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

This is the fifth annual report on progress in universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs), now in close alignment between the health-related SDGs and the WHO Thirteenth General Programme of Work (GPW13) results framework. On UHC, there has been improvement in essential service coverage in all Member States of the Region, but there is a need to accelerate. On financial protection, significant and strategic efforts are needed to reduce the proportion of households facing catastrophic spending to meet health-care needs.

Progress continues on reproductive, maternal, neonatal and child health, and most communicable diseases. Five Member States have reached the SDG target for under-5 mortality. Tuberculosis (TB) remains a concern, with mortality from the disease rising in three Member States. On noncommunicable diseases, there is a decline in tobacco use, but there is much less progress on other risk factors including alcohol, where consumption is rising. Case detection and treatment for hypertension and diabetes are expanding, but greater coverage is needed. This year’s report includes a snapshot on quality of services.

This Working Paper was presented to the High-Level Preparatory Meeting in July 2020 for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations for the consideration of the Seventy-third Session of the Regional Committee.

Actions by Member States

1. Continue to develop and implement policies, strategies and actions to advance UHC and the health-related SDGs, with a focus on delivery of essential services, and additional focus on health security/emergency preparedness given the COVID-19 context.

2. Maintain and enhance monitoring of UHC and health-related SDGs in the context of COVID-19 and beyond within national monitoring and evaluation frameworks to strengthen accountability and transparency.
(3) Enhance institutional capacity to compile, share, disaggregate, analyse, disseminate and use reliable UHC and health-related SDG data and indicators, particularly to monitor trends, assess health inequalities and take corrective measures.


**Actions by WHO**

(1) Continue producing the annual report, updating the report’s core country data on UHC and all other health-related SDG targets, plus provide a focus on selected emerging trends and themes in each report.

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

(3) Support the participation of SEA Region Member States in the consultations on the Draft Global Patient Safety Action Plan (GPSAP).

(4) Propose a draft decision for pre-agreement of Member States under the written silence procedure for consideration and adoption at the Seventy-third Session of the Regional Committee, requesting the Regional Director to convene a Regional Consultation with Member States and other stakeholders to consider the draft Global Patient Safety Action Plan, in order to prioritize regional actions that are aligned with the Regional Strategy and country-specific contexts.

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

1. The 2030 Agenda for Sustainable Development was adopted by the UN General Assembly in 2015, together with 17 Sustainable Development Goals (SDGs) to be achieved by 2030. The Agenda emphasizes the need to “ensure no one is left behind”. The health goal (SDG3) aims “to ensure healthy lives and promote well-being for all at all ages”. SDG3 has 13 targets covering reproductive, maternal and child health; communicable diseases; noncommunicable diseases (NCDs), injuries and environmental issues; and health systems and universal health coverage (UHC). Additionally, there are 20 or more health-related SDGs targets being monitored closely across the other 16 SDGs.

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

3. The Seventieth session of the Regional Committee for South-East Asia in 2017 requested the Regional Director to “include an annual report on monitoring progress on UHC and health-related SDGs as a substantive Agenda item until 2030” (Decision SEA/RC70(1)).

4. The United Nations High-Level Meeting on Universal Health Coverage in September 2019 resulted in a Political Declaration on UHC that includes in paragraph 82 a request to the UN Secretary-General “to provide, in consultation with the World Health Organization and other relevant agencies, a progress report during the Seventy-fifth Session of the General Assembly, and a report including recommendations on the implementation of the present Declaration … during the Seventy-seventh Session of the General Assembly, which will serve to inform the High-Level Meeting to be convened in 2023”. In this regard, monitoring of progress on the High-Level Political Declaration’s commitments to UHC will be aligned with monitoring of progress towards the Sustainable Development Goals.

5. In November 2019, at the request of Member States, the Regional Office organized a “Technical Consultation on the WHO Thirteenth General Programme of Work (GPW13) Impact Measurement Indicators for the South-East Asia Region”. This aimed to obtain clarity on the indicators used, their alignment with the SDGs, and prioritizing indicators of highest importance in the Region. This consultation resulted in 25 indicators, including the UHC Triple Billion target and Index that is based on SDG 3.8, using the essential services coverage index and measure for financial protection.

Current situation, response and challenges

6. Some highlights of progress are noted below. More detailed information will be published in the forthcoming report, “Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region: 2020”, which, for the fifth consecutive year, will provide regionwide highlights of progress along with UHC and SDG indicator profiles of Member States.

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1 Monitoring universal health coverage and health in the Sustainable Development Goals in the South-East Asia Region. New Delhi: World Health Organization, Regional Office for South-East Asia; 2019.
Universal health coverage: access to essential health services without financial hardship

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

8. Financial protection is again reported under SDG Indicator 3.8.2 using data on the proportion of the households that spend more than 10% of household expenditure on health. According to the latest figures, 16% of the population in the Region (307.4 million people) experienced catastrophic health spending in 2015, where household expenditure on health exceeded 10% of household expenditure or income. In 2019, the Regional Office conducted a workshop among officials from the Ministries of Health and Statistics Offices on the measurement of financial protection to increase regional capacity to produce and interpret data for this indicator.

9. One recurring message globally about progress on UHC is that it needs to accelerate if SDG targets are to be reached by 2030. The Regional Office has done essential service coverage projections to 2030 based on rates of progress since 2010. These suggest that only five Member States are likely to reach more than 80% coverage by 2030 unless there is significant acceleration.

10. Preliminary analysis has been conducted on progress and projections by Member States in the SEA Region in contributing to the GPW13 target of “one billion more people benefiting from UHC by 2023”. In theory, the SEA Region might be expected to contribute 25% or more (250 million+) towards the “one billion” given the population of the Region; however, current estimates suggest the Region is on track to contribute less than 100 million towards the UHC “one billion” goal.

Other SDG health-related targets

11. NCD risk factors. Tobacco use remains the single largest preventable cause of morbidity and mortality in the South-East Asia Region and kills around 1 million people a year. Member States are witnessing a steady decline in tobacco use and are on track to achieve a 30% relative reduction of tobacco use prevalence among adult women by 2025. The picture is less positive for three other risk factors: alcohol, obesity and hypertension. All Member States show rising alcohol consumption; rising levels of obesity in adults, in both men and women; and a projected rise in people with hypertension, based on current trends.

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12. **NCD detection and control.** Many Member States are ramping up screening programmes for selected NCDs – diabetes, hypertension and selected cancers such as cervical cancer. The proportion of persons with hypertension and diabetes who are both detected and controlled, however, remains low. In late 2019 a regional forum was held to identify ways forward to implement “regulatory best buys”, including regulation on the marketing of harmful products, as well as to discuss the integration of mental health and air pollution within NCD prevention and control.

13. **Reproductive, maternal and child health.** 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%. Meanwhile, according to the 2019 Child Mortality Report of the UN Inter-Agency Group for Mortality Estimation, under-5 mortality and neonatal mortality also continued to decline. Five Member States now have under-5 mortality rates below the SDG target of 25 per 1000 live births. Immunization rates are high. Eight Member States in the Region have achieved more than 90% coverage with DTP3. Five Member States have eliminated endemic measles. The Regional Flagship was modified in 2019 to target measles and rubella elimination by 2023.

14. **Infectious diseases.** Highlights include the widening coverage of antiretroviral therapy which has continued to reduce the numbers of HIV-related deaths, while deaths due to malaria have also decreased. Although deaths due to tuberculosis also declined, prevention and treatment activities need to intensify if the goal of elimination is to be achieved by 2030. The WHO SEA Region continues to account for 44% of the global TB incidence, though there was a slight decline (3%) in estimated incidence between 2017 and 2018. More than 650 000 people died of TB and TB-HIV co-infection in 2018. Visceral leishmaniasis (kala-azar), trachoma and lymphatic filariasis (LF) have all been slated for elimination as public health problems, and yaws for eradication, by 2020, but challenges remain.

15. **Health systems.** The overall progress in the Region is being facilitated by the increasing density of health workers. The availability of doctors, nurses and midwives per 10 000 population has increased by 21% between 2014 and 2018. On access to medicines, there is now some data on availability of medicines in five Member States, given in the companion publication on medical products. Use of the new WHO data application for availability and prices of medicines has begun in several Member States.

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7 Improving access to medical products in the South-East Asia Region. New Delhi: World Health Organization, Regional Office for South-East Asia; 2019.
16. **Emergency preparedness and response.** On Core Capacity for the International Health Regulations, in 2019, all Member States reported using the new State Parties Annual Self-Assessment Reporting (SPAR) tool. The reported preparedness index for the Region rose from 56% in 2018 to 61% in 2019. The COVID-19 pandemic has disrupted progress towards UHC and the health-related SDGs, with impacts to be quantified and shared in future annual reports.

**Quality and safety of services**

17. Poor-quality care remains common, especially in developing countries, and extracts a heavy toll. Progress towards UHC will be seriously constrained without improvement in the quality of programme and health-care delivery at all levels. Almost all SEA Region countries have developed and begun implementing policies and strategies to improve the quality and safety of health care. However, the reality is that even after many years, access to adequate quality care remains a major challenge. This year’s report includes a section on cleaner and safer health-care facilities. The report will highlight a few critical issues that deserve attention, using available data on selected tracer quality indicators, such as availability of basic and safe water and sanitation services, regular electricity, availability of essential medicines, availability of national care guidelines based on quality and safety standards, and analysis of effective services.

18. Through resolution WHA72.6, the World Health Assembly mandated the formulation of the Global Patient Safety Action Plan (GPSAP) in consultation with Member States and relevant stakeholders for submission to the Seventy-fourth World Health Assembly in 2021. Patient safety is the core to high-quality health systems and achieving UHC. In low- and middle-income countries, poor patient safety is systemwide and takes a huge toll on the health and economy. SEA Region Member States had endorsed the Regional Strategy for Patient Safety in the WHO SEA Region (2016–2025) (resolution SEA/RC68/R4 in September 2015) with the mandate of presenting two-yearly implementation progress reports to the Regional Committee (thus far presented in 2017 and 2019 Regional Committee sessions).

**Conclusions and the way forward**

19. On UHC, while there is a steady and continued improvement in essential service coverage in all Member States, there is a need to accelerate: at the current rate of progress, under half of the SEA Region Member States are only projected to reach 80% coverage by 2030. Data on trends in financial protection are just beginning to be compiled and frequent measurements are required. Capturing and quantifying foregone care in regular household surveys has become a priority as well.

20. For NCDs, there is a more complete picture of the current situation on the level and trends in risk factors, and in case detection and treatment. There is an encouraging decline in tobacco use, but this needs to accelerate to reach global targets using “best buys” in regulatory and policy levers as well as behaviour change practices. There is much less progress on other major risk factors. Case detection and treatment are expanding, but with much greater coverage needed.
21. Progress continues on reproductive, maternal health, neonatal and child health and most communicable diseases. Five Member States have reached the SDG target for under-5 mortality. Tuberculosis remains a major cause for concern in the Region, with estimates of TB mortality rising in three Member States.

22. The increased attention to quality services and access and availability of essential services in the context of the COVID-19 pandemic provides an opportunity to take a fresh look at the actions being taken by Member States in the Region to improve the range and quality of frontline services, and how this contributes to accelerating progress towards UHC and the SDGs while offsetting and minimizing the impacts of the global pandemic.

23. The demonstrated links between UHC through primary health care to better health outcomes, improved equity, increased health security and better cost-efficiency make primary health care the cornerstone of health systems strengthening. Health systems built on the foundation of primary health care are essential to achieve universal health coverage and other health-related SDGs. An updated approach to primary health care is, therefore, essential.

24. High and further increasing levels of household catastrophic health spending are a major barrier to achieving UHC. There is an enormous need to enhance public funding for health in several countries with highly strategic and targeted investments to accelerate progress on UHC and sustain the gains made.

25. All Member States have now embedded the health SDG and GPW13 indicators in national monitoring frameworks, reviewed the availability of data, and are tracking their progress towards national health-related SDG and GPW13 targets. Across all the SDG indicators, progressively more data are available on inequalities and trends in inequalities over time, especially using the familiar stratifiers of age, sex, income and geographical location. Projections are being made to consider what achievements are likely while doing business as usual versus what may be expected by interventions implemented to deliver results.

26. The Regional Office is providing technical support to Member States to implement priority actions to improve health information systems and data availability to build institutional capacity for better quality, analysis, interpretation and use of health data. In addition to this annual review of progress, easy access to health-related SDG data, query and analytical tools, and monitoring dashboards is supported through the online health information platform of the WHO South-East Asia Region (http://hip.searo.who.int/dhis/).

27. On the draft Global Patient Safety Action Plan (GPSAP), a draft decision for pre-agreement of Member States under the “written silence procedure” to be followed at the virtual Session is proposed for consideration and adoption at the Seventy-third Session of the Regional Committee, requesting the Regional Director to convene a Regional Consultation with Member States and other stakeholders to consider the draft GPSAP in order to prioritize regional actions that are aligned with the Regional Strategy and country-specific contexts.