

# Asia-Pacific

## Country Reviews August 2011

### TIMOR-LESTE AT A GLANCE

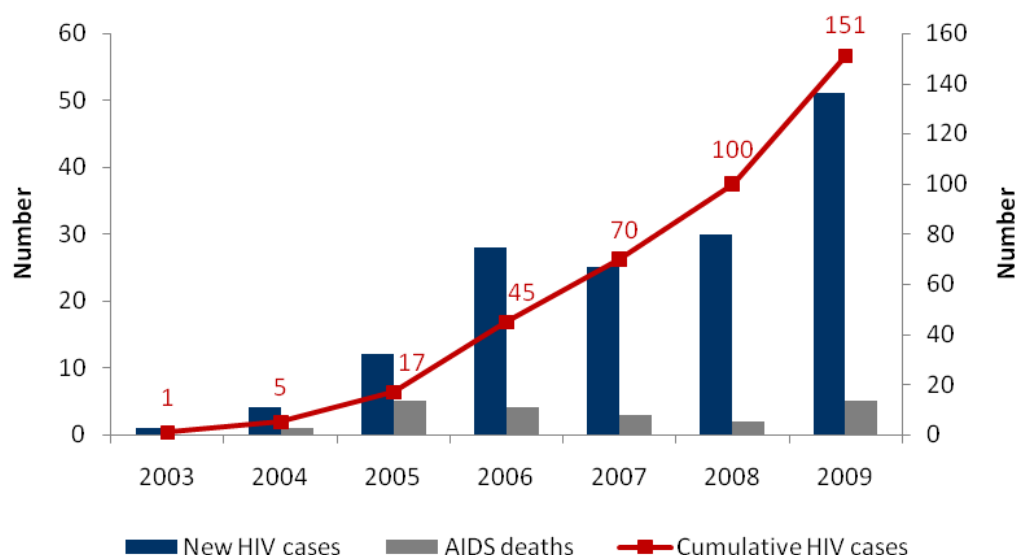
Total population (in thousands)	1,171 (2010) <sup>b</sup>
Annual population growth rate	3.4 % (2010-2015) <sup>b</sup>
Population aged 15-49 (thousands)	526 (2008) <sup>f</sup>
Percentage of population in urban areas	28% (2010) <sup>a</sup>
Crude birth rate (births per 1,000 population)	40 (2008) <sup>c</sup>
Under-5 mortality rate (per 1,000 live births)	93 (2008) <sup>d</sup>
Human development index (HDI) - Rank/Value	120/0.502 (2010) <sup>e</sup>
Life expectancy at birth (years)	62.1 (2010) <sup>e</sup>
Adult literacy rate	N/A
Ratio of girls to boys in primary and secondary education (%)	95 (2005) <sup>c</sup>
GDP per capita (PPP, \$US)	804 (2009) <sup>c</sup>
Per capita total health expenditure (Int.\$)	116 (2007) <sup>d</sup>



## HIV EPIDEMIOLOGY AND TRENDS

In 2003, the first case of HIV was reported in Timor-Leste (commonly known as East Timor). As of 2009, there were 151 cumulative reported cases of HIV – among whom 71 were female, 80 were male and 14 were children<sup>1</sup>. Also as of 2009, 20 deaths had due to AIDS had been reported<sup>2</sup>. Figure 1 shows the steady increase in the number of new HIV cases reported annually from 2003 to 2009<sup>a</sup>. Almost all those known to be living with HIV reside in urban areas, predominantly in Dili<sup>3</sup>. Although HIV prevalence in Timor-Leste is very low, estimated to be less than 0.1% among adults aged 15-49 in 2008<sup>4</sup>, inadequate testing and insufficient research likely mean that more people are infected than what the current epidemiological data indicates.

**Figure 1: New and cumulative number of reported HIV cases and AIDS deaths, 2003-2009**



Source: Timor-Leste country presentation, East Asia and Pacific Regional Office HIV & AIDS Chiefs and Specialists' Meeting; UNGASS 2010

### Surveillance System

- Funds have been allocated to further strengthen routine surveillance, specifically for development of new protocols to improve STI information management and staff capacity building in reporting procedures
- Sentinel Surveillance among key affected populations, and in the context of voluntary counselling and testing for pregnant women, has been recommended in the National Strategy for a limited number of sites. Starting of surveillance among ANC, TB and STI patients in late 2009.
- Baseline behavioural surveys were undertaken among men who have sex with men and female sex workers in 2008, the second round was scheduled to be carried out in 2010.

<sup>a</sup> This increase is in part due to the increase in community outreach and testing facilities.

## WHO IS AT RISK OF HIV IN TIMOR-LESTE?

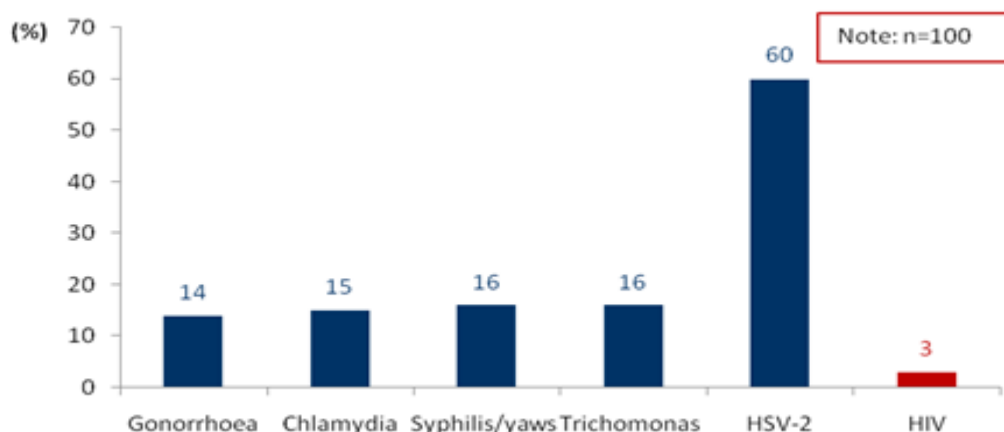
According to data collected in mid-2003 by Family Health International (FHI), HIV prevalence rates were 3% among female sex workers (FSWs), 0.9% among men who have sex with men (MSM) and 0% among uniformed personnel and taxi drivers<sup>5</sup>. No comparable data on HIV prevalence among these groups has been collected since, making the current situation unclear. In 2009, behavioural surveillance study (BSS) were done among these groups, indicating vulnerability factors and risk behaviours making them key populations at higher risk<sup>6</sup>.

### Female sex workers and their clients

The number of FSWs in Dili is thought to be growing rapidly. The population size was estimated to be about 120 in 2004<sup>7</sup> and 250 in 2008<sup>8</sup>.

In addition to finding an HIV prevalence of 3% among FSWs in Dili in 2004, the FHI study – albeit including a relatively small sample size of 100 – found STI prevalence to be high among those sampled. Specifically, prevalence of each of gonorrhoea, chlamydia, syphilis/yaws and trichomonas ranged between 14%-16%, while the prevalence of herpes simplex (HSV-2) was 60% (Fig. 2)<sup>9</sup>.

**Figure 2: Prevalence of sexually transmitted infection among female sex workers in Dili, 2004**

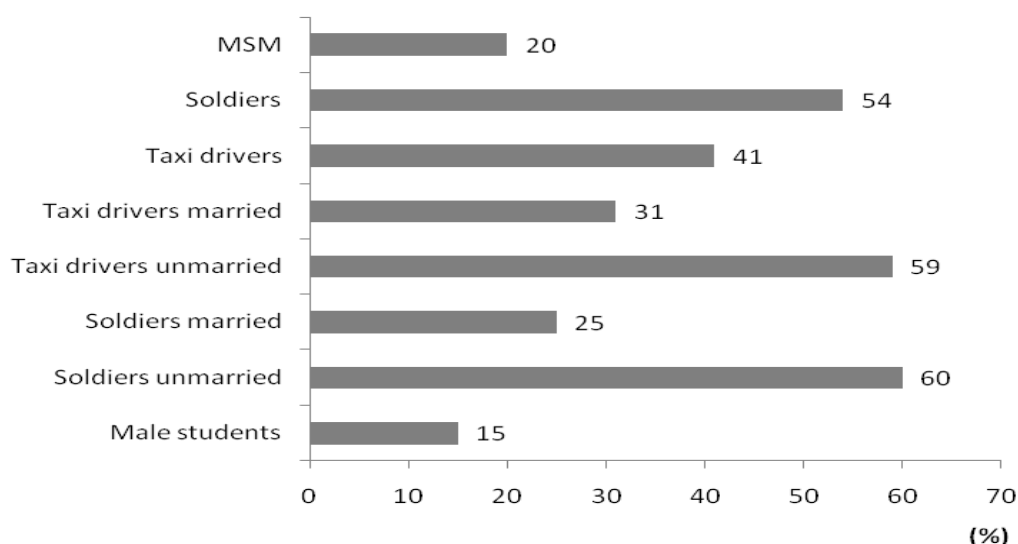


Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Pisani E., and Dili survey team. HIV, STIs and risk behaviour in East Timor: an historic opportunity for effective action. Family Health International, 2004

Despite both the high level of STIs and low knowledge (and practice) of HIV prevention amongst FSWs, HIV is still contained in this sub-population. This may be due to the fact that, even though men do report that they buy sex from sex workers, they do not do so very often. On average, men who buy sex do so 4 times a year – much less frequently than men in other countries<sup>10</sup>.

Certain occupational groups thought to be proxies for clients of FSWs were surveyed in the 2004 FHI study. Indeed, as shown in Figure 3, many from each group reported having had commercial sex in the last year. Although the social norms in Timor-Leste are strongly supportive of monogamy within marriage, 25% of married soldiers bought sex in the last 12 months while 59% of unmarried taxi drivers and 60% of unmarried Delta Force Timor-Leste (DFTL) soldiers reported having commercial sex in the last 12 months (in 2004)<sup>11</sup>.

**Figure 3: Percentage of males in high risk occupational groups who reported commercial sex in last year, 2004**

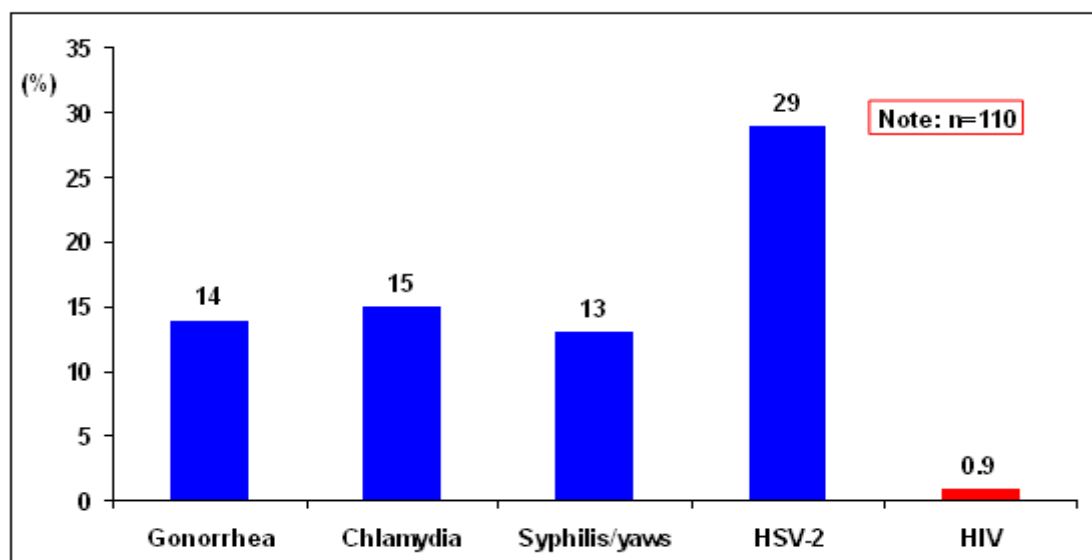


Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Pisani E, and Dili survey team. HIV, STIs and risk behaviour in East Timor: an historic opportunity for effective action. Family Health International, 2004

## Men who have sex with men

In 2008, 267 MSM were identified among MSM communities in Dili<sup>12</sup>. There is no estimate of the MSM population size. Similar to what was observed among FSWs, the FHI survey from 2004 found very high prevalence of STIs among MSM (n=110) in Dili (Fig. 4)<sup>13</sup>. Fourteen percent of MSM had gonorrhoea, 15% had chlamydia, 13% had syphilis and 29% had HSV-2. The HIV prevalence was 0.9% among this group.

**Figure 4: Prevalence of sexually transmitted infection among men who have sex with men in Dili, 2004**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Pisani E., and Dili survey team. HIV, STIs and risk behaviour in East Timor: an historic opportunity for effective action. Family Health International, 2004

## VULNERABILITY, KNOWLEDGE AND RISK BEHAVIOURS

### Vulnerability factors

- A weak and limited health system <sup>14</sup>
- Low levels of knowledge about sexually transmitted infections in general and HIV in particular <sup>15</sup>
- Poor access to information about HIV and AIDS: most people live in rural areas in small, dispersed villages <sup>16</sup>
- Limited condom availability, very low level of condom use among key populations at higher risk <sup>17</sup>
- High levels of sexually transmitted infections (STIs) <sup>18</sup>
- Timor-Leste is classified as a post-conflict country and although an estimated 200,000 Timorese have returned to their villages and communities after around a quarter of the population at the time (250,000) fled to neighbouring West Timor due to internal violence in 1999, the displaced population remains in the tens of thousands [50,000 and 100,000] <sup>19</sup>.
- Endemic poverty and lack of livelihood opportunities in rural areas continue to prompt rural-urban migration movement and mobility<sup>20</sup>, constituting a risk for higher rates of domestic violence and sexual assault <sup>21</sup>
- Extremely high levels of gender based violence which undermines women's ability to negotiate safer sex <sup>22</sup>

## Knowledge about HIV

According to the set of 2008 BSS, 76% of FSWs, 90% of MSM and 96% of uniformed personnel had heard of HIV<sup>23</sup>. These figures are higher than what had previously been reported in 2003 and 2005 studies and much higher as compared to the general population (DHS, 2009) where 44% of women and 61% of men had heard of AIDS<sup>24</sup>.

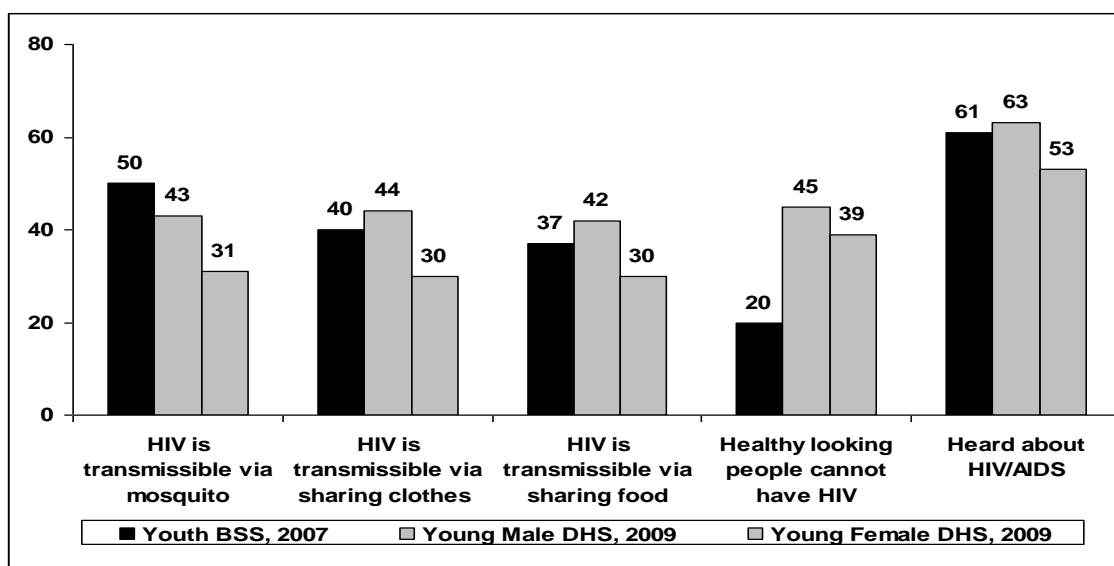
A comprehensive study on HIV was undertaken in 2003, which focused on HIV-related knowledge, sexual and drug-taking behaviour, symptoms of sexually transmitted infections (STIs), and treatment seeking behaviour of sex workers, MSM, taxi drivers, soldiers and university students<sup>25</sup>. Overall knowledge about HIV was low. While over 90% of soldiers and around 85% of taxi drivers and MSM had heard of AIDS, only 42% of sex workers had. Moreover, only 63% of MSM, 60% of soldiers, 42% of taxi drivers and 21% of sex workers knew that condoms prevent HIV, even after prompting<sup>26</sup>.

In 2005, a related survey was done to assess HIV vulnerability and migration patterns in six selected districts of Timor-Leste: Dili, Baucau, Liquica, Bobonaro, Cova Lima and Oecuss<sup>28</sup>. The findings were similar to those found in previous studies, in that they highlight low levels of knowledge about HIV and AIDS among vulnerable populations. Key findings are summarized as follows:

- **HIV and AIDS knowledge, attitude and practice (KAP)** (n=1199): 27% had no knowledge of HIV, although 60% had heard of and/or believed that HIV and AIDS exist while 47% believed that HIV exists in Timor-Leste itself. Moreover, 21% thought that HIV can be treated and 6% that it is curable.
- **Knowledge of mode of HIV transmission** (n=1087): Approximately 50% of respondents were unaware of HIV transmission modes. Others believed that HIV is transmitted via touching (25%), drinking from the same cup (33%) and sharing the same toilet (18%) with an HIV-positive person. On the other hand, 55% of respondents were aware that HIV can be transmitted by not using condoms, through blood transfusions (55%), and from mother-to-child (54%).
- **Condom usage** (n=1188): Although 44% of respondents had heard about condoms, only 7% had ever used one. Furthermore, 35% respondents were unaware that condoms can prevent STIs/HIV. Fifty-seven percent did not know how to use condoms, while 12% "did not like" condoms (n=1132).
- **Perception of HIV risk** (n=1188): Only a small number (4.8%) of survey respondents felt that they were at risk of being infected by HIV. Four percent had more than one sexual partner in the last 12 months and only 3.5% felt that sex workers were at risk of being infected.

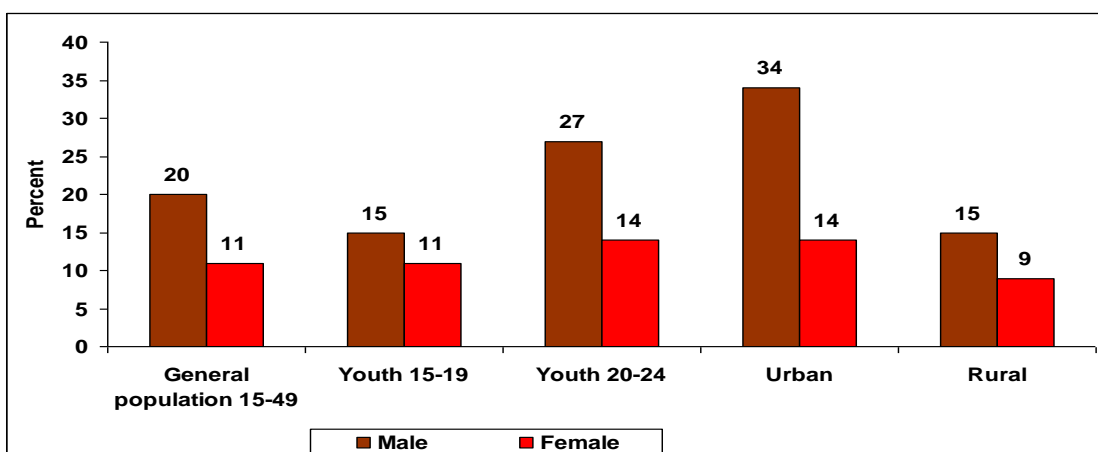
The 2007 national behavioural survey of youth aged 15-24 (n=1,097) in Timor-Leste shows that, while 61% of respondents had heard about HIV/AIDS, many had misconceptions about its transmission routes<sup>29</sup>. For instance, 20-50% believed that HIV can spread through: a) mosquito or other insect bites, b) by sharing clothes and c) eating with an HIV-infected person. The 2009 DHS shows similar numbers among youth aged 15-24 with 25%-46% believing the above three misperceptions, figure 5 displays disaggregated results. In addition, only 12% of young women and 20% of young men age had comprehensive knowledge about HIV/AIDS, with the 20-24 year olds more knowledgeable than the 15-19 year olds for both men and women (Fig. 6)<sup>30</sup>.

**Figure 5: Misconceptions about modes of HIV transmission among young people aged 15-24 years, BSS 2007 and DHS 2009**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Center for Applied Research and Policy Studies, Dili Institute of Technology. HIV/AIDS in Timor Leste: A national baseline survey of youth aged 15-24 years. UNICEF, 2007 and Timor-Leste, Demographic and Health Survey (DHS), 2009

**Figure 6: Comprehensive knowledge about HIV by sex, age and residence, DHS 2009**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on Timor-Leste, Demographic and Health Survey (DHS), 2009

## Condom use

The 2008 BSS found very low condom usage among the key populations at higher risk surveyed. Consistent condom use with clients in the previous 12 months was reported by only 16% of FSWs, while 65% reported condom use with their last client<sup>31</sup>. The 2004 FHI survey found that 41% of FSWs used condoms consistently with their clients during the month before the survey<sup>32</sup>.

The 2008 BSS found that 15% and 18% of MSM used condoms consistently with regular and non-regular partners, respectively, in the previous 12 months<sup>33</sup>. Forty-three percent of MSM reported the use of a condom at last anal sex with a casual partner<sup>34</sup>. Similar results were found in the 2004 sample, in which 21% of MSM reported using a condom the last time they had anal sex with a male partner<sup>35</sup>. The majority (94%) of MSM also had sex with a woman in the previous 12 months. Of those men, 65% had regular female partners and 92% had casual female partners<sup>36</sup>. Condom use with these female partners was low: 9% and 20% used a condom consistently with regular and non-regular female partners in the last 12 months, respectively.

Condom use was also low among male uniformed personnel in BSS 2008 with their regular, non-regular partners and commercial partners in the previous 12 months: at 1.4% (n=146), 25% (n=52) and 42% (n=38), respectively<sup>37</sup>.

The 2009 DHS found that 2% of young women and less than 1% of young men had sex by age 15, while 15% of young women and 10% of young men had sex by age 18<sup>38</sup>. the 2007 national behavioural survey found that the age at first sex for 10% of youth was less than 15 years<sup>39</sup>. In 2007, among those who had sex in 2007, 15% engaged in their first sex with a sex worker and only 33% used a condom at first sex. In 2009, only 2% of young women and 10% of young men reported having used condoms during their first sexual encounter. Furthermore, only 33% of the young people surveyed in 2007 reported using a condom at last sex with a non-marital, non-cohabiting partner (reported by 41% of males and 11% of females)<sup>40</sup>.



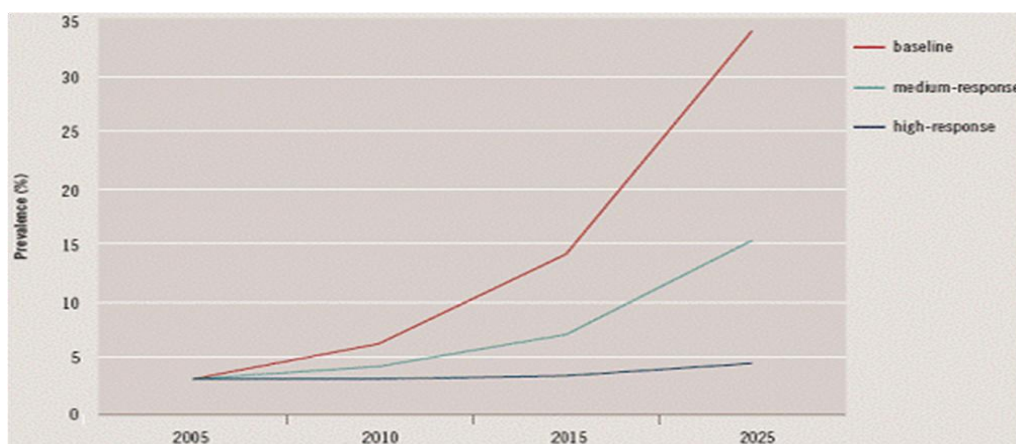
## Additional risk behaviours

- Commercial sex was common among MSM in 2008: 19% had paid for sex with a regular partner in the previous 12 months, while 91% had been paid for sex by a regular partner<sup>41</sup>. Meanwhile, 10% had paid a casual partner for sex, while 81% had been paid for sex from a casual partner.
- Eleven percent of FSWs and three percent of MSM surveyed had reported injecting drugs within the previous 12 months in 2008<sup>42</sup>.
- Sexual coercion rates were high in 2008 among both FSWs and MSM, with 64% and 48% of respondents being forced to have sex against their will within the last 12 months, respectively<sup>43</sup>.
- In the 2008 BSS, MSM reported a high level of concurrent sexual partners within the preceding 12 months, with men who reported having regular partners having on average two partners, compared with non-regular partners who reported having an average of six partners over that period<sup>44</sup>.
- In 2009, 6.1% young men (aged 15-24 years) reported that they had engaged in paid sex in the year before the survey<sup>45</sup>. In 2007, 31% of young men (aged 15-24 years) and 1% of young women had sex with more than one partner in the last 12 months<sup>46</sup>.

## HOW MIGHT HIV AFFECT TIMOR-LESTE IN THE FUTURE?

In late 2005, a team of researchers from Australia worked with local researchers to project the HIV epidemic in Timor-Leste from 2005 to 2025 (Fig. 7)<sup>47</sup>. Their findings showed that, under the baseline scenario, there would be an increase in HIV prevalence among adult Timorese up to 0.6% by 2025. Meanwhile, under the high-response scenario, HIV prevalence was estimated to be 0.04% in 2025. It is, however, projected that the HIV epidemic will become a concentrated one, with high HIV prevalence amongst sex workers, particularly in urban areas.

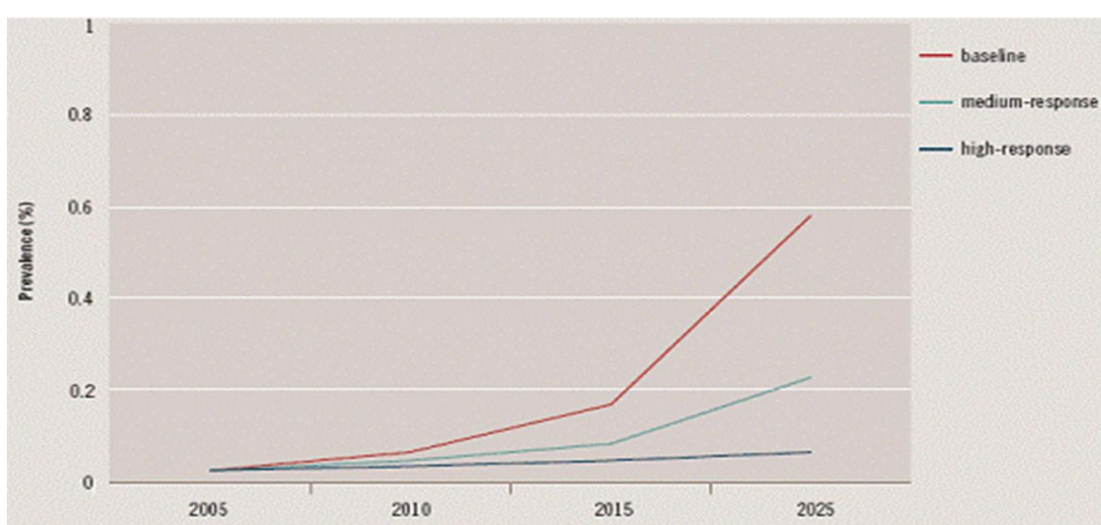
**Figure 7: Projection of HIV prevalence amongst female sex workers, 2005-2025**



Source: Australian Agency for International Development (AusAID). Impacts of HIV & AIDS 2005-2025 in Papua New Guinea, Indonesia and Timor-Leste – Final report on HIV epidemiological modelling and impact study. February 2006

In 1999, there was an increase in the numbers of foreigners and local sex workers due to the arrival of international peacekeeping troops in response to civil unrest. After 2005, most foreigners left the country; however, there are still a number of Timorese and Indonesians practising sex work. The same projection showed, that under the baseline scenario, HIV prevalence among sex workers in Timor-Leste is likely to reach almost 35% by 2025 (Fig. 8). Even under the high-response scenario, HIV prevalence will be approximately 5% in 2025<sup>48</sup>. The projection also indicated that HIV prevalence among male clients of sex workers will be above 1% in 2025.

**Figure 8: Projection of HIV epidemic, 2005-2025**



Source: Australian Agency for International Development (AusAID). Impacts of HIV/AIDS 2005-2025 in Papua New Guinea, Indonesia and East Timor – Final report on HIV epidemiological modelling and impact study. February 2006

## NATIONAL RESPONSE

### Governance

In 2002, a National HIV/AIDS/STI Strategic Plan (2002–2005) was adopted. In September 2003, Timor-Leste's Prime Minister ordered the establishment of an 18-member National AIDS Commission whose work would include monitoring HIV and AIDS statistics, implementing government policies to curb new HIV infections, providing care and treatment for persons living with HIV and AIDS as well as coordinating the work of international donors. In mid-2005, the Ministry of Health (MOH) reviewed this Strategic Plan and developed a new national strategic plan for 2006–2010<sup>49</sup>. The new strategic plan is comprised of four programs:

- Prevention and education targeting the population in general and more specifically most-at-risk groups, which include MSM, FSW, clients of sex workers, people in uniform, and young people;
- Voluntary counselling and testing targeting key populations at higher risk and prevention of mother-to-child transmission (PMTCT);
- 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.

Maintaining Timor-Leste as a low prevalence HIV nation and to minimize the adverse consequences for those infected and affected by HIV/AIDS is the overall goal of the NSP 2006 – 2010.

HIV is included in the current Health Sector Strategic Plan (2008-2012), which calls for inter-sectoral engagement with the education sector and support for community based organizations<sup>50</sup>.

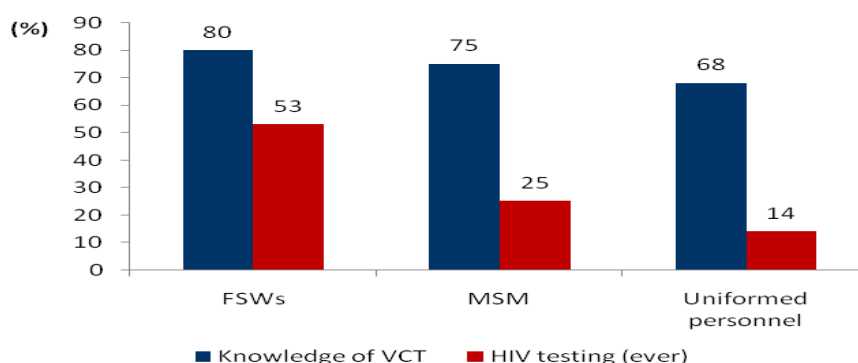
### Legal environment relating to key populations at higher risk

Timor-Leste does not have laws that criminalize male-to-male sex. Moreover, while sex work is not illegal *per se*, government regulations prohibit persons from organizing prostitution<sup>51</sup>.

### HIV prevention programmes

Voluntary Counselling and Testing services have been significantly expanded and strengthened since the commencement of the Strategic Plan. However, HIV testing among key populations remains low as of 2008 (Fig. 9). Despite the fact that 80% of FSWs know about the availability of VCT services, only 53% had ever had an HIV test (95% of whom received their results)<sup>52</sup>. A similar situation exists among MSM: 75% knew about the availability of VCT services, yet only 25% had ever had an HIV test (92% of whom received their results)<sup>53</sup>. Sixty-eight percent of uniformed personnel knew about the VCT, while 14% had ever had an HIV test (82% received their results)<sup>54</sup>.

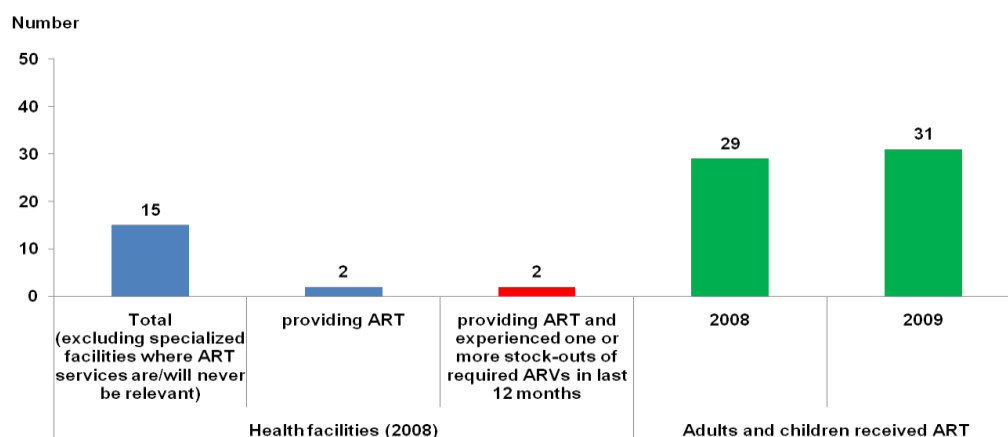
**Figure 9: Percentage of female sex workers, men who have sex with men and uniformed personnel with knowledge of Voluntary Counseling and Testing (VCT) services and who received HIV testing, 2008**



## Antiretroviral Treatment, Prevention of Mother-to-Child Transmission

Figure 10 shows the reported number of people receiving ARV therapy in Timor as of December 2009 (15 males, 16 females – 28 adults, 3 children)<sup>55</sup>. As of 2009, 86% of pregnant women were covered by antenatal clinics (ANC), up from 61% in 2003<sup>56</sup> and, in 2009, less than 1% of pregnant women (n=71) were counselled and tested for HIV<sup>57</sup>. Routine HIV testing has now been introduced at the ANC setting of the National Government Hospital in Dili and five other referral hospitals in Ainaro, Baucau, Bobonaro, Covalima and Oecusse<sup>58</sup>. However, due to a lack of PMTCT guidelines and protocols, routine offering of PMTCT is not being carried out.

**Figure 10: Status of health facilities providing ART and number of adults and children received ART, 2008 and 2009**

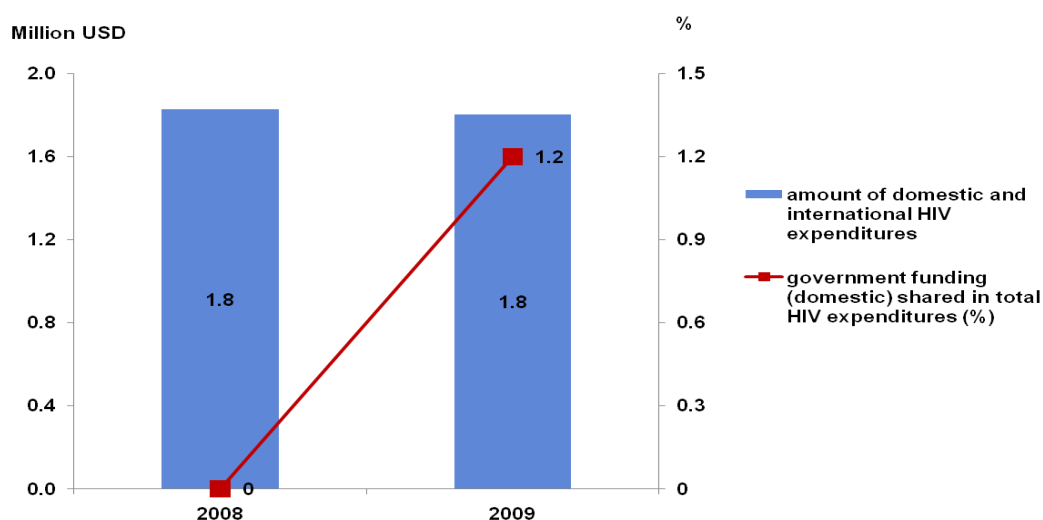


Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on WHO, Towards Universal Access Scaling up Priority HIV/AIDS Interventions in the Health Sector, Progress Reports, 2009 and 2010

## ECONOMICS OF AIDS

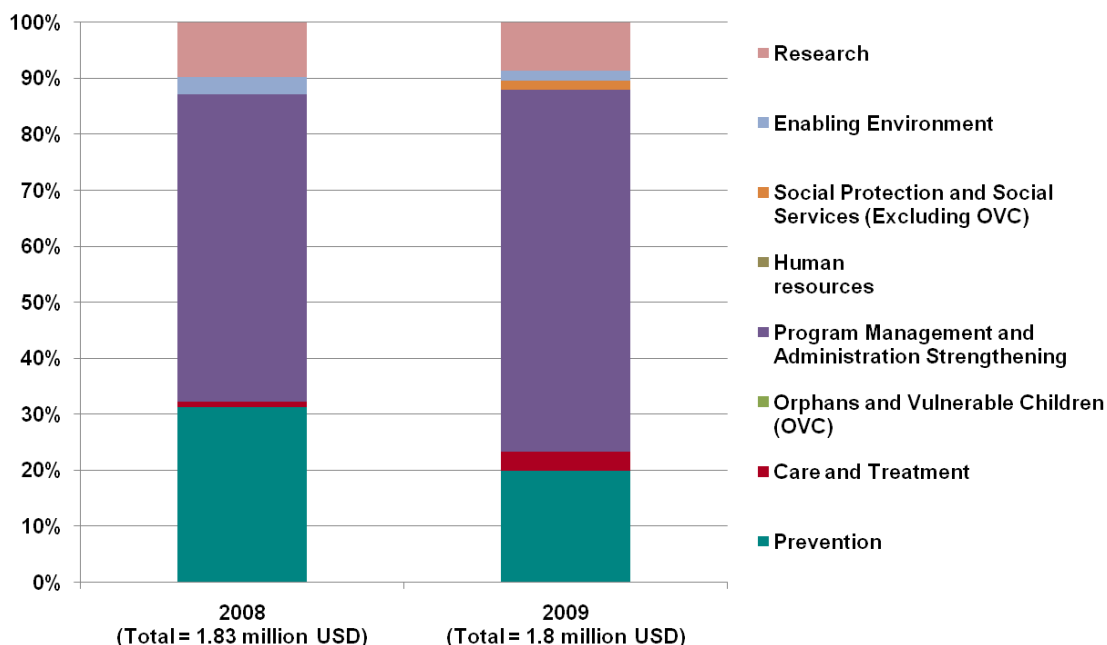
In 2009, domestic and international AIDS spending was US\$ 1.803 million, slightly down from US\$ 1.827 million in 2008 – with the majority (98.8%) financed by international sources (Fig. 11). The bulk of expenditure went to program management at 65%, prevention at 20%, followed by research at 8.6% (Fig. 12)<sup>59</sup>. The majority of financial support to Timor-Leste comes from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), including a Round 5 grant, which provides US\$ 8.36 million from June 2007 until December 2011 for the implementation of HIV services in prevention, clinical care and strategic information<sup>60</sup>.

**Figure 11: Amount of domestic and international HIV expenditures and % shared by government, 2008 - 2009**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS, Report on the Global AIDS Epidemic, 2010

**Figure 12: Percent distribution of total HIV expenditures by major spending category, 2008-2009**



Source: Prepared by [www.aidsdatahub.org](http://www.aidsdatahub.org) based on UNAIDS, Report on the Global AIDS Epidemic, 2010

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