

# ROLE AND FUNCTION OF WHO IN EAST TIMOR

Plan for 2001



World Health Organization

## CURRENT HEALTH ISSUES FOR EAST TIMOR

- A gigantic effort is needed to re-establish functional and sustainable health services in East Timor. International agencies have been strongly involved in provisions of health services during the emergency period while the Timorese will gradually take over the responsibility for the service delivery. The establishing of the East Timor Transitional Administration (ETTA) and the Division of Health Services, representing the national health authority, are important steps in this process.
- The re-establishing of health services at the district and sub-district level is vital for ensuring access to health care for the Timorese people. The district health plan, carried out in co-operation between Division of Health Services and international NGOs, will be carefully monitored. Basic services such as EPI, care during pregnancy and maternity as well as treatment of common childhood diseases, in particular diarrhoea and ARI, must be given highest priority.
- The absence of national health professional staff, such as medical doctors and staff at managerial levels, is one of the constraints. Since a minimum of 6-7 year period is needed to educate and train a doctor, the problem cannot be solved in the near future. Serious consideration is being given to redefine the role and responsibilities of nurses and auxiliary staff who may be required to provide basic diagnostic, curative and preventive advice to patients at village and sub-district levels. Substantial resources are therefore needed for training and human resource development.
- The main health problems facing the population now are those that existed even before the crisis: common childhood diseases, communicable diseases (especially malaria, TB, Japanese encephalitis and dengue fever) and reproductive health problems, including a high maternal mortality. These problems have been exacerbated by the current situation.
- As a direct consequence of unemployment and losses suffered by the people, the nutritional levels of families, especially children, need to be assessed and remedial measures put in place. Assessments to-date suggest that where child malnutrition exists, it is mostly the consequence of inadequate feeding practices rather than food availability as well as infections and other childhood diseases.
- The situation of laboratory and other diagnostic facilities is difficult, as can be gauged from the fact that there is only one trained X-ray technician in the country. This has serious implications for the diagnostic capability of the five referral hospitals in the country. Current capacity of laboratory services in these hospitals is limited to very basic blood and stool tests. There is an urgent need to strengthen capacity of the Central Laboratory to fulfil its role as a reference laboratory through renovation, upgrading of facilities and training of staff.
- An interagency Assessment Mission commented that a combination of factors like massive forced dislocation of majority of the population, major violence and disruption incidents and a large presence of international personnel require that adequate attention is given to the issue of HIV/AIDS/STI .

For WHO with its unique expertise in the health field and its presence in East Timor this is an opportunity to play a crucial role in tackling the above-mentioned problems through a technical advisory and supportive role.

## AN OVERVIEW OF EVENTS –POST-REFERENDUM CRISIS

“As soon as the arms are laid down, reconstruction of the health system and other infrastructure must begin. And we must move quickly if we are to deal with malnutrition and prevent an upsurge in diarrhoeal diseases, measles, acute respiratory infections and other conditions typically seen when there are mass displacements of people”

– *Dr. Gro Harlem Brundtland, Director-General of the World Health Organization (Press Release WHO/47, 17 September 1999).*

Beginning at the time of the referendum on independence for East Timor on August 30, 1999, civil unrest during the early month of September led to the displacement of up to 75% of the 850 000 residents of East Timor. Many hundreds of people were killed and a large proportion of private and public buildings heavily destroyed. During this time, 77% of health facilities were damaged. In addition to the physical destruction of health facilities, the emigration from East Timor of doctors and core health professionals (many of them Indonesian nationals) caused the total collapse of the health systems at the territory.

Within a few days of the deployment of the International Force for East Timor (INTERFET), OCHA, UNHCR, ICRC and WHO had their presence in East Timor. WHO and other UN Agencies together with International NGOs had conducted a preliminary assessment of the situation and identified the urgent humanitarian needs in the territory. To support reconstruction of health in East Timor, WHO took urgent measures to strengthen its professional capability there. It deployed staff members from HQ, Regional Office for South-East Asia and WHO Country Office in Indonesia as well as employed professionals on short-term assignments.

At the early stage in September 1999 to January 2000, WHO together with UNICEF acted as a "Temporary Ministry of Health" coordinating health sector activities in the Territory. ICRC and fifteen International NGOs, together with military medical teams from INTERFET provided curative services to the general population.

On 25 October 1999, by Resolution 1272/1999, the Security Council established the United Nations Transitional Administration in East Timor (UNTAET) with overall responsibility for the administration of East Timor through exercise of all legislative and executive authority, including the administration of justice. UNTAET was mandated to consult and cooperate with the East Timorese people to develop national democratic institutions, and to transfer to these institutions its administrative and public service functions.

WHO actively participated in and technically supported the review of health services of East Timor (conducted in December 1999 and January 2000) and the subsequent establishment in February 2000 of the Interim Health Authority - a precursor of the present Division of Health Services.

On 15 July 2000, a transitional Government of East Timor was established, headed by the Transitional Administrator, a Cabinet consisting of 8 Members - four East Timorese and four international staff from ETTA - and a National Council with 33 members. WHO will work in partnership with the Divisions of Health Services and Water & Sanitation under the charge of Cabinet Members for Social Affairs and Infrastructure.

Now as East Timor is ready to move from a state of emergency to long term development, WHO's collaborative activities will be aligned accordingly. In the current situation in East Timor, more than 80% of the population have inadequate income, poor health status, lack of access to adequate health care, safe water & sanitation, insufficient food and nutrition and are faced with poor housing, especially due to wide scale destruction of buildings. Consequently, **health** would be a major priority for the development of East Timor.

### **Health Status**

- In the 12 months since September 1999, clinical services have provided over 660 000 consultations.
- Pre-crisis estimates suggest an infant mortality rate (IMR) of 70 to 95 per 1000 live births; the most common causes were infections, prematurity and birth trauma.
- Appropriately skilled personnel attend only one out of five births. Prior to the crisis, this figure was approximately 40%.
- The maternal mortality ratio (MMR) has been estimated to be as high as 890 per 100 000 live births, more than twice as high as in Indonesia. Postpartum haemorrhage is the most common cause of maternal death.
- The under 5 mortality rate (U5MR) was at least 125 per 1000 live births.
- The most common childhood illnesses are acute respiratory infection, diarrhoea and malaria. An estimated 80% of children have intestinal parasitic infection.
- Cross sectional nutritional surveys suggest that, in some districts, 3-4% of children aged 6 months to five years are acutely malnourished, while one in five are chronically malnourished.
- Malaria is highly endemic in all districts, with 133,750 suspected malaria cases (and 110 deaths) reported since September 1999. *P falciparum* and *P vivax* malaria occur almost equally, and chloroquine resistant *P falciparum* is present.
- Tuberculosis is a major public health problem, with an estimated 8 000 active cases nationally (over 1% of the total population).
- East Timor is endemic for leprosy; the registered leprosy case prevalence rate is 1.8 per 10 000.
- East Timor is highly endemic for lymphatic filariasis. Three species are present (*Brugia timori*, *Brugia malayi* and *Wuchereria bancrofti*).
- Clinical services report that sexually transmitted infections (STI) are not uncommon in sexually active age groups.
- Due largely to a special vaccination campaign after the crisis of 1999, only 1 392 cases of measles have been reported (representing a crude attack rate of 14.9 cases per 100 000 per month).
- Communicable diseases account for the majority of deaths (approximately 60%, particularly in children), followed by the non-communicable and chronic diseases and road traffic accidents.

## **WHO ACTIVITIES SINCE SEPTEMBER 1999**

It is already one year, that WHO has been working in East Timor with the overall objective of reducing morbidity and mortality among the population and the development of a sustainable health system. During this period the Organization has had a unique opportunity to fully participate in collaborative efforts in emergency and later in transitional and development phases. The dynamics of the development process in East Timor requires from WHO, continuous technical guidance and support in health, which is seen as a priority and an important component of overall development. WHO would work under the leadership of East Timorese people together with the other UN agencies, supported by the donor countries and agencies.

### **Health System**

WHO played a catalytic role in East Timor in the formation of future direction of health development, the formation of its health authority and in formulating health policy, planning and health regulations.

Starting from the emergency phase, many NGOs, national and international institutions, UN agencies and donors wished to be involved in the process of restoration of health services in East Timor. To harmonize and coordinate these efforts, WHO had the responsibility for the overall coordination. Later, the Interim Health Authority successfully had took over this function.

A working group was formed composed of representatives from WHO, UNICEF, UNFPA, International NGOs and East Timorese Health Professionals. In the first workshop held in mid December 1999, WHO facilitated discussions and provided technical backup. Later in January 2000 the group undertook a review of health service provision throughout the territory and drafted a document defining minimum standards for its provision. At the second workshop, which took place in mid February 2000, a consensus was reached on the minimum standards document and the formation of the Interim Health Authority was formally announced. The Interim Health Authority was composed of 16 senior East Timorese health professionals supported by seven international UNTAET staff.

Later on 15 July 2000 as a result of reorganization and establishment of an East Timor Transitional Authority (ETTA) the Interim Health Authority was renamed as Division of Health Services (DHS).

The Division of Health Services, with support of WHO is in the process of formulating health policy guidelines for East Timor, and a draft for the reform of health services in the country is under preparation. The reform is based on an integrated approach to health care delivery. Health services are proposed to be free at the point of delivery for now. However, for the future, the policy makers are considering options for contributory financing, including health insurance schemes and patient co-payments.

Health services in East Timor are currently provided by a large number of different entities. Coverage of the population is uneven both in terms of physical access and in terms of services provided. This situation has arisen from the necessary involvement of NGOs in health service provision during the emergency and early development phases. A strategy is being developed to take the transition phase to the future health system. This strategy must:

- Be rapidly implementable
- Ensure delivery of basic services to the maximum possible population
- Build capacity among East Timorese health staff
- Ensure more efficient use of resources
- Not interfere with the development of the future health system
- Take into account the principles developed by the East Timorese Professional Working Group (technically supported by WHO) including sensitivity to culture, religion and traditions of the East Timorese people.

To ensure more equitable coverage, more efficient use of resources, and a clear division of responsibilities along with greater accountability, the Division of Health Services (DHS) has proposed that a single lead agency be identified in each district to plan, organize and manage the provision of services. Other health agencies working in the district will need to collaborate and coordinate their activities with this lead agency. DHS has requested proposals from key

NGOs for the provision and management of health services for each district, in the form of a District Health Plan.

WHO had organized a workshop, on 10 June to facilitate development of a District Health Plan. This provided a good opportunity to WHO and DHS for providing detailed information and recommendations to the NGOs regarding important components of district health and specifically the task during the transitional period (12-18 month). In addition, during the preparation of a District Health Plan all NGOs involved in the health sector had received technical support and help from WHO.

DHS reviewed the NGOs proposals on the district health plan. Based on those plans, a Memorandum of Understanding between the DHS and each of the district service providers has been signed in September 2000.

As no medical literature was available in East Timor, WHO had provided Emergency Health Library Kits and District Health Library Kits to major health providers. Resources have been allocated for establishing a health library, which will become a major source of medical information in East Timor.

## **Disease Surveillance**

In order to encourage the timely recognition of and response to epidemic diseases, WHO established a communicable diseases surveillance system in East Timor.

In September 1999, WHO set in place a system for communicable diseases surveillance and rapid outbreak response. Since all laboratory services in East Timor have been destroyed, the surveillance system is based on clinical reporting (using WHO case definitions) by health service providers in the field. This initial effort in disease surveillance will be the precursor of a national disease surveillance and health information system. Diseases currently subject to surveillance include:

- Simple and bloody diarrhoea
- Suspected cholera
- Suspected malaria



- Other febrile illnesses (non-malaria)
- Suspected measles
- Suspected meningitis
- Upper & lower respiratory tract infections
- Acute jaundice syndrome
- Acute flaccid paralysis (suspected poliomyelitis), and
- Neonatal tetanus

In collaboration with the DHS, weekly analysis of the surveillance database is summarized in a **Weekly Epidemiological Bulletin (WEB)**, published bilingually in English and Tetun. Copies of the WEB are circulated widely, both inside and outside the country and, from June 2000, an electronic version has been available via the *Timor Today* Internet site.

Since September 1999, the surveillance system has recorded the following:

- More than 133 000 cases of malaria (including chloroquine resistant *P falciparum* malaria, and occasional cases of sulphadoxine-pyrimethamine resistance)
- More than 43 000 cases of lower respiratory tract infection
- 31 000 cases of simple diarrhoea
- 5 400 cases of bloody diarrhoea
- Almost 1 400 cases of suspected measles, and
- 369 cases of suspected meningitis

The communicable disease surveillance network thus established has also been able to detect other conditions of potential public health importance. For example, the system was able to identify for the first time in East Timor cases of Japanese encephalitis and cutaneous leishmaniasis. Further studies are in progress to determine the magnitude of the problem associated with these diseases. Based on the results of these studies, specific control strategies will be formulated.

Since September 1999, despite the widespread destruction of health facilities and difficult access to most rural areas in East Timor, it has been possible to establish a timely and rapid laboratory and epidemiological investigation of outbreaks and sporadic cases of diseases of public health importance. Investigations conducted to date include acute flaccid paralysis (suspected poliomyelitis), dengue fever, cutaneous leishmaniasis, Japanese encephalitis and unknown diseases. These investigations were undertaken by WHO and DHS in close collaboration with MSF (France), ICRC, International Rescue Committee (IRC), Medical Relief International (Merlin), the Institute of Clinical Pathology and Medical Research (ICPMR) Sydney, Australia and the Victorian Infectious Diseases Reference Laboratory (VIDRL, a WHO reference centre), Melbourne, Australia. This joint action provides an excellent example of how international and national institutions can work together in the spirit of partnership.

WHO has worked with the Division of Health Services and other UN agencies in a community education campaign for the control of malaria, dengue fever and Japanese encephalitis. WHO also had organized seminars and workshops on prevention and control of diseases with epidemic potential for East Timor, and on medical staff of international NGOs providing health services to the population.

## **Roll Back Malaria**

The Roll Back Malaria strategy formulated by WHO has been implemented effectively by two international NGOs, Merlin and IRC, in collaboration with WHO, under extreme field conditions. These efforts have largely helped to prevent a malaria epidemic with high morbidity and mortality.

Due to the breakdown of surveillance, vector control activities and treatment facilities, malaria showed a three-fold increase in East Timor following the crisis in 1999. Jointly with two international NGOs - Merlin and IRC - WHO has been actively collaborating for control of malaria by:

- establishing a *Vector Borne Disease Control Working Group in consultation with the DHS* to help coordinate the activities of and to provide technical back-up to the NGOs involved in vector control activities;

- establishing malaria diagnostic facilities, including re-training of microscopists and equipping 13 district laboratories in the country;
- arranging anti-malarial drug supplies;
- promoting and distributing bed nets, especially for protection of pregnant women and children under 5 years;
- orientating clinicians through dissemination of WHO guidelines for management of dengue fever and dengue haemorrhagic fever/dengue shock syndrome;
- disseminating protocols for case definitions and treatments;
- conducting social research into community knowledge, attitudes and practices related to malaria.

Based on the current situation, WHO had identified the following areas for consideration in future RBM and integrated vector control activities in East Timor:

- mapping of high risk areas
- setting up of entomology and vector control strategies
- distribution and re-treatment of bed nets, and assessment of their efficacy
- redesigning of drainage systems with proper gradients
- timely diagnosis and treatment of patients

## **Tuberculosis Control**

The National TB Control Programme has been established in collaboration with DHS, WHO, Caritas East Timor, Caritas Norway and Menzies School of Health Research

Support is being provided in the establishment of a national TB Control programme (NTP) in East Timor, based on WHO's DOTS (directly observed treatment – short-course) strategy. Caritas (an NGO with both national and international standing), Menzies School of Health Research (Australia) and WHO have joined hands in actively supporting the establishment of this programme.

By the end of June 2000, the NTP had been expanded to all districts. By September, an estimated 3 000 patients had been enrolled for DOTS treatment; of whom around 30% were under 15 years of age. Satellite treatment centres are currently being established at sub-district levels.

From 10-20 July, WHO supported and assisted in the conduct of a "Training of Trainers" course for TB Control. The participants, drawn from various districts and regions, will be responsible for training field workers in administration of the programme at sub-district level, and in supervising patients receiving DOTS treatment for tuberculosis.

WHO, together with the Menzies School, ran a 1-week bacteriology training course at the Central Health Laboratory in Dili for medical laboratory scientists involved in TB diagnosis.

A Memorandum of Understanding has been signed on 19 September 2000 between DHS, WHO, Caritas East Timor, Territory Health Services and Caritas Norway, defining the roles and functions of each party in support and development of the East Timor National Tuberculosis Control Programme.

## **Drug Supply System**

With WHO support, a national essential drugs list has been developed and steps have been taken for further drug legislation and policy development.

In order to facilitate future development of a National Essential Drugs Programme, WHO supported the development of a national Essential Drugs List for East Timor during June/July 2000. Since most of the health facilities will have to be staffed by nurses/auxiliary staff in the absence of qualified doctors, detailed instructions within the Essential Drugs List have also been prepared for use by such staff.

WHO has also recommended a system for a comprehensive essential drugs programme for East Timor, including framing of national drug policy, drafting of drug legislation and promoting the concept of rational use of drugs among the health services.

Activities relating to the preparation of a national formulary, capacity building and training of pharmacists are included in the Plan of Action for 2001 formulated by WHO in support of East Timor.

## **Expanded Programme on Immunization**

Routine immunization services in East Timor were re-established and supported by UNICEF, in early March 2000m under the coordination of IHA and with WHO technical support.

Emergency immunization of more than 45 000 children against measles in the immediate post-crisis period of 1999 prevented dramatic outbreaks of this infection among displaced populations. This immunization programme has also subsequently limited the number of cases of measles reported.

Routine childhood immunization in East Timor recommenced in early March. The immunization service is implemented by NGOs involved in health service provision in the field.

On 16 June 2000, in order to facilitate clarity and consensus among all parties involved with the policies and implementation plans of the national immunization services; UNICEF and DHS conducted a National Workshop on immunization services in East Timor, with WHO technical support. This workshop resulted in agreement by all participants in the use of a standard immunization schedule (recommended by WHO) and a plan of action for conducting National Immunization Days and the immunization of primary school children.

## **Integrated Management of Childhood Illness (IMCI)**

Child Health will be one of the most important components of the Health Plan of East Timor. WHO is assisting the Division of Health Services in introduction of Integrated Management of Childhood Illness (IMCI).

As a first step, WHO had created awareness and knowledge of IMCI among health authorities and made a provisional plan for its introduction in

East Timor. An Orientation Workshop on IMCI was also conducted for representatives of national and international agencies. In October 2000, it is proposed to hold an 11-day training course to train East Timor's future trainers and supervisors for IMCI.

## **Human Resources Development (HRD)**

As a result of emigration of a majority of doctors and senior health professionals at managerial and administrative levels to Indonesia, a vacuum in health services infrastructure was created. WHO is providing support for strengthening of Human Resources, which has become a vital issue for the future functioning of health services.

The loss of essential human resources in the health sector is a major constraint. There are now only approximately 35 qualified doctors and a very limited number of specialized technical staff in the entire territory of E. Timor. Efforts are being made to ensure that 24 medical students who were studying in various Indonesian universities could complete their studies. WHO in collaboration with HealthNet International took the lead by providing the services of an HRD expert in supporting the Interim Health Authority to address the issue of development of human resources.

Activities undertaken by WHO include providing support to the Division of Health Services in:

- drafting of Human Resources Development (HRD) policy
- planning for short and long term workforce requirements
- national educational planning and human resource management

Activities at present in hand and to be continued are:

- Development of management skills of health staff in senior positions
- Short-term national training plan for yet-to-be recruited health workers
- Redefinition of roles and functions of health workers, and
- Redesign of health worker training programmes

## **Safe Motherhood, Reproductive Health, HIV/AIDS and Sexually Transmissible Infections**

Previously little attention had been given to Safe Motherhood, Reproductive Health, HIV/AIDS and STI in East Timor. WHO, UNICEF, UNAIDS and UNFPA are working in partnership with DHS towards reduction of maternal mortality, introduction of proper family planning and prevention of HIV/AIDS/STI

Due to unacceptably high levels of maternal mortality in East Timor, UNICEF initiated a Safe Motherhood programme in collaboration with UNFPA and DHS. WHO will provide technical support in organizing training courses for improving the delivery skills of East Timorese midwives and improving clinical training capacities.

The concept of contraception has negative associations for the people of E.Timor. It is closely associated in the public mind with a perceived policy of "Javanization" which included attempts to decrease the birth rate of ethnic Timorese. The Catholic Church, which is by far the most important religious group in the country, officially frowns upon it. To make future progress in this field, family planning and HIV/STI prevention in East Timor will require very careful selection of technical information, educational materials and regular collaboration and close dialogue with the church. The Catholic Church of East Timor is very influential, and a strong messenger and adviser of the healthy life style of the population. WHO is proposing regular meetings with the representatives of the church.

Although the HIV incidence is very low, the virus was already circulating in East Timor well before the crisis. So far attempts to introduce condom use for prevention of HIV and other STDs have only been attempted among the expatriate community, via offices housing UN staff.

UNAIDS has requested WHO to provide technical support in development of a prevention and control programme of HIV/AIDS/STI among expatriates and national population in East Timor.

## **Mental Health**

Many international organizations and institutions provided help to East Timorese population in post conflict emotional and psychological trauma. WHO had given priority to development of community based mental health programmes.

Eleven health workers have undertaken training in mental health in Australia, with special reference to community support programmes.

The WHO HQ technical unit responsible for mental health will conduct training of NGOs working in mental health in East Timor.

## **Health and Nutritional Assessment**

WHO's recommendation should be based on evidence rather than ideology

*– Dr Gro Harlem Brundtland, Director-General, WHO*

Currently international NGOs, bilateral donors, UN peacekeeping troops from many countries and UN Agencies including WHO, in collaboration with the Division of Health Services, have attempted to provide basic medical and public health services. However, to date, no systematic assessment of the health and nutritional status of the East Timorese population has been done. Although health statistics are available from prior to the referendum, the environmental, economic and personal health conditions are now very different from what they were in the past.

WHO has proposed to

- Combine the use of modern simple techniques for health surveys, laboratory based surveillance and a Geographical Information System to obtain more precise understanding of prevalence and geographic distribution of diseases, in order to better target the interventions;
- Use this information to develop targeted interventions, packaged in a new way, other than by pathophysiology, disease group etc, for



example, to combine health problems requiring acute care irrespective of their communicable or non communicable nature and those requiring chronic care in separate intervention packages.

WHO has already developed a protocol for conducting this survey. UNICEF and WFP have been invited to participate in the survey, which will start in November 2000.

## **Other Areas of Need**

- WHO will provide advisory capacity to Division of Health Services on environmental health.
- There is no established leprosy control programme. WHO has distributed MDT drugs and provided guidelines regarding clinical diagnosis and treatment of leprosy patients through the NGOs providing health services. It requires further action and involvement of leprosy technical units for planning and field operations for achieving global target of elimination of leprosy.

## **WHO COLLABORATION WITH UN AGENCIES AND NGOS**

WHO, has been one of the ten UN Agencies (UNICEF, UNDP, UNFPA, UNHCR, ILO, WFP, FAO, IOM and UNOPS) working in close cooperation to support rebuilding and development activities in East Timor.

These agencies, both collectively and individually, are joining hands with other active development partners in bringing to East Timor their global networks, technical expertise and many years of accrued experiences and lessons learnt in developing countries across the globe.

A number of UN Agencies have embarked upon the task of preparing a Common Country Assessment (CCA) for East Timor, in cooperation with all relevant development partners in the country to establish a common database of development indicators as well as a common analysis of key development challenges. This document will serve as a major input into the debate about the development agenda for East Timor in the years to come.

WHO and other UN Agencies in East Timor, under the leadership of UN Development Coordinator had submitted a paper outlining specific areas of strategic support to be provided to the Transitional Government of East Timor in the immediate period ahead, and eventually, in support of the East Timorese Government as and when established.

WHO has and will continue to extend support and cooperation to other UN Agencies, donors, NGOs and different institutions in their respective efforts to raise the health delivery levels in East Timor. Notable activities and partnership of the WHO are:

- Joint working with Merlin and International Rescue Committee (IRC) implementing a Roll Back Malaria
- Close collaboration with Merlin, IRC, Oxfam and Timor Aid to enhance the control of vector borne diseases.
- Close collaboration and involvement of all national and international NGOs in disease surveillance, outbreak investigations, organizing training activities and prevention and control of communicable diseases.
- Technical support of UNICEF, in EPI activities.
- Jointly with UNICEF, organized screening of vision for school children and teachers in Dili. The vision of more than 16% of the students and 60% of teachers was found to be deficient and arrangements have been made to provide them with spectacles free of cost in collaboration with Laila Foundation and Territory Health Services NT (Australia).
- Provide sectoral support to the World Bank Project with a grant of US\$12.7 million for the Health Sector Rehabilitation and Development.
- Cooperation with Health Net International has enabled the transfer of personal records of all former health staff into a computerized database linked to the civil service database. This will be a useful tool to support both long- and short-term training planning of the workforce.

- Jointly with Caritas Norway, Caritas East Timor and the Menzies School of Health Research in Darwin, Australia supported establishment of a National Tuberculosis Programme.
- Jointly with UNICEF, World Food Programme, Health Net, IRC and other NGOs proposed to conduct health and nutrition assessment in East Timor.

## **REQUIREMENT AND AVAILABILITY OF RESOURCES FOR IMPLEMENTATION OF PRIORITY ACTIVITIES BY WHO**

As requested by ETTA (Division of Health Services)  
in East Timor, in 2001

### *Financial Summary*

	Resources (in US\$)	
	Required	Available
<b>Epidemiological Surveillance</b> <ul style="list-style-type: none"><li>• Maintenance of the established system for disease surveillance outbreak investigation/response, production of weekly epidemiological bulletin.</li><li>• Training at national and international level, and capacity building.</li><li>• Support establishment of epidemiological unit and outbreak investigation team in DHS.</li><li>• Emergency Fund for epidemic response.</li><li>• Development of standard guidelines for integrated prevention, control and treatment of communicable diseases. Field-testing and production of the material.</li></ul>	250 000	70 000
<b>Health system and human resource development</b> <ul style="list-style-type: none"><li>• Provide support in development of appropriate district health system, formulation of human resources, long and short-term workforce planning and national education planning.</li><li>• Activities for Development of Appropriate District Health System. Management training for the staff of Division of Health Services.</li><li>• Preparation of Nurses to undertake new roles and functions.</li><li>• Management training with special focus on facility management.</li><li>• Support East Timorese Medical Students Studying in Indonesia.</li><li>• Technical support to National Centre for Health Education and Training (Multi Stream Health Academy East Timor).</li></ul>	394 000	184 000

	Resources (in US\$)	
	Required	Available
<p><b>Prevention and control of Communicable Diseases</b></p> <ul style="list-style-type: none"> <li>• Elimination of Leprosy as a Public Health Problem.</li> <li>• RBM &amp; Vector Borne Diseases Prevention and Control Activities.</li> <li>• Establishment of Entomological Laboratory.</li> <li>• Monitoring of RBM Activities.</li> <li>• Provision of technical support to National TB Programme.</li> <li>• Training national TB staff at national and international levels.</li> </ul>	190 000	102 000
<p><b>Health &amp; Nutrition survey for targeted intervention</b></p> <p>Pilot Survey in selected two districts including analysis and targeted intervention.</p>	100 000	100 000
<p><b>Strengthening of Central Laboratory for Diagnosis of Infectious Diseases as well as Clinical Biochemistry and Haematology</b></p> <ul style="list-style-type: none"> <li>• Technical support for the management of Central Laboratory (Bacteriology/Immunology, Clinical Biochemistry. Clinical Haematology)</li> <li>• Renovation of the central laboratory, supplies and equipment and Development and production of integrated standard laboratory procedures for laboratory staff at district level.</li> <li>• Training of Lab staff at district level.</li> </ul>	227 000	40 000
<p><b>Health Legislation and Regulation</b></p> <ul style="list-style-type: none"> <li>• Series of consultations on health policy and health system (Right to participation).</li> <li>• Application of Indonesian Legislation in the area of health.</li> <li>• Dissemination of health information through Radio Show (Right to information and participation).</li> <li>• Training for health professionals + Drafting of professional standards / Ethical Code (Health, human rights and ethics) and its translation</li> </ul>	106 000	0

	Resources (in US\$)	
	Required	Available
<p><b>Nutrition and Food Safety</b></p> <ul style="list-style-type: none"> <li>• Development of a national nutrition plan.</li> <li>• Development of a national food safety plan.</li> <li>• Training nationals in establishment of food safety services.</li> </ul>	38 000	26 000
<p><b>Support to District Health System</b></p> <ul style="list-style-type: none"> <li>• Provide support to DHS for the phasing out of NGOs as health service providers at district level through providing expatriate Medical Officers from low-cost countries with WHO assistance for supervision</li> <li>• Logistics and supplies, training at district level and its monitoring</li> </ul>	340 000	0
<p><b>Integrated Management Of Childhood Illness (IMCI)</b></p> <ul style="list-style-type: none"> <li>• Modification of IMCI (Indonesian version) and its publication.</li> <li>• Training courses for Trainers and Training courses at district level.</li> <li>• Study Tours for IMCI activities.</li> <li>• Monitoring of IMCI Activities.</li> </ul>	110 000	0
<p><b>Reproductive Health and HIV/AIDS/STI</b></p> <ul style="list-style-type: none"> <li>• Comprehensive assessment of reproductive health problems and organisation of training courses for improving the delivery skills.</li> <li>• Training in new concepts and management of reproductive health activities.</li> <li>• Monitoring of infection prevention activities in labour room in post-natal wards at the hospitals.</li> <li>• Support establishment of HIV/AIDS/STI control programme in East Timor.</li> <li>• Feasibility study on establishment of a blood transfusion centre.</li> <li>• Equipment, supplies and reagents for Blood Bank.</li> <li>• Technical co-ordination of IMCI, Reproductive Health and HIV/AIDS/STI activities</li> </ul>	376 000	110 000

	Resources (in US\$)	
	Required	Available
<b>Mental Health, Health Promotion, and Environmental Health</b> <ul style="list-style-type: none"> <li>• Strengthening of Community based mental health activities to minimize post conflict emotional and psychological trauma</li> <li>• Risk factor reduction arising from environmental, social and behaviour causes, and collation and dissemination of information on health promotion activities.</li> <li>• Development of Environmental Health Programmes.</li> <li>• Monitoring of Evaluation of activities undertaken</li> </ul>	118 000	33 000
<b>Pharmaceuticals</b> <ul style="list-style-type: none"> <li>• Technical support in organization of pharmaceutical services in the country with particular attention on improving drug supply management and rational use of drugs.</li> <li>• Training of core group of pharmacists (purchase, storage, distribution, inspection/supervision).</li> <li>• National training on supply and management for districts and hospitals. Development of leaflets on health messages to prescribers on Essential Drugs and Standard Treatment Schedules.</li> <li>• Long Term (1 year) training for pharmacists.</li> <li>• Meeting of nationals, donors and NGOs involved in supply of drugs and medicine.</li> <li>• Monitoring of drug distribution and maintenance.</li> <li>• Support study of two students (pharmacists) in Australia.</li> </ul>	205 000	0
<b>Grand Total</b>	<b>2 454 000</b>	<b>665 000</b>

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