

# Cross-sectoral responses to health for all in Timor-Leste

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The Ministry of Health recognises health as a cross-sectoral issue. The strategic goal for their policy document, Intersectoral Action Framework for well-being and health (IAF), is:

...enhanced well-being and health of the peoples and communities of Timor-Leste through a shared understanding of public health problems and a combined approach of all of government along with the community itself to address key determinates of health.

Its purpose is:

to provide recognition by the Government of the Republic of Timor-Leste that the health and well-being of the peoples and communities of Timor-Leste can only be improved through a collaborative approach to recognition of priority health problems and their causes and subsequent public and individual action. In conjunction with this recognition, the IAF provides direction for joint government and community action to bring about positive changes in living and life conditions by coordinating efforts for positive change. It identifies key areas for action; guidelines and mechanisms for better coordination across various sectors and community in an integrated manner.

This paper explores the cross-sectoral responses to TB, HIV/sexually transmitted infections, diarrhoea and water and vector borne diseases.

## Re-establishing TB services in Timor-Leste

In 1995, TB prevalence in Timor-Leste was reported to be as high as 707 per 100,000 population (WHO 1998). In 1999, during the emergency period, TB cases were reported to have increased due to the lack of food, clean water, shelter problems, sanitation and disruption of previous TB services (Martins et al. 2003).

In 2001, the notification rate was 446 per 100,000 for all forms of TB and 154 per 100,000 for new smear positive pulmonary cases — the highest rates in the Southeast Asian and Western Pacific Regions (WHO 2002:295). By 2003 at 335 per 100,000 it was still the highest rate in Southeast Asia and the Western Pacific (Martins et al. 2003).

### **Cross-sectoral partnerships**

Following the disruption to the health services due to political conflict in 1999, many people from many different organisations

contributed to the establishment of a National Tuberculosis Control Programme (NTP) and within a few months, the programme was operational in all the country's districts. The keys to success of the NTP, where other programmes have failed, were coordination, cooperation and collaboration based on the acceptance that the NTP programme was practical and important and that there was a single East Timorese political voice. Barriers included the shortage of money and drugs, as well as poor infrastructure and transport in a setting of mass displacement of people. In addition, a range of agencies and individuals each claimed the right to treat TB patients. At the time, health services were largely run by international NGOs who were bound by their own mandate, mission and work focuses while key to successful management of TB is uniformity in procedures for case finding, diagnosis, treatment, record-keeping and encouragement of compliance.

At the same time there were important enabling factors. There was a high level of staff motivation and stakeholder commitment among donors, politicians, community and church leaders, and the community itself. International consultants showed willingness to be flexible in their approaches to the situation, and contributions from UN and international agencies including the World Food Program, International Organization for Migration, Red Cross, and International Force East Timor, were crucial.

## The TB control programme today

By the end of 2004, the NTP covered all sub-districts in Timor-Leste. The successful completion of treatment rate was 81 per cent and a decrease in the case notification rate became noticeable. Now that a good recording and reporting system is in place and there are acceptable quality laboratory results, further expansion to the community using trained cadres will be undertaken. This scheme will help address the low compliance rate and the still high drop-out rate. It will be important for raising TB awareness in the community.

### **Programme achievements**

An external review of the achievements of the programme (Heldal and Elsony 2003) showed that:

- 10,722 patients were treated 2000-2002;
- 34.9% were new infectious tuberculosis cases;

- 46.4% were smear negative/paediatrics cases; and
- 15.0% were extra-pulmonary cases with a few re-treatment cases.

With regard to treatment results:

- 73% of cases reported were treated in 2001; and
- 81% of cases reported were treated in the first quarter 2002.

### **Challenges for TB programme delivery**

The major challenges to the programme are largely structural but cultural beliefs and location are also problematic. The main issues are:

- health promotion and prevention activities are still relatively weak;
- road and transportation system make access between patients and service providers difficult;
- there is a strong belief in traditional medicine;
- poor housing and environmental conditions facilitate disease transmission;
- poor communications systems inhibit service delivery and contact with patients;
- widespread poor nutrition resulting in difficulties recovering from TB;
- geographical difficulties;
- low staff morale in the Community Health Centres due to feeling of lack of ownership;
- drug resistance is beginning to emerge; and
- HIV infection has already been reported in the community and co-infection with TB is a world-wide problem.

Intersectoral collaboration will play a strong role in addressing the above issues.

### **The way forward**

The plan is to hand the TB programme over to government, allowing an integrated response and the implementation of interventions to strengthen the response to TB from the village level, through the Community Health Centres to the central level. Community ownership will be strengthened and the community will be involved in control of TB and other fatal diseases. Submissions for funding can be made to the Global Fund for TB, Malaria and HIV to help address all these diseases in an integrated manner.

A TB Management Guidelines Committee has been formed and the National TB Strategy is being updated as part of an intrasectoral programme within government.

## **Addressing HIV and AIDS in Timor-Leste**

The prevalence of HIV infection and other sexually transmitted infections (STIs) is not known because the surveillance system is incomplete. However, it is known that there is unprotected networking of infected individuals. The transmission of infection is closely linked to poverty, social conflict, population displacement, influx of foreigners with diverse cultures and behaviours, high rates of illiteracy and lack of educational facilities. At the same time, the Catholic Church is very strong in Timor-Leste and has venerated community leaders. These factors influence the ability of individuals to protect themselves or their partners against STIs, including HIV. The situation is exacerbated by women's low status and the fact that community values and well-being are placed above individual well-being. Currently, people infected with HIV and STIs are largely invisible so there is little open acknowledgment of the difficulties they pose to society.

### **The situation**

Although no comprehensive information is available, some studies have been undertaken. For example, Oxfam found sex workers active in Suai and other border areas; in 2004, the ALOLA Foundation identified 284 sex workers in Dili and acknowledged the complex issues pushing women and young boys into sex work. These included poverty, sexual violence and insecurity. In 2004, Family Health International (FHI) identified 500 women selling sex for money in Dili and recorded sexual risks among taxi drivers and Defence Force personnel along with very little condom use. They also detected a significant history of intravenous drug use among students.

From laboratory and blood bank reports FHI (2004) detected 24 HIV positive cases of whom six were female and 18 male. Five have died and five are receiving treatment (FHI 2004). Three per cent of sex workers tested were positive and one per cent of men who have sex with men were HIV positive. Other STIs, including gonorrhoea, chlamydia, syphilis or yaws were also found. Fifteen per cent of female sex workers and men who have sex with men were found to have a STI. Among taxi drivers and Defence Force personnel the infection rate was 13 per cent and eight per cent respectively.

Members of the most vulnerable groups in society are also the most marginalised and it is recognised that these groups need to be empowered to enable them to protect themselves from HIV infection. Women, for example, need economic security so they do not have to sell sex, and commercial sex workers and women need to be empowered to protect themselves.

The HIV epidemic follows a predictable pattern. There is a rapid increase in infection in the most vulnerable groups, usually sex workers and injecting drug users, then a spread via the clients or partners of sex workers or injecting drug users into the general population. The top priority is to prevent spread into the general population and to address the needs of the most vulnerable groups.

### **Addressing HIV and AIDS**

The Timor-Leste National Strategic Plan for a Comprehensive and Multisectoral Response to HIV, AIDS and STI 2002-2005, requires active participation and responses from sectors such as education, communication, construction, finance, planning, public works, transportation, social welfare, labour, law, judiciary, tourism, military and police. The Ministry of Health sees that HIV infection is not just another health problem, but has the potential to subvert the building of a new nation. It is the responsibility of every East Timorese to prevent HIV.

The government, through the Ministry of Health, coordinates implementation of the Strategic Plan across ministries, between levels of government (national, district, *sucos*), with NGOs, in the private sectors and in civil society organisations.

The current strategy is to create an enabling environment to prevent and treat HIV and other STIs. Coordination, research and evaluation mechanisms are important for promoting development responses to reduce HIV vulnerabilities. To build community resilience, multisectoral involvement and collaboration are needed.

Mapping is vital to detect what is happening in the community that might have an impact on the spread of HIV infection. It is important to identify vulnerable groups and possible sources of infection. They may be among street children, male and female sex workers, men who have sex with men, uniformed services, foreign visitors, returnees. Mapping and situation analyses can expose mobility patterns and profiles, urban-rural differentials, gender differentials and cultural shifts.

The Ministry of Health, through the national strategy, has indicated that for a multisectoral response, all sectors will determine how the spread of HIV is caused or contributed to by their sector, how the epidemic is likely to affect their sector's goals, objectives and programmes, where their sector has a comparative advantage to respond to limit the spread of HIV and to mitigate the impact of the epidemic.

The education sector is often one of the first to be considered in the development of a cross-sectoral response to health issues. Education is more than just a vehicle to develop life skills curriculum. Teachers themselves are a primary target group for education. Where the epidemic has taken hold, the teaching workforce is significantly affected by HIV infection. While teachers

are a resource for curriculum development, they are also a link with HIV-affected families and may be aware of what is happening in households (for example, whether families and carers have enough food or income, and whether there is support for orphans).

The Church is a very powerful sector in Timor-Leste. It has been involved in negotiations and supports Ministry of Health strategies to prevent HIV transmission. The condom issue has been discussed openly and although the Catholic Church cannot recommend the use of condoms, the clergy are prepared to tell people how to use them to prevent HIV transmission.

The National AIDS Commission is the government body that coordinates response to HIV at the national level. Multisectoral representatives, including the Church, are members of the Commission. Strategies for responding to HIV depend on situation analysis and mapping in each sector.

### **A cross-sectoral approach in the prevention of diarrhoea**

Diarrhoea is a key contributor to the very high infant and under-five mortality rates in Timor-Leste, and is one of the three most common childhood diseases along with acute respiratory infection and malaria. In Timor-Leste, 85 per cent of the population live in rural areas and often have poor access to health services. Prevention of disease can help to reduce these high mortality rates. Commonly, diarrhoea is spread by human faeces, in fluids or on food, fingers, or microbes from faeces carried by flies.

There are a number of measures that should be used to help prevent diarrhoea. In a review of studies in 1991, Esrey et al. found that hygiene (especially hand washing) and the safe disposal of faeces through sanitation were the two most effective ways to prevent diarrhoea. More recently, a review by Fewtrell et al. (2005) confirmed that these measures are very important, but also found that water quality plays a major role in the prevention of diarrhoea. Another very important factor in the prevention of diarrhoea is the promotion of exclusive breastfeeding to six months of age.

How can we improve work in the prevention of diarrhoea?

*Prevention activities* need to:

- be conducted within the government structures;
- ensure that community consultation and ownership are a focus; and
- ensure there is coordination between all parties.

Collaboration between a range of sectors is needed and has the advantages of sharing ideas and resources and reducing the likelihood of problems arising after having commenced activities. For example, in planning for water systems at the village level in Timor-Leste, it is important to involve different sectors in the following ways:

*In deciding on the water source:*

- **spiritual leaders** may be important to assess whether or not it is a sacred site;
- **farmers** are important to involve to ensure that animals are not likely to be defecating in the source; and
- **engineers** are important to involve to ensure there is the gradient necessary if it is a gravity-fed system.

*In deciding on where to place the tap stand:*

- **women** should be involved as they are often responsible for water collection;
- the **community** as a whole should be involved to ensure placement is equitable and consensual;
- **village leaders** can be very useful in helping to resolve disputes;
- **engineers** should be involved to ensure appropriate design; and
- **health experts** who are aware of health implications, such as the need for water drainage to prevent mosquitoes breeding in puddles, should be involved.

In addition, with greater access to water, there may be an increase in other breeding sites such as water buckets, tanks, and so on. The community, especially women, need to be involved in addressing these issues. The health and education sectors will be important to raise awareness about prevention of malaria, dengue and other vector-borne illnesses.

*In the installation of systems it is important that:*

- **community mobilisers** are involved;
- the **community** is involved, particularly to ensure ownership;
- **farmers** are involved to help decide where pipes should be laid;
- **engineers** are involved to ensure design is adequate;
- **spiritual leaders** have input on site selection;
- **agriculture and forestry** for site selection and impact; and
- **infrastructure and public works** to assist with the design and to possibly assist the supply of some materials.

## Working together to achieve common objectives

It is important to consider what mechanisms can help to facilitate better collaboration in the prevention of diarrhoea and other diseases. Some of these will involve meeting with other sectors (including the community, government departments, and the private sector), and:

- taking the time to build relationships with them;
- finding out what they are doing;
- assessing potential opportunities for collaboration;
- assessing what can be learned from them;
- assessing how to best work with them;
- planning together with these sectors; and
- having cross-sectoral strategies and building capacity across the sectors, for example, capacity in situation analysis, planning, monitoring and evaluation, proposal development, and so on.

## Note

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## References

- Esrey SA, JB Potash, L Roberts and C Shiff 1991, 'Effects of improved water supply and sanitation on ascariasis, diarrhoea, dracunculiasis, hookworm infection, schistosomiasis and trachoma', *Bulletin of the World Health Organization*, 69(5), 609-21.
- Fewtrell L, RB Kaufmann, D Kay, W Enanoria, L Haller and JM Colford Jr 2005, 'Water, sanitation and hygiene interventions to reduce diarrhoea in less developed countries: A systematic review and meta-analysis', *Lancet Infectious Diseases*, 5(1), 42-52.
- FHI (Family Health International) 2004, *HIV, STIs and risk behaviour in East Timor: An historic opportunity for effective action*, FHI, Dili.
- Heldal E and A Elsony 2003, 'External Program Review of the TB Control Program, Timor-Leste', unpublished report, Dili.
- Martins N, PM Kelly, J Grace and A Zwi 2003, 'Reconstructing tuberculosis services after major conflict: 'The shining light' of East Timor', *Journal of Tropical Medicine & International Health*, 2003 (submitted).
- Ministry of Health 2004, *Draft Timor-Leste 2003 Demographic and Health Survey Key Findings*, Ministry of Health, Dili.
- WHO (World Health Organization) 1998, *Project proposal: AusAID assistance through World Health Organization for National Tuberculosis Programme*, WHO, Indonesia.
- WHO 2002, *Global tuberculosis control: Surveillance, planning, financing*, WHO/CDS/TB/2002.295, WHO, Geneva.