Who is being left behind?
Inequities in health in the South-East Asia Region

Equity is at the heart of World Health Day 2021 “Building a fairer, healthier world” and the 2030 sustainable development goals. The 2030 agenda emphasizes the need to reduce avoidable inequity. The most common ways to look at health-related inequities are by income group, sex, education, and place of residence. Equity stratified data are quite limited. This factsheet highlights several examples of inequities where data is available.

### Overall health-related inequities in SEA Region Member States

**Healthy life expectancy (HALE), 2019**

<table>
<thead>
<tr>
<th></th>
<th>Female</th>
<th>Male</th>
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</thead>
<tbody>
<tr>
<td>HALE</td>
<td>61.9</td>
<td>61.1</td>
</tr>
<tr>
<td>Lost HALE</td>
<td>11.2</td>
<td>8.8</td>
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HALE represents the average equivalent number of years from birth of living in good health without disease or injury. Females have 2.8 years more lost HALE than males in the WHO SEA Region.

**Variation in global health security index**

The overall GHS Index assesses countries’ health security and capabilities across six categories: prevent, detect, respond, health, norms and risk. In SEA Region, Member States differ widely in overall health preparedness and readiness.

**Universal Health Coverage (UHC) essential health services coverage index (%) (SDG 3.8.1), 2010–2020**

Levels of essential service coverage estimated for 2020 vary across Member States from 49% to 82%. Although all Member States have improved essential health services coverage since 2010, the levels of this coverage estimated for 2020 vary significantly across Member States.
**Inequity in financial protection**

Incidence of catastrophic health expenditure (SDG 3.8.2): population with household expenditure on health >10% of total household expenditure/income (%) by geography in eight SEA Region Member States

Approximately 16% of the population in the Region (307.4 million people) experienced catastrophic health spending in 2015, with rural households often worse off than urban households.

![Graph showing percentage of population with catastrophic health expenditure by geography and income group.](source: Wang et. al Financial protection analysis in eight countries in the WHO South-East Asia Region.2018.)

**Health inequity in sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH)**

Disparity in under-five mortality rate (SDG 3.2) by income across eight SEA Region Member States

Children under five from the poorest households are 2 to 4 times more likely to die than those from the richest households.

![Bar chart showing under-five mortality rate by income and country.](source: DHS/MICS 2010-2019)

**Variations in SRMNCAH services coverage in SEA Region, by income, place of residence and mother’s education**

Disparities across eight indicators of services coverage are apparent by multiple dimensions of inequity.

![Graphs showing variations in SRMNCAH services coverage.](source: DHS/MICS 2010-2019)

**Difference in prevalence of wasting among children under-five by wealth and geography**

![Graph showing prevalence of wasting among children under-five by wealth quintile and place of residence.](source: DHS/MICS 2010-2019)
Assessing health inequities by sex in some key disease conditions

Diagnosis and treatment gap for hypertension, by sex

![Graph showing the percentage of diagnosed, treated and controlled hypertension by sex in different countries.]

Diagnosis and treatment gap for diabetes mellitus, by sex

![Graph showing the percentage of diagnosed, treated and controlled diabetes mellitus by sex in different countries.]

A larger proportion of women tend to be diagnosed, put on treatment and controlled for hypertension and diabetes mellitus than men.

*among people who were measured to be hypertensive or diabetic at the time of the survey.

Sources: Calculated from different WHO STEPS surveys or equivalent population-based surveys. Geneva and New Delhi: World Health Organization; 2014–2018 (respective years in parentheses by country) and for India (for selected 15 states only), Thailand (NHES, 2014)

Variation in tuberculosis (TB) incidence (SDG 3.3.2) by sex

![Graph showing the estimated TB incidence per 100,000 population by sex in different countries.]

Estimated TB incidence is higher in men than women in 10 out of 11 SEA Region Member States

Source: WHO Global Health Observatory
Health inequity in health system capacities

There are wide intercountry and intracountry variations in availability of critical health workforce.

Distribution of doctors, midwives and nurses across Member States, 2018

The data shows some people are able to live healthier lives and have better access to health services than others – entirely due to the conditions in which they are born, grow, live, work and age. This leads to unnecessary suffering, avoidable illness, and premature death. And it harms our societies and economies.

Member States should collect and analyse health information that is disaggregated by various relevant equity-related stratifiers and use the findings to inform health policies and actions for a fairer, healthier world.

Institutional deliveries by wealth and geography in seven SEA Region Member States

Institutional deliveries for the urban poor are similar to, or worse than, those living in rural areas in all but one of the seven countries for which data are available.

COVID-19 vaccine delivery status

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