

Monitoring progress on  
universal health coverage  
and the health-related  
Sustainable Development  
Goals in the South-  
East Asia Region



**2021 update**



Monitoring progress on universal health  
coverage and the health-related  
Sustainable Development Goals in  
the WHO South-East Asia Region

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World Health  
Organization  
REGIONAL OFFICE FOR South-East Asia

Monitoring progress on universal health coverage and the health-related Sustainable Development Goals in the WHO South-East Asia Region: 2021 update

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# Contents

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<b>Introduction by the Regional Director</b>	<b>1</b>
<b>PART 1 Trends and estimated projections of selected health-related SDG indicators, 2000–2030</b>	<b>3</b>
<b>PART 2 Progress towards universal health coverage and health-related SDGs in the WHO SEA Region: highlights</b>	<b>11</b>
<b>PART 3 Health equity: who is being left behind in the WHO SEA Region?</b>	<b>27</b>
<b>PART 4 Country-specific UHC and SDG data profiles</b>	<b>37</b>
Bangladesh	39
Bhutan	44
Democratic People’s Republic of Korea	49
India	54
Indonesia	59
Maldives	64
Myanmar	69
Nepal	74
Sri Lanka	79
Thailand	84
Timor-Leste	89
<b>Annex 1 Abbreviations</b>	<b>94</b>
<b>Annex 2 References</b>	<b>95</b>

the 1990s, the number of people in the UK who are employed in the public sector has increased from 10.5 million to 12.5 million, and the number of people in the public sector who are employed in health care has increased from 2.5 million to 3.5 million (Department of Health 2000).

There are a number of reasons for this increase. One of the main reasons is the increasing demand for health care services. The population of the UK is ageing, and there is a growing number of people with chronic conditions such as heart disease, diabetes, and asthma. This has led to an increase in the number of people who need to be treated in hospitals and other health care settings.

Another reason for the increase is the expansion of the public sector. The government has invested heavily in health care over the past few years, and this has led to an increase in the number of people who are employed in the public sector. This includes not only those who are employed in health care, but also those who are employed in other public sector jobs such as education and social care.

There are also a number of other factors that have contributed to the increase in the number of people in the public sector. One of these is the increasing number of people who are employed in the public sector on a part-time basis. This has led to an increase in the total number of people who are employed in the public sector, even though the number of full-time jobs has not increased as much.

Another factor is the increasing number of people who are employed in the public sector in non-health care jobs. This includes jobs such as those in education, social care, and the arts. This has led to an increase in the total number of people who are employed in the public sector, even though the number of people who are employed in health care has not increased as much.

There are a number of challenges that the public sector faces in the future. One of the main challenges is the increasing demand for health care services. The population of the UK is ageing, and there is a growing number of people with chronic conditions. This will lead to an increase in the number of people who need to be treated in hospitals and other health care settings.

Another challenge is the increasing number of people who are employed in the public sector on a part-time basis. This has led to an increase in the total number of people who are employed in the public sector, even though the number of full-time jobs has not increased as much. This may lead to a shortage of full-time staff in the future.

There are a number of ways in which the public sector can meet these challenges. One way is to invest in health care services. This includes investing in hospitals, clinics, and other health care facilities. This will help to ensure that there are enough people who are employed in health care to meet the demand for services.

Another way is to invest in education and training. This will help to ensure that there are enough people who are employed in the public sector on a full-time basis. This will help to ensure that there are enough people who are employed in health care to meet the demand for services.

## Introduction by the Regional Director

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It gives me great pleasure to introduce our sixth Annual Report on Monitoring progress towards universal health coverage (UHC) and the health-related Sustainable Development Goals (SDGs) in the South-East Asia (SEA) Region.

More than 18 months into the COVID-19 pandemic, amid vaccine rollouts, the Region continues to face challenges in providing uninterrupted essential health service delivery and maintaining progress in health. As we approach 2030, it is more important than ever for Member States to maintain essential health services, accelerate progress and renew their commitment towards UHC and the health-related SDGs, as we build a stronger and resilient post-COVID-19 Region.



Towards that goal, this report provides Member States information on where we are and what is needed to achieve UHC and the health-related SDGs. For this year's report, we have continued to follow the same format as in earlier years, but with some new features, which I highlight below.

### What is new in this year's publication?

This year's report for the first time features estimated trajectories for selected health-related SDG indicators up to the year 2030. Through these projections Member States can gauge whether or not they are currently on track towards reaching the SDG global and national targets. There is also a section focused on health inequity. The section features use of equity-stratified disaggregated data to assess who is being left behind in the Region.

Part 1 of this year's report illustrates the 2030 trajectories for 22 health-related SDG indicators on which enough past trend data was available to make calculations. Below are key points from the 2030 projections:

- All Member States are making progress on most health-related SDGs indicators. However, they are at different stages of progress.
- Even without accounting for the impact of the COVID-19 pandemic, no country in the Region is projected to meet all health-related SDG targets.
- None of the indicators will be achieved by all countries of the Region.

Part 2 of the report highlights progress towards universal health coverage and the health-related SDGs. UHC is monitored by examining access to needed health care and financial protection using the United Nations Inter-Agency and Expert Group (IAEG) indicators and methodologies. The essential health service index varies between 47% and 82% across Member States. Although service coverage is improving, it is not improving fast enough to achieve the 2030 target. Further, there is low financial protection in the Region. Even before the COVID-19 pandemic, many Member States of the Region had very low levels of public funding for health and high out-of-pocket (OOP) spending. The COVID-19 pandemic is expected to further exacerbate the situation.

Progress continues on reproductive, maternal, neonatal and child health, and most communicable diseases. In the past two decades maternal and child mortality has significantly declined. The Region has made substantial progress in reducing malaria cases and deaths and is on track to reach the target of 40% reduction in malaria case incidence and mortality. However, TB remains the biggest cause of death due to communicable diseases in the Region. The Region's annual decline of 3% in TB incidence between 2015 and 2019 is not enough to reach 2030 target for ending TB.

Non-communicable diseases (NCDs) account for 69% of deaths in the Region. There has also been a steady decrease in mortality from suicide, unintentional poisoning and road traffic injuries, but many more of these deaths can still be prevented. Moving forward, political commitment and efforts to prevent and control NCDs will be required.

As the Region recovers from the impact of COVID-19, it is imperative that countries increase public investment in health, directing them towards ensuring efficient and equitable financing of primary health care (PHC), human resources for health, and access to essential medical products, with a focus on the most vulnerable. Robust PHC that provides integrated services will enable countries to make faster progress towards achieving UHC and overall health system resilience

Part 3 of this report examines health equity and who is being left behind. Health disparities still exist between and within countries. Vulnerable populations continue to have lower access to care. Populations belonging to the poorest wealth quintile are less likely to have access to key health services such as institutional delivery and skilled birth attendance than those belonging to the wealthiest quintile. Violence against women, which is rooted in gender inequality, remains a significant health issue in the Region. Identifying and addressing health inequalities and their determinants is essential for achieving health equity. However, data in the Region continues to lag. Reliable, high quality and timely disaggregated data are needed for policy makers to monitor health inequalities and take corrective actions, ensuring equitable access to and uptake of health services so that no one is left behind.

Part 4 of the report is on Member States' SDG profile, reporting on health and health-related SDGs using nationally reported data and estimates. This year's profile has a dedicated section on equity, where health inequities within countries are examined across three stratifiers: wealth, maternal education and geography.

I encourage all countries and partners to utilize the information and analysis contained

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