World Health Organization

SEVENTY-FOURTH WORLD HEALTH ASSEMBLY **A74/11**
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Implementation of the 2030 Agenda for Sustainable Development

Report by the Director-General

1. In May 2016, the Sixty-ninth World Health Assembly adopted resolution WHA69.11 on health in the 2030 Agenda for Sustainable Development. The first report on progress in the implementation of the 2030 Agenda was noted by the Seventieth World Health Assembly in 2017[1] and, pursuant to decision WHA70(22) which requested reporting every two years, a second report was submitted to, and noted by, the Seventy-second World Health Assembly in 2019.[2] This present report is the third on progress towards the implementation of the health and health-related Sustainable Development Goals.

2. Regular monitoring of the health and health-related Goals is important for fostering shared accountability for results, identifying important gaps in resources and inadequate rates of progress, and considering emerging challenges that influence the trajectory of progress. Member States are responsible for implementing the Goals. The role of the Secretariat is to provide support to Member States to accelerate and monitor progress towards improving health and well-being for all at all ages. Of the 17 Goals in the global framework, 12 Goals, 33 targets and 59 indicators focus on health or are health-related.

3. Even before the pandemic of coronavirus disease (COVID-19), the world was off-track to achieve the Goals and now the world is further astray. To get back on track and to accelerate progress, the Secretariat in consultation with Member States and partners has aligned WHO's Transformation, Global Action Plan for Healthy Lives and Well-being for All, Special Programme on Primary Health Care, Universal Health and Preparedness Review, and other initiatives with its Thirteenth General Programme of Work 2019−2023.

4. The Thirteenth General Programme of Work focuses on measurable impacts on people's health at the country level. A results framework is in place to track the joint efforts of Member States, the Secretariat and partners to meet WHO's triple billion targets and achieve the Sustainable Development Goals; it also measures the Secretariat's contribution to that process. This framework forms the basis of the annual WHO results reports in respect of programme budget implementation.

5. This report presents improvements, challenges and plans in five areas: progress towards attainment of the triple billion targets and the Sustainable Development Goals; the impact of COVID-19 on implementing the Thirteenth General Programme of Work 2019−2023 and attaining the Sustainable Development Goals; the Global Action Plan for Healthy Lives and Well-being for All; working with the

[1] See the summary records of the Seventieth World Health Assembly, Committee A, eleventh meeting and twelfth meeting, section 2 (https://apps.who.int/gb/or/e/e_wha70r3.html, accessed 12 April 2021).

[2] See the summary records of the Seventy-second World Health Assembly, Committee A, first meeting, section 2, and third meeting (https://apps.who.int/gb/or/e/e_wha72r3.html, accessed 12 April 2021).

Inter-Agency and Expert Group on Sustainable Development Goal Indicators; and strengthening country data and health information systems.

PROGRESS TOWARDS THE TRIPLE BILLION TARGETS AND THE SUSTAINABLE DEVELOPMENT GOALS

6. The results framework for the Thirteenth General Programme of Work 2019−2023 is accompanied by a system for measuring impact: the WHO impact measurement; a scorecard for output measurement; and qualitative country case studies. The output scorecard and the country case studies will continue to be reported by the Secretariat as part of the regular reporting of results to Member States.

7. The WHO impact measurement structure is based on the Sustainable Development Goals and consists of the top-level healthy life expectancy indicator, the triple billion targets and related indices, and 46 outcome indicators.

8. The triple billion targets, approved by the Health Assembly in May 2018 in resolution WHA71.1, are based on the Sustainable Development Goals. The universal health coverage billion is based on Goal 3.8 and other targets in Goal 3 (good health and well-being); the healthier populations billion is based on targets in the health-related Goals including those besides Goal 3; and the health emergencies protection billion is based on Goal 3 and focuses on the need to prepare for, prevent, detect and respond to health emergencies. Progress toward the triple billion targets is measured by specific indices: the universal health coverage index, health emergencies protection index and the healthier populations index.

9. To make and measure progress towards the triple billion targets and the Sustainable Development Goals, the Secretariat is developing quantitative metrics for setting country-level baselines and designing ways to accelerate actions beyond business as usual and for getting back on track towards global targets (see Annex). The scenarios are integrated into the Triple Billion dashboard[1] and can be used in concert with WHO's other guidance on interventions and technical packages to inform prioritization of actions at country level. Routine systematic reviews have been established to assess global and regional progress towards the triple billion targets and to identify and address challenges and to seize opportunities to accelerate progress by better targeting efforts. Three such analyses in 2020 illuminated current trends and facilitated better alignment of country support across all three levels of WHO. Eight countries − Ethiopia, Mauritius, Oman, Pakistan, Paraguay, Philippines, Sri Lanka and Ukraine − participated in a six-month facilitated curriculum (Delivery for Impact Knowledge Hub) to build implementation capacity for setting specific strategic objectives and defined targets, early problem solving, establishing routine accountability and using data for decision-making.

Healthier populations

10. The targets for healthier populations focus on the impact of multisectoral and all-of-government interventions that are influenced by policy, advocacy and regulatory approaches stewarded by the health and related sectors. The healthier population index consists of 16 indicators selected from the outcome

[1] WHO. Triple Billion dashboard (who.int/data/triple-billion-dashboard, accessed 12 April 2021). This dashboard was developed in consultation with more than 80 Member States represented by health ministries and national statistics offices from all six regions.

indicators for the Thirteenth General Programme of Work 2019−2023, which are derived from the Sustainable Development Goals and Health Assembly resolutions.

11. In terms of the progress, about 900 million more people are projected to be enjoying better health and well-being in 2023 compared with the baseline value of 2018, thereby, falling short of the triple billion target by 100 million.[1] These projections have not taken the impact of COVID-19 into account. The Secretariat is working to assess the impact of COVID-19 on the healthier populations billion target.

12. At the request of Member States, the Secretariat is working, through its hub-and-spoke mechanism, to propose new indicators for progress to the healthier populations billion target. Indicators under consideration include salt consumption, physical inactivity, mental health, ageing and cervical cancer. The new indicators will be submitted to Member States for consideration.

13. Cooperative actions at the national, regional and global levels across and within all government sectors to tackle social, environmental and economic determinants of health in order to reduce health inequities need to be further strengthened. Investments in health through mobilization and effective use of domestic and international resources will be central to achieve the health and health-related Goals.

Universal health coverage

14. A combination of health service coverage (Sustainable Development Goal indicator 3.8.1) and financial hardship (indicator 3.8.2) is used to measure the universal health coverage billion target.

15. The current rate of progress is projected to result in an additional 290 million people being covered by health services and not experiencing financial hardship by 2023 compared to the baseline value of 2018.[1] There is a significant shortfall of 710 million with respect to the target of one billion more people with universal health coverage by 2023. This projection does not consider the impact of COVID-19. Given reported disruptions in health services due to the pandemic, achievement of the health and health-related Goals is under threat without urgent investments in health.

16. With regard to the health service coverage indicator 3.8.1, Member States, United Nations partners, the Inter-Agency and Expert Group on Sustainable Development Goal Indicators and the Secretariat recognize that the current measure focuses on "crude" coverage and does not capture "effective" coverage. At the request of Member States, the Secretariat has begun work on an updated measurement for effective service coverage that categorizes tracer indicators by type of care (promotion, prevention, treatment, rehabilitation and palliation) and by age group (life course). This measure is intended to capture the quality of services and the health gains by the type of care and is particularly relevant for filling the gaps in essential services during and after the pandemic. The Secretariat will continue consultations with Member States, United Nations partners and experts to pilot the updated measurement in interested countries and submit the results for consideration.

Health emergencies protection

17. The health emergencies protection index consists of three tracer indicators derived from the outcome indicators for the Thirteenth General Programme of Work 2019−2023 that capture capacity to prepare for, prevent, detect and respond to health emergencies. The health emergencies protection index is consistent with Sustainable Development Goal indicator 3.d.1 (related to International Health

[1] WHO. GPW 13 Triple Billion Dashboard (who.int/data/triple-billion-dashboard, accessed 12 April 2021).

Regulations (2005) capacity and health emergency preparedness), and with the report of the second meeting (2016) of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response.

18. An innovation in the calculation of the health emergencies billion is the introduction of the "detect and respond" indicator which assesses the timeliness of detection, notification and response to public health emergencies. Further development of the indicator and ensuring a complete database to improve its reliability and validity will be a joint effort of Member States and the Secretariat.

19. In terms of the progress, 920 million more people are projected to be better protected from health emergencies in 2023, compared with the baseline value of 2018. This falls short of the triple billion target by 80 million. This projection does not consider the impact of COVID-19 which has revealed that no country is prepared for dealing with a pandemic of such magnitude, scale and impact. The Secretariat will update the impact of COVID-19 following the reviews underway (those of the Review Committee on the functioning of the International Health Regulations (2005) during the COVID-19 response,[1] the Global Preparedness Monitoring Board, and the Independent Preparedness Panel for Pandemic Preparedness and Response).[2]

IMPACT OF COVID-19 ON ACHIEVING THE TRIPLE BILLION TARGETS AND THE SUSTAINABLE DEVELOPMENT GOALS

20. The COVID-19 pandemic has resulted in tragic loss of lives and livelihoods and in worsening inequalities and is threatening to reverse progress made towards the achievement of health-related Goals and the triple billion targets.

21. With regard to the healthier populations billion, during the pandemic there is a reported increase in alcohol purchases, a decline in physical activity, increases in loneliness and domestic violence, and adverse impacts on mental health. People living with noncommunicable diseases have experienced the highest risk for severe COVID-19 and death. The mid-term evaluation of WHO's Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013−2030 has called for the development of an implementation road map to achieve target 3.4 of Goal 3.

22. COVID-19 has gravely disrupted essential health services in many countries and threatens recent gains in health and development, with a disproportionate impact on already-vulnerable populations, of which women make up the vast majority. Disruptions to health services are predicted to cause 254 000–1 157 000 additional deaths of children less than 5 years old and 12 000–57 000 additional maternal deaths across 118 low- and middle-income countries.[3] A qualitative survey across 106 countries found that 85% of HIV programmes, 78% of tuberculosis programmes and 73% of malaria programmes reported disruption to service delivery on account of the COVID-19 pandemic.[4] Many

[1] See document A74/9 Add.1.

[2] See document A74/INF./2.

[3] World Health Organization. The Partnership for Maternal, Newborn & Child Health. Knowledge to Action Briefs: Ask #1: Sexual, reproductive, maternal, newborn, child and adolescent health services, supplies and information, and demand generation https://www.who.int/pmnch/media/news/2020/KAB01.pdf?ua=1 (accessed 26 April 2021).

[4] The Global Fund. Global Fund Survey: Majority of HIV, TB and Malaria Programs Face Disruptions as a Result of COVID-19. https://www.theglobalfund.org/en/covid-19/news/2020-06-17-global-fund-survey-majority-of-hiv-tb-and-malaria-programs-face-disruptions-as-a-result-of-covid-19 (accessed 26 April 2021).

countries have suspended preventive mass vaccination campaigns leading to a particular concern about the resurgence of poliomyelitis and measles.

23. The Secretariat will systematically assess the impact of COVID-19 on the triple billion targets and health and health-related Goals. The first meeting has been held of a WHO/United Nations Department of Economic and Social Affairs Technical Advisory Group on COVID-19 Mortality Assessment which has been established to determine the impact of the pandemic so that inequalities are monitored using disaggregated data, Member States are supported in their response and recovery efforts, and the impact of COVID-19 on global health estimates and progress towards the Sustainable Development Goals is assessed.

24. Extending the duration of the Thirteenth General Programme of Work from 2023 to 2025 allows time for Member States and the Secretariat to make a collective commitment to accelerating and tracking progress to ensure that the world gets back on track towards the triple billion targets and the health-related Goals.

25. The pandemic has exposed weaknesses in many countries' health systems and amplified challenges to achievement of the health-related Goals. At the same time, it has illustrated the importance of multilateralism and equitable, rights-based and inclusive multisectoral responses to global health challenges.

WORKING WITH THE INTER-AGENCY AND EXPERT GROUP ON SUSTAINABLE DEVELOPMENT GOAL INDICATORS

26. WHO works with the Inter-Agency and Expert Group on Sustainable Development Goal Indicators, as appropriate, for the further development and finalization of health and health-related indicators, including the update to those indicators in 2025. WHO is also an active member of both the United Nations Development Group and the Inter-Agency Standing Committee. The Development Group unites the United Nations system entities that contribute to the attainment of the Sustainable Development Goals at the country level.

27. The Secretariat reports annually on progress towards the health and health-related Goals in its World Health Statistics report.[1] Moreover, it maintains continuous reporting, for instance on country progress towards the Goals and triple billion targets, in the Triple Billion dashboard.[2] As custodian, co-custodian or partner for 59 health and health-related Goal indicators, the Secretariat, in order to strengthen country monitoring and reporting capacity, is also engaged with national statistical offices, which are coordinating the monitoring of progress towards the Goals at the country level.

28. In order to monitor the state of health inequalities globally, WHO is part of the work on data disaggregation of the Inter-Agency and Expert Group on SDG Indicators. WHO collaborates with the Inter-Agency and Expert Group and the United Nations Statistics Division to build capacity in countries on data disaggregation and inequality monitoring, including development of a training module and global database of disaggregated data on progress towards the Goals. WHO has developed software

[1] WHO, World Health Statistics. Geneva: World Health Organization (https://www.who.int/data/gho/publications/world-health-statistics, accessed 13 April 2021).

[2] WHO Triple Billion Dashboard https://portal.who.int/triplebillions/.

applications, the Health Equity Assessment Toolkit (HEAT) and HEAT Plus, to monitor inequalities in access to benefits of progress made towards achieving health and health-related Goals.[1]

29. WHO is part of the Intersecretariat Working Group on Household Surveys which reports to the United Nations Statistical Commission. The WHO Secretariat, building on its experience, is promoting a comprehensive system, the World Health Survey Plus, in partnership with the Intersecretariat Working Group and stakeholders.[2] The World Health Survey Plus will facilitate the generation of appropriately disaggregated data for monitoring inequality and out-of-pocket expenditures on health at the household level.

30. The Inter-Agency and Expert Group on SDG Indicators at its recent informal meeting in January 2021 requested WHO to report on the updated measure for effective service coverage as part of the next comprehensive review of the indicator system in order to monitor progress towards the Goals due in 2025. The Secretariat will pilot the updated indicator and report on findings and conclusions to the Inter-Agency and Expert Group in 2025. Given the importance of primary health care and lack of a related Sustainable Development Goal indicator, the Secretariat will propose a new indicator on primary health care in the 2025 review.

STRENGTHENING DATA AND HEALTH INFORMATION SYSTEMS

31. The COVID-19 pandemic has highlighted the importance of timely, reliable and actionable data. Despite progress in recent years, high-quality data are not routinely collected. Many country health systems are still insufficiently resourced and crucial data are lacking thus hindering accurate report on progress. This not only hampers health emergency response efforts but also efforts towards achieving the Goals and the triple billion targets. A data-driven approach will help to protect and advance public health in every country.

32. The Secretariat completed the first global assessment of the status and capacity of data and health information systems in 133 countries, covering 87% of the world's population. Countries are assessed according to the five interventions of Survey, Count, Optimize, Review and Enable. The global SCORE report identifies gaps and provides guidance for investments in areas that will have the greatest impact on the quality, availability, analysis, accessibility and use of data.[3] No country has achieved a perfect score in each of the five interventions, but one important message to emerge is that countries across all income levels have the capacity to fill gaps in their health data.

33. The Secretariat also created a source of essential interventions, recommended actions, tools and resources to support health information systems strengthening in countries using universally accepted standards and tools.[4] The Secretariat will support countries in using these tools and the first global assessment to strengthen their data and health information systems in a more systematic manner, implementing the tools where the gaps are.

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[1] WHO. Health Equity Assessment Toolkit (https://www.who.int/data/gho/health-equity/assessment_toolkit, accessed 13 April 2021).

[2] WHO. World Health Survey Plus (https://www.who.int/data/data-collection-tools/world-health-survey-plus, accessed 13 April 2021).

[3] WHO. SCORE for health data technical package: Global report on health data systems and capacity, 2020. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/handle/10665/339125, accessed 13 April 2021).

[4] WHO. SCORE for health data technical package: essential interventions. Geneva: World Health Organization; 2020 (https://apps.who.int/iris/handle/10665/334005, accessed 13 April 2021).

34. At the request of Member States, the Secretariat compiled all health data to track progress and deliver impact towards the triple billion targets and the Sustainable Development Goals at country, regional and global levels; these can be accessed through the Triple Billion dashboard. This dashboard was developed in consultation with more than 80 Member States represented by health ministries and national statistics offices from all six regions.

35. The Secretariat is modernizing its end-to-end data systems and will launch the World Health Data Hub – a trusted source for global health data, collating data from across WHO regions and WHO Member States. The Hub will be available for internal, partner and public use and will support data collection, storage, analysis, dissemination and use. The Hub will include: (i) a country portal − a primary interface to streamline data exchange between WHO Member States and the Secretariat; (ii) a "data lake" – a scalable and accessible data-storage and data-processing platform; and (iii) a WHO portal (data.who.int) that will include easy access to all WHO public data, portals, maps, visualizations and reports. The Hub will strengthen WHO as a modern data-driven organization by reducing fragmentation and align data across all three levels of the organization. The Secretariat has established a data governance mechanism and principles for data and is currently reviewing data sharing policies. WHO plans to hold a global data governance summit later in 2021.

36. WHO hosts the Secretariat for the Health Data Collaborative, representing 64 partner organizations and more than 200 members and which leverages technical and financial resources to strengthen health information systems. The Collaborative supports 11 countries − Bangladesh, Botswana, Cameroon, Indonesia, Kenya, Malawi, Myanmar, Nepal, Uganda, United Republic of Tanzania and Zambia − to identify data and digital priorities, using the SCORE technical package, and to align their respective national priorities. The Collaborative launched the guidance for community health worker service monitoring tool in accordance with the request of the Health Assembly in resolution WHA72.3 (2019), on "community health workers delivering primary health care: opportunities and challenges", to optimize the impact of programmes for community health workers.

37. As part of implementation of the WHO Impact Framework for the Thirteenth General Programme of Work, 2019–2023,[1] the Secretariat is working with health ministries, national statistics offices and registrar generals' offices to improve civil registration and vital statistics, reporting of causes of death, and public health surveillance. The Secretariat is accelerating efforts to support countries to improve analytical capacity through training and technical assistance. The Secretariat is also prioritizing technical support in least developed countries and small island developing States.

SUSTAINABLE DEVELOPMENT GOAL 3 GLOBAL ACTION PLAN AND PRIMARY HEALTH CARE

38. The Global Action Plan for Healthy Lives and Well-being for All promotes a multisectoral approach to support countries accelerate progress towards the health-related targets of the Sustainable Development Goals. The Plan brings together 13 multilateral global health, development and humanitarian organizations[2] and WHO continues to convene the partners and provide leadership on the Plan's implementation by hosting the Plan's secretariat. In its first phase, the Plan established a common aim and a joint action framework, based on a commitment to engage, align, accelerate and account in

[1] See document A72/5.

[2] Gavi, the Vaccine Alliance; Global Financing Facility; International Labour Organization; the Global Fund to Fight AIDS, Tuberculosis and Malaria; Joint United Nations Programme on HIV/AIDS; United Nations Development Programme; United Nations Population Fund; United Nations Children's Fund; Unitaid; UN Women United Nations Entity for Gender Equality and the Empowerment of Women; the World Bank Group, World Food Programme and WHO.

order to build on existing coordination efforts and collaboration in countries and to further leverage the capacities of the larger multilateral system in support of countries.

39. Country results and impact are central to the Global Action Plan. By April 2021, its implementation at country-level had expanded from the five countries presented in case studies in the Plan's progress report issued in 2020 to 36 countries from all WHO regions. Country-level activities are supported by the seven accelerator and a gender-equality working groups. Accelerator working groups have also refined their strategic approaches, building on priorities set out in the progress report and taking into account gaps or needs identified in response to COVID-19. Over the past year, the Plan has demonstrated how it can help to strengthen and increase alignment in the global health ecosystem through complementary support for thematic initiatives (the Access to COVID-19 Tools Accelerator); it has also applied lessons learned from collaboration on the Plan to other collaborations on progress towards the Goals (Global Acceleration Framework for Sustainable Development Goal 6 on safe water and sanitation). At the regional level, the Regional Office for the Eastern Mediterranean launched the Regional Health Alliance in December 2020, comprising organizations that are signatories to the Global Action Plan, as well as the International Organization for Migration, United Nations Education, Scientific and Cultural Organizations, United Nations High Commissioner for Refugees and International Telecommunication Union, to support and drive forward the implementation of the Global Action Plan in the countries of the Eastern Mediterranean Region.

40. In 2020, a joint evaluability assessment of the Plan was undertaken by the independent monitoring and evaluation offices of the signatory agencies working together for the first time in line with the commitments to alignment and shared accountability. The rapid and light-touch assessment sought to determine whether the necessary strategic and technical elements were in place to enable the Plan to succeed and to fill gaps in advance of an independent evaluation planned for 2023. Principals of the agencies reviewed the assessment's recommendations and approved a management response. Implementation of that response is well underway, with actions including development and approval of a theory of change and a monitoring framework.

41. WHO's Special Programme on Primary Health Care was launched in December 2020, in response to the request in resolution WHA72.2 (2019) on primary health care for the Director-General to support Member States, as appropriate, in strengthening primary health care, including the implementation of the vision and commitments of the Declaration of Astana in coordination with all relevant stakeholders. The immediate strategic objectives of the Special Programme are: (1) to renew primary health care through political leadership and strategic partnership on primary health care with governments, United Nations agencies, international financing institutions and development partners at global, regional and country levels; (2) to demonstrate a new way of working through an agile integrated platform that connects the strategic priorities for reaching the triple billion targets; (3) to contextualize and operationalize primary health care through a "one-stop" mechanism to provide support for implementing primary health care to Member States and put into action the Operational framework for primary health care; and (4) to create relevant global public health goods, including further work on the Operational framework on primary health care and its accompanying monitoring and measurement guidance and country case study compendium.

ACTION BY THE HEALTH ASSEMBLY

42. The Health Assembly is invited to note this report.

ANNEX

THIRTEENTH GENERAL PROGRAMME OF WORK 2019–2023 AND HEALTH-RELATED SUSTAINABLE DEVELOPMENT GOAL INDICATORS: BASELINE VALUES

Data source: World Health Statistics 2021
Metadata: Metadata for Impact Measurement Indicators[1]

Sustainable Development Goal (SDG) /World Health Assembly indicator	Indicator	Baseline 2018 value (or latest available)
SDG 1.5.1	Number of deaths, missing persons and directly affected persons attributed to disasters (per 100 000 population)	NA[2]
SDG 1.a.2	Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%)	9.95%
SDG 2.2.1	Prevalence of stunting (height for age <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age (%)	22.9%
SDG 2.2.2	Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (wasting) (%)	6.7% (2020)
SDG 2.2.2	Prevalence of malnutrition (weight for height >+2 or <-2 standard deviation from the median of the WHO Child Growth Standards) among children under 5 years of age, by type (overweight) (%)	5.7%
SDG 2.2.3	Prevalence of anaemia in women aged 15−49 years, by pregnancy status (%)	29.6%
SDG 3.1.1	Maternal mortality ratio (per 100 000 live births)	211 (2017)
SDG 3.1.2	Proportion of births attended by skilled health personnel (%)	83% (2014–2020)
SDG 3.2.1	Under-five mortality rate (per 1000 live births)	38.8
SDG 3.2.2	Neonatal mortality rate (per 1000 live births)	17.9
SDG 3.3.1	New HIV infections (per 1000 uninfected population)	0.23
SDG 3.3.2	Tuberculosis incidence (per 100 000 population)	133
SDG 3.3.3	Malaria incidence (per 1000 population at risk)	57.5

[1] WHO. Metadata for impact measurement indicators (https://www.who.int/publications/m/item/metadata-for-impact-measurement-indicators, accessed 14 April 2021).

[2] NA: Data are available by country but not as a global aggregate (United Nations Global SDG Database, SDG indicators, available at https://unstats.un.org/sdgs/indicators/database/, accessed 14 April 2021).

Sustainable Development Goal (SDG) /World Health Assembly indicator	Indicator	Baseline 2018 value (or latest available)
SDG 3.3.4	Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years (%)	0.8 (2017)
SDG 3.3.5	Reported number of people requiring interventions against neglected tropical diseases	1.76 billion
SDG 3.4.1	Probability of dying from any of cardiovascular disease, cancer, diabetes, chronic respiratory disease between age 30 and exact age 70 (%)	17.9%
SDG 3.4.2	Suicide mortality rate (per 100 000 population)	9.3
SDG 3.5.1	Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders	NA
SDG 3.5.2	Harmful use of alcohol, defined according to the national context as alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	5.8 (2018)
SDG 3.6.1	Road traffic mortality rate (per 100 000 population)	16.7
SDG 3.7.1	Proportion of women of reproductive age who have their need for family planning satisfied with modern methods (%)	76.6%
SDG 3.7.2	Adolescent birth rate (per 1000 women aged 15−19 years)	42.5 (2015–2020)
SDG 3.8.1	Coverage of essential health services (universal health coverage service coverage index)	65.7 (2017)
SDG 3.8.2	Proportion of population with large household expenditures on health as a share of total household expenditure or income	-
	Population with household expenditures on health >10% of total household expenditure or income (%)	12.5% (2015)
	Population with household expenditures on health >25% of total household expenditure or income (%)	2.9% (2015)
SDG 3.9.1	Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)	114.1 (2016)
SDG 3.9.2	Mortality rate attributed to exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services (per 100 000 population)	11.7 (2016)
SDG 3.9.3	Mortality rate from unintentional poisoning (per 100 000 population)	1.1
SDG 3.a.1	Age-standardized prevalence of tobacco smoking among persons 15 years and older (%)	23.6%

Sustainable Development Goal (SDG) /World Health Assembly indicator	Indicator	Baseline 2018 value (or latest available)
SDG 3.b.1	Proportion of the target population covered by all vaccines included in their national programme	-
	Diphtheria-tetanus-pertussis (three-dose) immunization coverage among one-year-olds (%)	85%
	Measles-containing-vaccine second-dose immunization coverage by the nationally recommended age (%)	69%
	Pneumococcal conjugate third dose (PCV3) immunization coverage among one-year olds (%)	46%
	Percentage of 15 years old girls who received the recommended doses of human papillomavirus vaccine (%)	12%
SDG 3.b.2	Total net official development assistance to medical research and basic health sectors per capita (US$), by recipient country	1.2
SDG 3.b.3	Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	NA
SDG 3.c.1	Health worker density and distribution	-
	Density of physicians (per 10 000 population)	17.5
	Density of nursing and midwifery personnel (per 10 000 population)	39.0
SDG 3.d.1	International Health Regulations (2005) capacity and health emergency preparedness (%)	60%
SDG 3.d.2	Percentage of bloodstream infections due to *Escherichia coli* resistant to third-generation cephalosporins (e.g., expanded-spectrum beta-lactamase-producing *E. coli*)	NA
	Percentage of bloodstream infections due to methicillin-resistant *Staphylococcus aureus*	NA
SDG 4.2.1	Proportion of children under 5 years of age who are developmentally on track in health, learning and psychosocial well-being, by sex[1] (%)	72% (2019)

[1] *Source*: UN Statistics Division SDG Indicators Database (https://unstats.un.org/sdgs/indicators/database/, accessed 14 April 2021).

Sustainable Development Goal (SDG) /World Health Assembly indicator	Indicator	Baseline 2018 value (or latest available)
SDG 5.2.1	Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age	-
	Ever-married/partnered women aged 15–49 years have experienced physical and/or sexual intimate partner violence in the past 12 months (%)	13%
	Ever-married/partnered women aged 15 years and older have experienced physical and/or sexual intimate partner violence at least once in their lifetime (%)	26%
	Ever-married/partnered women aged 15–49 years have experienced physical and/or sexual intimate partner violence at least once in their lifetime (%)	27%
SDG 5.6.1	Proportion of women aged 15–49 years who make their own informed decisions regarding sexual relations, contraceptive use and reproductive health care (%)	55% (2020)
SDG 6.1.1	Proportion of population using safely managed drinking water services (%)	71% (2017)
SDG 6.2.1	(a) Proportion of population using safely managed sanitation services (%)	45% (2017)
	(b) Proportion of population using a hand-washing facility with soap and water (%)	60% (2017)
SDG 7.1.2	Proportion of population with primary reliance on clean fuels and technology (%)	68%
SDG 11.6.2	Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (µg/m^3)	39.6 (2016)
SDG 16.1.1	Mortality rate due to homicide (per 100 000 population)	6.2
SDG 16.2.1	Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers in the past month (%)	78.9% (2019)
Resolution WHA66.10 (2013)	Age-standardized prevalence of raised blood pressure among persons aged 18+ years (defined as systolic blood pressure of >140 mmHg and/or diastolic blood pressure >90 mmHg) and mean systolic blood pressure (%)	22.1% (2015)
Resolution WHA66.10 (2013)	Age-standardized prevalence of obesity among adults (18+ years) (%)	13.2% (2016)
Resolution WHA66.10 (2013)	Prevalence of obesity – among children for 5–19 years (%)	6.8% (2016)
Resolution WHA68.3 (2015)	Number of cases of poliomyelitis caused by wild poliovirus[1]	33

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[1]WHO. Poliomyelitis: key facts (https://www.who.int/news-room/fact-sheets/detail/poliomyelitis, accessed 14 April 2021).