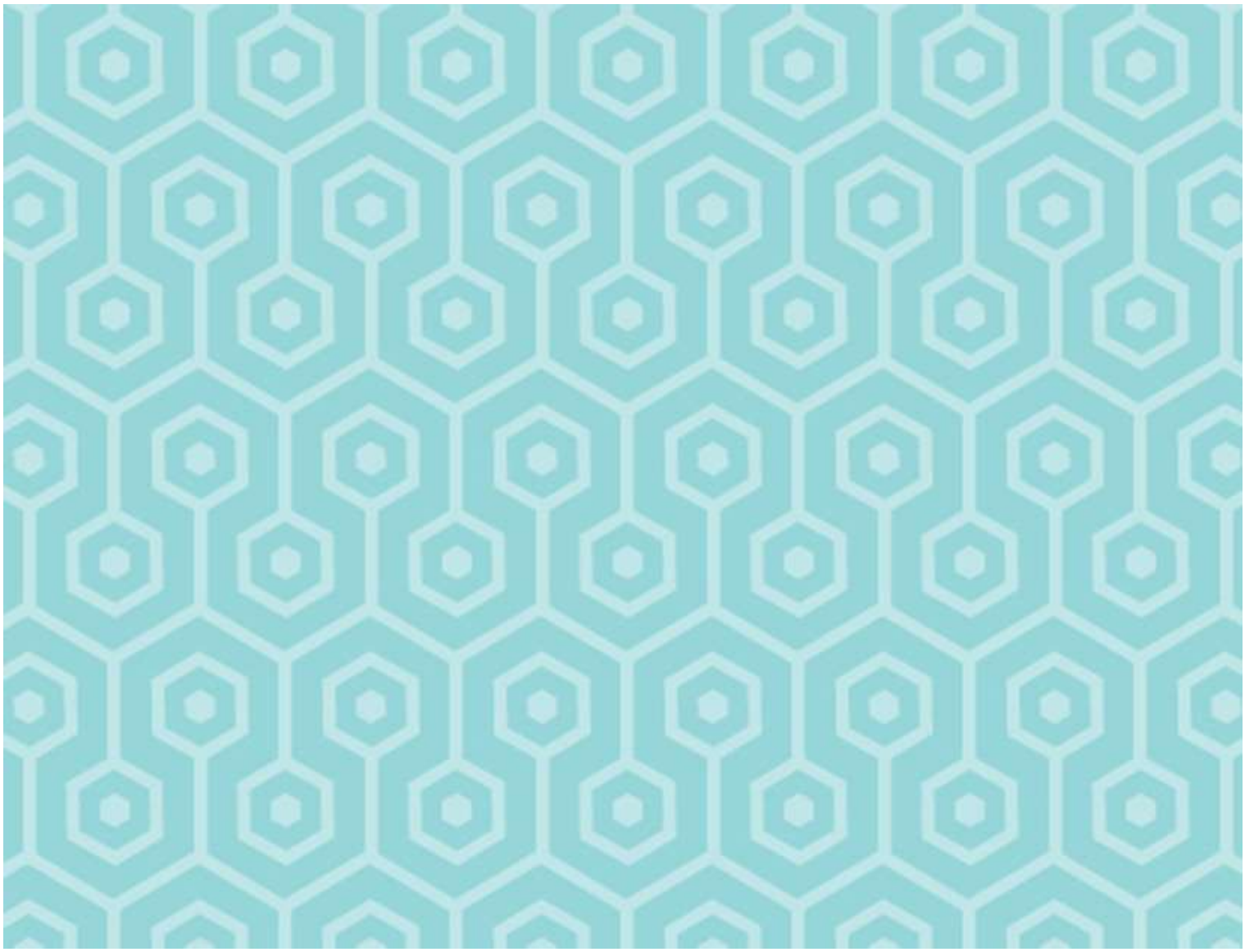
Country progress report - Timor-Leste

Global AIDS Monitoring 2018



Contents

Overall

Fast-track targets

Progress summary

HIV in Timor-Leste is predominantly sexually transmitted with around 98% of reported cases resulting from homosexual and heterosexual transmission . There is a paucity of information related to HIV transmission due to blood transfusion. Injecting drug use behaviors and the contribution to transmission from these sources also remain poorly understood. The rates of mother to child transmission are now better understood with an increasing number of women being tested during the antenatal period. The numbers of pregnant women identified with HIV reportedly remain low and all are either on antiretroviral therapy (ART) or begin ART during pregnancy. Exposed infants however, are not all treated or tested but this is improving with 8/8 exposed infants being tested and put on ART in 2016.

The first case of HIV was identified in 2003 and the cumulative number of cases reported has grown to 725 as of December 2017, the estimates for the same period being 711. Case identification is clustered in six (6) municipalities and around larger urban areas and districts bordering on Indonesia (Bobonaro, Oecusse and Covalima) or sea ports (Dili, Baucau and Oecusse). Ainaro, another municipality, is also regarded as a high burden area due to the mobility of people through this district to land borders.

National estimates done in 2015, indicates that Timor-Leste continues to be a low prevalence country, however there are areas and groups where the HIV epidemic could be "concentrated". This status was determined from surveillance information, integrated bio-behavioral survey (IBBS) in key populations (2011 and 2016-17) and HIV sentinel surveillance undertaken in 2010 and 2013.

It is possible that the profile of the epidemic is changing to a limited extent. The draft results from the most recent IBBS (2016) did not find HIV among the 305 men who have sex with men (MSM) or the 312 female sex workers (FSW) who participated in the survey. However, results from the National Case Based Reporting Surveillance System in 2016 indicate that three (3) new MSMs were diagnosed as positive, who had an HIV test. Of the other 83 newly detected HIV cases reported in 2017, 28 (33.7%) were reported among TB cases, 2 (2.4%) in STI clinic attendees, 7 (8.4%) in ANC women and 46(55.4%) cases were reported in walk in clients for voluntary counseling and confidential testing (VCCT). It is not clear which group the walk-in-clients' cases came from as these newly detected cases are not necessarily counseled to identify behaviors that may have contributed to HIV transmission. The National HIV/AIDS Program is carrying out limited behavioral survey for all newly identified cases to address the transmission risks.

In addition to this lack of detailed understanding of key drivers of the epidemic, the provision of services to some groups is hampered by limited access to HIV prevention, testing,

treatment and care services. For example, there are exceptionally low testing rates among STI patients. To eliminate transmission of HIV and reach the “90-90-90 targets” set out in the National Strategic Plan for HIV and STI 2017-2021 (NSP 2017-2021) continued and accelerated service access and delivery is required.

There are very encouraging indications that HIV testing services (HTS) are increasingly being offered in a range of service areas where Provider Initiated Testing and Counseling (PITC) was offered earlier including ANC and in TB suspects and patients. This shows that critical service entry points are developing and expanding however, there is still a great deal of work required to ensure that the entire continuum of HIV prevention, testing, and treatment is universally available to all those in need. To enable this process of improved access, it is also essential that Timor Leste continues to have the opportunity to further develop systems for monitoring the progress of HIV and STI epidemic.

Of the 725, cumulative number of people who have been detected as HIV positive, 467 cases were enrolled in HIV care. By end of December 2017, 287 people living with HIV (PLHIV) were alive and on ART.

It is difficult to estimate the actual number of people who are lost to follow up. In acknowledging the gap between the estimated numbers of people living with HIV and the cumulative numbers of diagnoses, the most significant gap is that between those newly diagnosed and those on antiretroviral therapy (ART). A data review and quality audit was undertaken in 2014, the revised number of HIV cases detected till then was reported as 247. Data quality since 2014 has been of good. Thus, we have a cumulative 374 cases who are expected to be alive. Till the end of 2017, the number of people put on ART is 287(76.7%), thus missing 87 cases in the process over the past four years only. In 2017 alone, there were 83 people found to have HIV of which 62 entered the treatment program (74.6%) in accordance with the “treat all” protocol which began implementation at the beginning of 2016.