



PRIME  
MINISTER

**SPEECH BY HIS EXCELLENCY THE PRIME MINISTER OF THE  
DEMOCRATIC REPUBLIC OF TIMOR-LESTE,  
DR RUI MARIA DE ARAÚJO,  
AT THE OPENING SESSION OF THE  
SECOND NATIONAL HEALTH CONFERENCE -  
“HEALTH IN THE FAMILY”**

**Noble Palace, Lahane  
19 December 2015**

Your Excellency the Former President of the Democratic Republic of Timor-Leste and Nobel Peace Prize Laureate, Dr José Ramos-Horta

Your Excellency the Minister of Health and fellow Government members

Your Excellency the Representative from the World Health Organisation

Your Excellency the Cuban Ambassador in Timor-Leste and Representatives from the Diplomatic Corps

Your Excellency the Coordinator of the Cuban Medical Brigade and respective doctors and health professionals

Your Excellencies

The Timorese doctors and health professionals

The Representatives from International Organisations and Non-Government Organisations in Timor-Leste

The Representatives from Civil Society

The lecturers and moderators

Ladies and Gentlemen,

It is a great satisfaction for me to be here today at the Second National Health Conference, with the theme "Health in the Family". This is an area that is very dear to me, both as Prime Minister and as medical doctor.

I would like to seize this opportunity to congratulate the Ministry of Health, the Cuban Medical Brigade and the World Health Organisation for the joint work they have been doing and for holding this initiative, which judging by the number of participants has been very well received.

And since health is a subject that concerns us all, because to talk about health is to talk about development and quality of living, both in terms of individuals and the communities in which they are inserted, kindly allow me to speak not only as Prime Minister but also as a medical doctor.

I would like to speak to you about the evolution of **social medicine**, the **differences between medicine for profit and preventive medicine**, **Primary Health Care**, the **"Health in the Family" Programme**, including what **Timor-Leste has already achieved in this area**, the **potential of this programme and the classification of the people according to their health status** in the development of the country.

In addition to being essential, health – both physical and mental – is the strength of peoples and Nations and a priority for this Government. As such, and in view of the nature of this National Conference, I would like to say a few words on these subjects, so that we may better understand the options based on the policies we have been drafting in the health sector.

Your Excellencies  
Ladies and Gentlemen,

When speaking about health one must also speak about disease, and that which we call “disease” has been around for as long as man. Even before Christ, some philosophers already suggested that environmental factors influenced people’s health, with some civilisations such as Egyptian, Hebrew, Greek, Roman and Aztec, for instance, recommending habits of personal hygiene, the construction of canals to separate between drinkable water and residual water, and the adoption of standards in terms of nourishment, sexuality, labour and resting.

In the Dark Ages, however, emerged manifestations contrary to what the philosophers had advocated. Negligence about personal hygiene and public cleanliness, together with warring migration movements and low social and economic standards, led to major epidemics, including the plague and leprosy.

In the middle of the 19<sup>th</sup> century, Rudolf Virchow, a German pathologist, after finding that disadvantaged people were more like to contract diseases, advocated that the Government should create a “public health service” that would create public health facilities in which health professionals hired by the State would provide health services.

Virchow was a staunch believer that the social condition in which an individual lived contributed to the prevention and eradication of diseases, and that access to health care should be a right of every citizens, to be ensured through the creation of this system by the State. As the work done by the health professionals was direct work in the defence of the health and direct medical assistance of the more underprivileged people, Rudolf Virchow called them “physicians of the poor”. According to him, “medicine is a social science and politics is nothing but medicine at a larger scale”. By this he meant that social and political changes could create better conditions for workers and therefore improve the health situation of the population.

What Virchow advocated had a great impact in Latin America, whither some of his followers emigrated and took on leadership roles, such as in the University of Chile. This school influenced an entire generation of students, including Salvador Allende, who went on to become Senator and President of Chile, and who created the Chilean National Health System, guaranteeing access to health for all.

Under this strong influence, and still in the 19<sup>th</sup> century, other countries presented a remarkable development in terms of public health, particularly in Europe and the United States, where the approval of public health laws, such as the one by Edwin Chadwick in England, succeeded in lowering the mortality rate of some contagious diseases that affected some populations, particularly those with worse sanitation conditions.

Until then, medicine aimed almost exclusively at curing diseases as they appeared, since there was barely any epidemiology and no knowledge on key infectious and contagious diseases.

In the middle of the 19<sup>th</sup> century, almost all physicians argued that diseases were transmitted through filth, from which emanated “miasmas” that infected people. Other physicians argued that diseases spread from sick people to healthy people through contagion by possible microorganisms.

The studies by Robert Koch on the tubercle bacillus showed that the latter were correct, which is why medicine started focusing on microorganisms. In turn, public health measures meant for combating filth (drinkable water, drainage, regulation of garbage dumps, etc.) were relegated to the back.

The 20<sup>th</sup> century saw the emergence of ideas related with public health measures, even if in an identical plane to contagion through microorganisms. In 1920, the American bacteriologist Charles Edward Winslow described public health as: *“The science and art of preventing disease, prolonging life, and promoting physical and mental health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis of diseases, and the development of the social machinery, which will ensure to every individual in the community a standard of living adequate for the maintenance of health”*. Subsequently he changed the term “physical health” to “physical and mental health”.

In 1937, Swiss physician Henry Ernest Sigerist, founder of the modern school of sociological analysis and founder of the Social Medicine current in the United States, after many studies on the History of Medicine, published the book “Socialised Medicine in the Soviet Union”, which led to the concept of social medicine, commonly associated with “public health”, to start being disseminated among the middle class, in the effort to understand what is known as “social factors determining the health of the population”.

In Latin America, the country of Cuba, influenced by the social medicine of Salvador Allende, was able to develop a more efficient health system that produced successful outcomes. Indeed, the very Cuban Revolution contributed to this success, generating a wave of internal – and subsequently international – social solidarity. The strong humanitarian and solidarity characteristics of the Cuban people, together with their technical knowledge, were vital for bringing health and medical care to each individual and each family.

It is certain that our social and cultural characteristics may be determinant factors in certain areas. And we Timorese have a history of being people of live “in family” and “for the family” and for the community. As such, we identify closely with the example of the Cuban system.

It is within this sense of proximity that we want to continue moving forward. We know that this is a model that suits us, since we know our culture and habits well. We are mostly a Christian people, whose principles are based on humanism and solidarity. These are characteristics that, together with the technical knowledge of the current and future Timorese doctors, will enable us to bring to the entire country – particularly the more rural areas – the care that our people need in order to promote good practices of health prevention, cure and rehabilitation, in accordance with their expectations, similar to what we have already done with the “Health in the Family” Programme.

In short, **social medicine** seeks to:

- Understand the manner in which social and economic conditions have an impact on health and disease, as well as their importance in medicine;
- Promote conditions in which understanding on this issue may lead to a healthier society;
- Study the population as a whole, rather than just as isolated individuals.

Your Excellencies

Ladies and Gentlemen,

The development of public health and the influence on this science by the social medicine concepts of Virchow, Sigerist and others, as well as the study of the social determinants of population health, enable us to differentiate between two types of medicine: the first, the older one, is that of essentially curative medicine, whether or not it is free; the second is that of medicine based on the principles of prophylactic guidance, seeking to prevent diseases.

Curative medicine is limited to curing diseases and does little to prevent their occurrence in people, which is why it has very little to do with promoting a healthy life style and implementing every measure contributing to ensure quality living for the population. This type of medicine exists mostly in some capitalistic societies, particularly those where medicine is a private business in which profit is the goal.

On the other hand, and although it does not neglect curative activities, medicine essentially based on prophylaxis focuses on preventing the occurrence of diseases by ensuring proper sanitarian education, encouraging the population to lead healthy life styles under every perspective and using disease prevention measures, such as inoculation and control of the key health risk factors in the communities.

The latter is the type of medicine practiced in Cuba and practiced by the Cuban Medical Brigade in Timor-Leste, which has been supporting us in this sector since 2004. It was also this type of medicine that allowed a country like Cuba, facing an economic, commercial and financial blockade and short on natural resources, to have better health indicators today than many developed countries. This is what Rudolf Virchow meant when he said that “politics is nothing but medicine at a larger scale”.

These are two opposing systems. The first focuses on the sick, while the second focuses on the healthy, as well as on people with risk factors, so as to prevent them from becoming sick. It also gives special attention to the social and economic conditions contributing to a healthy population.

Your Excellencies

Ladies and Gentlemen,

The second half of the 20<sup>th</sup> century was characterised by certain advances in the areas of anaesthetics, medication and medical technology, making health services more expensive.

Among other factors, this led some countries to start looking for alternatives such as the “Feldsher” programme in the former Soviet Union, the “Barefoot Doctors” in the People’s Republic of China and the “Health Promoters” in Guatemala, which solved the problem of lack of services and whose success originated similar programmes in other countries.

However, and as a result of scientific advances, health services continued not being inexpensive. In a way, this led the Canadian Minister of Health, Marc Lalonde, to draft a report on “A new perspective on the health of Canadians” in 1974, which would revolutionise Public Health.

The Lalonde Report, as it became known, brought new challenges in the field of public health by acknowledging the need to transform health systems from a model that was based on curing diseases to a model that is based on promoting health, so as to reduce inequalities, increase prevention and capacity build people to deal with the aspects that limited their wellbeing.

This was perhaps the first industrialised country to acknowledge that biomedical interventions, i.e. medical services, hospital services and pharmaceutical products, inter alia, were not the main elements responsible for the wellbeing of the individuals or for the improvement of the living situation of the population.

With all of this evidence in the area of Public health, the World Health Organization held a World Conference in Alma-Ata, Kazakhstan, in 1978, where it was decided to implement a proper Primary Health Care strategy. The Alma-Ata Declaration resulting from this Conference showed the way that all countries should follow, particularly least developed countries, so as to improve the international health situation, focusing on primary health care as the best strategy for improving the health situation of the people of the world.

Out of this conference came the famous “Health for All by the Year 2000” goal, drafted by the World Health Organization, based on a set of health indicators that should be improved. However, many countries failed to do so, including Timor-Leste, which at the time was yet to be an independent country.

After 2000 the WHO set the 8 Millennium Development Goals, which should have been achieved by 2015. However, these goals were not as successful as everyone wanted. Recently the United Nations adopted the 2030 Sustainable Development Agenda, which includes the Sustainable Development Goals. I was honoured to represent Timor-Leste at this ceremony and I had the opportunity to reiterate our commitment of achieving this goal by 2030.

Your Excellencies  
Ladies and Gentlemen,

In conformity with the WHO declaration on Primary Health Care, the Ministry of Health intends to respond to the needs and aspirations of our people by reorganizing health services in the country.

For this purpose we have been taking important steps to improve health indicators. Being aware of the shortage of skilled human resources in this sector, we began cooperating with the Government of the Republic of Cuba in 2004. This cooperation, which is still ongoing, has enabled us to receive many Cuban specialised doctors, nurses and other health professionals. Presently there are 1,204 Timorese health professionals, including 798 doctors.

Part of this cooperation is also reflected in the creation of the Faculty of Medicine and Health Sciences of the National University Timor Lorosa'e, which already features 886 new Timorese doctors. In accordance with the new 2015 Census preliminary report, this represents 1 doctor for each 1,300 people. This is one of the best rates of doctors for every 1,000 people in Southeast Asia, as the former President Dr. Ramos-Horta said.

And because the goals we are set on achieving require great effort, the Ministry of Health is working with dedication and commitment on the new Primary Health Care Programme, based on the Cuban Programme – “Health Primary Attention” – in which the overwhelming majority of doctors have been trained at the Cuban Medical School and have been instructed by the very doctors of the Cuban Medical Brigade.

The Cuban experience in terms of “Primary Health Care” is internationally acknowledged, as well as its method for providing assistance to the population. I am also certain you have already heard about the classification of the population according to their health situation.

This classification is an organised, ongoing and dynamic process for planned and integral assessment and intervention, with a clinical, epidemiological and social approach, concerning the health situation of individuals, their families and the communities in which they are inserted, seeking to:

- 1 - Develop a process for continuously improving the health situation of individuals and their families;
- 2 - Increase people satisfaction with the health services provided;
- 3 - Determine the health situation of individuals and their families;
- 4 - Identify and respond to risks, diseases and other situations related with the health of individuals and their families;
- 5 - Facilitate a multidisciplinary intervention on the health problems of individuals and their families;
- 6 - Provide the necessary information on individual and family health towards the drafting of health situation studies, so as to improve the efficiency of the work in the family medicine system.

We believe that this method will yield outcomes as positive as those we have as examples. This will enable us to increase the wellbeing of our people, from the cities to the most remote areas and from the sea to the mountains.

Your Excellencies  
Ladies and Gentlemen,

In the middle of the year the Government has launched the “Health in the Family” Programme. According to data from last week (11 December), we have visited 1,579 houses in the 13 municipalities of the country, corresponding to 2,232 families and 10,096 citizens. Out of this total, 9,162 citizens have been classified into 4 groups according to their health situation:

- Group I: Citizens apparently healthy – 105
- Group II: Citizens at risk – 7,887
- Group III: Sick Citizens – 1,054
- Group IV: Citizens with disabilities – 116

With this method we managed to understand that the main risk factors are environmental hazards, tobacco, consumption of “mama malus”, malnutrition and alcoholism. Additionally, the most common diseases are malaria, tuberculosis, dengue and hepatitis. We also managed to obtain information on the most frequent chronic diseases, such as high blood pressure, asthma and diabetes.

If we consider, based on the 2015 Census preliminary report, that the population in our country has increased, we can say that we have covered around 1% of our population. The Government is strongly committed to guaranteeing that by 2016 each household member throughout the national territory has had a first contact with a health care provider and has had subsequent doctor appointments, if required. This is a goal we want to achieve and one that will require the collaboration and effort of everyone, from the medical care delivery teams to the patients themselves, since it will benefit everyone.

We have been investing in the creation of conditions, both in terms of infrastructure and human resources, contributing to the improvement of health conditions and to access to medical care by the population. Together, the development of health units and basic water and sanitation infrastructures, the deployment of doctors in the villages and sucos and the implementation of the “Health in the Family” programme constitute a set of measures adopted by the Government to overcome yet another stage in the development of public health in Timor-Leste.

All of this data, collected through the classification of the people according to their health situation, gives us a set of information that, if used properly, will enable us to identify the key weaknesses of the system, the main diseases, whether transmissible or not, affecting the population, and the risk factors to which we are exposed as a result of living conditions and life styles, as well as environmental and biogenetic hazards.

The Ministry of Health will be reviewing the various types of indicators, such as data on demographics, morbidity, mortality, resources and services, as well as data on hygiene



and sanitation, throughout the national territory, in order to ensure that the development of our health system is as close as possible to the actual needs of the population.

We also have a new IT tool that, with the support of the Cuban Medical Brigade and international organizations such as the WHO, will enable the Government, through the Ministry of Health, to have permanent and systematic monitoring of the outcomes of the “Health in the Family” programme. This will surely be a precious management instrument.

As such, we have a set of conditions that will enable us to walk the path towards achieving the 2030 Sustainable Development Agenda, with commitment and dedication. We know that we are still far from our final destination, but we also know that we are on the right track. With healthy and strong people we will have a strong Nation!

Your Excellencies  
Ladies and Gentlemen,

A short while ago I mentioned the Republic of Cuba as an example of a country that has achieved remarkable outcomes, even when compared with developed countries, in what regards health and human development indicators. In a way, Timor-Leste is following on Cuba’s footsteps, which is why we are confident of making good progress with the outcome of this “Health in the Family” programme.

As such, I urge all teachers, doctors and other health professionals in attendance to keep your selfless spirit and to continue dedicating your professional lives to improving the health conditions and the wellbeing of others. We continue relying on your knowledge, effort and dedication!

On behalf of the Government and the Timorese people, I also want to seize this moment to reiterate our thanks to the World Health Organization and to the Cuban Medical Brigade, which have shown from the start of this sound and “healthy” partnership to be tireless in their support to Timor-Leste.

Furthermore, I would like to convey a special thank you to Dr Rolando Montero Díaz, coordinator of the Cuban Medical Brigade in Timor-Leste, who has been with us since 2013 and who will be completing his assignment very soon.

I trust that today’s conference will enable us to exchange experiences and knowledge.

Lastly, and because we are very close to Christmas, that time of the year when we wish the best for others and for ourselves, I want to wish everyone a Merry Christmas, a prosperous 2016 and... good health!

Before declaring open the Second National Conference on Health, I would, in public, to present a honor for the Cuban Medical Brigade.

Thank you very much!

Dr Rui Maria de Araújo  
Dili, 19 December 2015