This is the eighth annual report on monitoring the progress of Member States towards achieving UHC and the health-related SDGs in the South-East Asia Region. Post-pandemic, the latest available data and evidence indicate that countries in the Region are showing signs of recovery in health services provision and delivery.

The goal of UHC (SDG3 Target 3.8) is to ensure that every individual and community, irrespective of their circumstances, should receive the health services they need without risking financial hardship. To monitor Target 3.8, two indicators are regularly estimated: 3.8.1, which captures the population coverage dimension of UHC, and 3.8.2, which captures the financial protection dimension of UHC.

With regard to SDG3 target 3.8.1, countries in the Region have made significant progress estimated by the regional average UHC service coverage index (UHC SCI) improvement from 47 in 2010 to 62 in 2021. However, the overall progress in the UHC SCI stagnated or even reversed in some Member States between 2019 to 2021, mainly due to the direct and indirect impacts of the COVID-19 pandemic.

On the other hand, progress on financial protection (target 3.8.2) has declined and calls for accelerated actions and improved data availability. Pre-pandemic (in 2019), it is estimated that 326 million people in the Region faced catastrophic health spending defined by their out-of-pocket health expenditure exceeding 10% of their total household expenditure.

Focusing on specific programme areas, the Region continues to make remarkable progress in improving maternal and child health and selected infectious diseases. However, accelerated efforts are required in specific areas such as premature mortality from four major noncommunicable diseases (SDG target 3.4.1) and service capacity and access.

With regard to the health workforce, the average density of medical doctors, nurses, and midwives in the region (SDG 3.c.1) stands at 28.05 per 10 000 population. This represents a 30.5% increase since the start of the SE Asia Region HRH Decade in 2014.
Countries in the Region continue to measure health security through the International Health Regulations (IHR) 2005 Framework using the State Party self-assessment annual reporting (SPAR) form. The SPAR tool was revised in 2021 to improve the understanding of preparedness, strengths and gaps in the context of the experience of the COVID-19 pandemic. The Region witnessed some improvement in the average across the 15 IHR Core Capacity scores (SDG 3.d) from 64 in 2021 to 68 in 2022, respectively. Like previous years, in 2022, the average IHR Core Capacity score ranged widely from 47 to 87 among Member States of the Region.

The thematic focus of the 2023 report presents a rapid assessment of the implementation of digital health in the Region. The evidence shows that all countries in the Region, with variable levels of maturity, are making strides in harnessing the power of digital health to accelerate progress towards UHC and the health-related SDGs. Data from the rapid self-assessment survey generates a simple digital health index, and individual country results range between 33 and 100. Countries in the Region can steer their future efforts more towards a person-centric digital health transformation to facilitate evidence-based decision-making and strengthen health systems’ accountability.

This 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-sixth Session of the Regional Committee:

**Actions by Member States**

1. Use the annual monitoring report and SDG country profiles as a tool of action to support in-country dialogue around accelerating progress on reducing the burden of TB, premature mortality due to NCDs, and special attention to reducing the burden of mental health disorders through more investments on community-based mental health services.

2. Follow up on the key recommendations and priority actions that will be discussed and agreed upon following the UNSG SDG Summit as the world stands at the half-point of the 2030 timeline.

3. Use the unique digital health country profile to support national dialogue around to adopt a person-centric approach for a more effective digital health transformation.

**Action by WHO**

1. Add a section pertaining to unmet need and forgone care on the annual report, and support the implementation of the resolution WHA76.4, including the conduct of a regional consultation on this particular issue.

This Working Paper and the HLP Meeting recommendations are submitted to the Seventy-sixth 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 that “no one is left behind”. The health goal (SDG 3) aims “to ensure healthy lives and promote well-being for all at all ages”.

2. In 2016, the Sixty-ninth World Health Assembly adopted resolution WHA69.11 titled “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 emphasized the importance of monitoring.

3. This report is mandated by the Seventieth session of the Regional Committee for South-East Asia decision in 2017 that requested the Regional Director to:

   (1) Include an “Annual report on monitoring progress on UHC and health-related SDGs as a substantive Agenda item of the Regional Committee until 2030, and

   (2) Link relevant elements of the health-related SDGs, including UHC, as appropriate, to the topic selected by the host Member State for discussion at the Ministerial Roundtable annually until 2030.

Current situation, response and challenges

4. Some highlights from the current situation and challenges are noted below. More detailed information will be published in the forthcoming report, Monitoring universal health coverage and other health-related Sustainable Development Goal targets in the South-East Asia Region: 2023 update.

5. Every year this progress report focuses on one health-related theme apart from monitoring overall progress towards UHC and the health-related SDGs. This year’s theme is “the status of digital health implementation in the SE Asia Region – a rapid assessment”, as a foundational enabler to accelerating progress towards UHC and the health-related SDGs.

Progress in UHC service coverage (SDG 3.8.1) and financial protection (SDG 3.8.2)

6. The SEA Region has made significant progress in improving the UHC Service Coverage Index (UHC SCI) from 47 in 2010 to 62 in 2021. The evidence also shows, that even beyond the pandemic years, the pace of progress has not been fast enough to achieve the UHC SCI target of 80 by 2030 (Fig 1). The latest estimates (2021) also show considerable variation among countries of the Region in the UHC SCI, ranging from 46 to 82 (Fig. 1). Compared with the estimates of 2019, four countries have made slight progress (Bangladesh, Nepal, Sri Lanka and Timor-Leste), four have maintained progress (Bhutan, India, Indonesia and Thailand) and three countries are in slight regression (DPR Korea, Maldives and Myanmar).

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1 Decision SEA/RC70(1) available from https://apps.who.int/iris/bitstream/handle/10665/259577/RC70-Decisions.pdf?sequence=5&isAllowed=y
7. With regard to financial protection, the latest estimates show that catastrophic health spending (measured by the population spending more than 10% of their total household expenditure on health) has increased from 13.1% in 2010 to 15% in 2017, with a further slight increase to 16.1% in 2019 (Fig. 2). Moreover, it is important to note that the latest data available for most of the countries in the Region is dated prior to the COVID-19 pandemic. Therefore, it is difficult to determine whether the situation has improved or more likely to have worsened.

Fig. 2. Changes in catastrophic expenditure on health (at 10% and 25% thresholds) among Member States of the South-East Asia Region 2000–2019
8. For most countries in the Region, the latest data on financial protection dates to 2016–2017, and for one country it is before 2016. This makes it critically important that Member States place extra efforts to monitor financial protection (particularly in the timely conduct of the Living Standards Measurement Survey (LSMS)) to evaluate the impact of health reforms and the effects of COVID-19 on financial hardship and foregone care.

9. Joint progress on both dimensions of UHC: essential service coverage and financial protection varies widely between countries (Fig. 3). Compared with the global average, the majority of the SE Asia Region countries are in Quadrant IV with a relatively low UHC SCI (<68) and low catastrophic health spending (<13.5%). Two countries belong to Quadrant III, which indicates a high than average level of catastrophic health spending coupled with relatively low UHC SCI. Thailand is the only country that has achieved relatively high UHC SCI and low levels of catastrophic health spending (Quadrant I).

Fig. 3. Comparison of health services coverage and catastrophic health expenditure in Member States of the SE Asia Region

Source: WHO Global Health Observatory accessed 26 June 2023. Note: Dashed lines represent global incidence for each indicator based on Global incidence of catastrophic health spending (2019) =13.5% and UHC service coverage index (2021) = 68%. Following is the year of data for catastrophic health spending: Bangladesh=2016, Bhutan=2017, India=2017, Indonesia=2021, Myanmar=2017, Maldives=2016, Nepal=2016, Sri Lanka=2016, Thailand=2021 and Timor-Leste=2014. The circles denoting the country is presented relative to health worker density in 2019 with empty circle indicating HWD (medical doctors, nurses and midwives) < 22.8 per 10 000 population, shaded circle representing HWD between 22.8 and 44.5 per 10 000 population and filled circle representing HWD greater than 44.5 per 10 000 population.

Progression and impact of the COVID-19 pandemic

10. For the first time since the pandemic, the Region is beginning to show signs of recovery. Seven of the nine countries that participated in the fourth round of WHO Pulse survey (November 2022–January 2023) reported some degree of essential health service disruption, however the magnitude and extent of disruptions have reduced since they reported to the third round of the survey (in November–December 2021). Additionally, two countries, Bhutan and Maldives reported no service disruptions.
Progress towards other health-related SDGs

11. Reproductive, maternal and child health: The Region continues to make significant progress towards reducing maternal and child mortality. Averagely speaking, between 2000 and 2020, the Region has achieved remarkable reduction in maternal mortality ratio (SDG 3.1.1) of 68.5% (from 372 per 100,000 livebirths in 2000 to 117 per 100,000 livebirths in 2020). Similarly, the Region continues to witness significant decline in under-five mortality rate (SDG 3.2.1) from 84 per 1000 livebirths in 2000 to 29 per 1000 livebirths in 2021 and neonatal mortality rate (SDG 3.2.2) from 41 per 1000 livebirths in 2000 to 17 per 1000 livebirths in 2021.

12. Unequivocally, the Region is witnessing significant recovery in DTP3, MCV2 and PCV3 immunization coverage. On average, the regional immunization coverage for DTP3 improved from 82% in 2021 to 91% in 2022, MCV2 coverage from 78% in 2021 to 85% in 2022 and PCV3 coverage from 29% in 2021 to 58% in 2022, respectively. Most countries have or are expected to achieve the global target of more than 90% for DTP3 and MCV2 immunization coverage by 2030.

13. Infectious diseases: The SE Asia Region has a high burden of tuberculosis (TB) infections accounting for 45% of the TB incidences globally. On average, the Region did not meet the 2020 milestones of 20% reduction in TB incidence from the baseline levels in 2015 and reversibly witnessed a slight increase in TB incidence between 2019 and 2021 (Fig. 4). Even more disturbing is the fact that in 2021, the Region has suffered an increase (8.6%) in TB mortality rates compared to 2015.

Fig. 4. Trends in TB incidence (per 100,000 population) in the SE Asia Region, 2000–2021

14. Conversely, the Region has made significant progress in combating other infectious diseases such as reductions in new HIV infections (SDG 3.3.1) and malaria incidence per 1000 population (SDG 3.3.3). Between 2015 and 2021, new HIV infections declined by 25% and malaria incidence rates by 62%.
15. **Premature mortality from noncommunicable diseases**: In the Region, the probability of death between the ages of 30 and 70 years from four major diseases (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) is still unacceptably high at 21.6% (Fig 5). Since 2000, that risk has declined by a mere 13%. This rate of progress in the decline is projected to be inadequate to achieve the SDG 3.4 target of a one-third reduction in premature mortality from NCDs (Fig. 5).

*Fig. 5. Probability of death from four major noncommunicable diseases between the ages of 30 to 69 years – projection versus SDG target, 2000–2030*

16. **Mental health**: Descriptive epidemiology estimates reveal that mental, neurological and substance use disorders and self-harm (MNSS) causes are responsible for 23% of the overall years lived with disability (YLDs) in the Region. Within that disability burden, depressive disorders account for almost a quarter of YLDs in the Region (Fig. 6). This significant disease burden has profound impact on families, and societal welfare. It is more complex to measure economic losses and premature mortality due to mental disorders.
Fig. 6. Ranking the share of individual causes (%) relative to the total share of YLDs due to MNSS (% of MNSS YLDs) in the SEA Region (2019)

<table>
<thead>
<tr>
<th>Cause</th>
<th>% of MNSS YLDs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depressive disorders</td>
<td>23.1%</td>
</tr>
<tr>
<td>Migraine</td>
<td>14.6%</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>12.0%</td>
</tr>
<tr>
<td>Idiopathic intellectual disability</td>
<td>10.6%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>7.6%</td>
</tr>
<tr>
<td>Alcohol use disorders</td>
<td>5.2%</td>
</tr>
<tr>
<td>Other mental and behavioural disorders</td>
<td>4.1%</td>
</tr>
<tr>
<td>Epilepsy</td>
<td>3.8%</td>
</tr>
<tr>
<td>Drug use disorders</td>
<td>3.4%</td>
</tr>
<tr>
<td>Bipolar disorder</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

Source: WHO SEAR. The Burden of mental disorders in the South-East Asia Region (forthcoming)

17. **Health workforce:** Access to a multidisciplinary health workforce that is in sustainable numbers, with adequate competency levels, and equitably distributed is fundamental to the achievement of UHC and the health-related SDGs. Currently, the average density of medical doctors, nurses and midwives in the region (SDG 3.c.1) stands at 28.05 per 10,000 population. This represents a 30.5% increase since the start of the Decade for Strengthening Human Resources for Health in the SE Asia Region 2015–2024. In addition to the improvement in numbers, important actions on the agenda for transformative education are evidenced across countries of the Region.

18. **Health security:** Health security is measured through the International Health Regulations (IHR) 2005 Framework using the State Party self-assessment Annual Reporting (SPAR) form. The SPAR tool was revised in 2021 to improve understanding of preparedness, strengths and gaps in the context of the experience of the COVID-19 pandemic. The Region has witnessed an improvement of an average of 15 IHR Core Capacity scores (SDG 3.d) from 64 in 2021 to 68 in 2022. Like previous years, in 2022, the average IHR Core Capacity score ranged widely from 47 to 87 among Member States of the Region (Fig. 7).
A rapid assessment of the status of digital health implementation in the SE Asia Region

19. In June 2023, countries in the Region responded, via a rapid self-assessment, to a survey on their status of digital health implementation. The survey examined three domains of digital health implementation: a) policy enablers, b) technology enablers and c) enabling people. All 11 countries participated in the survey and detailed results for each country are included in the annual report as a two-pager country profile.

20. Summary results indicate that all countries in the Region are harnessing the power of digital health transformation to accelerate progress towards UHC and improve health service delivery. Expectedly, countries of the Region are in variable maturity levels of digital health implementation indicated by a simple digital health index (conjured between the three domains for each country) that ranges between 33 and 100.

21. The Region’s average digital health index is 63 (Fig. 8), with the lowest average score in the “enabling people” domain. This draws an overarching conclusion that most countries in the Region can steer their future efforts more towards a person-centric digital health transformation to improve health systems accountability for better health outcomes and to accelerate progress towards UHC and achieving the health-related SDGs.
The way forward

22. Fundamentally, the latest evidence on the underlying indicators of UHC and the health-related SDGs targets underscore the importance of the commitment of countries to assess, track and drive progress for a fast and more effective recovery towards achieving UHC and the health-related SDGs. Two common conclusions for most indicators are: firstly: the progress made to date is inadequate to achieve these goals in 2030; and secondly: it has been uneven across societies and regions, there being evident the need to focus on health inequities and the health needs of disadvantaged populations.

23. The COVID-19 pandemic and its consequences call for urgent attention on the part of Member States to build resilient health systems, minimize the pandemic’s negative consequences, and be better prepared to recover from and adapt to any future shocks of a similar or greater scale. Post-pandemic, progress in UHC and the health-related SDGs stagnated and even got derailed in some countries and over some sectors, and this also reflects a degree of underinvestment in the health systems. Even amid the fiscal stress that countries are facing on their road to recovery from the pandemic, they must continue to enhance public spending on health, particularly on primary health care, to enhance coverage and financial protection and improve emergency prevention, preparedness and response capacity.

24. To measure UHC and the health-related SDGs, it will not be sufficient to assess access and use of health services, but also to assess it for different segments of the population and for quality. It is imperative that countries strengthen HIS to produce health data outcomes and outputs disaggregated by income, sex, age, race, ethnicity, disability, geographical location and migratory status to assess any inherent inequities.
25. An effective and actionable way to monitor the health-related SDGs and UHC service coverage continues to be a challenge in the SE Asia Region due to the lack of a robust routine information system that produces timely and reliable data. Recognizing this challenge, the Regional Office is working closely with Member States to strengthen their health information systems including civil registration and vital statistics (CRVS) to produce high-quality, timely and best-possible data.

26. Critical attention is needed to improve regular data availability on financial protection to monitor the impact of UHC policies and programmes in reducing financial hardship and take timely corrective actions. It is also critical to measure and monitor unmet needs including forgone care.

27. Furthermore, for countries to accelerate progress on the health-related SDGs and the Triple Billion targets, periodic stocktaking is necessary to identify areas requiring considerable acceleration and priority evidence-based interventions that could be deployed to accelerate progress. For example, between November 2022 and January 2023, with the support of the WHO country and Regional Office, the Ministry of Health and Population in Nepal undertook the 100-day acceleration challenge, and selected five areas to drive measurable impact towards national targets by 2027 with data-informed acceleration scenarios.

Conclusions

28. This report, and the country profiles it contains, is a tool for action to support countries track their population health outcomes and to identify opportunities to address intervention coverage gaps and accelerate progress in improving coverage and health outcomes.

29. It is now more than ever that countries need to focus on PHC-oriented health systems that aim to provide comprehensive and quality-integrated services across the life-course and different levels of care and to perform essential public health functions. The evidence provided in this report makes a stronger public health and investment case that adopting the 12 strategic actions detailed in the SE Asia Regional Strategy for Primary Health Care 2022–2030 is fundamentally important to accelerate the progress of countries towards achieving UHC and the other health-related SDG targets.