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

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”.

The WHO South-East Asia (SEA) Region published an analysis of the status of universal health coverage (UHC) and the health-related SDGs in the Region in 2016 and 2017. 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)).

The attached Working Paper was presented to the High-Level Preparatory (HLP) Meeting for its review and recommendations. The HLP reviewed the paper and made the following recommendations for consideration by the Seventy-first Session of the Regional Committee:

Actions by Member States

- Continue to develop and implement policies and strategies to advance UHC and the health-related SDGs in ways that create gains in equity and efficiency.
- Use progressively improved monitoring of progress on UHC and the health-related SDGs to strengthen accountability and transparency.
- Enhance institutional capacity to compile, share, disaggregate, analyse, disseminate and use UHC and health-related SDG data and indicators, particularly to monitor trends and assess health inequalities.

Actions by WHO

- Continue producing the annual report, updating the report's core country data on UHC and all other health-related SDG targets using the latest and most reliable information on selected emerging trends and themes in each report.
- Provide technical assistance on different aspects of health systems strengthening and monitoring of progress on UHC and the health-related SDGs, including building the capacity of public health managers.

- Provide other opportunities to strengthen Member States' institutional capacities regarding the setting of UHC and health-related SDG targets, enhance translation and analysis of data and indicators, and improve the use of data for decision-making - through cross-country cooperation, workshops and courses - and evaluation and sharing of experience.

This Working Paper and the HLP Meeting recommendations are submitted to the Seventy-first Session of the WHO Regional Committee for South-East Asia for its consideration.

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).
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 actions at all levels to achieve the SDGs; prioritize health systems strengthening in order 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 2017 global monitoring report *Tracking universal health coverage* reported that half the world’s population still lacks access to essential health services and around 800 million people spend more than 10% of their income on health care.
3. The Global Conference on Primary Health Care: from Alma-Ata towards UHC and the SDGs will take place in Kazakhstan in October 2018, on the 40th anniversary of the Declaration of Alma Ata. This will be an opportunity for Member States and other stakeholders to renew support for the values and principles of the 1978 Declaration. It also aims to strengthen primary health care as the foundation for UHC, building on lessons learned over four decades.
4. The WHO South-East Asia (SEA) Region published an analysis of the status of UHC and the health-related SDGs in the Region in 2016 and 2017. 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)).

Current situation, response and challenges in the South-East Asia Region

5. Some highlights are noted below. More detailed information is available in the report, “Monitoring universal health coverage and health in the Sustainable Development Goals in the South-East Asia Region,”¹ which for the third consecutive year provides country UHC and SDG indicator profiles of Member States, plus regionwide highlights.
6. Member States are introducing and implementing policies and strategies to make progress on UHC and the health-related SDGs. These include new frontline service delivery models; development of essential service packages; more or upgraded frontline facilities; updated strategies on human resources and education programmes to include training on new health needs (e.g. noncommunicable diseases); financing reforms; and use of new information system technologies. Altogether there appears to be renewed attention being given to primary health care to address changing health needs and provide continuity of care.

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 (in press).

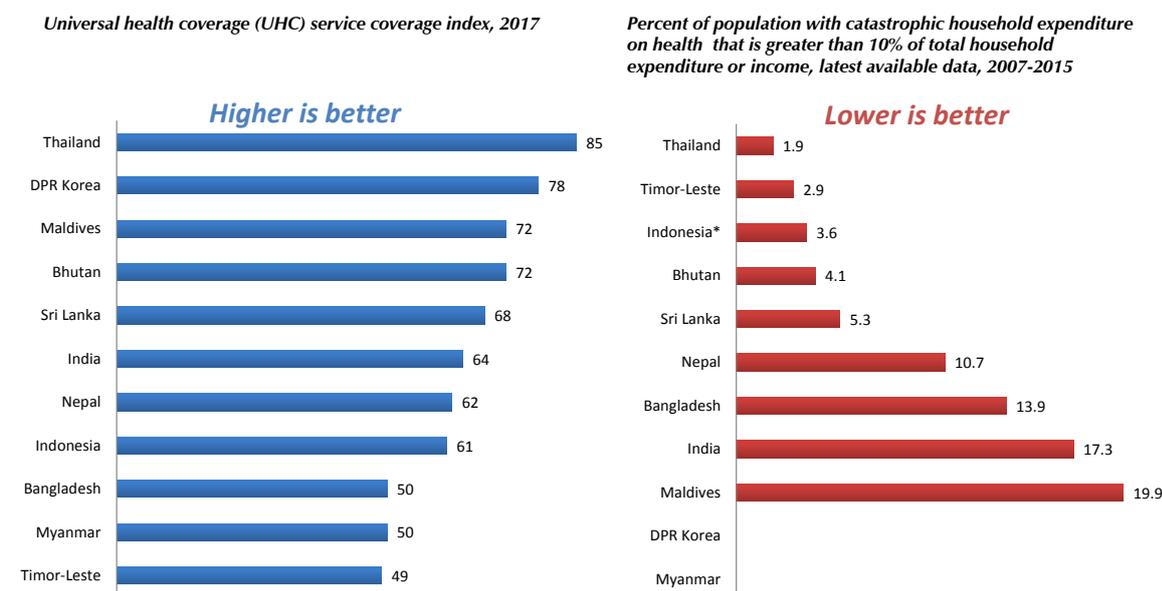
Universal health coverage: access to essential health services without financial hardship

7. Coverage of essential health services is measured using the essential health services index (SDG indicator 3.8.1). Essential health service coverage has improved in all Member States since 2010, albeit from different starting points. It is now an average 57% (median 64%) in the Region in 2018 compared with 44% in 2010.

8. For financial protection, for the first time it is possible to report using the agreed SDG financial protection indicator 3.8.2 rather than the proxy measure of percentage of out-of-pocket (OOP) payment, which was used previously. Indicator 3.8.2 is the proportion of the population with large household expenditure on health as a share of total household expenditure. Data are available for nine Member States in the Region, showing that, on average, 14.3% (median 5.3%) of households in the Region spend more than 10% of their household expenditure on health. Trend data using the new indicator are not yet available.

9. Overall, many people are still being left behind. In approximate numbers, over 800 million people in this Region do not have full coverage with essential services, and at least 65 million people are pushed into extreme poverty by paying for health care. Fig. 1 provides information by country.

Fig. 1. Essential health services coverage and financial protection in Member States of the SEA Region



Source: World Health Organization. Regional Office for South-East Asia. Health Information Platform. <http://hip.searo.who.int/dhis> - accessed 4 June 2018.

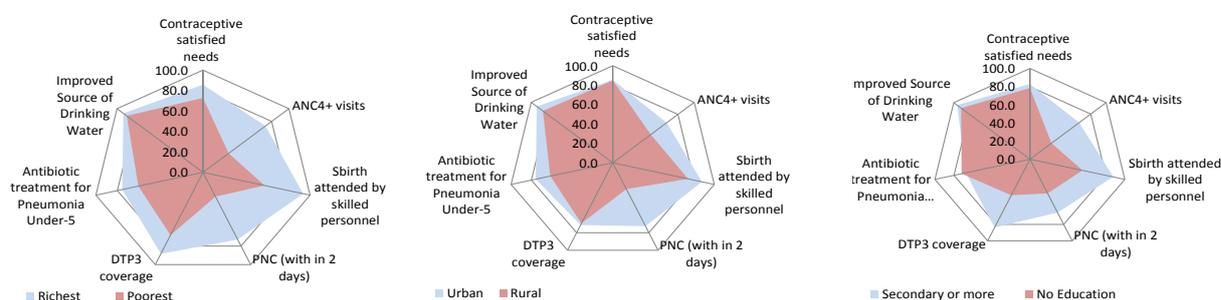
Source: World Health Organization. Regional Office for South-East Asia. (2017). Health financing profiles. * Figure taken from the WHO World Health Statistics Report 2018.

Equity

10. More attention is being paid to monitoring equity using the familiar stratifiers of “income”, “education” and “geographical location”, as shown in Fig. 2. Access to care continues to be worse for the poor, those with less education and, to a lesser degree, those living in rural areas. Fig. 2 provides a regional overview of inequalities in health service coverage using the latest available

data. Information on access to care for other groups at risk of exclusion, such as migrants and refugees – be it on interventions to address barriers to health care or on trends in access – is hard to find.

Fig. 2. Inequalities in coverage of essential health services by income group, urban versus rural households, and level of education across the South-East Asia Region



Source: Use “Health information platform for the WHO South-East Asia Region; 2018. (<http://hip.searo.who.int/dhis/>)

11. Variations in health service coverage between Member States in the Region have narrowed slightly compared with 2015. Within Member States, the magnitude of the gaps varies significantly. More details are available in the forthcoming publication on “Monitoring UHC and health in the SDGs in the South-East Asia Region”.

12. Analysis of inequalities in health, health service coverage and financial protection is increasing and being used to support national health policy and planning processes. Four Member States (Bangladesh, Indonesia, Myanmar and Sri Lanka) have used the WHO Health Equity Analysis Toolkit to analyse trends in inequalities in selected health services in urban versus rural areas, as well as by age, sex, income and education. More needs to be done to capture other dimensions of exclusion from access to care.

Other SDG health-related targets: regional highlights

13. *Reproductive, maternal and child health.* Regional maternal and under-5 mortality rate estimates have declined faster in the SEA Region than in any other region, by 69% and 67%, respectively, since 2000. Neonatal mortality is reducing at a slower rate than overall child mortality. Four Member States are below the global SDG targets for child mortality and three for maternal mortality. A substantial increase in institutional deliveries has occurred in the Region. The Region has eliminated maternal and neonatal tetanus. However, child stunting in the Region still comprises 40% of the global burden.

14. *Infectious diseases.* New HIV infections and deaths from AIDS continue to decline. Thailand has eliminated mother-to-child transmission of HIV and congenital syphilis (the first country in Asia to do so). TB incidence rates across the Region are decreasing slowly in most Member States, but increasing in Bhutan, India and the Democratic People’s Republic of Korea since 2015. TB still accounts for 45% of the global incidence, 50% of global deaths and 35% of the global estimated cases of multidrug resistance. Sri Lanka and Maldives have been certified malaria-free. In terms of neglected tropical diseases (NTDs), which are quintessentially diseases of “those left behind”, there is significant progress: four out of the eight endemic Member States in the Region have now reached the elimination threshold for lymphatic filariasis (LF) and three (Maldives, Sri Lanka and Thailand) have had their status validated. Nepal is now trachoma-free.

15. *Noncommunicable diseases (NCDs) and risk factors.* NCDs are currently responsible for 8.9 million deaths annually in the SEA Region (64% of all deaths in the Region) out of which 4.4 million deaths are premature, between the ages of 30 and 69 years. Regular reporting on NCDs is new, and trend data are limited. Trends in risk factors are also not yet available but information – especially for alcohol and tobacco – is accumulating and all Member States now have 1–2 years of data. This is a major focus for support from the Regional Office. One rising health challenge in the Region is the disproportionate rise in global preventable deaths due to household air pollution (40%) with limited improvement in access to clean fuels and technologies at the household level since 2012.

16. *Health systems.* Health workforce density has improved since 2014, and eight Member States are now above the original (2006) WHO human resources for health threshold of 22.8 doctors, nurses and midwives per 10 000 population. More details on health workforce density and distribution for five cadres (doctors, nurses, midwives, dentists and pharmacists) are reported in the companion forthcoming publication.² Data on access to essential medicines is still limited: only two Member States have recent national data on availability of medicines. In 2018, a few Member States will use a new WHO app to collect data on the availability and prices of medicines, with an initial focus on antimicrobials and medicines for common NCDs. In the area of civil registration and vital statistics, birth registration coverage is more than 80% in six Member States and above 50% in all Member States except Bangladesh. Death registration coverage lags behind birth registration coverage across the Region. Availability of cause-of-death data varies considerably in the Region; the data are mostly of poor quality. On the Core Capacities of the International Health Regulations (IHR) 2005, four Member States – India, Indonesia, Thailand and Sri Lanka – have declared compliance.

Strategic issues, conclusions and the way forward

17. UHC is the unifying platform for making progress on the health-related SDGs. Two indicators were proposed for monitoring UHC progress and both have now been accepted by the United Nations Inter-agency and Expert Group on SDG indicators as “tier 2” indicators.³ The first is a composite index for essential service coverage and the second indicator measures financial protection. In terms of overall progress on UHC, it is encouraging to see improvement in access to a range of essential health services across all Member States. Progress on improving financial protection is more limited.

18. Some limited comment can be made on trends in health inequalities. Variations in health service coverage between Member States have reduced slightly since 2015. Encouragingly, measurement of inequalities within Member States is getting more attention. Over the past year, four Member States have begun to analyse and interpret disaggregated data stratified by multiple equity dimensions (e.g. age, sex, income, residency and education level) to better inform decision-making. More attention needs to be paid to monitoring other dimensions of exclusion from access to care.

19. In terms of interventions to reduce the numbers of people “being left behind”, interventions to improve health literacy among excluded groups, including those in remote and underserved

² The Decade for Health Workforce Strengthening in the SEA Region 2015–2024: second review of progress, 2018. New Delhi: World Health Organization Regional Office for South-East Asia (n press).

³ A tier 2 indicator is conceptually clear, has an internationally established methodology and standards are available, but data are not regularly produced by countries.

areas, merit greater attention.⁴ The renewed attention to primary health care this year (2018) will support progress on UHC and the SDGs.

20. Progress continues on the unfinished MDG agenda – maternal health, child health and communicable diseases – for which data are also more complete.

21. For the newer targets, especially NCDs, it is too early to comment on trends since the SDGs were launched, but encouragingly many Member States now have one or two years of data. Better monitoring of trends in NCDs will depend substantially on Member States generating more complete and reliable mortality data. To improve the availability and quality of cause-of-death data, WHO has released a Start-Up Mortality List (SMoL) based on simplified codes of the International Classification of Diseases (ICD)-10 to assist recording of causes of death in health facilities, and has consolidated a verbal autopsy (VA) standard for recording community-based deaths. Since 2018, SMoL is being implemented in five Member States.

22. Member States of the Region have taken major steps forward on overall monitoring of the SDG health targets. All Member States have now embedded the health SDG indicators in national monitoring frameworks and have reviewed the availability of health-related SDG data. Eight Member States have begun setting their national health SDG targets.

23. Monitoring methods and tools are advancing. In 2018, WHO released health management information system (HMIS) standards to improve disease surveillance and reporting on the health-related SDGs, plus open-source (District Health Information System [DHIS]2) 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 analysis, interpretation and use of health data. A regional meeting on improved use of data is planned for November 2018 in New Delhi, India.

24. Accountability and transparency in regional UHC and SDG data. In addition to this annual review of progress, transparency of health SDG data is supported through the online health information platform for the WHO South-East Asia Region (see <http://hip.searo.who.int/dhis/>).

⁴ South-East Asia Regional Meeting on Health Literacy for health and well-being in the SDGs Era. Myanmar, 4–6 July 2017