**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 SERVICES COVERAGE

The summary measure of essential health services coverage, service coverage index of 16 indicators in four main areas: (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
- Pregnant women delivery care
- Child immunization coverage (DTP3)
- Care seeking behaviour (suspected pneumonia)

#### Infectious diseases

- Tuberculosis (effective) treatment Coverage
- HIV antiretroviral therapy coverage
- Insecticide-treated bednets/IRS coverage for malaria prevention
- Access to basic sanitation (%)

#### Noncommunicable diseases

- Prevalence of normal fasting glucose level
- Prevalence of normal blood pressure
- Cervical cancer screening
- Tobacco non-use

#### Service capacity, access and health security

- Density of hospital beds, expressed as % of global threshold, 18/10000
- Health worker density, expressed as % of global threshold, 44.5/10000
- Access to essential medicines
- Health security: IHR compliance

### FINANCIAL PROTECTION

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

- **Impoverishment**: 1.0% or **approximately 13 000** people are being pushed into poverty (at $1.90 level) because of out-of-pocket health spending	extsuperscript{a}.

- **Catastrophic expenditure on health**: 2.9% of people spent more than 10% of their household's total expenditure on health care	extsuperscript{b}.

### Out-of-pocket expenditure	extsuperscript{c}

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	extsuperscript{d}

Public spending on health is determined by the capacity of the government to raise revenues and the level of priority it attaches to the health sector.

### This profile provides an overview of the current status of progress towards the 13 targets under the Sustainable Development Goal #3 (SDG3): Ensure healthy lives and promote well-being for all at all ages. All SDG3 indicators plus other selected health-related indicators are presented using global health estimates or country comparable reported values if available. When nationally reported indicators from other sources are available, these are included in the references.
Equity status and trends: Variation by income, geographical location and education*

*There are many dimensions of equity, including but not limited to examples based on income, geographical location, and education presented here but also age, sex, race, and others. SDG 17.18 emphasizes the need for disaggregated data to facilitate better measurement of inequalities.

**Health service delivery**

**OPD utilization**

- **2010**: 2.4
- **2012**: 2.4
- **2014**: 2.4
- **2016**: 2.4
- **2018**: 2.4

**TB treatment success rate for new cases**

- **2010**: 81.0
- **2015**: 89.0

**Coverage of DTP3 immunization**

- **2005**: 54.0
- **2010**: 76.0

**Bed occupancy rate (BOR)**

- **Current data are insufficient for analysis**

**Cervical cancer screening**

- **2009**: 1%

**NCD risk factors**

**Prevalence of raised blood pressure among adults**

- **Female**: 26.4
- **Male**: 28.1

**Prevalence of tobacco use**

- **Female**: 7.0
- **Male**: 28.9

**Prevalence of obesity among adults**

- **Female**: 2.0
- **Male**: 4.9

**SDG 3: Health targets**

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

**Maternal mortality ratio**

- **2000**: 694.0
- **2015**: 215.0

**Births attended by skilled health personnel**

- **2003**: 18.4
- **2009**: 29.9
- **2016**: 56.7

**Child mortality**

- **1990**: 200.0
- **2017**: 20.7
Communicable diseases (SDG target 3.3)

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Year</th>
<th>Timor-Leste</th>
<th>Regional estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB incidence rate³⁴</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malaria incidence rate⁹</td>
<td></td>
<td></td>
<td></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>Probability of dying from any of CVD,cancer, diabetes,CRD between age 30 and age 70²⁵</td>
<td>3.4.1</td>
<td>2016</td>
<td>19.9</td>
<td>23.1</td>
</tr>
<tr>
<td>Suicide mortality rate²⁶ (per 100 000 population)</td>
<td>3.4.2</td>
<td>2016</td>
<td>4.6</td>
<td>13.2</td>
</tr>
<tr>
<td>Total alcohol per capita (age 15+ years) consumption²⁷</td>
<td>3.5.2</td>
<td>2016</td>
<td>2.1</td>
<td>4.5</td>
</tr>
<tr>
<td>Road traffic mortality rate²⁸ (per 100 000 population)</td>
<td>3.6.1</td>
<td>2016</td>
<td>12.7</td>
<td>20.7</td>
</tr>
</tbody>
</table>

Sexual and reproductive health

Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods⁹ | 3.7.1 | 2016 | 46.9 | 71.4 |

Adolescent birth rate⁶ (per 1000 women aged 15 to 19 years) | 3.7.2 | 2016 | 42 | 33.0 |

Mortality due to environmental pollution

Age-standardized mortality rate attributed to household and ambient air pollution²⁹ (per 100 000 population) | 3.9.1 | 2016 | 139.8 | 165.8 |

Mortality rate attributed to exposure to unsafe WASH services²⁹ (per 100 000 population) | 3.9.2 | 2016 | 9.9 | 15.4 |

Mortality rate attributed to unintentional poisoning²⁹ (per 100 000 population) | 3.9.3 | 2016 | 0.4 | 1.8 |

Tobacco use

Prevalence of tobacco use among 15-64 years old³³- Female | 3.a.1 | 2014 | 28.9 | - |

Prevalence of tobacco use among 15-64 years old³³- Male | 3.a.1 | 2014 | 70.6 | - |

Essential medicines and vaccines

DTP³ immunization coverage among 1-year-olds⁷ | 3.b.1 | 2017 | 76 | 88 |

MCV² immunization coverage by the nationally recommended age²⁸ | 3.b.1 | 2017 | 50 | 77 |

PCV³ immunization coverage among 1-year olds²⁸ | 3.b.1 | 2017 | - | 12 |

Total net official development assistance to medical research and basic health per capita²⁸ (constant 2014 US$) | 3.b.2 | 2017 | 9.29 | 0.6 |

Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis | 3.b.3 | - | - | - |

Health workforce

Health worker density⁴⁴ (per 10 000 population) | 3.c.1 | 2016 | 25.04 | - |

National and global health risks

International Health Regulations Core Capacity Index³⁵ | 3.d.1 | 2018 | 44 | 56 |

Note: A dash (-) implies relevant data are not available
**Other health-related SDGs**

### General government health expenditure

<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>Domestic general government health expenditure as percentage of general government expenditure⁴ (%)</td>
<td>1.a</td>
<td>2016</td>
<td>3.2</td>
<td>6.7</td>
</tr>
</tbody>
</table>

### Child nutrition

<table>
<thead>
<tr>
<th></th>
<th>Year</th>
<th>Timor-Leste</th>
<th>Regional estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children under 5 years who are stunted⁶</td>
<td>2016</td>
<td>45.6</td>
<td>33</td>
</tr>
<tr>
<td>Children under 5 years who are wasted⁶</td>
<td>2016</td>
<td>22.6</td>
<td>15.2</td>
</tr>
<tr>
<td>Children under 5 years who are overweight⁶</td>
<td>2016</td>
<td>10.6</td>
<td>3.4</td>
</tr>
</tbody>
</table>

### Intimate Partner Violence

#### Proportion of ever-partnered women and girls aged 15 yrs and older subjected to physical, sexual or psychological violence by a current or former intimate partner in previous 12 months²⁸

<table>
<thead>
<tr>
<th></th>
<th>2009-2017</th>
<th>5.2</th>
</tr>
</thead>
</table>

### Drinking water services and sanitation

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>-</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of population using safely managed drinking-water services (%)</td>
<td>6.1</td>
<td>15.7</td>
</tr>
<tr>
<td>Proportion of population using safely managed sanitation services (%)</td>
<td>6.2</td>
<td>15.7</td>
</tr>
<tr>
<td>Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan²⁸ (constant 2016 US$ millions)</td>
<td>6.3</td>
<td>2017</td>
</tr>
</tbody>
</table>

### Clean household energy

#### Proportion of population with primary reliance on clean fuels²⁸ (%) | 2017 | 7.1 | 12 | 45 |

### Ambient air pollution

#### Annual mean concentrations of fine particulate matter (PM2.5) in urban areas²⁸ (µg/m³) | 2016 | 11.6.2 | 17.9 | 57.3 |

### Homicide and conflicts

#### Mortality rate due to homicide²⁸ (per 100 000 population) | 2016 | 16.1.1 | 5.1 | 4.1 |

### Birth registration

#### Birth registration coverage⁸ | 2016 | 16.9.1 | 60.4 | |

### Cause-of-death data

#### Completeness of cause-of-death data (%) | 2009-2017 | 17.19.2 | - | 10 |

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

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### References

6. Timor-Leste Demographic and Health Survey 2016. Dili, Timor-Leste and Rockville, Maryland, USA: Government Directorate of Statistics and ICF
10. WHO. Global Health Observatory (GHO) (https://www.who.int/gho/en/).
11. Tracking universal health coverage: 2017 global monitoring report
12. Timor-Leste STEPS Survey (2014)
17. Timor-Leste Demographic and Health Survey 2009-2010. Dili, Timor-Leste and Rockville, Maryland, USA: Government Directorate of Statistics and ICF
26. Country reported