



FHI's East Timor HIV/AIDS Support Project: *keeping prevalence low*

The world's newest nation is blessed with natural beauty and resilient people. Yet it is one of the poorest countries in the world, addressing colossal challenges in health, education, security and administration. HIV is already present in East Timor and some people have died of AIDS, but recent research shows that the virus has not yet spread widely.

FHI's mission in East Timor is to keep HIV prevalence low and to provide care for people already living with HIV and AIDS. In May 2002, with USAID Economic Support Funds, FHI established the FHI/IMPACT office to provide support to the Government of East Timor in the establishment and implementation of an HIV/AIDS and STI prevention program.

A complex and expanding HIV/AIDS program is already in place. Significant research has provided sound knowledge of the nature and distribution of risk. Prevention activities include supporting East Timorese social codes which encourage abstinence and fidelity; providing precisely targeted, evidence-based behavior change communications (BCC); and provision of condoms to those at risk of HIV/STI. FHI is providing the government with support in developing appropriate health policy and systems. In addition, with the government, NGOs and faith based organizations FHI is establishing HIV testing, counselling, treatment and care services.



Abundant natural beauty masks significant health challenges



Working with Faith Based Organizations and NGOs

Faith based organizations and NGOs working in HIV/AIDS and STIs in East Timor must find ways to work sensitively, yet effectively, in a conservative Catholic society.

To help them, in 2004 FHI started a monthly coordination meeting of local faith based organizations and NGOs working in the HIV/AIDS and STI field. The forum helps NGOs coordinate their efforts, share and solve programmatic and management challenges, and ensure that they have access to accurate information and quality communication materials.

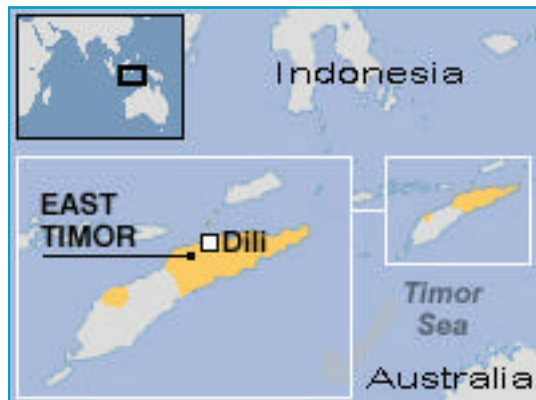
(see *Faith Based Organizations* page 2)

East Timor: the world's newest nation



Ministry of Health, Dili, East Timor

The Portuguese established an isolated presence on the island of Timor during the 16th century, while the surrounding islands came under Dutch control. Portuguese Timor declared itself independent on 28 November 1975, but was invaded and occupied by Indonesian forces nine days later, before such independence could be internationally recognized. The territory was subsequently declared the 27th province of Indonesia in July 1976 as Timor Timur. However, internationally, its legal status was that of a “non-self governing territory under Portuguese administration”, and guerrilla fighters resisted Indonesian rule for two decades.



On 30 August 1999, in a United Nations supervised popular referendum, the East Timorese voted for full inde-

pendence from Indonesia, but violent clashes, instigated primarily by anti-independence militias broke out soon afterwards. UN peacekeepers were brought in to restore order. Independence was internationally recognized on 20 May 2002.

The HIV/AIDS Situation

Until recently, very little was known about HIV and associated risk behaviors in East Timor. Routine surveillance activities among sex workers during the Indonesian occupation identified a small handful of infections, but none of these were in local women.

Alarm bells were raised by the period of conflict preceding independence, and the high levels of population mobility and economic instability that it brought about. This, together the advent of peace-keepers and other personnel from countries with high HIV prevalence, led people to draw parallels with Cambodia. Similar circumstances in Cambodia sparked an HIV epidemic which has developed into the most serious in Asia.

Happily, research in late 2003 showed that the situation is not as bad as had been feared. Some three percent of

sex workers in Dili were infected with HIV, but no infection was identified in groups of men who report buying sex in the city. This does not, however, mean there is not cause for concern. Around 15 percent of sex workers and men who have sex with men in Dili have curable sexual infections such as gonorrhoea and chlamydia. Levels of Type-2 herpes, which helps HIV to spread more quickly, are also quite high — around 30% of high risk men and up to 60% of sex workers are infected.

Most worrying is ongoing risk behaviour. Among groups of men who have cash and are frequently away from their families, visits to sex workers are quite common. In addition, a high proportion of men who have sex with men also have sex with women, providing an open door from high risk to lower risk groups. Although these individuals are choosing not to abstain or be faithful to a spouse, they are not choosing to protect themselves or their partners by using condoms. Only a handful of clients reported always using a condom with non-marital partners, and no sex workers reported always using condoms with East Timorese clients. Most say they don't use condoms because condoms are just too hard to find.

The good news is that these high levels of risk appear limited to defined populations. This, together with low levels of current HIV infection provide a historic opportunity to decrease risky behaviour before the virus ever has a chance to take hold and spread into the general population of men, women and children in East Timor.

Faith Based Organizations (from page 1):

Through this forum, FHI has provided:

- grants to four NGOs and faith based organizations working with Christian groups, students, men who have sex with men (MSM), sex workers (SW) and uniformed services
- 13 organizations with condoms for free distribution to their target groups
- training in formative research and BCC
- opportunities to visit and learn from highly experienced faith based organizations and NGOs in countries with higher HIV prevalence
- training in proposal writing, budgeting and design of monitoring and evaluation activities
- assistance with drafting a communiqué to the MoH seeking stronger coordination in several areas.

A complex, expanding HIV/AIDS program

FHI has a comprehensive HIV/AIDS and STI program in East Timor, comprising biological and behavioral research, prevention activities, treatment and care, advocacy, policy and health systems support and monitoring and evaluation.

Research: All FHI activities in East Timor are based on the evidence of four important pieces of research. This allows precise targeting of activities designed to impact different parts of society.

FHI supported the East Timor Study Group to undertake a qualitative assessment of the response of social and political institutions to HIV/AIDS in East Timor. The study considered the status of HIV/AIDS policy, perception, resources and factors that support or hinder HIV/AIDS programming in East Timor and found important weaknesses. One key result was the late 2003 inauguration of the National AIDS Council, designed to champion the needs of AIDS programmers.

Formative research was completed, mapping the communities considered to be at highest risk—men who have sex with men (MSM) and sex workers (SW). The study replaced supposition about these two marginalized groups with facts about the size of the communities, their meeting places, social and sexual behavior and issues. Long-distance bus drivers, truck drivers, taxi drivers and two battalions of the military were also investigated. Of these groups the first two were found to have relatively little risk behavior.

A significant biological and behavioral study provides the first reliable data on the behavior of risk groups in East Timor—MSM, SW, the military, students and taxi drivers, in the capital, Dili. This study showed significant levels of unprotected, non-marital sex, and high levels of sexually transmitted infection among SW and MSM. It points clearly to the need for carefully targeted HIV prevention services, including screening and treatment for STIs in high risk communities.

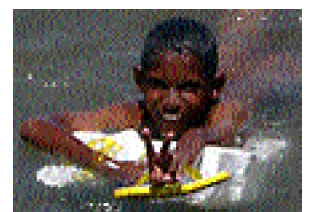
Formative research is used to design behavior change communications targeting different communities. Before production, communication pieces—brochures, posters, radio and TV messages—are tested with members of the target community and revised and retested.

Prevention: HIV prevalence in East Timor is still concentrated among people with clearly identified risk behaviors. The most urgent activities are designed to prevent the further spread of HIV within these groups and to a wider population. FHI has designed three prevention modules:

A *Abstinence:* FHI encourages abstinence as a very secure means of avoiding HIV and STI; This is particularly appreciated in a conservative Catholic country.

B *Being Faithful:* Equally, FHI supports the work of the church and other groups in promoting fidelity within marriage as a safe way of avoiding HIV and STI. Again, this is highly valued in East Timor.

C *Condoms:* When abstinence or being faithful are not being practiced, people are at risk. Accordingly, FHI provides them with information about their exposure to risk and with the means to protect themselves by using condoms with all non-marital partners.



(see *HIV Program* page 4)

HIV Program (from page 3):

Behavior Change Communications Strategy: FHI has introduced a comprehensive Behavior Change Communications strategy which helps to guide the development, implementation and monitoring of communication interventions targeting high risk groups. FHI uses the strategy—combined with the evidence of quality research—to impact different communities with carefully targeted communications designed to encourage safe behavior.

Voluntary Counselling and Testing: FHI has provided voluntary counseling and testing (VCT) training to several clinics, including the private sector, the public sector and the military. VCT for HIV is acknowledged within the international arena to be an effective and pivotal strategy for both prevention and care in HIV/AIDS.

Effective BCC creates demand for VCT (people want to know if they are infected with HIV). Those who test negative have a powerful incentive to modify their behavior, particularly with good counseling. For those who test positive, VCT represents an important entry point for care and support.

Care and Support: As the epidemic progresses, there is increasing need for treatment and care of people living with HIV/AIDS and STI. FHI has strongly promoted the development of policy and systems advice and commends the work of MoH and WHO in policy development.

FHI is also actively implementing treatment and care services: in 2003 FHI with WHO provided training in the syndromic management of STIs to around two hundred health workers. FHI is procuring antiretroviral drugs to care for people living with HIV /AIDS. FHI intends to establish services where quality STI management and voluntary testing and counselling are available. The services will be referred to in behavior change communications (so people know where to go). Health practitioners, too, will know they can refer clients to a reliable service which is supported by good diagnostic facilities and systems.

FHI East Timor Makes a Difference

Rui Carvalho, FHI Program Officer and well known spokesperson for the MSM community in Dili recognizes the difference FHI has made. Prior to FHI involvement in East Timor MSM were a shunned, vulnerable communi-



ty with little access to information. “FHI has turned things around for MSM” claims Rui. Working with local NGOs FHI ensures MSM receive information on HIV and STI transmission and prevention. FHI is the first group to support condom distribution targeting MSM.

Did you know? Three million people died in 2003 because of AIDS—nearly 8,000 a day.



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Family Health International was established in 1971 as a private, non-profit organization. Since forming its first AIDS task force in 1986, FHI has pioneered worldwide HIV/AIDS prevention and care efforts. FHI has managed USAID’s largest HIV/AIDS projects, including the ongoing (1997–2007) IMPACT (Implementing AIDS Prevention and Care) Project and YouthNet, a global program that is improving reproductive health and preventing HIV/AIDS among young people aged 10 to 24. The **FHI Institute for HIV/AIDS** was formed to bring focus to

FHI’s leadership in providing an effective response to the growing needs created by the epidemic. Its work is complemented by the research on HIV prevention and on reproductive health undertaken by **FHI’s Institute for Family Health**, based in North Carolina. The Institute for HIV/AIDS has more than 550 employees and offices in more than 40 countries. Supporters include USAID, DFID, Elizabeth Glaser Pediatric AIDS Foundation, Elton John AIDS Foundation and Bristol-Myers Squibb.

<http://www.fhi.org>