

UNPACKING THE COVID-19 VACCINE TRANSPARENCY AND ACCOUNTABILITY IN TIMOR-LESTE

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VACCINE EQUITY, TRANSPARENCY, AND ACCOUNTABILITY IN ASIA:
Realities and Dilemmas

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PART I: INTRODUCTION

Timor-Leste recorded its first positive case of COVID-19 on 21 March 2020 (Government of Timor-Leste, 2020). On 28 March 2020, the government declared a state of emergency that included the implementation of a social distancing policy, limitations on the movement of people within the country, and restrictions on the arrival of people from abroad through policies on mandatory confinement and sanitary fences (COVID-19 Timor-Leste Dashboard, 2021). Since then, people in Timor-Leste started to fear the virus because of the way it quickly spread, and the danger it posed to human lives.

The WHO said in September 2022 that there had been 23,397 confirmed COVID-19 cases, including 138 deaths, in Timor-Leste (WHO, 2022).¹ Three types of vaccine have been approved by the Government of Timor-Leste and made available by donors: Pfizer-BioNTech (Comirnaty), Oxford-AstraZeneca (Vaxzevria), and Sinovac (CoronaVac).² Vaccine support was provided by major donor countries such as Australia, the US, and China, as well as multilateral funding from the European Union (EU), Japan, Portugal, and South Korea (Tatoli, 2022). In addition, vaccine aid was provided via the United Nations Children’s Fund (UNICEF), the WHO, and the COVAX facility. The government also received foreign aid in the form of medical equipment and personal protective equipment (PPE). The AstraZeneca vaccine was most widely used in Timor-Leste, while the Sinovac vaccine was deployed only in Dili, the capital city (WHO, 2021). The Pfizer vaccine was used mostly for children aged 12-18 and as boosters. Timor-Leste accessed the COVID-19 vaccine through the COVAX facility and direct and multilateral funding from donor countries. In April 2021, the government received its first round of pandemic-related vaccine assistance with an AstraZeneca shipment from the COVAX facility. A few months later, on 5 June 2021, the first batch of Sinovac vaccine support from China arrived in Dili by request of the Timor-Leste government. Assistance from China also included syringes, ventilators, and oxygen concentrators (Embassy of the People’s Republic of China in the Democratic Republic of Timor-Leste, 2021). In October 2021, Timor-Leste also received Pfizer vaccine assistance from the US Government (UNICEF, 2021).

The vaccine rollout started in 2021. Vaccine distribution was based on the principles of equality, equity, free cost, and accountability, as highlighted in the government’s vaccine plan. Indeed, by September 2022, Timor-Leste had managed to distribute 1,797,994 doses of COVID-19 vaccines, which translates to almost 89% coverage of

¹ The current population of Timor-Leste is 1,351,349 based on projections of the latest United Nations data. For detailed information see <https://worldpopulationreview.com/countries/timor-leste-population>.

² Data released by COVID-19 Track Vaccines, last update on 2 December 2022, <https://covid19.trackvaccines.org/country/timor-leste/>

the entire population with first or second doses (WHO, 2022).³ As of 13 February 2023, when this report was written, Timor-Leste had made good progress, with 2,011,703 doses delivered to around 798,020 people, meaning that around 60.53% of the population had received two doses (WHO, 2023). However, there has yet to be detailed information about the three types of COVID-19 vaccines used.

Although there was no detailed information about vaccine inoculation progress that included vaccine type, the government reported that the majority of the population, including migrant,⁴ stateless, and high-risk vulnerable people like persons with disabilities and those with chronic diseases on the priority list, had accessed first and second doses of Sinovac (RTTL, 2021).

The significant development challenges and poor health facilities⁵ in Timor-Leste put this tiny nation at risk of ineffective response to global pandemic health threats. In light of this, the United Nations (UN) and donor countries provided the government with multiple sources of funding, through multilateral and bilateral schemes. Although large donor countries such as China and the US granted humanitarian support to Timor-Leste, in this case in the form of PPE and COVID-19 vaccines, it is essential to note that there were some negative reactions from the community regarding this external assistance, especially to AstraZeneca and Sinovac, for various reasons. For example, when Timor-Leste received PPE and the Sinovac vaccine shipment from China, the government urged the public not to react negatively to China's assistance. When the Sinovac vaccine became available in Timor-Leste, there were also some positive reactions, both from individuals and from groups including political parties. Many people were willing to accept vaccine products from China. Furthermore, people were prone to absorbing misguided information and spreading hoaxes, discriminatory information, and distrust or acting negatively (Palacio da Sinzas Facebook Page, 2020). With this in mind, the vaccine campaign aimed to combat misinformation and ensure public trust in the COVID-19 vaccine.

³ In December 2022, when this report was written, there was no updated data about COVID-19 vaccines released by the government of Timor-Leste. This data was compiled from the WHO webpage <https://www.who.int/timorleste/news/detail/14-09-2022-in-timor-leste-an-integrated-campaign-aims-to-pull-up-routine-immunization-and-covid-19-vaccinations>.

⁴ The government announced that Sinovac could also be accessed by foreigners, including Chinese people who wanted to get the Sinovac vaccine. RTTL ONLINE LIVE STREAMING (2021) https://www.youtube.com/watch?v=tSiZOyLY_ZE

⁵ Timor-Leste is a small country with a small population. It became an independent nation in 2002. It is undeniable that most of the people of Timor-Leste, especially those in rural areas, have inadequate access to health services due to the poor conditions of health facilities, including a lack of medical equipment, access to running water, reliable electricity, and medicines. This situation has put healthcare in Timor-Leste in a fragile situation.

1.2. Research methodology

This study used a qualitative method and divided data collection into two parts. First, primary data were collected through interviews with key persons from government institutions, representatives from NGOs, journalists, and academics between November and December 2022 (see Table 1). Secondary data were collected by gathering information from online sources, including media platforms, official government websites, and UN agency reports.

Table 1: Key informant interview data

Name	Affiliation	Method of Interview	Date of Interview
Interviewee 1	Staff member, Asosiasaun Defisiensia Timor-Leste (ADTL)	In-person	18 Nov 2022
Interviewee 2	Staff member and founder, Arquires (LGBTQ Organization)	In-person	19 Nov 2022
Interviewee 3	Lecturer, University of Peace (UNPAZ)	In-person	23 Dec 2022
Interviewee 4	Spokesperson and Health Advisor, Inter-Ministerial Committee for Vaccine Deployment, Office of the Prime Minister	In-person	02 Dec 2022
Interviewee 5	National Director, Ministry of Social Solidarity and Inclusion (MSSI)	In-person	05 Dec 2022
Interviewee 6	Former, Integrated Crisis Management Center (CIGC)	In-person	12 Dec 2022
Interviewee 7	Coordinator: AJAR	In-person	03 Mar 2023
Interviewee 8	Researcher, Lao Hamutuk (national NGO)	In-person	03 Mar 2023
Interviewee 9	Editor in Chief, G-NEWS	In-person	03 Mar 2023
Interviewee 10	Executive Director, Fundação Mahein	In-person	04 Mar 2023

PART II: VACCINE INFORMATION AND ACCESSIBILITY

2.1. Vaccine information dissemination methods

Increased vaccine information and accessibility is considered to be the best way to ensure consent on vaccine inoculation. “Understanding the cause and effect of the vaccine is a fundamental right for all. Relevant information on the COVID-19 pandemic and response should reach all people, without exception” (OHCHR, 2020). In light of this, the Timor-Leste government played a vital role in ensuring the population could access information about the pandemic and all available COVID-19 vaccines. Furthermore, the government was also responsible for guaranteeing that all people, including those living in remote areas and those from marginalized groups, such as people with disabilities, could receive the COVID-19 vaccination and access the relevant information.

On 12 January 2021, the government established an Inter-Ministerial Coordination Committee, which aimed to “prevent and control” COVID-19 in Timor-Leste. Furthermore, the Prime Minister issued Dispatch No. 003/PM/I/2021 to develop a national vaccination plan. This was later supplemented with Dispatch No. 025/PM/III/2021 to create a technical group to coordinate the execution of the vaccination program. The technical group is coordinated by the inter-ministerial committee, and composed of representatives of the state administration, the armed forces, and various state agencies. In relation to this, on 21 May 2021, the government prepared the national strategy for the vaccination campaign.

The first dispatch called for a communication plan that allowed the inter-ministerial committee to accurately and transparently provide the public with vaccine information, including specific information on the vaccination process in Timor-Leste. It also ensured the dissemination of this information to international agencies and civil society organizations (Journal da Republica, 2021). One of the state’s tasks was to ensure that all citizens, including marginalized groups, were informed about COVID-19 vaccines. In light of this, the technical group, largely composed of healthcare professionals, was equipped with sufficient basic knowledge about the vaccine to run a socialization program together with other relevant institutions (Interviewee 5, Personal Communication, 12 December 2022).

The Government of Timor-Leste provided information in two forms: via various media channels and by organizing face-to-face meetings in remote areas in Timor-Leste. Information on the COVID-19 vaccine was provided by the Ministry of Health (MoH) with collaboration from the WHO. The national media channels used by the government were through the national television and radio broadcaster, Radio Televizaun Timor-Leste (RTTL), including through its national and community radio and online platforms. The government also used approximately 17 community radio

stations operating in the country’s 13 districts to spread information (Mendel, 2011).

The government regularly updated vaccine distribution information through its COVID-19 Timor-Leste Dashboard,⁶ and on the official MoH website.⁷ All the information about the number of COVID-19 cases, recoveries and deaths, and vaccine inoculation statistics, including number and type administered, were compiled in a two-language format (English and Tetum) on the WHO - Timor-Leste webpage, which was updated 2-3 times per month. Announcements regarding vaccine distribution policy were made available on the official government webpage.

Similarly, other private television broadcasters such as GMN TV and Televizaun Edukasaun (TVE) — which serve some remote areas of the country — also provided some vaccine-related information via a program called “Statistika Vasina Iha Timor-Leste”. In terms of online platforms, information was disseminated through social media, on YouTube, on the MoH Facebook page, and elsewhere. All of this information was also available on live stream television.

Information was also delivered by the government in national print media, via three prominent daily newspapers: Timor Post, Suara Timor Lorosae (STL), and Diario Nacional. UN agencies like UNICEF and the WHO also raised awareness of COVID-19 prevention on television, community radio, and online media like YouTube (COVID-19 Dashboard Timor-Leste, 2021).

The UN’s Socio-Economic Impact Assessment of COVID-19 in Timor-Leste (2021) revealed that access to information related to COVID-19 and vaccines was mostly gained through national television. The most common source was television (government communication) (23.6% of households), followed by official government web pages (15.4%) and Internet/social media (14.7%).

Local governments also played a role through their local channels by conveying information about government policies related to COVID-19. In April 2021, the Office of the General Directorate of Rural Development, under the Ministry of State Administration, initiated a new policy to involve municipalities, administrative posts, and village administrations in conducting COVID-19 awareness campaigns. This policy was designed to coordinate and guide all relevant entities to disseminate information about the state of emergency, sanitary fences, and the implementation of other prevention and mitigation measures to combat the outbreak.

⁶ Available at <https://covid19.gov.tl/faq/>

⁷ Available at <https://www.ms.gov.tl/en>

2.2. Limitations to vaccine information dissemination

Although vaccine information was disseminated through the various media channels mentioned above, access to information through all of these platforms remains a challenge to much of the population. Many Timorese households do not have Internet access. Internet penetration in 2021 was below 50%.⁸ Furthermore, in rural areas, households do not have access to national television.⁹ According to the Timor-Leste Demographic and Health Survey (2016), 84% of households in Timor-Leste owned a mobile phone, but fewer households owned a television (40%) or radio (25%). Due to limitations to Internet connectivity, access to information was limited, especially in rural areas.

In this context, people in remote areas, especially marginalized groups, still face barriers to accessing information. Nevertheless, there was a positive step from the government to provide inclusive access to information for people with disabilities. On 7 April 2020, the government began including sign language interpretation in its TVTL broadcasts (The Dili Weekly, 2020). This was a crucial achievement by the Government of Timor-Leste to allow persons with hearing impairment to access COVID-19 vaccine information. However, the government also recognized the limitations to this move: a significant number of persons with hearing impairment cannot use sign language in Timor-Leste because sign language is yet to be developed, unified, and introduced into the national educational curriculum (The Dili Weekly, 2019). Furthermore, according to national statistical data, only 25% of hearing-impaired children attend school (TATOLI, 2020); this is a major barrier to using sign language for disseminating information.

Persons with disabilities, such as those with hearing and visual impairments, who live in urban areas have more chances to access information, but those living in municipalities (i.e., rural areas) face communication barriers to accessing information and, in this regard, they remain excluded from access to COVID-19 vaccines. One of the staff members from the Timor-Leste Disability Association (ADTL) stated that people with disabilities do not have sufficient access to information about COVID-19, including information about prevention, social distancing, and vaccines (Interviewee 1, personal communication, 18 November 2022).

The UN report (2021) indicated that as of November 2021 nearly 60% of households still needed more precise information on COVID-19 vaccines, particularly to know how the vaccines work. It also reported that the most socially vulnerable and the poorest households outside of Dili were lacking in terms of getting information from television

⁸ According to the Digital 2021 Timor-Leste report (2021), Internet penetration in Timor-Leste reached 45.1% and there were around 599,700 Internet users in Timor-Leste in January 2021. <https://datareportal.com/reports/digital-2021-timor-leste>

⁹ The Government of Timor-Leste acknowledged that access to national television, print media, and other electronic and Internet platforms remain challenges for many rural communities in *suco* (village) areas. <https://independente.tl/en/national/timor-leste-says-it-supports-rural-sucos-in-strengthening-management-of-media>

and Internet or social media; they relied on word of mouth more than those from the least vulnerable and wealthier groups in Dili.

Although the government made clear efforts to ensure Timorese citizens were able to receive vaccines, there was vaccine hesitancy in the community for a number of reasons. There was a lack of information about vaccine efficiency, misinformation and some hoax information spread on social media about the quality and efficacy of the vaccine, and some people believed that the vaccine could lead to negative health side effects. As a result, some refused to accept the vaccine, both in Dili and in the municipalities. Indeed, the Timorese community outside of the Dili area were deeply fearful of and concerned about potential negative “health side effects and death or serious illness from the vaccine” (UN report, 2021). This also made it harder for people to choose which vaccine they preferred to take.

Local governments played a role in mitigating and countering false information and hoaxes that were circulated at the municipality level (Timor-Leste Government, 2021). Although the Government of Timor-Leste also made efforts to communicate the usefulness and function of vaccines to remedy this situation, high public distrust of vaccines remained, and roughly a quarter of the population was not vaccinated by August 2021 (Jornal Bisnis Timor, 2021). In addition, one of the key informants, who formed the Integrated Crisis Management Center, acknowledged that there was “fear and traumatic” feeling in communities; they refused to get the vaccine because they did not have faith in the vaccine development process, which was very quick, despite vaccine trials normally taking five years and requiring examination to determine quality and efficacy (Interviewee 6, personal communication, 12 December 2022).

The government recognized that “information on social media often changes people’s opinions and makes them fearful to the point they avoid health centers in order not to receive the vaccine, which also impacts access to health services in a wider sense” (Ministry of Justice, 2021). In one of the interviews for this research, the respondent revealed, “During the distribution of the COVID-19 vaccine, I observed that the information provided by the Timorese government through healthcare personnel from the Ministry of Health (MoH) did not provide clear information. That is why the community, including students, was afraid to get vaccinated. Because some of the information was spread to the public that people could die after getting the vaccine” (Interviewee, 3, personal communication, 23 December 2022).

A further issue is a lack of vaccine confidence for socio-cultural reasons. Many communities in Timor-Leste still hold animist beliefs and perform rituals like the ceremonial killing of a rooster or pig to get protection from danger and reading the animal’s internal organs to predict the future. These rituals were also used to ward off the spread of COVID-19. In early March 2020, before the COVID-19 outbreak started, members of the Government of Timor-Leste, as well as the police and armed forces, organized a ritual ceremony together with community clan leaders and local people in Dili in which they sacrificed chickens and pigs “to repel coronavirus”. After the event, a clan leader stated that he felt the ceremony had gone “well” as the chicken liver gave no indication that COVID-19 would attack Timor-Leste (Tatoli, 2020).

Prominent figures also made unhelpful statements that affected public confidence. For example, on 24 March 2020, a commander of the National Police of Timor-Leste (PNTL) made a controversial statement that “the COVID-19 virus was just a WHO project” (STL News, 2020). In light of these rumors, civil society organizations in Timor-Leste recognized it was essential to take part in information dissemination, not only by performing a social control role but also by becoming a liaison between the public and the government. Forum Organizaasaun Naun-Govermental Timor-Leste (FONGTIL), an umbrella organization for local, national, and international NGOs in Timor-Leste, played a particularly active role here.

In rural areas, communities faced some difficulties accessing COVID-19-related information because of limitations to the government vaccine committee team’s work on COVID-19 management in the field (Interviewee 4, personal communication, 12 December 2022). Some people rejected the AstraZeneca vaccine because there was a controversial statement from the Australian government on this vaccine, and others rejected Sinovac because it was not recognized by the countries to which they intended to travel.

A further concern is the inconsistency and unreliability of the government in publishing COVID-19 vaccine information regularly and openly to the general public. As of February 2023, it remained a challenge to access up-to-date information on the number of people who had received the vaccine and the type of vaccine used. One of the key informants, who is a local journalist and a former TVTL reporter, highlighted that,

“The government has failed to provide regular information about COVID-19 situation, and the information to the public has been stopped without any reason. TV report program which was regularly used to disseminate about COVID-19 cases, is no longer continuing to apply. This seems, COVID-19 just like a project that the government do not continue in 2023, when the state emergency and sanitary fence is over. However, disseminating vaccine inoculation and COVID-19 vaccination progress to the public is more crucial to ensure rights to access to information” (Interviewee 9, personal communication, 3 March 2023).

Similarly, COVID-19 vaccination progress has not been updated since June 2022 on the government’s official website, the MoH website and Facebook page, and the Timor-Leste COVID-19 Dashboard. There is no clear reason for this; indeed, the government seems to have failed to ensure access to information for the public, despite it being one of the vital requirements of good governance through transparency and accountability in Timor-Leste.

PART III: ENSURING VACCINE EQUITY

In order to ensure COVID-19 vaccine equity in Timor-Leste, it was crucial to engage with multilateral partners like the COVAX facility, which is co-led by Gavi (the Vaccine Alliance), the WHO, and the Coalition for Epidemic Preparedness Innovations (CEPI), with UNICEF as the key implementing partner.

Before the COVID-19 vaccine was distributed, the Government of Timor-Leste’s initial preparatory actions included providing training to health workers and readying logistics, including ensuring there were vaccine freezers capable of storage at the recommended temperatures. Logistics issues were a significant challenge for the Servico Autonomo de Medicamentos e Equipamentos de Saude (SAMES) — Timor-Leste’s central medical storage facility. When Timor-Leste received its first COVID-19 vaccine shipment from the COVAX facility on 4 April 2021 (Timor-Leste Government, 2021), this coincided with a tremendous flood in Timor-Leste caused by Severe Tropical Cyclone Seroja, which had a direct impact on the electricity power supply (STL News, 2021). Despite these challenges, the government was able to collaborate successfully with UNICEF and an adequate freezer was prepared. Logistical preparation, including electrical power supply, is crucial to vaccine storage. When the first vaccine (AstraZeneca) arrived in Dili, it was immediately taken to the SAMES warehouse for storage at the temperature recommended by the WHO. The government’s ability to do so ensured public trust in the good management of the vaccine (Interviewee 5, personal communication, 15 December 2022).

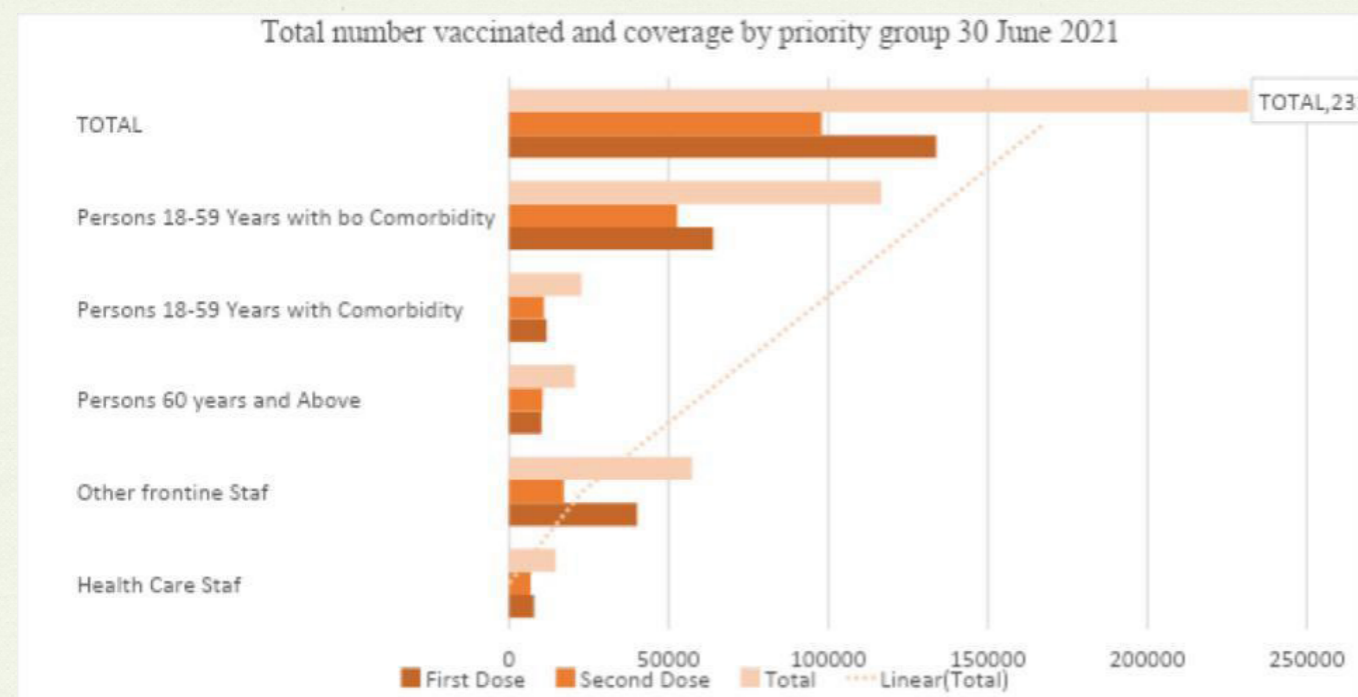
The national government collaborated with local government officials to distribute vaccines in remote areas and convince the population to receive them. On 7 April 2021, the Eighth Constitutional Government (VIII Governu Konstitusional) of Timor-Leste kicked off its COVID-19 vaccination campaign, which included a strategy to increase the availability and distribution of vaccines and an intensive national vaccination awareness campaign (UNICEF, 2021). The government involved the State Secretariat, ministers, directors, government agencies, and municipal and other sub-district leaders in directly carrying out this campaign (Government of Timor-Leste, 2021). When implementing the vaccine campaign and vaccination distribution policy, the Government of Timor-Leste also used an entertainment-education approach (J Centro, 2021); public figures, such as national artists, were present in every vaccination campaign activity.

Regarding equity in COVID-19 vaccine distribution, along with dispatch No. 003/PM/1/2021 for the Interministerial Commission for the Elaboration and Coordination of the Implementation of the Vaccination Plan against COVID-19, Government Resolution No. 62 / 2021 of 21 May 2021 was established to set the guidelines and mechanisms of the vaccination campaign, including priority groups. As per government policy, priority vaccination groupings were divided into three stages. The first stage targeted frontline workers working in quarantine facilities, airports, and border areas, and people with chronic diseases. The second stage targeted people over the age of 60, religious

leaders, teachers, healthcare professionals, government members and all persons with disabilities. The third stage, corresponding to the remaining 80% of the population, did not have specific targets (WHO Timor-Leste, 2021).

Table 2 illustrates that the government delivered on its plan to target 20% of vaccine doses from the COVAX facility to frontline workers and those at high risk, including persons with disabilities.

Table 2: COVID-19 vaccine doses administered among priority groups by first and second doses



Source: WHO Timor-Leste Online: Total number vaccinated and coverage by priority group 30 June 2021, https://cdn.who.int/media/docs/default-source/searo/timor-leste/tls-covid19-sitrep-106-eng-30062021.pdf?sfvrsn=c66de28e_5

During 21-24 April 2021, fewer than 100 people with disabilities in Dili received the first dose of the AstraZeneca vaccine with the assistance of two disability organizations, the Asosiasaun Defisiensiia Timor-Leste (ADTL) and Raes Hadomi Timor-Oan (RHTO) (Independente, 2021). The number was reportedly low because of a lack of confidence in the vaccine; after the healthcare personnel explained the effects of the AstraZeneca vaccine to these people, they consented. After disabled persons in Dili received the AstraZeneca vaccine, RHTO staff clarified that persons with disabilities at the national and municipalities level were still afraid of receiving the vaccine, so their organization continued to advocate to other people with disabilities outside of the capital, to convince them to take the vaccine.

It should be noted that in the initial COVID-19 vaccine distribution plan, before Sinovac became available, the Government of Timor-Leste had only one option, which was to accept the AstraZeneca vaccine. In fact, the WHO recommended that the most appropriate vaccine in the Timor-Leste context was the AstraZeneca vaccine because of its safety and effectiveness, and because Timor-Leste was equipped with

the appropriate storage and cooling facilities (Government of Timor-Leste, 2021). The WHO played a vital technical support role in Timor-Leste; because of a lack of knowledge and experience in managing a pandemic and administering a large-scale inoculation program, Timor-Leste needed the WHO to help with preparation and supply technical skills to the health team to conduct COVID-19 vaccine awareness (Interviewee 4, personal communication, 2 December 2022). However, while the WHO's recommendation ensured Timor-Leste received vaccines, it was not perfect: although 149 countries approved the AstraZeneca vaccine, it was not approved in the US. A similar issue also applied to the Sinovac vaccine, which was approved in 56 countries but not in the US, Japan, Australia, and elsewhere (Track Vaccines, 2022).

The technical and health protocol and guidance from the WHO also created dependency and did not allow for the Timor-Leste government to make independent decisions about the COVID-19 vaccine. Regarding WHO dependence, two local NGOs stressed that there was a "significant intervention from WHO" which did not give adequate opportunity to Timorese to make their own plans and decisions, especially how to choose the vaccine according to the people's will (Interviewee 8, personal communication, 3 March 2023; Interviewee 10, personal communication, 4 March 2023).

The other vaccine recommended by the WHO was Pfizer. In October 2021, the Timor-Leste government received around 100,620 doses of the vaccine through the COVAX facility, supported by the US. As announced on the website of the US Embassy in Timor Leste, "It was the first time the Pfizer vaccine used in Timor-Leste and provided by the USA was provided at no cost". This vaccine was only given to Timorese children 12-18 years old or used as boosters for adults (UNICEF, 2021).

The Chinese government distributed the Sinovac vaccine as a part of China's foreign aid commitment. The Chinese government has supported Timor-Leste with external assistance for over ten years (Timor-Leste Government, 2010). The Timor-Leste government formally asked the Chinese government to increase the supply of vaccines to support existing vaccine stocks (Government of Timor-Leste, 2021). The Chinese Ambassador to Timor-Leste, Mr. Xiao Jianguo, declared that the Chinese government was pleased to comply with the Sinovac support requested by the Timor-Leste government. He also stressed that Timor-Leste was one of the first countries to which the Chinese government had provided COVID-19 aid, and prepared the vaccine transportation by chartering planes directly to Timor-Leste (Government of Timor-Leste, 2021).

This diplomatic statement showed that Chinese presence in Timor-Leste is vital, and that China will continue to build its soft power in Timorese society, particularly to preserve a long-term friendship in the future. Of course, as China is a big country that is a key player in the Pacific region, Timor-Leste's geopolitical position makes it one of the targets for China's Belt and Road Initiative, both in terms of economic and security interests.

Another concern regards the measure which restricted access to travel between municipalities and public and banking services in Timor-Leste to citizens without proof

of vaccination. This policy came into effect in accordance with presidential decree no. 35/2021 and was heavily enforced by the police. As such, people may have received the vaccine not for COVID-19 infection prevention reasons but to secure their right to freedom of movement within the territory of Timor-Leste. Students needed a “proof of vaccination card” to access university education (Interviewee, 3, personal communication, 23 December 2022; TVTL, 2021). The Prime Minister of Timor-Leste publicly announced that all public servants who were not vaccinated were prohibited from going to work and that they were to “stay home and later [...] lose their jobs” (Tatoli, 2021; TVTL, 2021).

It is also important to note that the government abided by one of its core vaccination campaign principles, which was a policy of non-discrimination for non-citizens like non-residents, migrants, migrant workers, refugees, and stateless people. Everyone in the territory of Timor-Leste had access to vaccines for free, including first, second, and booster doses. Chinese migrants who preferred Sinovac were advised to receive it at government health centers and clinics (RTTL, 2021).

On 8 June 2021, the vaccine program coordinator from the Ministry of Health clarified that the Sinovac vaccine was available to all migrants from China, everyone in Dili, and everyone who could access Dili (RTTL Online Live Streaming, 2021). The Government of Timor-Leste started to roll out the Sinovac vaccine, prioritizing young people aged 18 and above, teachers, and the Chinese community (Government of Timor-Leste, 2021). On 14 June 2021, the vaccine was distributed to various universities in the capital city.

FONGTIL (2021), in its monitoring report, recommended to the MoH to also distribute Sinovac to municipal areas because some Timorese people there wanted to receive it. Indeed, Sinovac is only available in Dili, though people outside Dili also asked the government to allocate it to remote areas. This proves that the distribution of vaccines to rural areas is unequal. The government has failed to explain this, other than saying that the vaccine is available with “around 200,000 doses administered” by the Chinese government (Government of Timor-Leste, 2022).

PART IV: LIMITATIONS TO SELF-RELIANCE, TRANSPARENCY, AND ACCOUNTABILITY IN TIMOR-LESTE

4.1. Limitations to self-reliance

The Timor-Leste government made efforts to ensure the availability of vaccines and equipment for COVID-19. The issue of health capacity was a public concern for a young and fragile country like Timor-Leste. Thus, it was impossible to produce any kind of vaccine locally. The government knew that dependence on large countries and international organizations would be high and that seeking special assistance from donor countries was crucial. There was deep concern about Timor-Leste’s ability to procure vaccines and secure foreign assistance. In terms of resiliency, there was a national budget available to allocate to COVID-19 prevention and mitigation; however, for vaccine supply, Timor-Leste still relied on external assistance from multilateral funding. A key government member acknowledged in an interview with the author that Timor-Leste “did not have sufficient capacity to access COVID-19 vaccines without external assistance” (Interviewee 4, personal communication, 12 December 2022).

In terms of financial support, COVID-19 vaccines, and medical equipment, the Government of Timor-Leste received foreign assistance from various donor countries as soon as the COVID-19 outbreak started in 2020. As can be seen in Table 3 below, there was international equity insofar as Timor-Leste received vaccines from various donor countries through bilateral and multilateral approaches. These donors showed their willingness and commitment to support Timor-Leste. Leading donors included countries from the Pacific region like Australia, Japan, South Korea, and China, as well as European Union member states.

Table 3: COVID-19 vaccine donors

Types of vaccine	Doses	Donor
AstraZeneca	500,000	Covax facility ¹⁰
AstraZeneca	777,850	Australia
AstraZeneca	142,000	Portugal ¹¹
AstraZeneca	168,000	Japan

¹⁰ This was a part of 20% from COVAX Facilities supported by several countries like (Catalent - Italy, SII-AZ - India, SKBio-AZ - Korea). India (SII-AZ) also supported Timor-Leste with 1,000 doses through a UN bilateral agreement.

¹¹ Portugal supported AstraZeneca two times in 2021: the first batch of 12,000 doses in July, and second of 130,000 in September.

Pfizer	201,240	US
Pfizer	259,740	Australia
Sinovac	200,000	China ¹²

Source: UNICEF

For transparency and accountability, donor countries and international organizations, such as the UN agencies (UNICEF, the WHO, and UNDP) in Timor-Leste, have provided all relevant information through their official websites. Similarly, the Timor-Leste government has an Aid Transparency Portal¹³ that provides data and information on all types of external assistance received, including the total budget provided by the donors; however, it is quite challenging to find the exact data on vaccine procurement.

There were also additional vaccine donations directly provided by the donor countries, which are noted on the government's official webpage but are not recorded in the Aid Transparency Portal. For example, in July 2021, Portugal donated 12,000 doses of the AstraZeneca vaccine to the Timor-Leste government (Government of Timor-Leste, 2021). Similarly, there were also donations by non-state actors, such as the Jack Ma Foundation and the Alibaba Foundation, which provided medical supplies to Timor-Leste (Embassy of the People's Republic of China in the Democratic Republic of Timor-Leste, 2020).

As a small country, Timor-Leste is concerned that its position should be reflected in its foreign policy vision in a way that upholds friendship with all countries. In this regard, Timor-Leste must also prudently assert itself, be able to calculate the magnitude of its cooperation with China, and ensure it is always in the corridor of "mutual interest" in this region.

As reported by the General Director of the Secretary of State of Employment and Training (SEFOPE), the Australian Government prohibited entry of Timorese seasonal workers who had been vaccinated with the Sinovac vaccine (Social Media GMNTV, 2021). This created an issue for Timor-Leste: this entry restriction clearly showed Timor's dependency on Australian AstraZeneca products, but many Timorese people had no choice but to accept the Sinovac vaccine; in fact, many high-profile public figures and politicians had been openly given Sinovac. The issue led some members of Timorese society to question whether those high-profile people would also be refused entry to Australia in the same way.

¹² China provided two tranches of Sinovac: 100,000 in June 2021 and 100,000 in March 2022.

¹³ The Aid Transparency Portal (ATP) is the central repository for all aid information in Timor-Leste, and aims to improve aid transparency, accuracy and predictability and to ensure assistance provided is efficient and effective. The Ministry of Finance Development Partnership Management Unit oversees the ATP. <https://aidtransparency.gov.tl/portal/>

4.2. Transparency and accountability

In 2020, FONGTIL and its members established the COVID-19 Information Center, which provided communities with information related to COVID-19 protocols and prevention measures, and supported the government in its efforts, especially outside of Dili. FONGTIL also established a consultative discussion program called the Forum of Dialogue. Through this forum, civil society representatives often organized meetings and dialogues with state officials like Members of Parliament and the President of Timor-Leste (BELUN, 2021). It allowed civil society representatives to provide information and recommendations on a range of issues, including vaccine inoculation progress in the community, related challenges, and best practices. It also allowed transparency regarding the vaccine procurement process — especially how vaccines were received from donor countries and how much money the Government of Timor-Leste provided for shipping costs.

One of the key informants acknowledged that vaccine procurement is a sensitive issue, and that the government cannot provide further information on this matter (Interviewee 6, personal communication, 12 December 2022). However, an NGO member highlighted that the Government of Timor-Leste "was in panic and fears" from criticism from the community and political opposition. Therefore, the government often refuses to disseminate information transparently (Interviewee 7, personal communication, 3 March 2023).

For example, as stated by a local NGO staff member, the government did not even provide proper information about its COVID-19 budget allocation report (Interviewee 8, personal communication, 3 March 2023). There might have been some budget allocation to procure vaccines, but the government is not willing to openly share this information. One example that is openly available is how the government allocated money for the logistics preparation for vaccine storage. According to data revealed by the TATOLI news agency (2021), the Government of Timor-Leste allocated USD35,000 to purchase freezers for vaccine storage and an undisclosed amount of money was also allocated for training healthcare workers about the COVID-19 vaccine. Indeed, there might have been more budget allocation from the government for logistics and training; however, when this research was conducted there was no further data available.

Furthermore, before the COVID-19 fund was established in 2020,¹⁴ there was a Contingency Reserve Fund used by the government with a total amount of USD6,403,800 which was allocated to student displacement from Wuhan, COVID-19 prevention, medical support, and operational costs for the CIGC.¹⁵ Later on, in 2021,

¹⁴ The COVID-19 Fund is a special budget approved by members of parliament in 2021 to conduct programs and activities related to mitigating the harms of the COVID-19 virus.

¹⁵ Ministerial Diploma No. 14/2020, of 31 March, under article 29 of Law no. 2/2020, of 21 April, National Security Law, created the Integrated Crisis Management Centre (CIGC) as a specialized body for advising and consulting in the technical coordination of operations for the activities that make up the integrated system of National Security, namely, to develop strategies for conflict prevention, under the auspices of the Prime Minister's Office.

the government approved a COVID-19 fund with a total amount of USD150 million allocated to the Parliament to use for monitoring the implementation of the program for mitigating COVID-19 (Lao Hamutuk, 2020).

The Timor-Leste state budget report (2021) shows that the government had the funds. For example, at the end of 2021, the government accessed the COVID-19 fund and spent the money to manage the COVID-19 pandemic. However, the data has yet to be compiled in a central location to ensure that everyone can easily access the funding breakdown, including budget allocation, to ensure transparency on the government's expenditures. Indeed, regarding the money the government has already spent, it does not provide details of the budget allocated by the government for activities relevant to the program objectives.

Regarding transparency and accountability, information about the amount of money allocated to buying vaccines, and other operational costs such as logistics costs, import duties from other countries, shipping costs, vaccine storage, and freezers is not available openly on the government's official website. For this issue, Lao Hamutuk stressed that the national budget for public funding should be transparent in implementing its execution and reporting, because it is the right of the public to know how much money has been allocated by the government for COVID-19 mitigation. Lack of transparency in financial reports also "undermine civil societies to access all the relevant information to monitor government COVID-19's funding activities" (Interviewee 8, personal communication, 3 March 2023).

Other crucial issues have become lessons learned about transparency and accountability, for example discrimination against Timorese people who were vaccinated with Sinovac. The lack of approval of Sinovac by some countries in fact only gave those wanting to travel the option of choosing AstraZeneca. The Timor-Leste government failed to explain the travel situation clearly and did not disseminate the relevant information in a transparent and accountable manner.

PART V: CONCLUSION

When the COVID-19 pandemic emerged, a significant challenge for Timor-Leste was the need for sufficient expertise to combat this health crisis. There was a lack of experience in the country and its health facilities, and support to manage COVID-19 was limited. This certainly put this young democratic nation at risk of a catastrophic response to the COVID-19 pandemic.

Nevertheless, despite the challenges, by 13 February 2023 around 60.53% of the population had been vaccinated with two doses. There were three major countries — Australia, China, and the US — that had provided substantial humanitarian assistance to Timor-Leste, largely in the form of their country's vaccine products. A number of other countries and some UN agencies also provided their support in terms of both financial and technical expertise to ensure Timor-Leste could overcome this pandemic threat.

Although Timorese society witnessed moments of hardship during the COVID-19 pandemic, there was much clarity in the government protocols, rules, and restrictions. In this regard, vaccine distribution by the government must be recognized as a success as the vaccine was given to almost the entire population, including those from marginalized groups, persons with disabilities, and people over 60 with comorbidities.

Turning back to the government's lack of transparency and accountability over the COVID-19 outbreak, it is clear why this issue remains a public concern. Information on government policy and programs should be available from various sources. Up to when this report was written, in February 2023, there was no detailed information available from the government about the number of COVID-19 patients in intensive care, including mortality rates and vaccine information, or the number of people who had received two doses and the booster.

To address these gaps, this study asserts some recommendations:

1. The government must continue to disseminate information regularly to the public.
2. The government should fulfill the right to information on COVID-19 vaccines. All the relevant data must be compiled and made available in a format which is easily accessible to everyone, including marginalized groups. The government must ensure public access to financial reports on COVID-19 vaccine procurement on different media channels and in different formats.
3. Good practice is required for the current multi-stakeholder approach. This is to guarantee that people in rural areas can access official government information on COVID-19 vaccines, especially focused on Pfizer, which is yet to be distributed.

4. Even though vaccine assistance is a form of humanitarian assistance, the government must ensure public access to financial reports, lists of the donors, and the total number of vaccine doses sent, including the whole procurement process.
5. Cooperation with international organizations and donor countries is essential to ensure the state's resilience; however, the government must start to allocate a portion of its national budget to the next potential pandemic, not entirely reliant on foreign aid and expertise. Local experts, civil society groups, and the community should be involved in any political decisions related to a vaccine during a potential future health crisis.
6. One key lesson to learn and develop is independent or collaborative decision-making. Dependency on donors remains a public concern. The government should allow Timor-Leste medical experts to make their own decisions about vaccines not based solely on intervention, advice, or influence from international experts.
7. The government should ensure that the distribution of vaccines is based on willingness and choice. The policy of making it mandatory for people to get vaccines as a precondition to access work (for public servants) and subsidies, without giving the proper information about the benefits of the vaccine, is against the principle of informed consent.

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