Annual report on monitoring progress on UHC and health-related SDGs

This is the sixth annual report on progress in universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs). The report presents the latest data on the health-related SDGs and Thirteenth General Programme of Work (GPW 13) target indicators. On UHC, essential service coverage has improved in the past decade. However, the progress has not been fast enough and further, it is at risk of being reversed by COVID-19. Most countries in the Region have reported that the COVID-19 pandemic impacted the ability of health systems to provide uninterrupted health services.

There has been an overall increase in regional life expectancy and healthy life expectancy at birth as a result of improvements in the control of several communicable diseases, and maternal and child mortality. Progress continues to be made in improving reproductive, maternal, neonatal and child health, and in reducing the spread and occurrence of most communicable diseases. Overall, child mortality in the Region has declined by 73% between 1990 and 2019. Five Member States have reached the SDG target for under-5 mortality and neonatal mortality.

There has been a decline in the incidence of malaria and HIV and related deaths. However, tuberculosis (TB) remains a concern, and the Region continues to have the highest mortality from TB. Despite a decrease in premature mortality from noncommunicable diseases (NCDs), this is not rapid enough to meet the SDG targets. These challenges emphasize the need for strong disease prevention and control programmes to accelerate Member States’ progress in meeting national and global targets.

This year’s report also features trajectories up to 2030 for selected health-related SDG indicators based on past trends. Additionally, there is a dedicated section on health inequities. This section will feature use of disaggregated data on reducing equity at the national or district level.

This Working Paper was presented to the High-Level Preparatory Meeting held in July 2021 for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations for the consideration of the Seventy-fourth Session of the Regional Committee:
**Actions by Member States**

1. Continue to develop and implement policies, strategies and actions to advance UHC and the health-related SDGs, while adapting to service delivery disruptions and the overall public health impacts due to COVID-19.

2. Maintain and enhance monitoring of UHC and the health-related SDGs in the context of COVID-19 and beyond, within national monitoring and evaluation frameworks to strengthen accountability and transparency.

3. Enhance institutional capacity to compile, share, disaggregate, analyze, disseminate and use reliable UHC and health-related SDG data and indicators, particularly to monitor trends, assess health inequalities and take corrective measures.

**Actions by WHO**

1. Continue producing the annual report, updating the report’s core country data on UHC and all other health-related SDG targets, as well as highlight the selected emerging trends and themes in each report.

2. Enhance translation and analysis of data and indicators and improve the use of national data and indicators for decision-making through cross-country cooperation, training, workshops and courses, and evaluation and the sharing of experiences.

This Working Paper with the HLP Meeting recommendations is submitted to the Seventy-fourth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.
Introduction

1. The 2030 Agenda for Sustainable Development was adopted by the UN General Assembly in 2015, together with 17 Sustainable Development Goals (SDGs) to be achieved by 2030. The Agenda emphasizes the need to “ensure no one is left behind”. The health goal (SDG3) aims “to ensure healthy lives and promote well-being for all at all ages”. SDG3 has 13 targets covering reproductive, maternal and child health; communicable diseases; noncommunicable diseases (NCDs), injuries and environmental issues; and health systems and universal health coverage (UHC).

2. In 2016, the Sixty-ninth World Health Assembly adopted resolution WHA69.11 “Health in the 2030 Agenda for Sustainable Development”. The resolution urges Member States to scale up action at all levels to achieve the SDGs; prioritize health systems strengthening in order to achieve UHC; and promote intersectoral collaboration to manage determinants outside the direct mandate of the health sector. In addition, this resolution emphasizes the importance of monitoring.

3. The Seventieth session of the Regional Committee for South-East Asia requested the Regional Director to “include an annual report on monitoring progress on UHC and health-related SDGs as a substantive agenda item until 2030” (Decision SEA/RC70(1)).

Current situation, response and challenges

4. Some highlights are noted below. More detailed information will be published in the forthcoming report, “Monitoring universal health coverage and health in the Sustainable Development Goals in the South-East Asia Region: 2021 update”.

2030 trajectories for selected health-related SDGs

5. Overall, countries are progressing towards achieving their goals for most health-related SDG indicators. However, progress varies from country to country. Some countries are projected to meet certain health-related SDG targets while other countries will need to accelerate efforts to do so. Even without accounting for the impact of the COVID-19 pandemic, no country in the Region is projected to meet all the health-related SDG targets. For instance, as of now, three countries in the Region have already achieved the global maternal mortality ratio target of 70 deaths per 100 000 live births. By 2030, it is projected that an additional two countries will achieve the global target. By 2030, nine South-East Asia (SEA) Region countries are projected to reach diphtheria–tetanus–pertussis (DTP)3 coverage of more than 95%.

6. The forthcoming report will showcase 2030 trajectories for 25 health-related SDG indicators for which trend data are available. The sparkline figures will include data that are imputed/estimated from the years 2000–2020 and projected for the years 2021–2030. The 2030 projected value will be compared against the global SDG target to assess the progress of Member States towards the SDGs.
Universal health coverage: access to essential health services without financial hardship

7. Coverage of essential health services (SDG indicator 3.8.1) is measured by using the essential health services index endorsed by the UN Inter-Agency and Expert Group (IAEG). Essential health service coverage has improved in all Member States since 2010, albeit from different starting points. Previously, any data available for all 16 of the sub-indicators originally endorsed by the UN IAEG were used to calculate the essential services coverage index. However, two of these indicators were dropped when calculated globally by WHO because of limited data available. At the regional technical consultation in November 2019, it was agreed the SEA Region would conform and use the same sub-indicators for calculations as used globally for consistency.

8. The regional average for the UHC essential health services index was 62% in 2020 compared with 49% in 2010. However, the progress has not been rapid enough and is at risk of a setback due to COVID-19.

9. Most countries in the Region reported that the COVID-19 pandemic impacted the ability of health systems to provide uninterrupted health services. The second round of the WHO PULSE survey, which was conducted in quarter 1 of 2021, revealed that 89% of responding countries (n = 9) experienced some amount of disruption. The level of disruption differs across Member States (Fig. 1). This is expected to slow down progress towards UHC and other health-related SDG targets, with impacts to be quantified in future annual reports.

Fig. 1. Disruptions to essential health services are still geographically widespread across the Region

10. SDG indicator 3.8.2 covers financial protection, i.e. the proportion of the population that spends more than 10% of household expenditure on health. According to the latest figures, 15.9% of the population in the Region (307.4 million people) annually experience catastrophic health spending, where household expenditure on health exceeds 10% of household expenditure or income.¹

11. Catastrophic health expenditure varies between 2% and 25% in the Region. Seven Member States (Bhutan, Indonesia, Maldives, Nepal, Sri Lanka, Thailand and Timor-Leste) have levels of catastrophic spending below the global median of 12.7%, and three (Bangladesh, India and Myanmar) have levels that are higher, according to the available data.² Even before the COVID-19 pandemic, many Member States of the Region – characterized by very low levels of public funding and high out-of-pocket spending – have struggled to ensure financial protection for the majority of the population. Although the impact of COVID-19 on the number of households spending a large share of their budgets on health care remains uncertain, there is evidence of a shrinkage of income, increase in poverty and households foregoing health care.

Other SDG health-related targets

12. Reproductive, maternal, neonatal and child health: Maternal and child mortality continues to significantly decline in the Region. Between 2000 and 2017, the SEA Region witnessed the largest reduction in maternal mortality of 53% (Fig. 2). Between 2000 and 2020, the proportion of women of reproductive age whose need for family planning was satisfied with modern methods has increased in the Region from 68.8% to 75.3%. There has also been a substantial increase in births assisted by skilled health personnel in the Region between 2003 and 2020, from 48% to 81%. However, the COVID-19 pandemic continues to threaten these advances as evidence emerges of essential health service disruptions.³ To ensure that essential services such as child delivery are not compromised, the Regional Office is supporting efforts by Member States to ensure uninterrupted services for their essential health service delivery packages.

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**Fig. 2. Trends in mortality in the WHO South-East Asia Region, 1990–2019**


13. **Noncommunicable diseases and injuries**: Noncommunicable diseases such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases are the leading cause of death in the Region and are responsible for approximately 69% of mortality in South-East Asia. The probability of premature mortality due to NCDs (as discussed under SDG Target 3.4.1) in the SEA Region has been declining overall in the last few years. However, the COVID-19 pandemic has unfortunately slowed the momentum in efforts to tackle NCDs and achieve the SDG targets.

The top causes of deaths in the Region (Fig. 3) are NCD-related, specifically ischaemic heart disease, followed by stroke and chronic obstructive pulmonary disease. There has also been a steady decrease in mortality from suicide, unintentional poisoning and road traffic injuries, but many more of these deaths can still be prevented.

**Fig. 3. Top 10 causes of death in the SEA Region, 2019**

Source: WHO global burden of diseases 2019
14. **Infectious diseases**: The Region continues to witness a decline in new HIV infections and deaths from AIDS, and remains on track for meeting SDG 3.3 for HIV/AIDS. However, TB remains the biggest cause of death due to communicable diseases among the most productive age group in the Region. There has been a steady annual decline of 3% in TB incidence between 2015 and 2019, which, however, is not enough to reach the 2030 target for ending TB. The Region has made substantial progress in reducing malaria cases and deaths, and is on track to reach the target of 40% reduction in malaria case incidence and mortality.

15. **Health systems**: The availability of doctors, nurses and midwives in the Region has increased by 21%, from 21.5 to 26.0 per 10 000 population since the decade for Health Workforce Strengthening in the South-East Asia Region began (2015–2024)⁴ On Core Capacity for the International Health Regulations (IHR 2005), the reported preparedness index for the Region rose from 56% in 2018 to 63% in 2020. Emergency preparedness and response, including of health systems, around the world are being challenged in an unprecedented manner by the ongoing COVID-19 pandemic, and Member States of the Region are no exception.

**Health equity: who is being left behind in the WHO SEA Region?**

16. Despite the overall improvement in service coverage, disparities still exist between and within countries. Vulnerable populations continue to have lower access to care as shown in Fig. 4. Coverage of births by skilled health personnel is 30% more among the richest quintile than among the poorest quintile.

**Fig. 4. Variation in coverage of ‘sexual, reproductive, maternal, newborn, child and adolescent health’ (SRMNCAH) services in the SEA Region, by income, place of residence and mother’s education**

![Image](image)

Source: Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) 2010–2019

17. Variations in health service coverage between Member States in the Region have narrowed slightly compared with 2015. Within Member States, the magnitude of the gaps varies significantly. More details are available in the publication on “Monitoring UHC and health in the SDGs in the South-East Asia Region, 2021”.

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18. The section on health equity will show that some people are able to live healthier lives and have better access to health services than others – entirely due to the conditions in which they are born, grow, live, work and age. This leads to unnecessary suffering, avoidable illness and premature death. And it harms our societies and economies. Identifying health inequalities and their determinants is essential for achieving health equity. Member States need to continue collecting high-quality disaggregated data for monitoring health inequalities and for ensuring equitable access to and uptake of health services.

The way forward

19. On UHC, while there is a steady and continued improvement in essential service coverage in all Member States, there is a need to accelerate. One year into the COVID-19 pandemic, countries are still reporting some extent of disruption in essential services, which could hamper progress towards achieving UHC. Data on trends in financial protection need to be regularly monitored.

20. NCD mortality accounts for more than half of the deaths in the Region. Member States have made a political commitment to address the global NCD epidemic and play proactive roles on a global scale in their efforts to accelerate action on NCDs and mental health. Although the COVID-19 pandemic has slowed down the pace of tackling NCDs, sustained political will and efforts to prevent and control NCDs, particularly by mainstreaming NCD care within primary health care along with WHO country support, will be required to accelerate progress.

21. Variations in health service coverage between Member States have reduced slightly since 2015. However, the availability and use of disaggregated data are still lacking in many countries, hindering the monitoring of health inequalities both within and between countries.

Conclusions

22. There has been overall progress in the areas of UHC and most of the health-related SDGs. However, the progress is not fast enough, and innovative ways are required to accelerate progress while adapting to service delivery disruptions and the overall public health impacts due to COVID-19 in order to reach the 2030 targets. Health-related inequalities continue to exist and affect overall population health. Efforts need to continue to close the gap by focusing on equitable distribution of quality and affordable services and care.