

Timor-Leste



<http://www.who.int/countries/en/>

WHO region	South-East Asia
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (DHS, 2016)	50
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2016)	85
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	66.6 (Male) 70.1 (Female) 68.3 (Both sexes)
Population (in thousands) total (2015)	1184.8
% Population under 15 (2015)	42.4
% Population over 60 (2015)	7.2
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (I)	
Literacy rate among adults aged >= 15 years (%) (2007-2012)	58
Gender Inequality Index rank (2014)	...
Human Development Index (HDI) rank and HDI value (2015)	133 (0.605)
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	1.48
Private expenditure on health as a percentage of total expenditure on health (2014)	9.60
General government expenditure on health as a percentage of total government expenditure (2014)	2.44
Physicians density (per 1000 population) (2011)	0.078
Nursing and midwifery personnel density (per 1000 population) (2015)	1.304
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (DHS, 2016)	19
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (DHS, 2016)	41
Maternal mortality ratio (per 100 000 live births) (2015)	215 [150 - 300]
Births attended by skilled health personnel (%) (DHS, 2016)	57
Public health and environment	
Population using at least basic sanitation services (%) (DGAS, RDTL, 2017)	49
Population using at least basic drinking water sources (%) (DGAS, RDTL, 2017)	76

Sources of data:
Global Health Observatory May 2017
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

In the last decade, Democratic Republic of Timor-Leste has made steady progress in the health sector by reconstructing health facilities, expanding community based health services such as the integrated community health services. A considerable number of national medical graduates have joined the health workforce with assistance from the Cuban Medical Brigade, who are now serving at district and administrative post levels.

Timor-Leste was on track to reducing infant and under-5 mortality, accomplished the set MDG targets by 2015. Under-5 mortality declined from 83 (per 1000 live births) during the period 1999–2003 to 64 in 2009 (2009-10 TLDHS) and to 41 in 2016 (2016 TLDHS). Similarly, IMR decreased from 60 (per 1000 live births) to 45 in 2009 (2009-10 TLDHS) and to 30 in 2016 (2016 TLDHS). The Government has prioritized nutrition in its development agenda. There has been a sharp decrease in the incidence of malaria, leprosy has been declared eliminated as a public health problem, and maternal and neonatal tetanus has also been eliminated.

Despite these successes, challenges remain. Access to health services poses a major concern as 70% of the population lives in rural areas in small, dispersed villages isolated by mountainous terrain and poor road conditions. Timor-Leste has one of the highest malnutrition rates in the world with Timorese children suffering the highest levels of stunting and wasting in the region. Malnutrition among women also remains a serious concern. Micronutrient deficiencies such as iron, vitamin A and iodine constitute a major challenge. Timor-Leste faces a double burden of disease. One is constituted by communicable diseases such as tuberculosis, malaria, and dengue, which continue to pose a public health challenge. And although leprosy has been eliminated at national level, it remains endemic in some municipalities. Lymphatic filariasis (LF), soil-transmitted helminth infections (STH) and yaws remain a major public health challenge. The other burden is of noncommunicable diseases such as cardiovascular and chronic obstructive pulmonary diseases, which are among the ten leading causes of death. Timor-Leste has one of the highest tobacco use prevalence rates in the world. The Global Youth Tobacco Survey (2013) results show overall tobacco use prevalence of 42% among adolescents aged 13–15 years and that 66% of students were exposed to tobacco smoke in their homes. There is a need to pay attention to the risk factors associated with the unhealthy behaviours, environmental and climate change, as these could lead to high threats of infectious and non-communicable diseases in the country.

HEALTH POLICIES AND SYSTEMS

Important progress has been made in strengthening health policies and systems. In recent years the Ministry of Health has increased its capacity for planning, budgeting, monitoring and evaluation, and has formulated key national policies and standards while continuing to build capacity of human resources. It has also formulated guidelines and norms for logistics to deliver quality essential medicines and technologies, and in collaboration with partners and stakeholders has increased the capacity for inter-sectoral coordination and harmonization and alignment of international cooperation and partnerships. However continued efforts are needed to further strengthen human resources for health (in particular the right mix of human resources at district level), hospital referral systems, quality health services delivery, improving health information systems, medicine forecasting and procurement and coordination within the health system and inter-sectoral action for health. There is also a need for further ensuring the systematic evaluation of impacts of health technology and interventions (using economic, organizational and social analysis, among others) to inform evidence-based policy decision-making, especially on how best to allocate resources for health interventions and technologies in support of the efforts to reach universal health coverage of quality adapted health services in Timor-Leste.

COOPERATION FOR HEALTH

The MoH established the Department of Partnership Management to harmonize and align donor support with national plans and strategies. It also instituted a Health Sector Coordination Group to strengthen overall donor coordination of bilateral, multilateral and nongovernmental partners in the health sector. WHO assisted in strengthening national health sector coordination to ensure clarity of roles and coordination among development partners and relevant government counterparts. WHO also provided support for organizing national health sector coordination meetings. WHO co-chaired the Health Development Partners meetings with the Delegation of European Union to Timor-Leste. Consequently, a Joint Health Sector Review is convened annually for the purpose of reviewing progress, identifying issues and making recommendations for areas of improvements in the health sector. WHO not only provides intensive technical support for implementation of the grants from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) but also the Head of WHO Country Office is an active member of the Country Coordinating Mechanism (CCM), playing a key role in advocacy and decision making. WHO provides support to hold regular monthly meetings of the various technical working groups including the Expanded Programme on Immunization, Food Safety, HIV/AIDS and Emergency Health Cluster.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2015–2019)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Strengthening health systems to ensure universal health coverage	<ul style="list-style-type: none"> Support development of robust national health policies, strategies and plans, identification of appropriate health financing mechanisms to ensure financial risk protection, formulation of legal and regulatory frameworks, strengthening inter-sectoral coordination, harmonization/alignment of international cooperation for health and partnerships. Support strengthening of human resources for health with focus on institutional capacity building at the National Institute of Health (INS) and health research. Support strengthening of quality health service delivery at all levels including strengthening of primary health care, improving access to medicines, strengthening laboratory and blood transfusion services and strengthening health management information systems including civil registration and vital statistics systems.
STRATEGIC PRIORITY 2: Reducing the burden of communicable diseases	<ul style="list-style-type: none"> Strengthening health systems capacity to reduce the burden of communicable diseases including vaccine-preventable diseases, tuberculosis, malaria, HIV and dengue. Strengthening health systems capacity to reduce the burden of neglected tropical diseases (NTDs) including lymphatic filariasis, yaws, soil transmitted helminth infections and leprosy. Strengthening health systems capacity in early detection and to reduce the burden of emerging infectious diseases and zoonotic diseases.
STRATEGIC PRIORITY 3: Reduce the burden of non-communicable diseases, mental health, violence and injuries and disabilities, ageing, through intersectoral collaboration	<ul style="list-style-type: none"> Strengthening health systems capacity to reduce the burden of noncommunicable diseases including cancer through health promotion, risk reduction, early detection and treatment through a multi-sectoral approach. Strengthening health systems capacity for scaled-up response to mental health and epilepsy. Support initiatives in the area of violence and injury prevention and disabilities, ageing, oral health, eye and ear, nose and throat diseases.
STRATEGIC PRIORITY 4: Reproductive, maternal, newborn, child, adolescent health and nutrition; and	<ul style="list-style-type: none"> Support development and review of reproductive, maternal, newborn, child and adolescent health policies, strategies and guidelines and strengthening capacity with a view to reducing risk, morbidity and mortality and improving health across the life course through adoption of a multi-sectoral approach. Support initiatives in the area of nutrition such as formulating evidence-informed guidelines, strengthening nutrition surveillance and scaling up action in nutrition, promoting child growth standards, complementary feeding, and strengthening capacity in the management of severe acute malnutrition in infants and children through multi-sectoral mechanisms.
STRATEGIC PRIORITY 5: Emergency preparedness, surveillance and response including implementing the provisions of the International Health Regulations	<ul style="list-style-type: none"> Support health systems strengthening in disaster risk management for health through systematic analysis and management of health risks posed by emergencies and disasters, through a combination of hazard and vulnerability reduction to prevent and mitigate risks, preparedness, and response and recovery measures. Strengthening of integrated disease surveillance and implementing the provisions of the International Health Regulations. Strengthening risk reduction through addressing the social, economic and environmental determinants of health.

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