World Health Organization
Regional Office for South-East Asia

REGIONAL COMMITTEE DOCUMENT

REGIONAL COMMITTEE

Seventieth Session
Maldives
6-10 September 2017

Provisional Agenda item 8.6

SEA/RC70/12

18 July 2017

SDGs and progress towards universal health coverage

Agenda item 8.6 for the Seventieth Session of the Regional Committee has two sub-items: (i) Strengthening primary health care and health workforce, and (ii) Annual progress monitoring of UHC and SDGs.

Heath is centrally placed in the 2030 Sustainable Development Agenda. Universal health coverage (UHC) is recognized as a unifying platform for making progress on Sustainable Development Goal 3 for health.

The momentum around the SDGs and UHC has created new demands and opportunities for strengthening primary health care. The need for services for maternal and child health and communicable diseases continues. At the same time, ageing populations and noncommunicable diseases (NCDs) are putting new demands on all levels of care, especially frontline services. Monitoring progress on UHC and the SDGs will help identify bottlenecks and make any needed adjustments to policies and plans.

New frontline service delivery models are being developed in the South-East Asia Region. Care needs to become more "integrated" as lifelong health conditions become more common. New service delivery models need to be closely linked with strategies to strengthen the health workforce, and discussions on financing. Partnerships with nongovernmental organizations (NGOs) and the private sector may help to address some aspects of exclusion, and these actors need to be brought into discussions about strengthening primary-level care. Strengthening frontline services involves multiple interventions within and beyond the health sector. It, therefore, requires political leadership. Better data and more syntheses of evidence, and experience with different service delivery models and new skill-mix approaches are urgently needed.

This Region is already taking action on monitoring the SDGs and UHC. There are some clear priorities: setting national health SDG targets; improving equity monitoring; strengthening civil registration and vital statistics; and maintaining regular reviews of progress.

The attached working paper was presented to the High-Level Preparatory (HLP) Meeting for its review and recommendations. The recommendations made by the HLP Meeting for consideration by the Seventieth Session of the Regional Committee are:

Actions by Member States

(1) Define actions related to organizing, financing and staffing health services to make primary care services more "fit-for-purpose" for new health needs. The upcoming regional meeting on accelerating progress on NCDs will be an important opportunity for Member States to ascertain which concrete actions and areas require WHO support.

(2) Propose a decision on progress monitoring on the SDGs and UHC at the Seventieth Session of the Regional Committee for South-East Asia, covering a) to include "Annual report on monitoring progress of UHC and health-related Sustainable Development Goals" as a substantive and priority Agenda item of the Regional Committee until 2030, and b) to link relevant elements of the health-related SDGs, including UHC, to the topic selected by the host Member State for discussion at the Ministerial Roundtable every three years until 2030.

Actions by WHO

(1) Continue to support actions being taken by countries to strengthen and adapt their primary health care services.

(2) Support better documentation of experience with new frontline service delivery models, and associated changes in the health workforce, and their results in terms of more people being able to get access to the care they need.

(3) Report annually to the Regional Committee on progress on the health-related SDGs and UHC.

This Working paper and the HLP Meeting recommendations are submitted to the Seventieth Session of the WHO Regional Committee for South-East Asia for its consideration and decision.

Introduction

1. In 2015, the United Nations General Assembly adopted the 2030 Agenda for Sustainable Development. This has 17 Goals, known as the Sustainable Development Goals (SDGs), to be achieved by 2030. The Agenda emphasizes the need for more integrated and inclusive approaches to development, to ensure that "no one is left behind".

2. Health is centrally placed in the SDGs. It is a precondition for, and an outcome of, all three dimensions of sustainable development – economic, social and environmental. The health goal SDG3 aims "to ensure healthy lives and promote well-being for all at all ages". SDG3 has 13 targets covering all major health priorities: the unfinished Millennium Development Goal (MDG) agenda; new health priorities, including noncommunicable diseases (NCDs), injuries and environmental issues; and "means-of-implementation" targets that concern health systems and UHC.

3. 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 comprehensive actions at all levels to achieve the SDGs; prioritize health systems strengthening, in particular resource mobilization, in order to achieve UHC; and promote intersectoral collaboration across health and non-health sectors to manage determinants outside the direct mandate of the health sector. In addition, this resolution emphasizes the importance of monitoring, by requesting the Director-General to regularly report on progress in implementing the resolution to the World Health Assembly.

4. The first progress report was presented to the Seventieth World Health Assembly in May this year. The report focused on global and regional progress made by Member States towards achieving SDG3 and other health-related goals, as well as the Secretariat's support to Member States to strengthen reporting on the 2030 Agenda and the progress made in implementing resolution WHA69.11.

5. The Regional Committee Agenda item 8.6 has two sub-items: (i) strengthening primary health care and health workforce, and (ii) annual progress monitoring of UHC and SDGs.

8.6.1 Strengthening primary health care and health workforce

6. The momentum around the SDGs and UHC has created new demands and opportunities for strengthening primary health care. The need for services for maternal, adolescent and child health and communicable diseases continues. At the same time, ageing populations and NCDs are putting new demands on all levels of care, especially frontline services. These demands will increase rapidly: in this Region, by 2020, more people will be over 60 years old than under 5 years; from 2015 to 2030, the number of people aged 60+ will rise from 186 million to 312 million. Care for people with multiple, chronic health conditions requires more integrated and "person-" rather than "programme"-centred care, often for many years. This has implications for how services are organized and financed.

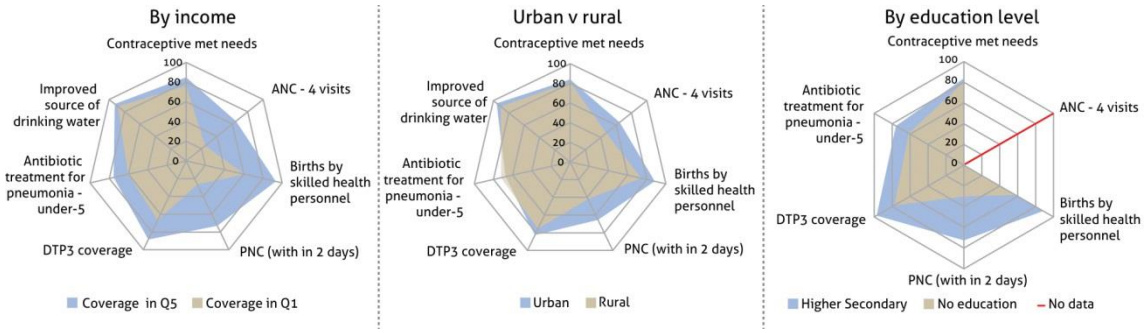
7. Over a third of the Region's population now lives in cities, and a quarter of that population in urban slums, often with little access to essential services. There are substantial numbers of

migrants in the Region, as well as internally displaced people within countries, all of whom are at higher risk of not having access to care. In many countries of the South-East Asia Region, private providers are widely used. Growing concerns about health security, and better capabilities to manage disease outbreaks and natural disasters are also leading to renewed attention on primary level – or frontline – services. The term "frontline services" is increasingly used to refer to all types of first contact or primary level of care. Evidence suggests that most health care, be it prevention or treatment, can be effectively delivered through frontline services, backed up as needed by hospital care.

Current situation and challenges

8. Gaps in health service coverage in the Region continue despite progress. At least 130 million people still lack access to one or more of seven essential health services. Access to care is worse for the poor, those with less education and, to a lesser degree, those living in rural areas, as Figure 1 shows.

Figure 1: ***Variations in health service coverage in the South-East Asia Region***



Source: Demographic and Health Survey (DHS) or Multiple Indicator Cluster Survey (MICS), 2009–2016
PNC = Postnatal care

9. Primary health-care services have long been the cornerstone of care in most national health policies, and focused mainly on maternal and child health. Public services are delivered through a wide range of facilities – urban and rural health centres, health posts and community clinics, plus through community and outreach programmes, backed up by first-level hospitals. Facilities are staffed mostly by a mix of nurses, midwives, "paramedical" or "allied" health professionals such as health assistants, and community health workers; less commonly by doctors. In practice, these facilities are often reported to be underused or bypassed, for many reasons: poor-quality care, lack of medicines, absent staff, inconvenient clinic times, and rising societal expectations of more hi-tech care. In some countries, up to two thirds of ambulatory care is at private facilities. Encouragingly, in some countries such as Indonesia and Thailand, utilization of public facilities is reported to be rising.

10. Many countries are introducing new frontline service delivery models, or adapting existing ones, to detect and manage chronic care. New treatments, along with rapid uptake of new technologies such as mobile phones, provide new opportunities. The Regional Consultation on Health, the SDGs and UHC in 2016 identified multiple approaches that included bundling of health services; redesigning work processes and finding new ways of using health workers;

introducing more community-based care, including mobile and outreach services; providing team-based care; building partnerships with NGOs and the private sector; more use of strategic purchasing; and more explicit accountability of both public and private providers. Country examples include NCD corners in community clinics in Bangladesh; the shared care cluster system being piloted in Sri Lanka; introducing NCD risk factor detection in posbindu, and exploring family practice teams in Indonesia; upgrading of public health centres to health promotion hospitals in Thailand, along with introducing primary care networks that can include both public and private primary health care (PHC) providers, and have capitation-based payments. In the 2016 Consultation, improved quality of care in frontline services – public and private – was seen as critical if use of frontline services, which are often bypassed, is to increase.

11. There are important questions about how to finance these changing service delivery models so that both prevention and treatment are covered, and resources are used equitably and efficiently.

12. There are also questions about the level and skill-mix of the health workforce needed to deliver an expanded range of frontline services. There continue to be shortages and unequal distribution of health workers, despite an increase in production in recent years. All but two Member States are below WHO's new 2016 human resources for health (HRH) threshold of 4.45 health workers/1000 population, calculated to be what is needed to deliver on SDG3. Data on urban/rural distribution are limited, but in many cases, show more doctors in urban areas, with urban:rural ratios reaching as high as 13:1. Recent data from Bhutan show a four-fold variation for doctors/1000 population across the 20 districts, and an almost ten-fold variation for nurses. On skill-mix, current evidence suggests that frontline services for maternal and child heath, and communicable and noncommunicable diseases can be safely delivered by mid-level health workers provided they are properly trained and supported.

13. In the South-East Asia Region, the Decade of Strengthening Human Resources for Health 2015–2024 focuses on transformative education and rural retention. The 2016 review of progress found all countries taking action in both areas, but with slow progress. Actions to improve the quality of education, e.g. through accreditation of training institutions, were reported to be underway in at least seven Member States. The need to link HRH strategies to changing frontline service delivery models has been repeatedly emphasized. There are some important developments: India is exploring the role of mid-level health workers; Indonesia is exploring family practice teams, and Sri Lanka the development of family doctors.

14. There is a real lack of reliable data on trends in service delivery, and on the health workforce, which makes it hard to track the progress and impact of the many changes being introduced.

The way forward

- Frontline services will remain key to reaching those left behind, and to responding to new health needs as reflected in the SDGs and UHC. Quality of care has also to be addressed.

- New frontline service delivery models are being developed in the Region. Care needs to become more person-centred and "integrated", as detection of and care for lifelong conditions becomes more common. These developments need to be closely linked with strategies to strengthen the health workforce, and to consider how frontline services can be equitably and efficiently financed.
- Partnerships with NGOs and the private sector may help to address some aspects of exclusion, and these actors need to be brought into discussions about strengthening primary-level care.
- Strengthening frontline services involves multiple interventions within and beyond the health sector. It therefore requires political leadership.
- Better data, and more synthesis of experience with different service delivery models and new skill-mix approaches, and evidence of their effectiveness, are urgently needed.

8.6.2 Annual progress monitoring of UHC and SDGs

Current situation and challenges

15. In 2016, the report "Health in the Sustainable Development Goals: where are we now in the South-East Region? What next?" was launched with current profiles of health status as well as the SDG health and health-related targets in the Region and by country, and "what's next?" in terms of opportunities, emerging priorities, challenges and actions being taken in the Region. This report highlighted the fact that countries in the Region are at different stages of progress towards UHC, and attention is needed both on access to care and financial risk protection; there is a need to go beyond average estimates for health-care coverage, especially to address inequities, as measured by different socioeconomic and geographical stratifiers. The report showed some remaining challenges, including the unfinished and expanded MDG agenda; availability and quality of data, and lack of reporting systems.

16. In 2016, the Regional Office reported on the status of UHC using two indicators. First, it reported coverage across a range of health services, including NCDs, using the new UHC essential service coverage index, and second, on financial risk protection by using prepaid health care as a proxy. Countries are at different stages of progress towards UHC. Data for these two indicators have been updated in 2017, as shown in Table 1.

Table 1: *Assessment of status of UHC in Member States*

	BAN	BHU	DPRK	IND	INO	MAV	MYA	NEP	SRL	THA	TLS
1. Essential services coverage index (%)	50	66	76	57	56	64	51	64	69	77	46
2. Financial protection (prepayment as % THE)	33	75	NA	38	53	82	49	52	58	88	90

Note: THE = Total health expenditure. For both indicators, a HIGHER score is better. NA = not available.
Source: SEARO analysis, using WHO and World Bank methodology, updated June 2017

17. In early 2017, a first regional consultation on SDG monitoring was held, to provide guidance on issues such as setting health-related SDG targets, and ways to align and integrate applicable SDG indicators with national monitoring and evaluation (M&E) frameworks and indicators. Existing and new health-related SDG indicator definitions and data sources were clarified. Data availability and gaps, equity analysis, and available tools and techniques, as well as technical assistance were also discussed.

The way forward

- Setting country-specific health-related SDG targets is well underway in all countries with in-country consultation and agreements being made. National SDG coordinating mechanisms are facilitating the process in most cases. For some indicators, there is no baseline information and it is likely that data may not become available for some time or even years if a survey is required.
- Equity measurement is getting more attention; better analysis and use of disaggregated data are increasing.
- Advocacy for and larger investments in civil registration and vital statistics (CRVS) are an opportunity to improve the reliability of mortality statistics tracked in the SDGs and understand the burden of diseases, particularly NCDs.
- Data from the entire health system (public and private) plus better translation and analysis of the health-related SDG indicators provide opportunities for increased national use of data in policy decisions.
- The Regional Office is committed to producing an annual report of progress on the SDGs and UHC in time for each Regional Committee. This can be used to identify areas where progress has been limited, and to identify and address the bottlenecks to implementation.

Conclusions

- Achieving the health-related SDGs requires progress on UHC.
- The momentum around the SDGs and UHC has created new demands and opportunities for strengthening primary health care and its workforce. Quality frontline services will remain key to reaching those left behind. Most-needed health care, prevention and treatment can be safely delivered by frontline services.
- New ways of organizing frontline services are emerging. These need to be closely linked to strategies to strengthen the health workforce and to finance primary health care. Health care needs to become more person-centred and integrated as the need for detection and care for life-long conditions becomes more common.
- Better data and more synthesis of experience with different service delivery models, skill-mix and provider payment mechanisms are urgently needed.
- Regular monitoring of progress on the SDGs and UHC will help to identify bottlenecks and needed adjustments to policies and plans, as well as encourage accountability for progress and results.