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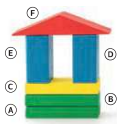


General data

POPULATION, 2023
1,384,286
SURFACE, KM², 2022
14,870
PHYSICIANS / 1,000 INH, 2022
0,767

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle
HUMAN DEVELOPMENT INDEX RANKING, 2021
140
GDP PER CAPITA (US\$), 2023
1502,52
HEALTH EXPENDITURE (% GDP), 2021
11,44
UNIVERSAL HEALTH COVERAGE, 2021
52



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- ⓫ PROVISION OF PC



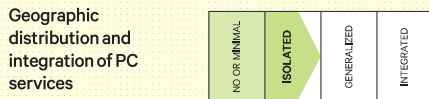
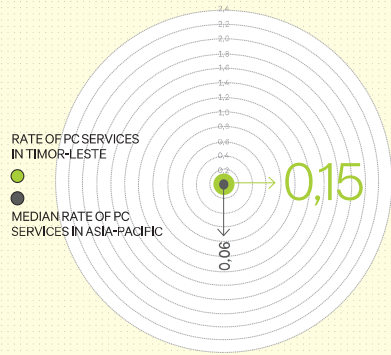
Timor-Leste

F Provision of PC (Specialized Services)

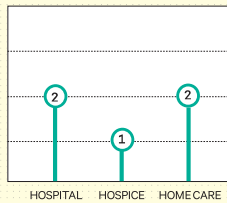
Total number of Specialized PC services **2**

Rate of PC services per 100,000 inhabitants **0,15**

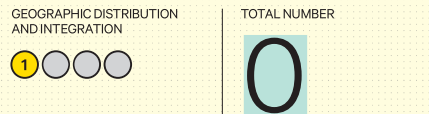
Timor-Leste in the context of Asia-Pacific regions



Level of development of different types of PC services



Pediatric PC Services



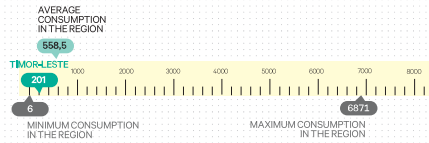
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Timor-Leste

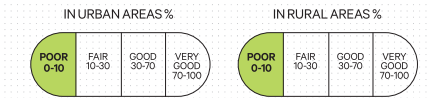
D Use of essential medicines

Opioids consumption (excluding methadone) **201**
S-DDD/MILL INHABITANTS/DAY

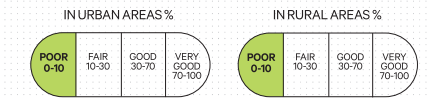
Timor-Leste in the context of Asia-Pacific regions



Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research

PC-related research articles **1**
Existence of PC congresses or scientific meetings **1**



National Association: -
Consultants: Mingota Da Costa Herculano; Benilda De Gula.
Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching **0/2**

Nursing schools with mandatory PC teaching **0/3**

Recognition of PC specialty **2**

B Policies

National PC plan or strategy **2**

Responsible authority for PC in the Ministry of Health **3**


Inclusion of PC in the basic health package at the primary care level **2**


A Empowerment of people and communities

Groups promoting the rights of PC patients **2**
Advanced care planning-related policies **3**



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People & Communities

<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>In Timor-Leste, while there is no formal organization established for palliative care, several key advocates and pioneers can be recognized. There are several initiatives dedicated to promoting the rights of patients in need of palliative care, along with their caregivers and survivors. For example, Saude Ba Ema Hotu (Health-care For All) or SABEH and the St. Paul Clinic, a private faith-based institution, are actively involved in advocating for these rights. The St. Paul Clinic receives referrals for palliative care patients from a range of sources, including health centers, hospitals, mobile clinic coordinators, clinic staff, and relatives. Other religious congregations also support the palliative care team by providing spiritual assistance. Moreover, family members frequently refer others who may benefit from similar care.</p>
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<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning?</p>	 <p>There is/are national policies or guidelines on living wills and/or on advanced directives.</p>	<p>Currently, the guidelines for advance care planning are included in the national palliative care guidelines. When no surrogate is available and a patient has no written advance directive, hospital ethics committees can assist in decision-making, or in some cases, a court may need to appoint a guardian.</p>
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Policies



<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p>	 <p>Developed over 5 years ago.</p>	<p>Timor-Leste developed the national palliative care policy and guidelines between 2021 and 2022, with the guidelines presented to Ministry of Health leaders and other stakeholders in late 2022. Although a palliative care policy has existed for four years, active implementation is set to begin in early 2025, as the Ministry focuses on preparing human resources. The plan includes expanding palliative care services to several districts and training additional staff. A monitoring section with specific indicators is outlined in the guidelines, which are available in both English and Tetum.</p>
<p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	 <p>Yes, there is a standalone national palliative care plan AND/OR there is national palliative care law/legislation/ government decrees on PC.</p>	

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Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>The indicators to monitor and evaluate progress exist but have not been yet implemented.</p>	
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<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>The Family Health Program was officially launched in Timor-Leste in April 2015 as part of a public strategy incorporated into the Comprehensive Service Package for Primary Health Care (PHC), which includes some palliative care services. The recent guidelines for the palliative care plan are relatively new, and the Ministry of Health aims to integrate and structure these services within the primary care framework.</p>
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<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p>	 <p>There is a coordinating entity but has an incomplete structure (lack of scientific or technical section).</p>	<p>A national coordinating committee for the palliative care program in Timor-Leste is in place, but its structure remains incomplete. Last year, the National Coordinator sought funding for the program from Parliament but was unsuccessful. Currently, the Ministry of Health, under the leadership of the Vice Minister for Operationalization of Hospitals, is working on establishing a Palliative Care Unit at the National Hospital, which is expected to be operationalized in 2025.</p>
<p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>There are concrete functions but do not have a budget or staff.</p>	

AP Timor-Leste

Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



There are no national congresses or scientific meetings related to palliative care.

Palliative care in Timor-Leste is still in its early stages, with no national congresses or scientific meetings focused on the subject conducted within the country. As a result, the PC trained professionals in the program often attend seminars or scientific gatherings abroad.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



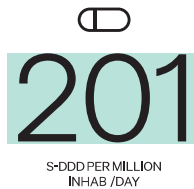
Indicates a minimal or nonexistent number of articles published on the subject in that country.

Medicines

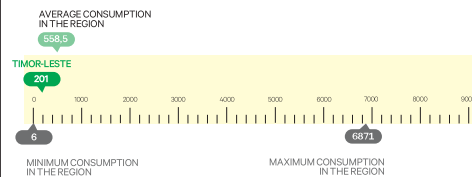
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses (S-DDD) for statistical purposes per million inhabitants per day, 2020–2022: 201 S-DDD



COUNTRY VS REGION



AP Timor-Leste

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Poor: Between 0% to 10%.

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Poor: Between 0% to 10%.

The 2015 revision of Timor-Leste's Essential Medicine List includes opioids like morphine and methadone, regulated under the Police Scientific Investigation of Criminal Office (PCIC) watchlist. However, effective pain management faces challenges due to limited opioid availability, supply chain issues, and insufficient training in pain assessment. Common pain relief medications, such as paracetamol and anti-inflammatory drugs, are generally available, but stronger options like morphine and fentanyl are limited to hospitals and often face stockouts. Primary care largely depends on paracetamol, while rural areas face significant gaps in access to palliative care and pain management. Other essential drugs like hyoscine, metoclopramide, and diazepam are inconsistently stocked, further limiting comprehensive pain management. These challenges highlight the need for improved supply chains, better training for healthcare providers, and expanded availability of essential palliative care medicines.

Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



Poor: Between 0% to 10%.

Although morphine and methadone are included in the Timor-Leste Essential Medicines List (TLEML), health professionals do not receive training on its use at the university level, and there are no orientation courses for physicians who studied abroad. Additionally, in-service training places little emphasis on TLEML. Opioid analgesics, necessary for pain management, must be prescribed by specialists such as internists, oncologists, and intensivists; however, the country lacks a sufficient number of trained specialists to prescribe these medications. The procurement system for narcotic and psychotropic drugs is cumbersome and lacks clarity, combined with inadequate training in palliative care, resulting in limited availability and awareness of opioid analgesics for effective pain relief.

AP Timor-Leste

Education & Training

Ind11

11.1. The proportion of medical schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of medical schools in the country

0/2



Timor-Leste has two medical schools, the National University of Timor Lorosa'e (public) and the Universidade Catolica Timorense Sao Joao Paulo II (private). While palliative care is not a compulsory subject, optional training is available, and introductory content is included in some mandatory courses.

11.2. The proportion of medical schools with **OPTIONAL** teaching in PC...

2/2

* Nursing programs lack formal palliative care courses, with training mainly provided through external seminars or initiatives outside the curriculum. The Asia Pacific Hospice Palliative Care Network (APHN) and the Ministry of Health have launched capacity-building programs to train healthcare professionals and hospital staff, aiming to expand palliative care services nationwide.

11.3. The proportion of nursing schools with **COMPULSORY** teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.

0/3

11.4. The proportion of nursing schools with **OPTIONAL** teaching in PC...

NA/3

Ind12

12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.



There is no process on specialization for palliative care physicians but exists other type of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities of institutions).

Although with no official process of palliative care specialization in the country, the Asia Pacific Hospice Palliative Care Network (APHN) and the Ministry of Health have introduced capacity-building initiatives to train healthcare professionals and hospital staff in palliative care, aiming to support and expand palliative care services nationwide.

AP Timor-Leste

Provision of PC / Services

Ind13

13.1. There is a system of specialized PC services or teams in the country that has a **GEOGRAPHIC** reach and is delivered through different service delivery platforms.



Isolated provision: Exists but only in some geographic areas.

13.2. Are available in **HOSPITALS** (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.



Ad hoc/ in some parts of the country.

13.3. Free-standing **HOSPICES** (including hospices with inpatient beds).



Not at all.

13.4. **HOME CARE** teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.

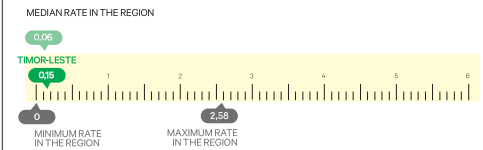


Ad hoc/ in some parts of the country.

13.5. Please enter the total number of specialized PC services or teams in the country.

Timor-Leste lacks a comprehensive system for specialized palliative care services, with initiatives limited and unevenly distributed across the country. Efforts to establish hospital-based palliative care units face significant challenges. In Dili, a Ministry of Health-supported home care team provides services for terminally ill patients, though follow-up often requires visits to the National Hospital. The St. Paul Clinic in Covalima offers palliative care and follow-up services, while Casa Esperança, a multidisciplinary home care service launched in 2018, recently partnered with the Ministry of Health to improve access. The country has two specialized palliative care teams—one in Dili and another at the St. Paul Clinic—corresponding to 0.15 services per 100,000 people. The Asia Pacific Hospice Palliative Care Network (APHN) and Lien Cooperative are expanding training to referral hospitals, but the absence of a cohesive service framework and specialized teams remains a challenge.

RATE OF SPECIALIZED PC SERVICES/100,000 INH



2 ← SPECIALIZED PALLIATIVE CARE SERVICES

Ind14

14.1. There is a system of specialized PC services or teams for **children** in the country that has **geographic** reach and is delivered through different service delivery platforms.



No or minimal provision of palliative care specialized services or teams for children exists in country.

14.2. Please enter the total number of pediatric specialized PC services or teams in the country.



0 PPC TEAMS

There are currently no pediatric palliative care specialized teams in the country.