



Australian Government

Department of Foreign Affairs and Trade



Towards EMTCT in Timor-Leste

Supporting Triple Elimination of Mother-to-Child Transmission of HIV, Syphilis, and Hepatitis B in Timor-Leste

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ASHM Adelaide September 2025



Disclosure of Interest and Acknowledgement of Traditional Land Owners

- We have nothing to disclose
- We pay our respects to the traditional owners of the land on which we meet

Timor-Leste – General Background

- Population of Timor-Leste 1 384 286 (2023)¹
- Large rise in HIV rates noted among pregnant women:
- 0.04% (2013) to 0.3% (2018)²
- Timor-Leste's health system is young / still developing
- Maternal mortality is high but we are making progress in reducing it

Timor-Leste – Rates of Infection in Pregnancy

HIV

2013 (national):
0.04%⁴

2018 (national):
0.3%⁴

Syphilis

2018 (national):
1.7%⁴

2024 (Dili):
3.2%⁵

Hepatitis B

2015 (Dili):
2.8%⁶

2024 (Lautem):
6.4%⁷

Triple Elimination pilot project initiated to -

- Build cooperation between midwife and HIV/STI teams
- Understand key 'on the ground' challenges in detail
- Try new ideas in response to challenges found, to find out what works
- Develop practical, context-specific guidance materials

HIV/STI nurse supports a midwife in how to draw up benzathine penicillin for a syphilis-exposed baby



Baseline assessment in the pilot project showed:

Key Issues

- High stigma
- Limited data analysis / use at the healthcare centre level
- Medication / test kit supply problems
- Lack of clear systems / protocols
- Limited healthcare worker knowledge / skills



Impact

- Pregnant women not returning from Lab with their results
- Suboptimal ANC testing rates
- Low rates of linkage to syphilis and HIV treatment
- Low rates of hepatitis B birth dose vaccination
- Lost to Follow Up

Stigma

Broken confidentiality, midwives declining to provide care for pregnant women living with HIV

Strategies

- Increasing HCW knowledge / decreasing HCW fear
- Importance of **100% patient confidentiality** reinforced, culture of “zero stigma”
- 2x PLHIV counsellors added to the team

Results

At the Formosa Centre, midwives feeling confident and women with HIV now receiving the same antenatal / delivery care as women without HIV

Data use

Monthly numbers collected/reported, but not analysed or acted on within the clinic

Strategies

- Improvements in data collection
 - E.g., introduction of **checklists**
- Building HCW capacity to:
 - **Calculate** key indicator rates
 - **Compare** results against targets
 - **Use** the calculations to see if quality interventions are working

Results

Handwritten data table for Hep B birth dose completion rates. The table is organized by month (Aug, Sept, Oct, Nov, Dec, Jan) and includes columns for 'TOTAL BIRTHS' and 'TOTAL VACCINATIONS'. Completion percentages are calculated and circled in each month's section. A target of 224 is noted at the top.

Month	Total Births	Total Vaccinations	Completion Rate
Aug	27	18	67%
Sept	32	14	44%
Oct	38	20	53%
Nov			
Dec			
Jan			

Additional notes: 224 LRS (circled), Hep B (boxed), and ~~17000 SALE~~ (crossed out).

“Back of the envelope” mini-audits underlying the success of HepB Birth Dose QI intervention
– completion rates now averaging **98%**

Linkage to Treatment

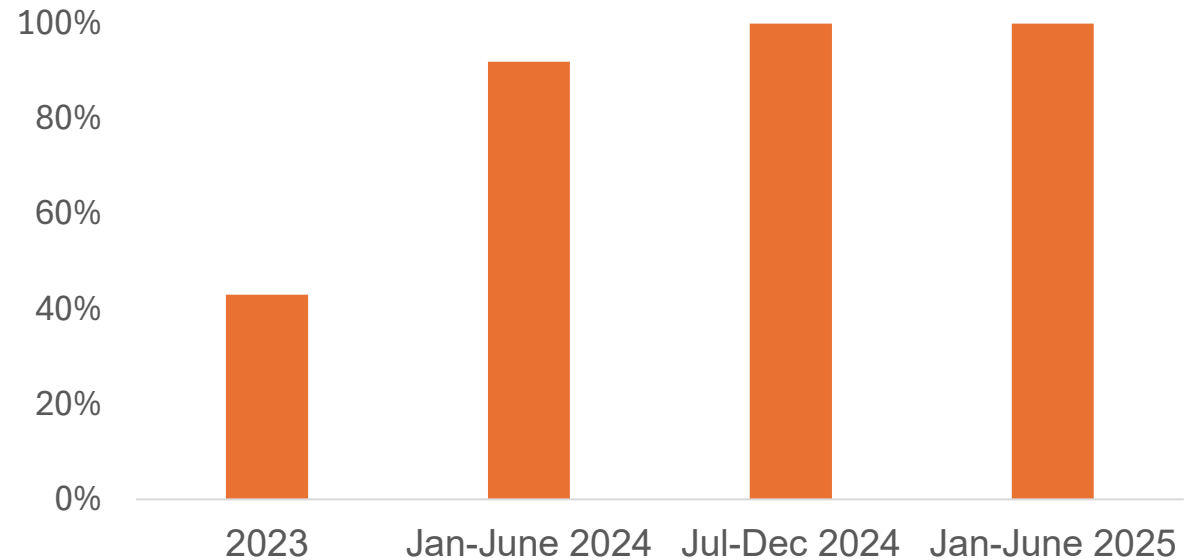
Women testing positive but not started on treatment

Strategies

- **Point of Care HIV/syphilis testing in ANC**, leading to:
 - Improved syphilis case detection
 - Confidentiality risks minimised
 - Improved linkage to care
- **88%** of midwives report moving to POCT has not increased their workload compared with sending women to the Lab

Results

Percentage of pregnant women with positive syphilis tests linked to treatment



Sustained improvements in linkage to treatment for pregnant women with syphilis

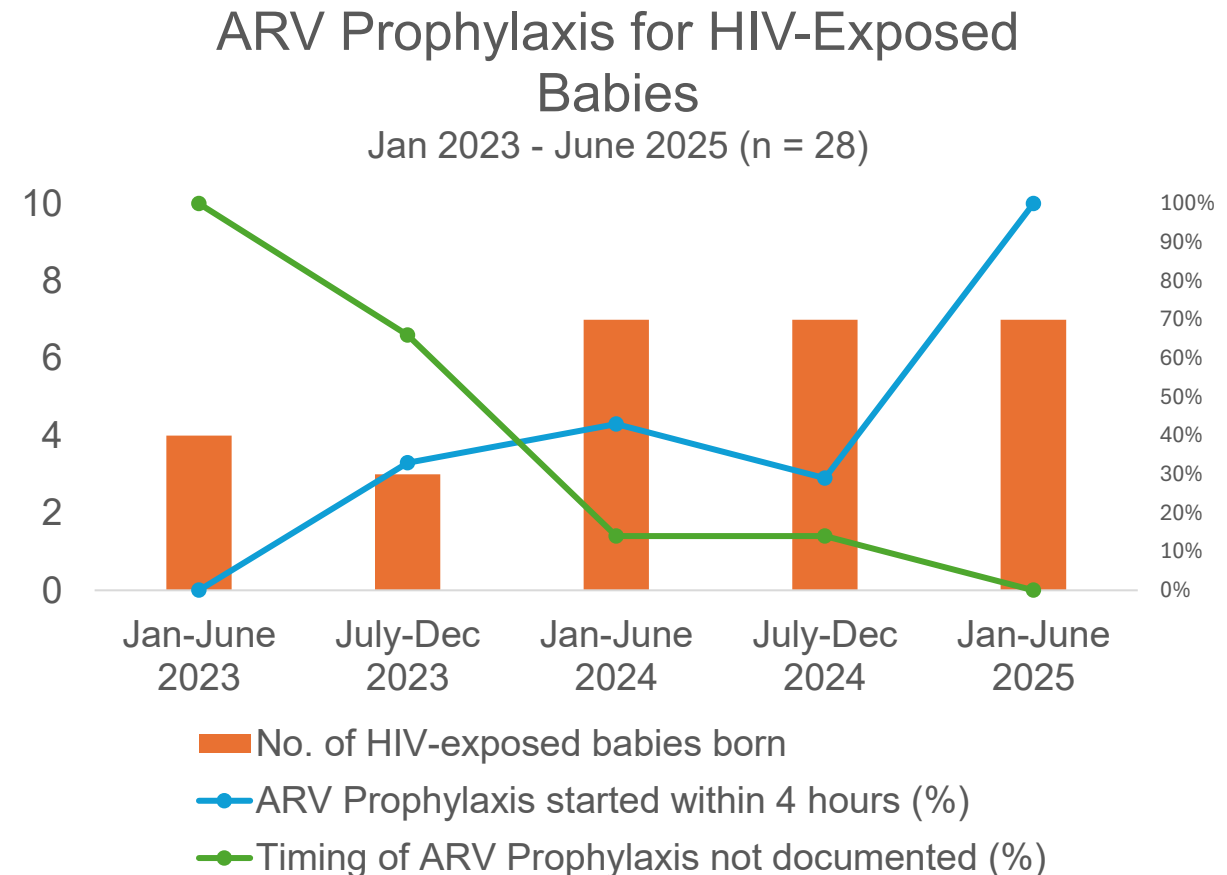
ARV Prophylaxis

HIV-exposed babies not starting ARV prophylaxis or starting late

Strategies

- ARV Px drugs kept in Maternity
- Midwife autonomy to start ARV Px
- WA group to communicate
- Mothers keep ARV Px ready at home (if at risk for home delivery)
- Training on importance of on-time ARV Px
- Dosing tables on the wall

Results



Future Directions

- Strengthening Quality Improvement capacity at the pilot centre
- Scaling up to new locations
 - Including 1x remote location
- Rolling out Triple Elimination Guideline and Workplace Training Package



HIV/STI team and midwives co-developing clinical tools for the training package

Acknowledgements

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- Our PLHIV patients
- Our midwife and HIV/STI colleagues
- The Department of Maternal and Child Health, MoH, Timor-Leste
- The National AIDS Program



Special thanks to the Formosa Triple Elimination team

References

1. <https://data.who.int/countries/626>
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3. <https://timor-leste.unfpa.org/en/topics/maternal-health-12>
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5. Formosa Integrated Care Centre 2024 Monitoring and Evaluation report
6. Hall C et al. Prevalence of hepatitis B infection in women delivering at a community health centre in Díli, Timor-Leste and discussion of programmatic challenges. *Trans R Soc Trop Med Hyg.* 2015;109(4):280-282
7. Fernandes A. et al. Hepatitis B virus (HBV) prevalence and coinfections in pregnancy in Timor-Leste: the road to elimination of mother-to-child transmission. *APJPH.* 2024; 36(1) 140–142