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A more responsive
WHO in the South-East Asia Region

MESSAGE FROM THE REGIONAL DIRECTOR



It is my pleasure to bring you this annual update on progress towards the WHO South-East Asia Region's eight Flagship Priority Programmes. Amid the COVID-19 response, the Region continues to protect, defend and advance progress towards the Flagship Priorities and Sustainable Development Goal (SDG) targets, enabled by its steadfast commitment to maintain access for all to essential health services, leaving no one behind.

By April 2021, the Region had reduced average disruptions to tracer health services by a remarkable 20% compared with the second quarter of 2020. Progress was achieved across all 35 tracer services. Amid COVID-19-related disruptions, in 2020 the Region vaccinated an additional 35 million children against measles and rubella – an extraordinary achievement.

The emergency response has accelerated progress in several key areas, which will positively impact each of the Priorities. For example, the Region has significantly increased laboratory capacity. At the beginning of the pandemic, the Region had five laboratories capable of carrying out PCR testing. It now has more than 4000. The Region has enhanced community engagement and communication. In the first 12 months of the pandemic, some 58 million digital “conversations” in 11 languages were scanned, from which more than 3000 rumours could be distilled and responded to with science-based facts.

The Region's “Sustain. Accelerate. Innovate” vision is more important than ever, both in terms of how we conceptualize and define our priorities, and how we plan to achieve them. In the months and years ahead, increased public investments in health system strengthening are a must, especially at the primary level – where most people's health needs should be met, and where the foundations of health system resilience are built. Our challenges are many, but together I am certain we can meet them, achieving the transformative change our vision demands.

A handwritten signature in black ink, reading 'P. Khetrpal'.

Dr Poonam Khetrpal Singh
Regional Director

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E L I M I N A T E

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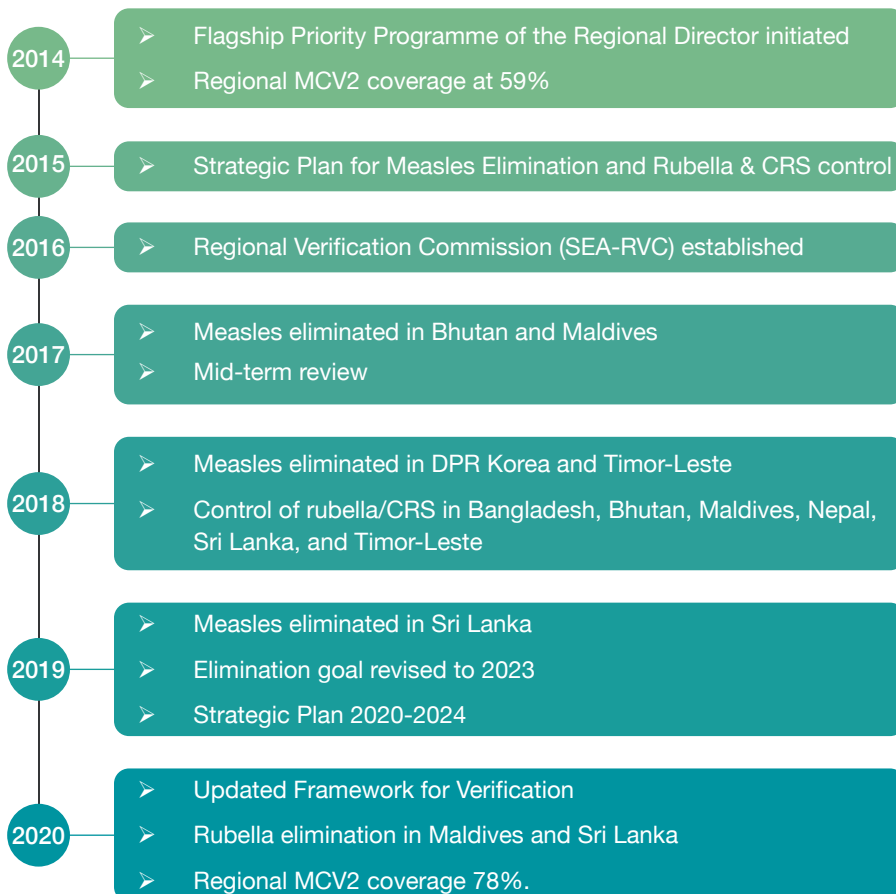
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INTRODUCTION

In the recent years impressive progress has been made towards measles and rubella elimination. Five countries from the WHO SEA Region have been verified as having eliminated measles and two countries have eliminated rubella; another four countries have been verified to have controlled rubella.

HIGHLIGHTS OF 2014-2020



PROGRESS AND RESULTS IN 2020

KEY PERFORMANCE INDICATORS

	Baseline	2020
Number of countries in the SEA Region with the absence of endemic measles transmission for ≥ 12 months in the presence of a well-performing surveillance system	None	Five (Bhutan, DPR Korea, Maldives, Sri Lanka, Timor-Leste)
Number of countries in the SEA Region with the absence of endemic rubella transmission for ≥ 12 months in the presence of a well-performing surveillance system	None	Two (Maldives, Sri Lanka)
Number of countries implementing national action plan or equivalent for measles and rubella elimination	None	Ten
Number of countries in the SEA Region with $\geq 95\%$ national coverage for two doses of measles and rubella-containing vaccine	Three	Three (DPR Korea, Maldives, Sri Lanka)

MAJOR ACHIEVEMENTS

A. *Technical leadership and evidence-based policy*

- ⦿ In 2020 Maldives and Sri Lanka were verified as having eliminated endemic rubella. Bhutan, DPR Korea, Maldives, Sri Lanka and Timor-Leste sustained their measles elimination status while rubella control was sustained in Bangladesh, Bhutan, Nepal and Timor-Leste.
- ⦿ A costed strategic plan for measles and rubella elimination in the WHO South-East Asia Region (2020–2024) was developed and endorsed by Member States.¹
- ⦿ National guidelines and action plans were reviewed in view of the ongoing COVID-19 pandemic. In addition, IPC guidelines for use during immunization sessions were developed and implemented across all Member States. This resulted in rapid improvement of immunization coverage levels and, in most countries, it has reached the same level between July to September as during those months in 2019.

B. *Implementing norms and standards*

- ⦿ The WHO South-East Asia Regional Verification Commission (SEA-RVC) for measles and rubella elimination endorsed the Framework for Verification of Measles and Rubella Elimination in the WHO South-East Asia Region.
- ⦿ The Commission also monitored the implementation of norms and standards through the annual progress report submitted by the national verification committees. The national verification committees in the countries worked with their governments to monitor progress towards the goal.

¹ Strategic Plan for measles and rubella elimination in the WHO South-East Asia Region: 2020–2024, <https://apps.who.int/iris/handle/10665/330356>

- ⊙ As part of implementation, WHO continued working with all countries in 2020 to develop national action plans. As per the WHO–UNICEF Joint Immunization Coverage Estimate for 2020 (released in 2021), coverage of MCV1 had reached 88% across the Region, with three countries reporting more than 95% coverage for both doses of vaccine. Despite major challenges due to the COVID-19 pandemic, almost 35 million children were vaccinated against MR through mass vaccination campaigns in 2020.
- ⊙ All countries in the Region are providing two doses of measles-rubella (MR) vaccine through routine immunization and conducting laboratory supported case-based surveillance for measles and rubella.

C. *Technical support and sustainable institutional capacity*

- ⊙ Bangladesh, Nepal and Maldives were supported to prepare for their MR supplementary immunization campaigns to strengthen routine immunization.
- ⊙ All Member States were supported to develop an immunity profile for measles and rubella at the national level, and India and Indonesia at the subnational level.
- ⊙ All Members States were supported to undertake a programmatic risk assessment for measles and rubella.
- ⊙ Capacity-building of the MR Laboratory Network was conducted through onsite visits and remote assistance.

D. *Monitoring and assessing MR transmission*

- ⊙ In 2019, a Measles Incident Management Support Team (IMST), led jointly by the WHO Emergencies and Immunization teams, was established to detect and respond to measles outbreaks that continued through 2020.
- ⊙ A weekly bulletin on laboratory and surveillance performance, a quarterly regional epidemiological bulletin on measles and rubella, and annual factsheets for each country and the entire Region were prepared and disseminated.^{2,3}

E. *Generating and disseminating knowledge and information*

- ⊙ Several webinars and virtual sessions were conducted with countries to share experiences in dealing with immunization, particularly regarding measles and rubella, during the COVID-19 pandemic.
- ⊙ An e-learning module on measles and rubella outbreak preparedness and response and an online repository of measles and rubella reports are in the process of being finalized.

F. *Shaping the research agenda*

- ⊙ Bilateral discussions on some key areas that are ongoing with partners include: Gap analysis to develop a regional framework for cross-border vaccine-preventable disease (VPD) surveillance, with a focus on measles and rubella; development of locally available point-of-care diagnostic kits for measles and rubella.

² Weekly bulletin and Annual EPI fact-sheet available at

[https://www.who.int/southeastasia/health-topics/immunization/vaccine-preventable-disease-\(vpd\)-surveillance-data](https://www.who.int/southeastasia/health-topics/immunization/vaccine-preventable-disease-(vpd)-surveillance-data)

³ Quarterly bulletin available at [https://www.who.int/docs/default-source/searo/ivd/sear-mr-bulletin-q2-2020-\(10-7-2020\).pdf?sfvrsn=9155c2e1_2](https://www.who.int/docs/default-source/searo/ivd/sear-mr-bulletin-q2-2020-(10-7-2020).pdf?sfvrsn=9155c2e1_2)



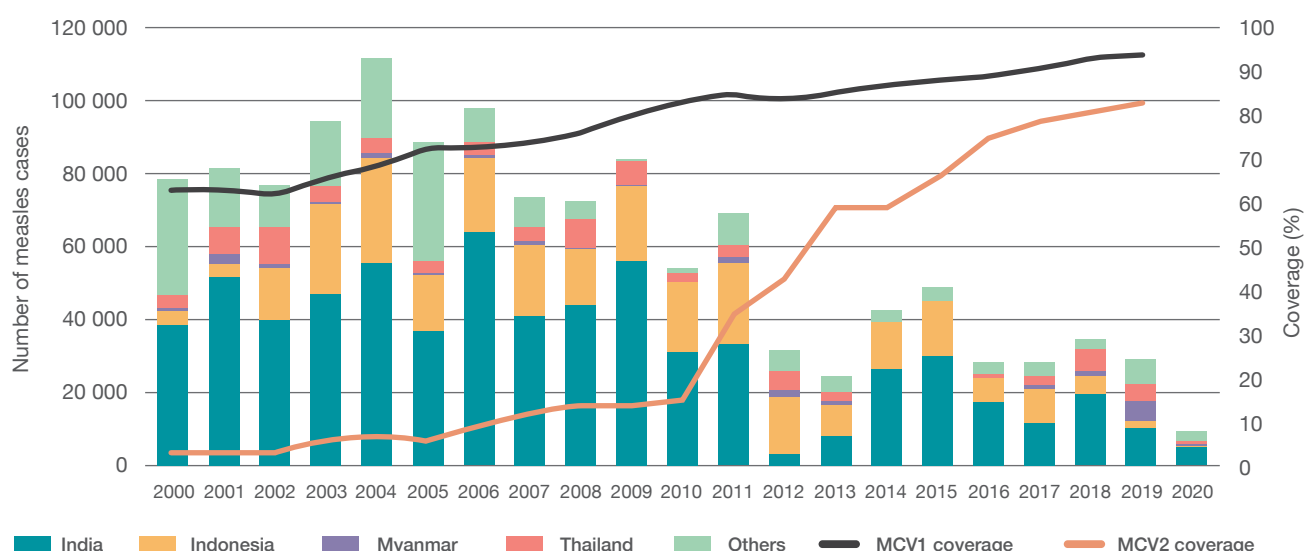
WHO SEARO/Christine McNab

CHALLENGES, OPPORTUNITIES AND NEXT STEPS

- Implementation of key elimination strategies due to the COVID-19 pandemic and during the post-COVID-19 recovery phase remains an arduous challenge:
 - In most Member States, routine immunization was paused or severely affected resulting in additional immunity gaps against an already suboptimal population immunity against measles and rubella.
 - Surveillance for VPDs was affected due to various reasons, such as the repurposing of health workers for the COVID-19 response, absence of health workers from work due to COVID-19 infection, impediments posed by lockdown measures, and fear of infection among communities. Fewer cases of suspected measles have been reported and investigated over the previous year, which inevitably led to a decline in sensitivity of surveillance for measles and rubella.
 - The pandemic delayed the implementation of mass vaccination campaigns, and monitoring and evaluation activities for measles and rubella in almost all countries.
 - Shortage of kits and reagents have been experienced by laboratories due to challenges related to cross-border transportation of materials.
- Funding gap of US\$ 0.19 per capita per year needs to be addressed jointly by national governments and partners, to adequately implement strategies to achieve the goal by 2023.
- COVID-19 vaccine roll-out has provided an opportunity to address key immunization system gaps such as AEFI management, cold-chain issues, enhanced capacity of laboratories to perform molecular tests and identifying platforms to vaccinate non-conventional age groups.
- Moving forward, countries in the WHO South-East Asia Region are in the process of:
 - Developing and refining strategic, operational and policy guidelines to revive immunization and surveillance activities during the pandemic and its recovery phase.

- o Targeted implementation of local-specific strategies to plug gaps in immunization and surveillance that have emerged following the pandemic.
- o Expanding the laboratory network capitalizing on the laboratory resource build-up for the COVID-19 response.
- o Ensuring continued political and programmatic commitment will have to be translated into actions to accelerate progress towards measles and rubella elimination by 2023.
- o Securing continued intensive technical support from all partners and stakeholders at both national and subnational levels to accelerate implementation of the strategic plan as well as support for mobilization of the resources required to optimally implement their national plans.

Fig. 1. Number of reported measles cases,* by country, and estimated percentage of children who received their first and second dose of measles-containing vaccine# -World Health Organization (WHO) South-East Asia Region, 2000-2020.



Data Available at: http://www.who.int/immunization/monitoring_surveillance/data/subject/en

Abbreviations : MCV1-first dose of measles containing vaccine in routine immunization; MCV2-second dose of measles containing vaccine in routine immunization; SEAR-South-East Asia Region

*Cases of measles reported to WHO and the United Nations Children's Fund (UNICEF) through the Joint Reporting Form to Regional office for South-East Asia Region for 2000-2019. Data for 2020 is from measles and rubella surveillance data submitted weekly by member states

#Data are from WHO and UNICEF estimates for the South-East Asia Region

§ Others include Bhutan, Bangladesh, DPR Korea, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, and Timor-Leste



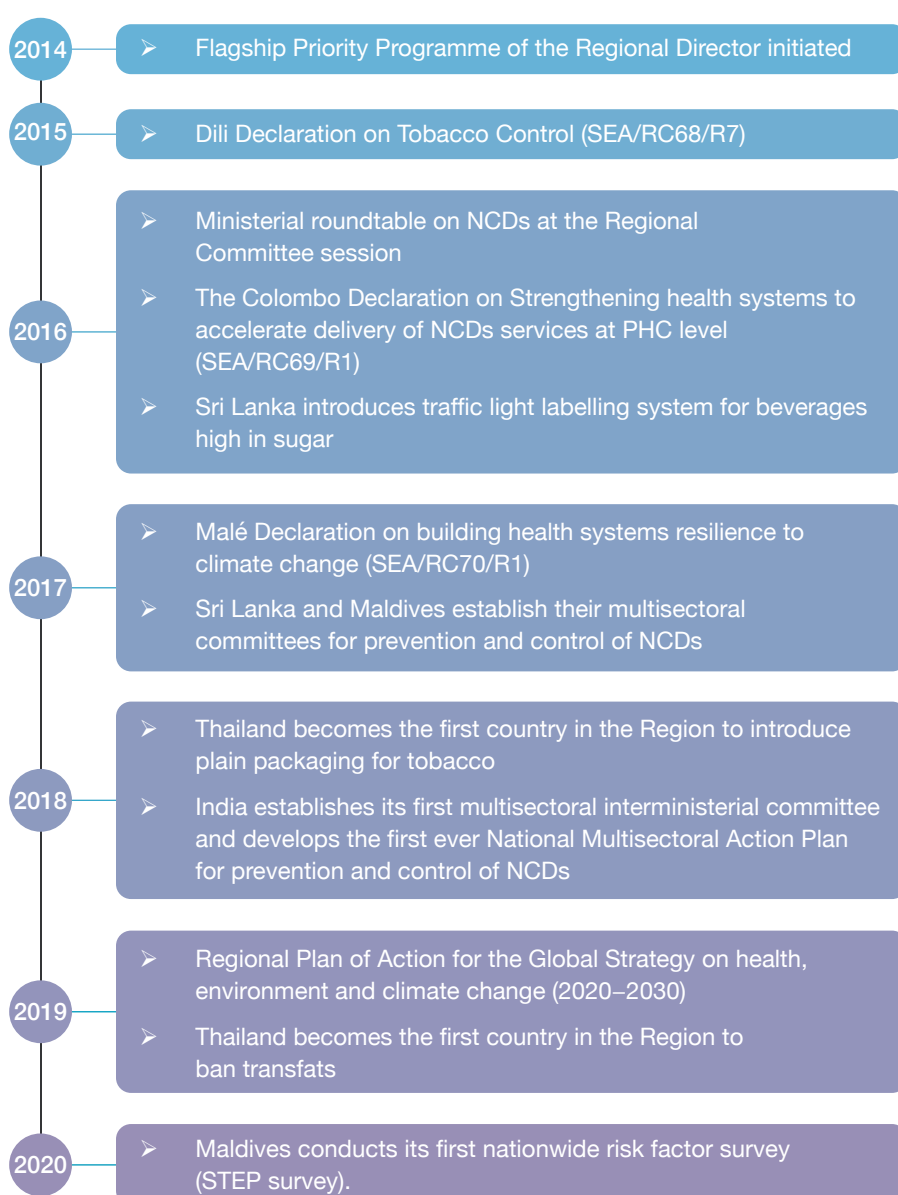
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INTRODUCTION

Noncommunicable diseases (NCDs) account for almost two-thirds of all mortality in WHO South-East Asia Region. About 50% of these NCD-deaths are premature deaths between the ages of 30 and 69 years which makes NCDs not only a public health issue but also an important socio-economic issue. The region has made prevention and control of NCDs as one of its flagship priorities since 2014 and has been supporting Member States to implement and scale up cost-effective interventions.

HIGHLIGHTS OF 2014-2020



PROGRESS AND RESULTS IN 2020

Status of NCD prevention and control governance structure and best buys in the SEA Region

Country	Governance				Implementation status of best buys											
					Tobacco					Alcohol			Diet	PA	Diseases	
	NCD targets	Mortality data	Risk factor surveys (in last 5 years)	Multisectoral action plan	Tax	Smoke-free	warnings/plain packaging	Advertising	Campaign	Physical availability	Advertising	Tax	Salt	Campaign	CVD	HPV vaccination
Bangladesh																
Bhutan					(NA)		(NA)									
DPR Korea					(NA)					(NR)	(NR)	(NA)				
India																
Indonesia																
Maldives																
Myanmar																
Nepal																
Sri Lanka																
Thailand																
Timor-Leste																

Note: ■ fully achieved, ■ partially achieved, ■ not achieved, NA – not applicable, NR – not reported, DK – do not know

Source: NCD Progress Monitor 2020, with further updates based on information received from Member States

Strengthening accountability and governance

- Multiyear and multisectoral NCD action plans are now fully institutionalized in most Member States of the Region along with multisectoral coordination mechanisms. Many countries have either completed or are in the process of developing the second round of these plans.
- In 2020, Myanmar and Sri Lanka completed comprehensive health system reviews to identify system bottlenecks in NCD control.
- Indonesia and Timor-Leste were supported to develop investment cases for NCDs.

Tackling NCD risk factors

Tobacco

- In 2020, WHO supported Timor-Leste's proposal to raise its tobacco tax and Indonesia with the publication of its tobacco tax report.
- Bangladesh, India and Indonesia were supported to implement a set of Bloomberg Initiative-funded programmes while Myanmar, Nepal and Sri Lanka were assisted with implementing the – Framework Convention on Tobacco Control-2030 (FCTC 2030) project.
- WHO continued to support India's mCessation programme.
- Advocacy materials were developed and disseminated widely at country level on tobacco use and its associated COVID-19 morbidity.

Harmful use of alcohol

- ⊙ WHO is re-strategizing and shifting focus on alcohol control and the promotion of mental health and well-being because of lobbying for online alcohol sales and home delivery.
- ⊙ Abrupt restrictions imposed on access to alcohol during the lockdowns in many countries led to instances of alcohol withdrawal syndrome. In response, the Regional Office drafted a primer for health professionals on the management of alcohol withdrawal. An online learning resource hub was also developed to allow health-care providers to better understand the management of alcohol use disorders.
- ⊙ A virtual technical consultation with Member States on effective implementation of the Global Strategy to Reduce Harmful Use of Alcohol (2014–2025) was organized.

Promoting a healthy diet

- ⊙ In 2020, WHO focused on scaling up interventions to address the double burden of malnutrition, specifically interventions considered as performing the double duty actions of addressing overweight and reducing dietary risk factors to prevent NCDs.
- ⊙ Nutrition advocacy initiative of the Regional Office – *Asia and the Pacific Regional Overview of Food Security and Nutrition 2020* – focused on improving maternal and child diets through multisectoral action.
- ⊙ The Regional Office developed a technical report that provides countries with detailed information on trends and status of childhood overweight and obesity, their determinants, and obesity-related policies. Country nutrition profiles focusing on childhood obesity were also developed.
- ⊙ Bangladesh and Sri Lanka substantiated their commitment to eliminate trans fats through draft regulations.
- ⊙ Eight Member States were provided technical assistance to assess population intake of salt, act on front-of-pack labelling, examine the feasibility of taxation of specific food items, and set food standards for product reformulation.

Insufficient physical activity

- ⊙ To accelerate action on implementing the Global Action Plan on Physical Activity (GAPPA) 2018–2030, the Region has begun work on developing a roadmap to facilitate action towards achieving the target of a 10% relative reduction in the prevalence of insufficient physical activity by 2025.
- ⊙ Considering the “new normal” situation created by the COVID-19 pandemic, a series of webinars and virtual meetings were held throughout the year on new WHO guidelines on physical activity and sedentary behaviours.
- ⊙ A National Situational Assessment Tool on Physical Activity was developed to assess multisectoral collaboration for physical activity at the country level. The Regional Office also collaborated with the Thai Health Promotion Foundation to develop regional guidelines on community “healthy spaces”.



WHO Thailand/Christine McNab

Addressing air pollution

- ⦿ The Regional Office in collaboration with partners continues to raise awareness on the need for a long-term sustainable solution to the threat of air pollution by tackling the sources of polluted air.
- ⦿ In 2020, the BreatheLife Initiative, a partnership between WHO, the Climate and Clean Air Coalition, the United Nations Environment Programme (UNEP) and the World Bank, continued working on accelerating the implementation of solutions to air pollution in cities.
- ⦿ The very first “International Day of Clean Air for blue skies” was observed on 7 September 2020. The Day aimed to raise public awareness at the individual, community, corporate and government levels about the importance of clean air to health, productivity, the economy and the environment.

Strengthening NCD surveillance and information systems

- ⦿ Through its global flagship initiatives including the nationwide NCD-STEPwise approach to surveillance (STEPS) surveys and the Global Student-based School Health Surveys (GSHS), the Regional Office actively supports surveillance of NCD risk factors and health system responses among adults and adolescents.
- ⦿ In 2020, the Regional Office continued to support the implementation of the nationwide STEPS surveys in the city of Mumbai in India and in Maldives and Sri Lanka. A regional dashboard has also been established for NCDs that provides access to data collected through GSHS and STEPS surveys.
- ⦿ The Regional Office continues to facilitate Member States to track their own progress on tackling NCDs against the global and regional benchmark through the Global Country Capacity Survey for NCD Prevention and Control.
- ⦿ Data was compiled for cervical cancer screening from all Member States to support cervical cancer elimination.
- ⦿ A rapid assessment of disruption of essential NCD services was undertaken in 2020 to support the COVID-19 response and continuity of NCD services.

CHALLENGES, OPPORTUNITIES AND NEXT STEPS

- The COVID-19 pandemic has reversed some of the momentum that was acquired with NCD control in most Member States over the past few years.
- Effective countrywide implementation challenges for 'best buys' and other strategic interventions to effectively control NCDs include:
 - Suboptimal resources (financial and human), and of capacity at the country level and health system bottlenecks and weaknesses.
 - Divergent sectoral mandates, industry interference, political pressure and lack of clarity of roles.
- Addition of cost-effective interventions for mental health and air pollution to the list of NCD 'best buys' may further add to the challenges faced by countries to introduce the current set of best buys.
- There is a need for streamlining NCD care, including areas beyond common NCDs, into UHC, especially with regard to essential services to be available at frontline health operations.
- Need-based country support plans can provide tailor-made assistance to Member States.
- There is a need to build local capacity to develop NCD information systems, including NCD surveillance and disease registration.





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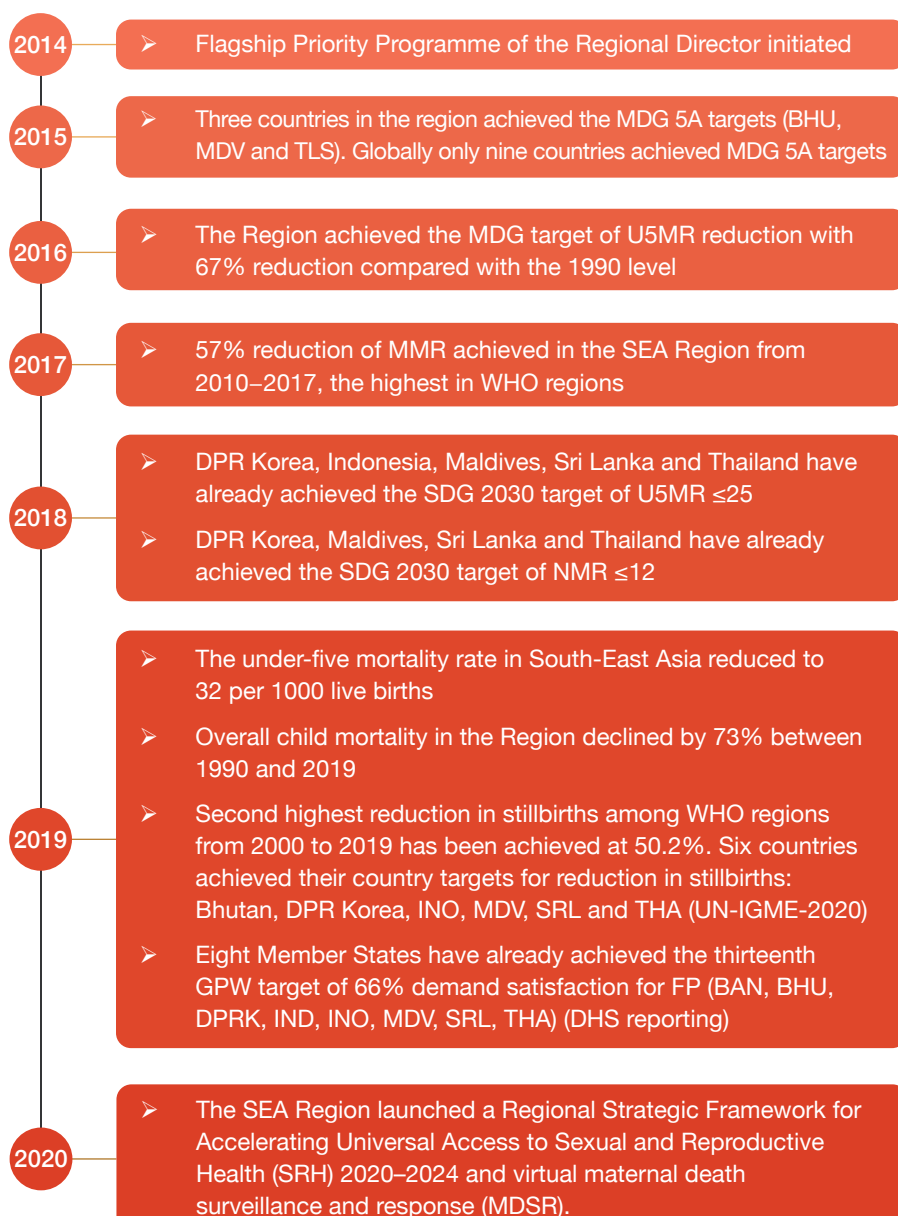
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ACCELERATE REDUCTION OF MATERNAL, NEONATAL AND UNDER FIVE MORTALITY

INTRODUCTION

Plans to sustain the gains made and accelerate progress in ending preventable maternal, newborn and child deaths across the SEA Region were interrupted by the COVID-19 pandemic in 2020. As such, it is possible that disruptions to services that have occurred across the Region have led to additional maternal, newborn and child deaths, as well as stillbirths. As the pandemic continues, this could also lead to a setback in the progress towards achieving the targets of the Sustainable Development Goals related to the health and well-being of women, children and adolescents. Nevertheless, in some months of 2020 and over the past few years, significant progress has been made.

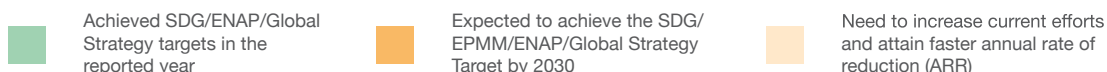
HIGHLIGHTS OF 2014-2020



PROGRESS AND RESULTS IN 2020

Status of maternal, newborn and child mortality and stillbirths in the SEA Region

	Maternal mortality ratio in 2017 (deaths per 100 000 live births (LB))	Stillbirth rate in 2019 (stillbirths per 1000 total births)	Neonatal mortality rate in 2019 (deaths per 1000 LB)	Under-five mortality rate in 2019 (deaths per 1000 LB)
Bangladesh	173	24.3	19	31
Bhutan	183	9.7	17	28
DPR Korea	89	8.5	10	17
India	134	13.9	22	34
Indonesia	177	9.5	12.4	24
Maldives	53	5.8	7	8
Myanmar	250	14.1	22	45
Nepal	186	17.5	20	31
Sri Lanka	36	5.8	4	7
Thailand	37	5.8	5	9
Timor-Leste	142	13	20	44
SEA Region	152	14	20	32
Source:	UN MMIEG 2019	UN IGME 2020	UN-IGME 2020	UN-IGME 2020



- Five Member States (DPR Korea, Indonesia, Maldives, Sri Lanka and Thailand) have reached an under-five mortality rate below the 2030 SDG target of 25 per 1000. Four of them (except Indonesia with NMR of 12.4) have reached neonatal mortality of 12 per 1000 live births.
- Between 2000 and 2017, the South-East Asia Region experienced the largest decline in maternal deaths, witnessing a 57.3% reduction in mortality compared with the global level of 38%.¹ Such progress indicates that Nepal and Timor-Leste are on track to achieve the SDG country target of a two third reduction in MMR since 2010.
- Based on projections of current trends, it is estimated that the Region is on track to achieve the 'Triple Billion' targets by 2023 of 30% reduction in maternal and child mortality (against the 2030 targets), but there remains the risk of the pandemic possibly derailing such efforts.

¹ Maternal mortality: levels and trends 2000–2017 (<https://www.who.int/reproductivehealth/publications/maternal-mortality-2000-2017/en/>)

Responding to the effects of COVID-19 on women, children and adolescents

- ⊙ Throughout 2020, the Regional Office supported efforts to mitigate the adverse impacts of the COVID-19 pandemic on essential SRMNCAH services, across all Member States. Two sets of regional guidelines were also prepared with UNICEF and UNFPA in this regard, which have been used by countries to prepare national guidelines for continuing essential SRMNCAH services.
- ⊙ The WHO Regional Office undertook a baseline assessment of all 11 Member States to capture national-level information on the extent of disruption to SRMNCAH services, to understand changes in the health system functions, and to ascertain the availability of national plans and guidelines to continue such services.
- ⊙ A series of virtual meetings were organized with Member States to disseminate the assessment's findings along with regional guidance. This experience-sharing promoted cross-learning among Member States.
- ⊙ WHO collaborated with UNICEF to undertake country-specific modelling using real-time data on the disruption of services to understand the risk of additional deaths and morbidity as well as on the effect of mitigation strategies to help prioritize high-impact, life-saving interventions.
- ⊙ Multiple studies were commissioned to understand the effect of lockdowns on the utilization of essential health services, provision of services and underlying socioeconomic factors in rural and urban areas of Bangladesh, India and Nepal.
- ⊙ WHO supported the establishment of a registry at selected hospitals for collecting country-specific standardized data and information on COVID-19-infected women, newborns and children.
- ⊙ The Regional Office worked with WHO headquarters to mobilize funds to support five Member States (Bangladesh, India, Myanmar, Nepal and Timor-Leste) to prevent the disruption of essential health services and reduce the risk of additional preventable deaths. Innovative approaches and experiences to reach out to women, children, adolescents and older people were shared among Member States during a series of webinars.

Strengthening maternal, newborn and child health

- ⊙ Countries across the Region progressed towards improving quality of care at birth and the care of preterm and low-birth-weight babies and newborns with complications by strengthening facility-based health care using the global standards for small and sick newborn care. Implementation of the Regional Model for point-of-care quality improvement (POCQI) has been scaled up.
- ⊙ India, Myanmar and Nepal were supported to update their protocols for the integrated management of newborn and child illnesses (IMNCI), while India and Myanmar were supported to prepare electronic training platforms to accelerate training for health-care workers.
- ⊙ Six Member States (Bhutan, DPR Korea, Indonesia, Maldives, Sri Lanka and Thailand) have already achieved the 2030 national target of a stillbirth rate of <12 per 1000 total births, while India, Myanmar and Timor-Leste are on track to achieve this. However, it is estimated that around 500 000 stillbirths still occur every year in the Region. WHO has supported Member States to strengthen antenatal and intranatal care to prevent stillbirths.
- ⊙ In 2020, WHO continued to support the implementation of hospital-based surveillance for stillbirths within the ongoing SEA Region Newborn and Birth Defects Database (NBBD). India was supported to expand its stillbirth surveillance and response (SBSR) in NBBD network hospitals, and hospitals in five Member States were provided support to monitor progress and quality of stillbirths surveillance.



WHO Bhutan/Rinzi Om Dorji

Strengthening maternal and reproductive health

- ⦿ The Regional Strategic Framework for accelerating universal access to sexual and reproductive health (SRH) in the South-East Asia Region (2020–2024) was launched during the Seventy-third session of the Regional Committee in September 2020.
- ⦿ A virtual training on maternal death surveillance and response (MDSR) was held to develop country capacity to end preventable maternal mortality.
- ⦿ The Regional Office established a Technical Advisory Group on Women’s and Children’s Health (SEAR-TAG) to provide additional technical guidance to accelerate progress under the Regional Flagship Programme for ending preventable maternal, newborn and child mortality.

CHALLENGES, OPPORTUNITIES AND NEXT STEPS

- ⦿ While Member States have achieved significant reductions in maternal, newborn and child mortality over the past decade, the COVID-19 pandemic exposed the limitations of already stretched health systems.
- ⦿ Despite best efforts, essential SRMNCAH services were disrupted regionwide; as a result there is a clear risk that progress towards the SDG targets in SE Asia has been impeded.
- ⦿ WHO continued to provide technical support to Member States to monitor service delivery and take action to restore these essential services despite the pandemic.
- ⦿ The Regional Office is working with Member States to prioritize high-impact strategies and interventions and implement the recommendations of the SEAR Technical Advisory Group to further accelerate reduction in stillbirths and maternal, newborn and child mortality.
- ⦿ Work is also underway to increase attention on other critical areas including abortion services, prevention of cervical cancer and the changing epidemiology related to causes of morbidity and mortality among women, newborns, children and adolescents.





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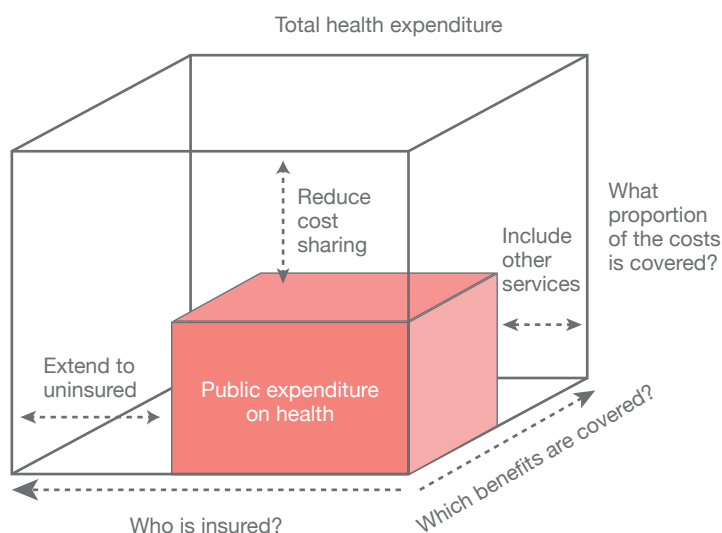
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INTRODUCTION

Universal health coverage (UHC) is about all people getting the health care they need, of sufficient quality to be effective, without suffering financial hardship. UHC is central to the Sustainable Development Goal 3 for Good Health and Well-Being calling for ensuring healthy lives and promoting well-being for all at all ages. One of the three targets in WHO's Thirteenth General Programme of Work (GPW13) is to ensure that 1 billion more people benefit from UHC by 2023.

UHC has been a Regional Flagship Priority Programme since 2014, with a focus on the health workforce and access to essential medicines. The Region is committed to the 'Decade for health workforce strengthening in the South-East Asia Region 2015–2024'. In 2018, Member States endorsed the Delhi Declaration on improving access to essential medical products in the South-East Asia Region and beyond.

Fig. 1. Ways of moving towards UHC

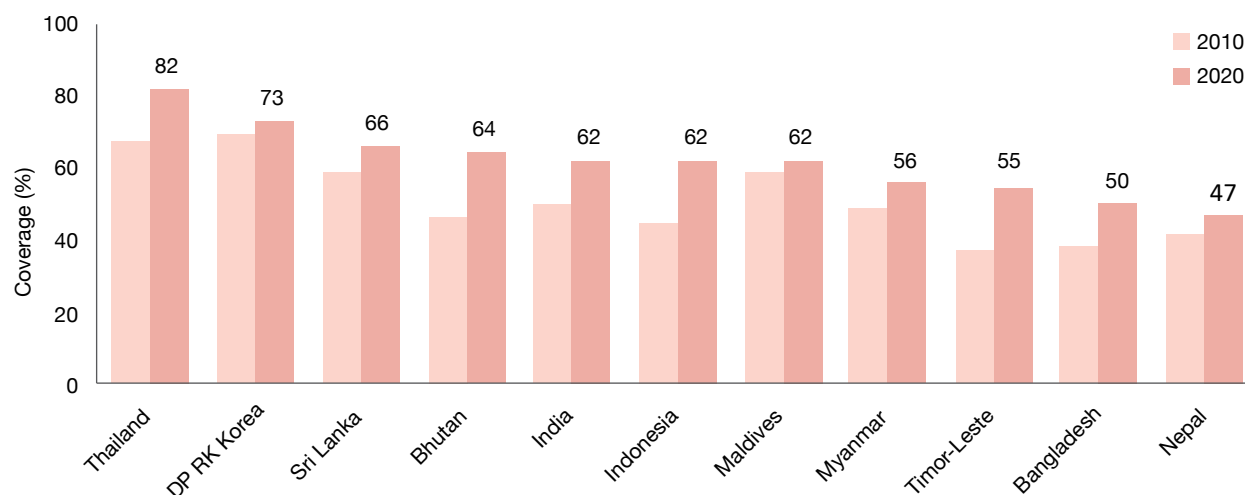


PROGRESS AND RESULTS IN 2020

Analysis of service coverage and financial protection

- The regional average for the UHC essential health services index was 63% in 2020 compared with 49% in 2010. All SEA Region countries are already making progress towards UHC (Fig. 1). The most significant progress has been driven mainly by interventions for infectious diseases and reproductive, maternal, newborn and child health (RMNCH) services. However, the progress is not fast enough and is at risk of being set back by COVID-19. Most countries in the Region reported that the COVID-19 pandemic impacted the ability of their health systems to provide uninterrupted essential health services.
- On the SDG indicator 3.8.2 (proportion of the population with household expenditures on health greater than 10% of the total household income), 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 available data.¹

Fig. 2. Changes in coverage of essential health services in Member States of the WHO South-East Asia Region, 2010–2020



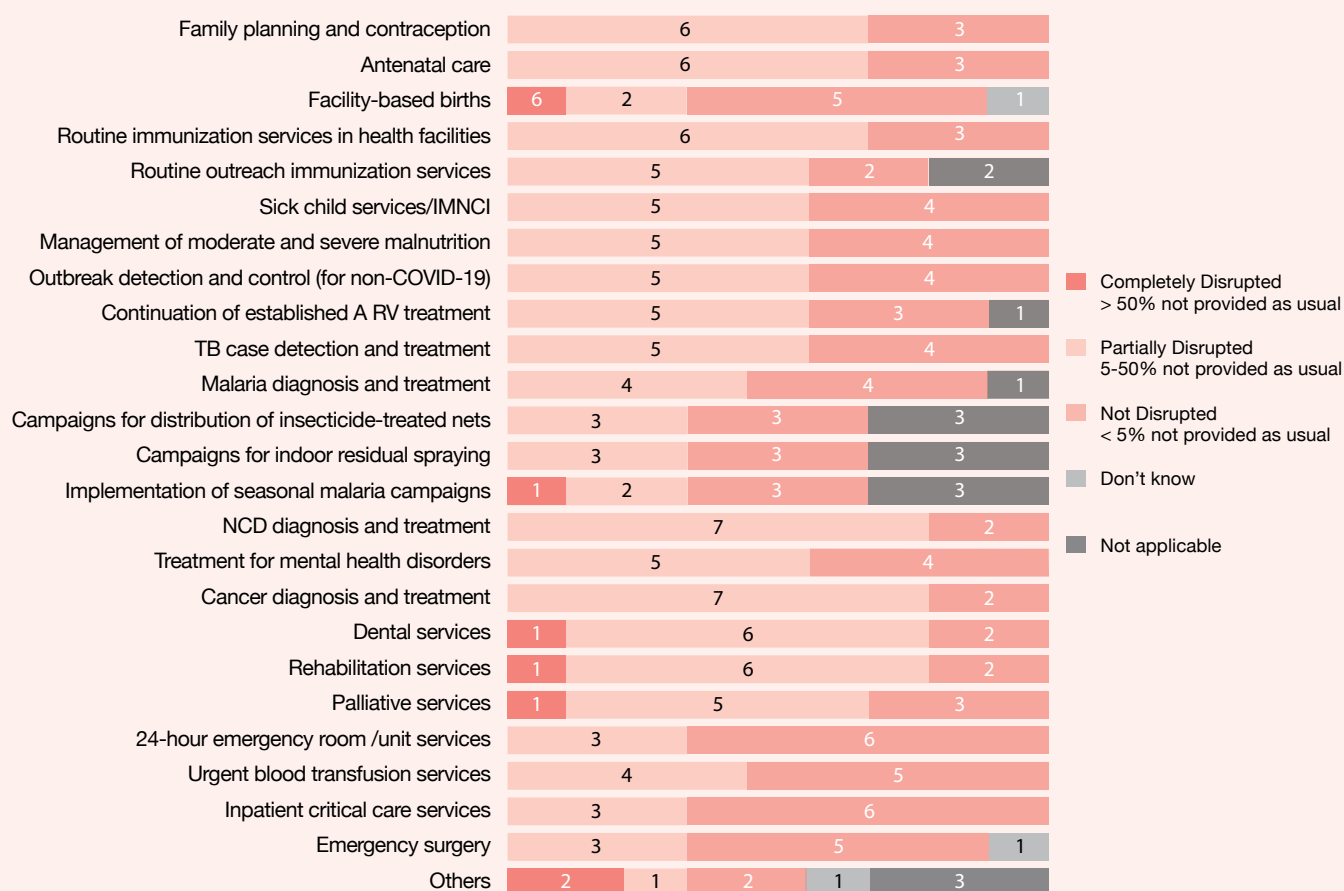
Sources: Health information platform for WHO South-East Asia Region. In: World Health Organization [online database] (<http://hip.searo.who.int/dhis/dhis-web-commons/security/login.action>, accessed 4 June 2021); Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) 2007–2019

Maintaining essential health services during COVID-19

- In 2020, a WHO Pulse survey revealed most countries surveyed globally had experienced disruptions in the provision of core health services between March and June due to the COVID-19 pandemic. This included Member States of the WHO SEA Region.

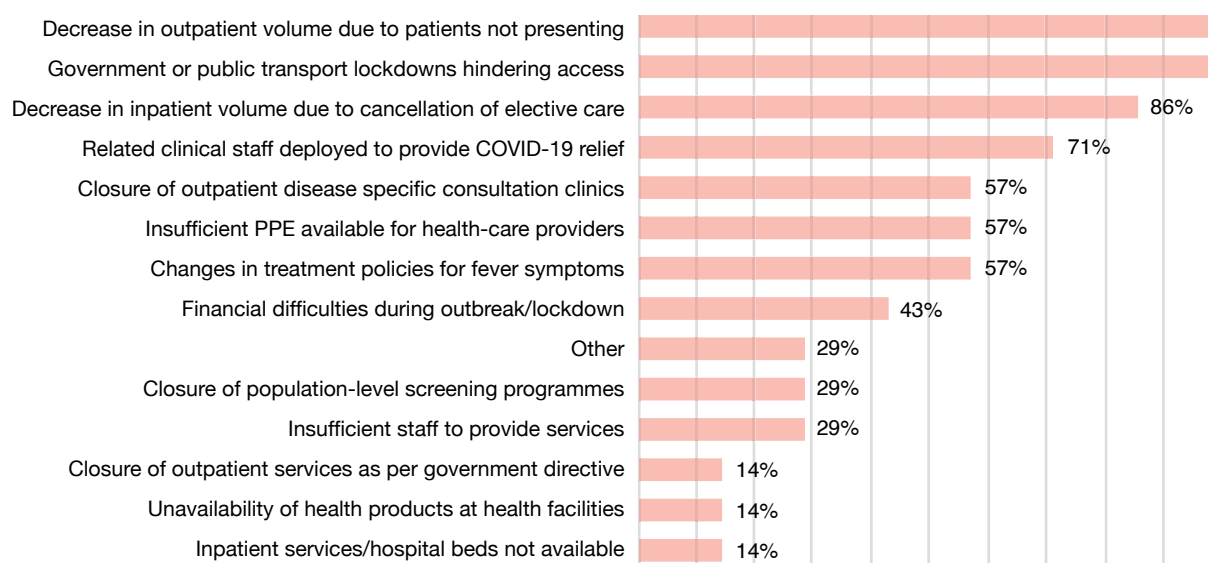
¹ World Health Organization A 73/9, WHO Global Code of Practice on the International Recruitment of Health Personnel: Report of the WHO Expert Advisory Group on the Relevance and Effectiveness of the WHO Global Code of Practice on the International Recruitment of Health Personnel. Available at https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_9-en.pdf.

Fig. 3. Situation of essential health services in the South-East Asia Region - number of countries at different levels of disruption, March-June 2020



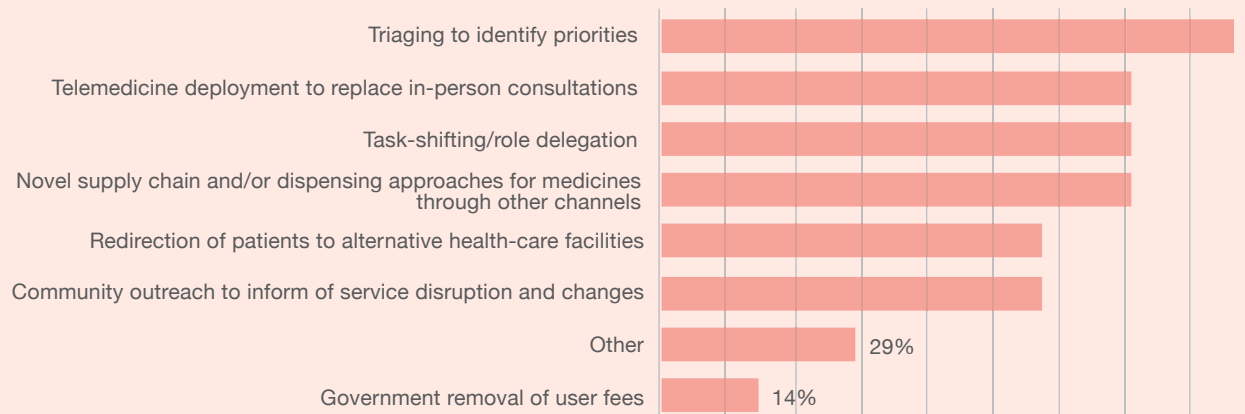
ARV: antiretroviral; IMNCI: integrated management of neonatal and childhood illness; NCD: non-communicable disease; TB: tuberculosis.
Source: World Health Organization, Pulse survey on continuity of essential health services during the COVID-19 pandemic.

Fig. 4. Main causes of disruption of essential health services in the South-East Asia Region (n = 7 countries)



PPE: personal protective equipment.
Source: World Health Organization, Pulse survey on continuity of essential health services during the COVID-19 pandemic.

Fig. 5. Approach to overcoming disruption in the South-East Asia Region (n=7 countries)

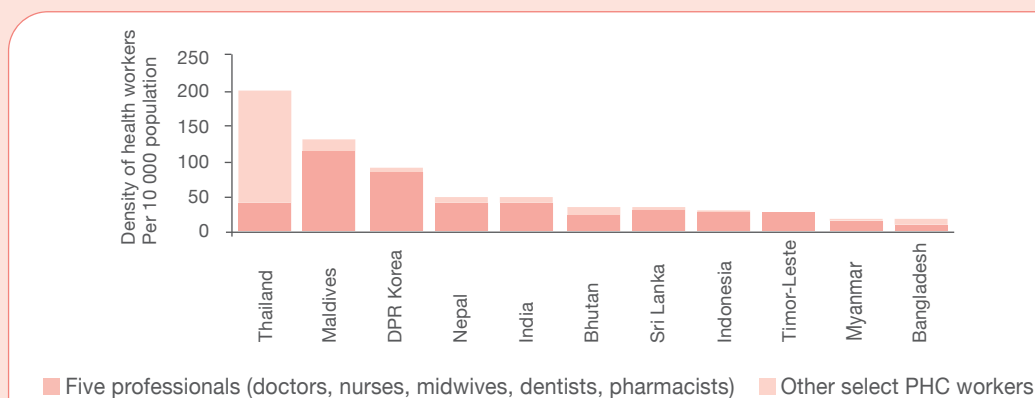


Source: World Health Organization, Pulse Survey on continuity of essential health services during the COVID-19 pandemic.

Strengthening the health workforce during the pandemic and beyond

- ⊙ The availability of doctors, nurses and midwives in the Region has increased by 21% from 21.5 to 26 per 10 000 population since the decade began. The data on number of primary health care (PHC) workers reveal that PHC workers make a substantial contribution to the health workforce in some Member States³ (see Fig. 5).

Fig. 6. Availability of health workers, including PHC workers, per 10 000 population in 2018



*Note: Same as Fig. 4 Source: Country data reported to WHO through NHWA online platform as of 15 December 2019.

Source: Decade for health workforce strengthening in SEA Region 2015–2024, mid-term review. WHO SEARO.

- ⊙ The Regional Office, along with the Asia-Pacific Alliance on Human Resources for Health (AAAH) and other partners, co-organized seven regional webinars on the health workforce and COVID-19.
- ⊙ The ten-year review of the relevance and effectiveness of the *WHO Global Code of Practice on the International Recruitment of Health Personnel* was presented to the Seventy-third World Health Assembly in 2020.¹ The Code's 10-year review emphasized its centrality to the universal health coverage and the health security agenda.
- ⊙ The year 2020 was declared the International Year of the Nurse and the Midwife by the Seventy-second World Health Assembly. The first ever *State of the World's Nursing* report was released on World Health Day on 7 April 2020.

Improved access to essential medicines and health products

- ⦿ The already challenging situation of **access to essential medicines and health products** was exacerbated by COVID-19, which resulted in shortages, disrupted supply chains, and raised prices of emergency medical supplies and essential medicines. WHO provided technical guidance to Member States on specifications and procurement of COVID-19-related supplies and conducted an assessment of medicinal pricing policies in the Region.
- ⦿ WHO conducted an antimicrobial consumption (AMC) surveillance training and supported a multiyear consumption analysis in Bangladesh and Maldives. Five Member States (Bhutan, Indonesia, Maldives, Nepal and Timor-Leste) enrolled in the WHO Global Antimicrobial Resistance Surveillance System (GLASS-AMC).
- ⦿ Improving access to quality-assured medical products: The first-of-its-kind virtual online workshop on pilot good manufacturing practices (GMP) for pharmaceutical units in active pharmaceutical ingredients (API) and access to quality-assured medical products was organized by all three levels of WHO in December 2020 in collaboration with the Ministry of Health and Family Welfare of India.

Improving patient safety

- ⦿ The Global Patient Safety Action Plan (GPSAP) was drafted for consultations among Member States and other stakeholders to drive the patient safety agenda.

Blood transfusion services

- ⦿ A WHO document on “Maintaining safe and adequate blood supply during the pandemic” was developed to guide Member States on maintaining safe blood supply and donor recruitment during ongoing pandemic.
- ⦿ The WHO Action Framework to advance universal access to safe blood (2020–2023) was launched in early 2020. A webinar was organized to explain the framework that aims to revitalize blood transfusion services (BTS) and pilot online training programmes for haemovigilance and quality assurance in transfusion transmitted infections (TTIs) testing were held to ensure safe blood transfusions.

Advancing work in traditional medicine

- ⦿ Existing evidence on traditional medicine was made available in the compendium-based publication Traditional medicine in the WHO South-East Asia Region: review of progress 2014–2019. Moreover, the regional traditional medicine web portal was drafted based on the District Health Information Software v.2.

Impact of health financing and progress

- ⦿ “Extreme poverty” (income of less than US \$ 1.90 a day as per World Bank criteria) is predicted to rise for the first time in more than 20 years, reversing years of gains in poverty reduction in the Region. This suggests severe consequences for health systems financing and sustaining progress towards UHC in SEA, where public health spending is lowest compared with other WHO regions.
- ⦿ Domestic government spending on health comprises less than 50% of current health expenditure in most Member States.



WHO Bangladesh

- ⦿ South-East Asia remains the WHO region with the highest share of out-of-pocket health spending – 40% of current health expenditure in 2018.
- ⦿ Per capita spending on primary health care in real terms varied between US\$ 32 and US\$ 60 in 2018 among Member States with available data.

Strengthening UHC monitoring and accountability

- ⦿ The Regional Office will be well-positioned to detect, analyse and present the impact that the COVID-19 response is having on progress towards UHC and achieving the health-related SDGs in future annual reports.
- ⦿ WHO continues to explore innovative ways to forecast progress and the impact of policy measures and interventions to realize UHC and the SDG targets.
- ⦿ With regard to the measurement of financial protection, one of the drawbacks of the current system is that it cannot capture foregone care due to demand- or supply-side barriers. To this end, the Regional Office is working closely with Member States to explore ways to amend existing household surveys to capture unmet needs.

Robust primary health care for UHC

- ⦿ In 2020, work on primary health care was intensified as gaps in health systems were further exposed by the pandemic. A Primary Health Care Operational Framework was endorsed by the Seventy-third World Health Assembly.

Fig. 7. PHC operational framework for UHC



Source: WHO 2020

- The theme for UHC Day observed on 12 December was “Health for all: protect everyone.” To mark the day, a special issue of the South-East Asia Journal of Public Health on “Recalibrating PHC-centred systems for UHC in the new normal: lessons from COVID-19” was announced.

CHALLENGES, OPPORTUNITIES AND NEXT STEPS

- According to the International Monetary Fund, the COVID-19 pandemic has led to the worst economic downturn of the century, which could adversely impact public spending on health over many years ahead.
- COVID-19 also provides an opportunity to bring real change and enhance investments in underfunded health systems to make them more resilient and accelerate progress towards UHC.
- Prioritization of people-centred primary health care, investments in HRH and equitable and affordable access to quality essential medical products are critical to accelerating progress in the Region.
- Moving forward, the Regional Office will continue monitoring of progress towards UHC and support operationalizing the PHC Operational Framework in the regional context.
- The first and foremost requirement in 2021 is for a largescale and equitable delivery of COVID-19 vaccines across the widest ranges of population to protect people and to enable rapid economic recovery.





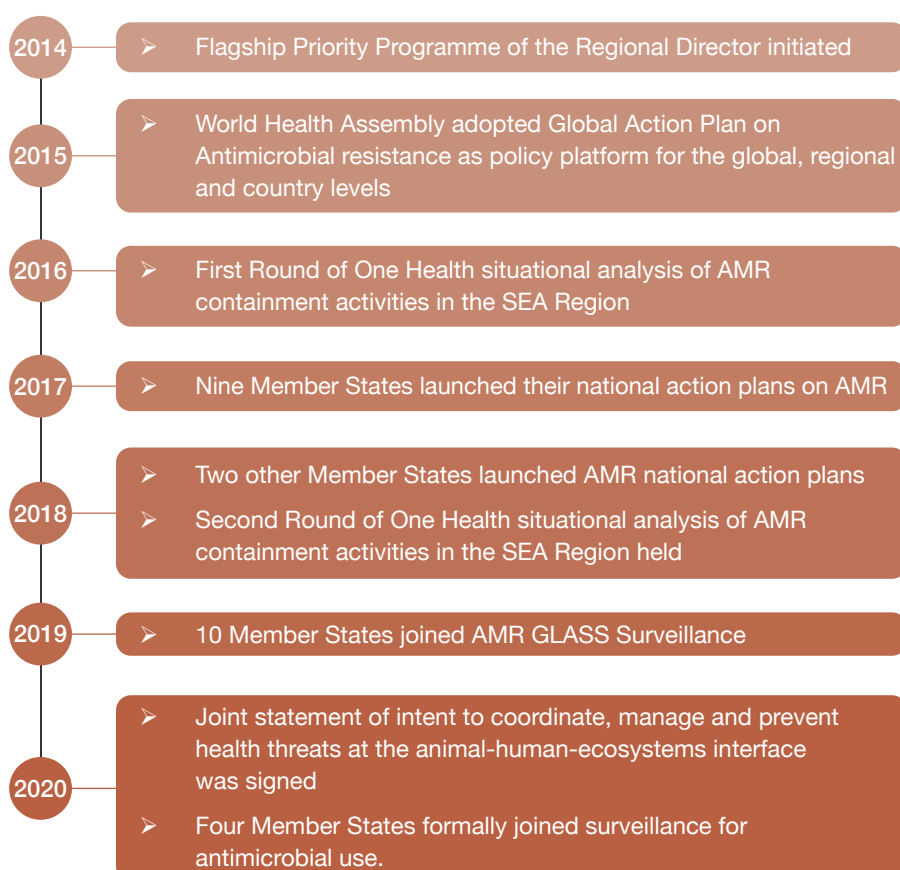
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FURTHER STRENGTHEN
NATIONAL CAPACITY
FOR PREVENTING AND
COMBATING
ANTIMICROBIAL
RESISTANCE

INTRODUCTION

Antimicrobial resistance (AMR) is a global crisis that threatens to undo more than a century of progress in health care and treatment and is a major barrier in the way of achieving UHC. The South-East Asia Region has been a pioneer in not only recognizing the threat that AMR poses but also in responding to it. Since combating AMR became a Regional Flagship Priority in 2014, WHO has provided guidance for improved implementation of AMR national action plans (NAPs) that will lead to a multisectoral, One Health approach that covers human health, animal health, plant life, food chains, food safety and the environment.

HIGHLIGHTS OF 2014-2020



PROGRESS AND RESULTS IN 2020

- In 2020 the Region continued to strengthen high-level political commitment and support, and ensure deliverable implementation and evaluation, for AMR. The Regional Office together with country offices continuously provided technical support for surveillance, laboratory capacity, human resources, and research and development, along with measures to improve AMR awareness and antimicrobial stewardship.
- In 2020, regional representatives of FAO, OIE and WHO signed a Joint Statement of Intent to coordinate, manage and prevent health threats at the animal-human-ecosystems interface. They committed themselves to establish and support a Tripartite One Health Coordination Group for Asia and the Pacific to consolidate the multisectoral work carried out in the Asia-Pacific Region, including eight regional workshops on multisectoral collaboration over the animal-human-ecosystems interface. They are also working closely with UNEP to incorporate the environmental aspects of AMR.

Implementing and monitoring National Action Plans

- ⦿ All 11 Member States have developed national action plans (NAPs) on AMR. Each plan is aligned with the Global Action Plan to tackle AMR. To monitor country progress with the implementation of NAPs, an annual Tripartite AMR Country Self-Assessment Survey (TrACSS) has been jointly administered by FAO, OIE and WHO since 2016. SEARO has always reached 100% responses (11 Member States) in previous four rounds of TrACSS, including the current 2021 TrACSS.
- ⦿ Almost all Member States have large multisectoral AMR working groups and more than half of them are functional. In addition, in implementing NAPs, some countries have used an integrated approach, incorporating relevant data and lessons learnt from different sectors.

Improving AMR awareness

- ⦿ Every year since 2015, WHO has observed the World Antibiotic Awareness Week (WAAW) with the Regional Office and country offices actively participating. Despite the COVID-19 pandemic, such advocacy work continued in 2020.
- ⦿ WHO also advocates for reducing the spread of AMR during other global thematic health days such as 'Hand Hygiene Day' and 'World Toilet Day'. Importantly, WHO has spearheaded the development of AMR curricula in primary and secondary school education across the Region.

Scaling up antimicrobial stewardship in humans and animals

- ⦿ Efforts are underway to develop an antimicrobial stewardship policy (AMSP) for the South-East Asia Region. As part of this, the Regional Office has made available a pool of eight consultants to support the development of national policies and guidelines on the issue.
- ⦿ Stewardship was further strengthened in 2020 through advocacy and technical support for the inclusion of the AWARe categorization¹ in national essential medicines lists (EML) and/or the national formularies. Bangladesh, Bhutan, Indonesia, Maldives and Nepal have either adopted or are in the process of adopting AWARe categorization.
- ⦿ The Regional Office has institutionalized AMR as a core agenda item for meetings of the Steering Group of the South-East Asia Regulatory Network (SEARN) of drug regulators.

¹ The WHO AWARe Classification Database was developed for a stepwise selection of antimicrobial use in patient treatment. It includes details of 180 antibiotics classified as Access, Watch or Reserve, their pharmacological classes, anatomical therapeutic chemical (ATC) codes and WHO Essential Medicines List status. It is also intended to be used as an interactive tool for countries to better support antibiotic monitoring and optimal use.



A campaign on AMR awareness on WAAW in Myanmar

Improving infection prevention and control

- ⦿ During the pandemic, policy dialogue was maintained, and technical assistance provided, for the adaptation of IPC guidelines in the context of COVID-19 prevention and treatment through webinars and one-to-one virtual missions.
- ⦿ To strengthen policy advocacy, fit-for-service dashboards were developed to depict the national status of, and improvements in, health-care facility safety and cleanliness as well as safe services. The dashboards are being integrated into the annual UHC/SDGs report that was launched during the Seventy-third session of the Regional Committee in September 2020.
- ⦿ In the context of COVID-19, technical assistance for the adaptation of IPC guidelines, including promoting WASH programmes, was provided to Member States to ensure safe and clean health facilities. A regional situation analysis of WASH and IPC in health-care facilities will be published in 2021.

Strengthening surveillance and research

- ⦿ By the end of 2020, 10 of the 11 Member States had enrolled in GLASS and had updated information from national surveillance systems into the system.
- ⦿ External quality assurance (EQA) was conducted in national reference laboratories (NRLs) in 50% of the surveillance sites in Maldives and 100% of sites in Bangladesh, Bhutan, India, Indonesia, Myanmar, Nepal, Sri Lanka and Thailand.
- ⦿ Innovative models of “integrated One Health AMR surveillance” have been piloted in Indonesia (and are ready to begin in India and Nepal), including the ESBL E-coli Tricycle Project and its regional adaptation, EpiX. In addition, four Member States – Indonesia, Maldives, Nepal and Timor-Leste – formally enrolled in the GLASS-Antimicrobial Consumption Surveillance (GLASS-AMC) in 2020.
- ⦿ AMC surveillance needs to be scaled up to enrol all 11 countries in GLASS-AMC. In response, a group of regional consultants has been made available to support national AMC surveillance. Technical support has also been extended to strategic TDR (Special Programme for Research and Training in Tropical Diseases) grants for research studies on the drivers and determinants of AMR in Member States.



WHO SEARO

CHALLENGES, OPPORTUNITIES AND NEXT STEPS

- ⦿ While all Member States are enrolled in GLASS, problems remain on the quality of its data.
- ⦿ With AMC surveillance incorporated into GLASS, a collection of standardized AMC data at national and regional level needs to be established.
- ⦿ Awareness activities are largely limited to WAAW week in November. There is a need for more focused regional initiatives on raising awareness and providing education and training to encourage behaviour change.
- ⦿ Over-the-counter availability of reserve classes of antimicrobials are still a great challenge in the Region that necessitates policy changes and strict enforcement of existing regulations.
- ⦿ Surveillance of antimicrobial consumption and use is yet to be rolled out on a regional basis. Thailand's experience in monitoring AMC can be shared across countries as the next step.
- ⦿ Surveillance, detection and regulatory actions on substandard and falsified antimicrobials need to be strengthened across Member States. SEARN can play a more active role in this.
- ⦿ AMR programmes were disrupted during the COVID-19 pandemic. As a result, most activities shifted to virtual platforms, which does not provide the same impact as with physical presence in the communities. There is a real risk that the pandemic could drive overuse and misuse of antimicrobials. However, and at the same time, COVID-19 has actually led to tangible improvements in IPC and WASH in health facilities all over the Region.





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E M E R G E N C Y R I S K
M A N A G E M E N T I N
C O U N T R I E S

INTRODUCTION

Since the beginning of 2020, the COVID-19 pandemic has predominantly been the major focus of emergency response operations in all Member States of the WHO South-East Asia Region owing to either a surge in new cases from evolving variants of concern of the SARS-CoV-2 virus or the concomitant occurrence of a natural hazard such as flash floods, cyclone or earthquake in some parts of the Region. The COVID-19-specific Regional Strategic Preparedness and Response Plan (SPRP) 2020 acted as a prototype for the Member States to develop, adapt, budget and implement their own country strategic preparedness and response plans.



WHO Maldives/Ibrahim Asad

PROGRESS AND RESULTS IN 2020

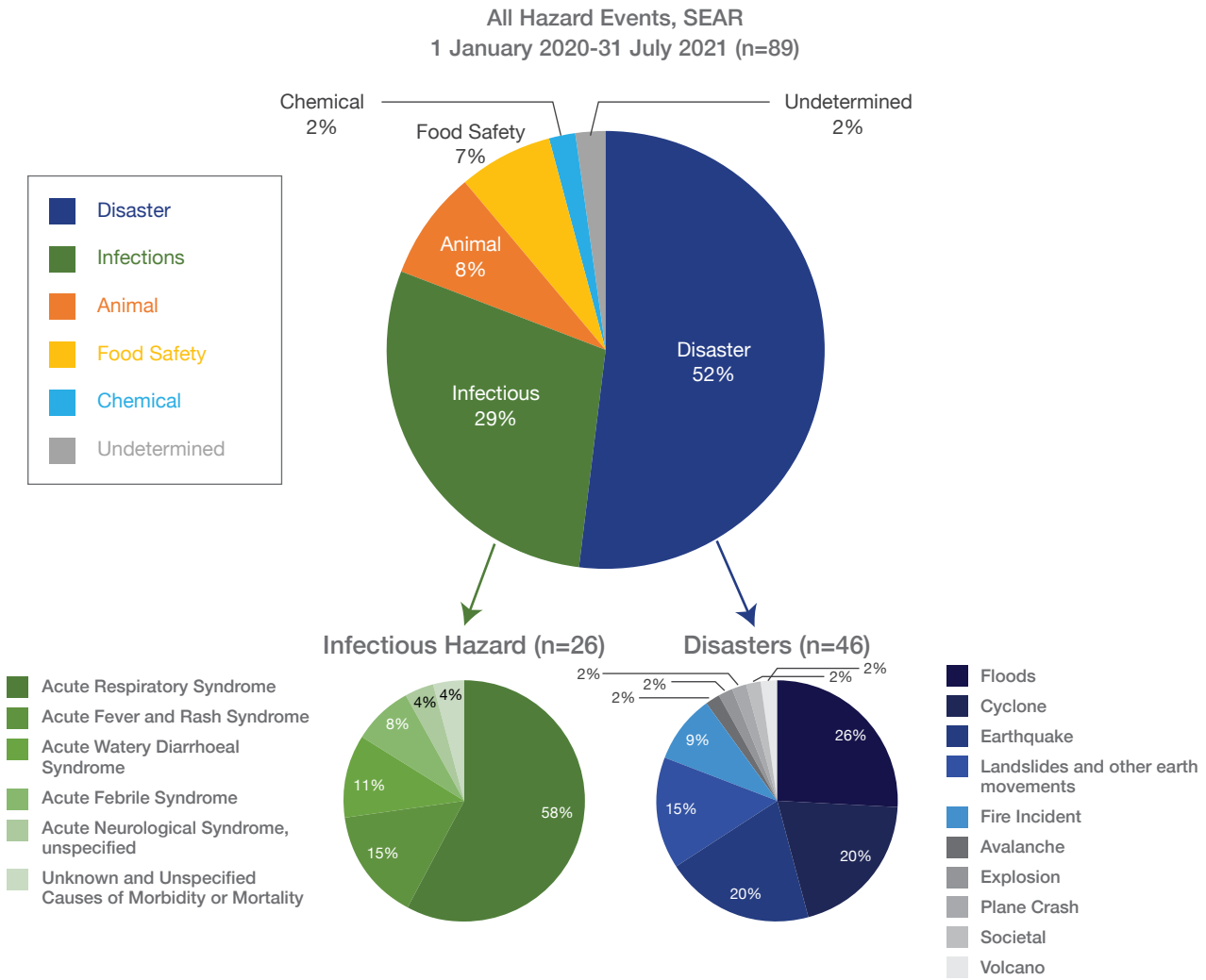
Regional coordination and operational support for COVID-19

- ⦿ In September 2020 at the Regional Committee session, Member States adopted the 'Declaration on the Collective Response to COVID-19 in the South-East Asia Region'. Countries agreed to reaffirm the importance of UHC for people in accessing quality health services, sustaining essential health services and public health programmes, allocating adequate health budgets to sustain uninterrupted health services during and after the pandemic, and strengthening health information systems.
- ⦿ The Regional Office and Country Offices established Incident Management Support Teams (IMST) and repurposed staff to support countries in all aspects of the COVID-19 response.
- ⦿ The Regional Office developed a Regional Surveillance Strategy for COVID-19 and guidance to prepare national SOPs for early detection and contact-tracing; and extended technical support to Member States to develop and update their national laboratory diagnostic strategies.

Detection, verification and assessment of alerts

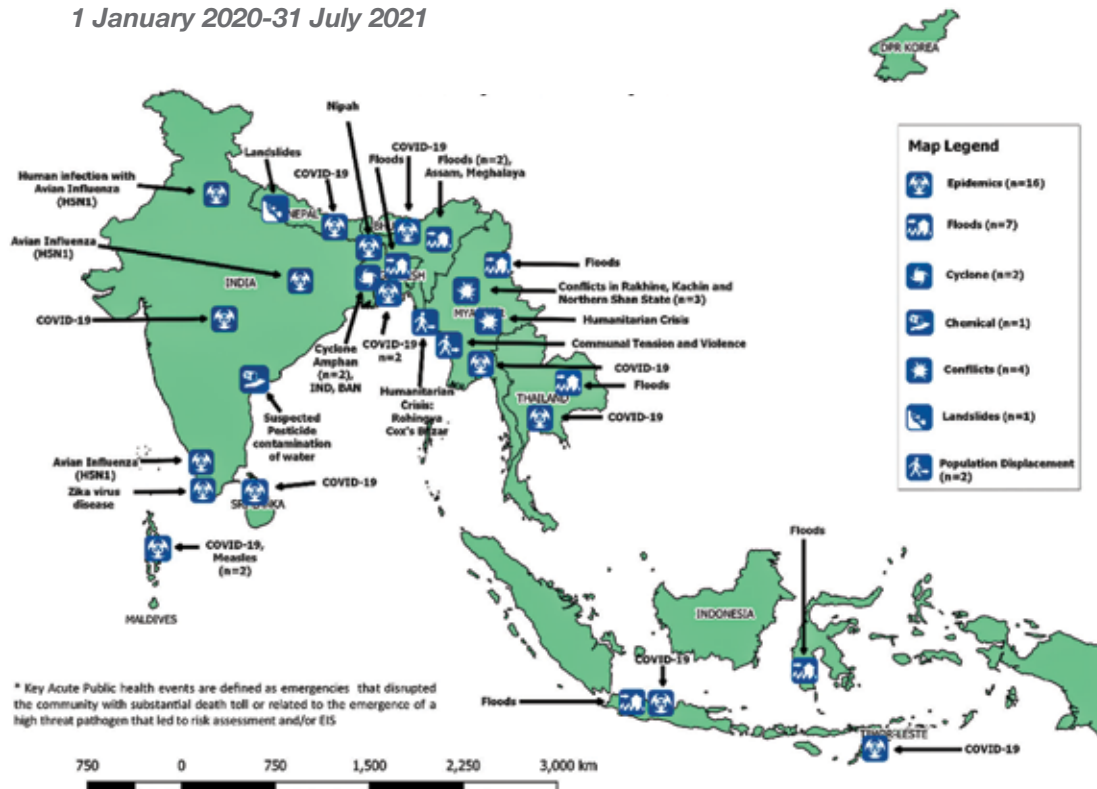
- ⦿ Between 1 January 2020 and 31 July 2021, the detection, verification and assessment (DVA) team reviewed 146 signals from all 11 Member States, of which 89 were confirmed as "events of public health importance" and recorded in WHO's Event Management System (EMS).
- ⦿ The number of signals that were reviewed throughout this period year was significantly less than 2019 (n = 252), which is a direct result of the COVID-19 pandemic. Natural disasters made up 52% of the events, followed by infectious diseases at 29%, and animal health at 8%.
- ⦿ During this period, WHO SEA Region's **Health Emergency Information and Risk Assessment** team in coordination with WHO headquarters and the country offices undertook thirteen rapid risk assessments (11 for COVID-19 in the SEA Region, one for Zika virus disease in India and one for an event of unknown cause of morbidity and mortality in India) and made event information site (EIS) postings for COVID-19 in the Region and human infection with avian influenza (H5N1) in India.

Fig. 1. Classification of public health events from 1 January 2020 to 31 July 2021 in the SEA Region



Source: WHO SEARO Emergency Information System

Fig. 2. Key Acute Public Health Events* in SEAR recorded in WHO Event Management System 1 January 2020-31 July 2021



Source: WHO SEARO Emergency Information System

Strengthening Infectious Hazard Management

- ⊙ The Regional Office developed country-specific strategic plans for improving surveillance of and response to seasonal and pandemic influenza. In collaboration with WHO country offices, the Regional Office also conducted a SWOT (strengths, weaknesses, opportunities and threats) analysis. Subsequently, all countries resumed influenza surveillance despite enormous challenges.
- ⊙ Member States leveraged the influenza platform to develop diagnostic capacity for COVID-19, with all countries acquiring real-time PCR testing competence. The Regional Office's support for the collection and transport of specimens, laboratory biosafety, laboratory data management and data reporting also helped countries to respond to both influenza and COVID-19 cases.
- ⊙ On the expansion and strengthening of emergency medical teams, no EMT from the Region was deployed internationally in 2020, due to the COVID-19 pandemic. However, SLAMAT, an EMT from Sri Lanka, was deployed within that country to support quarantine facilities for repatriated citizens. EMTs in Indonesia and Thailand supported provincial and district hospitals by implementing EMT methods. Nepal's emergency medical deployment team (EMDT) was used to strengthen district hospitals.

Strengthening COVID-19 response, advancing IHR (2005) implementation

- ⊙ Bangladesh, Bhutan, India (state of Gujarat), Indonesia, Sri Lanka and Thailand conducted intra-action review (IAR) of their COVID-19 response, engaging stakeholders from all relevant sectors, to identify strengths, challenges, lessons learnt and priority actions and for further improvement of the ongoing pandemic response. The findings and recommendations also had important implications for health security system strengthening. In Indonesia, WHO worked with key stakeholders to conduct follow-up meetings every three months to monitor the implementation of the recommendations that emerged from the IAR.
- ⊙ WHO has promoted a risk-based approach to adjust public health and social measures (PHSM) including international travel measures. The COVID-19 pandemic has highlighted both the effectiveness of PHSM as well as their negative consequences. Temporary recommendations for States Parties following the Fifth Meeting of the IHR Emergency Committee for COVID-19 in October 2020 also included ensuring that 'measures affecting international traffic are risk-based, evidence-based, coherent, proportionate and time limited'. With technical contribution from WHO, various countries strengthened systems to monitor their epidemiological situation and health system response capacity to guide timely adjustment of measures. WHO has also summarized and shared key lessons in implementing PHSM in the Region. PHSM and international travel measures implemented by countries were also regularly monitored, and shared through the SEARO dashboard, and weekly situation and report. Information on travel measures was also shared through the secure event information site platform of the national IHR focal points.

Strengthening risk communication and community engagement

The Regional Office supported Member States to take a whole-of-society approach to raise awareness about the novel coronavirus, which included:

- ⊙ Establishing a system of listening to public concerns on digital media using artificial intelligence in 10 languages in 10 countries;
- ⊙ Managing rumours and misinformation by establishing a rumour repository and surveillance also in 10 languages in 10 countries;

- ⦿ Supporting civil society organizations in four Member States to reach hard-to-reach groups with COVID-19 information;
- ⦿ Working with UNICEF for vaccine-related communication across the Region; and
- ⦿ Developing a Regional Risk Communication Strategy for the post-COVID 'new normal' situation.
- ⦿ Setting up an Interagency Asia-Pacific Risk Communication and Community Engagement Working Group to develop guidelines specific to vulnerable populations, and launching a campaign – tagged as 'It's on Us to Win the Fight Against #COVID19' – along with other messages and initiatives to combat stigma related to COVID-19 infection.

Regional research agenda

- ⦿ The Regional Office recognized the need for conducting research, both clinical and operational, in the context of responding to COVID-19. WHO made significant efforts in enrolling countries in clinical trials that were carried out as part of the global solidarity trials in support of building a stronger evidence base.
- ⦿ Both the WHE team and the Regional Office organized more than 60 multidisciplinary technical webinars to support WHO country offices, ministries of health, NGOs, UN partners and other relevant departments.

CHALLENGES, OPPORTUNITIES AND NEXT STEPS

- ⦿ Shortage of technical human resources in the Regional Office and WHO country offices limited the surge capacity to respond effectively to COVID-19. Apart from the paucity of skilled, experienced experts in the Region, there is also a shortage at the global level due to high demand. The inability to undertake external technical support missions due to continued travel restrictions remains a major challenge.
- ⦿ Lack of predictable and flexible funding for the WHE Programme continues to be a constraint.
- ⦿ The pandemic has provided an opportunity for investing in building resilient health systems and service delivery for all emergencies, not just for pandemics alone. It also provides an opportunity to improve emergency response capacities in the Region, including to test existing pandemic influenza plans and identify gaps and improve laboratory diagnosis.
- ⦿ The year 2021 is at the mid-point of the term for implementing the Five-year Regional Strategic Plan for Public Health Preparedness and Response (2019–2023). It will be the time to review the lessons learnt from the COVID-19 response, and to identify common priorities across the WHO South-East Asia Region.





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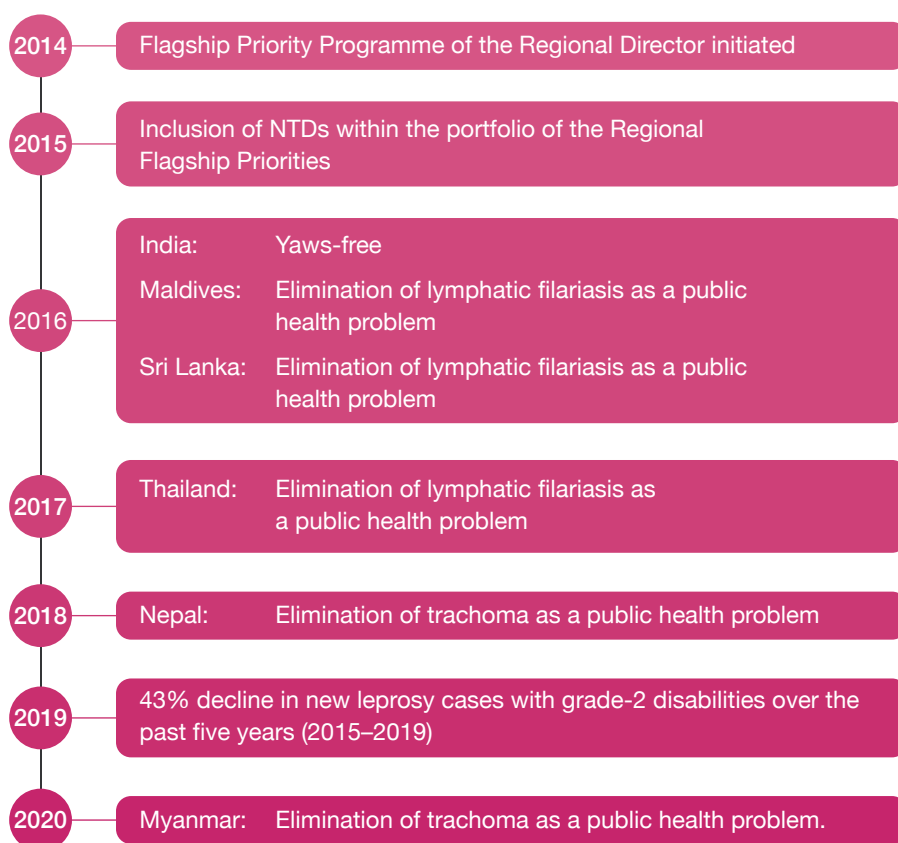
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INTRODUCTION

The WHO South-East Asia Region bears the world's second-highest burden of NTDs. In recent years, the Region has made tremendous progress towards eliminating NTDs, changing the global NTD landscape significantly. Such efforts continued in 2020 despite the challenges of the COVID-19 pandemic.

ACHIEVEMENTS OVER THE YEARS



Marcus Perkins/GlaxoSmithKline

PROGRESS AND RESULTS IN 2020

Countries that had previously been either validated or verified for eliminating some NTDs continued to maintain strong surveillance systems and thus were able to sustain elimination status. India sustained its yaw-free status while Maldives, Sri Lanka and Thailand maintained their lymphatic filariasis elimination status, and Nepal sustained its achievement of having eliminated trachoma.

Trachoma

- ⦿ Myanmar was verified during the year as having eliminated trachoma as a public health problem. Following the completion of the pre-validation survey at the end of 2019, Myanmar submitted the country dossier to WHO that was endorsed by an independent technical expert group. With both Nepal and Myanmar achieving this milestone, India remains the only country in the Region yet to eliminate trachoma.
- ⦿ India has, however, already achieved the elimination threshold for infective trachoma. It was due to carry out a nationwide pre-validation survey but this could not be undertaken due to the pandemic. The delay has pushed India's elimination date back by about three years. Now, India has prepared a 24-month pre-validation survey in 200 districts and will start the survey during 2021.

Lymphatic filariasis

- ⦿ Despite COVID-19 lockdowns and the suspension of all community-based interventions from early to the middle of 2020, countries slowly resumed mass drug administration treatment in the latter half of the year for lymphatic filariasis (LF) along with community surveys that adhered to strict COVID-19 protocols. A total of 91 districts in eight states of India carried out MDA achieving the desired over-65% coverage.
- ⦿ Indonesia carried out MDA in 70 districts, achieving a coverage of about 74%, while triple-drug therapy (IDA) was introduced in one district with plans to expand it in 2021. MDA was carried out in all 15 districts requiring treatment in Myanmar to secure a coverage of 97%. Nepal was the only country in the Region that could carry out MDA prior to pandemic restrictions to cover all 13 districts that needed it. Meanwhile, Maldives, Sri Lanka and Thailand sustained their LF elimination status. Bangladesh had targeted LF elimination by the end of 2020, but that could not be achieved due to COVID-19.

- Most of the transmission assessment surveys planned for 2020 in the Region could not be undertaken. The overall regional status for the total number of districts no longer requiring treatment is 66% (672 out of 1016) of endemic districts that have met the criteria and stopped MDA. However, there were changes at the national level as seen in Fig. 1.
- Timor-Leste started its first round of the transmission assessment survey (TAS) in late 2020, successfully completing it in three municipalities by the yearend. India completed the third and final TAS in four additional districts, shifting them to the post-elimination surveillance phase.

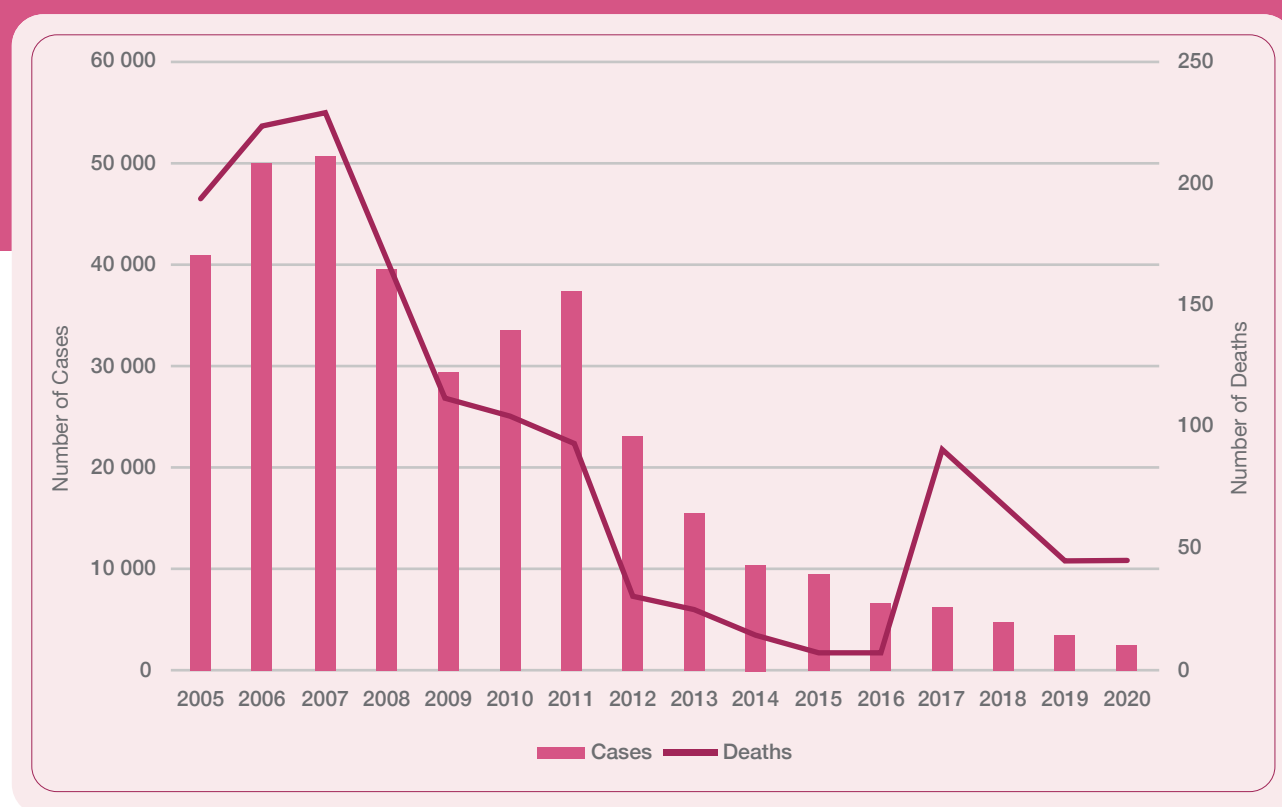
Fig. 1. Status of LF endemic districts/implementation units in the Region, 31 December 2020



Visceral leishmaniasis (kala-azar)

- Visceral leishmaniasis or kala-azar is targeted for elimination as a public health problem. This is defined as achieving an incidence of less than 1 per 10 000 population at the district level in Nepal and at the subdistrict level in both Bangladesh and India. The disease is endemic in these three Member States, with a few sporadic cases seen in Bhutan and Thailand.
- By the end of 2020, Bangladesh had completed three successive years of maintaining the elimination threshold in all upazilas. The number of endemic districts in Nepal increased to 23 in 2020 compared with 18 the previous year. Two of these districts reported cases higher than the elimination threshold in 2020. By the end of 2020, India had achieved the elimination target in 617 out of 633 blocks. Overall, the Region continues to sustain the decreasing trend for both cases and deaths reported from kala-azar as shown in Fig. 2.

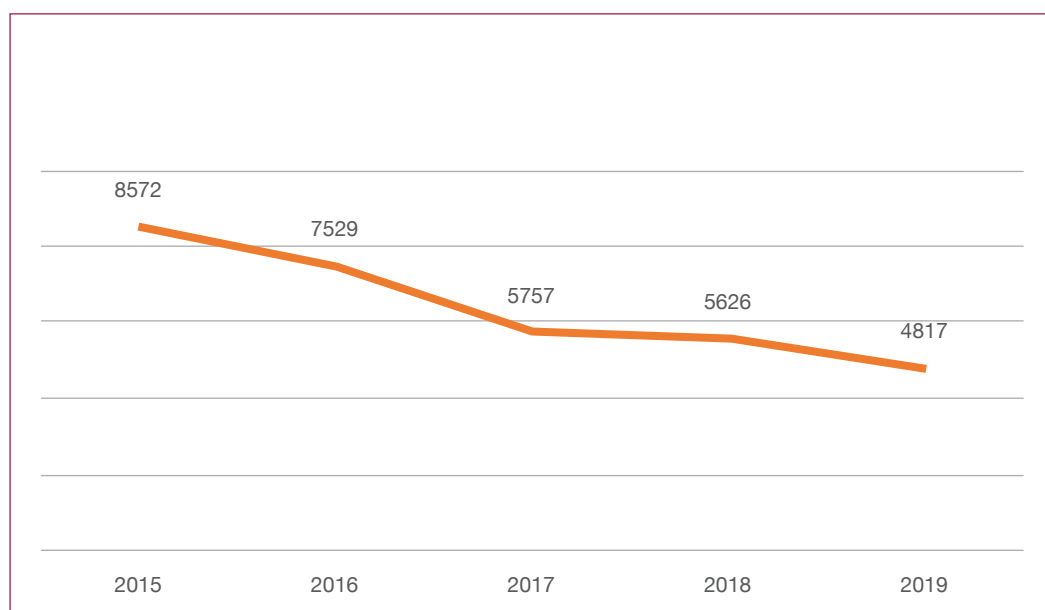
Fig. 2. Trends in visceral leishmaniasis cases and deaths in the Region reported to WHO



Leprosy

- Owing to the large population residing in leprosy-endemic areas, the Region continues to bear the highest burden of leprosy globally. However, a gradual and sustained decline has been observed both in new cases registered and grade-2 disability despite increased efforts to locate cases. In 2019, 143 787 new cases were reported while grade-2 disability was at 2.35 cases per million population. Of significance is a 43% decline in grade-2 disability over the past five years, as shown in Fig. 3. This is the key indicator in the new leprosy strategy.

Fig. 3. Trends in new leprosy cases with disabilities in the Region (2015–2019) reported to WHO



- The Region is very heterogeneous in terms of its leprosy burden with countries including DPR Korea, Bhutan and Maldives having a very low burden. Taking advantage of this, low-burden countries are pushing towards a more ambitious target of achieving 'zero leprosy'. Maldives was the first country to come up with a national plan in 2019, which was further consolidated in 2020. Timor-Leste has also developed a new national strategy in 2020 in a push to 'zero leprosy'.

CHALLENGES, OPPORTUNITIES AND NEXT STEPS

Several interventions against NTDs are community-based activities, which were particularly affected due to COVID-19. Inevitably, this has pushed back the targeted milestone for the elimination of some of the diseases in some Member States. Some of the challenges in the Region in the way of eliminating and sustaining achievements include:

- School closures, restrictions in gatherings and community-based activities resulted in the postponement and cancellation of key interventions such as MDA and TAS in several countries.
- Lockdowns, border closures and limited freight options severely disrupted the supply chain.
- Operational funds and NTD technical staff were partially repurposed to support the COVID-19 response.
- Inadequate domestic as well as donor funding in some Member States remains a problem.
- Delays in reporting, poor quality of data and inability to take timely corrective measures based on local data persist.

Opportunities and next steps include:

- NTDs continue to be a Regional Flagship Programme, which provides a unique opportunity for continued political attention and sustained commitment.
- The expansion of the new triple-drug therapy in Member States will accelerate LF elimination. An example of this is seen in the rapid progress made by Timor-Leste.
- A new NTD roadmap was endorsed by the Seventy-third World Health Assembly in 2020 injecting new energy and possibly new commitment into the efforts at the elimination of NTDs.
- It will be necessary to revisit the elimination timeline and milestones in view of the setbacks due to the pandemic.





World Health
Organization
REGIONAL OFFICE FOR
South-East Asia

A C C E L E R A T E

E F F O R T S

T O

E N D T B

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ACCELERATE EFFORTS TO END TB BY 2030

INTRODUCTION

Tuberculosis remains the biggest cause of death due to communicable diseases in the most productive population age group in the South-East Asia Region. More than 650 000 people in the Region died, which is more than 45% of global deaths due to TB and TB-HIV coinfection in 2019. While a steady annual decline of 3% in estimated the incidence rate was seen between 2015 and 2019,¹ it is not enough to reach the 2030 targets for ending TB. This slow pace of progress has received a further challenge with the ongoing COVID -19 pandemic in this Region.

HIGHLIGHTS OF 2017-2020



¹ Global tuberculosis report 2020. Geneva: World Health Organization; 2020.

PROGRESS AND RESULTS IN 2020

Progress towards ending TB faced significant setbacks in 2020 due to the COVID-19 pandemic, which reduced TB notifications and disrupted treatment. Nevertheless, strategic and technical support from WHO continued throughout, despite the challenges. Some key programme achievements in the Region in 2020 include:

- ⦿ Notification of TB cases increased to ~3.6 million cases in 2019 from ~2.6 million cases in 2015. As a result, the total treatment coverage increased by about 30%.
- ⦿ Nearly 86 000 drug-resistant TB cases were detected in 2019, almost two and a half times the number detected in 2015.
- ⦿ The budget for TB programmes for 2020 was US \$ 1254 million in the Region, with 43% coming from domestic sources.

Key performance indicators: Performance against 5 of the 10 priority performance indicators for monitoring implementation of the End-TB Strategy

Indicator	Baseline (2015)	Progress (2019)	Target (2025)
1. TB treatment coverage	54%	78%	≥90%
2. TB treatment success rate			
a. New and relapse	79% (2014)	84% (2018)	≥90%
b. HIV-positive TB	74% (2014)	74% (2018)	
c. MDR-/RR-TB	49% (2013)	52% (2017)	
3. Treatment coverage of latent TB infection			
a. Children aged <5 years who are household contacts	2%	33%	≥90%
b. People living with HIV (PLHIV) newly enrolled in HIV care	9%	32%	
4. Drug-susceptibility testing (DST) coverage of TB patients			
a. New cases	5%	65%	100%
b. Previously treated cases	57%	82%	
5. Treatment coverage, new TB drugs	No data	No data	≥90%

Strategic information support

- ⊙ The Regional Office designed a webtool to assess the impact of COVID-19-related disruption of services on TB incidence and mortality in Member States.
- ⊙ The Regional Office undertook a situational analysis of the coverage, policy and funding availability through a consultative process. The report was published and disseminated among all Member States.
- ⊙ The Regional Office, along with WHO country offices, supported the reporting on monthly TB case notification for January–June 2020 through the Global TB reporting platform.
- ⊙ The Regional Office is developing a Regional Strategic Plan towards Ending TB (2021–2025) in consultation with Member States.

Mobilizing resources

- ⊙ In 2020, Member States were supported to review and update their national TB strategic plans.
- ⊙ The Regional Office organized a regional workshop involving all three levels of WHO and other partners to support Member States to improve their respective grant proposals for submission to the Global Fund.
- ⊙ The Regional Office supported Member States to access COVID-19-related funding from the Global Fund of an additional US\$ 49 million and another US\$ 40 million through grant flexibilities.

Technical support and capacity-building

- ⊙ A series of regional- and country-specific webinars were organized for the adoption of updated WHO recommendations on TPT as well as MDR-TB.
- ⊙ Country-specific discussions on TPT policy updates were organized for seven Member States (Bangladesh, DPR Korea, India, Indonesia, Myanmar, Nepal and Thailand).
- ⊙ The Regional Office developed evidence synthesis on the impact of diabetes on TB, the relationship between nutrition and TB, and the use of active case finding to improve case notifications.
- ⊙ A total of 15 MDR-TB technical assistance missions were held virtually in 2020 on the uptake of WHO guidelines for seven Member States (Bangladesh, Bhutan, Indonesia Myanmar, Nepal, Sri Lanka and Timor-Leste).
- ⊙ The Regional Office supported a Joint TB Programme Review in Indonesia, remote reviews of TB programmes in Bhutan and Sri Lanka, and a review of MDR-TB-related activities in DPR Korea.

Partner coordination

- ⊙ A stakeholder consultation was organized in May 2020 and followed up with partner discussions on the impact of the COVID-19 pandemic on TB services.
- ⊙ The Regional Office convened one physical and five virtual meetings of the Regional Green Light Committee (rGLC) in 2020 to discuss the status of MDR-TB services in the Region, adoption of updated WHO guidelines, and to draw up an activity plan for scaling up of TB services.
- ⊙ The Regional Office collaborated with the patient group POP (Perhimpunan Organisasi Pasien) TB in Indonesia to organize a series of virtual capacity-building sessions for frontline community workers that focused on strengthening self-protection during COVID-19.
- ⊙ The Regional Office collaborated with the Association of South-East Asian Nations (ASEAN) and the Global TB Caucus for discussions on TB-related challenges in the Region and avenues for collaboration to address these issues.



WHO/Gary Hampton

CHALLENGES, OPPORTUNITIES AND NEXT STEPS

Major challenges to TB control persist in the Region. Some of these have been exacerbated by COVID-19. These include:

- o Availability of trained human resources and health infrastructure has been a long-lasting issue in most countries of the Region. The repurposing of staff from TB programmes to the COVID-19 response further compromised the availability of TB services.
- o The gap between estimated TB incidence and case notifications narrowed in 2019 to 20%. However, this is expected to increase by another 20% in 2020 due to COVID-19 disruptions.
- o The uptake of newer technologies and drug regimens, specifically the shorter all-oral regimens for MDR-TB recommended by WHO, has been slower than expected.
- o Despite increasing demand for TPT, the cost of the newer regimen and lack of diagnostics remains a challenge.
- o While the budget allocated to TB programmes in the Region increased marginally between 2019 and 2020, the actual gap between budgets and available funding increased from 24% in 2019 to 33% in 2020.

Some opportunities and action to be taken in the days ahead are listed below.

- o While the COVID-19 pandemic has posed numerous challenges, it simultaneously brought forth opportunities to be capitalized on. Airborne infection control and, specifically, the use of masks needs to continue to prevent spread of TB and other airborne diseases.

- o Several Member States scaled up their diagnostic facilities with molecular tests such as GeneXpert for COVID-19 testing. These platforms can also be used for testing for TB, including of drug-resistant forms.
- o WHO will continue to encourage and support Member States to establish high-level multisectoral coordination mechanisms to ensure contribution from all stakeholders in alignment with the commitments for the Multistakeholder Accountability Framework for TB.
- o The Regional Office will continue to provide technical support for the adoption of the updated WHO guidelines for the management of MDR-TB and TPT. This includes shorter, all-oral regimens that are less toxic and patient-friendly, as compared with the regimen containing an injectable.
- o Member States will be supported to increase community engagement for planning, monitoring and implementing their national programmes.



PROGRESS AND ACHIEVEMENTS OVER THE LAST SEVEN YEARS

2020

- Maldives and Sri Lanka eliminate rubella
- Myanmar eliminates trachoma.

2019

- Bangladesh, Bhutan, Nepal and Thailand achieve hepatitis B control
- Maldives and Sri Lanka eliminate mother-to-child transmission of HIV and syphilis
- Sri Lanka eliminates measles
- Under-five child mortality rates decline by 72% between 1990 and 2018
- Neonatal child mortality rates decline by 62% between 1990 and 2018
- Thailand becomes the first country in Asia to implement plain packaging on tobacco packs
- Ten Member States implement graphic health warnings on tobacco packets
- DPR Korea, India, Nepal, Sri Lanka, Thailand and Timor-Leste implement ban on ENDS or electronic cigarettes
- Thailand introduces legislation for the elimination of 'transfats' in foods.

2018

- Nepal eliminates trachoma
- DPR Korea and Timor-Leste eliminate measles
- Bangladesh, Bhutan, Maldives, Nepal, Sri Lanka and Timor Leste achieve rubella control
- DPR Korea, Maldives, Sri Lanka and Thailand achieve the 2030 target for neonatal mortality rate of 12 or less deaths per 1000 live births
- Bangladesh reports 18.5% relative decline in tobacco prevalence among adults (aged 15 years and above)
- Maldives and Sri Lanka impose restrictions on marketing of food and beverages to children in schools.

2017

- Thailand eliminates lymphatic filariasis
- Bhutan and Maldives eliminate measles
- South-East Asia Region witnesses the highest reduction in maternal mortality rate (57.3%) in the world
- DPR Korea, Indonesia, Maldives, Sri Lanka and Thailand achieve the 2030 target for under-five mortality rate of 25 or less deaths per 1000 live births.

2016

- Sri Lanka certified malaria-free
- India verified yaws-free
- Region eliminates maternal and neonatal tetanus
- Thailand eliminates mother-to-child transmission of HIV and syphilis
- South-East Asia Regulatory Network launched to increase access to medical products
- Maldives and Sri Lanka eliminate lymphatic filariasis
- Region adopts AMR roadmap with multisectoral country plans.

2015

- Improved preparedness minimizes death, damage during Nepal earthquake
- Maldives certified malaria-free
- Bhutan, Maldives and Timor-Leste achieve the MDG 5A targets (these three countries are among only nine globally to achieve the target).

2014

- Region certified polio-free.

