

# Millennium Development Goals - 2015

Timor-Leste





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## Foreword

Timor-Leste emerged from the ashes of conflict to become Southeast Asia's youngest nation in 2002. Liberation came after decades of occupation and struggle. And our nation became independent under extremely challenging circumstances with low levels of formal education, weak state institutions and poor infrastructure.

Independence brought renewed hope and democracy. But periods of violence and instability between 2006 and 2008 hampered our economic and social development. This bitter experience taught us that peace must precede development and that it is naive to expect any country to develop without first establishing security.

We learnt that while the MDGs are worthy goals, they cannot be achieved by nations that are riddled with conflict and insecurity. The shortcomings of the MDGs led to a new voice being heard on the international stage. A voice that will endeavour to ensure that the harsh realities of development in fragile and post conflict societies inform the post 2015 development agenda so that next time no-one is left behind. The G7+ is that voice. It is a group of fragile countries that stand together to advocate reform in international development policies. A group of countries which know from their own histories and the experience of their peoples, that it is not possible to eradicate poverty without first achieving peace and stability.

Timor-Leste's focus in the years immediately after the instability was therefore to cement peace by building a just and secure society, effective Government institutions and strong economic foundations. Much progress has been made in all these areas and today Timor-Leste can boast of being a safe and secure country. Children feel safe enough to travel to school and families feel safe to go out after dark. And during the last elections, the people felt secure enough to come out to vote in unprecedented numbers to choose their president and parliamentarians through a process that was peaceful, free and fair.

It was therefore in a new environment of hope, confidence and security that the Timor-Leste Strategic Development Plan was published. This document reiterates our pledge to achieve the MDGs, and outlines policies to transform Timor-Leste into an upper-middle income country with a healthy and educated population by 2030.

The policies outlined in the Strategic Development Plan have contributed to the achievement of some and significant improvement in many of the MDG indicators. This is particularly true for Goal 3 "Promote Gender Equality and Empower Women" which Timor-Leste has reached. While this is the only Goal reached in its entirety, Timor-Leste also reached the target in a number of other indicators such as infant and under-five mortality, which have declined by approximately 50% since 2001. This shows remarkable progress in improving child health. We have also already achieved the targets for Malaria incidence as well as TB cases detected and cured. For indicators such as reducing malnutrition, primary school enrolment, the proportion of the population with access to a clean water source and coverage of antenatal care there have been noteworthy improvements but the ambitious targets have not yet been met.

We are proud of this progress, but recognize that more needs to be done, especially in reducing malnutrition and improving health and education.

Malnutrition has fallen but it is still too high. In order to drive further improvements the Government recently developed a new national plan to eradicate hunger and malnutrition which will tackle these problems through policies to improve agricultural productivity and people's diets. The Government also recently launched the first national plan for the Zero Hunger Challenge in the Asia Pacific region and is strongly committed to eradicating hunger and malnutrition.

We also recognize the need to further improve education. Key policies include the development of a new curriculum and improving teacher training, which should significantly improve the quality of education.

We are also doing much to improve access to health services in Timor-Leste. One important program is to place a doctor, nurse, midwife and lab technician in each Suco (village). This will increase house visits, and improve rates of immunization and provision of nutritional supplements.

I would like to conclude by reiterating that while Timor-Leste has made remarkable progress in achieving peace and stability, much work remains to be done to further improve the living standards of our people as measured by the MDGs. I would also like to thank development partners, civil society, the church and all other stakeholders for their hard and serious work helping us to progress towards the achievement of the MDGs.

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## Acronyms and Abbreviations

ASCM	Advocacy Social Community Mobilization
ANC	National Authority for Telecommunications
ASEAN	Association of Southeast Nations
BdM	Bolsa da Mãe
CNRT	National Congress for the Reconstruction of Timor-Leste
CPLP	Comunidade de Países de Língua Portuguesa
DOTS	Directly Observed Treatment, Short-Course
DPCM	Development Policy Coordination Mechanism
DPMU	Development Partners Management Unit
EMBLI	Mother Tongue Based Multilingual Education
GDP	Gross Domestic Product
GF	Global Fund
Government	Government of Timor-Leste
HAM–TIL	Hakotu Hamlaha no Malnutrisaun iha Timor-Leste
HDI	Human Development Index
HIV/AIDS	Human Immunodeficiency Virus Infection/Acquired Immunodeficiency Syndrome
IFAD	International Fund for Agricultural Development
ILO	International Labour Organization
IMCI	Integrated Management of Childhood Illnesses Program
JICA	Japan International Cooperation Agency
ME	Merenda Escolar
MDG	Millennium Development Goals
MAFF	Ministry of Agriculture, Forestry and Fisheries
MoE	Ministry of Education
MoF	Ministry of Finance
MSS	Ministry of Social Solidarity
NCFSSN	National Council of Food Security, Sovereignty and Nutrition
NSD	National Statistics Directorate
ODA	Overseas Development Assistance
OVOP	One Village One Product Program
NAPHM	National Action Plan for a Hunger and Malnutrition Free Timor-Leste
PD	Partido Democrático
PDID	Plano Desenvolvimento Integrado Distrital
PHC	Primary Health Care Program
RDT	Rapid Diagnostic Test
SEPI	Secretary of State for Promotion of Equality
SISCA	Integrated Community Health Services program
TB	Tuberculosis
TLSDP	Timor-Leste Strategic Development Plan
TLSLs	Timor-Leste Standard of Living Survey
TT	Tetanus Toxoid
UN	United Nations
UNESCAP	United Nations Economic and Social Commission for Asia and the Pacific
UNGASS	United Nations General Assembly Special Session on HIV and AIDS
UNTL	National University of Timor-Leste
WB	World Bank
ZHC	Zero Hunger Challenge



## Country Profile

Official name:	Democratic Republic of Timor-Leste
Location:	The eastern half of the island of Timor
Capital:	Dili
Population:	1,066,409 (2010 Census)
Official Languages:	Tetum and Portuguese
Currency:	US Dollar
Main Export:	Oil & gas and coffee
President:	H.E. Taur Matan Ruak
Prime Minister:	H.E. Dr. Rui Araújo
Life Expectancy:	61 years old
Per Capita GDP (Non-oil):	\$1,118 (2013 National Accounts)
Adult Literacy rate:	57.8%

Timor-Leste is the youngest nation in Southeast Asia, having achieved independence in 2002, following a long period of colonization and occupation. The most recent elections in 2012 were democratic and peaceful. Timor-Leste is made up of 13 districts whose total projected mid-year population for 2014 is approximately 1.2 million people. The country has two official languages: Tetum and Portuguese.

Timor-Leste has significant natural resources and most of the country's revenue comes from oil and gas. Presently Timor-Leste is a highly oil-dependent country but, in recent years, the non-oil economy has grown at a fast pace, following strong commitments by the authorities to supporting future growth in tourism and agriculture to diversify the economy.

**Figure 1. Map of Timor-Leste**





## Executive Summary

After gaining independence in 2002, Timor-Leste pledged to support the Millennium Declaration which sets out a global agenda for human development. Timor-Leste also committed to achieving the 8 MDGs and monitoring their progress using 29 indicators. Progress in achieving each MDG is briefly discussed below and shown in table 1.

### Goal 1: Eradicate Poverty and Hunger

Poverty in Timor-Leste peaked in 2007 as a result of political instability and conflict but has since fallen. However, and despite significant improvements, poverty remains one of the most pressing challenges in the country. As a result, and despite the fact that the MDG target has not been reached, the Government remains highly committed to further reducing poverty. Economic growth and employment generation underpinned by macroeconomic stability, reforms to the business climate, improved infrastructure, economic diversification and human resource development, will contribute to further reductions in the poverty rates in a sustainable fashion. Parallel to these efforts, the Government also provides social assistance programs aimed at protecting vulnerable members of society.

The number of children under five who are underweight has fallen significantly since independence but remains high<sup>1</sup>. However, the latest figures available suggest that the target has not been met in 2015. Despite this, the Government aims to further reduce the number of underweight children by increasing agricultural production, encouraging citizens to improve their diets and providing children with nutritious meals at school.

### Goal 2: Achieve Universal Primary Education

Since 2001, both net primary school enrolment and youth literacy have increased significantly. These improvements are the result of a substantial increase in the numbers of schools and teachers since independence, which has led to a decrease in the number of pupils per teacher and, therefore, better education for all. Despite these improvements Timor-Leste has not achieved universal primary education or ensured that every youth is literate by 2015, although we are very close to this target. Furthermore, in recent years, the net enrolment ratio in primary school has been trending downwards, due partly to a sharp increase in the fertility rate. Although this recent fall is very small, the Government is committed to reversing this trend so that we may achieve universal primary education for all children in the very near future.

Further expanding and improving the quality of education is a priority for the Government. Key policies include improving access to and quality of schools and reducing absenteeism, implementing the new curriculum and better preparing children for primary school through improvements to pre-primary education. The Government is also currently adapting its education programs to account for a demographic increase which is being felt in the country.

### Goal 3: Promote Gender Equality and Empower Women

Timor-Leste is one of few countries in the world in a similar socio economic position which has achieved this goal. The MDG targets for the number of seats held by women in parliament, the ratios

of girls to boys in pre-secondary and secondary education and an equal number of girls to boys in primary school have already been achieved.

Going forward the Government is committed to further reforms in institutions, politics, policy making and education to improve gender equality. Key activities include but are not limited to: running an advocacy campaign to increase awareness of gender responsive laws and policies and establishing a district female congress.

#### **Goal 4: Reduce Child Mortality**

Since independence child mortality has fallen sharply in Timor-Leste. Infant and under-five mortality rates have halved and the MDG targets for these indicators have already been achieved. The proportion of one year olds immunized against measles has increased but, based on past trends, the ambitious target of 100.0% for this indicator has not been achieved in 2015.

Public policies have contributed to these reductions in child mortality. Government programs have increased knowledge of child health problems and interventions, access to health facilities and the capacity of health professionals.

Going forward the Government is determined to further improve child health. Key policies will include improving policy making and coordination, strengthening health services and further improving rates of immunization. There are also efforts to place a doctor, nurse, midwife and laboratory technician in every Suco in Timor-Leste. This should improve the detection, diagnosis and treatment of many diseases and contribute to further improvements in child and maternal health and in combating many diseases. These efforts will need to be revamped as the birth rate increases, which the Government is committed to do.

#### **Goal 5: Improve Maternal Health**

Maternal mortality has decreased since independence but remains significantly high compared to other countries in the region. Despite the lack of solid data on maternal mortality, all estimates suggest that this target has not been met in 2015. The proportion of births attended by skilled health personnel and the contraceptive prevalence rate have both decreased in the past year, reversing the positive trend of the years before. Antenatal care indicators have also witnessed a downward trend over the past two years. Overall, all indicators in Goal 5 are currently on a downward trend. The rise in the birth rate may be strongly linked to this underperformance. Nevertheless, the Government is committed to improving the demographic models it uses so that its policies better match the needs of an increasing population.

That said, it is important to note that maternal health policy has been an area of significant progress in Timor-Leste in the long term. Policies have focused on increasing awareness about maternal health issues, strengthening human resources in the health sector, ensuring health units are properly equipped, improving the nutritional status of mothers and strengthening family planning services. The Government also plans to improve data on maternal mortality, strengthen coordination with partner institutions to better disseminate information on maternal health and improve access to healthcare.

#### **Goal 6: Combat HIV/AIDS, Malaria and other Diseases**

Knowledge of HIV/AIDS<sup>ii</sup> has greatly improved in Timor-Leste. However the target for this indicator is, based on past trends, unlikely to have been achieved in 2015. Key policies in this area have been public health campaigns to increase awareness of HIV/AIDS and strengthening the ability of the health system to diagnose and treat this disease. Going forward the Government also plans to further increase knowledge of HIV/AIDS in the community and to strengthen data systems. There are also plans to improve access to private and confidential treatment for HIV/AIDS among high risk groups.

The target for the incidence of Malaria has been achieved. The proportion of children sleeping under an insecticide-treated bed net has increased but has not met the MDG target. Malaria has been combated by raising knowledge and awareness of its causes, strengthening data collection, distributing bed nets and employing volunteers to detect and treat this disease. Going forward the programs and systems that are already in place to combat Malaria will continue to be strengthened and there will be improved control at borders to check for symptoms of Malaria.

The incidence of TB has increased but this is likely due to an improvement in detection methods. There are plans to implement new technologies for the detection of TB and also to allow people to visit their local health centre for diagnosis.

#### **Goal 7: Ensure Environmental Sustainability**

The proportion of land covered by forest has slightly declined in Timor-Leste since 2001. The recent expansion of the national electricity grid should reduce demand for firewood (which is still an important source of fuel in Timor-Leste) and consequently deforestation. There are also plans to plant sandalwood, mahogany and teak which will directly contribute to reforestation.

The proportion of the population using an improved water drinking source and the proportion of the population using an improved sanitation facility have both increased in Timor-Leste since 2001. However the MDG targets for these two indicators have not been reached in 2015.

The Government has improved water and sanitation by strengthening planning, constructing new facilities and building the capacity of communities to maintain these facilities. Going forward there are plans to build a total of 65,000 latrines for vulnerable households by 2017 and develop water master plans for all districts.

#### **Goal 8: Develop a Global Partnership for Development**

Access to new technologies is rising very quickly in Timor-Leste; with nearly half the population now having access to a mobile phone. Important policies for promoting new technology have included the ending of monopoly provision in the telecommunications sector and the establishment of a regulated competitive market, building a broadband network and increasing the supply of electricity. There are also plans to increase internet bandwidth by laying an undersea cable and to connect schools and health clinics to the information network.







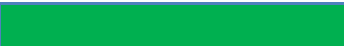
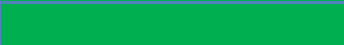
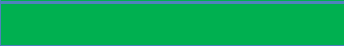



There have been broadly stable flows of ODA to Timor-Leste, demonstrating the commitment of development partners to Timor-Leste. The Government is encouraging development partners to use national systems. The Australian government and EU recently showed their confidence in national systems by providing direct budgetary support.

Timor-Leste has strengthened its relationship with the international community through its leading role in the G7+ and presidency of the CPLP. It is also Government policy to accede to ASEAN which will provide an important forum for discussing economic, social and security issues.

### Overall Progress in Achieving the MDGs

Overall the MDG indicators show that living standards and human development have significantly improved in Timor-Leste since independence. MDG targets for indicators of gender equality, child mortality, Malaria and TB have already been achieved and many other indicators demonstrate significant improvements. Specifically, out of 29 indicators and sub-indicators, 8 have already achieved their targets and 15<sup>iii</sup> showed significant improvement. Furthermore, Timor-Leste has achieved one of the MDG goals: “Gender Equality and Empower Women”. Furthermore, although other goals have not been achieved, sub-indicators are showing a significant and sustained improvement in living standards in Timor-Leste. This progress is remarkable given Timor-Leste’s short history as a sovereign nation and the poor infrastructure, services and state institutions it inherited.

**Table 1. Timor-Leste's Progress towards the MDGs: Status in 2015 at a Glance<sup>1</sup>**

		<b>Status:</b>
		 -Not Achieved
		 -Achieved
<b>Indicator</b>		
<b>Goal 1: Eradicate Poverty and Hunger</b>		
Proportion of the population living below the national poverty line		
Prevalence of underweight children under 5 years of age		
<b>Goal 2: Achieve Universal Primary Education</b>		
Net enrolment rate in primary education		
Proportion of pupils starting grade 1 who reach last grade of primary		To be decided
Literacy rate of youth		
<b>Goal 3: Promote Gender Equality and Empower Women</b>		
Ratio of girls to boys in primary		
Ratio of girls to boys in pre-secondary		
Ratio of girls to boys in secondary		
Proportion of seats held by women in national parliament		
<b>Goal 4: Reduce Child Mortality</b>		
Under-five mortality rate		
Infant Mortality rate		

<sup>1</sup> The first and last available figures in the table in the annex were used to determine if an indicator or sub-indicator is improving or worsening.

Proportion of 1-year olds immunized against measles	
<b>Goal 5: Improve Maternal Health</b>	
Maternal mortality ratio	
Proportion of births attended by skilled health personnel	
Contraceptive Prevalence Rate	
Antenatal care coverage ( $\geq 1$ visit)	To be decided
Antenatal care coverage ( $\geq 4$ visits)	To be decided
<b>Goal 6: Combat HIV/AIDS, Malaria and Other Diseases</b>	
Proportion of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS	
Incidence associated with Malaria	
Proportion of children under 5 sleeping under insecticide-treated bed nets	
Proportion of children under 5 who are treated with the appropriate anti-Malarial drugs	To be decided
Incidence associated with TB	
Prevalence associated with TB	
Proportion of TB cases detected (under DOTS)	
Proportion of TB detected cases cured (under DOTS)	
<b>Goal 7: Ensure Environmental Sustainability</b>	
Proportion of land covered by Forest	
Proportion of population using an improved drinking water source	
Proportion of the population using an improved sanitation facility	
<b>Goal 8: Develop a Global Partnership for Development</b>	
Cellular subscribers per 100 of population	To be decided

## **Goal 1 – Eradicate Poverty and Hunger**

### **Introduction**

The TLSDP commits the Government to achieving the MDGs and sets out a vision whereby extreme poverty will be eradicated by 2030. The NAPHM reiterates the commitment of the Government to pursue the goal of a Timor-Leste free of poverty, hunger and malnutrition.

The Government recognises that the poor often suffer and lead hard lives and that there is a strong moral argument for reducing poverty. It is also important to reduce poverty as high rates of poverty and inequality can contribute to a fractious society and increase the chances of instability. The Government also considers that economic growth is partly dependent on poverty reduction as poor malnourished workers are often unproductive.

### **Indicators and Targets**

The following indicators and targets have been defined to measure progress towards this goal:

- 14.0% or less of the population is living below the national poverty line by 2015.
- 31.0% or less of children under five are underweight by 2015.

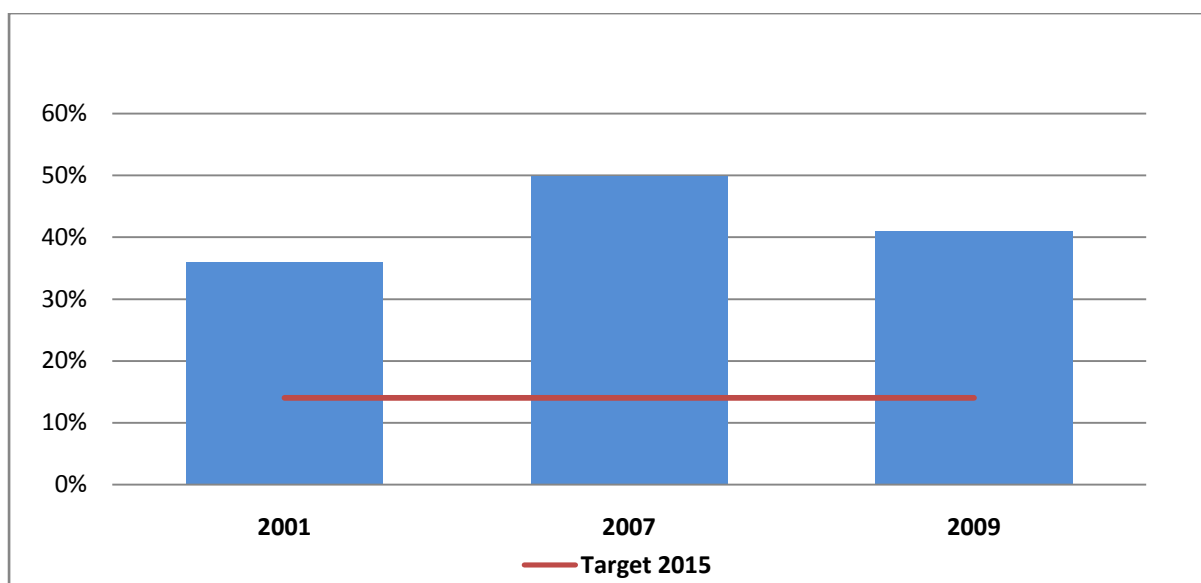
### **Description of Progress towards Targets**

#### **Percentage of the Population Living Below the National Poverty Line**

Poverty has significantly fallen in Timor-Leste from 49.9% in 2007 to 41.0% in 2009. Prior to this, poverty had been on an upward trend; with the poverty rate increasing from 2001 (36.0%) to 2007 (49.9%). Despite recent reductions the Government recognizes that the current rate of poverty is still too high and is committed to further reducing poverty.

Based on past trends, Timor-Leste is unlikely to achieve the MDG target of no more than 14.0% of the population living below the national poverty line by 2015. This trend analysis may, however, be misleading for two reasons. First, there is a lack of data on poverty with the most recent estimate dating from 2009. Second, 2009 to 2012 saw strong growth in non-oil GDP and household consumption and therefore it is possible that poverty sharply fell during this time.





**Figure 2: Percentage of the Population below the National Poverty Line**

Source: MoF 2015

### Percentage of Children under Five who are Underweight

Hunger and malnutrition are one of the biggest challenges that the Government, development partners and civil society have to face in Timor-Leste. The percentage of Children under 5 years of age who are underweight is still very significant. That said, the progress made in this area over the past years has been overwhelming.

After peaking in 2007 due to insecurity and instability in the country, the percentage of underweight children under 5 years of age has been decreasing steadily and significantly. By 2009, two years after the peak, the rate had fallen from 49.9% down to 44.7%, and in 2013 down to 37.7%. This represents a 10.9% decline in 6 years, approximately 2% each year – it took 23 years for the global average to decrease 10% reduction<sup>2</sup>. However, and despite such commendable progress, the MDG target of 31% has not been reached in 2015.

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### What has been done in this Area?

The Government has consistently implemented policies to achieve high economic growth and job creation, which are likely to drive decreases in poverty. These policies have been successful with non-oil GDP growth per capita averaging 11.8% per annum between 2007 and 2012 and formal sector employment also increasing<sup>iv</sup>.

Social transfer programs have also been introduced to provide a safety net for vulnerable members of society and reduce poverty. MSS provides \$30 pension each month to the elderly and the disabled; while the BdM program provides transfer to vulnerable mothers conditional on their children attending school.

Regarding malnutrition, the TLSDP emphasizes higher agricultural production to increase access to and reduce the price of food. The Government is also ensuring that all ministries work together

<sup>2</sup>[http://www.who.int/nutgrowthdb/levels\\_trends\\_1990\\_2011.pdf](http://www.who.int/nutgrowthdb/levels_trends_1990_2011.pdf)

towards achieving this goal by establishing the NCFSSN and a separate working group to tackle malnutrition.

Timor-Leste has also recently become the first country to launch a national ZHC in Asia and the Pacific regions. This plan aims to create a future in which Timorese people enjoy the fundamental right to food, and where livelihoods and food systems are resilient enough to withstand multiple shocks, including the impacts of global climate change.

One concrete policy that has been implemented by the Government to increase agricultural production is the establishment of schools which teach best practice farming techniques to young people. The Government is also building irrigation schemes to increase agricultural output and works with Seeds of Life to provide improved seeds to farmers to increase yields and productivity.

The Government has also established the rice security program. This program purchases rice and supplies it to the domestic market when international and domestic prices are high and vulnerable households are unable to purchase adequate amounts of rice. This program has substantially reduced food insecurity in Timor-Leste. In addition to this RICE IMPORT PROGRAM

It is also increasingly recognised that reducing malnutrition will require changes to people's diets and behaviour as well as an increase in the supply of food. Recent Government policy has emphasized the utilization of nutritious foods through behavioural change (cooking, choice of food) to reduce malnutrition.

The Government also recognises that it is particularly important to reduce malnutrition among children. Malnourished children often suffer health problems and have lower cognitive abilities later in life. This means that a society whose children are malnourished is likely to face a future of low labour productivity and slow economic development.

The ME program was therefore established to address child malnutrition. Through the MoE this program provides free meals to all students at schools. This program improves concentration among children in the short term and educational outcomes in the long term, by allowing them to learn on a full stomach. In Timor-Leste where many children are not able to eat a healthy breakfast and have to walk long distances to school, it also provides a strong motivation to go to school and increases attendance.

The IMCI program is also being implemented to reduce child malnutrition. This program identifies children who suffer from malnutrition and provides them and their families with information on nutritional supplementation interventions, especially Vitamin A, iron and zinc supplementations.

## Challenges

### Poverty

The main challenges to poverty reduction in Timor-Leste are:

- Rapid growth in the working age population means many new jobs must be created each year.
- For cultural reasons people in Timor-Leste spend a high proportion of their incomes on funerals, weddings and other important social events. This type of expenditure does not count towards poverty reduction based on the internationally recognized needs approach. Thus an important challenge going forward is to better understand the reasons for this pattern of consumption and

whether poverty could be further reduced and overall living standards increased by encouraging changes in consumption.

- A final challenge relates to the quality of data which, despite substantial advances, still needs to improve to ensure the accurate measurement of poverty.

## Malnutrition

One significant challenge is to increase agricultural yields in Timor-Leste. There are a number of constraints to increasing agricultural production, including:

- The desire for a stable income has resulted in a shift in the preferences of workers towards urban jobs, which has resulted in less labour being available in the agricultural sector. This may have contributed to the relatively slow growth in agricultural production.
- Between 15.0% and 30.0% of agricultural production is lost either before or after harvest time in Timor-Leste each year<sup>v</sup>. One cause of these losses is the traditional planting calendar in Timor-Leste which is not always in line with developments or innovations in best practice.
- Irrigation is limited in some areas and improvements must be made to increase production.
- Rapid soil erosion is hindering agricultural production.

Other challenges to improving malnutrition in Timor-Leste are:

- Vitamin deficiency continues to be a major challenge in Timor-Leste.
- Almost half (46.0%) of children under 5 suffer from vitamin A deficiency and 33.3% and 62.5% suffer from zinc and anaemia deficiency respectively<sup>vi</sup>.
- Some high income households have a diet which is too concentrated on staple foods like rice. Members of these households may not be hungry, but they may lack important nutrients and be malnourished. This shows that reducing malnutrition requires changes to behaviour and consumption patterns and not just increases to household income.
- Access to sanitation and clean water still represent a challenge. This is demonstrated by the high prevalence of diarrhoea which contributes to malnutrition and is often caused by unclean water and poor sanitation.

## What is the Plan for the Future?

### Economic Development and Poverty

In order to develop specific policies to target poverty it is important to have accurate and up-to date data on poverty and its causes. The Government has therefore committed significant resources to the 2014 Timor-Leste Standard of Living Survey (TLSLS) which will provide an accurate and up-to-date estimate of poverty and its correlates.

The Government is implementing policies to drive strong economic growth, job creation and poverty reduction. Current economic development policy centres on creating a stable macro-economic environment, reforming the business climate, building infrastructure, economic diversification and developing human resources.

The Government is committed to creating a stable macroeconomic environment. In Timor-Leste the Government established the petroleum fund to save oil revenue and it only withdraws a sustainable amount from this fund each year. This ensures that Government spending is de-linked from short term movements in the price of oil, which increases long macroeconomic stability. It also ensures

that oil wealth is used for the benefit of future generations. The Government is also committed to ensuring that inflation continues to fall within or below the 4.0% to 6.0% range outlined in the TLSDP.

Numerous reforms are being implemented to improve the business climate in Timor-Leste and encourage private sector investment, which will increase employment and reduce poverty. Recent reforms include: establishing a one stop shop to reduce red tape for businesses, a project to review procedures and reduce clearing times for goods at customs and ending the monopoly for providing telecommunications in Timor-Leste.

High quality infrastructure is essential for economic growth. The TLSDP commits the Government to substantially improving infrastructure and projects are currently ongoing to improve port capacity and rehabilitate much of the national road network. In recent years a national grid and two new power stations have also been constructed – substantially increasing electricity generation and distribution capacity.

Timor-Leste's economy is still dominated by the off-shore petroleum sector, although non-oil GDP has been increasing in recent years. The off-shore petroleum sector employs relatively few people and this limits its direct impact on employment and poverty reduction. The Government is therefore committed to developing the economy by increasing tourism, agricultural production and the on-shore petroleum processing and supply industries.

The Government also recognizes that increased human resources are required for economic growth. It is therefore committed to improving the quality of education and detailed policies in this area are outlined later in this report.

Overall these economic policies should lead to economic growth and employment generation. This will drive further increases in family income and poverty reduction. The Government, however, recognizes that this economic growth will not necessarily benefit all people equally and therefore it is committed to continue transfers programs that directly reduce poverty. Programs like the old age pension, disabled pension and BdM will be continued going forward as they directly reduce poverty.

### **Malnutrition**

Malnutrition will be tackled by incentivising higher and more diverse agricultural production and encouraging citizens to improve their consumption patterns. Four key reforms in this area are improving the ME program, further improving irrigation, scaling up the one-village, one product program and using the health system to improve nutrition.

Recent reforms to the ME program require the food to be locally produced and of a high nutritional standard. This should boost local agricultural production and reduce malnutrition.

There are also plans to build more irrigation systems to provide a stable water supply all year round. This will contribute to increased agricultural output in Timor-Leste.

The Government also plans to scale up the OVOP program. This program aims to develop agricultural value chains, promote good practices and connect farmers' outputs to the markets. It does this by building a centre where one product, that is deemed adequate given the potential of the land, is promoted. This centre then showcases the best practices to develop this product, and also provides information and other services. For example, if pig breeding is chosen, the centre

will provide facilities for animal health, processing (to make, for example, chorizo) and marketing, through the creation of cooperatives. These centres will also promote the use of best practices to reduce pre- and post-harvest losses. Over time this program should boost production and rural incomes, making the agriculture sector more attractive for current and potential farmers.

The Government also plans to continue public health campaigns on nutrition throughout the country. In order to scale up and improve the effectiveness of these campaigns there will be a renewed focus on training health professionals on the causes and consequences of malnutrition. Activities such as cooking classes in the community will also be promoted.

Timor-Leste recently became the first country in the Asia Pacific region to pilot the creation of a national action plan for the ZHC. Under this initiative and in collaboration with its development partners the Government launched the NAPHM initiative in January. The NAPHM consists of five main pillars, namely:

- 100% access to adequate food all year round
- zero stunted children less than 2 years of age
- all food systems are sustainable
- 100% increase in smallholder productivity and income
- zero loss or waste of food

Through this plan the Government will thus continue working towards improving food security and eliminating hunger and malnutrition in order to ensure that all people enjoy the right to food by 2025.

These programs should substantially increase agricultural production and improve patterns of consumption. Overall they should lead to a substantial decrease in the rate of malnutrition.

## Goal 2 – Achieve Universal Primary Enrolment

### Introduction

Improving education in Timor-Leste is essential to ensuring that its young population (40.0% of people in Timor-Leste are below 14 years of age<sup>vii</sup>) have the skills to become productive members of the future labour force and contribute to economic growth and development. This is recognised by the TLSDP, which commits the Government to numerous policies to increase the provision and quality of education.

In evaluating Timor-Leste's progress towards increasing educational standards, the legacy of the occupation period must be considered. At independence approximately 40.0% of the population were illiterate and there was a severe lack of qualified Timorese teachers. In addition, almost 90.0% of the country's educational infrastructure had been destroyed<sup>viii</sup>.

### Indicators and Targets

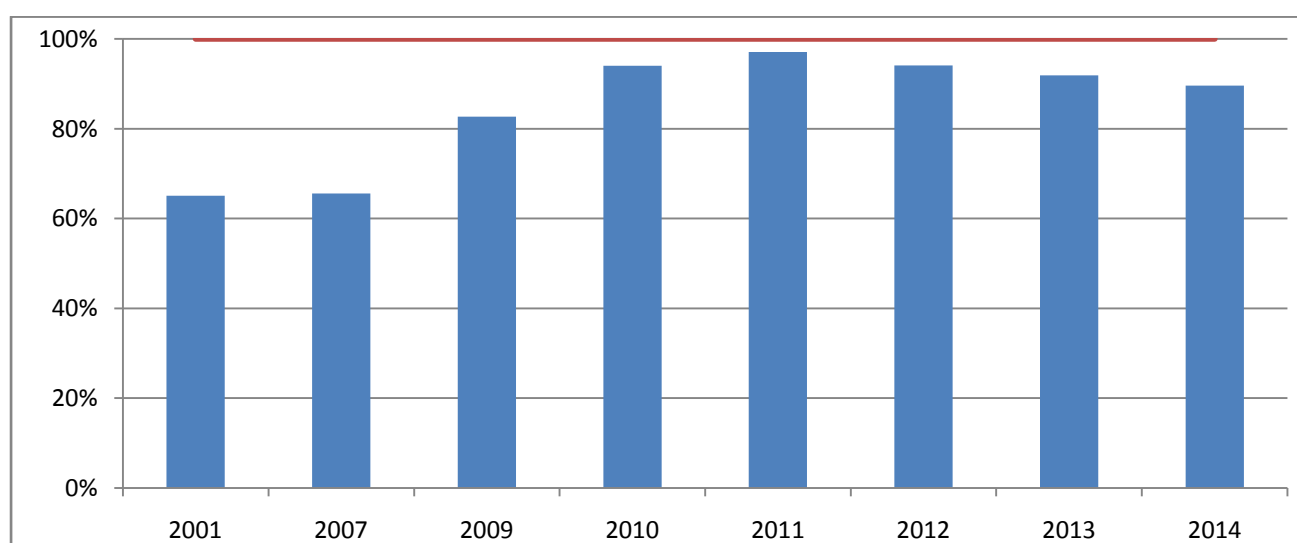
- Net primary enrolment rate of 100.0% in primary education by 2015.
- 100.0% youth literacy rate by 2015.
- The target for the proportion of pupils starting grade 1 who reach last grade of primary is still being decided.

### Description of Progress towards Targets

#### Net Primary enrolment

Timor-Leste has already achieved substantial progress in this area. The primary school enrolment rate significantly increased from 65.6% in 2007 to 97.1% in 2011. Primary school enrolment has, however, fallen in the last two years and stood at 91.9% in 2013. Based on current trends, Timor-Leste is not on-track to achieve its target of 100.0% primary enrolment by 2015.

**Figure 3. Net Enrolment Ratio in Primary Education (%)**



Source: MoF, 2015



### **Literacy rate of youth**

The literacy rate for the population between the age of 15 and 24 increased from 50.0% to 85.1% between 2001 and 2007. The difference between the literacy rate for males and females was relatively small. Based on past trends Timor-Leste is, however, unlikely to achieve the MDG target of 100.0% literacy by 2015.

### **Proportion of Pupils Starting Grade 1 Who Reach Last Grade of Primary Education**

In 2010 only 33% of pupils who started grade one reached the last grade of primary education due to high dropout rates and high absenteeism. Ongoing reforms should increase the number of pupils who complete their education. The target for this indicator is still being decided.

### **What has been done in this area?**

The Government is committed to providing free education to all children. It also recognises the need to further improve the quality of teaching and educational attainment.

From 1999 to 2009 there was a huge increase in demand for education; with student numbers rising from 190,000 to over 214,660. At the same time the number of schools nearly doubled from 674 to 1,027 and the number of teachers increased from 3,860 in 1999 to 7,356. So even as the number of students increased, the pupil to teacher ratio fell from 49:1 to 29:1 and standards of education were maintained and improved<sup>ix</sup>.

The Government also implemented the ME to encourage attendance and improve educational outcomes. This program also reduces malnutrition and was described in more detail under MDG 1. A project to assist children travelling to school is also being piloted in some areas, with the aim of increasing attendance.

The BdM program has also encouraged attendance. Under this program a conditional cash transfer is given to single parents, parents with many children or the guardians of orphaned children conditional on the child (or children) attending school. This program has increased attendance and supported families to cover school-related expenditures.

To increase teaching standards, a new teacher training centre has been established offering three types of courses. The first type of training is an induction course for new teachers. The second type of training assists teachers in getting the equivalent of a bachelor's degree. This training is necessary because, in order to improve teaching standards, it is now compulsory by law for teachers entering the new career regime to have a bachelor's degree or equivalent qualification. The third type of teacher training aims to build the skills of already qualified teachers. This year's training informed teachers about the new curriculum and effective methods for teaching it to their students.

Overall these ongoing policies are increasing school attendance and the quality of education.

### **Challenges**

The education system in Timor-Leste has improved, but a number of challenges remain, ranging from improving access to schools to changing attitudes towards education. A strong understanding of the challenges in this area is needed to improve educational standards in Timor-Leste. The main challenges are:

- The primary completion rate was just 33.0% in 2010 due to high dropout and absenteeism rates. This demonstrates that despite the tremendous improvements in education in Timor-Leste, there are still obstacles that need to be overcome before it can be said that every child is receiving an excellent standard of education.
- Poor public transport and long distances to school mean that students often arrive at school tired. This impairs their ability to concentrate in lessons.
- Some families and communities still expect children to do household chores and work in the fields. This can be detrimental to school attendance. One important challenge is therefore current attitudes towards formal education in some households and parts of the community.
- In Timor-Leste in 2011 only 54.0% of children in the first grade were of the correct age for that grade<sup>x</sup>. A wide range of age groups in lessons complicates teaching and may result in poorer educational attainment. There are also high dropout and repeat rates in Timor-Leste's school system.
- Children are taught in Tetum and Portuguese languages which are often not their mother tongue. This can limit children's comprehension of the lesson and ability to understand new concepts.
- Some teachers still do not have the ability to teach at the standard desired by the MoE.

## Plan for the Future

The Government is committed to further expanding and improving the quality of education. Four prongs of its strategy for achieving this goal are: improving access to schools and reducing absenteeism, drafting a new improved curriculum, better preparing children for school and improving children's ability to learn in Tetum and Portuguese.

The current program of increasing the number of schools will continue and will lower the average journey time to school. Programs which assist children travel to school are also being scaled up. Furthermore there is increasing recognition of the need to work with parents to understand the reasons for absenteeism so that school attendance can be increased. It is also important to ensure that the benefits and importance of education are properly presented to parents, so that they encourage their children to go to school. These policies should increase access to education and school attendance.

The Government has also redrafted and improved the school curriculum for the first and second cycles of education. The old curriculum had a very traditional approach whereby the teacher would speak and the student would repeat and copy; thereby not developing the analytic capacity or critical thinking of the students. The new curriculum recommended a participative approach. This approach encourages children to analyse, understand and use what they have learnt. This is an important part of the new curriculum and substantial training is being provided to teachers to ensure its successful implementation. The new curriculum also encourages the development of core values that are essential to society such as mutual respect, gender equality, positive discipline and community development. It also emphasises the importance of communicating with families and the community and provides detailed instructions on how this should be undertaken.

There are also plans to better prepare children for primary school. A key policy in this area is the Government's plan to increase enrolment and standards in pre-primary education.

There is also increasing recognition of the difficulties some children face in learning at school when the language of instruction is not their mother tongue (this is an important part of the new curriculum and substantial training is being provided to teachers to ensure its successful implementation). The EMBLI program was therefore recently established which uses the mother tongue of the child to build a bridge so that the child can then successfully learn Tetum and Portuguese.

Through the combination of both demand and supply based policies, the Government has demonstrated its commitment to achieving universal primary enrolment. These policies are also expected to increase the quality of education for all Timorese children both in the near term and the far future.

## Goal 3 – Promote Gender Equality and Empower Women

### Introduction

Women play a very important role in Timorese culture and history. During the struggle for independence women served as guerrilla fighters and members of the clandestine front. Almost a third of registered veterans are women. Those that did not fight provided crucial services and support to maintain those fighting. Without women, Timor-Leste's independence would not have been possible.

Women continue to play a very important role in contemporary society and economy. The wholesale and retail trade, accommodation and food and agriculture and fisheries sectors – which constitute an important part of Timor-Leste's non-oil economy- are heavily dependent on women's labour.

Ever since its independence, Timor-Leste has made tremendous progress in promoting gender equality and empowering women. As a result, Timor-Leste reached Goal 3 of the MDGs. This is a remarkable feat.

However, it is important to note that much still needs to be done. The labour force participation rate for women is still only slightly less than half that for men. This implies that for Timor-Leste to successfully develop and unlock its true economic potential, more needs to be done to empower women and encourage their participation, as equal partners to men, in the economic, social and cultural life of the nation.

### Targets

- Ratio of girls to boys in primary education is 1 by 2015.
- Ratio of girls to boys in pre-secondary education is 1 by 2015.
- Ratio of girls to boys in secondary education is 1 by 2015.
- Proportion of seats held by women in national parliament is 35.0% by 2015.

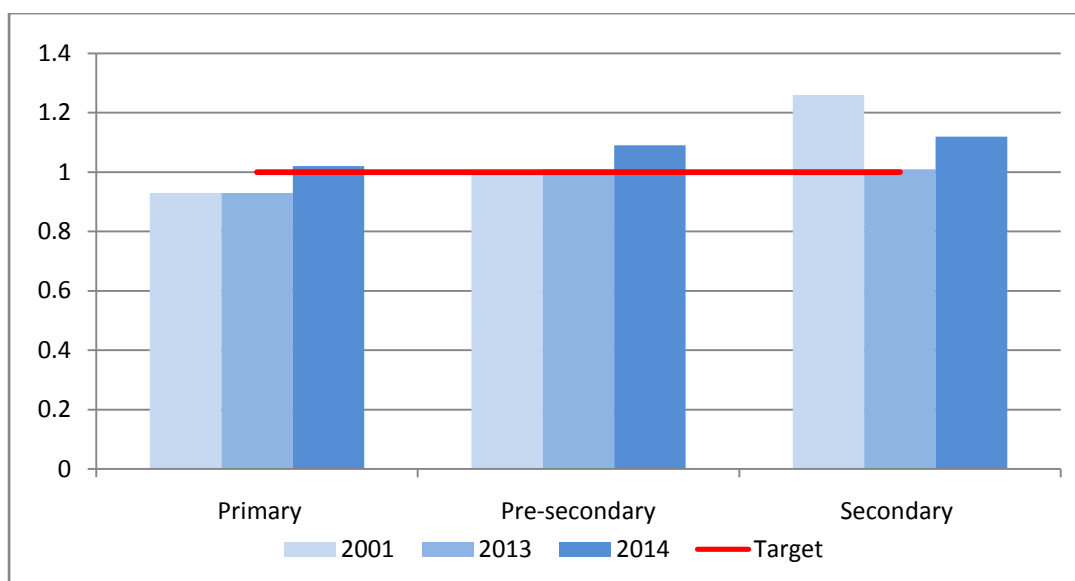
### Description of Indicators

#### Gender Equality in School

In Timor-Leste there are a similar number of male and female students in school. The girl to boy ratio in both pre-secondary and secondary education is above unity, demonstrating that there are more girls than boys in these grades. Consequently Timor-Leste has already achieved its MDG targets for gender equality in education.

The ratio of girls to boys in primary, pre-secondary and secondary school is now 1.02%, 1.09% and 1.07% respectively. As a result, the MDG target of unity for the girl to boy ratio in primary school by 2015 has been achieved.

**Figure 4. Ratio of Girls to Boys by Educational Level**

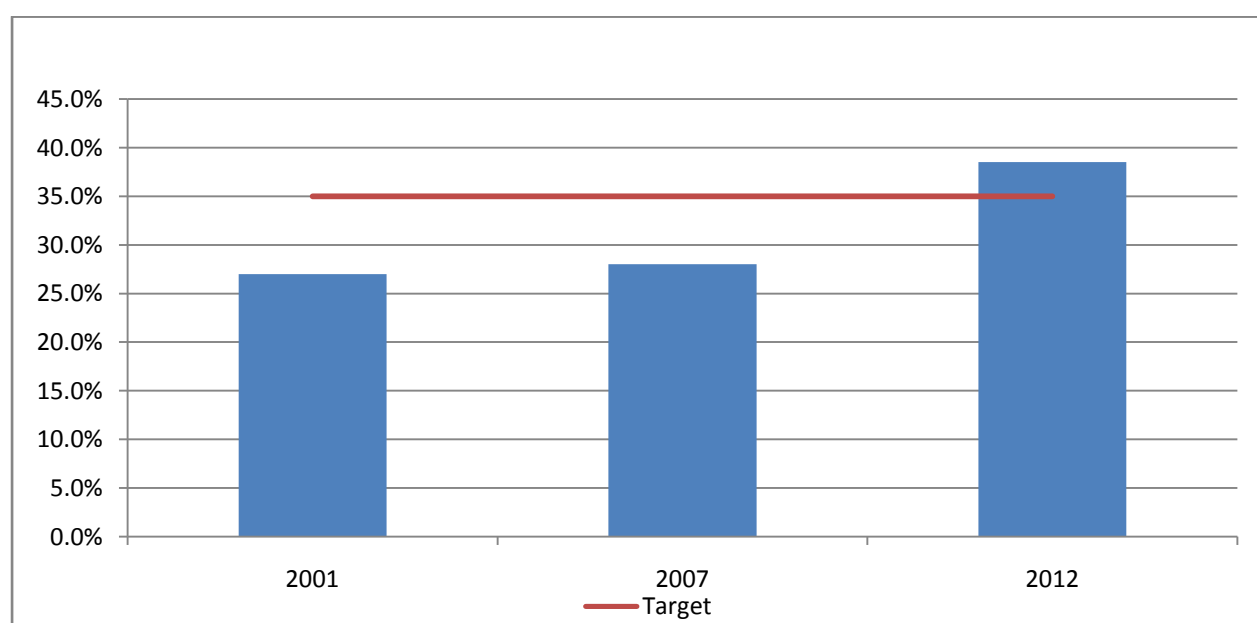


Source: MoF 2015

### Proportion of Seats Held by Women in Parliament

In 2012 the Government exceeded its target of 35.0% of the seats in parliament being held by women. Given that in 2002 shortly after independence the proportion of women in parliament was just 27.0%, Timor-Leste has made substantial progress in this area in a relatively short time.

**Figure 5. Proportion of Women in Parliament (%)**



Source: MoF 2015

### What Has Been Done in this Area?

The Government recognizes that in order to create gender equality in society reforms in the legal, institutional and socio-economic spheres are required.

Parliament has passed the following laws to improve gender equality and the status of women:

- In 2008, Timor-Leste adopted the United Nations resolution number 1,325 which relates to Women, Peace and Security.
- In 2010 the parliament approved the law against domestic violence.
- In 2011 the parliamentary law was amended with the aim of increasing the number of female parliamentarians. The amended law stated that one in every three candidates has to be a woman.
- In 2002 the labour code was amended to provide maternity leave.

In the institutional sphere, the Government has established the Secretary of State for the Socio-Economic Support and Promotion Women (SEAPEM). This institution promotes gender equality in Timor-Leste and has been actively raising awareness regarding gender issues through the social media.

In the socio-economic sphere there have also been a number of programs which have increased women's income. The BdM program has provided conditional cash transfers to many mothers, more than half the recipients of the universal old age pension are women and the majority of loans from microfinance institutions are provided to women.

## Challenges

Despite Timor-Leste's success in reaching the MDG goal, there are still a number of challenges in this area, including:

- Despite high female participation in parliament, the participation of women in local politics remains limited.
- While the legal framework has improved, knowledge of the law in areas such as domestic violence is still limited among the population and sometimes the police. In addition, some of the population lack access to, or choose not to use, the formal legal system and instead rely on traditional systems of justice. This limits the impact of changes in the law on issues like gender equality and domestic violence.
- Some men continue to view domestic violence as acceptable. Over half of men believe it is justified to hit or beat a wife if she argues with her husband, goes out without informing her husband or neglects the children. However overall, there are positive signs of changing attitudes to women's role in society; with over 75.0% of all men believing that women should have greater or equal say than their husband in five key decisions, namely the number of children, major household purchases, purchases for daily household needs, visits to relatives and decisions over how money earned by the wife is spent.

## Plan for the Future

The Government of Timor-Leste is committed to creating a just, equal society in which all women can live with dignity. In order to ensure the achievement of this goal, the Government is committed to reforms in institutions, politics, policy making and education.

Regarding institutional reform, a gender working group has been created composed of director level members from each ministry. A group of women parliamentarians, transcending political affiliation, has also been created with the aim of increasing female political participation as well as improving the situation and status of women in Timor-Leste.



In terms of policy making, the Government is considering gender sensitive budgeting and other mechanisms that will help it ensure that all policies are gender neutral or actively promote gender equality. SEAPEM will also run a sustained advocacy campaign to increase awareness of gender responsive laws and policies. There will also be support for female participation in local politics through financing and developing a district female congress.

The MoE is also committed to creating an inclusive education system which reduces barriers to women receiving an education.

In conclusion, although there has been significant progress more still needs to be done to ensure equality between the sexes in Timor-Leste. The Government remains committed to developing and implementing further reforms and policies to ensure gender equality.

## Goal 4 – Reduce child mortality

### Introduction

The Government recognises that poor child health causes great suffering and distress and is committed to a society where fewer children die and more children live healthy active lives.

Poor child health can affect adult health and the ability of children to learn and actively participate in education. Failing to improve child health today will lead to a poorly educated and unproductive workforce in the future which in turn hampers Timor-Leste's development as a nation. This issue is particularly important in Timor-Leste as the population is currently very young.

Timor-Leste can be proud of its recent record in the area of child health, as infant and child mortality rates have sharply decreased and the country has already reached the first two of the targets under this goal. However, improvements can still be made and there are a number of challenges ahead. One important challenge is achieving a reduction in the rate of neonatal mortality, which currently accounts for much of infant mortality.

### Targets

The targets that the country has set for this goal are to:

- Reduce under-five mortality to 96 per 1,000 live births by 2015,
- Reduce infant mortality to 53 per 1,000 live births by 2015, and
- Increase the proportion of 1-year olds immunized against measles to 100 by 2015.

### Description of indicators

#### Child and infant mortality (<5 years and <1 year)

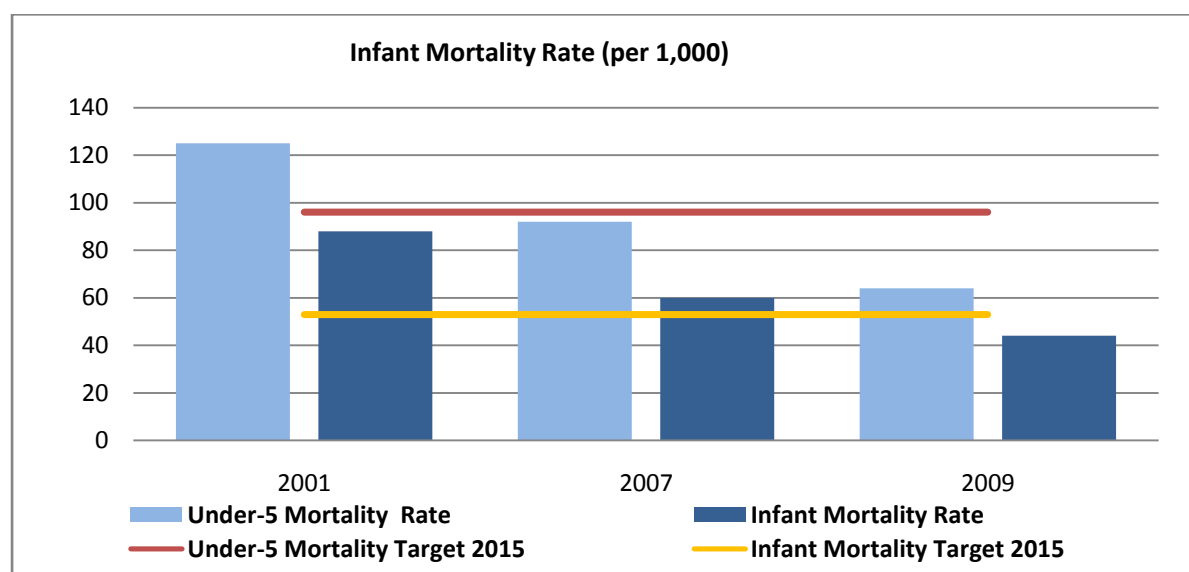
Since independence, Timor-Leste has made great strides in decreasing infant and under-five mortality rates.

Under-five mortality decreased from 125 to 64 deaths per 1,000 live births between 2001 and 2009. Under-five mortality in Timor-Leste is therefore already below the MDG target of 96 per 1,000 live births by 2015.

Between 2001 and 2009, infant mortality has fallen from 88 to 44 deaths per 1,000 live births. This means Timor-Leste has already achieved its MDG target for infant mortality.

This drop in infant and child mortality are some of the fastest in the world and make Timor-Leste one of the best performing countries for this MDG.

**Figure 6. Infant Mortality Rate (per 1,000 live births)**



Source: MoF 2014

### Proportion of children immunized against measles.

Timor-Leste has rapidly increased both the numbers, and proportion, of children immunized against measles. Since independence, immunization against measles has increased from 39% in 2001 to 69.4% in 2013. However, based on the current trend, it is unlikely that the target of 100% immunization against measles will be reached by 2015.

**Figure 7. Proportion of Children Immunized Against Measles (%)**



Source: MoF 2015

## What has been done in this area?

The Government has implemented policies to reduce child mortality by increasing the public's knowledge of child health problems and interventions, increasing access to health facilities and the supply of drugs and by building the capacity of health professionals.

The Government has run public education campaigns to raise awareness and knowledge of measles, Malaria and other diseases that lead to child mortality and morbidity. Particular emphasis has been placed on educating women on recognizing symptoms in children and responding appropriately.

Coverage of health services has also expanded, through building new, and upgrading existing, infrastructure. This improvement has been accompanied by a more stable supply of medicines and improvements in the availability of medical equipment.

Additionally, through the Its My Community Initiative (IMCI), 50% of the personnel in healthcare facilities are now trained to be able to handle issues related to child health. A guide to improved child health practices are also being centralized, formalized and distributed.

## Challenges

The Government has identified a number of important challenges to further improving child health in the future.

- The rate of neo-natal mortality is still high, at 22 deaths per 1,000 live child births<sup>xi</sup>.
- Despite recent improvements, it is still difficult and time consuming for people living in remote areas to access health facilities.
- Improving the low quality of healthcare facilities in remote areas is still an important issue. For example, the Integrated Community Health Services program (SISCA) program is currently using the houses of community members or other community infrastructure in lieu of a well-equipped health post, which makes the implementation of health interventions more difficult.
- Despite significant improvements, immunization against measles also remains a challenge and coverage is still at an insufficient level to completely exclude the possibility of a repeat of the 2012 outbreak. This threat underlines the importance of continuing measles immunization programs.
- The uneven distribution of health professionals across the country means that some areas are underserved.

## Plan for the future

Going forward, the Government is determined to further improve child health. Key policies include improving policy making and coordination, strengthening health services and further improving rates of immunization. There is also a renewed focus on strengthening health services for all people, but especially for the most vulnerable groups (such as women and children).

The Government has developed a new integrated health plan which includes reproductive, maternal, new born, child and teenage health. This plan represents a significant step forward in the development of a comprehensive and holistic plan to drive improvements in child health. It will also lead to improved coordination and an increased focus on target areas such as new born health.

The Government is also implementing a new PHC program. This will increase the number of health professionals working in Sucos and should lead to a significant improvement in child health. This program is discussed in more detail in the MDG 5 section of this report.

In the future, Government plans to increase its focus on improving community healthcare within the community through home visits. Through this mechanism, health professionals will be able to assess whether there are any issues with the health of household members, including children and mothers.

The Government is also aiming to improve immunization coverage as this is important to avoiding future outbreaks of diseases.

Finally, an initiative that cuts across all these activities is the ongoing improvement in inter- and intra-ministerial coordination and logistics.

In summary, the Government believes that these commitments, initiatives and policies will drive further reductions in child mortality and morbidity.

## Goal 5 – Improving Maternal Health

### Introduction

It is extremely important that there is a safe environment for mothers to give birth in and that they have the knowledge to improve the health of their children. Timor-Leste is therefore committed to improving maternal health. This is particularly important given that the young population and high fertility rates in the country mean that the total number of births is likely to continue increasing in the near future. This is currently placing some pressure in the Government concerning provision of services, which partly explain the slight decrease in most maternal health indicators in the past year. However, the Government is committed to reversing this scenario and revert to a positive trend.

### Targets

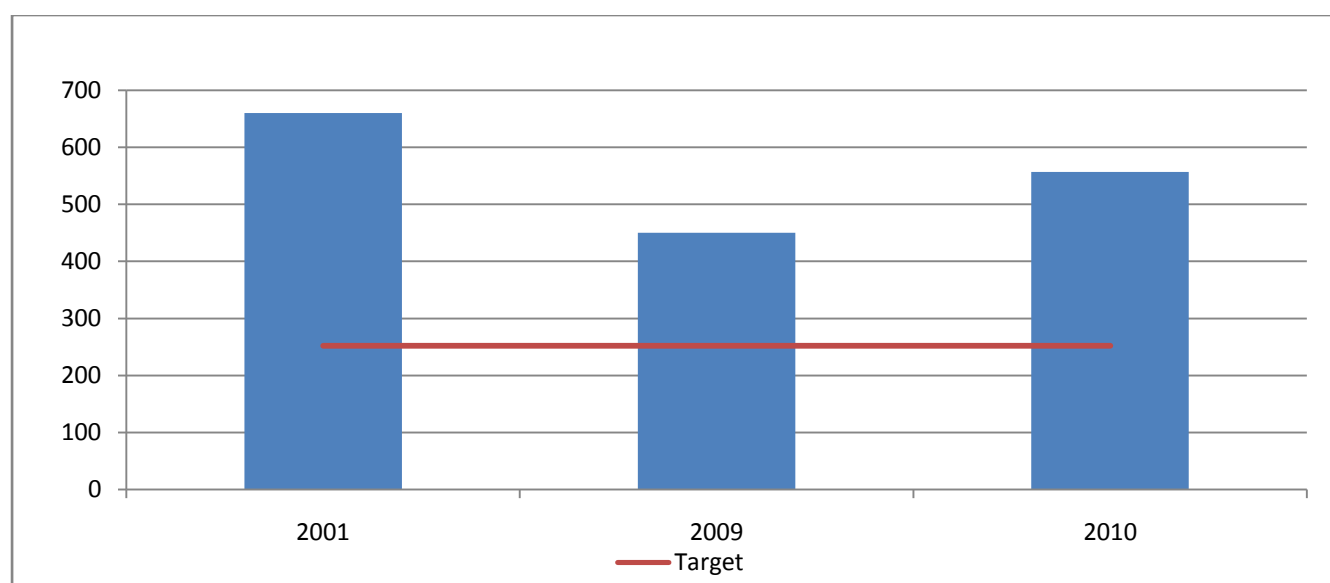
- Maternal mortality rate of 252.0 per 100,000 by 2015.
- 60.0% of births attended by skilled health personnel by 2015.
- Contraceptive prevalence rate of 40.0% by 2015.
- The target for the percentage of mothers to receive at least one antenatal visit has not yet been decided.
- The target for the percentage of mothers to receive at least four antenatal visits has not yet been decided.

### Description of Indicators

#### Maternal Mortality Rate

The maternal mortality rate fell from 660.0 to 557.0 per 100,000 from 2001 to 2010. However, this number is still very high compared to other countries in the region. As such, Timor has not met the MDG target of 252.0 maternal deaths per 100,000 in 2015.

**Figure 8. Maternal Mortality per 100,000**



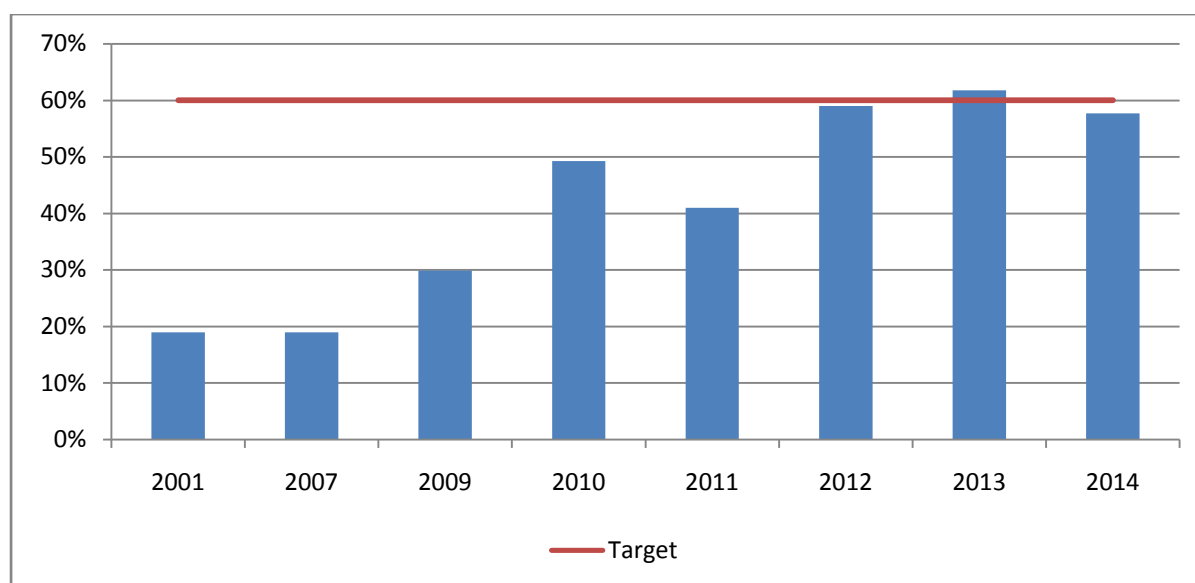
Source: MoF 2015



### Proportion of Births attended by Skilled Health Personnel

This indicator has shown substantial improvements in recent years. More specifically, the number of births attended by a skilled health professional increased from 29.6% to 61.8% between 2009 and 2013. However, over the past year, the proportion of births attended by skilled health personnel has fallen, though only lightly. Nevertheless, this fall has made it so that Timor-Leste no longer meets the target. However, given the proximity to the target, it is very likely that this target will be met again in the near future.

**Figure 9. Proportion of Births Attended by Skilled Health Personnel (%)**

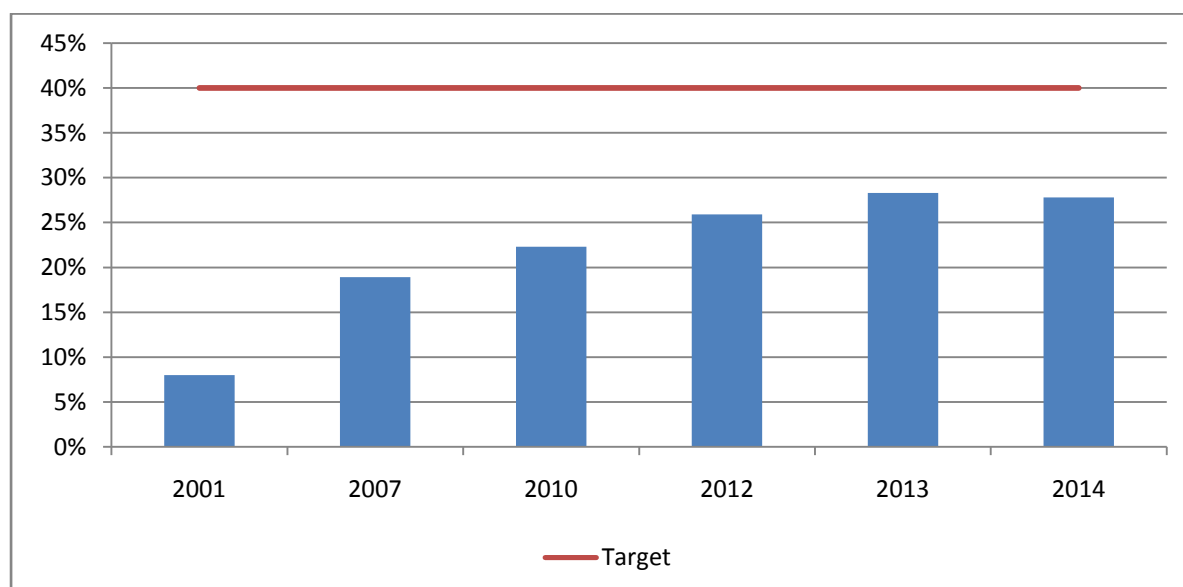


Source: MoF 2015

### Contraceptive Prevalence Rate

Contraceptive prevalence rates have sharply increased in Timor-Leste. In 2001 the prevalence rate was 8.0%, and this had steadily improved to 28.3% by 2013. In 2014, the rate has decreased to 27.8%. As a result, Timor-Leste is unlikely to have reached the target of 40.0% by the end of 2015.

**Figure 10. Contraceptive Prevalence Rate (%)**



### **Ante-natal Care ( $\geq 1$ and $\geq 4$ visits)**

Regular antenatal care is essential in order to ensure that the pregnancy occurs without major complications and to ensure that if any complications arise they are treated quickly and correctly. High quality antenatal care can therefore significantly improve the health of both neonates and mothers.

The proportion of pregnant women who had at least one antenatal visit decreased from 67.9% in 2009 to 65% in 2014. Over the same time, the proportion of pregnant women who received at least four antenatal visits decreased from 44.8% to 41.6%. This demonstrates that Timor-Leste has made substantial progress in this area. Targets for these indicators have not yet been decided.

### **What Has Been Done in this Area?**

Since 2002, maternal health has been an area of significant reform and progress in Timor-Leste. Government policies have predominantly focused on increasing awareness of maternal health issues, improving the quality of human resources in the health sector, ensuring health units are properly equipped, improving the nutritional status of mothers and improving family planning services.

The Government has increased awareness of the importance of maternal health and knowledge of best practices. It has worked closely with the church to achieve this policy, which has been a particularly important partner due to its influence in Timorese culture. Information on maternal health has been distributed at schools through manuals and awareness campaigns. The SISCA program has also increased awareness of maternal health through activities conducted at health centres. Working with schools, churches and hospitals has allowed the Government to broadly disseminate maternal health information to the population.

Another key area of policy has been the effort to improve the quality of the health service's human resources. Since independence, there has been a substantial effort to improve the number of qualified nurses and doctors and the standard of their qualifications. This has been complemented by the drafting of a manual of best practices regarding births, which was revised in 2011.

Ensuring that health facilities have adequate equipment has also been an area of focus, here the Government has worked closely with development partners. This has been vital to ensure that births are carried out in a safe and clean environment, which reduces the risk of complications.

Furthermore the poor nutritional condition of mothers has contributed to high maternal mortality. In recent years there have been a number of initiatives that have attempted to tackle this problem through nutrition supplementation interventions, including providing iron supplements to prevent anaemia. The Government has also increased immunization campaigns, especially for Tetanus Toxoid (TT), both to reduce the risk for the mother and to avoid mother to child transmission.

The Government has also improved family planning programs since independence. Important policies have included:

- Increasing awareness of the importance family planning and contraceptive methods through public education campaigns.
- Ensuring that health centres have qualified personnel to inform couples about contraceptive methods and provide a range of contraceptives including condoms and information on natural methods.
- Establishing departments in health posts where patients can have confidential consultations with skilled professionals regarding teenage pregnancies and other reproductive health issues.
- These family planning policies have contributed to a fall in the fertility rate from 7.8 to 5.7<sup>xii</sup> from 2004 to 2009.

Overall these policies have contributed to improved maternal health in Timor-Leste, although the Government acknowledges that much work remains to be done in this area.

## Challenges

Maternal mortality remains very high and has not decreased as quickly as expected. Progress in this area is heavily dependent on overcoming numerous challenges which include:

- A lack of data on the proximate causes of maternal mortality, which hampers the Government's ability to devise policies to reduce maternal mortality. The underlying cause of the poor data is that many births occur in people's homes without a health professional being present, which makes it difficult to collect data.
- The poor nutritional condition of mothers in Timor-Leste can affect foetal development and increase the risk of complications during birth.
- The high fertility rate and very young population in Timor-Leste places increased pressure on the health service.
- In Timor-Leste much of the population live in remote areas, this combined with the country's harsh terrain makes accessing health services difficult.
- Despite increasing since 2004, the proportion of citizens with knowledge of contraceptive methods remains quite low.

## Plan for the Future

The Government is planning to implement a range of policies to reduce maternal mortality and improve reproductive health. The key pillars of the Government's plans for the future are improving data on maternal mortality, strengthening coordination with partner institutions to better disseminate information and improving access to healthcare.

A survey regarding the causes of maternal mortality will be undertaken in the near future. This will include verbal autopsies of mothers. This is likely to shed some light on the underlying causes of maternal mortality even if the birth was conducted at home. This information will help the Government formulate new policies that address the causes of maternal mortality and mean less mothers die during childbirth.

The Government is also aiming to improve coordination with partner institutions. This is crucial to ensure that healthcare is provided close to the community and that there are improvements in the dissemination of information. This Government program will work with partner institutions, including the church and schools, who are vital to increasing awareness of these issues.

The PHC will improve access to healthcare. This program aims to place one doctor, one nurse, one midwife and one lab technician in each Suco. The Government is working closely with educational institutions throughout the country to fill these positions. This program will also contribute to improving the health facilities at the Suco level and expanding the coverage of house visits, which is likely to have a significant impact on antenatal care as well as prevention of risks associated with pregnancies. The program may also help to improve immunization and nutritional supplementation interventions, which are believed to be two important causes of maternal mortality. Consistent with the Government's policy to provide health services closer to the community, there will also be further promotion of house visits. This will improve maternal health through the early detection of many potential difficulties.

Overall these policies should lead to significant improvements in maternal health.

## Goal 6 – Combat HIV/AIDS, Malaria and other Diseases

### Introduction

Infectious diseases are the cause of much suffering in developing countries and a healthy, productive labour force is also essential for economic development. In Timor-Leste HIV/AIDS, Malaria and TB are amongst the most deadly diseases; with a large proportion of the population at risk of infection.

The Government has developed policies to combat these diseases and is committed to further strengthening these policies and health systems going forward.

### Targets

- 80.0% of the population aged between 15 and 24 have a comprehensive and correct knowledge of HIV/AIDS by 2015.
- Incidence of Malaria per 1,000 is 45.0 by 2015.
- The proportion of children under 5 sleeping under insecticide treated bed nets is 100.0% by 2015.
- The target for the proportion of children under five who are treated with the appropriate anti-Malarial drugs has not yet been decided.
- The incidence of TB per 100,000 is 138.0 by 2015.
- The prevalence of TB per 100,000 is 353.0 by 2015.
- The proportion of tuberculosis cases detected (under DOTS) is 70.0% by 2015.
- The proportion of TB cases detected cured (under DOTS) is 85.0% by 2015.

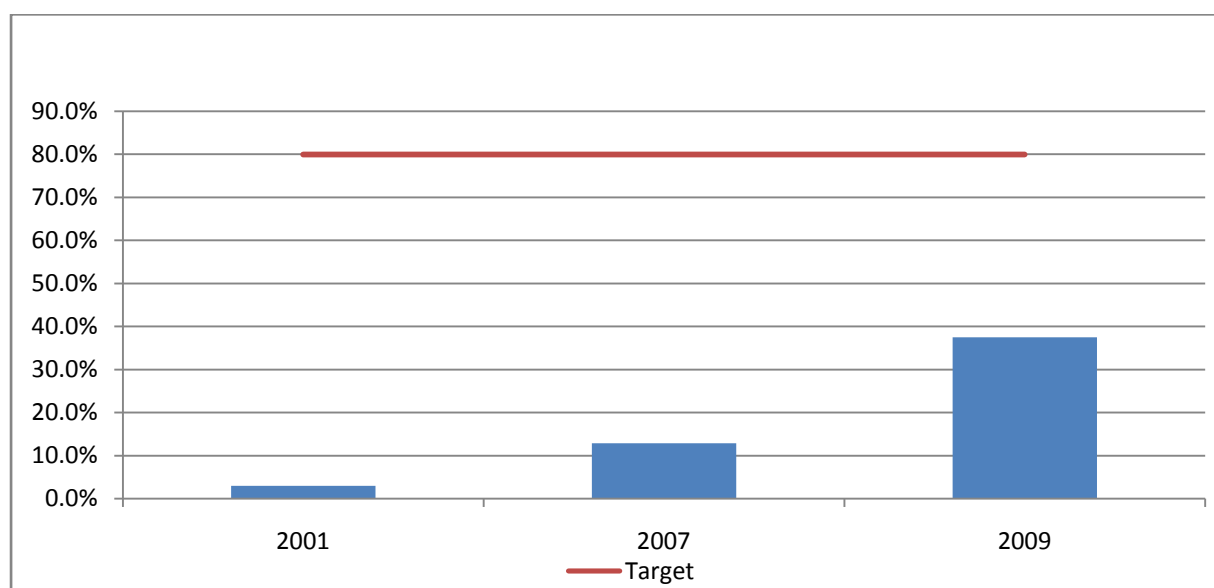
### Description of Indicators

#### HIV/AIDS

The first case of HIV/AIDS was detected in Timor-Leste in 2003 and, since then, the number of cases has increased to 426, causing the deaths of 41 people. This implies that although the prevalence of HIV/AIDS is low in Timor-Leste it has been increasing<sup>xiii</sup>.

One indicator that is commonly used to measure progress against this disease is the percentage of the population aged between 15 and 24 who have a comprehensive and correct knowledge of HIV/AIDS. Between 2001 and 2009 correct and comprehensive knowledge of HIV/AIDS in the population sharply increased from 3.0% to 37.4%. However, despite this 12 fold increase in the rate of awareness; Timor-Leste is, based on the current trend, unlikely to achieve its MDG target of 80.0% for this indicator by 2015.

**Figure11. Proportion of Population Aged 15-24 with Comprehensive and Correct Knowledge of HIV/AIDS**



Source: MoF 2014

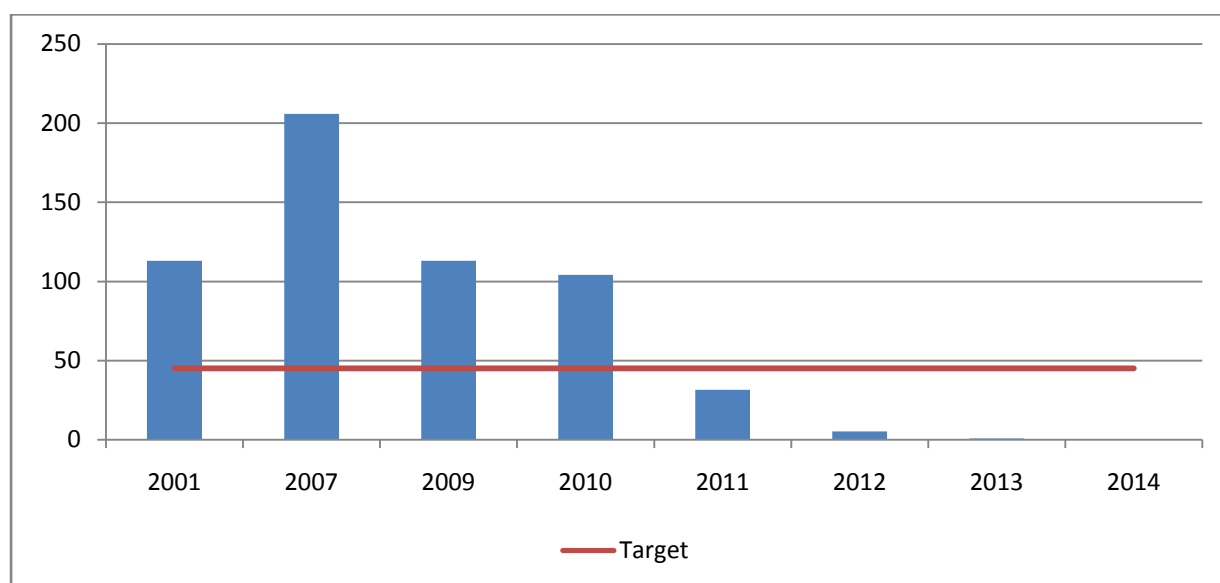
### Incidence Associated with Malaria

Given Timor-Leste's climate, Malaria has always been a grave public health risk, with over 80.0% of the population at risk of contracting the disease. The incidence of Malaria sharply fell from 113.0 to 5.3 cases per 1,000 between 2001 and 2013. This demonstrates that Timor-Leste has achieved its MDG target for of 45.0 cases per 1,000 for the incidence of Malaria.

The more accurate recording of Malaria does, however, partly explain this fall in incidence. In past years cases of Malaria were sometimes double counted and some people who did not actually have Malaria were recorded as suffering from this disease due to inaccuracies in Malaria tests. Reforms to the health information system and Malaria testing have reduced these problems and contributed to the fall in incidence.

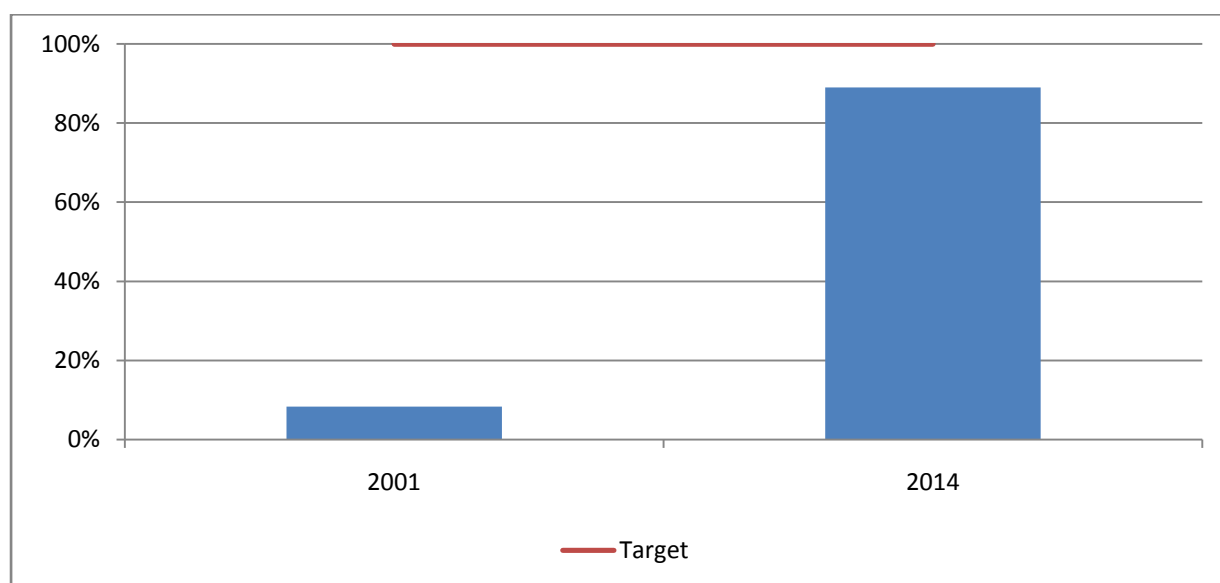
Regarding the number of children under-5 who sleep under an insecticide-treated bed net, there has also been substantial progress with the rate increasing from 8.3% in 2001 to 44.9% in 2009. However, it is unlikely, based on the current trend, that Timor-Leste will reach its target of 100.0% for this indicator by 2015.

**Figure 12. Incidence Associated with Malaria (per 1,000)**



Source: MoF 2015

**Figure 13. Proportion of Children under 5 sleeping under insecticide treated bed nets**



Source: MoF 2015

## TB

Timor-Leste is currently using four indicators to monitor progress against TB.

The first indicator is the incidence of TB. The incidence of TB has increased from 250.0 to 498.0 per 100,000 from 2001 to 2013. Based on current trends Timor-Leste is unlikely to reach the MDG target of 138 per 100,000 for this indicator by 2015.

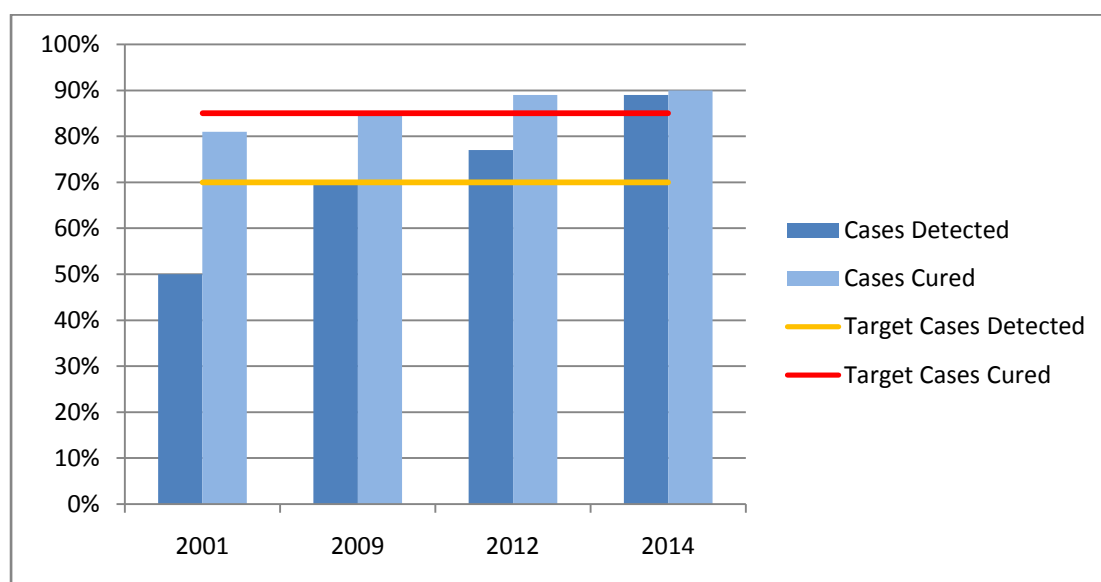
The second indicator is the prevalence of TB. The prevalence of TB marginally improved from 789.0 per 100,000 in 2007 to 758.0 per 100,000 in 2013. Based on current trends Timor-Leste is unlikely to reach its MDG target of 353.0 per 100,000 for this indicator by 2015.

The prevalence and incidence indicators do not, however, necessarily reflect a worsening of the epidemic. The increase in incidence and relatively small decline in prevalence of TB has most likely been caused by an improvement in detection methods. Increases in house visits and a larger number of x-ray machines means TB is now much more likely to be detected and diagnosed than was previously the case.

The third indicator is TB cases detected under the DOTS program. The proportion of cases detected under this program increased from 50.0% in 2001 to 87.0% by 2013. Therefore Timor-Leste has already achieved its MDG target of 70.0% for this indicator.

The fourth indicator is the proportion of TB cases that were detected that were cured under DOTS. The percentage of cases cured by this program was 81.0% in 2001 and had increased to 89.0% by 2012. Timor-Leste has therefore already achieved its MDG target of 85.0% for this indicator.

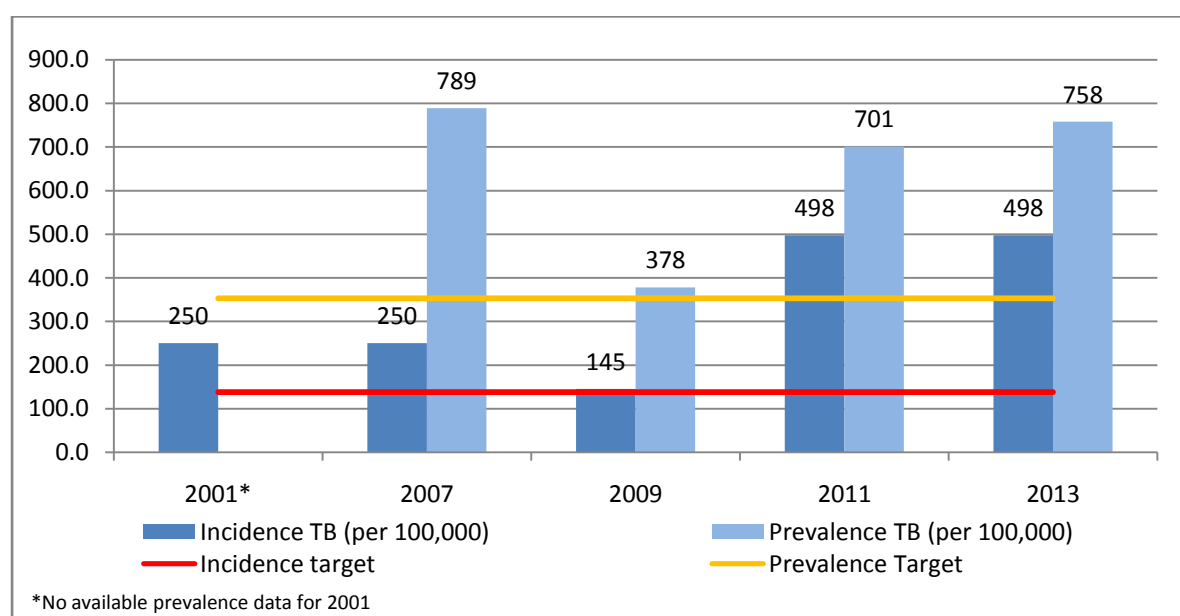
**Figure 13. Proportion of TB Cases Detected and Proportion of Detected TB Cases Cured (%)**



Source: MoF 2015



**Figure 14. Incidence and Prevalence of TB (per 100,000)**



Source: MoF 2014

## What has been done in this area?

### HIV/AIDS

Key policies in this area have been to increase awareness of HIV/AIDS and to strengthen the ability of the health system to diagnose and treat it.

The Government has increased awareness of this disease both among the general public and high risk segments of the population. Public health campaigns have been carried out at schools, universities, markets and border crossings. These campaigns have been carried out in partnership with civil society. The Government has also increased access to contraceptives.

The ability of the health system to detect and treat HIV/AIDS has also been strengthened. There has been an increase in the number of health professionals who are qualified to test for HIV/AIDS and a treatment centre has also been established to provide treatment and information to patients suffering from this disease.

### Malaria

The Government has combated Malaria by increasing knowledge and awareness of its causes, strengthening data collection, distributing bed nets and employing volunteers to detect and treat this disease.

There have been a number of public health campaigns to improve the population's knowledge of the causes of Malaria and how to prevent infections. Overall awareness of Malaria has increased significantly and this has contributed to the fall in incidence.

The Government strengthened the health information system so that it collected data more accurately, recruited people to check and revise test results (with assistance from the GF) and better trained health professionals to test for Malaria. A survey was conducted in both households and health centres to develop a better understanding of attitudes towards Malaria and to help inform future policy. These reforms have led to more accurate data on Malaria in Timor-Leste and a fall in

the recorded incidence of the disease. Improved data and information have also allowed practitioners and policy makers to develop a better understanding of Malaria in Timor-Leste.

Prevention policies such as the distribution of bed nets to the population (especially in risky areas) and pulverisation have also been enacted. The Government also now employs volunteers to perform house visits to look for symptoms and to take blood samples using a rapid diagnostic test. When there is Malaria, the volunteers will also provide treatment for the infected.

## TB

The Government has also increased coverage and access to diagnosis and treatment of TB. Since 2007, the number of facilities that can diagnose TB has increased substantially and there has been efforts to improve the equipment and place x-ray machines at reference hospitals.

## Challenges

There are a number of challenges to combating Malaria, TB and HIV/AIDS, including:

- The GF currently funds many of the staff who work on these diseases and any loss of funding could result in a sharp decline in the quality of services.
- Human resources in the health sector are still insufficient in the face of a rapidly increasing population.
- There is still much work to be done to change the behaviour of communities so that they use bed nets and seek appropriate treatment for Malaria.
- Efficiently combating Malaria requires greater inter-ministerial coordination in order to better control the vector of the disease. For example, MAFF has an important role in this area as irrigation is an important vector for the disease.
- There is also a need to improve coordination and dialogue with civil society and religious organizations around HIV/AIDS prevention, especially around the issue of distribution and use of contraceptives.
- The stigma associated with HIV/AIDS also presents a challenge as it may discourage people from being tested and leads to a large number of unidentified cases.
- The limited number of health personnel who are HIV/AIDS specialists and the treatment of this disease by general practitioners sometimes means international best practice for treatment is not implemented.
- Regarding TB, one important challenge relates to equipment; as sometimes there is a shortage of functioning x-ray machines and/or x-ray film which hinders diagnosis.
- There is a lack of baseline data for TB, which makes it very difficult to know the actual state of the disease in Timor-Leste.
- There is also limited knowledge about TB among the public and a lack of TB experts in the country.
- People also often initially seek traditional medicine which may delay access to more effective modern health treatments.

## Plan for the Future

The Government aims to reduce the incidence and prevalence of TB and Malaria by improving access to health professionals and strengthening the diagnosis and testing of these diseases. It is also committed to increasing awareness of HIV/AIDS and confidential treatment of this disease.

The Government is aiming to place a doctor, nurse, midwife and laboratory technician in every Suco in the country. Placing health professionals in the community will significantly improve the detection, diagnosis and treatment of many diseases. This policy is likely to lead to a significant improvement in many health outcomes going forward.

There are also plans to further strengthen existing programs to diagnose and treat HIV/AIDS. The Government is committed to further increasing knowledge of HIV/AIDS in the community. This will require a strong relationship with other organizations that are also responsible for raising awareness and distributing contraceptives.

There will also be a continuing focus on improving the existing data and systems on HIV/AIDS and further developing the programs that are already in place. There will also be a focus on improving access to private and confidential treatment for HIV/AIDS, especially among high-risk socio-economic groups and in high-risk areas.

The programs and systems that are already in place to combat Malaria will continue to be strengthened going forward. The Government plans to improve control at the borders to check for symptoms of Malaria. Timor-Leste aspires to be able to declare pre-elimination of Malaria in the future.

The Government is committed to further improving the detection of TB through the introduction of “Gene” expert (a new technology for testing). Currently many people are not being tested for TB because they live long distances from testing facilities and cannot easily make the journey. A new program is being implemented which allows people to visit their local health centre for diagnosis, with the sample then being sent to a reference centre for testing purposes. This program should lead to more people being tested for TB. The Government is also implementing the ASCM program to increase awareness of TB within the community.

Overall the implementation of these policies and programs going forward should lead to a significant reduction in the incidence and prevalence of TB and Malaria. They should also contribute to increased knowledge of HIV/AIDS and better treatment of this disease.

## Goal 7 – Ensure Environmental Sustainability

### Introduction

The Government's policy, as outlined in the TLSDP, aims to promote the tourism sector as one of the pillars for economic development. The Government is placing particular emphasis on the promotion of eco-tourism which requires the protection of the natural environment including lakes, rivers and forests.

The Government is also committed to improving access to clean water and effective sanitation. There is much evidence that poor access to water and sanitation contributes to the spread of communicable diseases and poor malnutrition. Therefore improving water and sanitation is key to achieving a number of the MDGs.

### Targets

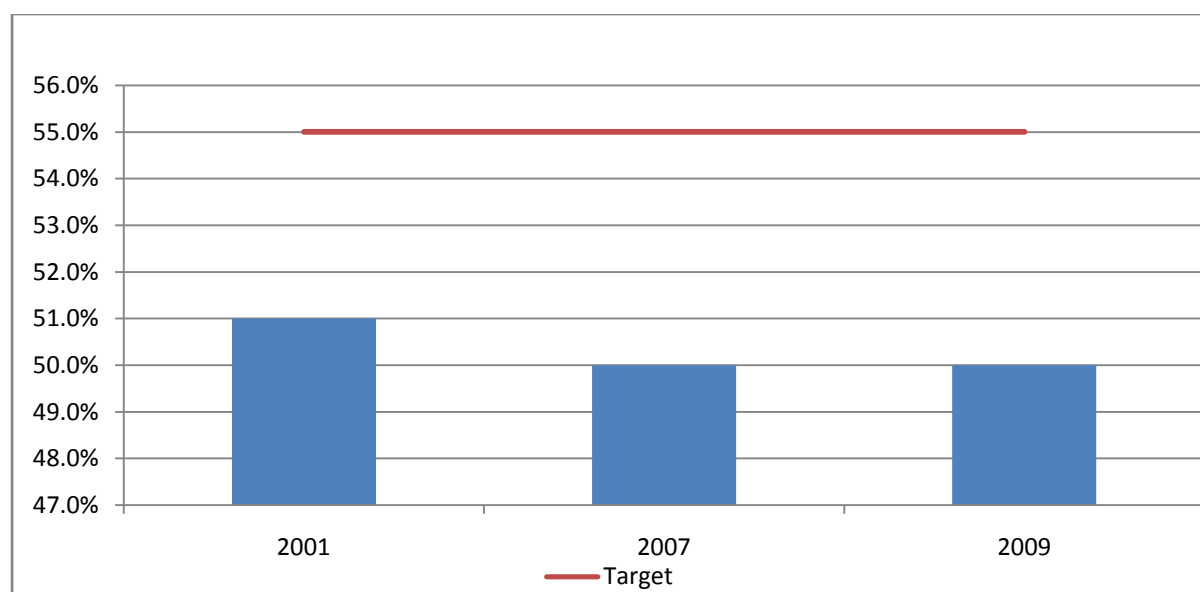
- 55.0% of land is covered by forest by 2015.
- 78.0% of the population use an improved drinking water source by 2015.
- 60.0% of the population use an improved sanitation facility by 2015.

### Description of Indicators

#### Proportion of land covered by forests

Forests play a particularly important role in the lives of Timorese people as they provide a source of cooking fuel for over 90.0%<sup>xiv</sup> of the population. However, this also makes it harder to maintain forests and, according to the latest data, forest cover decreased from 51.0%<sup>xv</sup> in 2001 to 50.0% in 2009. This implies that based on past trends it is unlikely that Timor-Leste has reached the MDG target of 55.0% of land covered by forests by 2015.

**Figure 15. Proportion of Land Covered by Forests (%)**



Source: MoF 2015

### Proportion of the Population that Use an Improved Drinking Water Source

Between 2001 and 2012, the proportion of the population that use an improved drinking water source increased from 48.0% to 70.5%. However, and despite being very close, Timor-Leste has not met its MDG target of 78% in 2015. Progress has also varied by area; with urban areas having substantially better access to clean water than rural areas where access is limited.

**Figure 16. Proportion of the Population with Access to Clean Water (%)**

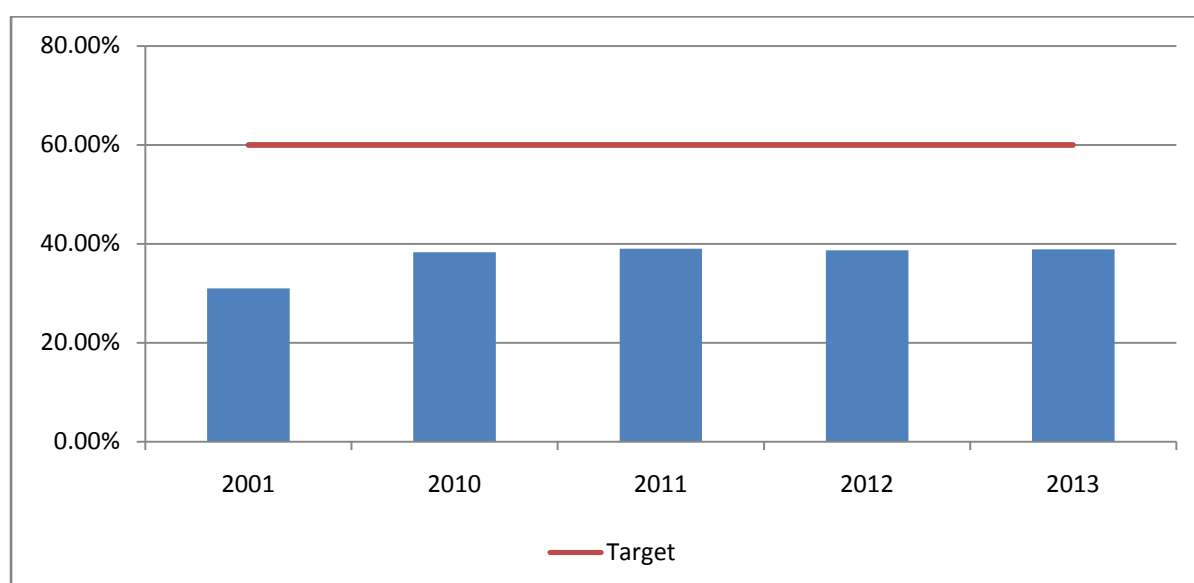


Source: MoF 2015

### Proportion of the Population using an Improved Sanitation Facility

The proportion of the population using an improved sanitation facility increased from 31.0% to 49.0% between 2001 and 2009. However, this indicator officially fell to 39.0% in 2011 due to a change in the definition of what constitutes improved sanitation. The main change in definition was that hanging toilets (which represented approximately 21.3% of all sanitation facilities) and pour-flush latrines without septic tank or sewerage (which represented 2.0% of sanitation facilities) were no longer classified as improved sanitation facilities. Based on this new approach, the proportion of population using an improved sanitation facility in 2013 was 38.9%. The country has not reached the MDG target of 60.0% of the population having access to an improved sanitation facility in 2015.<sup>xvi</sup>

**Figure 17. Proportion of the Population with Access to Improved Sanitation (%)**



Source: MoF 2015

## What has been done in this area?

### Forests

Firewood is a significant source of fuel for cooking, heating and lighting in Timor-Leste. Therefore one of the most important Government policies to prevent deforestation is to provide alternative sources of energy. In recent years the Government has significantly increased electricity generation, distribution and transmission which should reduce the use of wood as a source of fuel. The Government is also promoting the use of renewable energies. There have also been specific policies to protect forests in the country, including a decree law which establishes and sets rules to protect ecologically important areas in Timor-Leste.

### Water and Sanitation

The Government has improved water and sanitation by improving planning, building new facilities, and improving the ability of communities to maintain these facilities.

A clean water master plan has been drafted for each one of three areas (Dili, Manatuto and Oecusse) and implementation has started in two districts. This process has been done in close collaboration with development partners in order to ensure that high quality water systems are built, efficiently operated and well maintained.

The Government has started a pilot program to install 7,500 latrines in vulnerable households that were unable to afford these facilities themselves. This pilot program was implemented together with another program which has built public latrines, in five districts, to ensure that there are adequate sanitary facilities for both residents and participants in public events. The Government has also established the PDID program, which uses local contractors to construct small scale infrastructure demanded by local communities. Many water supply and sanitation projects have been constructed through this program.

Another program was also set up to help establish markets for the equipment and materials necessary to maintain sanitation facilities, which are often unavailable in rural areas. Eight groups

were created and trained in order to be able to produce inexpensive, high-quality latrine components in order to help the population install and maintain latrines.

Overall these policies have contributed to a significant increase in access to clean water and improved sanitation.

## Challenges

There are still a number of challenges in this area, including:

- Unsustainable agriculture and forestry practices can cause deforestation. Timor-Leste has a number of high-value trees such as sandalwood, teak and mahogany, which are sometimes either illegally logged or used for home consumption.
- In some rural areas, the scarcity of parts, such as pipes, hinders the maintenance of sanitation and water facilities.
- The shortage of qualified technical personnel to maintain sanitation and water facilities is also a serious challenge.
- There is also a need for increased dissemination campaigns as a small percentage of the population continue to allow sanitation facilities to become blocked with litter.
- While it is vital that communities are given responsibility to manage their own sanitation facilities, this task has not always been performed to an acceptable standard. In a number of communities, some members either cannot or do not want to contribute to the maintenance of the facilities which, ultimately, reduces access to improved sanitation.
- The water supply system in Timor-Leste was constructed during the Portuguese, Indonesian and post-independence periods and some parts of the system are now over 40 years old and may need to be replaced.
- The very high volume of rain during certain periods of the year can damage the water system and lead to flooding.
- In rural areas, the quality of water infrastructure is not uniform and is sometimes not constructed to an appropriate standard. This highlights the need to improve coordination at the district level and ensure that all projects are of an acceptable quality. Moreover this problem is compounded by the difficult terrain in Timor-Leste, which makes some areas difficult to access, complicating the construction of water systems.
- Finally, there are a large amount of illegal connections in the water system; whereby holes are made in the pipes to connect new households. This then affects the water supply to large numbers of people and must be addressed in order to ensure an improvement in access to clean water.

## Plan for the Future

### Forests Cover

The Government plans to continue improving access to the national electricity grid which should lead to lower demand for firewood and less deforestation. The Government also plans to start promoting agro-industries and examine sustainable agro-forestry practices which may involve incentives for communities to preserve the forest.

There are plans to develop the bamboo industry and plant sandalwood, mahogany and teak, which will directly contribute to the reforestation of Timor-Leste. There are also plans to create check dams, which are likely to contribute to an improved water supply, thereby further aiding reforestation.

### **Clean Water and Sanitation**

The Government plans to build a total of 65,000 latrines for vulnerable households by 2017 and to continue with the public latrine program. Further work will also be undertaken to improve communities' ability to build, maintain and manage sanitation facilities.

Implementation of the Dili urban water master plan will also continue. Furthermore the Government is aiming to develop a master plan for all the districts in order to ensure access to clean water. More water metres will also be installed. Finally, there is also a plan to diversify and improve water supply sources, with particular focus on accessing underground water.

To conclude, investments and projects are being promoted throughout the whole country in order to ensure environmental sustainability. Although this MDG will not be achieved by 2015, there has been progress in all indicators under this goal. Further improvements will likely be achieved post 2015 in reforestation as well as access to clean water and sanitation facilities.



## Goal 8 – Develop a Global Partnership for Development

### Introduction

Since independence, Timor-Leste has received technical and financial assistance from the international community. The Government values the contribution that this assistance is making towards achieving the MDGs and is committed to maintaining constructive relations with development partners. Timor-Leste is also committed to assisting other countries in the international community and in 2013 provided financial assistance to help run the elections in Guinea-Bissau.

The Government is also committed to playing an active role in international affairs. It has continued to strengthen its position in international organizations and develop partnerships with other countries.

The Government also recognizes that in the context of a globalized economy, it is important to promote new technologies as this will be key for Timor-Leste to reach its development goals.

### Targets

- The target for the number of cellular subscribers per 100 of the population has not yet been decided.

### Description of Indicators

#### ODA

Timor-Leste has received significant ODA since 2005 to finance development programs and achieve the MDGs. In 2011 ODA peaked at \$257.0 million per annum and then declined to \$230.0 million in 2013. The broadly stable flows of ODA show the commitment from Development Partners to Timor-Leste.

#### New Technologies

Access to new technologies is increasing very quickly in Timor-Leste; with the latest data showing that almost half the population has access to a mobile phone.

In addition, more extensive service coverage for both voice telephony and 3G data has now reached 94.0% of the population. This, allied to improved electricity provision, will likely lead to the further adoption of new technologies in the near future.

### What Has Been Done in this Area?

#### ODA

The Government is committed to maintaining good relationships with the development partners and strengthening its relationships with the international community.

In 2013 the Government established the DPCM to monitor and coordinate the implementation of the TLSDP. This mechanism has brought together all relevant line ministries and development partners to review, collate and summarize all Government policies, actions and goals in a new matrix.

This has improved coordination with development partners and assisted them align their assistance with the Government's priorities.

Timor-Leste has also proactively strengthened its relationship with the international community through the G7+ and its presidency of the CPLP.

The Government has played a leading role in the establishment of the G7+. This is a community of post-conflict countries and fragile states which focuses on the specific needs of its member countries and ensures their voice is heard in the international community. This community has become increasingly influential on the international stage.

Timor-Leste currently holds the presidency of the CPLP. This community promotes cooperation in the Lusophone world as well as between the Lusophone world and the rest of the international community.

It is also Government policy to accede to ASEAN. Timor-Leste became a member of the ASEAN Regional Forum in 2005, signed the ASEAN Treaty on Amity and Co-operation in 2007 and submitted a formal membership request to join ASEAN in March 2011. ASEAN membership will give Timor-Leste access to an established regional forum where important issues such as security and economic integration are discussed.

## Technology

Three key policies for promoting technology in Timor-Leste are the regulation of the telecommunications sector, building a broadband network and increasing the supply of electricity.

The monopoly provision of telecommunications in Timor-Leste recently ended. The recent move towards a more competitive market has been accompanied by increased access and falling prices. The Government has ANC which is responsible for regulating and supervising the telecommunication sector. The Government is currently focusing on ensuring that ANC becomes a strong and effective regulator.

Timor-Leste is now building its national broadband network. This network will connect the major cities in the country and to date 750 km of fibre-optic cables having been installed.

There have also been significant increases in electricity supply, generation and transmission in Timor-Leste in recent years. Greater access to reliable electricity supply by households and companies should increase the adoption of new technologies for leisure and production.

## Challenges

### ODA

The main challenge in terms of ODA is the need to channel this assistance through government implementation systems. Currently most ODA is channelled through parallel systems<sup>3</sup>. This increases transaction costs, prevents the transfer of knowledge and discourages the use of national systems.

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<sup>3</sup>Mechanisms for implementation external to the Government of Timor-Leste.

## New Technologies

Constraints on adopting new technologies include the limited access to electricity in some areas and the relatively small numbers of highly skilled workers in some specific areas.

## What is the plan for the future?

### ODA

The Government is committed to encouraging development partners to use national systems. This requires that development partners have confidence in and understand the country's systems for managing public finances. To build this confidence, reduce corruption and increase the efficiency of spending the Government has implemented a sustained public financial management reform program. Important elements of this reform program have included but not been limited to:

- The implementation a comprehensive computerized integrated financial management information system to control, record and manage revenues and expenditures.
- Increasing transparency by publishing live expenditure data online through the transparency portal.
- Establishing a system of internal audit.

This reform program has significantly strengthened public financial management and reduced fiduciary risk. The Australian government recently demonstrated its understanding of, and confidence in, the Government's financial management information system by agreeing to provide direct budget support to Timor-Leste.

### Technology

There is an ongoing commitment to further improving access to new technology in Timor-Leste. The Government's strategy for improving access to new technology includes:

- Further improving access to electricity.
- Laying an undersea cable system in order to increase the bandwidth of Timor-Leste's Internet connection. This investment will contribute to the TLSDP goal of every citizen having access to telecommunication services.
- Connecting schools and health clinics to the information network, which will improve the outcomes in these facilities.
- Continuing to expand and improve the quality of education in Timor-Leste.

These policies should contribute to the further adoption of new technology in Timor-Leste and result in further improvements towards achieving MDG 8

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## Progress in MDG Targets

Indicator	Unit	2001	2007	2009	2010	2011	2012	2013	2014	Target	Status	Source
<b>Goal 1: Eradicate Poverty and Hunger</b>												
Proportion of the Population living below the national poverty line	%	36.0 <sup>a</sup>	49.9 <sup>b</sup>	41.0 <sup>c</sup>						14.0	<b>Not achieved</b>	<sup>a</sup> TLSLS 2001 (based on USD 0.51/day) <sup>b</sup> TLSLS 2007 (based on USD 0.88/day) <sup>c</sup> World Bank Poverty Estimate 2010
Prevalence of underweight children under 5 years of age	%	45.8(in 2002)	48.6 <sup>d</sup>	44.7 <sup>b</sup>				37.7 <sup>c</sup>		31.0	<b>Not Achieved</b>	<sup>a</sup> DHS 2003 <sup>b</sup> DHS 2009 – 2010 report <sup>c</sup> TLFNS 2013 <sup>d</sup> TSLS 2007
<b>Goal 2: Achieve Universal Primary Education</b>												
Net Enrolment rate in Primary Education	%	65.1 <sup>a</sup>	65.6 <sup>b</sup>	82.7 <sup>c</sup>	94.0 <sup>c</sup>	97.1 <sup>c</sup>	94.1 <sup>c</sup>	91.9 <sup>c</sup>	89.6 <sup>c</sup>	100.0	<b>Not Achieved</b>	<sup>a</sup> TLSS 2001 <sup>b</sup> TLSLS 2007 <sup>c</sup> MoE EMIS 2010, 2011, 2012, 2013
Proportion of pupils starting grade 1 who reach last grade of primary	%				33.0 <sup>a</sup>					TBD	<b>Not Achieved</b>	<sup>a</sup> National Strategic Education Plan 2011-2030
Literacy rate of youth	%	50.0 <sup>a</sup>	85.1 <sup>b</sup>							100.0	<b>Not Achieved</b>	<sup>a</sup> NHDR 2002 <sup>b</sup> MDG Report 2009
<b>Goal 3: Promote Gender Equality and Empower Women</b>												
Ratio of girls to boys in primary		0.93 <sup>a</sup> (in 2004)	0.90 <sup>c</sup>				0.92 <sup>d</sup>	0.93 <sup>d</sup>	1.02 <sup>d</sup>	1	<b>Achieved</b>	<sup>a</sup> Census 2004 <sup>b</sup> UN Statistical Yearbook, 2008

Indicator	Unit	2001	2007	2009	2010	2011	2012	2013	2014	Target	Status	Source
Ratio of girls to boys in pre-secondary		0.99 <sup>b</sup>	0.99 <sup>c</sup>				0.99 <sup>d</sup>	1.01 <sup>d</sup>	1.09 <sup>d</sup>	1	Achieved	<sup>c</sup> DNE, Timor-Leste in Figures 2008
Ratio of girls to boys in secondary		1.26 <sup>b</sup>	0.93 <sup>c</sup>				0.99 <sup>d</sup>	1.01 <sup>d</sup>	1.12 <sup>d</sup>	1	Achieved	<sup>d</sup> EMIS 2012, 2013, 2014 (including private schools)
Proportion of seats held by women in national Parliament	%	27.0 <sup>a</sup>	28.0	29.0 <sup>b</sup>			38.5 <sup>b</sup>			35.0	Achieved	<sup>a</sup> UNifem 2006 <sup>b</sup> National Parliament 2013
<b>Goal 4: Reduce Child Mortality</b>												
Under-five mortality rate	Per 1,000 live births	125 <sup>a</sup>	92.0 <sup>b</sup>	64.0 <sup>c</sup>						96.0	Achieved	<sup>a</sup> MICS 2002 <sup>b</sup> UNFPA 2009, estimation <sup>c</sup> DHS 2009-2010 report
Infant Mortality rate	Per 1,000 live births	88.0 <sup>a</sup>	60.0 <sup>b</sup>	44.0 <sup>c</sup>						53.0	Achieved	<sup>a</sup> MICS 2002 <sup>b</sup> MoH, 2009 <sup>c</sup> DHS 2009-2010 report
Proportion of 1-year olds immunized against measles	%	39.0 <sup>a</sup>	63.0 <sup>b</sup>		67.8 <sup>c</sup>		73.0 <sup>d</sup>	69.4 <sup>d</sup>	74 <sup>e</sup>	100.0	Not Achieved	<sup>a</sup> MICS 2002 <sup>b</sup> MoH, EPI unit 2009 <sup>c</sup> DHS 2009-2010 report <sup>d</sup> Health Statistics Report 2012, 2013
<b>Goal 5: Improve Maternal Health</b>												
Maternal Mortality Ratio	Per 100,000	660.0 <sup>a</sup>		450.0 <sup>b</sup>	557.0 <sup>c</sup>					252.0	Not achieved	<sup>a</sup> MM in 2000:WHO, UNICEF, UNFPA <sup>b</sup> MoH 2008/2009 <sup>c</sup> DHS report 2009-2010
Proportion of Births	%	19.0 <sup>a</sup>	19	29.6	49.3	51.0	59	61.8	57.7 <sup>d</sup>	60.0	Not	<sup>a</sup> DHS 2003

Indicator	Unit	2001	2007	2009	2010	2011	2012	2013	2014	Target	Status	Source
attended by skilled Health Personnel			.0 <sup>b</sup>	<sup>c</sup>	<sup>d</sup>	<sup>d</sup>	.0 <sup>d</sup>	<sup>d</sup>			<b>Achieved</b>	<sup>b</sup> UNFPA 2009 <sup>c</sup> DHS 2009-2010 <sup>d</sup> Health Statistics reports 2010,2011,2012, 2013, 2014
Contraceptive Prevalence Rate	%	8.0 <sup>a</sup>	19.8 <sup>b</sup>	22.3			25.9 <sup>d</sup>	28.3 <sup>d</sup>	27.8 <sup>d</sup>	40.0	<b>Not Achieved</b>	<sup>a</sup> TLSLS 2001 <sup>b</sup> TLSLS 2007 <sup>c</sup> DHS 2009-2010 report <sup>d</sup> Health Statistics reports 2012, 2013, 2014
Antenatal care coverage (≥1 visit)	%			67.9 <sup>a</sup>	63.8 <sup>a</sup>	65.3 <sup>a</sup>	78.5 <sup>a</sup>	74.2 <sup>a</sup>	65 <sup>a</sup>	TBD	TBD	<sup>a</sup> Health Statistics Reports 2009,2010,2011,2012, 2013 and 2014
Antenatal care coverage (≥4 visits)	%			44.8 <sup>a</sup>	41.9 <sup>a</sup>	42.9 <sup>a</sup>	49.2 <sup>a</sup>	45.6 <sup>a</sup>	41.6 <sup>a</sup>	TBD	TBD	<sup>a</sup> Health Statistics Reports 2009,2010,2011,2012, 2013, 2014
<b>Goal 6: Combat HIV/AIDS, Malaria and other diseases</b>												
Proportion of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS	%	3.0 <sup>a</sup>	12.9 <sup>b</sup>	37.4						80.0	<b>Not Achieved</b>	<sup>a</sup> MICS <sup>b</sup> TLSLS 2007 <sup>c</sup> DHS 2009-2010 report
Incidence associated with Malaria	Per 1,000	113.0 <sup>a</sup>	206.0 <sup>a</sup>	113.0 <sup>a</sup>	104.2 <sup>b</sup>	31.5 <sup>c</sup>	5.3 <sup>c</sup>	0.9 <sup>c</sup>	0.27 <sup>c</sup>	45.0	<b>Achieved</b>	<sup>a</sup> HMIS 2000, 2007 and 2010 <sup>b</sup> MoH Annual Statistics 2010

Indicator	Unit	2001	2007	2009	2010	2011	2012	2013	2014	Target	Status	Source
												<sup>c</sup> Health Statistics Reports 2012, 2013 and 2014
Proportion of children under 5 sleeping under insecticide-treated bed nets	%	8.3 <sup>a</sup>		44.9 <sup>b</sup>					89 <sup>c</sup>	100.0	<b>Not Achieved</b>	<sup>a</sup> UNSTATS 2009 <sup>b</sup> DHS report 2009-2010 <sup>c</sup> Malaria Indicator Survey
Proportion of children under 5 who are treated with the appropriate anti-Malarial drugs	%	19.3 <sup>a</sup>		6.0 <sup>b</sup>					28.9 <sup>c</sup>	TBD	<b>TBD</b>	<sup>a</sup> DHS 2003 <sup>b</sup> DHS report 2009-2010 <sup>c</sup> Health Statistics Report 2014
Incidence associated with TB	Per 100,000	250.0 <sup>a</sup>	250.0 <sup>a</sup>	145.0 <sup>a</sup>		498.0 <sup>b</sup>		498 <sup>c</sup>	498 <sup>c</sup>	138.0	<b>Not Achieved</b>	<sup>a</sup> MoH, TB Department, 2010 <sup>b</sup> Health Statistics Report, 2013 <sup>c</sup> WHO Global TB Report 2014
Prevalence associated with TB	Per 100,000		789.0 <sup>a</sup>	378.0 <sup>a</sup>		701.0 <sup>b</sup>		758.0 <sup>c</sup>		353.0	<b>Not Achieved</b>	<sup>a</sup> MoH, TB Department, 2010 <sup>b</sup> Health Statistics Report, 2013 <sup>c</sup> WHO Global TB Report 2014
Proportion of TB cases detected (under DOTS)	%	50.0 <sup>a</sup>	61.0 <sup>b</sup>	70.0 <sup>c</sup>			77.0 <sup>d</sup>	87.0 <sup>d</sup>	89 <sup>d</sup>	70.0	<b>Achieved</b>	<sup>a</sup> WHO Global TB Report, 2007 <sup>b</sup> UNSTATS 2009, 2006 in Figures <sup>c</sup> MoH 2010 <sup>d</sup> Health Statistics

Indicator	Unit	2001	2007	2009	2010	2011	2012	2013	2014	Target	Status	Source
Proportion of TB detected cases cured (under DOTS)	%	81.0 <sup>a</sup>	79.0 <sup>b</sup>	85.0 <sup>c</sup>	88.0 <sup>d</sup>		89.0 <sup>d</sup>			85.0	<b>Achieved</b>	Report 2012, 2013, 2014 WHO Global TB Report, 2007 <sup>b</sup> UNSTATS 2009, 2006 in Figures <sup>c</sup> MoH 2010 <sup>d</sup> Health Statistics Report 2012, 2013
<b>Goal 7: Ensure environmental Sustainability</b>												
Proportion of land covered by Forest	%	51.0 <sup>a</sup>	50.0 <sup>b</sup>	50.0 <sup>c</sup>						55.0	<b>Not Achieved</b>	<sup>a</sup> Ministry of Agriculture, Forestry Section, 2010
Proportion of population using an improved drinking water source	%	48.0 <sup>a</sup>	63.1 <sup>b</sup>	66.0 <sup>a</sup>		69.0 <sup>c</sup>	70.5 <sup>c</sup>			78.0	<b>Not Achieved</b>	<sup>a</sup> SAS 2010, national Coverage <sup>b</sup> UNFPA 2009 <sup>c</sup> WHO-UNICEF JMP, 2010, 2015
Proportion of the population using an improved sanitation facility	%	31.0 <sup>a</sup>	46.8 <sup>b</sup>	49.0 <sup>a</sup>	38.3 <sup>d</sup>	39.0 <sup>c</sup>	38.7 <sup>d</sup>	38.9 <sup>d</sup>		60.0	<b>Not Achieved</b>	<sup>a</sup> SAS 2010, National Coverage <sup>b</sup> TLSLS 2007 <sup>c</sup> Census 2010 <sup>d</sup> WHO-UNICEF JMP 2015
<b>Goal 8: Develop a Global Partnership for Development</b>												
Cellular subscribers per 100 of population	Per 100	2.0 <sup>a</sup>	7.8 <sup>a</sup>	35.0 <sup>a</sup>						TBD	TBD	<sup>a</sup> Telecommunication profile, 2009



## Notes

<sup>i</sup> As measured by prevalence of underweight children under 5 years of age.

<sup>ii</sup> As measured by the proportion of the population aged 15-24 with comprehensive and correct knowledge of HIV/AIDS

<sup>iii</sup> The indicators and sub-indicators that are regarded as showing significant improvement are:

1. Proportion of the Population living below the national poverty line
2. Prevalence of underweight children under 5 years of age
3. Net Enrolment rate in Primary Education
4. Literacy rate of youth
5. Proportion of 1-year olds immunized against measles
6. Maternal Mortality Ratio
7. Contraceptive Prevalence Rate
8. Antenatal care coverage ( $\geq 1$  visit)
9. Proportion of population aged 15-24 with comprehensive correct knowledge of HIV/AIDS
10. Proportion of children under 5 sleeping under insecticide-treated bed nets
11. Proportion of children under 5 who are treated with the appropriate anti-Malarial drugs
12. Proportion of population using an improved drinking water source
13. Proportion of population using an improved sanitation facility
14. Cellular subscribers per 100 of population

<sup>iv</sup> Figure from the National Accounts (2012)

<sup>v</sup> These estimates come from the Ministry of Agriculture and Fisheries, UNTL and IFAD

<sup>vi</sup> The data in the bullet point is taken from the 2013 Timor-Leste Food and Nutrition Survey

<sup>vii</sup> Figure is from International Labour Organization (ILO) (2010): [http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-jakarta/documents/publication/wcms\\_152168.pdf](http://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/---ilo-jakarta/documents/publication/wcms_152168.pdf)

<sup>viii</sup> Figure is from World Bank Report No. 29784-

TP: <http://documents.worldbank.org/curated/en/2004/12/5529362/timor-leste-education-independence-reconstruction-sustainable-improvement>

<sup>ix</sup> Figure is from TLSDP (2011)

<sup>x</sup> Figure in the TLSDP (2011)

<sup>xi</sup> Figure is from DHS (2009/2010)

<sup>xii</sup> Figure is from DHS (2009/2010)

<sup>xiii</sup> Figure is from United Nations Assembly Special Session on HIV and AIDS (UNGASS) Country Progress Report (2010)

<sup>xiv</sup> 2010 Population and Housing Census of Timor-Leste, National Statistics Directorate (NSD) and United Nations Population Fund (UNFPA)

<sup>xv</sup> These figures were provided by the Ministry of Agriculture and Fisheries

<sup>xvi</sup> Figure is from Census (2010)



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