



# 2017 Health SDG Profile: Democratic People's Republic of Korea

Last updated on June, 2017

Population (000s)<sup>1</sup>

25 155



Urban population<sup>2</sup>

60.9%



Poverty

(ppp < \$1.90 a day)

Relevant data is not available

GDP per capita  
(Current US\$)

Relevant data is not available



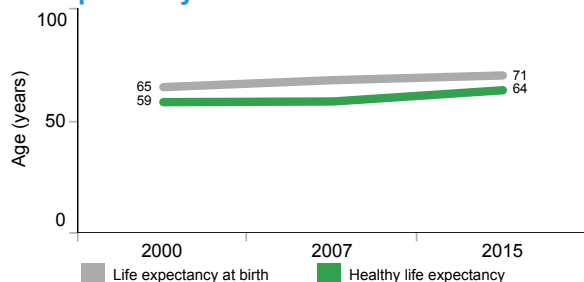
Total health expenditure  
as share of GDP

Relevant data is not available



## Monitoring the health SDG goal: Indicators of overall progress

### Life expectancy



**Life expectancy at birth<sup>3</sup>** provides an indication of overall mortality of a country's population. In Democratic People's Republic of Korea, from 2000 (65.4 years) to 2015 (70.6 years), the life expectancy at birth has improved by 5.2 years.

**Healthy life expectancy<sup>4</sup>** reflects overall health of the country's population. In Democratic People's Republic of Korea, from 2000 (58.7 years) to 2015 (64.0 years), healthy life expectancy has improved by 5.3 years.

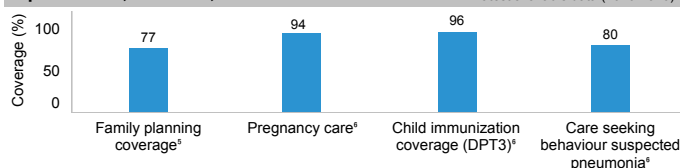
## Universal health coverage: At the centre of the health goal

The goal of universal health coverage (UHC) is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring **health service coverage** and **financial protection** (SDG target 3.8).

### HEALTH SERVICE COVERAGE

A new summary measure of health service coverage, a composite **service coverage index**, is currently under development: 16 indicators are derived from four main areas of work: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.

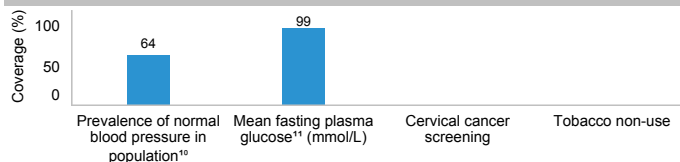
#### Reproductive, maternal, newborn and child health Latest available data (2010-2016)



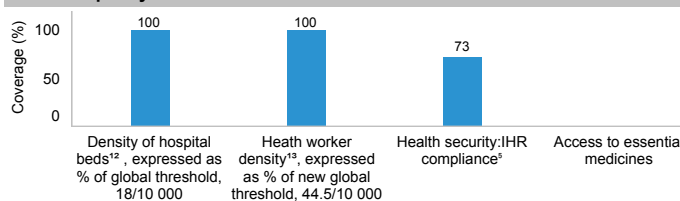
#### Infectious diseases



#### Noncommunicable diseases



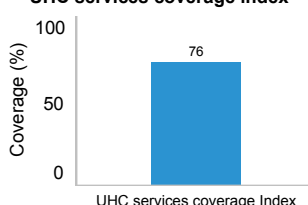
#### Service capacity and access



### UHC services coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by averaging service coverage values across the 16 tracer indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.

#### UHC services coverage index



### FINANCIAL PROTECTION

Financial protection is measured through two indicators: (1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment: Insufficient data

Catastrophic expenditure on health: Insufficient data

#### Out-of-pocket expenditure

In most cases, high percentage of out-of-pocket expenditure out of the total health expenditure is associated with low financial protection.

#### Public spending on health

is determined by the capacity of the government to raise revenues and allocate it to health.

Current data are insufficient for analysis

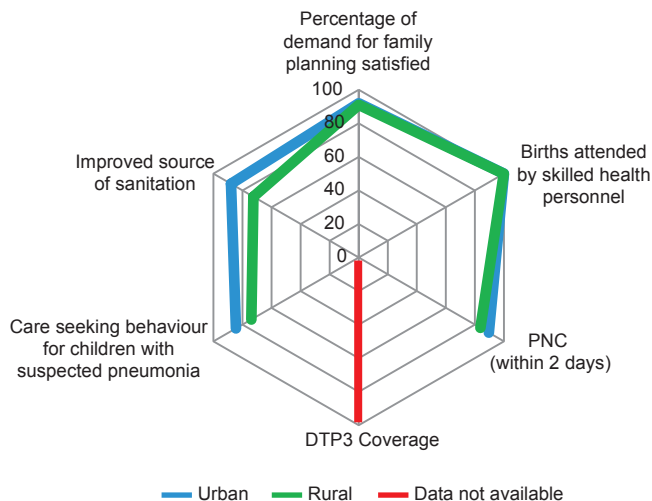
Current data are insufficient for analysis

This profile provides an overview of the current status of achieving better health towards the 13 targets under the Sustainable Development Goal #3 (SDG3): Ensure healthy lives and promote well-being for all at all ages. 25 SDG3 indicators plus other selected health-related indicators are presented where data is available.

## Equity: Leave no one behind

### Variation, urban versus rural<sup>6</sup>

### Variation by income



Current data are insufficient for analysis

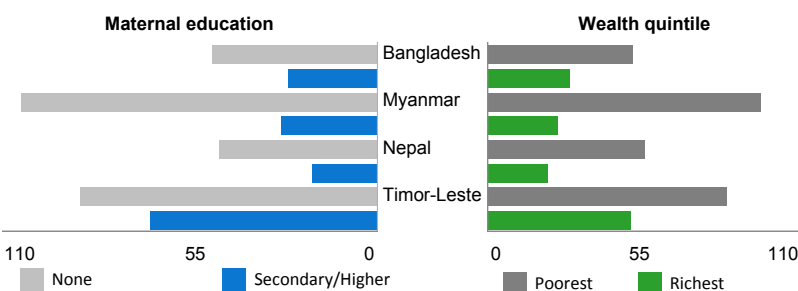
### Variation in risk factors, by sex

Indicator	Female	Male
Adults aged ≥18 years who are obese <sup>14</sup> (%)	3.7	2.0
Prevalence of raised blood pressure among adults aged ≥18 years <sup>10</sup> (%)	16.9	19.1
Prevalence of raised fasting blood glucose among adults aged ≥18 years <sup>15</sup> (%)	5.9	5.8

Tracking inequalities and targeting disadvantaged groups in health service coverage is central to monitoring progress towards UHC. Currently national health information systems and periodic surveys are inadequate for capturing data disaggregated by health equity stratifiers. The SDG target 17.18 highlighted below emphasizes the importance for countries to improve data and statistics available by multiple equity dimensions in all sectors, including health.

Measuring the degree of inequity in service coverage is not currently feasible for most indicators, and data is generally only available for indicators in reproductive, maternal, newborn and child health using data from international household health surveys. A relative inequality score based on the ratio of the mean coverages among the poorest populations to the national average can be computed. A value of 100 means no difference at all, whereas the smaller value indicates greater gap between the poorest and the national average.

### Child under-five mortality rate inequality by maternal education and wealth quintile for some high-burden countries, 2009 to 2016<sup>16</sup>

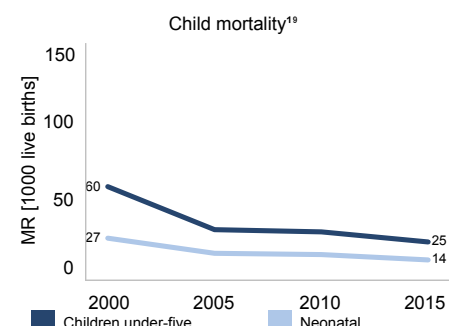
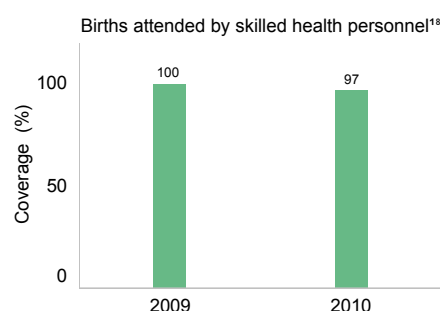
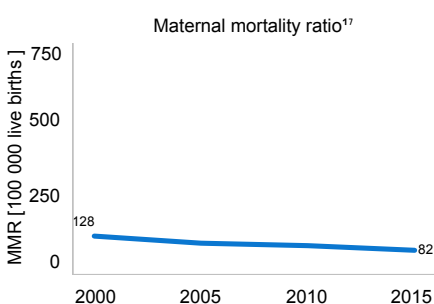


### SDGs emphasis on equity

SDG target 17.18 emphasizes the need for disaggregated data. By 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographical location and other characteristics relevant in national contexts

## SDG 3: Health targets

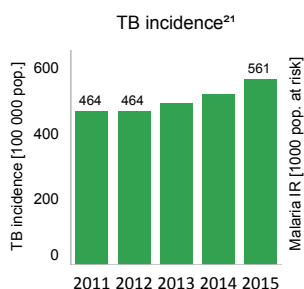
### Maternal and child mortality (SDG target 3.1, 3.2)



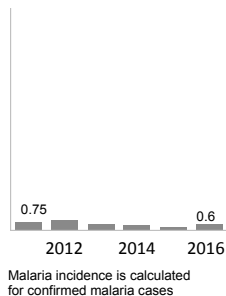
## Communicable diseases (SDG target 3.3)

New HIV infections among adults 15 to 49 years<sup>20</sup>

Current data are insufficient to determine trend



Malaria incidence<sup>22</sup>



Indicators	Year	DPRK	Regional estimate
Hepatitis B incidence	-	-	-
Number of people requiring interventions against neglected tropical diseases <sup>5</sup>	2015	6,082,191	726,474,894

## Noncommunicable diseases and injuries

Indicators	SDG target	Year	DPRK	Regional estimate
Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases <sup>5</sup> (%)	3.4.1	2015	26.5	23.2
Suicide mortality rate <sup>23</sup> (per 100 000 population)	3.4.2	2014	0	12.9
Total alcohol per capita (age 15+ years) consumption <sup>5</sup>	3.5.2	2016	3.9	4
Mortality rate from road traffic injuries <sup>5</sup> (per 100 000 population)	3.6.1	2013	20.8	17

## Sexual and reproductive health

Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods <sup>5</sup> (%)	3.7.1	2005-2015	76.7	74.1
Adolescent birth rate <sup>5</sup> (per 1000 women aged 15 to 19 years)	3.7.2	2005-2015	0.7	33.9

## Mortality due to environmental pollution

Mortality rate attributed to household and ambient air pollution <sup>5</sup> (per 100 000 population)	3.9.1	2012	238.4	119.9
Mortality rate attributed to exposure to unsafe WASH services <sup>5</sup> (per 100 000 population)	3.9.2	2012	1.4	20.1
Mortality rate attributed to unintentional poisoning <sup>5</sup> (per 100 000 population)	3.9.3	2015	2.3	1.5

## Tobacco use

Prevalence of tobacco use among persons 15 years and older-Female	3.a.1	-	-	18
Prevalence of tobacco use among persons 15 years and older-Male <sup>24</sup>	3.a.1	-	-	52

## Essential medicines and vaccines

Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	3.b.1	-	-	-
Total net official development assistance to medical research and basic health per capita <sup>5</sup> (constant 2014 US\$)	3.b.2	2014	1.13	0.47

## Health workforce

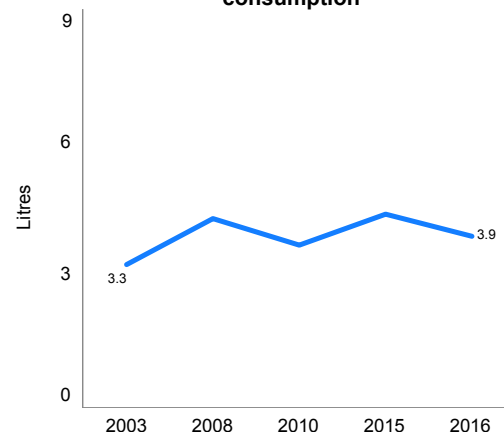
Health worker density <sup>13</sup> (per 10 000 population)	3.c.1	2016	73.7	-
---	-------	------	------	---

## National and global health risks

International Health Regulations Core Capacity Index <sup>9</sup>	3.d.1	2016	73	80
---	-------	------	----	----

Note: A dash (-) implies relevant data are not available

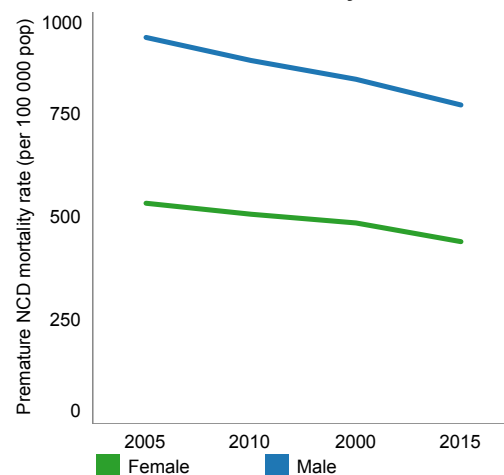
## Total alcohol per capita (age 15+ years) consumption<sup>25</sup>



## Adolescent birth rate (per 1000 women aged 15 10 19 years)

Current data are insufficient to determine trend

## Premature NCD Mortality rate<sup>26</sup>



## Other health-related SDGs

### General government health expenditure

Indicators	SDG target	Year	DPRK	Regional estimate
General government health expenditure as % of general government expenditure <sup>5</sup>	1.a	2009	–	9.3

### Child nutrition

Children under 5 years who are stunted <sup>27</sup>	2.2.1	2012	27.9	33.8
Children under 5 years who are wasted <sup>27</sup>	2.2.2	2012	4	15.3
Children under 5 years who are overweight <sup>5</sup>	2.2.3	2005-2016	0	5.3

### Drinking water services and sanitation

Proportion of population using improved drinking water sources <sup>5</sup>	6.1	2015	100	92
Proportion of population using improved sanitation <sup>5</sup>	6.2	2015	82	49

### Clean household energy

Proportion of population with primary reliance on clean fuel <sup>5</sup>	7.1	2009	7	35
---	-----	------	---	----

### Ambient air pollution

Air pollution level in cities <sup>5</sup> (PM 2.5) (µg/m <sup>3</sup> )	11.6.2	2009	31.4	58.8
--	--------	------	------	------

### Natural disasters

Number of deaths by disaster <sup>5</sup> (per 100 000 people)	13.1.2	2011-2015	0.20	0.3
--	--------	-----------	------	-----

### Homicide and conflicts

Mortality rate due to homicide (per 100 000 population)	16.1.1	2015	-	4
Estimated direct deaths from major conflicts <sup>5</sup> (per 100 000 population)	16.1.2	2011-2015	0	0.1

### Birth registration

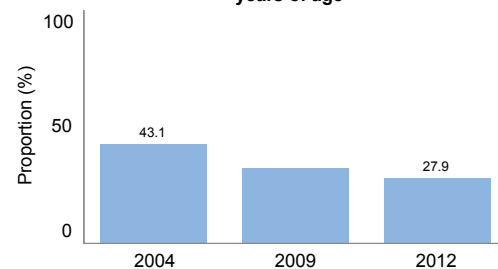
Birth registration coverage <sup>5</sup>	16.9.1	2009	100	-
--	--------	------	-----	---

### Cause-of-death data

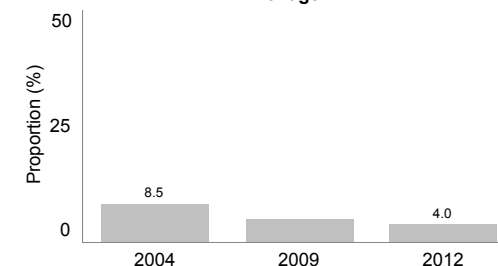
Completeness of cause-of-death data <sup>5</sup> (%)	17.19.2	2005-2015	-	11
--	---------	-----------	---	----

Note: A dash (-) implies relevant data are not available

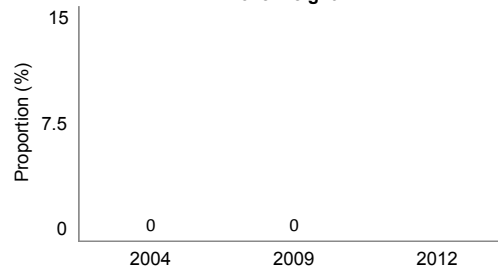
Prevalence of stunting in children under 5 years of age<sup>23</sup>



Prevalence of wasting in children under 5 years of age<sup>23</sup>



Prevalence of children under 5 years who are overweight<sup>29</sup>



## References

1. United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects, the 2015 Revision, 2015. <http://esa.un.org/wpp/> - accessed 6 Jun 2016.
2. The World Bank. World development indicators 2016. Washington, DC. <http://databank.worldbank.org/data/reports.aspx?source=world-development-indicators> - accessed 12 June 2017.
3. World Health Organization. Global Health Observatory data: life expectancy. Geneva. [http://www.who.int/gho/mortality\\_burden\\_disease/life\\_tables/en/](http://www.who.int/gho/mortality_burden_disease/life_tables/en/) - accessed 12 June 2017.
4. World Health Organization. Global Health Observatory data: Healthy life expectancy. Geneva. [http://www.who.int/gho/mortality\\_burden\\_disease/life\\_tables/hale/en/](http://www.who.int/gho/mortality_burden_disease/life_tables/hale/en/) - accessed 12 June 2017.
5. World Health Organization. World health statistics 2017: Monitoring health for the SDGs. Geneva, 2017. [http://www.who.int/gho/publications/world\\_health\\_statistics/2017/en/](http://www.who.int/gho/publications/world_health_statistics/2017/en/) - accessed 12 June 2017.
6. DPRK MICS 2009. [https://www.unicef.org/dprk/MICS\\_DPRK\\_2009.pdf](https://www.unicef.org/dprk/MICS_DPRK_2009.pdf) - accessed 12 June 2017.
7. World Health Organization. WHO/UNICEF estimates of national immunization coverage: DTP3. Geneva. [http://apps.who.int/immunization\\_monitoring/globalsummary/timeseries/tswcoverageqtp3.html](http://apps.who.int/immunization_monitoring/globalsummary/timeseries/tswcoverageqtp3.html) - accessed 1 June 2017. See for DTP3 coverage: a proxy for immunization coverage.
8. World Health Organization. Global tuberculosis report 2016. Geneva, 2016. [http://www.who.int/tb/publications/global\\_report/en/](http://www.who.int/tb/publications/global_report/en/) - accessed 3 June 2017. See for TB detection and treatment: case detection rate x TB treatment success rate.
9. World Health Organization. World malaria report 2015. Geneva, 2015. <http://www.who.int/malaria/publications/world-malariareport-2015/report/en/> - accessed 3 August 2016. See for Malaria Prevention: a proxy, percentage population at high risk (> 1 API) covered under ITNs or IRS.
10. World Health Organization. WHO global database on blood pressure, 2017. Geneva. <http://apps.who.int/gho/data/node.main.A868?lang=en> - accessed 1 June 2017. See for raised BP: a proxy for treatment for cardiovascular disease. The prevalence of raised BP has been rescaled based on a minimum value of 50%.
11. World Health Organization estimate. 2008. [http://www.imperial.ac.uk/medicine/apps/ezzati/metabolic\\_risks/glucose/](http://www.imperial.ac.uk/medicine/apps/ezzati/metabolic_risks/glucose/) - accessed 3 June 2017. See for Mean fasting plasma glucose: proxy for Management for diabetes.
12. World Health Organization. World health statistics 2013. Geneva, 2013. [http://www.who.int/gho/publications/world\\_health\\_statistics/2013/en/](http://www.who.int/gho/publications/world_health_statistics/2013/en/) - accessed 12 June 2017. See for density of hospital beds; a proxy for basic hospital access.
13. As reported by country, April 2016, HRH workshop. See for health workers density- normalized against global threshold at WHA 2016; 44.5 per 10000 population.
14. World Health Organization. Global Health Observatory data: Obesity. Geneva. <http://apps.who.int/gho/data/node.main.A900A?lang=en> - accessed 3 June 2017.
15. World Health Organization. Global Health Observatory data: Blood glucose. Geneva. [http://www.who.int/gho/ncd/risk\\_factors/blood\\_glucose/en/](http://www.who.int/gho/ncd/risk_factors/blood_glucose/en/) - accessed 3 June 2017.
16. DHS/MICS; 2009-2016.
17. WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva, 2015. <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/> - accessed 3 June 2017. See for Maternal Mortality Ratio. Country reported value: 2011=72, 2013=65.2, 2014=62.7, 2015=82; Data Source: Central Bureau of Statistics, DPRK, 2016.
18. MICS 2009, RH Report survey 2010. See for Births attended by skilled health personnel. country reported value: 2011= 99, 2012=99.1, 2013= 99, 2014=99.3, 2015=100; Data source: Ministry of Health, 2016.
19. Levels & Trends in Child Mortality. Report 2015 Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation. New York (NY), Geneva and Washington (DC) <http://www.childinfo.org/> - accessed 3 June 2017. See for U-5MR. Country Reported value :2011=23.9, 2012=22.7, 2013=21.2, 2014=20. See for NMR. Country Reported value: 2011=9.7, 2012=9.1, 2013=8.8, 2014=7.6; Data Source: Central Bureau of Statistics, DPRK, 2016.
20. See for New HIV infections among adults 15-49 years. Country Reported value: 2011=0, 2012=0, 2013=0, 2014=0, 2015=0; Data Source: Ministry of Health DPRK, 2016.
21. World Health Organization. WHO global database on Tuberculosis. Geneva, 2017. Geneva. <http://www.who.int/tb/country/data/download/en/> - accessed 3 June 2017.
22. Calculated. World Health Organization. World Malaria report. Geneva, 2016. <http://www.who.int/malaria/publications/world-malaria-report-2016/en/> - accessed 10 June 2017.
23. Country reported value. Data Source: Ministry of Health DPRK, 2016.
24. See for tobacco use. Country Reported value for adult population with tobacco use-male: 43.9; Data source: Smoking prevalence survey 2013, DPRK.
25. World Health Organization. Global Health Observatory data repository: global information system on alcohol and health. Geneva, 2015. <http://apps.who.int/gho/data/node.main.GISAH?showonly=GISAH> - 3 June 2017.
26. World Health Organization. Global Burden of Disease 2000-2015. [http://www.who.int/healthinfo/global\\_burden\\_disease/estimates/en/index1.html](http://www.who.int/healthinfo/global_burden_disease/estimates/en/index1.html) - accessed 3 June 2017.
27. DPRK National Nutrition Survey 2012
28. See for Birth registration coverage. Country reported value: 2014=98, Data source: Central Bureau of Statistics, Ministry of Public Health, DPRK, 2016.
29. DPRK National Nutrition Survey 2004, DPRK MICS 2009, DPRK National Nutrition Survey 2012.