Public spending on health is determined by the capacity of the government to raise revenues and allocate it to health. Financial protection is measured through two indicators: (1) impoverishment, and (2) catastrophic health expenditure.

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

- Family planning coverage
- Pregnancy care
- Child immunization coverage (DPT3)
- Care seeking behaviour suspected pneumonia

Infectious diseases

- TB treatment success rate
- HIV antiretroviral therapy coverage
- Insecticide-treated bednets/indoor residual spray coverage for malaria prevention

Noncommunicable diseases

- Prevalence of normal blood pressure in population
- Prevalence of normal blood glucose in population
- Cervical cancer screening
- Tobacco non-use

Service capacity and access

- Postnatal care for mothers and babies within two days of birth
- Health worker density, expressed as % of new global benchmark
- Access to essential medicines
- Health security: IHR compliance

UHC 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.

Life expectancy at birth 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 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.

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

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.
### Variation in risk factors, by sex

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Female (%)</th>
<th>Male (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adults aged ≥18 years who are obese¹⁴ (%)</td>
<td>3.1</td>
<td>1.6</td>
</tr>
<tr>
<td>Prevalence of raised fasting blood glucose among adults aged ≥18 years¹⁵ (%)</td>
<td>5.9</td>
<td>5.8</td>
</tr>
<tr>
<td>Prevalence of raised blood pressure among adults aged ≥18 years¹⁶ (%)</td>
<td>20.0</td>
<td>22.1</td>
</tr>
</tbody>
</table>

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 categories, 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.

Relative inequality score for reproductive, maternal, newborn and child health intervention coverage in 8 countries, 2005 to 2012⁶

### SDG 3: Health targets

#### Maternal and child mortality (SDG target 3.1.3, 3.2)

- **Maternal mortality ratio¹⁵**

  ![Maternal mortality ratio](image)

  - 2000: MMR 128 [1000 live births]
  - 2015: MMR 82 [1000 live births]

- **Births attended by skilled health personnel¹⁶**

  ![Births attended by skilled health personnel](image)

  - 2011: Coverage 99%
  - 2012: Coverage 99%
  - 2013: Coverage 99%
  - 2014: Coverage 99%
  - 2015: Coverage 100%

- **Child mortality⁷⁷**

  ![Child mortality](image)

  - Children under-five: 2000: 60, 2015: 25
Prevalence of tobacco smoking among persons 15 years and older

Demand for family planning satisfied with modern methods

2010 2011 2012 2013 2014 2015
0 20 40 60 80 100
Percentage (%)

78.2 70.7

2011 2013 2015
0 5 10 15 20
Malaria IR [1000 pop. at risk]

Total alcohol per capita (age 15+ years) consumption

2005 2010 2015
0 3 6 9
Litres

3.3

2014
4.4

Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases (%)

Mortality due to environmental pollution

Mortality rate attributed to household and ambient air pollution (per 100 000 population)

Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)

Mortality rate attributed to unintentional poisoning (per 100 000 population)

Tobacco use

Prevalence of tobacco use among persons 15 years and older

Prevalence of tobacco use among persons 15 years and older-Female

Prevalence of tobacco use among persons 15 years and older-Male

Essential medicines and vaccines

Proportion of the population with access to affordable medicines and vaccines on a sustainable basis

Total net official development assistance to medical research and basic health sectors

Health workforce

Health worker density (per 10 000 population)

National and global health risks

International Health Regulations Core Capacity Index

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

Current data are insufficient to determine trend

Hepatitis B incidence

Number of people requiring interventions against neglected tropical diseases

2014 5 643 102 824 180 314

Demand for family planning satisfied with modern methods

Indicators Year DPRK Regional estimate

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

Prevalence of tobacco use among persons 15 years and older-Female

Prevalence of tobacco use among persons 15 years and older-Male

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

2016 Health SDG Profile: Democratic People’s Republic of Korea
### Other health-related SDGs

#### Child nutrition

<table>
<thead>
<tr>
<th>Indicators</th>
<th>SDG target</th>
<th>Year</th>
<th>DPRK</th>
<th>Regional estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under 5 years who are stunted²⁹</td>
<td>2.2.1</td>
<td>2012</td>
<td>27.9</td>
<td>32.9</td>
</tr>
<tr>
<td>Children under 5 years who are wasted²⁹</td>
<td>2.2.2</td>
<td>2012</td>
<td>4</td>
<td>13.5</td>
</tr>
</tbody>
</table>

#### Drinking water services and sanitation

- Proportion of population using improved drinking water sources²⁷: 6.1 in 2015, 100 in 92
- Proportion of population using improved sanitation²⁷: 6.2 in 2015, 82 in 49

#### Clean household energy

- Proportion of population with access to electricity²⁶: 7.1.1 in 2012, 29.6 -

#### Ambient air pollution

- Air pollution level in cities¹ (PM 2.5) (µg/m³): 11.6.2 in 2014, 31 in 60.2

#### Natural disasters

- Number of deaths by disaster (per 100,000 people): 13.1.2 in 2011-2015, 0.20 in 0.3

#### Homicide and conflicts

- Mortality rate due to homicide (per 100,000 population): 16.1.1 in 2012, - in 4.3
- Estimated direct deaths from major conflicts (per 100,000 population): 16.1.2 in 2011-2015, 0 in 0.1

#### Birth registration

- Birth registration coverage²⁷: 16.9.1 in 2014, 98 -

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

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### References

4. DHS/MICS/Country Reported; 2006-2014
13. DHS/MICS/Country Reported; 2006-2014
16. Ministry of Health, Demdaritic People’s Republic of Korea (DPRK)
18. DHS/MICS/Country Reported; 2006-2014
21. DHS/MICS/Country Reported; 2006-2014
23. As reported by country, April 2016, HRH workshop.