OUR JOURNEY TOGETHER
OUR JOURNEY AHEAD
A more responsive WHO in the South-East Asia Region

SUSTAIN • ACCELERATE • INNOVATE
In public health, as in other pursuits, moving successfully towards our target requires a sound strategy, robust plan, clear sense of understanding and commitment, and pursuit of actionable priorities.

In 2014, I outlined my vision of how the WHO Regional Office for South-East Asia could best fulfill its mandate. In doing so I presented the “One by Four” vision and strategy aimed at building a more responsive, accountable and inclusive WHO in the Region. Soon after, the Regional Office, in consultation with Member States, identified seven Flagship Priority Programmes – later to become eight – that would define the Region’s focus, and where WHO would most vigorously apply its technical expertise, convening power and advocacy.

The Region has been making rapid, inclusive and sustained gains around these Flagship Priority Programmes. The Regional Flagship Priority Programmes are in sync with the Sustainable Development Goals for health, and WHO’s global targets for “a billion more people benefitting from universal health coverage, a billion more enjoying better health and well-being, and a billion more better protected from health emergencies”.

It is my pleasure to present this annual update on progress with the WHO South-East Asia Region’s eight Flagship Priority Programmes. As the brochure highlights, the Flagship Priorities have proved immensely successful, and have been responsible for a series of remarkable achievements. These include significant improvement in maternal and child health indicators, elimination of various neglected tropical diseases and vaccine-preventable diseases from the Region, strengthening the preparedness and response to emergencies and many more. Amid the COVID-19 response, the Region continues to protect, defend and advance progress towards achieving the Flagship Priorities, enabled by its steadfast commitment to maintain access for all to essential health services and universal health coverage, “leaving no one behind”.

WHO remains committed to support Member States in the Region to advance their progress on each of the Flagship Priorities, and to realize the transformative change that is required to make rapid and lasting gains in our quest to ensure healthy lives and promote well-being.
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ELIMINATE MEASLES AND RUBELLA BY 2023
Measles and rubella are highly contagious viral diseases, which occur most often in children.
The WHO South-East (SE) Asia Region has declared a goal of eliminating measles and rubella by 2023.
Measles elimination is estimated to prevent at least 1.1 million cases of measles every year in the Region. For every case of measles prevented approximately 2 weeks of disability-adjusted life years (DALYs) will be averted. By 2023, approximately 1.1 million deaths due to measles also can be averted through a combination of various strategies during 2020–2023, at an average cost of US$ 1373 per death averted. Rubella elimination is estimated to prevent 52 118 cases of congenital rubella syndrome (CRS) annually in the Region. The loss of DALYs for every CRS case averted will be between 27 years in low- and middle-income countries to 18 years in high-income countries.

**Introductions**

- Review of measles and rubella elimination in the South-East Asia Region.
- Updated Framework for Verification of measles and rubella elimination.
- Rubella elimination in Maldives and Sri Lanka achieved.
- Regional second dose of measles containing vaccine (MCV2) coverage reaches 78%.
- Measles eliminated in Sri Lanka.
- Goal revised to “measles and rubella elimination by 2023”.
- Strategic Plan 2020-2024.
- Measles eliminated in DPR Korea and Timor-Leste.
- Control of rubella/CRS achieved in Bangladesh, Bhutan, Maldives, Nepal, Sri Lanka and Timor-Leste.
- Measles eliminated in Bhutan and Maldives.
- Mid-term review of measles elimination and rubella/CRS control in the SEA Region.
- Regional Verification Commission (SEA-RVC) for measles elimination and rubella/CRS control established.
- Strategic Plan for measles elimination and rubella & congenital rubella syndrome (CRS) control developed.
PROGRESS AND RESULTS IN 2021

Key facts for 2021*

- **5 countries**: Sustained measles elimination (Bhutan, DPR Korea, Maldives, Sri Lanka and Timor-Leste)
- **2 countries**: Verified and sustained rubella elimination (Maldives and Sri Lanka)
- **28.1 million**: Children received MCV1 in routine immunization
- **25.9 million**: Children received MCV2 in routine immunization
- **28.0 million**: Children received RCV1 in routine immunization
- **4.6 million**: Children with zero-dose of measles- and rubella-vaccine
- **2.7 million**: Children partially vaccinated with measles vaccine

*Data as of December 2021, revised in July 2022

- Between 2000 and 2020, it is estimated that the SE Asia Region has witnessed a 98% reduction in mortality from measles and an 82% reduction in cases. Coverage with the first dose of measles-containing vaccine (MCV1) in 2021 was 86% compared with 63% in 2000. Five Member States (Bangladesh, Bhutan, Maldives, Sri Lanka and Thailand) reported more than 95% coverage for MCV1 in 2021. Similarly, the coverage of the second dose of measles-containing vaccine (MCV2) was reported at 78% in 2021 compared with 3% in 2000. Two Member States – Maldives and Sri Lanka – reported more than 95% coverage for MCV2 in 2021.

- Acute fever and maculopapular rash surveillance has been initiated in all countries in alignment with regional guidelines. Steady progress has also been made to enhance the sensitivity of surveillance for measles and rubella. Congenital rubella syndrome surveillance is conducted in all Member States either as sentinel surveillance or as part of the case-based surveillance system.

- All Member countries have at least one proficient national laboratory to support measles and rubella (MR) case-based surveillance. The MR laboratory network expanded from 23 laboratories in 2013 to 49 in 2021 with at least 26 MR laboratories conducting both serology and RT-PCR for measles and rubella and four laboratories also conducting sequencing.
### Key performance indicators

<table>
<thead>
<tr>
<th></th>
<th>Baseline (2013)</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>None</td>
<td>Five (Bhutan, DPR Korea, Maldives, Sri Lanka, Timor-Leste)</td>
</tr>
<tr>
<td>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.</td>
<td>None</td>
<td>Two verified (Maldives, Sri Lanka)</td>
</tr>
<tr>
<td>Number of countries implementing national action plan or equivalent for measles and rubella elimination.</td>
<td>None</td>
<td>11</td>
</tr>
<tr>
<td>Number of countries in the SEA Region with ≥95% national coverage for two doses of measles and rubella-containing vaccine.</td>
<td>Two</td>
<td>Two (Maldives, Sri Lanka)</td>
</tr>
</tbody>
</table>

### Technical leadership and evidence-based policy:

- During the Twelfth Meeting of the Immunization Technical Advisory Group (ITAG), country-specific recommendations were provided for 2021–2022. Following the severe impact of the COVID-19 pandemic on immunization services, Member States prioritized the restoration of measles and rubella immunization and surveillance-related activities.

### Setting norms and standards and promoting their implementation

- The SE Asia Regional Verification Committee for measles and rubella elimination verified the sustaining of measles and rubella elimination from the Member States that have eliminated these diseases. The Committee also reviewed the annual progress reports and monitored the implementation of norms and standards.

### Technical support for institutional capacity

- Immunity profile for measles and rubella was developed at the national level in all 11 Member States and at the subnational level in India and Indonesia. Further, programmatic risk assessment was carried out for measles and rubella in all countries and risk mitigation plans were developed accordingly.

### Monitoring and assessing transmission trends

- A weekly bulletin and a quarterly bulletin with focus on the “Big Six” countries (Bangladesh, India, Indonesia, Myanmar, Nepal, and Thailand) on laboratory and surveillance performance based on the weekly surveillance reports for each country and the Region as a whole were prepared and disseminated.

- Independent external review of progress towards measles and rubella elimination in the SE Asia Region in 2021 was conducted during October and November 2021. It was observed that while progress has been made, greater political commitment and excellence in technical and operational deployment remain critical to achieve the 2023 target of measles and rubella elimination.

- Annual factsheets on immunization activities in each country and the Region as a whole were prepared and disseminated.
Knowledge generation, translation and dissemination

- Several webinars and virtual sessions were conducted along with a gap analysis to develop a Regional Framework for cross-border vaccine-preventable diseases (VPD) surveillance with focus on measles and rubella.

Shaping the research agenda

- A set of research priorities were identified during regional meetings conducted in 2021. One of the key research activities supported by the Region was to develop locally available rapid diagnostic test kits (including point-of-care diagnostic kits) for measles and rubella. Other operational research planned include total system effectiveness (TSE) analysis for switch from 10 doses to 5 doses of measles and rubella-containing vaccine in selected countries, and feasibility analysis of use of measles and rubella micro-array patches (MAP).

CHALLENGES

Impact of COVID-19 pandemic

- The impact of the COVID-19 pandemic delayed the implementation of mass vaccination campaigns for measles and rubella in the Region as well as various monitoring and evaluation activities.

- In 2021 the Region reported an 8% decline in MCV1 and 5% decline in MCV2 coverage compared with 2019 due to the consequences of the pandemic. Coverage of MCV1 declined from 94% in 2019 to 86% in 2021 and coverage of MCV2 declined from 83% in 2019 to 78% in 2021. Similarly, coverage of the rubella-containing vaccine (RCV) declined from 93% in 2019 to 86% in 2021.

- The decline in coverage of the measles vaccine is likely to result in increased mortality and morbidity. A total of 38,553 suspected measles cases were reported in 2021 compared with 31,091 cases in 2020.

Challenges not related to the COVID-19 pandemic

- An independent review commissioned to assess progress towards measles and rubella elimination by 2023, however, has cautioned that the Region is off track to achieve the 2023 milestone, and that there is need to revise the dates again in consultation with global and regional experts, partners and Member States.

- A significant number of children in the Region do not receive MCV1 through the routine immunization programme. It is vital to strengthen routine immunization programmes to 95% or more with two doses of a measles–rubella-containing vaccine in all districts in all countries.

- Sensitivity of the surveillance for measles and rubella remains suboptimal in endemic countries, resulting in under-reporting and underestimation of the disease burden.
THE WAY FORWARD

Member States have developed strategic, operational and policy guidelines for reviving immunization and surveillance activities after the pandemic broke out and indicators are showing an upward trend. It is critical to continue to identify gaps in performance at national and subnational levels and develop tailored strategies to bridge these gaps.

To achieve timely elimination of measles and rubella, WHO will continue to provide support to accelerated implementation of the recommendations made by the Twelfth Meeting of the ITAG, the Sixth Meeting of the Regional Verification Commission, and from the independent external regional review of the measles and rubella programme.

<table>
<thead>
<tr>
<th>Sustain</th>
<th>Accelerate</th>
<th>Innovate</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sustain the interruption of transmission of endemic measles in Bhutan, DPR Korea, Maldives, Sri Lanka and Timor-Leste.</td>
<td>• Accelerate efforts to optimally implement the national strategic plan on measles and rubella elimination with a focus to strengthen acute fever and maculopapular rash surveillance and bridge the immunity gaps against measles and rubella among the populations of all countries of the Region.</td>
<td>• Innovate to expand the reach of measles and rubella vaccines for everyone, everywhere despite the COVID-19 pandemic.</td>
</tr>
<tr>
<td>• Ensure the continued and robust functioning of the national verification committees until global measles eradication is achieved.</td>
<td></td>
<td>• Deploy innovative approaches to optimally implement the elimination strategies and revive case-based surveillance for fever and rash in all areas during COVID-19 pandemic.</td>
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</tbody>
</table>
PREVENTION AND CONTROL OF NONCOMMUNICABLE DISEASES

THROUGH MULTISECTORAL POLICIES AND PLANS, WITH A FOCUS ON ‘BEST BUYS’
Noncommunicable diseases (NCDs), principally cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, impose a major and growing burden on health and development in the South-East Asia Region. NCDs and their impact on the socioeconomic fabric of countries, particularly low- and middle-income countries has gained increased attention in recent years. The prevention and control of NCDs have been identified as global, regional and national priorities. The countries of the Region also carry a huge burden of cases of mental disorders and the effects of air pollution.

**2021 estimates:**

- 62% of all deaths in the Region are due to NCDs.
- 48% of all deaths from NCDs in the Region are below 70 years of age.
- 8.5 million people die of noncommunicable diseases every year in the Region.
- The Region accounts for 34%, or 2.4 million, of the 7 million premature deaths globally caused by household and ambient air pollution together every year.
- For urban-dwellers in the Region, 99% breathe air with the level of pollutants being much higher than those prescribed in WHO guidelines.
- 1.6 million deaths annually are attributable to tobacco in the SE Asia Region.
- Alcohol accounts for one in every 20 deaths in the Region and 21.5% of adults are estimated to be overweight.

**HIGHLIGHTS**

- Regional roadmap to implement the Global Action Plan for Physical activity launched.
- In Bangladesh, NCD services were provided in Cox's Bazar, the most densely populated camps in the world using WHO PEN.
- India and Thailand scaled up hypertension control. In India the programme was expanded to 104 districts across 21 states and enrolled almost 2.4 million people in 15,420 health facilities including 10,222 Health & Wellness Centres, with improvement in hypertension control.
- Sri Lanka implemented settings based actions to limit salt intake by setting public food procurement standards for specific government institutions.
- Bhutan scaled up primary care for NCDs with care and compassion.
- Timor Leste supported restoration of NCD services during COVID-19 using WHO NCD kits.

- Regional Plan of Action for the Global Strategy on health, environment and climate change (2020-2030).
- Thailand becomes the first country to ban trans fatty acids from the National food supply.
- Indonesia regulated mandatory back of panel food labels, and a voluntary front of pack label.
- India enforced comprehensive ban on all electronic cigarettes (ENDS) and Heated Tobacco Products (HTPs).

- Thailand becomes the first country in the region to introduce plain packaging for tobacco.
- India establishes the first multisectoral, inter-ministerial committee and develops the first ever national multisectoral Action Plan on the prevention and control for NCDs.

- Male Declaration on building health systems resilience to climate change.
- Thailand and Maldives introduced taxes for Sugar Sweetened Beverages.
- Maldives and Sri Lanka introduce restrictions to marketing of foods and non-alcoholic beverages to children.
- WHO country cooperation strategy in Democratic People's Republic of Korea prioritized prevention and control of NCDs.

- Colombo Declaration on Strengthening health systems to accelerate deliver of NCD services at the PHC levels, launched.
- Sri Lanka became the first WHO FCTC Party in South-East Asia Region to accede to the Protocol to eliminate illicit trade in tobacco.

- Dili declaration on tobacco control promulgated.
Ten countries in the Region have prioritized prevention and control of NCDs and had set time-bound national targets, and have an operational multisectoral national strategy or action plan in place.

All countries have made progress in improving monitoring and surveillance for NCDs, having conducted at least one population-based survey in the past five years.

Tobacco demand reduction measures include the following:
- six countries have implemented standardized packaging and/or graphic health warnings on all tobacco packages;
- two countries have enforced comprehensive bans on tobacco advertising, promotion and sponsorship.

On reduction measures on harmful use of alcohol, six countries in the Region have imposed bans on advertisements and restrictions on the physical availability of alcohol though substantial policy actions.

Unhealthy diet reduction measures include the following:
- all countries are committed to address obesity with the adoption of the Strategic Action Plan to reduce the double burden of malnutrition in the WHO South-East Asia Region 2016–2025;
- three countries have introduced restrictions to marketing of foods and non-alcoholic beverages to children;
- six countries have implemented national public education and awareness campaigns.

Six countries have taken up national communication campaigns to promote physical activity.

Seven countries reported implementing evidence-based national guidelines for the management of major NCDs through a primary care approach.

Three countries have reported high coverage of drug therapy and counselling for eligible persons at high risk.
**Strengthening action on NCDs**

- A progress report on the 10 Voluntary Targets of the Regional Strategic Action Plan was presented to the Seventy-fourth session of the WHO Regional Committee in September 2021. The Regional Committee requested WHO to develop a Regional Implementation Roadmap for the prevention and control of NCDs, taking into account digital innovations and the context of the COVID-19 pandemic.

- In 2021, the Regional Office supported Member States to extend their national multisectoral action plans (MSAP) till 2030 while a regional training manual was developed to guide the functioning of the newly established multisectoral coordination mechanisms to operationalize these MSAPs.

- To mobilize the highest level of political support and advocate for sustained national investments for the prevention and control of NCDs, Thailand prepared and published an investment case for NCDs.

- In 2021, the WHO PEN package was adopted for expanding access to essential NCD management at the PHC level. Training modules for PEN and healthy lifestyle interventions were developed and adapted as online courses for wider dissemination and use for training health-care workers on the delivery of people-centred NCD services.

- WHO initiatives for childhood cancer and elimination of cervical cancer as a public health programme were taken up by the Member States of the Region and support was provided to implement them.

- India and Thailand scaled up hypertension control. In India the programme was expanded to 104 districts across 21 states and almost 2.4 million people in 15 420 health facilities, including 10 222 health & wellness centres, enrolled with tangible improvement in hypertension control.

**Addressing mental health and substance use disorders**

- In collaboration with partners, the Regional Office led a campaign to protect and preserve the mental health of the people through WHO’s website and social media. With support from Norwegian Agency for Development Cooperation (NORAD), the “Special Initiative on Mental Health” project was started in Bangladesh and Nepal as part of the global initiative to increase access to comprehensive mental health services for at least 100 million people between 2019 and 2023.

- A mental health and well-being portal with detailed information on coping skills was launched for use by WHO staff.

- The Regional Office supported Member States to implement the mental health and psychosocial support (MHPSS) framework developed by WHO for addressing mental health issues during emergencies.

- The Regional Office played a key role in providing resources to strengthen country capacities in launching digital technology platforms through which health-care workers received training and remote supervision and mentoring.

**Tackling NCD risk factors**

**Promoting Healthy Diets**

- A virtual Regional Stakeholder Consultation on addressing overweight and obesity (prevention, identification and management) among young children was organized in November 2021.
The national legislation promulgated in Bangladesh and India on elimination of trans fatty acids will be implemented in 2022 in India and 2023 in Bangladesh. This will result in 1.5 billion people being protected from the harmful effects of trans fatty acids on cardiovascular health. Further, WHO has provided technical support to Sri Lanka to draft the national regulation for limiting trans fatty acids, and 34 laboratory personnel from Nepal and Sri Lanka were trained in monitoring the level of trans fats in diets.

**Tobacco**

- Work on pro-health taxation for tobacco was supported in five countries and all Member States were supported to accelerate and strengthen their efforts to help tobacco users quit as part of the World No Tobacco Day “Commit to Quit” campaign that was observed throughout the year. WHO supported Timor-Leste to develop its National Action Plan for tobacco cessation and establish a quit line and tobacco cessation clinic.

- To enhance regional capacity and support countries, the drug toxicology laboratory at the National Institute of Mental Health and Neurosciences (NIMHANS) in Bangalore, India, was provided with the latest, state-of-the-art equipment including a smoking machine by the WHO Regional Office. The Regional Office also supported its participation in global testing and validation projects for smokeless tobacco and e-liquids used in e-cigarettes and heated tobacco products.

- A special issue on progress in tobacco control in South-East Asia was published in the *Asia Pacific Journal of Cancer Prevention*.

**Harmful use of alcohol**

- With increased use of alcohol reported during the pandemic, the Regional Action Plan to implement the Global Strategy to reduce the harmful use of alcohol in the SE Asia Region 2014–2025 was further intensified. A communication campaign on the harmful use of alcohol was launched in 2021 involving audio and video stories disseminated through multiple channels.
Physical inactivity

- The Regional Roadmap for implementing the Global Action Plan for Physical Activity (GAPPA) 2018–2030 in the South-East Asia Region was launched. In addition, Indonesia, Sri Lanka and Thailand were supported in a national situational assessment of existing physical activity policies in order to prioritize physical activity measures.

Addressing air pollution

- A regional workshop with key stakeholders from the health and environment sectors across countries of the Region was convened virtually in December 2021 to support the implementation of the new standards stated in the Global Air Quality Guidelines.

Enhancing food safety

- In collaboration with the Food and Agriculture Organization of the United Nations (FAO) and the World Organization for Animal Health (WOAH), WHO organized a tripartite webinar on the “One Health” approach to AMR mitigation and safer food in the Asia-Pacific Region.

- A regional situation analysis of chemical contaminants in food and antibiotic use in animal husbandry and food production and the agriculture sector, and its impact on food safety and AMR, was carried out.

Addressing disability and injury prevention and rehabilitation

- Drowning is the third leading cause of injuries in the Region, especially among children. The Regional Status Report on Drowning in South-East Asia was launched in 2021.

- To uphold the rights of people living with disabilities, a rapid assistive technology (AT) assessment was conducted in seven countries to understand unmet needs and plan interventions.

- A situation analysis on refractive errors and cataract was conducted and presented at the Seventy-fourth session of the Regional Committee. It will be used to develop the Regional Action Plan on people-centred integrated eye care to be presented to the Regional Committee at its Seventy-fifth Session in September 2022.

WASH and climate change

- To address the challenge of proper management of health-care waste, WHO developed a white paper on health-care management in the SE Asia Region, which proposes effective, low-cost and sustainable measures to manage COVID-19 waste.

- A web-based advocacy toolkit on climate change and health, a first from WHO, was developed and launched at the 26th Session of the Conference of Parties (COP26) to the United Nations Framework Convention on Climate Change (UNFCCC), held in Glasgow, United Kingdom, by the Regional Director. The toolkit allows users to explore the impact of climate change and provides them with necessary tools and guidance to advocate for health–climate resilience and to act appropriately at the individual, community and state level.

- E-learning courses on climate change and health were developed by the Regional Office to facilitate self-paced training on key topics for staff in the ministries of health and other health-care organizations.

- Guidelines on mainstreaming gender, disability and social inclusion in WASH and climate change programmes and activities at the country level were developed and an assessment on the status of health-care facilities in the Region was completed, along with the identification of interventions to integrate climate resilience into the operations of such facilities.
Addressing social determinants of health

- Home to around 627 million children and youth under the age of 18 years, nearly 184 million students were impacted by prolonged school closures in the SE Asia Region in 2021.

- To ensure safe return to school and support the implementation of new global standards and guidelines for health-promoting schools launched by WHO and UNESCO in 2021, the Regional Office convened a ministerial meeting for both health and education sectors. This led to the Ministerial Call for Action on “Making every school a health-promoting school: scaling up implementation of comprehensive school health programmes for promoting health and well-being of students and staff”. To lend UN support, the regional leadership of WHO, WFP, UNFPA, UNICEF and UNESCO held a summit meeting and signed a “Joint UN Statement on strengthening education, school health, nutrition and well-being” to collectively advocate for a healthier generation and provide harmonized technical support to countries.

CHALLENGES

- 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.

- Limited resources and capacity for robust implementation of NCD best buys, enforcement of regulations on NCD risk factors, multisectoral engagement, and inadequate capacity on research and information systems to address NCD challenges.

- Significant countrywide implementation challenges for ‘best buys’ and other strategic interventions to effectively control NCDs include:
  - suboptimal resources (financial and human), inadequate capacity at the country level and health system bottlenecks and weaknesses;
  - divergent sectoral mandates, industry interference, political pressure and lack of clarity of roles.
There is a need for streamlining NCD care in PHC, including areas beyond common NCDs, and including them within the gamut of UHC. This is particularly valid for essential services to be available at frontline health operations. Further, there is a need to build local capacity to develop NCD information systems, including NCD surveillance and disease registration. The WHO Regional Office is developing an Implementation Roadmap for accelerating the prevention and control of NCDs in South-East Asia for the period 2022–2030.

**Sustain**
- Continue to advocate for healthier lifestyles, diet and physical activity, including addressing the double burden of malnutrition.
- Tobacco control initiatives with a focus on “best buys”, specifically raising taxes, strengthening smoke-free policies, and enforcing bans on TAPS (tobacco advertising, promotion and sponsorship), along with expanding support for interventions on quitting tobacco use, will also be a priority.

**Accelerate**
- The Regional Office will continue to strengthen the climate resilience and environmental sustainability of health-care facilities, accelerating efforts towards integrated disease surveillance of climate-sensitive diseases, improving water quality surveillance, and promoting water and sanitation safety planning.
- Address environmental determinants of health such as air pollution will continue to be a priority for the Region.
- Prioritize advocacy and technical support for obesity interventions and healthy dietary environments physical activity to prevent NCD risk.

**Innovate**
- Expand training programmes for the AT skills laboratory and advocacy initiatives to strengthen demand, bolster referral pathways and increase access to appropriate technology and services, particularly in remote areas.
ACCELERATE REDUCTION OF MATERNAL, NEONATAL AND UNDER FIVE MORTALITY
The SDG 3 targets aim to end preventable deaths of newborns and children under 5 years of age and reduce maternal mortality. This Flagship Area will also significantly contribute towards achieving these targets and the GPW13 goals to achieve the goals for women, children and adolescents under the strategic objective of “one billion more people benefiting from universal health coverage” and “one billion more people enjoying better health and well-being”.

Prior to the pandemic, the SE Asia Region had made significant progress in reducing maternal, newborn and child mortality. The second and third waves of the COVID-19 pandemic in 2021 severely interrupted plans to sustain the gains and accelerate progress in ending preventable maternal, newborn and child deaths across the Region.

- The Region launched programme management training modules on reproductive, maternal, newborn, child and adolescent health.
- Scale-up of hospital-based surveillance for birth defects and stillbirths was supported across the SE Asia Region.
- Child mortality continued to decline despite the pandemic during 2020.
- Capacity for improving quality of maternal and newborn care was expanded and the training package for point-of-care quality improvement (POCQI) revised.

- The SEA Region launched a Regional Strategic Framework for accelerating universal access to sexual and reproductive health (SRH) 2020–2024.
- Training materials on point-of-care quality improvement for mothers and newborns at health facility level developed and capacity strengthened in Member States.
- The SE Asia Region developed the maternal death surveillance and response (MDSR) virtual training package and trained 10 Member States.
- The training of trainers (ToT) on the Regional Policy Dialogue was conducted to build capacity of policy-makers in countries to prepare policy briefs, and conduct policy dialogues to improve access to SRHR services.

- During 2000–2019, the second highest reduction in stillbirths among all WHO regions was observed in the SEA Region at 50.2%.
- Overall child mortality in the Region declined by 73% between 1990 and 2019.
- Bangladesh, Bhutan, DPR Korea, India, Indonesia, Maldives, Sri Lanka and Thailand achieved the GPW13 target of 66% demand satisfaction for family planning.

- DPR Korea, Indonesia, Maldives, Sri Lanka and Thailand achieved the SDG 2030 target of under five mortality rate (U5MR) ≤ 25 per 1000 live births.
- DPR Korea, Maldives, Sri Lanka and Thailand achieved the SDG 2030 target of neonatal mortality rate (NMR) ≤ 12 per 1000 live births.

- 57% reduction of maternal mortality ratio (MMR) achieved in the SE Asia Region from 2010–2017, the highest among all six WHO regions.

- The Region achieved the MDG target of under-five mortality rate reduction with 67% reduction compared with the 1990 level.

- Bhutan, Maldives and Timor-Leste achieved the MDG 5A targets (reduce by three quarters, between 1990 and 2015, the maternal mortality ratio). Globally only nine countries have achieved these targets thus far.

- SEAR Technical Advisory Group (TAG) on Women’s and Children’s Health was established to support the Regional Flagship Programme on accelerating reduction of maternal, neonatal and under-five mortality. This is one of the first TAG globally.
### PROGRESS AND RESULTS IN 2021

Table 1. Reduction and projection of maternal, newborn child mortality and stillbirths in the SEA Region

<table>
<thead>
<tr>
<th>Country</th>
<th>MMR in 2017 (per 100,000 LB)</th>
<th>MMR 2030 projection*</th>
<th>Stillbirth rate in 2019 (per 1000 total births)</th>
<th>NMR 2020 (per 1000 LB)</th>
<th>NMR projection 2030 (per 1000 LB)</th>
<th>USMR 2020 (per 1000 LB)</th>
<th>USMR projection 2030 (per 1000 LB)</th>
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<tbody>
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<td>Bangladesh</td>
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<td>Myanmar</td>
<td>250</td>
<td>99</td>
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<td>Nepal</td>
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<tr>
<td>Sri Lanka</td>
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<tr>
<td>Thailand</td>
<td>37</td>
<td>15</td>
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<td>5</td>
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<td>5</td>
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<tr>
<td>Timor- Leste</td>
<td>142</td>
<td>64</td>
<td>13</td>
<td>19</td>
<td>16</td>
<td>42</td>
<td>29</td>
</tr>
<tr>
<td>SEA Region</td>
<td>152</td>
<td>66</td>
<td>14</td>
<td>18</td>
<td>11</td>
<td>30</td>
<td>16</td>
</tr>
</tbody>
</table>

- Have achieved SDG/ENAP country target
- Likely to achieve the SDG target for MMR, NMR or USMR by 2030
- Unlikely to achieve SDG target by 2030 at current ARR unless accelerated action is taken
- Countries below the upper limit of EPMM target (140/100000 LB)

☉ Child mortality decreased by 75% between 1990 and 2020, approximately 1 million children died in the Region in 2020. The causes of death include preterm birth complications (26.3%), acute lower respiratory tract infection (14.4%), birth asphyxia and trauma (12.3%), congenital anomalies (9.5%) and diarrhoeal diseases (8.7%).

☉ Similarly, neonatal mortality reduced from 20 per 1000 live births in 2019 to 18 per 1000 live births in 2020, though its overall reduction is 66% since 1990.

☉ 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%. 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.
In 2021, routinely monitored SRMNCAH indicators showed decreased coverage compared with 2019 but an improvement over the 2020 figures related to service disruption due to COVID-19.

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 live births. These countries have also reached the neonatal mortality rate of ≤12 per 1000 live births.

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. DPR Korea, India, Maldives, Sri Lanka and Thailand have an MMR below the 2030 upper limit of 140 per 100 000 live births.

As per the current stillbirth data, six Member States (Bhutan, DPR Korea, Indonesia, Maldives, Sri Lanka and Thailand) have already achieved the 2030 national target of less than 12 stillbirths per 1000 total births. The next stillbirth estimation is expected to be in end of 2022.

According to the 2020 Child Mortality Report of the UN Interagency Group for Mortality Estimation, the under-five mortality rate in the Region has continued to decline: it reduced from 32 per 1000 live births in 2019 to 30 per 1000 LBs in 2020. The neonatal mortality rate has also continued to decline from 20 per 1000 LBs in 2019 to 18 per 1000 in 2020. This reduction despite the indirect effects of the COVID-19 pandemic is very encouraging.

**Accelerating reduction of newborn and child mortality**

In 2021, in preparation for the Seventh Meeting of the SEAR-TAG, a countrywise situational analysis of newborn and child health programmes and mortality status was conducted. The TAG provided country-specific recommendations for accelerating reduction of newborn and child mortality in the Region.

**Point-of-care quality improvement**

The regional community of practice for point-of-care quality improvement (POCQI) was sustained, and multiple technical sessions were organized for practitioners of quality improvement from SE Asia Region countries and beyond to increase knowledge and experience-sharing. Due to the pandemic these activities were effectively conducted on digital platforms.

The digital version of POCQI training was used to train health-care workers in India and Maldives. In India, the POCQI module has been prepared for introduction in pre-service education of nurses. Bhutan was supported to strengthen pre-service and in-service training in quality improvement approaches for nurses and doctors.

**Strengthening maternal health**

In 2021, 10 Member States continued efforts towards capacity-building on maternal death surveillance and response (MDSR) for programme managers and other stakeholders. The MDSR training package has been expanded to maternal, perinatal death surveillance and response (MPDSR) by incorporating a review and response of stillbirths and early neonatal deaths.

The Regional Office supported Member States to implement stillbirth preventive activities and supported stillbirth surveillance and response activities within the Region’s newborn-birth defects (NBBD) surveillance network of hospitals in a few settings.
WHO also helped Timor-Leste develop its national antenatal care (ANC) guidelines and postnatal care (PNC) guidelines incorporating its recommendations. In Thailand, WHO supported a review of ANC services which led to a policy change from a scheduled five ANC visits to eight.

Standard treatment protocols (STPs) were developed for the clinical management of COVID-19 complicating pregnancy.

The assessment to access medical abortion (MA) medicines in the SE Asia Region was conducted to support policy advocacy in Member States to improve the supply chain practices and ensure the availability of quality MA drugs as per national guidelines.

CHALLENGES

Direct and indirect impact of the COVID-19 pandemic

- The findings from the reports of eight SE Asia Region countries that responded to the Third global pulse survey on continuity of essential health services during the COVID-19 pandemic stated that almost two third of the Region’s countries reported disruptions to antenatal care services and about half of countries reported disruptions to facility births, postnatal care for women and newborns, sick child services and adolescent and youth-friendly services.

- The disruption of efforts related to access, demand and utilization of services was worse for RMNCAH services in the Region’s countries and could have adverse impact on maternal and child mortality. In the long run this could potentially interfere with achieving the related SDG 2030 targets.

- Further reduction in human resources for RMNCAH services due to repurposing of staff for the COVID-19 response, along with the fact that many staff were incapacitated due to COVID-19 infection, compromised routine RMNCAH activities.

- Sessions at clinics and at the community level were delayed, cancelled or limited in various countries, posing a risk for poor outcomes among women, children and adolescents in the future.

- Member States faced challenges regarding the completeness, timeliness and quality of data. Information on COVID-positive pregnant women and newborns, and human resources, is also lacking.

Challenges not related to COVID-19 pandemic

- Inability of shrinking economies to sustain the existing low levels of health financing and high out-of-pocket expenditures, and regression/plateauing of progress towards SDGs. This has prevented achieving high coverage of several life-saving evidence-based interventions.

- Coverage of several evidence-based, life-saving interventions across the RMNCAH life course has not reached a universal level. Coverage has been especially low among poor and vulnerable populations. In addition to low and uneven coverage, quality of care for maternal, newborn and child health has been inadequate and has led to a slower rate of mortality reduction.

- The underlying challenges in several countries are related to an inadequate number of health workers and required skill mix for RMNCAH, gaps in healthcare infrastructure across RMNCAH life-course, and issues related to essential supplies and equipment. Countries need to augment overall financial allocation for RMNCAH services.
**THE WAY FORWARD**

- Countries must keep RMNCAH at the centre of the UHC initiatives to sustain the gains and accelerate progress towards achieving the SDGs and programme targets. For this, Member States will need to increase domestic financing and scale up coverage of quality life-saving interventions that ensure that “no one is left behind”.

- WHO will continue to support Member States to mitigate the services disruption caused by the pandemic and any faltering of the mortality reduction trajectory along with expanding the newer programmatic areas such as nurturing care for early childhood development, adolescent health and cervical cancer elimination.

<table>
<thead>
<tr>
<th><strong>Sustain</strong></th>
<th>Catalyse government partnerships and sustained coordination and collaboration with UN partners, such as the H6 partnership, which has helped improve country support mechanisms and programme implementation.</th>
</tr>
</thead>
</table>
| **Accelerate** | - Focused technical support through country support plans, primarily for high-priority counties such as Bangladesh, India, Indonesia, Myanmar, Nepal and Timor-Leste, and context-specific support for other Member States will continue.  
  - Improve RMNCAH programme governance by establishing technical advisory groups at the country level for more effective planning and implementation of national programmes to accelerate progress.  
  - Address human resource issues such as strengthening midwifery services and supporting countries to strengthen RMNCAH monitoring mechanisms and use available information for accelerating progress. |
| **Innovate** | - Moving into the digital realm for training health workers and health information management is vital in today’s context.  
  - Innovative approaches could be used to strengthen country capacities and disseminate guidelines via digital platforms. The use and application of telehealth for service provisioning, especially teleconsultations and tele-counselling, is an important opportunity that must be leveraged. |
CONTINUE PROGRESSING TOWARDS UNIVERSAL HEALTH COVERAGE
WITH A FOCUS ON HUMAN RESOURCES FOR HEALTH AND ESSENTIAL MEDICINES
Universal health coverage means that all people have access to the health services they need and when and where they need them, without financial hardship. It includes the full range of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care. To make health for all a reality, we need: individuals and communities with access to high-quality health services so that they take care of their own health and the health of their families; skilled health workers providing quality, people-centred care; and policy-makers committed to investing in universal health coverage.

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.

- Ministerial Declaration on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health related SDGs launched at the Regional Committee.
- Five out of 11 Member States now report almost 100% birth registration coverage whereas six States registered more than 70% deaths in their countries.
- The SEA Regional Strategy for Primary Health Care: 2022-2030 was launched.

- Mid-term Review of the Decade for Health Workforce Strengthening highlighted an increase in availability of doctors, nurses and midwives by a fifth in the SEA Region.
- For the first time the SEA Region quantified the PHC workforce, including the critical role of health workers.

- Ten Member States from the SEA Region have produced at least one health expenditure study and have all transitioned to the new global standard accounting framework of the System of Health Accounts 2011.
- Six Member States from the SEA Region have produced at least one estimate on PHC expenditures based on the globally comparable definitions.

- Delhi Declaration on Improving access to essential medical products in the South-East Asia Region and beyond adopted.
- Initiative for Coordinated Antidote Procurement in the South-East Asia Region (iCAPS) announced.

- The Regional Committee adopted a resolution to include a report on the annual progress on UHC and the health-related SDGs as a substantive Agenda item for the Regional Committee meetings till 2030.

- All 11 Member States from the SEA Region launched the South-East Asia Regulatory Network (SEARN) for enhanced collaboration among regulators across the Region to ensure access to high-quality medical products.

- Regional Health Information Platform established.
- SEAR Decade for Health Workforce Strengthening (2015–2024) launched with focus on transformative education and rural retention.
- Regional Strategy for strengthening the role of health sector for improving CRVS (2015-2024) was released.
UHC is monitored by examining service coverage and financial protection using the indicators and methodologies agreed upon by the United Nations Inter-Agency and Expert Group (IAEG). Service coverage average increased from 49% in 2010 to 61% in 2019. However, it varies between 51% and 83% across Member States in the Region.

Supporting PHC-oriented health system transformation

A robust PHC system will enable countries to make faster progress towards achieving UHC, health security and overall healthier populations with increased equity and efficiency, and stimulate the economy while reducing poverty. As a result, the Regional Office intensified its focus and work on PHC in 2021.

- The second and third round of national Pulse surveys on the continuity of essential health services was conducted in 2021 with nine countries from the Region reporting in both rounds. Two years into the pandemic, survey analysis pointed to continued disruptions to essential health services across all reporting countries, due to both supply and demand factors. Member States were already off track to achieve the UHC targets before COVID-19, and the achievement of UHC was further derailed due to health and economic challenges on account of the pandemic. At a Ministerial Roundtable at the Seventy-fourth session of the Regional Committee for South-East Asia all Member States reflected on the lessons and shared key priorities to “build back better health systems”.

- The Regional Committee endorsed a resolution titled “Declaration by the Health Ministers on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health-related SDGs”. The Ministerial Declaration identifies the opportunity to advance PHC-oriented transformation in the Region, while ministers of health also committed to reorient health systems towards comprehensive PHC through increased public investment.

- In a related step the South-East Asia Regional Strategy for Primary Health Care 2022–2030 was developed and launched by the Regional Director and Ministers of Health on UHC Day in December 2021. The SE Asia Region PHC Strategy seeks to guide, support and monitor PHC-oriented transformation of health systems across the Region.

Strengthening the health workforce: pandemic and beyond

The ongoing COVID-19 pandemic focused renewed attention on the importance of health workers in achieving national health and development goals across the Region. It remains at the heart of progress on UHC, health security and other related SDGs.

- The average density of doctors, nurses and midwives in the Region has increased to 28.05 per 10 000 population in 2020, which means an increase of 30.5% compared with 2014.

- A special edition of the WHO South-East Asia Journal of Public Health on the theme “Recalibrating PHC-centred systems for UHC in the new normal: lessons from COVID-19” was published. It highlighted the importance of counting and investing in the PHC workforce.

- The Regional Office held a workshop to launch the WHO Guidelines on health workforce development, attraction, recruitment and retention in rural and remote areas and to disseminate findings on case studies undertaken across the Region.

- The SE Asia Regional Office in collaboration with the regional offices for the Eastern Mediterranean (EMRO) and for Europe (EURO) convened the first Tri-regional Meeting on International Health Worker Mobility, in which six Member countries of this Region participated.
Improving access to essential medicines

Spending on medicines constitutes the largest proportion of out-of-pocket (OOP) expenditure in the SE Asia Region. To improve equitable access to medical products, WHO supported Member States to develop national medicines policies, formulate medicines pricing policies, strengthen procurement and supply chain management, and promote the rational use of medicines to combat AMR.

- An assessment of the WHO Model Quality Assurance System for Procurement Agencies (MQAS) in the Region was initiated. The assessment aims to identify strengths and weaknesses and develop institutional plans to strengthen procurement and supply chain systems. Quality standards and specifications for the procurement of medical products by government agencies are often not well defined and compliance with quality assurance principles for procurement vary greatly across the Region.

- A user’s manual and video for the Initiative for Coordinated Antidotes Procurement in the South-East Asia Region (iCAPS) was published. The Initiative was launched in 2018 to support collaborative procurement of essential antidotes for several common causes of poisoning.

- WHO initiated an assessment in the Region on pharmaceutical pricing policies and the availability of medicinal price information that can be shared across Member States to promote fair pricing and transparency.

Regulating medical products

- The Global Benchmarking Tool (GBT) has been applied to provide evidence of regulatory systems performance and facilitate the formulation of institutional development plans (IDPs). Thailand’s National Regulatory Authority (NRA) reached Maturity Level 3 in 2021, confirming that a stable, well-functioning and integrated regulatory system is in place for vaccines.

- In Bangladesh, WHO has supported the Directorate General of Drug Administration in its efforts to strengthen the regulatory system through implementing IDPs, in collaboration with the Coalition of Interested Partners (CIP).

Advancing international trade and health


- To work together for quality medicine production in the SE Asia Region, six online workshops on current good manufacturing practices (cGMP) were organized

- The workshops are being followed by a mentorship programme designed to assist in the adoption of WHO prequalification to promote access to quality medical products.
Table 1. WHO current good manufacturing practices (cGMP) online workshops to promote quality medicine production

<table>
<thead>
<tr>
<th>Workshop</th>
<th>Category</th>
<th>Dates 2020–2021</th>
<th>Number of participating units</th>
<th>Number of participants</th>
<th>Duration (in days)</th>
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<tbody>
<tr>
<td>Pilot</td>
<td>Formulation</td>
<td>1–14 December</td>
<td>33</td>
<td>101</td>
<td>12</td>
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<tr>
<td>1.</td>
<td>Formulation</td>
<td>5–18 May</td>
<td>40</td>
<td>143</td>
<td>12</td>
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<tr>
<td>2.</td>
<td>APIs</td>
<td>24 May–6 June</td>
<td>35</td>
<td>139</td>
<td>12</td>
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<tr>
<td>3.</td>
<td>APIs</td>
<td>14–26 June</td>
<td>49</td>
<td>166</td>
<td>12</td>
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<td>4.</td>
<td>Medical devices</td>
<td>5–9 July</td>
<td>51</td>
<td>165</td>
<td>05</td>
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<tr>
<td>5.</td>
<td>APIs</td>
<td>19–30 July</td>
<td>115</td>
<td>310</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td>323</td>
<td>1115</td>
<td></td>
</tr>
<tr>
<td>Pilot Mentorship Programme</td>
<td>All</td>
<td>August–December 2021</td>
<td>33 units</td>
<td>In progress</td>
<td></td>
</tr>
<tr>
<td>Mentorship Programme</td>
<td></td>
<td>March–August 2022</td>
<td></td>
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</tbody>
</table>

The story of current good manufacturing practices (cGMP) online workshops for pharmaceutical units is published on the websites of both the South-East Asia Region and WHO headquarters:

1. **South-East Asia Region:**
   - [https://www.who.int/southeastasia/health-topics/universal-health-coverage](https://www.who.int/southeastasia/health-topics/universal-health-coverage)

2. **WHO HQ:**
   - [https://www.who.int/southeastasia/news/detail/10-12-2021-current-good-manufacturing-practices-cgmp-online-workshops-for-pharmaceutical-units](https://www.who.int/southeastasia/news/detail/10-12-2021-current-good-manufacturing-practices-cgmp-online-workshops-for-pharmaceutical-units)

Advancing traditional medicine

In 2021, the Regional Office’s work in the area of traditional medicine focused on system performance monitoring, safety monitoring, research evidence and capacity-building.

- WHO organized a Regional Consultation on traditional medicine (TRM) data for the monitoring of TRM system performance. A training of trainers on pharmacovigilance for TRM products was also carried out, which contributed to building national capacity in line with the Regional Action Plan for enhancing pharmacovigilance for TRM products.

- The Regional Office also supported Member States in their efforts to conduct research, which includes a nationwide multicentric Ayurveda, yoga and naturopathy, Unani, siddha and homeopathy (AYUSH) implementation study for assessing the level of integration of traditional systems into the health-care delivery system in India.

Advancing blood safety and availability

- Regional virtual training workshops on “Quality assurance in testing of transfusion transmitted infections (TTIs)”, “Quality assurance in haematology laboratories” “Haemovigilance”, “Plasma fractionation” and “100% voluntary donations” were organized to improve availability, accessibility and safety of blood and blood products.

- A regional desk review on impact of COVID-19 on blood services was conducted to learn about and disseminate best practices of Member States, and also to understand gaps and challenges to extend necessary support to the countries.
Increasing health financing and financial protection

- The Fifth Bi-regional Health Financing Policy Workshop, titled “Health financing for universal health coverage in Asia and the Pacific beyond COVID-19”, was held online. It discussed how health, finance and insurance officials can best work together towards high-performing health systems for health security and UHC.
- The Regional Office produced an updated report (and related video) titled “Crisis or opportunity? Health financing in times of uncertainty: Country profiles from the SEA Region”. In this report, a series of pre-COVID health expenditure data for 10 years for 10 Member States were analysed, six aspects of health financing arrangements of governments in response to the COVID-19 pandemic were compiled, and quantitative and qualitative assessments of progress towards UHC by countries were carried out.
- WHO also continued to monitor catastrophic and impoverishing health expenditure of households with the latest data from India, Indonesia and Maldives. The Region has advanced its tracking of pharmaceutical expenditure through additional data and methodological understanding.
- Considerable improvement has been seen among countries in systematically tracking health expenditure, with 10 Member States now regularly reporting health spending data through the Global Health Expenditure Database. Ten Member States have produced at least one health expenditure study and have all transitioned to the Global Standard Accounting Framework, the System of Health Accounts of 2011 (SHA, 2011); six have produced at least one estimate on their primary health care expenditures; and four have produced disease-specific health expenditures.

Strengthening UHC monitoring and accountability through stronger information systems

- In 2021, systematic monitoring of UHC and health-related SDGs continued, including projected achievements by 2025 and 2030, which is an important advocacy tool. To understand and address gaps, an assessment of countries’ health information systems (HIS) using the SCORE tool was carried out while the Regional Office conducted a training course on HIS strengthening.
- WHO worked to strengthen national capacities in civil registration and vital statistics (CRVS) by conducting an online advance course on CRVS in collaboration with the World Bank, and providing in-country support to address bottlenecks and improve quality. WHO published a progress report on the status of civil registration and vital statistics (CRVS) in the SE Asia Region, which includes recommendations for improvement.

Improving quality of care, patient safety and infection prevention and control

- In 2021, a Regional Consultation on patient safety was convened to align the Regional Strategy on Patient Safety 2016–2025 with the Global Patient Safety Action Plan (GPSAP).
- Guidelines on quality of care, patient safety, infection prevention and control and blood safety during the COVID-19 pandemic were drafted in coordination with HQ and disseminated to all countries in the Region. Advocacy, awareness and technical materials for relevant annual WHO public health campaigns (such as World Blood Donor Day on 14 June, World Patient Safety Day on 17 September and Hand Hygiene Day on 5 May) were shared with Member States.
CHALLENGES

- The COVID-19 pandemic presents an unprecedented challenge to public health. It has resulted in devastating economic and social disruptions. People across the Region continue to face complex, interconnected threats to their health and well-being that are rooted in social, economic, political and environmental determinants of health.

- While service coverage for the Region has been increasing (from an index of 30 in 2000 to 62 in 2019), it is not fast-paced enough to achieve the minimum service coverage index of 80 by 2030. In addition, there is low financial protection across Member States. In fact, the financial protection scenario worsened with catastrophic health spending climbing from 12.6% in 2005 to 15.2% in 2017. The Region also experiences the highest share of out-of-pocket health expenditure, at 40% of current health expenditure (CHE), among all WHO regions, as per 2019 figures.

- According to the Asian Development Bank, in 2021 alone 4.7 million people living in South-East Asia fell below the extreme poverty threshold (those who live on less than US$ 1.90 per day) in comparison with 2020. The prospects for improvement in access to services and financial protection, in this context, are very worrisome, particularly in countries in the Region where government spending on health prior to the pandemic was already low. Domestic government spending as a share of current health spending comprised less than 50% in six countries in the SE Asia Region as of 2019.

- People-centred primary health care, investments in human resource for health and equitable and affordable access to quality essential medical products are critical to the Region’s progress. Further, post COVID-19, additional demand for the primary health care system to conduct essential public health functions also needs a strategic way forward.

- Although traditional medicine has significantly contributed to the provision of health-care services at the community level, there is still a lack of a standard monitoring framework and indicators for measuring its contribution towards achieving UHC.

- Shortage and inequitable distribution of skilled human resources, challenge of access to 24X7 quality care and essential medical products, weak health information systems and inadequate public investments in health continue to remain key constraints in the Region.

THE WAY FORWARD

- A central focus during the period ahead, as emphasized in the Declaration by the Ministers of Health at the Seventy-fourth session of the Regional Committee in 2021, will be to guide, support and monitor ongoing PHC-oriented health system transformation in the Region, including through operationalization of the South-East Asia Regional Strategy for Primary Health Care.

- As the Region recovers from the impact of COVID-19 in 2022, it is more imperative than ever to increase public investment in PHC-oriented health systems including human resources for health and access to essential medical products at primary care level.

- Implement the Global Strategy on digital health 2020–2025 to help develop an interoperable digital health ecosystem in Member States that is effectively utilized by patients, health-care and health service providers, public health authorities and research institutions. This will also help accelerate progress towards UHC while safeguarding privacy and ensuring data security.
| **Sustain** | • Ensure health system resilience to continue provision of essential health services and conduct essential public health functions,
• Continue supporting all NRAs in the Region and further strengthen their regulatory systems for all health-care products using the Global Benchmarking Tool. |
| **Accelerate** | • While significant progress has been made in the list of essential medicines, similar efforts are required for diagnostics, medical devices and assistive products lists. Other actions include adequate post-market safety monitoring, reliable medical device equipment maintenance protocols, training of users and technicians in maintenance of diagnostic equipment, and expanding the range and use of point-of-care diagnostics, especially for NCD screening. |
| **Innovate** | • Ongoing efforts to improve efficiency of health spending, including PHC financing, public financial management and strategic purchasing arrangements for health services.
• Strategic use of digital technologies, including interoperable digital health ecosystems, in health, which has the potential to transform health care and ensure continuity of essential health services.
• Integrate COVID-19 vaccinations with the health system so that countries are more efficient and effective along with preparing sustainable financing for large scale interventions. |
FURTHER STRENGTHEN NATIONAL CAPACITY - BUILDING FOR PREVENTING AND COMBATING ANTIMICROBIAL RESISTANCE
Antimicrobial resistance (AMR) is a growing global crisis that poses a major barrier to achieving Universal Health Coverage and the health-related Sustainable Development Goals. It has the potential to render antimicrobials ineffective; as a result many treatable infections may become untreatable in the near future.

The Region has been a pioneer in identifying and responding to the threat posed by AMR. As early as 2011, health ministers of the SE Asia Region adopted the Jaipur Declaration on antimicrobial resistance. Since 2014, when AMR became a Regional Flagship Priority, WHO has been providing guidance on improved implementation of AMR national action plans (NAPs), leading to a multisectoral One Health approach that covers human health, animal health, plant and food chains, food safety and the environment.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>HIGHLIGHTS</th>
</tr>
</thead>
</table>
| 2021 | - Five Member States join Antimicrobial Consumption (AMC) Surveillance.  
     | - Four Member States update their AMR national action plans.           |
| 2020 | - Joint Statement of intent to coordinate, manage and prevent health threats at the animal-human-ecosystems interface sign.  
     | - Four Member States formally joined surveillance for antimicrobial use.|
| 2019 | - 10 Member States join the AMR GLASS Surveillance.                    |
| 2018 | - Remaining two Member States launched AMR national action plans.       |
| 2017 | - Second round of ‘One Health’ situational analysis of AMR containment activities in the SEA Region held. |
| 2016 | - Nine Member States launch their national action plans on AMR.         |
| 2015 | - First round of ‘One Health’ situational analysis PET, of AMR containment launched in the SEA Region. |
|      | - The World Health Assembly adopts the Global Action Plan on Antimicrobial Resistance as a policy platform for global, regional and country level. |
All SE Asia Region Member States have developed national action plans on AMR, which are aligned with the Global Action Plan to tackle antimicrobial resistance.

All Member States have relevant policies, and regulatory frameworks for AMR are in place in all 11 Member States.

Ten of the 11 Member States have multisectoral working group(s) or coordination committee(s) on AMR.

Nine of the 11 Member States have national monitoring systems in place for consumption and rational use of antimicrobials in human health.

Ten of the 11 Member States have guidelines in place for infection prevention and control.

Several meetings in recent years of the Asia-Pacific Strategy on Emerging Diseases (APSED) highlighted the need for a One Health approach to AMR. The Regional Tripartite Coordination, embodied by participating UN agencies FAO, WOAH (World Organization for Animal Health, formerly OIE) and WHO to reflect the multisectoral nature of AMR, was expanded to include the UN Environment Programme (UNEP) in 2022 to lead the incorporation of additional environmental aspects of AMR. This will hence evolve into Quadripartite Coordination (FAO, WOAH, UNEP and WHO) from 2022.

WHO and partners in 2021 supported countries to implement “One Health” activities, together with national authorities and AMR multisectoral committees, to promote evaluation, stewardship and optimal use of antimicrobials.

Implementing and monitoring national action plans for AMR

In 2022 and 2021, the Region continued to monitor countries’ progress on implementation through an annual Tripartite AMR Country Self-Assessment Survey (TrACSS), jointly administered by WHO, FAO and WOAH.

Almost all Member States have multisectoral AMR working groups, the majority of which are functional. It has been observed that the countries with multisectoral and One Health working groups have more advanced systems for action on AMR in both the human and non-human sectors that increasingly encompass plant and food production and the environment.

Improving AMR awareness

Every November since 2015, WHO has been observing World Antibiotic Awareness Week (WAAW) with active participation from all three levels of the Organization. In 2021, activities expanded throughout the week across different sectors and included a “go blue campaign to spread awareness, stop resistance”. This initiative is set to continue with the theme “preventing antimicrobial resistance together” in 2022.

Despite the pandemic, advocacy work on reducing the spread of AMR continued, and this included raising awareness on the subject in tandem with global thematic health days including World Hand Hygiene Day (every May) and World Toilet Day (every November).

AMR has been included, or is in the process of being included, in medical, nursing and pharmacy curricula in several countries in the SE Asia Region. This has been achieved by engaging universities as well as the ministries of education (in addition to ministries of health).
Scaling up antimicrobial stewardship

- Advocacy on antimicrobial stewardship, which encompasses interventions designed to promote the optimal use of antibiotic agents including drug choice, dosing, route and duration of administration, continued throughout 2021. This included technical support to include the AWaRe, i.e. Access, Watch or Reserve, categorization in national essential medicines lists, national formularies and standard treatment guidelines.

- In 2021, Bangladesh, Bhutan, DPR Korea, Indonesia, Maldives and Nepal reported to have either adopted, or are in the final stages of adopting, the AWaRe categorization into their respective national essential medicines list.

- Meanwhile, to garner widespread support for AMR prevention and control, WHO SEARO revitalized AMR to be considered during meetings of the Steering Group of the South-East Asia Regulatory Network (SEARN) of regulators for drugs and medical devices.

The A Wa Re classification of antibiotics was developed in 2017 by the WHO Expert Committee on Selection and Use of Essential Medicines as a tool to support antibiotic stewardship efforts at local, national and global levels. Antibiotics are classified into three groups, Access, Watch and Reserve, taking into account the impact of different antibiotics and antibiotic classes on antimicrobial resistance, to emphasize the importance of their appropriate use. The 2021 update of the AWaRe classification includes an additional 78 antibiotics not previously classified, bringing the total to 258.

It is a useful tool for monitoring antibiotic consumption, defining targets and monitoring the effects of stewardship policies that aim to optimize antibiotic use and curb antimicrobial resistance. The WHO Thirteenth General Programme of Work 2019–2023 includes a country-level target of at least 60% of total antibiotic consumption being from the Access group of antibiotics.
Improving infection prevention and control

- Policy dialogue and technical assistance continued through webinars and virtual sessions. Adapting IPC guidelines in the context of COVID-19 prevention and treatment was a key feature of technical support provided.
- Fit-for-service dashboards were developed to strengthen policy advocacy. Key feature of these dashboards is to depict national status on, and improvements to, the safety of services as well as the cleanliness of health-care facilities.
- The Regional Office also provided technical support to adapt IPC guidelines to promote WASH programmes in the context of COVID-19 and carried out a regional situation analysis of WASH and IPC in health facilities in the SE Asia Region. A Regional consultation on quality of care, patient safety and infection prevention and control is planned for October 2022.

Strengthening surveillance and research

- By the end of 2021, 10 of 11 Member States had enrolled in Global Antimicrobial Resistance and Use Surveillance System (GLASS) and updated information from their national surveillance systems. Four countries – Indonesia, Maldives, Nepal, Thailand and Timor-Leste – enrolled in GLASS-AMR to monitor antimicrobial consumption (AMC).
- Technical support, through consultants, was provided to Member States to scale up AMC surveillance, which was required in all the Member States.
- Innovative models of “Integrated One Health AMR surveillance” were piloted in Indonesia. The Regional Office further supported, at different stages of inception or implementation, India, Indonesia and Nepal to integrate the extended spectrum beta lactamase, or ESBL, an important marker for antimicrobial resistance, into national AMR surveillance.
- The Regional Office also extended support for TDR, the Special Programme for Research and Training in Tropical Diseases at WHO headquarters that offers grants for research studies on the drivers and determinants of AMR, in the Region to generate more evidence to inform policy.
- The SORT-IT, or Structured Operational Research and Training Initiative, a pioneering approach supported by TDR to boost AMR implementation research to publication standards, was rolled out in Nepal in 2021 and to the extent feasible in Myanmar.
CHALLENGES

- AMR interventions continue to face disruptions due to the pandemic. While many activities have shifted to virtual platforms, they may not be as effective as physical presence in communities. Furthermore, the risk remains that the pandemic could drive irrational use of antimicrobials.

- Surveillance, detection and regulatory action on substandard and falsified antimicrobials need to be strengthened across Member States. SEARN is poised to play a more active role in this.

- Over-the-counter availability of reserve classes of antimicrobials continue to pose a grave challenge in the Region. This requires policy change in some countries and the strict implementation of existing regulations on the sale of antimicrobials in both the human and non-human sectors.

- Investing in AMR is essential to understand the exact extent of resistance and to be able to generate valid baselines against which the effectiveness of interventions can be measured. As such, the estimated burden of disease attributable to, and associated with, AMR should be delineated on a regional and country level.

THE WAY FORWARD

<table>
<thead>
<tr>
<th>Sustain</th>
<th>• Sustaining and expanding AMR surveillance will be crucial in the time ahead, building on the successful efforts made so far.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accelerate</td>
<td>• A practical package of essential AMR interventions needs to be developed by WHO headquarters that can be adapted to specific country needs as necessary.</td>
</tr>
<tr>
<td>Innovate</td>
<td>• The Structured Operational Research and Training Initiative (or SORT IT), pioneered by TDR HQ, has been successfully innovated in Nepal, and to the extent feasible, Myanmar.</td>
</tr>
<tr>
<td></td>
<td>• Relevant findings of independent AMR evaluations conducted centrally and regionally should be incorporated when developing further interventions – building operational research into AMR interventions to help ensure optimal use of resources and management success.</td>
</tr>
</tbody>
</table>
SCALE-UP CAPACITY DEVELOPMENT IN EMERGENCY RISK MANAGEMENT IN COUNTRIES
Hazards, outbreaks, adverse climate change and the consequent health emergencies are frequent in the WHO South-East Asia Region. The increasing trend of occurrence of emerging and re-emerging diseases including zoonoses amid the ongoing COVID-19 pandemic have further accentuated the existing inequalities and vulnerabilities in diverse populations of the Region.

As per the Global Health Security (GHS) Index 2021, globally, all countries remain dangerously unprepared to meet future epidemic and pandemic threats. In terms of overall score of the GHS Index results, most countries from the WHO South-East Asia Region fall in the bottom two tiers.

- Ministerial Declaration resolving to strengthen resilience to ensure health security and achieve UHC and SDGs for health, announced.
- Over 340 tonnes of essential supplies provided to countries in the South-East Asia Region as part of surge operations during COVID-19.
- Regional Committee passes resolution on ‘Collective response to COVID-19’ calling for efforts to ensure that Member States sustain essential health services and public health programmes during public health emergencies.
- Early establishment of the Incident Management System (IMS) teams at the Regional Office and country offices by repurposing of staff.
- Novel Coronavirus (2019-nCoV) Strategic Preparedness and Response Plan (SPRP) — I developed.
- Health emergency operations centres for COVID-19 pandemic response activated in all Member States.
- Delhi Declaration on Emergency Preparedness in the South-East Asia Region.
- Thailand becomes first Member State in the SE Asia Region to have a WHO classified and quality-assured emergency medical team (EMT).
- Regional Committee passes resolution on strengthening SE Asia Region EMTs for health emergency response.
- SE Asia Regional Framework on operational partnerships for emergency response developed.
- External evaluation of SEARHEF conducted on completing 10 years of the Fund.
- High-Level Implementation Plan-II (2018-2023) to operationalize the Pandemic Influenza Preparedness Framework started in Bangladesh, Nepal, India, Indonesia, DPR Korea, Myanmar and Timor-Leste.
- Health Emergency Risk Profiling of the South-East Asia Region conducted.
- Emergency response to Rohingya humanitarian crisis in Cox’s Bazar, Bangladesh, initiated.
- Scope of the South-East Asia Regional Health Emergency Fund (SEARHEF) expanded to include the Preparedness Stream vide a resolution by the Regional Committee.
- The WHO Health Emergencies (WHE) Programme established in the WHO Regional Office for South-East Asia Region in line with the global programme.
Throughout 2021, more than 1000 signals on potential public events were screened daily. A total of 105 signals from Member States were investigated with 48 of them confirmed as “events of public health importance” and recorded in WHO’s Event Management System (EMS). In addition, 16 events recorded in EMS from previous years were monitored. Of the 64 events monitored in 2021, 26 (41%) were due to natural disasters, 23 (36%) were on account of infectious hazards, six (9%) were societal events, five (8%) were related to animal outbreaks, three (5%) were food safety events, and one (1%) was a chemical event (see Fig. 1 and 2).

Fig. 1. Acute public health events in the SE Asia Region in 2021
In 2021, several steps were taken to strengthen health emergency capacities under the International Health Regulations (2005). Five virtual meetings of national IHR focal points were held during the year to share best practices and experiences and address difficulties in responding to the pandemic as well as disseminating the latest technical guidelines.
Intra-action reviews of the ongoing COVID-19 response were guided and supported on request of Indonesia, Bhutan, Maldives and Sri Lanka. Further, the WHO Regional Office organized virtual meetings with the Experts’ Group, operational partners and the Member States from 19–21 October capturing lessons learnt from the COVID-19 pandemic. These meetings guided the development of the draft Regional Strategic Roadmap for health security and health system resilience 2023–2027 for further wider consultations planned during the Seventy-Fifth Session of the WHO Regional Committee for the South-East Asia in September 2022.

Diagnostic testing capacity to detect SARS-CoV-2 was expanded to more than 5000 laboratories performing RT-PCR tests across the Region. With the prioritization of genomic sequencing by Member States, the Regional Office developed sampling strategy and enhanced laboratory capacity for sequencing. A mechanism was established for international specimen referrals to regional and global expert laboratories for Member States with limited or no capacity.

Ten Member States participated in the Global External Quality Assurance Programme for PCR for diagnosis of influenza. Eight Member States of the Region received maximum possible scores. In addition, to reduce the testing load on national influenza centres, the Regional Office with the Global Influenza Programme facilitated the implementation of the multiplex PCR testing that covers the diagnosis of both influenza and SARS-CoV-2 viruses simultaneously. This was done in 10 Member States to support integrated surveillance.

The Regional Office continued to provide support to the national authorities in the conduct of systematic and regular risk assessments as new information on SARS-CoV-2 emerged, to inform the introduction, adjustment and discontinuation of risk mitigation measures in the context of international travels.

Learning from different waves of the COVID-19 surge and with continuously evolving new SARS-CoV-2 variants of concern, operational readiness assessment of health facilities to deal with COVID-19 surges was prioritized by Member States. Indonesia rolled out the WHO hospital readiness checklist across 32 provinces in 2021.

The first Structured Operational Research and Training Initiative (SORT-IT) course with a focus on public health emergencies was launched in September 2021 with eight candidates from Bhutan, India, Nepal and Timor-Leste.

CHALLENGES

With inequitable access to COVID-19 vaccines, variable compliance with public health and social measures across countries and at subnational levels within countries, immune-escapes, and instances of re-infection with emerging variants, the uncertainty around the ongoing COVID-19 pandemic and its negative impact on the socioeconomic health of Member States remains.

Limited financial resource allocation for the WHO Health Emergencies Programme continues to be a constraint.

Genomic sequencing capacity and existing laboratory-based surveillance in the Region is still limited as against the emerging threats of biohazards.
The Way Forward

- The lessons learnt from the COVID-19 response provide new opportunities to engage with various partners to further strengthen health-care service delivery, expand access to care through telemedicine, scale up manufacturing of pandemic products and other emergency logistics and attract investment in innovations, research and development.

- The resilience of populations and health systems among countries in the Region will be increased if the focus is shifted from responding to emergencies to disaster risk reduction, preparedness and operational readiness measures.

**Sustain**

- The Regional Office continued consolidating existing partnerships with GOARN, EMTs, WHO CCs, the Global Health Cluster and others, and will expand regional-level operational partnerships in health emergencies and disaster risk management.

**Accelerate**

- The year 2021 was at the mid-point of the term for implementing the Five-year Regional Strategic Plan for public health preparedness and response 2019–2023. The Lessons Learnt meeting conducted in October 2021 paved the way towards drafting the Regional Strategic Plan for health security and health system resilience 2023–2027.

- Strengthening of genomic sequencing capacity and improving laboratory-based surveillance in the Region through accelerated use of newer and advanced technologies for early detection of emerging high-threat pathogens and tracking the biohazards profile in each country.

**Innovate**

- Member States have given due consideration to strengthening operational readiness and resilience at the health facilities level. Innovative information technologies and the Hospital Safety Index and Disaster Preparedness (HSI+) mobileApp should be used for scaling up implementation of the WHO/PAHO Hospital Safety Index for structural and functional viabilities during emergencies.

- Cross-sectoral harmonization of antimicrobial resistance surveillance (human, animal and the environment sectors) through the One Health approach must be promoted and supported.
FINISH THE TASK OF ELIMINATING NEGLECTED TROPICAL DISEASES AND OTHER DISEASES ON THE VERGE OF ELIMINATION
The SDG targets aim to end the epidemics of neglected tropical diseases (NTDs) by 2030. This will build healthier populations and enable one billion more people to enjoy better health and well-being (as per the WHO Triple Billion targets). Similarly, the WHO Regional Office's Flagship Priority Programme on NTDs, developed in 2014, has significantly contributed to progressing towards the SDG goals and the Thirteenth General Programme of Work targets.

The WHO South-East Asia Region is endemic for 12 NTDs and bears the highest burden of these diseases among all WHO regions with at least one NTD endemic in each of the 11 Member States. Not only do NTDs cause long-term morbidity and disability, some of them are fatal if untreated, leading to a heavy burden on the social and economic development of the affected countries.

**Highlights**

- **2021**
  - About 99% of the implementation units achieved the target for elimination of visceral leishmaniasis as a public health problem.

- **2020**
  - Myanmar eliminated trachoma as a public health problem.

- **2019**
  - Achieved 43% decline in new leprosy cases with grade 2 disabilities over 2015-2019.

- **2018**
  - Nepal eliminated trachoma as a public health problem.

- **2017**
  - Thailand achieved elimination of lymphatic filariasis as a public health problem.

Elimination of various NTDs achieved by four Member States
- India: Yaws-free.
- Maldives: Elimination of lymphatic filariasis as a public health problem.
- Sri Lanka: Elimination of lymphatic filariasis as a public health problem.
- Thailand: Elimination of mother-to-child transmission of HIV and syphilis is validated.

- **2015**
  - Post-MDA surveillance for lymphatic filariasis in Maldives and Sri Lanka.
PROGRESS AND RESULTS IN 2021

In 2020, 1.73 billion people required interventions against NTDs globally, of which 54% lived in the Region. Despite the initial setback suffered due to the COVID-19 pandemic, countries began prioritizing the resumption of essential health services and community-based interventions from 2021. The highlights of this prioritization are as follows:

- Six countries have eliminated at least one NTD.
- In the last seven years, new cases of kala-azar have been reduced by 96.2% across the Region.
- Bhutan, DPR Korea and Maldives continue to report less than 25 new leprosy cases per 1 million population annually since 2013.
- Five, out of eight, countries implemented preventive chemotherapy against NTDs in the Region in 2021.

A Regional Consultation was held virtually in November 2021 to identify the priority operational research agenda and to advance innovation for the control and elimination of selected NTDs, namely leprosy, lymphatic filariasis, schistosomiasis, visceral leishmaniasis and dengue.

Lymphatic filariasis (LF)

- In 2021, Timor-Leste passed the transmission assessment survey 1 (TAS 1) at the national level, proving that transmission of LF has been reduced to the level where mass drug administration (MDA) is no longer warranted. The country has moved into the post-MDA surveillance phase nationwide.
- Bangladesh passed the final transmission assessment survey (TAS 3) and is currently preparing a national dossier for WHO validation of elimination of LF as a public health problem.
- The Region continued to scale down MDA with 68% of endemic districts across nine endemic countries meeting the criteria and stopping MDA by the end of 2021.
- India, Indonesia and Nepal continued MDA throughout the year. Further, India, Indonesia and Nepal continued to scale up the triple drug therapy strategy for accelerating the elimination of LF.

Fig. 1. Status of LF endemic districts/implementation units in the Region in end-2021.
Visceral leishmaniasis (kala-azar)

- The number of reported kala-azar cases in the three endemic countries has declined by 96.2% from 2007 to 2021.
- In 2021, the elimination target for kala-azar was achieved in all endemic upazilas of Bangladesh, 99% of all endemic blocks in India and 87% of endemic districts in Nepal.
- Bangladesh has sustained the target of less than one kala-azar case per 10,000 population in all implementing units since 2017.
- To further accelerate progress, the Regional Office convened a virtual multilateral meeting in September 2021 to enhance cross-border collaboration for the elimination of kala-azar across the Region.

Fig. 2. Elimination of kala-azar as a public health problem in South-East Asia

Fig. 3. Trends in new kala-azar cases in the SE Asia Region reported to WHO
Leprosy

- In 2020, a total of 85,687 new cases of leprosy were reported across the WHO South-East Asia Region, which represented 66.7% of all new global cases. This indicates a 41% decrease compared with 2019, that could be attributed to the impact of COVID-19 on active case-finding.

- Six countries – Bangladesh, India, Indonesia, Myanmar, Nepal and Sri Lanka – from the Region are among the 23 “global priority” countries.

- Bhutan, DPR Korea and Maldives continue to report fewer than 25 new leprosy cases per 1 million population annually.

- To strengthen and sustain health system capacity for the elimination of leprosy, e-learning modules on leprosy were launched in 2021 by the WHO Regional Office together with the Global Leprosy Programme and other stakeholders. The modules aim to build capacity of health-care workers on case detection, diagnosis, referral, treatment, disability management and self-care for leprosy.

**Fig. 4. Trends in new leprosy case detection in the SE Asia Region reported to WHO, 2010–2020**

Yaws

India has sustained its yaws-free status since 2016. A Regional Consultation on yaws eradication was organized virtually in May 2021 to accelerate progress in other endemic countries, namely Indonesia and Timor-Leste. Subsequently, Timor-Leste integrated community-based screening and serological confirmation of yaws integrated with LF transmission assessment survey in 2021, detecting zero seropositive cases. A plan for post-zero case surveillance towards verification of elimination of yaws will be developed in 2022.
CHALLENGES

- Many of the WHO-recommended interventions against NTDs are community outreach activities, which were particularly affected due to COVID-19 and led to a decline in the number of reported cases. This is largely due to the pandemic’s impact on case-finding activities and patients’ access to health care. Inevitably, this has pushed back the targeted milestone for the elimination of some of the diseases in some Member States.

- Delays in manufacture, supply chain issues, shipment and delivery of medicines and consumables to and within target countries also exacerbated challenges.

- However, countries began prioritizing resumption of essential health services along with pandemic response in 2021. Despite initial setbacks, preventive chemotherapy against NTDs reached 462 million people throughout the Region in 2020.

THE WAY FORWARD

The WHO South-East Asia Region now has a unique opportunity to demonstrate continued success in the control and elimination of NTDs that would fundamentally change the global NTD landscape.

<table>
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<tr>
<th>Sustain</th>
<th>Accelerate</th>
<th>Innovate</th>
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<tr>
<td>• Sustaining political commitment over interventions to prevent and control NTDs are considered one of the “best buys” in global public health. In all countries of the Region continued advocacy efforts are essential to sustain high-level buy-in and country ownership at all levels.</td>
<td>• Catalysing multisectoral partnerships must be accelerated. The elimination and control of NTDs require the delivery of interventions by other programmes or sectors, encompassing vector control, water and sanitation, animal health, health education, disability and psychosocial care. Intensified efforts are needed to catalyse strong and sustained multisectoral partnerships. • Communities must be engaged and empowered. NTDs remain prevalent due to persistent risk factors such as open defecation, poor housing and environmental hygiene. Access to appropriate treatment remains limited due to lack of health-seeking behaviours. Effective health risk communication and community empowerment should be considered a cost-effective and sustainable solution to address the social determinants of health that contribute to the proliferation of NTDs.</td>
<td>• Countries should be encouraged to analyse programmatic areas with suboptimal delivery of interventions and innovate to enhance programme reach and efficiency. Innovative delivery of programmatic actions and investment in innovation for better tools is necessary. These are achieved through partnerships and cooperation among Member States, WHO, academia, industry and public and private institutions.</td>
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ACCELERATE EFFORTS TO END TB BY 2030
The South-East (SE) Asia Region continues to bear the highest burden of TB among all WHO regions, accounting for nearly half of the global TB deaths even in the pre-pandemic era. It is estimated that in 2020, nearly 4.3 million people fell ill with TB and nearly 700 000 died (excludes HIV+TB mortality) due to TB in this Region. Of the 11 Member States in the WHO SE Asia Region, six (Bangladesh, DPR Korea, India, Indonesia, Myanmar and Thailand) are high-TB burden countries. For multidrug/rifampicin-resistant TB (MDR-TB/RR-TB), Nepal has replaced Thailand on the high-burden list.

Patient cost surveys in countries of the Region revealed that 30–80% households bear catastrophic costs due to the disease forcing families to sell their assets and pull children out of school. In addition, the SE Asia Region accounted for more than 35% of the estimated global incidence of MDR-TB/RR-TB cases, with an estimated 170 000 cases emerging in 2021.

The SE Asia Region has shown steady progress towards ending TB with improved coverage and treatment success rates till 2020, when setbacks to progress were evident due to the COVID-19 outbreak.

### Highlights

- **2021**
  - High-Level Meeting for renewed TB response held in the WHO SE Asia Region.
  - Ministerial Statement of Commitment for renewed efforts towards ending TB in the SE Asia Region endorsed during the High-Level Meeting.
  - Launch of the Regional Strategic Plan towards ending TB in the WHO SE Asia Region, 2021-2025.

- **2020**
  - Stakeholders’ consultation to mitigate the impact of COVID-19 on TB services.
  - Initiated development of Regional Strategic Plan to bring the TB trajectory back on track towards ending of the disease.

- **2019**
  - National TB Programme Managers’ Meeting to review progress with Statement of Action from March 2018.

- **2018**
  - Delhi End-TB Summit in March leading to Statement of Action signed by health ministers of Member States. The meeting was inaugurated by Hon’ble Prime Minister of India and attended by DG WHO along with several heads of agencies.

- **2017**
  - Call for Action - Ministerial Meeting towards ending TB in the SE Asia Region held in New Delhi.
Table 1. SE Asia Region performance against six of the top 10 priority performance indicators for monitoring implementation of the End TB Strategy

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<tbody>
<tr>
<td>TB treatment coverage</td>
<td>54%</td>
<td>60%</td>
<td>≥90%</td>
</tr>
<tr>
<td>Treatment success rate among new and relapse TB cases</td>
<td>79% (2014)</td>
<td>85% (2019)</td>
<td>≥90%</td>
</tr>
<tr>
<td>Percentage of TB-affected households that experience catastrophic costs due to TB</td>
<td>No data</td>
<td>42%*</td>
<td>0%</td>
</tr>
<tr>
<td>Treatment coverage of latent TB infection Children aged &lt;5 years who are household contacts</td>
<td>2%</td>
<td>38%</td>
<td>≥ 90%</td>
</tr>
<tr>
<td>People living with HIV (PLHIV) newly enrolled in HIV care</td>
<td>9%</td>
<td>39%</td>
<td></td>
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<tr>
<td>Drug-susceptibility testing coverage of TB patients:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New cases</td>
<td>5%</td>
<td>65%</td>
<td>100%</td>
</tr>
<tr>
<td>Previously treated cases</td>
<td>57%</td>
<td>82%</td>
<td></td>
</tr>
<tr>
<td>Documentation of HIV status among TB patients</td>
<td>52%</td>
<td>68%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*Based on surveys conducted in four countries in the Region – Indonesia, Myanmar, Thailand and Timor-Leste

Despite the COVID-19-related challenges, the Region continues to show great resilience with sustained political will towards ending the TB epidemic. Throughout the pandemic in 2020 and 2021, WHO in collaboration with partners, stakeholders and communities continued to provide technical support to Member States through virtual platforms and the use of digital technologies.

**Strengthened political commitment towards ending TB**

In October 2021, all Member States of the Region committed to renewed response towards ending TB in the COVID-19 era. Health ministers from nine Member States and the Ambassador of the Democratic People’s Republic of Korea in India participated in the virtual High-Level Meeting, cohosted by India, Indonesia and Nepal. Participants committed to a series of actions to accelerate efforts towards ending TB. These include, among others,

- operationalizing empowered country initiatives through multisectoral collaboration that is based on an accountability framework;
- reaching out to people affected by TB with high-quality and equity-based preventive, diagnostic and treatment services that are people-centred;
- mobilizing appropriate resources; and
- mainstreaming social protection and addressing undernutrition.
Regional Strategic Plan

The Regional Strategic Plan towards ending TB in the WHO South-East Asia Region 2021–2025 was launched in 2021 during the virtual High-Level Meeting co-hosted by India, Indonesia and Nepal.

The Plan focuses not only on what can be done within TB programmes, but also health systems and beyond. The Plan calls for a three-fold increase (at least US$ 3 billion annually) in investments in TB programmes over the next three years.

The Strategic Plan has five objectives:

- achieving universal access to high-quality, rights-based TB prevention and care services without stigma and discrimination for everyone, focusing on marginalized and vulnerable people;
- securing high-level political commitment with adequate human and financial resources;
- enhancing multisectoral coordination and accountability for ending TB;
- reducing human suffering and the socioeconomic burden of TB, and;
- strengthening people oriented research and innovation for improved service delivery.

Technical support and capacity-building

- A report on “Optimizing active case-finding for tuberculosis: Implementation lessons from South-East Asia” was published in 2021 to support planning and monitoring of active case-finding activities.
- WHO SE Asia Regional Office hosted a virtual regional workshop on strengthening the capacity of laboratory staff for second-line drug-susceptibility testing in 2021, and a physical workshop on the same topic in 2022.
- Enhanced community engagement and empowerment through the digitization of MDR-TB training modules and translation of brochures on TB preventive treatment (TPT) in regional languages to increase their uptake.

Mobilizing resources

- The budget for TB programmes in the Region for 2021 was US$ 1394 million, with 40% coming from domestic sources. This is nearly two-and-a-half times the budget for TB programmes in 2016, wherein less than one third had come from domestic sources.

Fig. 1. Trend of budget in US$ million (2014–2021)
In 2021, WHO provided technical and coordination support to Member States to access funding through the Global Fund’s COVID-19 response mechanism (C19RM) grant. Around US$ 440 million was mobilized to support countries to mitigate the impact of COVID-19 on programmes to fight HIV, TB and malaria.

### Enhancing partner coordination

A series of activities took place in 2021 to enhance partner coordination. These included the following:

- The SE Asia Regional Strategic and Technical Advisory Group for TB (SEAR STAG-TB) was established and held its first meeting in April 2021. Priority strategies relevant for the Region and their incorporation in the Regional Strategic Plan were discussed.
- Five virtual MDR-TB Advisory Committee, also called the Regional Green Light Committee (rGLC), meetings were held in 2021 to review the status of MDR-TB services, discuss the updated WHO Guideline updates and plan follow-up recommendations.
- WHO collaborating centres supporting TB programmes continued to be actively engaged in providing training and technical support to Member States.

### CHALLENGES

- Globally, the COVID-19 pandemic impacted TB in several ways – from massive disruption of services to aggravation of determinants of TB. Case notifications in the Region declined by 20% (2.6 million in 2020 from 3.6 million in 2019) in 2020 compared with 2019 (figure 2). Four countries from the Region – Bangladesh, India, Indonesia and Myanmar – were among those nations contributing to the maximum drop in TB case notifications globally in 2020.

*Fig. 2. New and relapse TB case-notification rate trends in the SE Asia Region*

- TB deaths showed an upward trend (increased by 10%) in 2020, for the first time in more than a decade and are now very close to the levels seen in 2015. This may be attributed to lower TB case notifications and worsening of social determinants such as undernutrition due to the impact of the pandemic.
- The geopolitical situation in two Member States has adversely impacted the delivery of technical and commodity support for respective national TB programmes leading to reversal of gains made so far.
- 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.

## THE WAY FORWARD

The Regional Office will support Member States to translate commitments into action on the ground. WHO will support Member States in operationalizing empowered country-level initiatives based on the principles of the Multisectoral Accountability Framework for TB.

| Sustain         | · Translate political momentum into on-the-ground action and results, continue the expansion of coverage of TB services including engagement of the private sector.
<table>
<thead>
<tr>
<th></th>
<th>· Provide people-centric services that are gender sensitive and protect human rights.</th>
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<tbody>
<tr>
<td>Accelerate</td>
<td>· Social and economic support for TB patients must be enhanced, better integrated into social protection services, and delineated into measures that are TB-specific, TB-inclusive and TB-sensitive.</td>
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<td>· Community engagement must be intensified in planning, monitoring and implementing national TB programmes.</td>
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<td>· Coverage of TB preventive treatment needs to be accelerated to reach at least 90% of all high-risk groups to have the desired impact on incidence.</td>
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<tr>
<td>Innovate</td>
<td>· Increased South-South collaboration for technology transfer and commodity support is especially needed.</td>
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<td>· Strengthening ongoing research, including clinical trials of a TB preventive vaccine for household contacts of TB patients, as well as a post-TB vaccine to prevent TB recurrence.</td>
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<td>· Member States in 2021 scaled up their diagnostic facilities with molecular tests such as GeneXpert/TrueNat for COVID-19 testing. These platforms can also be used for TB, including for drug-resistant forms.</td>
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<tr>
<td></td>
<td>· Innovative funding mechanisms need to be established to plug the funding gaps.</td>
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Ministerial Declaration on COVID-19 and measures to ‘build back better’ essential health services to achieve universal health coverage and the health related SDGs launched at the Regional Committee.

Five out of 11 Member States now report almost 100% birth registration coverage whereas six States registered more than 70% deaths in their countries.

Ministerial Declaration resolving to strengthen resilience to ensure health security, and achieve UHC and SDGs for health.

Over 340 tonnes of essential supplies provided to countries in the South-East Asia Region as part of surge operations during COVID-19.

Ministerial Statement of Commitment for renewed efforts towards ending TB in the South East Asia Region endorsed during the High-Level Meeting.

Maldives and Sri Lanka eliminate rubella.

Myanmar eliminates trachoma.

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.


Thailand becomes the first country in Asia to implement plain packaging on tobacco packs.

DPR Korea, India, Nepal, Sri Lanka, Thailand and Timor-Leste implement ban on ENDS or electronic cigarettes.

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.

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.

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.