



Emergency and Humanitarian Action

Country Report



Timor-Leste

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BACKGROUND

The Democratic Republic of Timor-Leste is located in the eastern part of Timor Island with the western part belonging to the Republic of Indonesia as part of the East Nusa Tenggara province. It is bordered by the Wetar straits to the north and the Timor Sea in the South. From 1511 till 1975 Timor-Leste was a colony of Portugal. This was followed by Indonesian occupation for 25 years during which the Timorese continued to fight for independence through the guerilla resistance movement. This period was wrought with violence, human rights abuses and an estimated 200 000 deaths. On 30 August 1999, the East Timorese voted overwhelmingly in a historic referendum for independence. On 20 May 2002, after two years of an interim UN Transitional Administration, the country gained its independence.

Timor-Leste has a land area of approximately 14 610 sq.km with a population of 923 198 (Census 2004). Administratively, it is divided to 13 districts, 67 subdistricts, 498 *sucos* (villages) and 2336 *aldeias* (hamlets). About 49% of the population is below 15 years.¹ It is one of the 10 poorest countries in the world. Available data indicate that 40% of its population lives below the poverty line. This situation is exacerbated by a low adult literacy rate (58.6%).

Timor-Leste faces challenges in reducing the high mortality and morbidity rates. The maternal mortality ratio (MMR) is estimated to be around 800 per 100 000 live births, while the infant mortality rate (IMR) is estimated to be 70–95 per 1000 live births. The under-five mortality rate (U5MR) is estimated at 125 per 1000 live births.¹

HAZARD PROFILE

Due to its geographical location (north of the subduction zone between the Eurasian and Australian plates), Timor-Leste is highly vulnerable to natural disasters such as earthquakes and associated phenomena such as tsunamis. The El Nino/Southern Oscillation (ENSO)-related weather anomalies are associated with droughts in this region, occurring in a cycle of every four to seven years. Timor-Leste is also prone to floods, landslides and erosion, resulting from the combination of heavy monsoon rain, steep topography and widespread deforestation. It is not prone to volcanic hazard, although volcanic ash from eruptions in neighbouring countries may cause both health and transport hazards. Cyclones have a low probability of occurrence (one per decade); however, the frequent tropical storms can be as devastating as cyclonic activity. Phenomena associated with earthquakes including tsunamis, ground-shaking amplification and soil liquefaction in different parts of the country.



Natural hazards²

- Flooding
- Forest/Rural fire
- Tsunami
- Landslide
- Drought
- Marine flooding
- Flash flood
- Earthquake
- Land degradation
- Tropical storm

Human-induced/technological hazards

- Road accidents
- Air accidents
- Civil strife, violence, war and conflict
- Refugees and IDPs
- Industrial accidents
- Crop pest infestations and disease outbreaks
- Exotic animal diseases
- Maritime accidents
- Terrorism

Health hazards³

- Malaria (*vivax* and *falciparum*), with chloroquine- and fansidar-resistant strains have been documented.
- Tuberculosis is endemic and multidrug-resistant tuberculosis (MDR-TB) has emerged.
- Dengue fever and dengue haemorrhagic fever
- Potential for outbreak of diarrhoeal diseases due to fecal contamination of water
- Japanese encephalitis and other diseases due to arboviruses
- Acute respiratory infections
- Typhoid
- Cholera
- HIV/AIDS: Currently, the prevalence is low (0.03–0.06); however, vulnerability is high due to the presence of expatriates, high mobility of the population in and outside the country, and low awareness of HIV/AIDS among the population.
- There is a potential for an epidemic of avian influenza, especially if there is one in neighbouring Indonesia.

Humanitarian situation

Unrest started in the country in April 2006 following riots in Dili due to alleged discrimination within the army among Timor-Leste's western and eastern regions. There were 600 striking soldiers, so-called "petitioners" (a third of the armed forces), who were sacked. The issue of regional division immediately influenced the general population throughout the nation.

A rally in support of the petitioner soldiers dismissed for deserting their barracks turned into rioting. In the ensuing clashes, 37 people were killed and 155 000 people, or 15% of the total national population, were driven from their homes. As a result, the first Prime Minister stepped down. Timor-Leste's sovereign institutions welcomed offers of foreign military assistance from several nations.⁴ By 25 May 2006, Australia, Malaysia, New Zealand and Portugal sent troops to Timor-Leste, attempting to quell the violence.^{5,6}



As of April 2007, some 37 000 internally displaced persons (IDPs) are living in Dili, an increase of 8000 since January 2007. The unrest and gang-related violence, which first surfaced in April 2006, led to the displacement of 178 000 people as well as the burning and looting of houses and public buildings including schools. Up to now, the crisis has claimed more than 100 lives, and more than 300 have been injured. The ongoing civil unrest in the lead-up to the presidential elections scheduled for 9 April 2007 and parliamentary elections in May 2007, and the extremely volatile security situation in Timor-Leste, have gravely affected people throughout the country. These will be the second polls held in the tiny nation since it gained independence in 2002.

Recent disasters

- April 2006–till date (April 2007): Humanitarian conflict in Dili, affecting the entire nation
- March 2007: Outbreak of locusts affected more than 900 acres of rice and corn fields in two districts of Ermera and Bobonaro
- February–March 2006: Flooding in an enclave district (Oecussi)
- 2004: Flooding in the southern part of Timor-Leste (Viqueque, Manufahi and Covalima)
- 2002–03: Drought (El Nino) affected almost all of Timor-Leste
- March 02: Famine in the southern part of Timor-Leste (Manufahi, Ainaro and Suai)

EXISTING DISASTER MANAGEMENT STRUCTURE

National policies and framework

A National Disaster Risk Management Plan has been completed and is awaiting approval as policy by the Government. At present, any response to emergencies is based on Minister's dispatches only.

Disaster management in the health sector

In the health sector, the Minister of Health as a member of the National Disaster Management Office (NDMO) has established a Working Group for the health sector. This group consists of the Ministry of Health's (MoH's) key departments and works in close coordination with other boards and offices of the MoH at all levels as appropriate, UN agencies, INGOs, NGOs, religious organizations and the private sector.

As a result of the lack of policies and legislations on emergency preparedness and response (EPR), most health staff has difficulty in coordinating and working together during crises. In addition, Timor-Leste has limited capacity in infrastructure, communications, transport and logistics, human resources and funding. Therefore, the health sector needs to formulate its own policy to be able to respond to the country's needs.

Within the present MoH's structure, at the Central Government, there is no unit established for EPR. Consequently, this task was delegated to the Specialized Services Unit Officer of the MoH's Department of Non-Communicable Diseases. The terms of reference do not implicitly contain EPR, as the unit was mainly responsible for other areas such as tobacco control, medical evacuation and coordination of referral medical specialist's services. In addition, under the MoH's annual budget expenditure, there



were no funds allocated for EPR, or in that of the other ministries. The Government budget for this purpose is allocated under Contingency and Humanitarian items, which can be accessed upon the Prime Minister's approval. So far, funding has been supported by bilateral contributions, with a few international organizations as donors.

Disaster management in the non-health sector

The National Disaster Management Office (NDMO) is responsible for providing policy guidelines for disaster risk management to coordination bodies housed at the Ministry of Interior (MoI), and technical support to the civil society. The office also liaises with other Government agencies (e.g. other Ministries, Civilian Police, Fire Fighters), UN Agencies and NGOs for disaster-related activities. In case of disasters, the relevant ministries become the lead agencies (for example, during epidemics the MoH is the lead agency). The UN Peace Keeping Force (UNPKF), the UN Hospital/Medical Contingent, UN Agencies such as WHO, UNICEF, FAO, UN High Commissioner for Refugees (UNHCR) Liaison Office, International Organization for Migration (IOM) are participating agencies in the management of disasters whenever needed. However, in general, the MoI through the NDMO is the central agency.

The MoI assumes a National Disaster Coordinator's role. An Inter-Ministerial Commission for Natural Disasters and a Steering Committee at the MoI are the main fora for developing new policies and providing broad-based advice to the Government.

The main actors in EPR are members of the National Disaster Risk Management Committee (NDRMC) which consists of:

- Prime Minister (Chair) and Minister of Natural Resources, Mineral and Energy Policies
- Minister of Interior (Deputy Chair)
- Minister of State Administration
- Minister of Planning and Finance
- Minister of State for Foreign Affairs and Cooperation
- Minister of Public Works
- Minister of Transport and Communications
- Minister of Defence
- Minister of Development
- Minister of Health
- Minister of Agriculture, Forestry and Fisheries
- Minister of Education and Culture
- Minister of Justice
- Minister for Labour and Community Reinsertion
- Secretary of State for Youth and Sports
- Secretary of State for Environmental Coordination and Territory and Physical Development
- Secretary of State for Coordination of Region II
- Secretary of State for Coordination of Region III
- Secretary of State for Coordination of Region IV
- Secretary of State Resident in Oe-Cusse
- F-FDTL Chief of General Staff
- PNTL Superintendent
- Secretary General of the Timor-Leste Red Cross Society (CVTL)
- Civil society representatives including women networks
- UNDP Country Representative and UN Office in Timor-Leste (UNOTIL) representative



In addition, the Minister or Secretary of State responsible for disaster risk management may appoint representatives of other organizations to the NDRMC, either for specific issues for a specific time, or for an indefinite period, or as observers.

WORK OF WHO

WHO provides technical assistance for the development and implementation of disaster management programmes in the health sector. A number of activities were carried out by WHO from January 2006 until April 2007 in collaboration with the MoH and other partners. WHO provided technical support to the MoH in responding to the humanitarian crisis by establishing a coordinating mechanism for curative and preventive health care, environmental health, and disease surveillance including epidemic preparedness and early warning and response for IDPs. Control measures to prevent disease outbreaks at a very early stage were put in place and eight Rapid Response Teams (RRTs) established. Entomological surveys carried out in IDP camps provided the opportunity to undertake appropriate vector control measures to prevent outbreaks of vector-borne diseases. WHO also arranged for supplies, drugs and diagnostic kits to combat any emergency and outbreaks including avian influenza.

During January–February 2007 there was a slight increase in the number of diarrhoeal cases among children in IDP camps. Health promotion and provision of safe water and sanitation were implemented with the collaboration of UNICEF and OXFAM (Australia). How long IDP camps will remain in the country is not known.

During the period of severe crisis, the advisors provided to the MoH by bilateral agencies such as AusAID and USAID were withdrawn for more than two to three months. WHO continued its support to the MoH. This has been highly appreciated by the MoH and the Government of Timor-Leste.

As the security situation in the country improved, WHO continued its planned activities in the health sector, with particular attention to national capacity development. WHO facilitated the introduction of disaster management during the training of trainers (ToT) for Health Centre and Management Leadership training (January 2006). The training contains a chapter on disaster management at health facility levels.

To equip Timor-Leste with the necessary technical guidelines, a manual on Community Emergency Preparedness and Response (CEPR) has been developed in Tetum and English. This was based on an assessment of country needs and country benchmarks proposed by WHO. This manual is meant for use at the community level for immediate action during a disaster. The CEPR manual is expected to be launched in May 2007. It targets community leaders, health-care workers, technical staff involved in EPR from the health and other sectors, as well as local government staff from various agencies, including NGOs.

FUTURE PLANS OF WHO

WHO will continue to play a crucial role in providing technical assistance to the MoH for EPR. In doing so, WHO has consulted with the MoH to develop plans for the next biennium which are in line with the Country Cooperation Strategy, 2004–08 between the MoH and WHO as well as with the country benchmarks. The plans for the 2008–09 biennium are as follows:



- Strengthening the legal framework in health aspects of EPR
- Enhancing advocacy and awareness on the health aspects of EPR through the

The plans for the 2008–09 biennium are as follows:

- Strengthening the legal framework in health aspects of EPR
- Enhancing advocacy and awareness on the health aspects of EPR through the development of information, education and communication (IEC) materials for health workers and the general population
- Developing standard operating procedures (SOPs) on the health aspects of EPR for health workers and stakeholders at all levels of health facilities
- Providing technical assistance for the development of IEC materials (booklets, leaflets and posters) for health workers and the general population
- Providing technical support in supervising, monitoring and evaluating EPR activities
- Providing technical assistance to conduct mock drill exercises/simulations on EPR at the community level in disaster-prone areas
- Preparing a national EPR manual and plan for the health sector
- Developing legislation and SOPs on the health aspects of medical EPR by the health and other sectors, as well as stakeholders
- Conducting simulation exercises on medical EPR by the health and other sectors
- Capacity building by providing training/workshops for health staff at all levels of the health system on the various topics mentioned above.

PRIORITY NEEDS

- Capacity building in disaster management at all levels of the health system
- Development of legislation/policies
- Development of SOPs and technical guidelines
- Development of IEC materials targeting field staff, health volunteers and the community
- Mock drill/simulation exercises on health sector EPR.



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¹Ministry of Health. *Health profile. Dili, Timor-Leste, Ministry of Health, 2002.*

²UNDP/NDMO. *Preliminary hazard mapping for Timor-Leste. Dili, Langeraar, Wine, February/March 2002.*

³http://ec.europa.eu/echo/pdf_files/calls/dipecho_5_2006/timor_en.pdf

⁴<http://www.smh.com.au/news/world/australia-cant-find-timor-leaders/2006/05/25/1148524816847.html>

⁵http://www.iol.co.za/index.php?set_id=1&click_id=3&art_id=qw1148547965206B254

⁶<http://www.reliefweb.int/rw/RWB.NSF/db900SID/LSGZ-6ZHKRW?OpenDocument>