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

The Seventieth session of the Regional Committee for South-East Asia 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)). Certain highlights of progress are presented. 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: 2019 update”. The report for the Seventy-second Session of the Regional Committee will be brought out for the fourth consecutive year and will provide regionwide highlights of progress along with universal health coverage (UHC) in Member States and the Sustainable Development Goals (SDGs) indicator profiles based on available data.

The attached Working Paper was presented to the High-Level Preparatory (HLP) Meeting for its review and recommendations. The HLP Meeting reviewed the paper and made the following recommendations for consideration by the Seventy-second 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 in health systems, with a focus on the primary health care level, and address noncommunicable diseases (NCDs) with intensive monitoring.
- (2) Ensure that monitoring of UHC and the health-related SDGs is mainstreamed within national monitoring and evaluation frameworks to strengthen accountability and transparency.

- (3) Enhance institutional capacity to compile, share, disaggregate, analyse, disseminate and use 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 in health systems using the latest and most reliable data, plus providing a focus on selected emerging trends and themes in each report.
- (2) Provide technical assistance on different aspects of frontline health service delivery as part of health systems strengthening and monitoring of progress on UHC and the health-related SDGs, including building the capacity of public health managers.
- (3) Provide opportunities to strengthen Member States' institutional capacities regarding the setting of UHC and health-related SDG targets in health systems.
- (4) 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.

Introduction

1. The 2030 Agenda for Sustainable Development was adopted by the United Nations (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).

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. The forthcoming 2019 global report “Tracking universal health coverage” will provide an update on the global progress on UHC.

3. The Seventieth session of the Regional Committee for South-East Asia 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)). This year, the Regional Committee for South-East Asia will be held two weeks before the United Nations (UN) General Assembly High-Level Meeting on UHC.

4. In 2018, the “Global Conference on Primary Health Care: from Alma-Ata towards UHC and the SDGs” endorsed the Astana Declaration on Primary Health Care, which builds on lessons learned over four decades. Primary health care is positioned as the cornerstone of sustainable health systems for UHC.

Current situation, response and challenges

5. 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: 2019 update”,¹ which for the fourth consecutive year will provide regionwide highlights of progress along with UHC and SDG indicator profiles of Member States.

6. Monitoring UHC should continue to be harmonized across global, regional and country levels. Definitions should be harmonized between the UN SDGs and WHO Thirteenth General Programme of Work (GPW13), and techniques for arriving at 2030 projections. It is important to consider issues such as within-country disparities, different demographic and epidemiological profiles of Member States, and training needs to fill capacity gaps.

¹ Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the South-East Asia Region: 2019 update. New Delhi: World Health Organization, Regional Office for South-East Asia;; 2019.

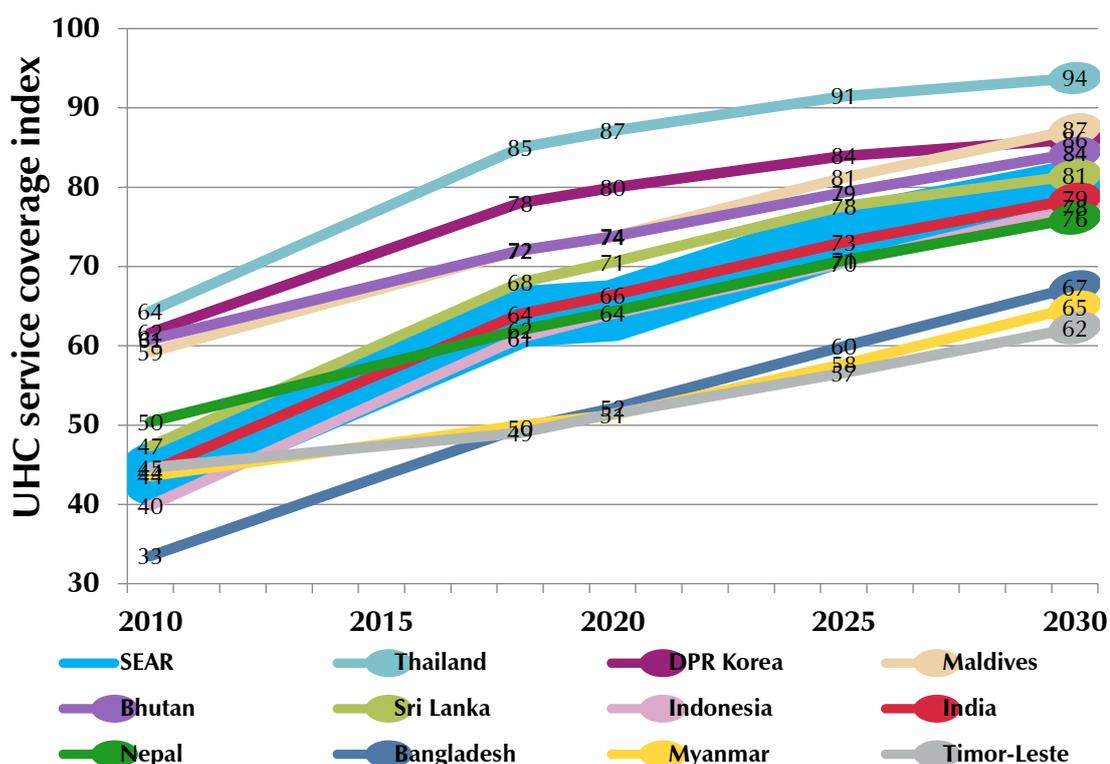
Universal health coverage: access to essential health services without financial hardship

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. Data availability for several of the 16 subindicators used to calculate the UHC essential service coverage index continues to improve.

8. Financial protection is reported using SDG indicator 3.8.2. Updated data on the proportion of the population that spends more than 10% of household expenditure on health were presented at the High-Level Preparatory Meeting with new analysis using recent data for six Member States. In early 2019, the Regional Office conducted a workshop on 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 till 2030 based on the 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.

Looking forward: prospects for reaching UHC by 2030 in the South-East Asia Region, based on current trends



Source: WHO Regional Office for South-East Asia, 2019

Other SDG health-related targets: a focus on noncommunicable diseases

Noncommunicable diseases

10. This year's report **includes** a special focus on noncommunicable diseases (NCDs): on the status of risk factors, and that of NCD detection and control. Across the Region, there are various policies, programmes and interventions being implemented to achieve UHC, particularly at the primary health care level. These target vulnerable, underserved populations and continue to accelerate efforts to address and monitor challenges to controlling NCDs, such as the increasing alcohol consumption in the Region. The publication will have more detail, but the highlights are noted here.

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. There are signs of declining tobacco use among both men and women in most Member States. However, some Member States may still not achieve the 2030 target of 30% reduction in tobacco use. 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.

12. **NCD detection and control.** Many Member States are introducing screening programmes for selected NCDs – diabetes, hypertension and selected cancers such as cervical cancer. To date, coverage with cervical cancer screening programmes remains low in most Member States according to recent survey data. The proportion of persons with hypertension and diabetes who have been both detected and controlled also remains low.

13. **Reproductive, maternal and child health.** Neonatal, child and maternal mortality continue to decline. Five Member States now have under-5 mortality rates below the SDG target of 25 per 1000 live births.² 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.

14. **Infectious diseases.** Highlights include the continued decline in HIV and deaths from AIDS; mixed progress on reducing TB incidence and mortality – with a rise in mortality in three Member States; sustained progress in reducing malaria, and good progress in eliminating kala-azar as a public health problem.

15. **Health systems.** Last year's report highlighted the increased availability of five cadres of health professionals in the past few years. It also showed the need to improve data on frontline health workers, and this will be in the 2020 report on "Strengthening the Health Workforce in the South-East Asia Region". On access to medicines, there are now some data on availability of medicines in four Member States, given in the companion publication on medical products.³ Use of the new WHO data application for availability and prices of medicines has begun in two Member States.

² UNICEF, WHO, World Bank, UN-DESA Population Division. Levels and trends in child mortality report 2018. Estimates developed by the UN Inter-agency Group for Child Mortality Estimation. New York: UNICEF; 2018 (https://childmortality.org/files_v22/download/UN%20IGME%20Child%20Mortality%20Report%202018.pdf, accessed 31 May 2019).

³ Improving access to medical products in the South-East Asia Region. New Delhi: World Health Organization, Regional Office for South-East Asia; 2019.

16. On core capacity for the International Health Regulations (IHR) (2005) in 2018, all Member States reported using the new State Parties Annual Self-Assessment Reporting (SPAR) tool. Eight Member States have completed joint external evaluations (JEEs) of IHR core capacities, with two more scheduled in 2019. Five Member States have developed or updated their national action plans for health security to address these gaps.

Frontline services

17. For the first time, this year's report includes a section on frontline services, because of the renewed focus on primary health care with the Astana Declaration on primary health care in 2018. The report will highlight a few critical issues that deserve attention, using available data. In general, outpatient consultations per person per year are lower in the public sector in Member States of the South-East Asia Region compared with upper-income countries. The private sector remains a major provider of outpatient care for many common, potentially life-threatening health conditions in a significant number of Member States. Second, averages in access to care disaggregated by place of residence (urban versus rural) conceal inequalities. For example, further analysis shows that rates of institutional deliveries for poor people living in urban areas can be similar or even lower than for those living in rural areas. There is a need to focus more on the quality of frontline services, and to pay attention to some basic inputs such as safe water, sanitation and health worker availability in these facilities. Finally, there are region-specific trend data showing that it is possible to gradually increase the share of outpatient consultations in frontline services compared with hospitals, but achieving that shift takes time. Altogether, there is a real need to improve data on the availability, use and performance of frontline services, and this is a priority in the coming years.

Conclusions and the way forward

18. 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 projected to reach 80% coverage by 2030. Data on trends in financial protection are just beginning to be compiled.

19. For NCDs, there is a more complete picture of the current situation on the level of 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. There is much less progress on other major risk factors. Case detection and treatment are expanding, but much greater coverage is needed.

20. Progress continues in reproductive, maternal health, neonatal and child health and most communicable diseases. Five Member States have reached the SDG target for under-5 mortality. Tuberculosis (TB) remains a major cause for concern in the Region, with estimates of TB mortality rising in three Member States.

21. The renewed attention to primary health care over the past year is 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.

22. All Member States have now embedded the health SDG indicators in national monitoring frameworks, reviewed the availability of health-related SDG data, and begun setting their national SDG targets for health. 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, income and geographical location.

23. Monitoring methods and tools continue to develop. In 2018, WHO released standards for health management information system (HMIS) health facility data collection and analysis to improve disease surveillance and reporting on the health-related SDGs, plus open-source [District Health Information System (DHIS2)] applications for all major programmes. The Regional Office is providing technical support to Member States to implement these improved HMIS standards and 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 are supported through the online health information platform of the WHO South-East Asia Region: <http://hip.searo.who.int/dhis/>.