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

This is the seventh Annual Report on monitoring progress on universal health coverage (UHC) and towards achieving the health-related Sustainable Development Goals (SDGs) in the South-East Asia Region. The COVID-19 pandemic has impacted delivery of essential health services as well as efforts to monitor and track population health data. Monitoring progress towards UHC and health-related SDGs is crucial to understand where we stand, how we are progressing, and what more is needed to achieve UHC and the health-related SDGs.

The Region has made significant progress towards essential services coverage with the service coverage index improving from 47 in 2010 to 61 in 2019. However, it is not improving fast enough to achieve the 2030 targets. Further, disruption of essential health services due to COVID has had adverse impact on service coverage. Similarly, progress on financial protection, which is the other arm of UHC, along with essential service coverage, needs to be accelerated.

Based on the most recent data, 299 million people faced catastrophic health spending as their out-of-pocket health expenditure exceeded more than 10% of their household budget. Encouragingly, the number of people incurring impoverishing health spending decreased in the past decade. However, it still remains high: 117 million people in the SE Asia Region were pushed into poverty or further pushed under the US\$ 1.90-a-day poverty line due to out-of-pocket payments on health care. People living in rural areas, in the lowest income quintile and in households with adults older than 60 years endured a higher rate of financial hardship on account of out-of-pocket health spending. In addition to financial hardship, there were high rates of foregone care among the poorer segments of the population.

The Region has made remarkable progress in improving maternal and child health and also with some communicable diseases. However, accelerated efforts are required in other areas such as addressing premature mortality from four major noncommunicable diseases (SDG 3.4.1).

The attached Working Paper was presented to the High-Level Preparatory Meeting for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations for consideration by the Seventy-fifth Session of the Regional Committee:

Actions by Member States

- (1) Accelerate progress in orienting the health system towards comprehensive people-centred primary health care.
- (2) Identify indicators where progress is off-track and adopt evidence-based strategies and focused measures to accelerate progress on those indicators.
- (3) Increase public investment to address financial hardship and foregone care: spend more, spend efficiently and equitably.
- (4) Invest in improved national data capacity and sustainable health information systems, including tracking unserved and underserved populations to inform policy and strengthen service delivery.

Actions by WHO

- (1) Continue producing the Annual Report, updating the progress on UHC and other health-related SDG targets and providing trends for indicators for which historical data are available.
- (2) Facilitate exchange of knowledge and best practices among Member States.
- (3) Provide technical support to Member States to strengthen information systems and help achieve the UHC and SDG targets.

This Working Paper and the HLP Meeting recommendations are submitted to the Seventy-fifth 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 that no one is left behind”. The health goal (SDG3) aims “to ensure healthy lives and promote well-being for all at all ages”.
2. In 2016, the Sixty-ninth World Health Assembly adopted resolution WHA69.11 titled “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 emphasized the importance of monitoring.
3. The Seventieth session of the Regional Committee for South-East Asia in 2017 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 from the current situation and challenges are enumerated below. More detailed information will be published in the forthcoming report, *Monitoring universal health coverage and other health-related Sustainable Development Goal targets in the South-East Asia Region: 2022 update*.

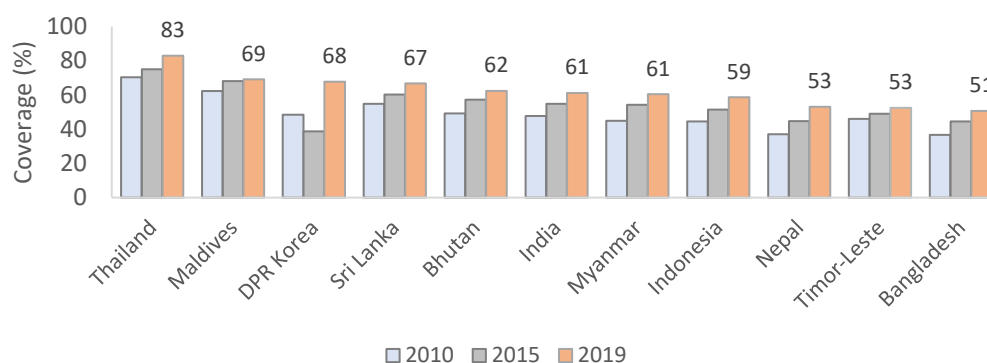
Progress towards UHC and health-related SDGs

5. All Member States of the Region are making positive advances towards achieving the 2030 health-related SDG targets. Different countries are at different stages of progress and there are wide variations between Member States, e.g. the proportion of the population using a handwashing facility (SDG 6.2.2) varies between 28–96% among all 11 Member States.

Progress towards UHC service coverage (SDG 3.8.1)

6. The SE Asia Region has made significant progress in improving the service coverage index from 47 in 2010 to 61 in 2019 (*see Fig. 1*); however, the pace of progress is not fast enough to achieve the minimum essential service coverage index score of 80 by 2030. There is considerable variation in service coverage index between Member States, ranging from 51 to 83.

Fig. 1. Changes in coverage of essential health services in Member States of the South-East Asia Region 2010–2019



Source: World Health Organization Global Health Observatory (GHO)

Progress on financial protection in the SE Asia Region: ‘leaving no one behind’

7. Prior to COVID-19, the SE Asia Region had the lowest level of health spending among all WHO regions. Public spending on health accounted on average for 52% of current health spending, with wide variability between countries – ranging from 16% to 79% – across the Region.

8. There is a heavy reliance on out-of-pocket health spending, with more than half of the countries in the Region meeting more than one third of their current health spending from household out-of-pocket. Out-of-pocket health expenditures are predominantly driven by spending on medicines across all countries in the Region.

9. There was slow progress in reversing the rise in out-of-pocket spending in several Member countries. As result, 247 million people (both above and below the internationally agreed poverty line) faced catastrophic health spending as their out-of-pocket health expenditure exceeded more than 10% of their household budget.

10. Encouragingly, the number of people incurring impoverishing health spending has decreased in the past decade. However, it still remains high: 117 million people in the SE Asia Region were pushed into poverty or further pushed under the US\$ 1.90-a-day poverty line due to out-of-pocket payments.

11. People living in rural areas, in the lowest income quintile and in households with adults older than 60 years, experienced a higher rate of financial hardship due to out-of-pocket health spending. In addition to financial hardship, there were high rates of foregone care among the poorer segments of the population.

12. While data on out-of-pocket health spending and its drivers from nationally representative household budget surveys is limited, there is evidence in the Region that between 2020 and 2021, many households did not seek care for financial reasons. This is the case for five countries (Bangladesh, Indonesia, Maldives, Nepal and Sri Lanka) where between 17% to 75% of households reported financial barriers to seeking care.¹

¹ World Bank COVID-19 household monitoring dashboard. The World Bank.

<https://www.worldbank.org/en/data/interactive/2020/11/11/covid-19-high-frequency-monitoring-dashboard> - accessed 3 Aug 2022.

Note: Countries included based on data availability. Rates are based on the first wave except in Indonesia, for which the average across multiple waves were conducted.

13. In 2022, two years since the onset of the pandemic, countries in the South-East Asia Region began the slow climb to economic recovery. However, economies in many countries have not recovered to pre-pandemic levels as of now.

14. For most countries in the Region, the latest data on financial hardship is till 2016–2017, and for two countries it is between 2010 and 2014. This makes it critically important that Member States monitor financial protection on a more regular basis. This will also help to evaluate the impact of health reforms and the effects of COVID-19 on financial hardship and foregone care.

Progress towards other health-related SDGs

15. **Reproductive, maternal and child health:** The Region continues to make significant progress towards reducing maternal and child mortality. Between 2000 and 2017, the Region has brought about the greatest percentage of reduction in maternal mortality ratio (MMR) – 59%. Similarly, the Region continues to witness significant decline in under-five mortality rates (81 in 2000 to 30 in 2020) and neonatal mortality rates (38 in 2000 to 18 in 2020).

16. DTP3 and MCV2 coverage remains relatively high in the SE Asia Region and most countries have or are expected to have achieved the global target of more than 90% immunization coverage. However, immunization services have been affected by COVID-19. DTP3 immunization rate in the Region dropped from 91% in 2019 to 85% in 2020 and MCV2 immunization coverage dropped from 83% in 2019 to 78% in 2020 (see Fig. 2).

17. The Region continues to endure a double burden of malnutrition among children aged under 5 years. Most countries have high proportion of under-5 children who are “wasted”, and are unlikely to achieve the global target of less than 5% wasting. Simultaneously, countries in the Region are also witnessing a rapid rise in under-5 obesity prevalence and will need to reverse the trajectories if the 2030 target is to be achieved.

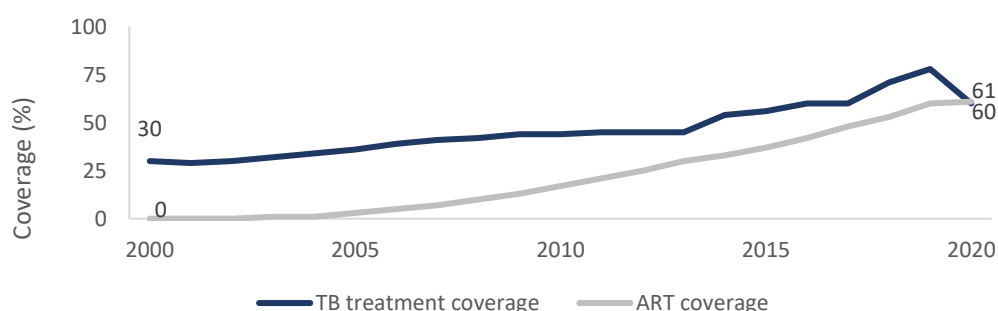
18. Communicable diseases: The Region continues to endure a high burden of infectious diseases. In 2020, globally, the SE Asia Region had the highest proportion of tuberculosis (TB) incidence at 43%, with an estimated 4.3 million cases of TB. The COVID-19 pandemic has reversed the gains and set back the fight against TB by several years. In 2020, nearly half the people who fell ill with TB missed out on access to care and were not reported.² Regional TB treatment coverage declined to 60% in 2020 from 78% in 2019.

19. Further, the number of people provided with treatment for drug-resistant TB and TB preventive treatment dropped significantly. For the first time in over a decade, TB deaths have increased because of reduced access to TB diagnosis and treatment in the face of the pandemic. As we move forward, early case detection, treatment and prevention programmes will continue to be key to accelerate progress towards TB reduction in the Region.

² Global tuberculosis report. Geneva: World Health Organization, 2021. <https://apps.who.int/iris/rest/bitstreams/1379788/retrieve> - accessed 3 Aug 2022.

20. Between 2015 and 2020, the number of AIDS-related deaths and number of people acquiring HIV have declined while HIV antiretroviral treatment (ART) coverage has increased in the Region (see Fig. 2). However, the decline in HIV infection and its response reached a plateau in 2019, indicating the need for innovative approaches and community engagement tools to ensure that prevention efforts are not stalled.

Fig. 2. Trends in treatment coverage for TB and HIV (ART), 2000–2020

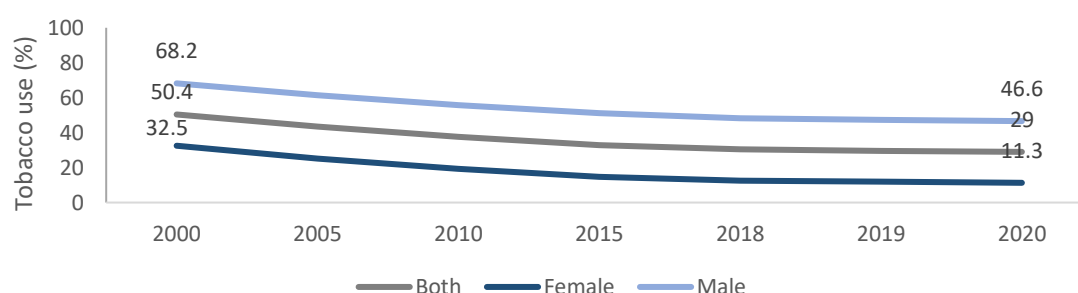


Source: World Health Organization Global Health Observatory (GHO)

21. **Noncommunicable diseases and risk factors:** Noncommunicable diseases are responsible for 69% of all deaths amounting to an estimated 8.5 million deaths due to four major NCDs (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) annually in the Region. Out of them, 52.4% deaths are premature deaths.³ WHO has developed a set of “best buys” – 16 practical and cost-effective interventions – for the prevention and control of NCDs. The best buys package emphasizes on promoting health and preventing diseases including through increasing tobacco taxes, restricting alcohol marketing, reformulating food products with less salt, vaccinating girls against cervical cancer and treating hypertension.

22. The SE Asia Region has witnessed a sharp decline in tobacco use from 50.4% in 2000 to 29% 2020 (see Fig. 3). The prevalence of tobacco use is much higher among the male population than the female.

Fig. 3. Trends in tobacco use, 2000–2020



Source: World Health Organization Global Health Observatory (GHO)

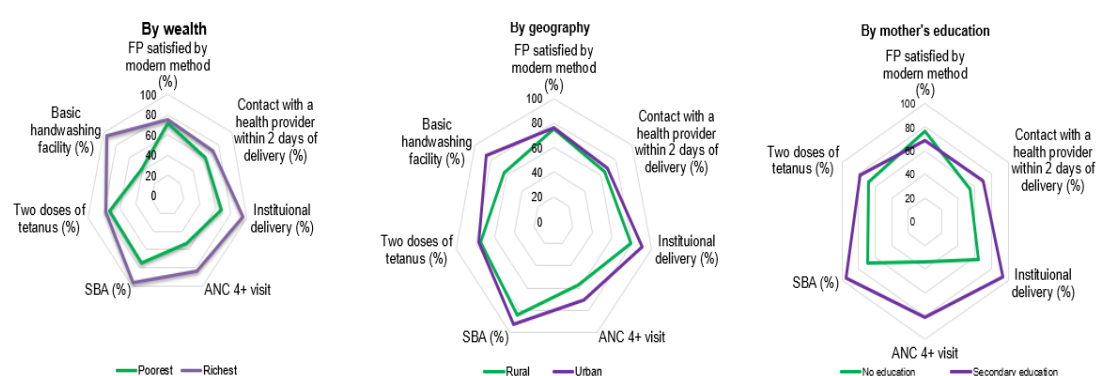
³ WHO Global Health Observatory. Geneva: World Health Organization. <https://www.who.int/data/gho> - accessed 3 Aug 2022.

23. **Mental health:** Mental health is an integral part of Sustainable Development Goal 3 and has major implications on SDG target 3.4 – “promote mental health and well-being”. Mental health problems are the leading cause of total years lived with disability (YLD) in the world with depressive disorders being the largest contributor.⁴ Within the SDG Framework, the suicide mortality rate is the indicator for SDG target 3.4. Crude suicide mortality rates (per 100 000 population) have declined from 13.59 in 2000 to 10.07 in 2019. However, progress needs to be accelerated to achieve the SDG goal of reducing the suicide mortality rate by a third.

24. Moreover, mental health is directly and indirectly linked to many other health-related SDGs such as SDG target 3.5 (“Strengthen the prevention and treatment of substance abuse”), SDG target 3.a (“Strengthen tobacco control”) and SDG target 3.8 (“achieving UHC”). If the Region is to make full progress towards the SDGs then there is a need for accelerated focus on promotion and protection of mental health. The Regional Office will closely work with Member States to identify gaps in data and challenges in reporting mental health data, and provide support to strengthen the system such that timely, reliable and accurate data are obtained to inform policy and programme interventions.

25. Monitoring health equity in the Region: Health-related inequity continues to persist despite improvements in the Region (see Fig. 4). To achieve health equity, it is important to know who is being left behind so that it can inform health policies, programmes and practices with an aim to close existing gaps. The Regional Office is working closely with Member States not only to improve availability and quality of disaggregated data, but also providing support in monitoring equity to implement policies and actions for equitable access to and uptake of health services.

Fig. 4. Variation in service coverages in the SE Asia Region by income, place of residence and mother's education



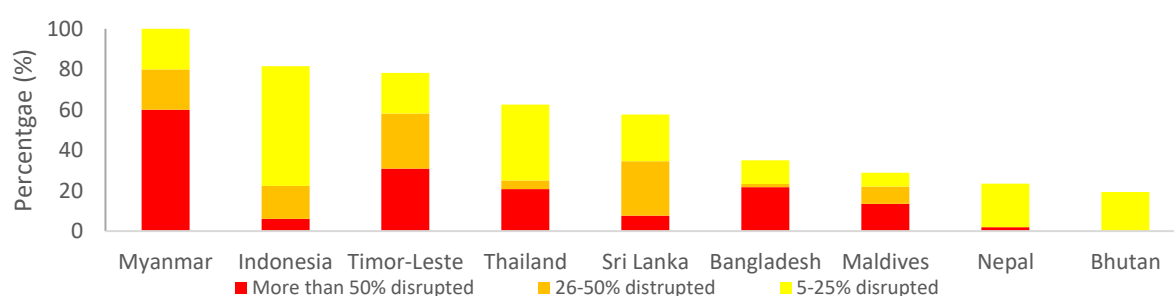
Source: DHS-MICS 2011-2019, NFHS-5 2019-2021

⁴ GBD 2019 Mental Disorders Collaborators. *Global, regional and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: a systematic analysis for the Global Burden of Disease Study 2019*. The Lancet Psychiatry. 2022.; 9(2): P137-150. doi: [https://doi.org/10.1016/S2215-0366\(21\)00395-3](https://doi.org/10.1016/S2215-0366(21)00395-3).

Progression and impact of the COVID-19 pandemic

26. More than two years into the pandemic, the Region continues to experience some level of disruption in essential health services delivery. The Region has witnessed recovery in service delivery from the first year of the pandemic; however, all countries are still reporting some level of disruption in essential service delivery⁵ (see Fig. 5).

Fig. 5. Percentage of services disrupted per country by the pandemic, 2021



Source: WHO Pulse Survey round 3

27. The COVID-19 pandemic has highlighted the need for strong routine health information systems to monitor health service delivery along with population health. Most countries in the SE Asia Region rely on, on account of the lack of robust routine and representative data systems, household surveys that in turn leads to data lag and accentuates the need for continuous monitoring of the health-related SDGs.

28. Health systems of all SE Asia Region countries continue to respond to overcome the service disruptions and recover quality services through innovative approaches. However, more needs to be done to attain UHC and other health-related SDG targets.

The way forward

29. On UHC the progress was not fast enough to achieve SDG targets 3.8.1 and 3.8.2 even before the pandemic, and this may now be pushed further off track. Although UHC service coverage has improved significantly in all countries, the progress is not evenly distributed across programmes and populations. Urgent strategic actions are warranted to accelerate progress towards achieving UHC, with focus on essential services provision to those who need them the most, as well as strengthening health-care system infrastructure, especially the primary health care system.

30. Low levels of financial protection are a major barrier to the achievement of UHC in the Region. Catastrophic and impoverishing health spending in the Region are still unacceptably high. Despite the macro-fiscal stress several countries in the Region have been facing, increase in public spending on health is critical to: (a) build health system resilience in the context of new public health demands; (b) address the negative economic consequences resulting from the pandemic; and (c) sustain and expand coverage with priority focus on the poor and vulnerable populations. Furthermore, enhancing efficiency of health spending is also critical to get more “health for money”.

⁵ Round 3 Global pulse survey on continuity of essential health services, Nov-Dec 2021. Geneva: World Health Organization, 2022.

31. The COVID-19 pandemic and its consequences inflicted a negative impact upon the progress of public health and well-being in the Region. The first-in-decades declines in immunization and treatment rate for communicable diseases such as TB together with the burgeoning burden from noncommunicable diseases and risks hindered continuity of programmes. This situation requires integration of and innovations by health programmes. Comprehensive and integrated people-centred primary health care systems can be the foundation to more effective UHC nationally and towards achieving the health-related SDG targets.

32. The Region must address the urgent need to invest more on health information systems. Many countries in the SE Asia Region rely on household surveys that are often funded by external sources. These are conducted every 2–4 years leading to data lag, which hampers continuous monitoring of the health-related SDGs and UHC.

Conclusions

33. 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 in order to reach the 2030 targets.

34. There is the need to accelerate progress towards PHC-oriented health systems that provide integrated services across different levels of care and perform public health functions. This will enable countries to make faster progress towards achieving the UHC and other health-related SDG targets.

35. There is an urgent need to increase public investment in health that is directed at reducing financial hardship and foregone care. Higher levels of public spending on health are not sufficient though, and how it is spent also matters. It is thus critical that Member States ensure resources are spent efficiently and equitably, which include adequate financing for PHC, human resources for health, robust health information systems, and access to essential medical products, all with a focus on vulnerable populations. WHO at all levels stands ready to extend the necessary technical support to the Member States.