Nutrition in Timor-Leste: Progress, Challenges and Way Forward

A PRESENTATION TO TIMOR-LESTE DEVELOPMENT PARTNERS

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Stunting in Timor-Leste

- Stunting affects **cognitive** and **physical** development of a child
- Every second child in Timor-Leste is **stunted**
- Prevalence reduced in a decade, however still “very high” (> 30%)
- 8 municipalities’ prevalence higher than national average (47.1%)
Prevalence of wasting

Prevalence of Wasting among 0-59 months (2010 - 2020)

- Children suffering from wasting are 12 times likely to die than healthy ones
- Wasting affects all economic levels
- The prevalence of wasting in 2 municipalities (Oe-cusse & Bobonaro) is above thresholds (10 - <15%)
- Wasting - highest among children 6-11 months in urban areas
Prevalence of anemia among children under-five years in Timor-Leste

- Anemia – above standard thresholds (>40%) in all municipalities and higher in children 6-23 months

TLFNS 2013
Breastfeeding Practices

The proportion of newborns introduced to breastfeeding has reduced significantly.
Feeding Practices among children 6-23 months

- Dietary practices for this age group **has not improved** in the past 10 years
- 65% not fed with **diversified diet**
- 48% not fed the **minimum number** of times per day

86% not fed nutritious diet

- Minimum Meal Frequency
- Minimum dietary diversity
- Minimum acceptable diet
Nutrition status of women 15-49 years

Decrease in thinness among women of reproductive age – more younger women 15-19 yrs are thinner

Short stature – older age (40-49) are shorter than younger ones (15 – 19 yrs)

Increase (9.5 percentage points) in overweight and obesity
Trends in Access to improved water and Sanitation 2010-2020

- 94% do not wash hands after using a toilet, disposing child stool, feeding/breastfeeding children
- 94% do not have access to basic sanitation services

Access to improved water source:
- TLDHS 2010: 63.3%
- TLNS 2013: 64.4%
- TLDHS 2016: 78.6%

Access to improved sanitation facilities:
- TLDHS 2010: 41.3%
- TLNS 2013: 50.6%
- TLDHS 2016: 50.1%
Causes of Malnutrition

**Immediate Causes**
- Inadequate dietary intake
- Disease

**Underlying Causes**
- Household food insecurity
- Inadequate care and feeding practices
- Unhealthy household environment and inadequate health services

**Basic Causes**
- Household access to adequate quantity and quality of resources: land, education, employment, income, technology
- Inadequate financial, human, physical and social capital
- Sociocultural, economic and political context

**Long-term Consequences**
- Adult height, cognitive ability, economic productivity, reproductive performance, metabolic and cardiovascular disease

**Intergenerational Consequences**
- Maternal and child undernutrition
CONSEQUENCES OF MALNUTRITION

Brain of a malnourished child

Brain of a non-malnourished child

Short-term
- Impaired brain development
- Weakened immune system
- Lower IQ

Long-term
- Lost productivity & healthcare costs
- Smaller stature
- Greater risk of diabetes and cancer
- Premature death
Government of Timor-Leste Commitment by 2030 targets

Requires to reduce stunting by 22% and wasting by 5% in 2030.
What is needed?
• Investing in first 1000 days of a child’s life – from inception to 2nd birthday!

• Stunting and wasting can only be addressed before a child turns 2. After that, we are only feeding acute and chronically malnourished children
Comprehensive implementation of the Framework to achieve optimum foetal and child nutrition and development

Existing Policies on Food and Nutrition require adequate funding and monitoring mechanism

- Timor-Leste SDG2 Consolidated National action Plan on Nutrition and Food Security (CNAP-NFS) 2021-2030
- Planu Estratejiku Nasional Nutrisaun Setor Saude (NHNSP) 2022-2026
- Politika Seguransa Aihan no Nutrisaun - 2017; Jan 2017
Existing Policies on Food and Nutrition require adequate funding and monitoring mechanism (cont..)

- Adoption of decree-law to regulate marketing of breastmilk substitute and food fortification decree-law

- Increase investment in rural water and sanitation

- Scale-up behaviour change communication – institutionalize MSG

- Ensure sustainable food system for quality diet especially children 6-23 months
Obrigado