocols distributed by MOH
HIV clinical services standing committee be established under NAC	NAC report
STI syndromic management available at all public health services	Health Management Information System
% of public health services complying with standard operating protocols for STI syndromic management	Quality Improvement System
STI syndromic management protocols revised and modified if necessary	Protocols distributed by MOH
% of MARGs receiving STI enhanced syndromic management as standard of care	Behavioral surveys; sentinel surveillance
Enhanced syndromic management protocols developed for MARGs	Protocols distributed by MOH
Regulatory framework established for private sector provision of laboratory services	NAC clinical standing committee report
Systems developed to enhance diagnosis of bacterial STIs and microbial susceptibility	NAC clinical standing committee report
Protocols and systems for the procurement and supply of drugs and other commodities be reviewed and modified if necessary	Review Report
Regulatory framework be established for private sector involvement in supply of drugs and other commodities	Review report
Number of blood donation and storage facilities increased	Health Management Information System
Universal infection control protocols developed	Protocols distributed by MOH
Post Exposure Prophylaxis for health care workers available through the national hospital	HIV observational database