2016 Health SDG Profile: Timor-Leste

Population (000s) 1,185
Urban population 33.4%
Poverty \( (\text{GDP} < 1.90 \text{ a day}) \) 30.3%
GDP per capita (Current US$) 1,169
Total health expenditure as share of GDP 1.5%

Monitoring the health SDG goal: Indicators of overall progress

Life expectancy

Life expectancy at birth provides an indication of overall mortality of a country's population. In Timor-Leste, from 2000 (58.7 years) to 2015 (68.3 years), the life expectancy at birth has improved by 9.6 years.

Healthy life expectancy reflects overall health of the country’s population. In Timor-Leste, from 2000 (52.2 years) to 2015 (61.1 years), healthy life expectancy has improved by 8.9 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

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family planning coverage</td>
<td>27</td>
</tr>
<tr>
<td>Pregnancy care</td>
<td>47</td>
</tr>
<tr>
<td>Child immunization coverage (DPT3)</td>
<td>76</td>
</tr>
<tr>
<td>Care seeking behaviour (suspected pneumonia)</td>
<td>71</td>
</tr>
</tbody>
</table>

Communicable diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB treatment success rate</td>
<td>84</td>
</tr>
<tr>
<td>HIV antiretroviral therapy coverage</td>
<td>100</td>
</tr>
<tr>
<td>Insecticide-treated bednets/indoor residual spray coverage for malaria prevention</td>
<td>60</td>
</tr>
</tbody>
</table>

Noncommunicable diseases

<table>
<thead>
<tr>
<th>Disease</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of normal blood pressure level in population</td>
<td>73</td>
</tr>
<tr>
<td>Prevalence of normal blood glucose level in population</td>
<td>93</td>
</tr>
</tbody>
</table>

Service capacity, access and health security

<table>
<thead>
<tr>
<th>Service</th>
<th>Coverage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PNC for mothers and babies within 2 days of birth</td>
<td>22</td>
</tr>
<tr>
<td>Health worker density, expressed as % of new global benchmark</td>
<td>46</td>
</tr>
<tr>
<td>Access to essential medicines</td>
<td>71</td>
</tr>
<tr>
<td>Health security: HR compliance</td>
<td>45</td>
</tr>
</tbody>
</table>

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.

FINANCIAL PROTECTION

Financial protection is measured through two indicators:

(1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment: 0.1% or approximately 1,600 people are being pushed into poverty because of out-of-pocket health spending.

Catastrophic health expenditure: 9.9% of people spent more than 10% of their household's total expenditure on health care.

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

Public spending on health is a measure of the total health expenditure as a% of the government expenditure (2014).
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 obese¹⁰ (%)</td>
<td>3.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Prevalence of raised fasting blood glucose among adults aged ≥ 18 years¹⁰</td>
<td>5.5</td>
<td>5.4</td>
</tr>
<tr>
<td>Prevalence of raised blood pressure among adults aged ≥ 18 years¹¹ (%)</td>
<td>27.4</td>
<td>26.0</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 2012²

Moving beyond averages

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)

2016 Health SDG Profile: Timor-Leste
Communicable diseases (SDG target 3.3)

New HIV infections among adults 15 to 49 years

<table>
<thead>
<tr>
<th>Year</th>
<th>Timor-Leste</th>
<th>Regional estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>0.3</td>
<td>-</td>
</tr>
</tbody>
</table>

Malaria incidence is calculated for confirmed malaria cases.

Indicators Year Timor-Leste Regional estimate

Hepatitis B incidence - - -

Number of people requiring interventions against neglected tropical diseases

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of People</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016</td>
<td>1 108 842</td>
</tr>
<tr>
<td>2014</td>
<td>824 180 314</td>
</tr>
</tbody>
</table>

Noncommunicable diseases and injuries

<table>
<thead>
<tr>
<th>Indicators</th>
<th>SDG target</th>
<th>Year</th>
<th>Timor-Leste</th>
<th>Regional estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases</td>
<td>3.4.1</td>
<td>2012</td>
<td>23.7</td>
<td>24.5</td>
</tr>
<tr>
<td>Suicide mortality rate (per 100 000 population)</td>
<td>3.4.2</td>
<td>2012</td>
<td>8</td>
<td>17.7</td>
</tr>
<tr>
<td>Total alcohol per capita (age 15+ years) consumption</td>
<td>3.5.2</td>
<td>2015</td>
<td>1.2</td>
<td>3.7</td>
</tr>
<tr>
<td>Mortality rate from road traffic injuries (per 100 000 population)</td>
<td>3.6.1</td>
<td>2013</td>
<td>16.6</td>
<td>17</td>
</tr>
</tbody>
</table>

Sexual and reproductive health

Demand for family planning satisfied with modern methods | 3.7.1 | 2009-2010 | 27 | 73.5 |

Adolescent birth rate (per 1000 women aged 15 to 19 years) | 3.7.2 | 2009-2010 | 51 | 33.9 |

Mortality due to environmental pollution

Mortality rate attributed to household and ambient air pollution | 3.9.1 | 2012 | 89.6 | 117.1 |

Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population) | 3.9.2 | 2012 | 10.3 | 20.1 |

Mortality rate attributed to unintentional poisoning (per 100 000 population) | 3.9.3 | 2012 | 0.8 | 3 |

Tobacco use

Prevalence of tobacco use among persons 15 years and older-Female | 3.a.1 | 2015 | 29 | 18 |

Prevalence of tobacco use among persons 15 years and older-Male | 3.a.1 | 2015 | 71 | 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 sectors | 3.b.2 | - | - | - |

Health workforce

Health worker density (per 10 000 population) | 3.c.1 | 2016 | 20.3 | - |

National and global health risks

International Health Regulations Core Capacity Index | 3.d.1 | 2015 | 71 | 80 |

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

Total alcohol per capita (age 15+ years) consumption

Adolescent birth rate

Prevalence of tobacco smoking among persons 15 years and older

Current data are insufficient to determine trend
### Other health-related SDGs

**Child nutrition**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>SDG target</th>
<th>Year</th>
<th>Timor-Leste</th>
<th>Regional estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under 5 years who are stunted(^a)</td>
<td>2.2.1</td>
<td>2013</td>
<td>50.2</td>
<td>32.9</td>
</tr>
<tr>
<td>Children under 5 years who are wasted(^a)</td>
<td>2.2.2</td>
<td>2013</td>
<td>11.0</td>
<td>13.5</td>
</tr>
</tbody>
</table>

**Drinking water services and sanitation**

- Proportion of population using improved drinking water sources\(^a\): 6.1, 2015, 72, 92
- Proportion of population using improved sanitation\(^a\): 6.2, 2015, 41, 49

**Clean household energy**

- Proportion of population with access to electricity\(^a\): 7.1.1, 2012, 72, 0

**Ambient air pollution**

- Air pollution level in cities\(^a\) (PM 2.5) (\(\mu g/m^3\)): 11.6.2, 2014, 15, 60.2

**Natural disasters**

- Number of deaths by disaster\(^a\) (per 100,000 people): 13.1.2, 2011-2015, 0, 0.3

**Homicide and conflicts**

- Mortality rate due to homicide\(^a\) (per 100,000 population): 16.1.1, 2012, 4.9, 4.3

- Estimated direct deaths from major conflicts\(^a\) (per 100,000 population): 16.1.2, 2011-2015, 0, 0.1

**Birth registration**

- Birth registration coverage\(^a\): 16.9.1, 2009-2010, 55, 0

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**References**


See for Care seeking behaviour suspected pneumonia is defined as: percentage of children under 5 years of age with suspected pneumonia (cough and difficult breathing not due to a problem in the chest and not a blocked nose) in the two weeks preceding the survey taken to an appropriate health facility or provider.


See for DTP3 coverage: a proxy for immunization coverage


See for Malaria Prevention: a percentage population at high risk (≥1.4%) covered under ITNs or IRS.


13. STEPS survey 2014


15. As reported by country, April 2016, HRH workshop. See for health workers density - normalized against global benchmark set at WHO 2016; 44.5 per 10,000 population.


27. As reported by country, April 2016, HRH workshop.


29. Timor Leste DHS 2003, Timor-Leste DHS 2009-2010


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