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

2021 update

World Health Organization
REGIONAL OFFICE FOR South-East Asia

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Introduction by the Regional Director

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 are we 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 herein to sustain and accelerate progress towards our Flagship Priorities and the SDG targets, and the fairer, healthier, more sustainable Region to which we are committed.

Dr Poonam Khetrapal Singh
Regional Director
WHO South-East Asia Region

PART 1
Trends and estimated projections of selected health-related SDG indicators, 2000–2030

This section provides 2030 projections for selected health-related Sustainable Development Goal (SDG) indicators which have past trend history. Most of the SDG data estimates often lag by few years and data beyond 2019 are rare. If the health-related SDGs are to be achieved, projections will be critical to know whether the Member States are currently on track towards achieving these goals or require accelerated progress.

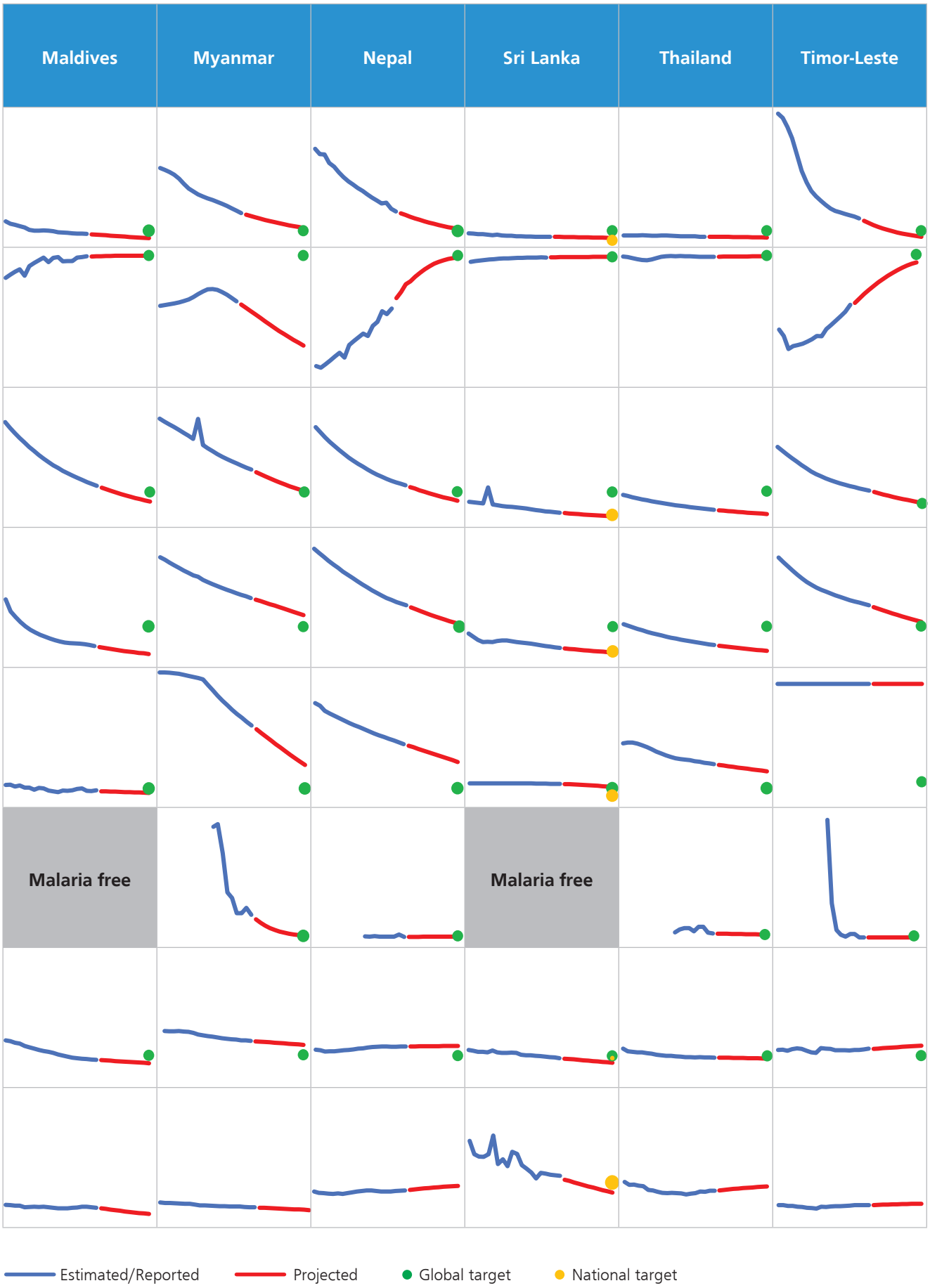
The projections are based on past trends and global estimates using time series modelling and/or annual average rate of reduction as appropriate. The projection methods use a "business as usual" approach based on the observed trends in existing data. They do not account for service delivery disruptions or other impacts from the COVID-19 pandemic. Modelling the service delivery disruptions, excess mortality, and other public health effects of COVID-19 are important and are under way but require further data before they can be included.

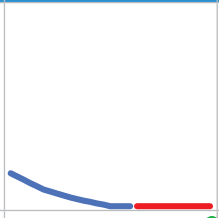
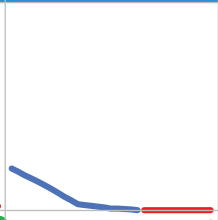
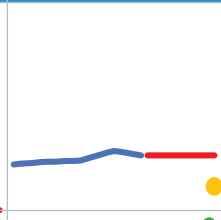
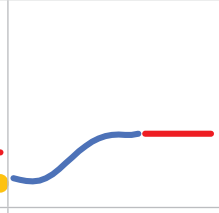
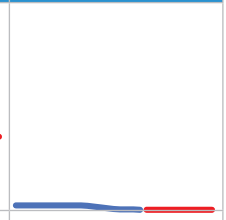
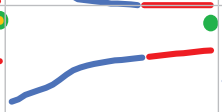
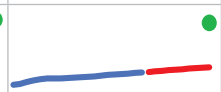
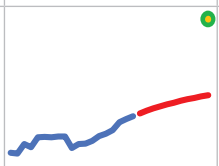
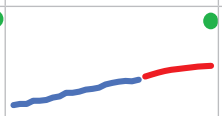
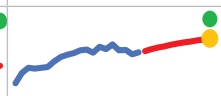
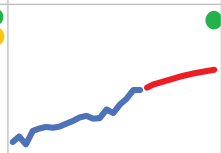
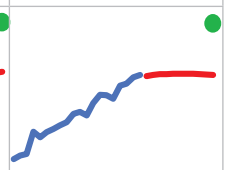
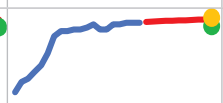
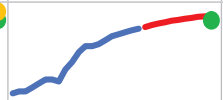
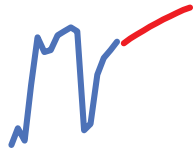
This report includes the most recent and best available data for health and health-related indicators. All the health-related SDG indicators used in this report are aligned with global definitions and consistent with global health estimates, data and indicators presented in the WHO Global Health Observatory (GHO).

Fig. 1. **Trends and estimated projections of selected health-related SDG indicators in Member States of the WHO SEA Region, 2000–2030**

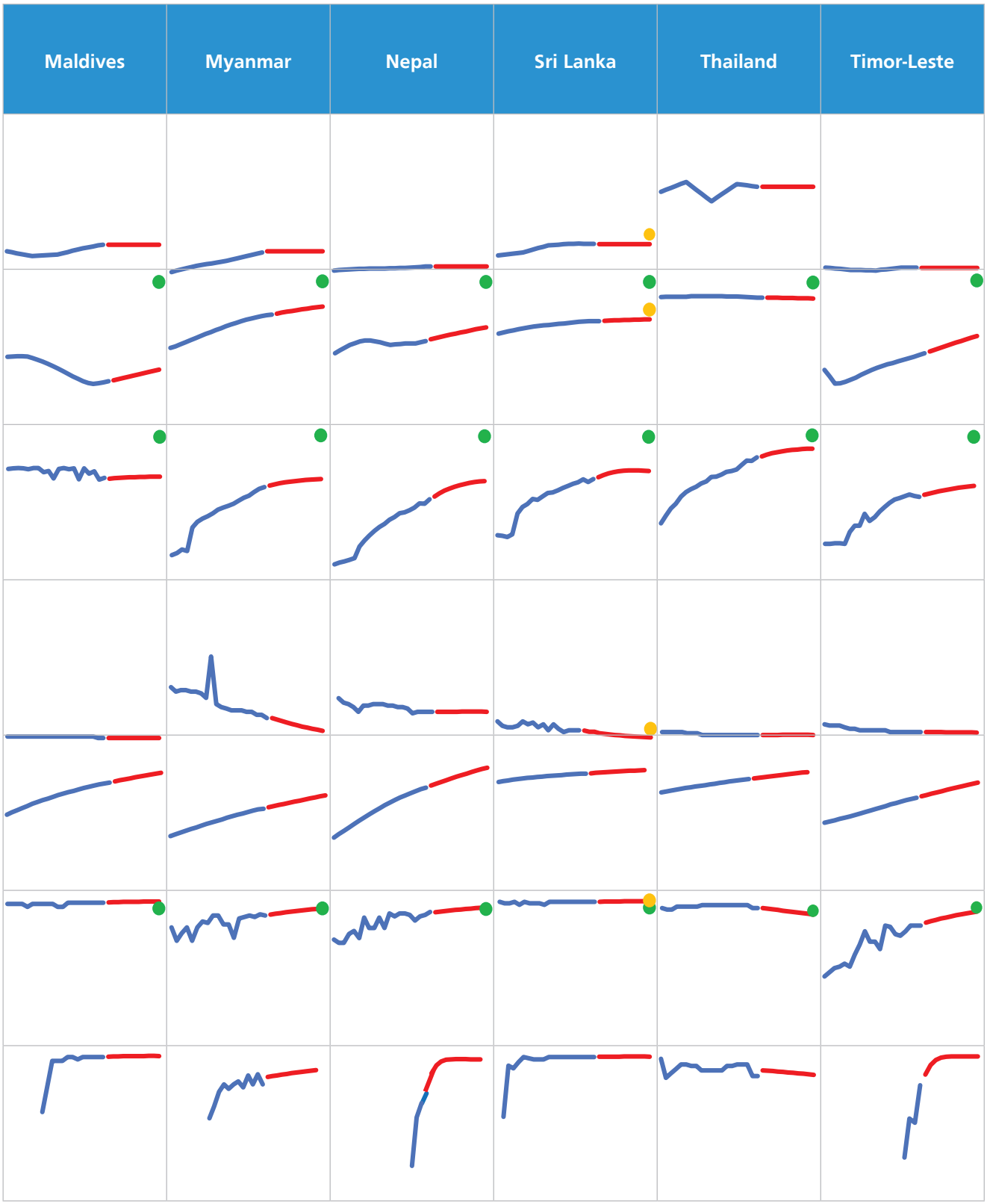
SDG target	Indicator	Bangladesh	Bhutan	DPR Korea	India	Indonesia
3.3.1	Maternal mortality ratio					
3.1.2	Proportion of births attended by skilled health professional (%)					
3.2.1	Under-five mortality rate					
3.2.2	Neonatal mortality rate					
3.3.2	TB incidence (per 100 000 population)					
3.3.3	Malaria incidence					
3.4.1	Probability of dying from any of CVD, cancer, diabetes, CRD (aged 30-70) (%)					
3.4.2	Suicide mortality (per 100 000 population)					

Source: Estimated or reported values are derived from WHO global health observatory (https://www.who.int/data/gho, accessed 21 July 2021).


Maldives
Myanmar
Nepal
Sri Lanka
Thailand
Timor-Leste
Malaria free
Malaria free
Estimated/Reported
Projected
Global target
National target

SDG target	Indicator	Bangladesh	Bhutan	DPR Korea	India	Indonesia
3.5.2	Total alcohol per capita consumption in adults aged 15+ (ltr of pure alcohol)					
3.7.1	Married or in-union WRA who have their need for FP satisfied with modern methods (%)					
3.8.1	Coverage of essential health services					
3.9.3	Mortality rate from unintentional poisoning (per 100 000 population)					
3.a.1	Prevalence of tobacco non-use					
3.b.1	DTP3 immunization coverage among 1-year-olds (%)					
3.b.1	MCV2 immunization coverage by the nationally recommended age (%)					

Source: Estimated or reported values are derived from WHO global health observatory (https://www.who.int/data/gho, accessed 21 July 2021).



Estimated/Reported Projected Global target National target

SDG target	Indicator	Bangladesh	Bhutan	DPR Korea	India	Indonesia
3.c.1	Skilled health professionals density (per 10 000 population)					
2.2.1	Children under 5 years who are stunted					
2.2.2	Children under 5 years who are wasted					
2.2.3	Children aged under 5 years who are overweight					
6.1.1	Proportion of population using safely managed drinking-water services (%)					
6.2.2	Proportion of population using hand-washing facility (%)					
7.1	Proportion of population with primary reliance on clean fuels and technologies (%)					

Source: Estimated or reported values are derived from WHO global health observatory (https://www.who.int/data/gho, accessed 21 July 2021).

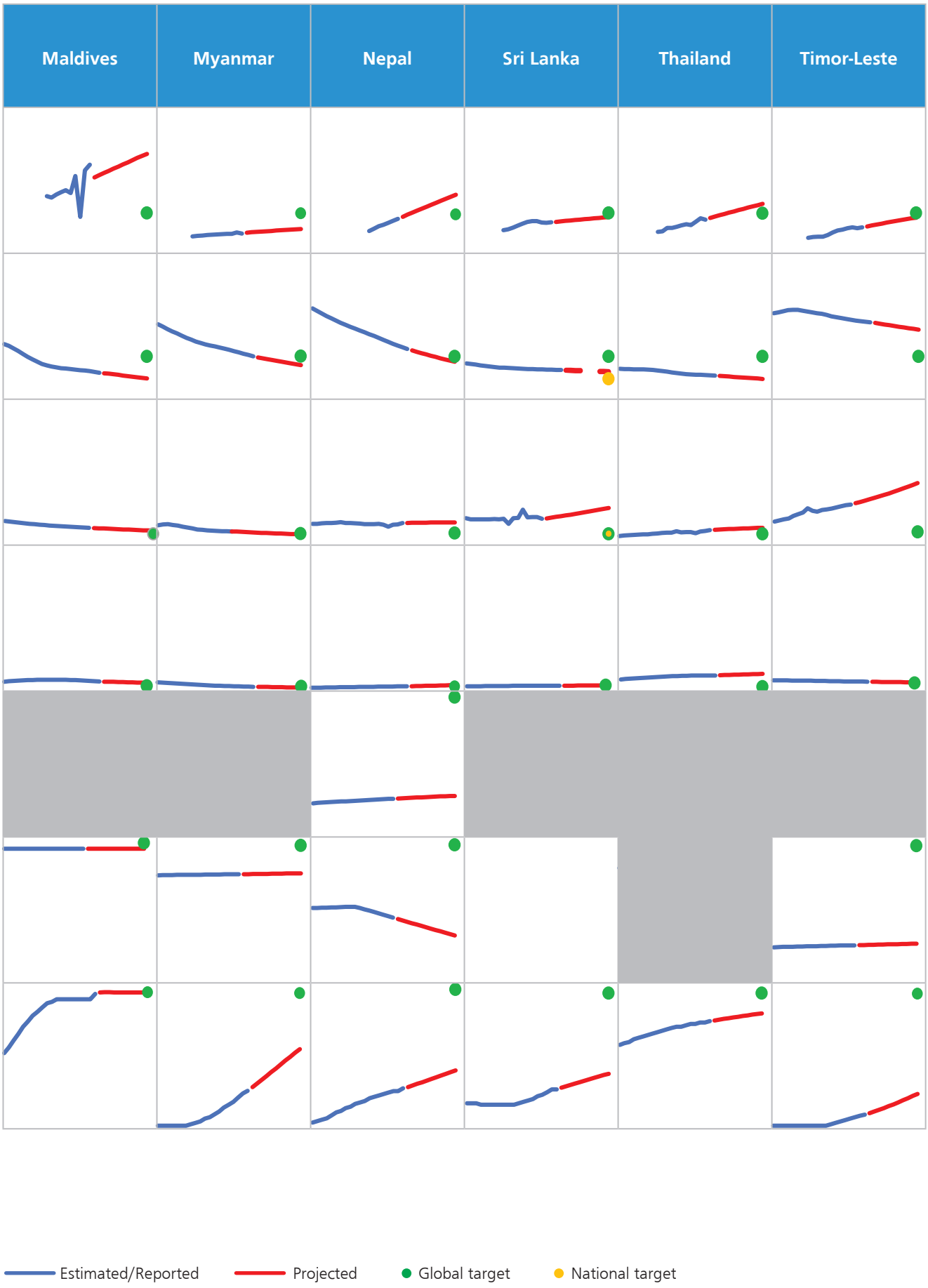

Maldives
Myanmar
Nepal
Sri Lanka
Thailand
Timor-Leste
Estimated/Reported
Projected
Global target
National target

Fig. 1 illustrates the historical trends from reported or imputed data from 2000 to 2019 (blue lines) and projections for the period 2020–2030 (red lines) for selected health-related SDG indicators with adequate data available to produce the forecast estimates. Not all the health-related SDG indicators have global or national targets. Wherever available, the targets have been indicated. The green dot indicates the global target and a yellow dot is a national target. The grey box indicates missing data. All projections are conducted using R statistical computing software using time-series model with integrated nested Laplace approximation (INLA) wrappers developed by WHO and/or average annual rate of reduction where appropriate. These projections and methods will be made available via interactive dashboards in the health information platform (HIP) for the WHO South-East Asia (SEA) Region *(1)* for Member States to regularly and easily analyse and access the progress.

Based on the projections, all the Member States of the Region are making positive progress towards achieving these health-related SDGs. However, all countries are in different stages of progress. While interpreting trajectories it is important to remember that not all health-related SDG indicators have the same global and national targets. There are some indicators with different global and national targets such as maternal mortality ratio (SDG target 3.1.1). Global SDG target for maternal mortality ratio (MMR) is 70 deaths per 100 000 live births while national targets are calculated based on 2/3rd reduction from 2010 MMR value and no country should have a MMR of more than 140 per 100000 live births or more Based on the global SDG targets, three countries of the Region (Maldives, Sri Lanka and Thailand) have already achieved global maternal mortality ratio target of less than 70 deaths per 100 000 live births, and by 2030 additional three countries (DPR Korea, India and Timor-Leste) are expected to achieve the global maternal mortality ratio target.

The projections indicate that without even accounting for the impact of the COVID-19 pandemic, no country is expected to meet all the health-related SDG global or national targets for which data and indicators are available. There are some health-related targets such as SDG target 3.3.2 (i.e. to end epidemic of TB) or SDG target 6.1.2 (proportion of population using handwashing facilities [%]), which no country of the Region is expected to meet.

Similarly, there is no health-related SDG indicator that all the countries of the Region are projected to achieve. However, with accelerated efforts, global targets could be met by all Member States; for example, nine Member States are expected to achieve the global under-5 mortality rate target of less than 25 deaths per 1000 live births, and the remaining two Member States (Myanmar and Timor-Leste) are projected to come close to achieving the target. Therefore, with enhanced effort on child health programmes to mitigate under-5 mortality, these countries could also meet the global targets.

Fig. 1 highlights data gaps in the Region. For instance, a majority of the Member States do not have data for SDG target 6.1.1 (proportion of population using safely managed drinking water services [%]); and none of the four countries with data availability (Bangladesh, Bhutan, DPR Korea and Nepal) will meet the target.

The 2030 health-related SDG projections were developed to inform Member States whether they are on track to meet the SDG targets, and if not how far off-track they are and also inform programmes the amount of effort needed to achieve the targets. In 2022, the impact of COVID-19 will be analysed to further inform Member States regarding their path towards achieving the health-related SDG targets.

PART 2
Progress towards universal health coverage and health-related SDGs in the WHO SEA Region: highlights

This section provides a regional overview of progress towards universal health coverage (UHC) and the health-related SDG targets. This year, this section includes WHO Thirteenth General Programme of Work (GPW13) triple billion targets, progress and projections.

Universal health coverage

Universal health coverage (UHC) is about all people getting the health care they need, of sufficient quality to be effective, and without financial hardship. In the health SDG monitoring framework, UHC is SDG target 3.8, and has two indicators: one to monitor progress on access to essential health services (3.8.1), and one to monitor financial protection (3.8.2). The UN Inter-Agency and Expert Group (IAEG) has endorsed that the coverage of essential health services is measured using the "essential health service coverage index". It has been used in the WHO SEA Region since 2016. Financial protection is reported by measuring catastrophic health expenditure. The calculation methods of the essential health service coverage index are being continuously refined and data updated regularly.

Essential health service coverage

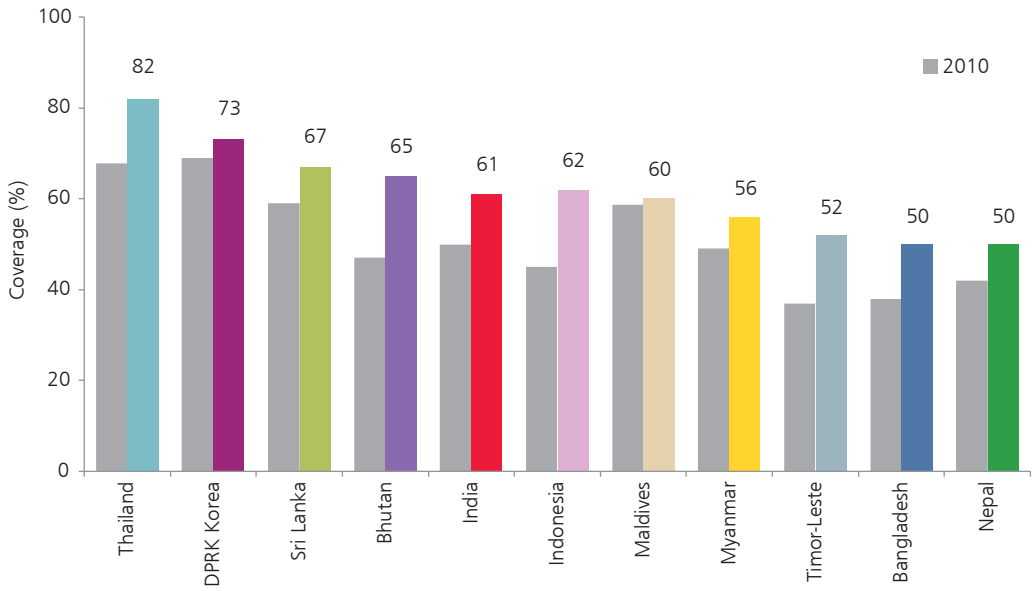
The essential health service coverage index is currently made up of four indices calculated on the basis of the geometric mean across four groups, or 16 indicators in areas of: reproductive, maternal, newborn, and child health; infectious diseases; noncommunicable diseases; and health service capacity and access. It provides a concise way of tracking progress across a range of key services over time.

Currently, only 14 of the essential health service coverage indicators are used globally due to limitations on availability of data. The WHO SEA Region uses 13 of the essential health service coverage indicators as use of insecticide-treated nets is not included because no country of the Region is considered at high-risk for malaria. As with all summary indices, essential service coverage provides an approximate picture. The measurement methods of the index continue to evolve. Any change in a country's index can therefore be due to a real change in service coverage but may also be influenced by adjusted methods and data available.

All countries of the SEA Region are already making progress towards UHC (Fig. 2). However, the progress is not fast enough. The greatest progress has been driven mainly by interventions for infectious diseases and reproductive, maternal, newborn and child health (RMNCH) services. Enhanced progress in the area of other three areas particularly service capacity and access is needed to improve the coverage of essential health service index. The regional average for the UHC essential health service index is 61% in 2020 compared with 49% in 2010, without accounting for COVID-19 impact.

Time-series modelling was conducted to develop 2030 projections for coverage of essential health services. Based on the results, the coverage of essential health services is expected to vary in 2030 from 61% to 91% across the 11 Member States. Only two Member States of the Region are expected to achieve essential health service coverage of greater than 80%.

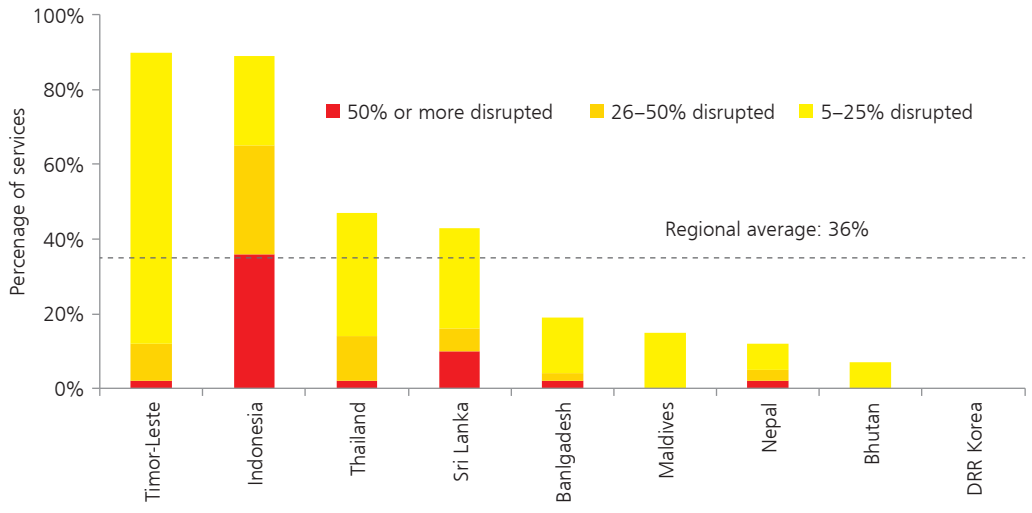
Fig. 2. **Changes in coverage of essential health services in Member States of the WHO SEA Region, 2010–2020**



Sources: Health information platform for WHO South-East Asia Region. In: World Health Organization [online database] (http://hip.searo.who.int, accessed 4 June 2021); Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) 2007–2020.

More than a year into the COVID-19 pandemic, health systems of most countries are still not able to provide undisrupted health services. The second round of WHO PULSE survey, which was conducted in the first quarter of 2021, revealed substantial disruption to essential health services in the Region. Nine countries that responded experienced a disruption to some extent. On average, countries reported disruptions to nearly one third of services (Fig. 3). Fortunately, moving forward gains and partial rebounds are expected in service coverages as all the countries of SEA Region have implemented national policies and strategies for continuing essential health services. Additionally, it is as critical to focus on mainitaining quality of essential health services. Poor-quality health care remains an issue In the Region and exacts a heavy toll on health and the economy (8).

Fig. 3. **Disruptions to essential health services in Member States of the WHO SEA Region, January–March 2021**



Source: WHO second national pulse survey on continuity of essential health services during the COVID-19 pandemic, January–March 2021.

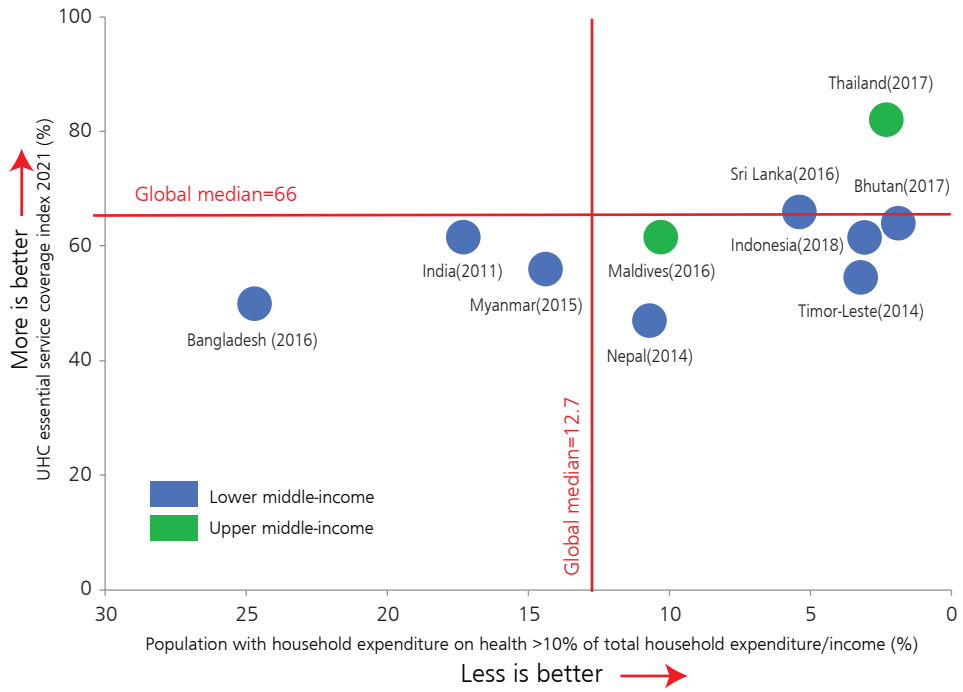
Financial protection

Financial protection measured through percentage of population facing catastrophic health expenditure is one of the key components to enable Member States to progress towards achieving the UHC. The catastrophic health expenditure (SDG target 3.8.2) is defined as population with household expenditure on health >10% of total household expenditure/income (%). In the Region, catastrophic health spending varied between 2% and 25%. Approximately, 16% of the population of the Region (307.4 million people) experienced catastrophic health spending in 2015.

Today, globally, millions of people do not access services due to the cost while many receive services of poor quality even when they pay out-of-pocket *(2)*. 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 spending. The impact of the COVID-19 pandemic is expected to further exacerbate the situation as there is growing evidence of income shrinking, poverty increasing and households forgoing health care as a result of the pandemic *(3)*.

Fig. 4 puts the two dimensions of UHC together for Member States of the Region *(4)*. To show how the Region stands in relation to the global median figures from 2019 for both dimensions are included (red lines) *(5)*.

Fig. 4. **Comparison of health service coverage and financial protection in Member States of the WHO SEA Region by income level, 2021**



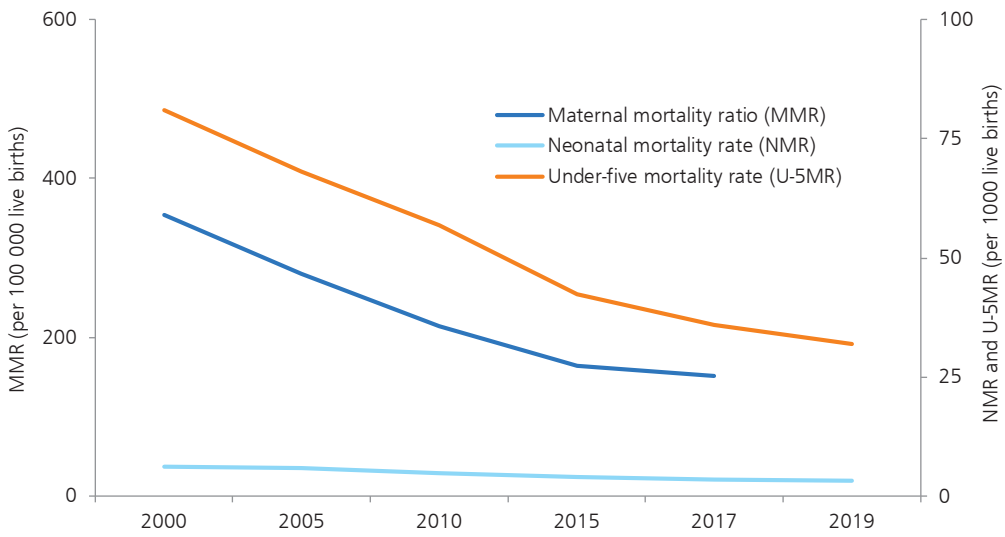
Source: Health information platform for the WHO South-East Asia Region. New Delhi: World Health Organization; 2021 (http://hip.searo.who.int/dhis, accessed 21 July, 2021).

Other health-related SDG targets: regional highlights

Reproductive, maternal and child health

The Region continued to make significant progress in reducing maternal and child mortality (Fig. 5). Between 2000 and 2017, the SEA Region witnessed the largest reduction of 53% maternal mortality compared to the global level of 38%. The under-5 mortality rate has reduced from 34 per 1000 live births in 2018 to 32 per 1000 live births in 2019, while neonatal mortality remained at 20 per 1000 live births *(6)*. As maternal and child mortality continues to improve, it is also essential to examine the outcomes with an equity lens to ensure no population subgroup is being left behind.

Fig. 5. **Trends in mortality in the WHO SEA Region, 2000–2019**



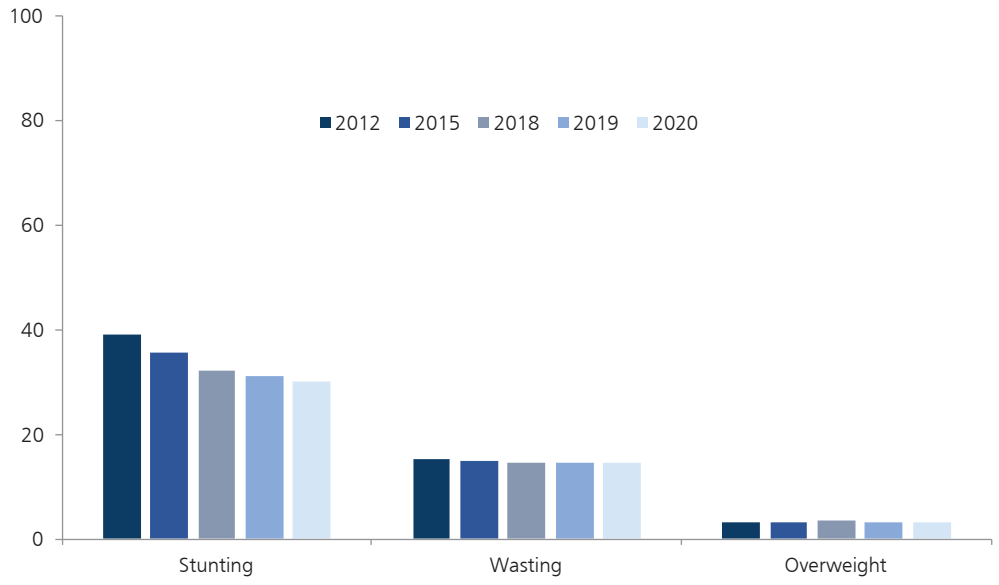
Source: Maternal mortality: levels and trends 2000–2017; Levels and trends in child mortality; United Nations Inter-Agency Group for Child Mortality Estimation Report, 2019.

In the past two decades, the proportion of women of reproductive age who have their need for family planning satisfied with modern methods has increased from 68.8% to 75.3% *(7)*. Despite the gains, the Region has to make accelerated progress in order to achieve universal access to family planning by 2030. It is essential to identify key barriers associated with family planning such as lack of access and choices, quality of services, myths and misconceptions and address these barriers accordingly to increase its uptake.

There has also been substantial increase in births assisted by skilled health personnel in the Region between 2003 and 2020 from 48% to 81% *(7)*. However, the COVID-19 pandemic may threaten these advances as a result of national lockdowns, essential health service disruptions and fears associated with health facilities *(3)*. To ensure that essential services such as child delivery are not compromised, the Regional Office for the SEA Region is supporting Member States' effort to non-interrupted services in their essential health service delivery packages.

The WHO SEA Region bears much of the burden of child malnutrition, with 51 million children stunted (over a third of the global burden), 25 million wasted (over half of all cases of global wasting), 5 million overweight (nearly one seventh of the total global cases of overweight) and 41.9 million underweight (nearly half of the total global cases of underweight). The regional prevalence of stunting, underweight, wasting and overweight among children under 5 years of age in 2020 were 30.1%, 24.8%, 14.5% and 3.3%, respectively *(2)* Since 2012, stunting has decreased by 9.1%, underweight by 18.4% and wasting by only 0.7% while prevalence of overweight has increased by 0.1% (Fig. 6).

Fig. 6. **Prevalence of wasting, stunting and overweight in children in the WHO SEA Region, 2012–2020**



Source: Global health observatory. Geneva: World Health Organization; 2021.

Infectious diseases

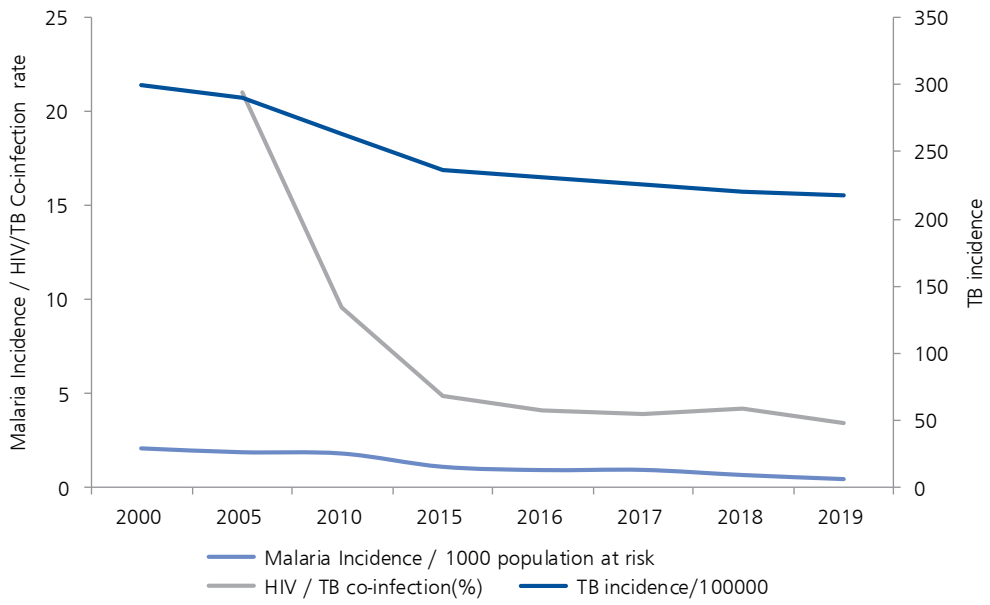
The Region continues to witness varied burden of diseases from major communicable diseases: HIV/AIDS, tuberculosis (TB), hepatitis and malaria (Fig. 7). There has been a reduction of 39% in HIV/AIDs-related deaths since 2000 *(8)*. A focused approach on prevention through community-led interventions for and with key populations has proven to be successful in AIDS response in the SEA Region *(9)*. Innovative approaches in service delivery and preventions are key to end the HIV/AIDS epidemic in the Region.

High burden of TB continues to prevail in the Region and is the leading cause of communicable disease-related deaths. There has been a steady annual decline of 3% in TB incidence between 2015 and 2019, which is not enough to reach the 2030 target for ending TB *(10)*. There is need in the Region to accelerate efforts to combat TB through early case detection, treatment and prevention programmes.

The Region has made substantial progress with reductions of 73% and 74% malaria cases and deaths, respectively, between 2000 and 2019 *(11)*. It is worth noting that the SEA Region is the only WHO region that is on track to reach the target of 40% reduction in malaria case incidence and mortality.

In the Region, there has been slow progress in scaling up the access to diagnosis and treatment of hepatitis, and mortality has not yet declined. In 2019, there were 260 000 new infections and 180 000 deaths from hepatitis B and 230 000 new infections and 38 000 deaths attributed to hepatitis C *(12)*. The Region also has major gaps between diagnosis and treatment for hepatitis B and C. There is an urgent need to increase priority to hepatitis in the Region with improved financing and investment to enable sustainable progress towards its elimination.

Fig. 7. **Trends in major communicable diseases in the WHO SEA Region, 2000–2019**



Source: Global health observatory. Geneva: World Health Organization; 2021. Malaria incidence calculated based on confirmed cases.

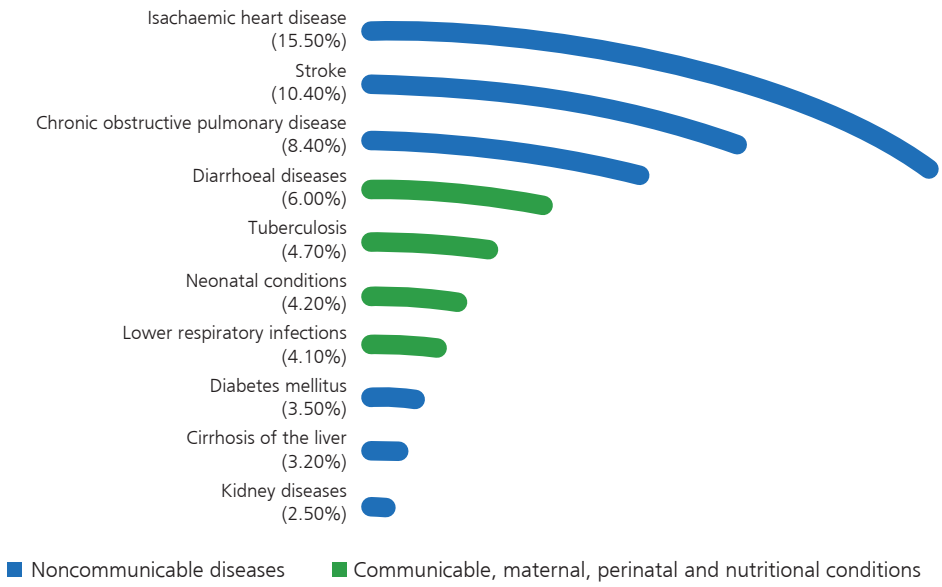
Noncommunicable diseases and injuries

Mortality due to NCDs

Noncommunicable diseases (NCDs), such as cardiovascular diseases, cancer, diabetes and chronic respiratory diseases, are the leading cause of death in the Region and are responsible for approximately 69% of deaths. A significant proportion of these deaths are premature, which is a major public health concern. Ischaemic heart disease, followed by stroke and chronic obstructive pulmonary disease are top causes of deaths in the Region (Fig. 8).

In recent years, Member States of the SEA Region have made political commitment to address the global NCD epidemic and scaled up their efforts to accelerate action on NCDs and mental health. Moving forward, political commitment and efforts to prevent and control NCDs such as integration of NCD services within primary health care (PHC) will be essential to tackle the NCDs.

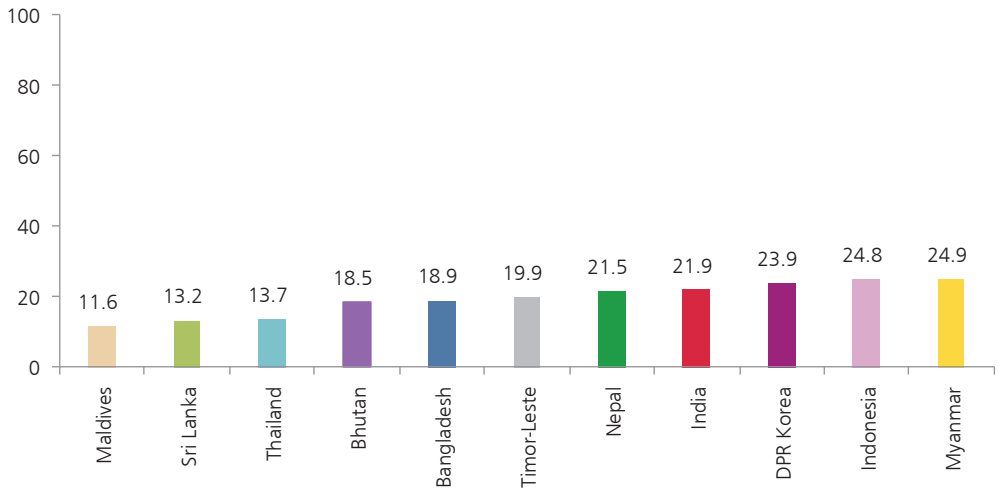
***Fig. 8.* Top 10 causes of death in the WHO SEA Region, 2019**



Source: WHO global burden of disease 2019. Geneva: World Health Organization; 2021.

Premature NCD mortality measured as probability of dying from one of the four major NCDs (cancer, cardiovascular diseases, diabetes and chronic respiratory diseases) between the ages 30 and 70 years has decreased from 24.8% in 2000 to 21.6% in 2019. However, this decline is not fast enough. The Region has one of the slowest 20-year decline in comparison to global and other WHO regions. Premature NCD mortality varies across countries of the SEA Region. The percentage of premature NCD mortality was highest in Myanmar (24.9%) and lowest in Maldives (11.6%) (Fig. 9).

***Fig. 9.* Probability (%) of dying between exact ages 30 and 70 years from any of cardiovascular disease, cancer, diabetes or chronic respiratory illness in Member States of the WHO SEA Region, 2019**

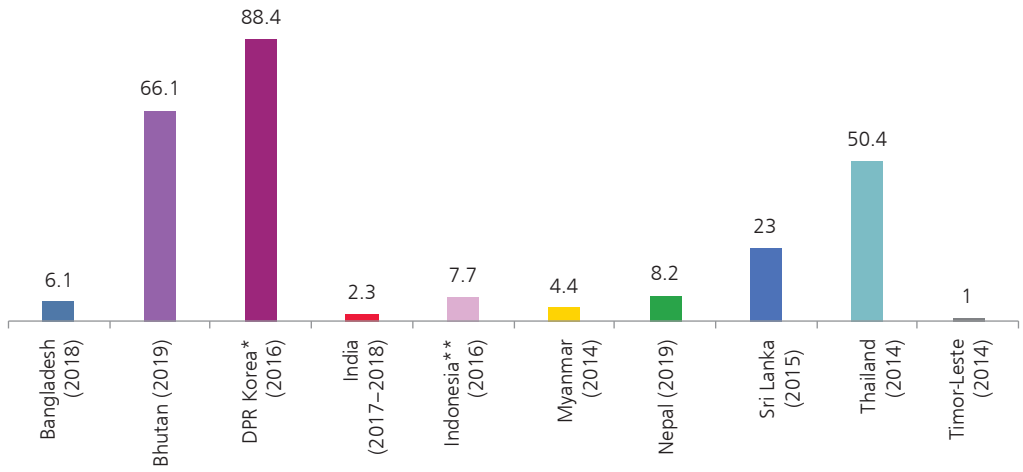


Source: Global health observatory. Geneva: World Health Organization; 2021.

Cervical cancer screening

Cervical cancer is one of the most common cancers among women of the Region. To mitigate the problem of cervical cancer, investment in vaccination, screening, detection and treatment is essential. Data availability on coverage of cervical cancer screening is improving. We now have data for 10 Member States. The cervical cancer screening coverage remains low among most Member States (Fig. 10). Only three Member States – Bhutan, Democratic People's Republic of Korea (DPR Korea) and Thailand – have screened more than half the women.

Fig. 10. **Latest estimates of coverage of cervical cancer screening among women 30–49 years of age in Member States of the WHO SEA Region**



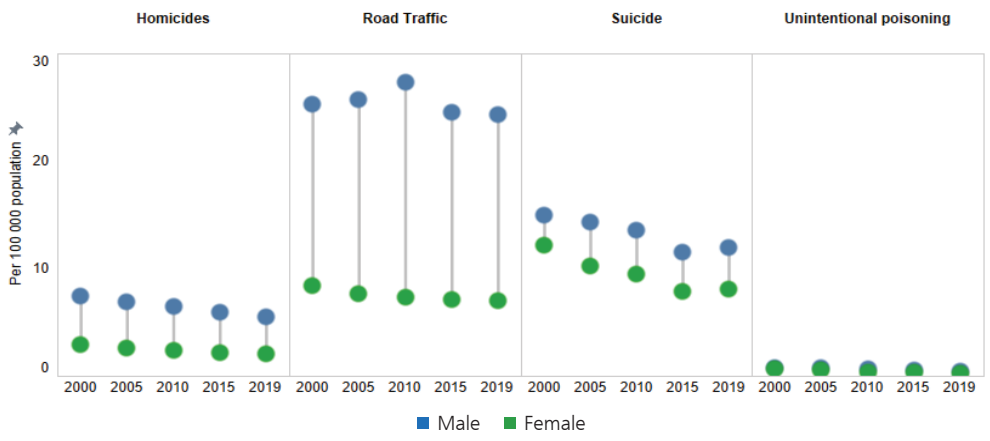
* Women 30–44 years; ** Women aged 20 years

Source: Calculated from WHO STEP surveys. Geneva and New Delhi: World Health Organization; 2014–2019 (respective years in parentheses by country) and for Indonesia (Sirkenas 2016 Health indicator survey report) and Thailand (NHES, 2014).

Injuries

Injuries account for 8.8% of all regional deaths *(13)*. A majority of these are premature. In 2019, more than one million people died of unintentional or intentional injuries in the Region *(13)*. The SDGs address deaths from four type of injuries – homicide, road injury, suicide and unintentional poisoning. Since 2000, there has been an overall downward trend in deaths from these specific types of injury, but many more of these deaths can still be prevented. For all four types of injuries, males tend to have a higher death rate than females; however, the proportion of difference differs by the injury. The proportion of difference by sex for the injuries is highest for road traffic accidents and least for unintentional poisoning (Fig. 11).

Fig. 11. **Crude death rate by 100 000 population for road injury, suicide, unintentional poisoning and homicide in the WHO SEA Region, by sex, 2000–2019**



Source: WHO global burden of disease 2019. Geneva: World Health Organization; 2021.

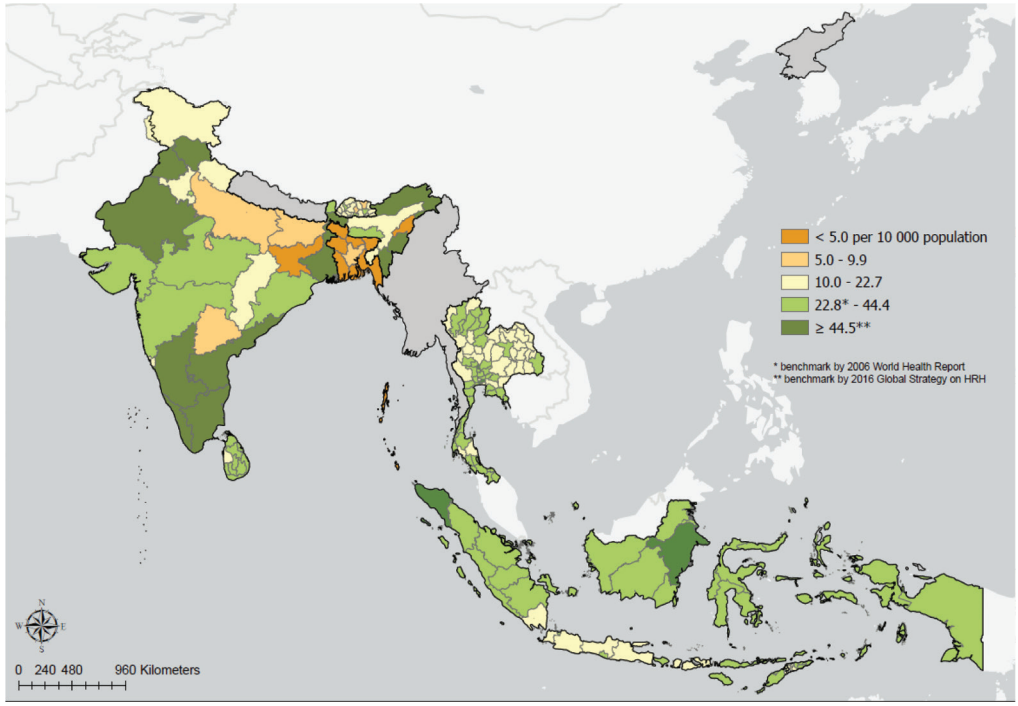
Mental health

Mental health constitutes a significant burden in the Region. In 2019, depressive disorder was ranked as one of the leading (top 20) causes of disability-adjusted life years (DALYs). It is likely that the consequences of the COVID-19 pandemic including its social and economic impact have further worsened mental well-being of many people. Early detection and appropriate management of mental health conditions through a multisectoral approach is important to ensure timely and appropriate care. However, access to mental health care continues to be inadequate. Four out of five people do not have access to mental health care in the Region *(14)*, which is further exacerbated by service disruptions due to the pandemic. The second round WHO pulse survey showed that more than a third (among six countries) of mental, neurological and substance use disorder essential health services were still disrupted, preventing people from getting the care they need. Among the mental, neurological and substance use disorder services, school mental health programmes, neuroimaging and neurophysiology and services for children and adolescents were the most disrupted services (50%). As we continue to navigate into the pandemic world, innovative service delivery mechanisms such as telemedicine are being implemented to overcome mental health service disruption and health workers are being virtually trained to detect, manage and treat mental health issues.

Health systems

The availability of doctors, nurses and midwives in the Region has increased by 21% since the launch of the decade for health workforce strengthening in the SEA Region (2015 –2024) 6 years ago *(15)*. However, within countries variations in distribution of health workers continue to exist by province or state. Sri Lanka has the lowest geographical variation (Fig. 12).

Fig. 12. **Distribution of doctors, midwives and nurses across Member States of the WHO SEA Region, 2018**



Source: The decade for health workforce strengthening in the SEA Region 2015–2024: mid-term review of progress. New Delhi: World Health Organization, Regional Office for South-East Asia; 2020.

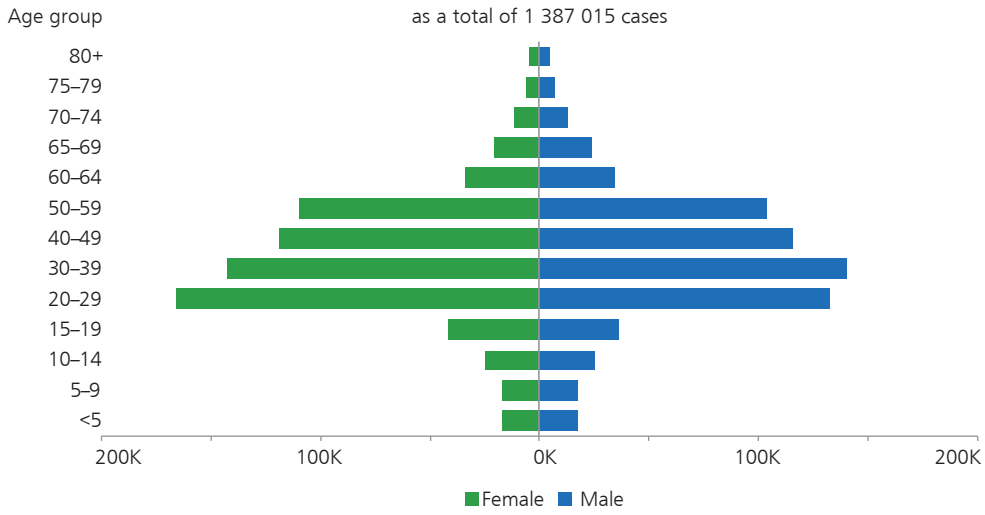
On core capacity for the International Health Regulations (IHR), the reported preparedness index for the Region rose from 56% in 2018 to 63% in 2020 *(16)*. International health and preparedness continues to be challenged as a result of the COVID-19 pandemic. The COVID-19 pandemic has exposed the need to invest in strong PHC that provides integrated services across different levels of care. In 2018, per capita spending on PHC varied between US$ 32 and US$ 60 *(17)*. An increased public investment in health directed at ensuring efficient and equitable financing of PHC, human resources for health, and access to essential medical products, with focus on vulnerable population will help strengthen health systems, achieve the UHC and on a path of recovery from impact of COVID-19.

Equitable recovery from the COVID-19 pandemic

COVID-19 cases and deaths

As of 28 July 2021, the Region had reported 37 888 962 cases and 557 481 deaths *(18)*. This accounts for approximately 19% of COVID-19 cases and 13% of deaths worldwide. Currently, limited data are available to conduct equity analysis between countries and population subgroups within countries. Available data show that the number of COVID-19 cases does not differ significantly between males and females (48.6% vs 51.4% of all reported cases); however, the number of deaths is markedly higher among males than females (61.8% vs 38.2% of all deaths) (Fig. 13 and Fig. 14) *(19)*.

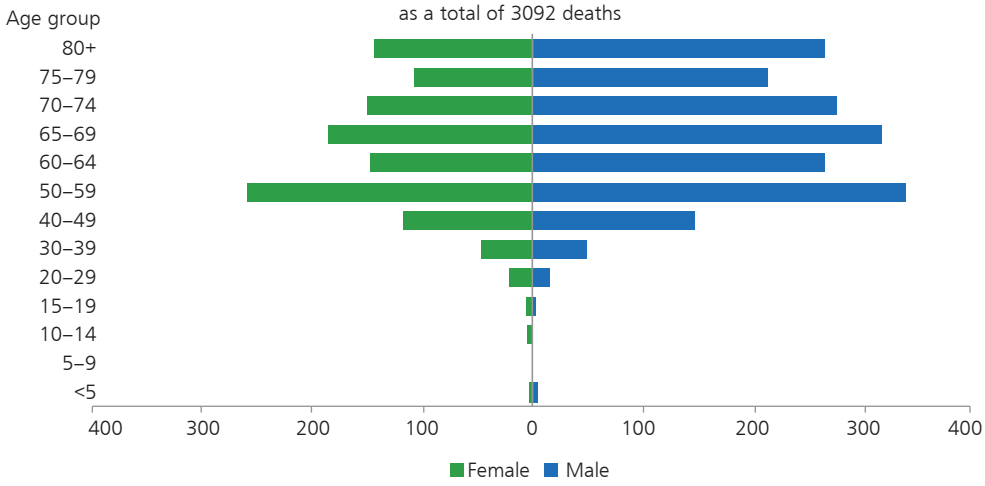
Fig. 13. **Probable and confirmed COVID-19 cases, by sex, in four Member States of the WHO SEA Region, 30 December 2019 to 19 July 2021**



Note: The figure includes data from the following four Member States: Bhutan, Indonesia, Myanmar, Timor-Leste.

Source: WHO COVID-19 detailed surveillance dashboard (https://covid19.who.int/table, accessed 29 July 2021).

Fig. 14. **Probable and confirmed COVID-19 deaths, by sex, in five Member States of the WHO SEA Region, 30 December 2019 to 19 July 2021**



Note: The figure includes data from the following four Member States: Bhutan, Indonesia, Myanmar, Timor-Leste.

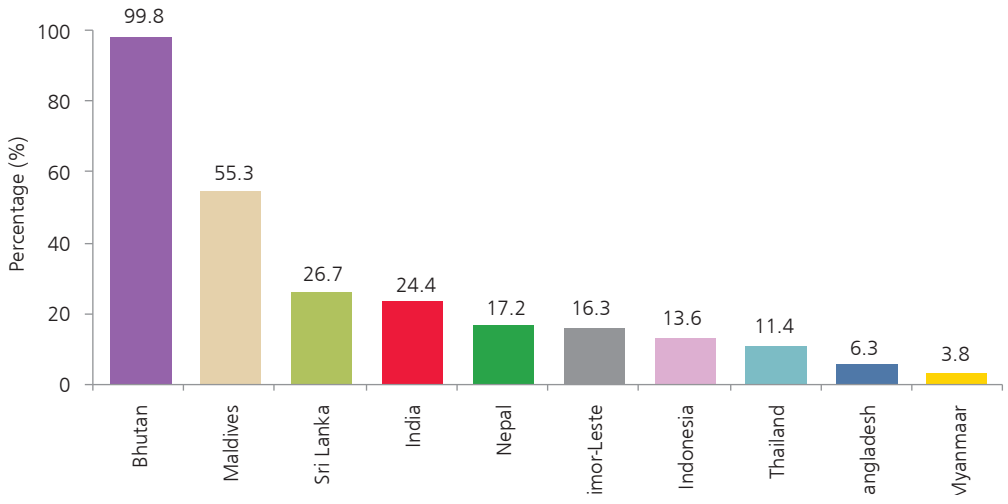
Source: WHO COVID-19 detailed surveillance dashboard (https://covid19.who.int/table, accessed 29 July 2021).

COVID-19 vaccines

Equitable access to COVID-19 vaccines is one of the essential components to bring the pandemic under control *(8)*. However, fair and equitable access to the vaccines is far from being achieved within countries as well as among countries. In the Region, within countries inequity such as gender gap exists in COVID-19 vaccine coverage, but recent

weeks have witnessed narrowing gender gaps. While variation in COVID-19 vaccine distribution continues to exist among Member States. The vaccine course distribution varies from 3.8% to 99.8% among Member States (Fig. 15).

Fig. 15. **Vaccine course distribution among Member States of the WHO SEA Region, as of 28 July 2021**



Source: COVID-19 market dashboard (https://www.unicef.org/supply/covid-19-vaccine-market-dashboard, accessed 28 July 2021).

Excess mortality and future work

Preliminary estimates suggest that in 2020 global excess deaths attributable directly and indirectly to COVID-19 were at least 3 million, representing 1.2 million more deaths than the 1.8 million officially reported *(8)*. The SEA Region reported around 284 000 total deaths for this period, indicating significant data gaps. Many numbers of COVID-19-related deaths reported by countries are a significant undercount of the full toll of the pandemic. Every country is facing challenges to report COVID-19-related deaths – with almost no Member State of the Region with nationally reliable medically certified cause of death data available. A WHO–UN Department of Economic and Social Affairs (DESA) technical advisory group (TAG) is working to refine statistical models, obtain accurate data, and make adequate estimates of excess mortality due to COVID-19.

Data gaps and challenges

The COVID-19 pandemic has further highlighted the existing data gaps and challenges in the Region. The lack of timely, reliable and disaggregated COVID-19 data has challenged effective and better targeted policies and resource allocation.

WHO Thirteenth General Programme of Work (GPW13) triple billion targets, progress and projections

The WHO Thirteenth General Programme of Work (GPW13) defines the WHO strategy for the five-year period, 2019–2023. The goal is to promote health, keep the world safe, and serve the vulnerable through three bold targets: one billion more people to benefit from UHC, one billion more people better protected from health emergencies, one billion more people enjoying better health and well-being (20). The GPW13 Results Framework goal is to collectively measure impact, track progress towards the health-related SDGs and deliver on the triple billion targets. The GPW13 monitoring is a joint venture and in 2023, there could be a "mid-term review" towards 2030 SDG targets.

Progress towards the UHC billion

The UHC billion aims to ensure that an additional one billion people will receive the health services they need without financial hardship. The UHC billion target is assessed with a set of 14 health service coverage (SDG 3.8.1) and financial hardship tracer indicators (SDG 3.8.2). Even prior to the COVID-19 pandemic, the SEA Region was not expected to meet its share of the UHC billion contribution by 2023. The SEA Region is expected to contribute 30% share towards achieving the billion; however, recent trends show that the Region will only contribute around 8% (78 million people) by 2023 (Fig. 16). To accelerate progress towards the UHC billion, it is imperative to reverse the trends in financial hardship and build back a resilient health system that provides undisruptive and quality essential health services to all the populations.

Progress towards the health emergencies protection billion

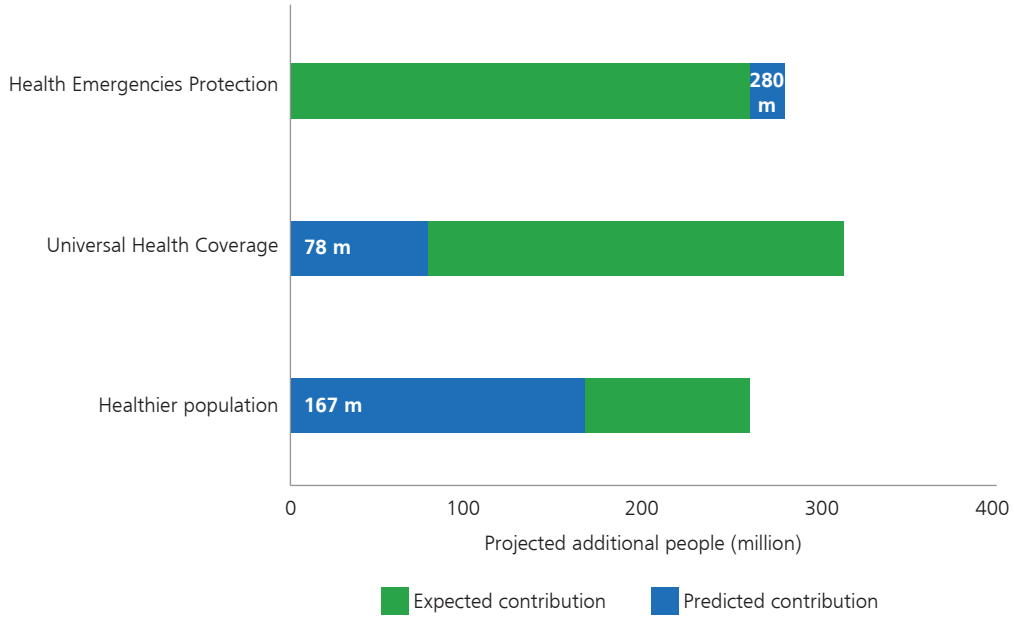
The health emergencies protection billion target is aimed to provide one billion more people to be better protected from health emergencies. This billion is measured using the health emergencies protection index (HEPI), built from three indicators that capture the scope of WHO's health emergency activities: emergency prepare indicator (IHR capacities), emergency prevent indicator (routine and emergency vaccination coverage), and emergency detect and respond indicator (timeliness). Based on current trends, it is expected that the Region will not only meet the target share but contribute beyond its estimated share (Fig. 16). The Region's contribution for preparedness indicator surpassed the target share; however, there is a gap to shared contribution of prevent and detect and respond indicator.

Progress towards the Healthier Populations Billion target

The Healthier Populations (HPOP) Billion target is for one billion more people to enjoy better health and well-being. The HPOP Billion target includes aspects central to health that are determined by social, environmental and economic factors. It promotes healthier environments (e.g. clean air, water and urban infrastructure) and encourages healthier life choices and behaviours (e.g. reduced use of alcohol and tobacco, better nutrition

and healthier body weight). Despite the progress, the Region is not projected to meet the HPOP Billion target of 12.5% contribution by 2023 (Fig. 16). All Member States are at different levels of contribution, but most countries in the SEA Region are expected to have a positive trend for several HPOP indicators.

***Fig. 16.* Contribution towards the triple billion targets by Member States of the WHO SEA Region, 2019–2023**



Source: Triple billion dashboard. Geneva: World Health Organization; 2021 (https://www.who.int/data/triple-billion-dashboard, accessed 29 July, 2021).

PART 3
Health equity: who is being left behind in the WHO SEA Region?

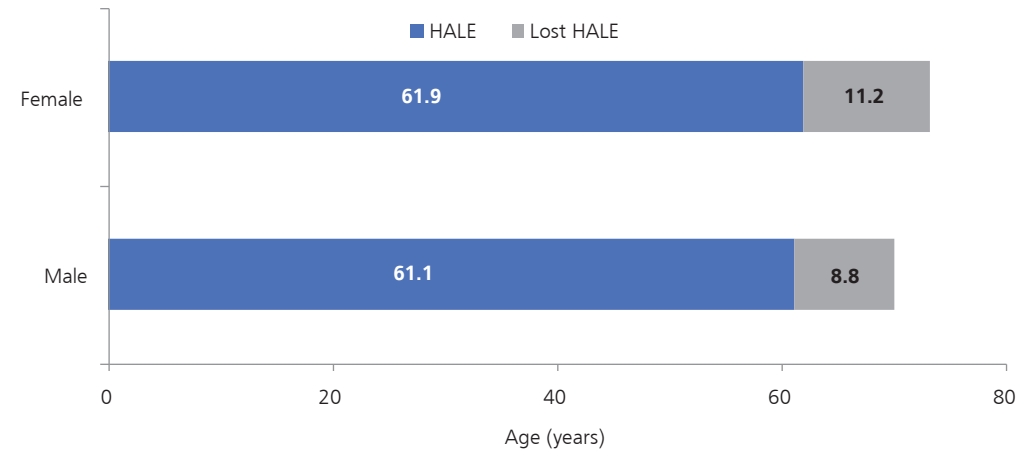
Health inequities are systematic differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies. Health-related inequity continues to persist despite improvements in the Region. To achieve health equity, it is essential to know who is being left behind. Identifying those left behind requires a strong national health information system to not only produce but also use disaggregated data. The availability of high-quality and timely disaggregated data continues to lack in the Region. This section examines health-related inequity in areas of sexual, reproductive, maternal, newborn, child and adolescent health, infectious disease, noncommunicable disease and health systems.

Overall health-related inequities in Member States of the SEA Region

Healthy life expectancy

The population in the Region continues to live a longer and healthier life. Females have a higher life expectancy than males but also have 2.8 years more lost HALE, indicating females have a higher proportion of years lived with disability (Fig. 17). This pattern indicates rapid transitions and associated inequalities in the evolution of mortality and morbidity *(8)*.

Fig. 17. **Healthy life expectancy (HALE) for the WHO SEA Region, 2019**

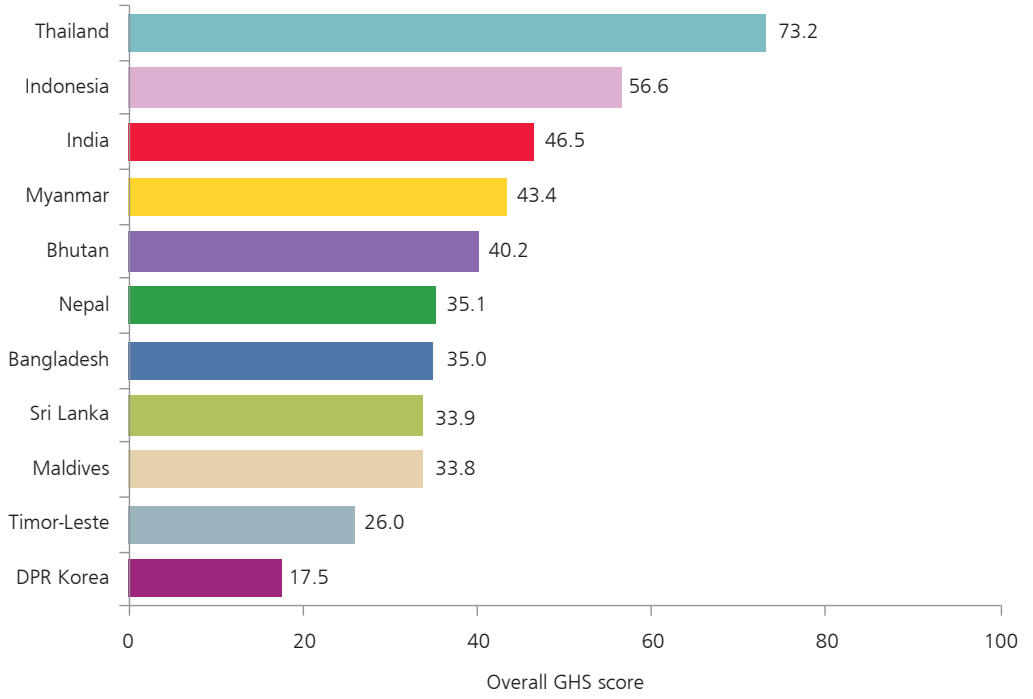


Source: Global health observatory. Geneva: World Health Organization; 2021.

Variation in the global health security index between countries

The overall global health security (GHS) index assesses countries' health security and capabilities across six categories: prevent, detect, respond, health, norms and risk *(21)*. Member States differ widely in overall health preparedness and readiness (Fig. 18). Thailand has the highest overall GHS index of 73 (out of 100). The GHS index is a useful tool to identify gaps in health security and preparedness as well as inform policy reforms to further strengthen international health especially in the current context of COVID-19 responsiveness and future health risk preparedness.

Fig. 18. **Global health security index for Member States of the WHO SEA Region, 2021**



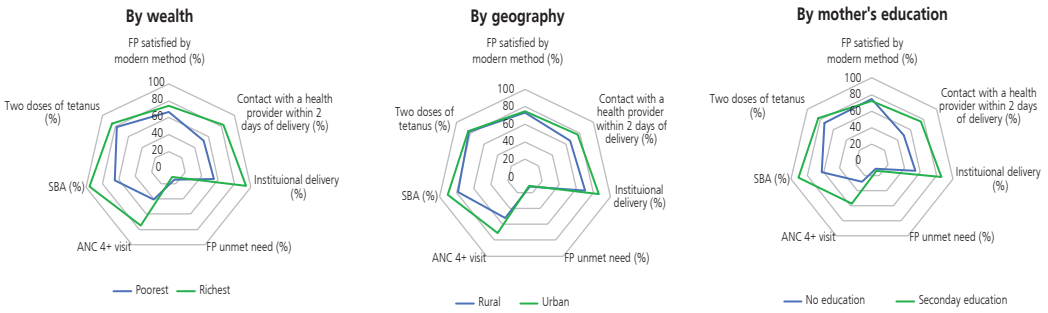
Source: Global health security index (https://www.ghsindex.org/, accessed 21 July, 2021).

Health inequity in sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH)

Variations in SRMNCAH service coverage in the SEA Region

Although the Region has made substantial effort in reducing child and maternal mortality, inequity still persists in the coverage of various SRMNCAH services. Service coverage is generally higher among the advantaged group compared to the disadvantaged and vulnerable subgroup (Fig. 19). For example, the proportion of institutional deliveries is nearly 39% more among the richest quintile compared to the poorer quintile. A similar trend is noticed for coverage by geography and mother's education. Fig. 19 shows the importance of going beyond national averages as it could tend to overlook subgroup populations. Availability and use of disaggregated data can help identify those left behind from essential service coverage, so that accurate and effective policy and programme strategies can be implemented.

Fig. 19. **Variations in SRMNCAH service coverage in the WHO SEA Region, by wealth, geography and mother's education**

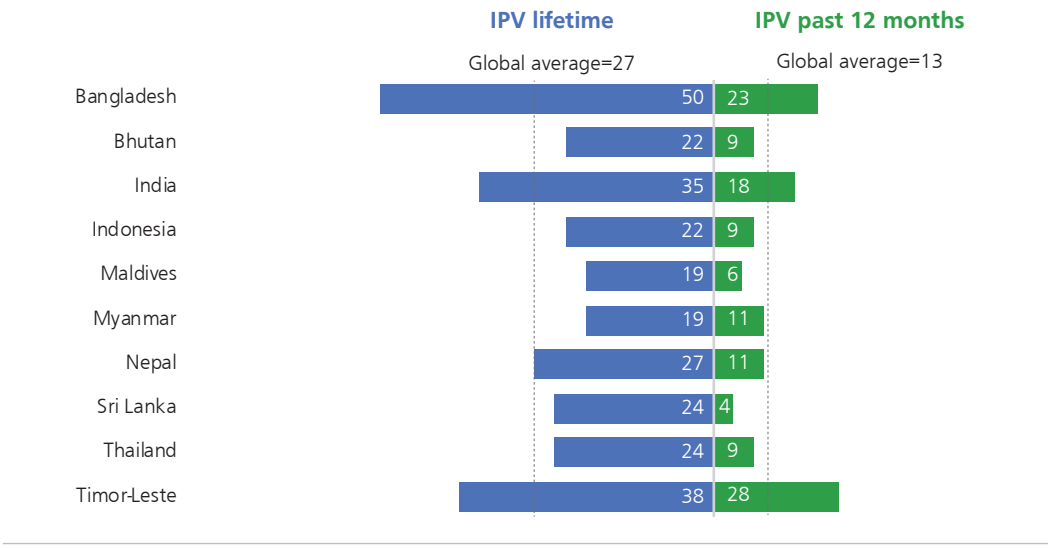


Source: Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) 2010–2019.

Prevalence of intimate partner violence (IPV) in the Region

In 2018, one in three women of reproductive age (15–49 years) in the Region had experienced intimate partner violence, which is rooted in gender inequality. The prevalence of lifetime IPV and in the past 12 months varied by country. The prevalence of lifetime IPV ranged from 19% to 50% and IPV in the past 12 months ranged from 4% to 28% across the countries (Fig. 20). These figures highlight the urgent need for Member States to prioritize t women's empowerment and advance gender equality.

Fig. 20. **Prevalence of intimate partner violence in Member States of the WHO SEA Region**



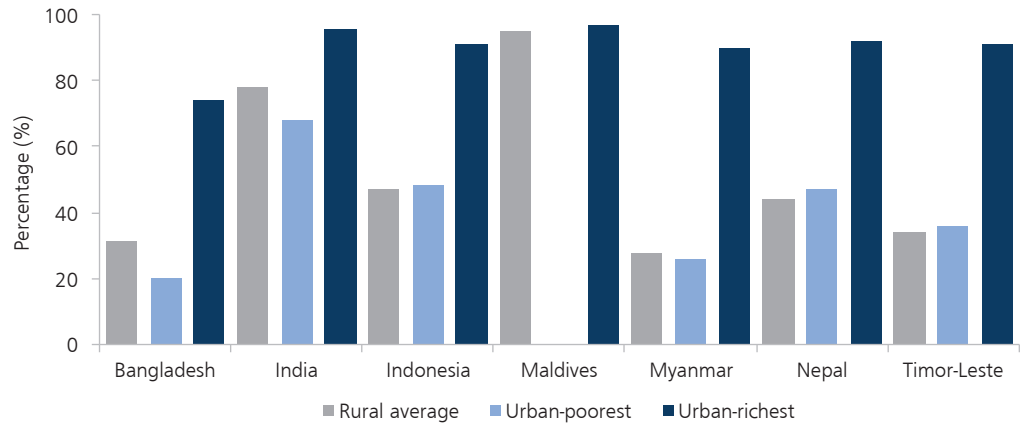
Source: WHO South-East Asia Region fact sheet violence against women prevalence estimates, 2018.

Examining multiple dimensions of inequality for institutional delivery

Usually analysis of differences in access to care such as institutional delivery show that people living in rural areas have – on average – lower access than those in urban areas. However, examining the average may lead to biased conclusion and can cause some subpopulation to be overlooked. Fig. 21 shows that institutional deliveries for the urban

poor is similar to, or worse than, those living in rural areas in all but one of the seven Member States ; i.e. lower access to essential health care today is a problem not limited to the people in rural areas only.

Fig. 21. **Institutional deliveries by wealth and geography in seven Member States of the WHO SEA Region**



Assessing inequities in NCD risk factors

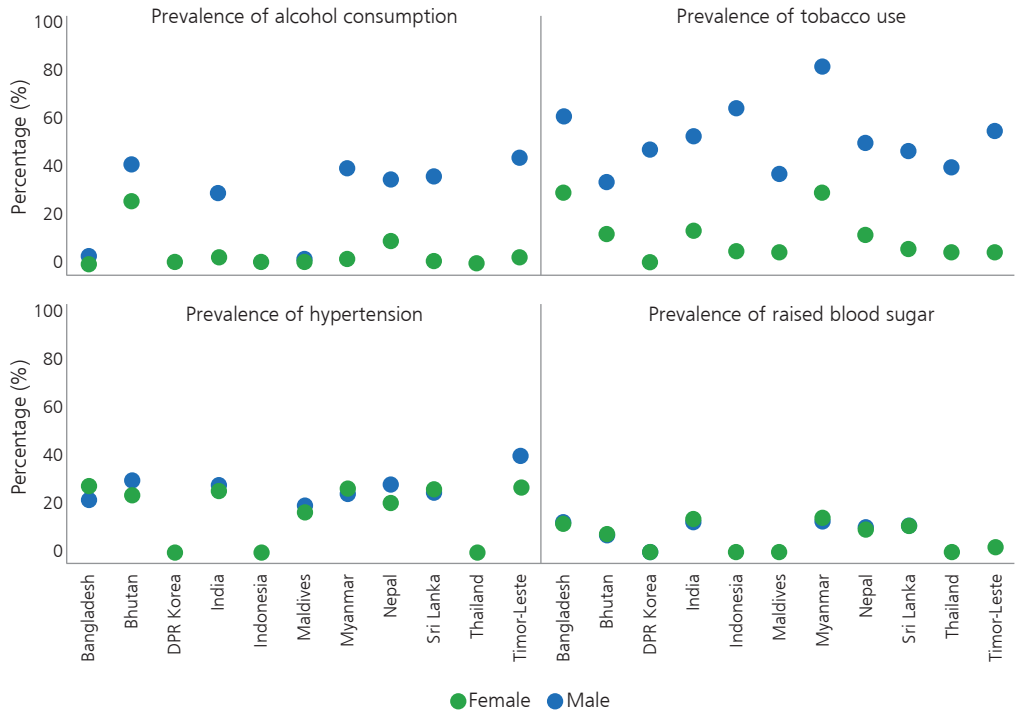
NCD risk factors such as tobacco use, alcohol use, hypertension and raised blood sugar are common and modifiable factors which are directly linked to NCD-related mortality and morbidity. Effective NCD risk factor surveillance allows early detection and prevention as well as informs national policy and public health programmes.

Prevalence of NCD risk factors by sex

Prevalence of tobacco use and alcohol consumption is higher among males than females across all Member States. However, the magnitude of difference in tobacco use and alcohol consumption between males and females varies across Member States. Indonesia has the highest difference in the percentage of tobacco use between males and females (58%). Timor-Leste has the highest difference in the percentage of alcohol consumption between males and females (41.7%) (Fig. 22).

There is no clear pattern for prevalence of hypertension and raised blood pressure by sex. In Bangladesh, Myanmar and Sri Lanka, the prevalence of hypertension is more among females than males while in Bhutan, India, Myanmar and Sri Lanka males have a higher prevalence of raised blood sugar than females. The difference in hypertension ranges from 1.3% to 17.3% across Member States. However, the difference in prevalence of raised blood sugar by sex does not differ significantly across Member States. The magnitude of difference in raised blood sugar by sex ranges from 0.3% to 2.7% across Member States (Fig. 22).

Fig. 22. **Prevalence of NCD risk factors, by sex, in Member States of the WHO SEA Region**



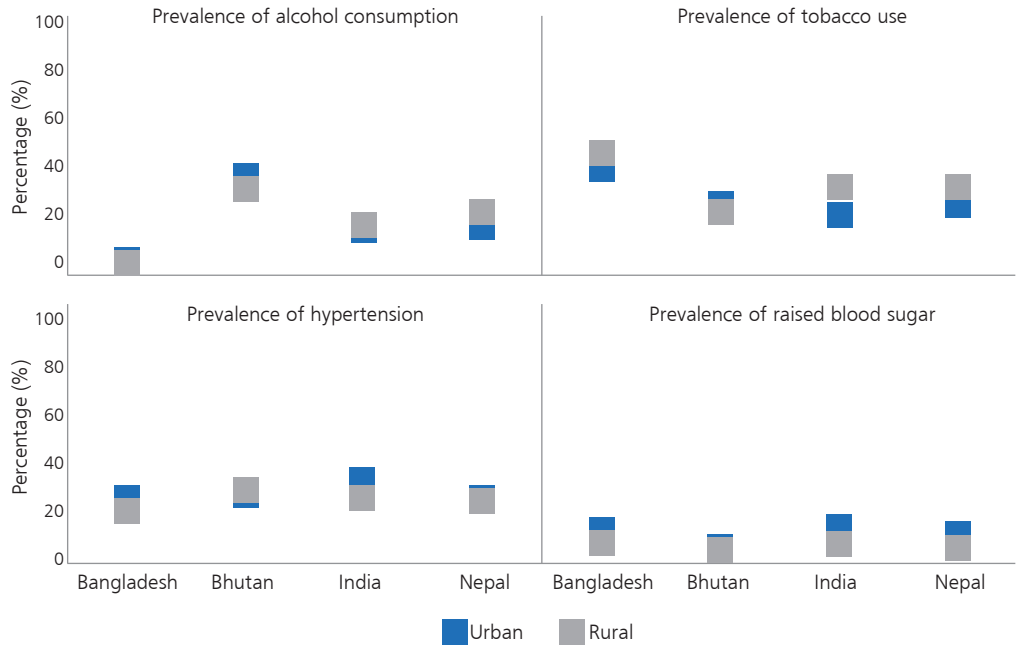
Source: STEPS survey 2011–2019, For Thailand drinking and smoking behaviour survey, 2018. Age groups included in the figure: Bangladesh, Bhutan, India, Nepal, Sri Lanka and Timor-Leste: 18–69 years; DPR Korea, Thailand: 15+ years; and Myanmar: 25–64 years.

Prevalence of NCD risk factors by geography

Information on prevalence of tobacco use, alcohol use, hypertension and raised blood sugar by geography was available for four Member States (Fig. 23). There is no clear pattern of tobacco or alcohol use by geography. India and Nepal have slightly higher consumption of alcohol, and tobacco use is higher in rural areas in Bangladesh, India and Nepal.

The prevalence of hypertension was higher among the residents of urban areas than rural areas in all countries except Bhutan. While the prevalence of raised blood sugar was higher among the residents of urban areas compared to rural areas across all Member States. Fig. 22 and Fig. 23 highlight that patterns of inequity in NCD risk factors are unique to each Member State, and it is thus essential that Member States strengthen their health information to collect and use equity-stratified disaggregated data to inform accurate policy and targeting of programme interventions aimed at reducing the NCDs.

Fig. 23. **Prevalence of NCD risk factors, by geography, in four Member States of the WHO SEA Region**



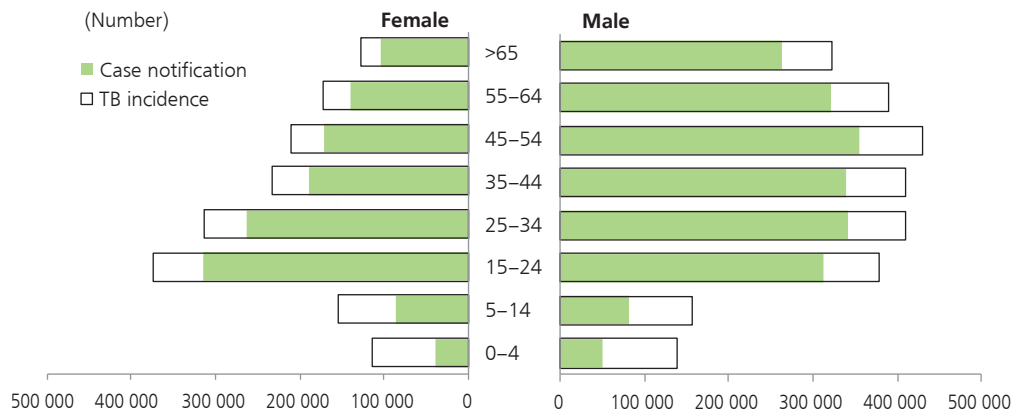
Source: STEPS survey 2011–2019. The age group included in the figure is 18–69 years old.

Infectious diseases

TB incidence disaggregated by age and sex

People in all age groups are affected by TB, but the highest burden is among adult men. In the Region, adult males constituted 54% of all cases in 2019, compared with 33% of cases in adult females and 13% in children aged 0–14 years (Fig. 24) *(10)*. The gaps in case detection and reporting are higher among men than women as well *(10)*.

Fig. 24. **TB incidence, notified cases by age group and sex, for the WHO SEA Region, 2019**

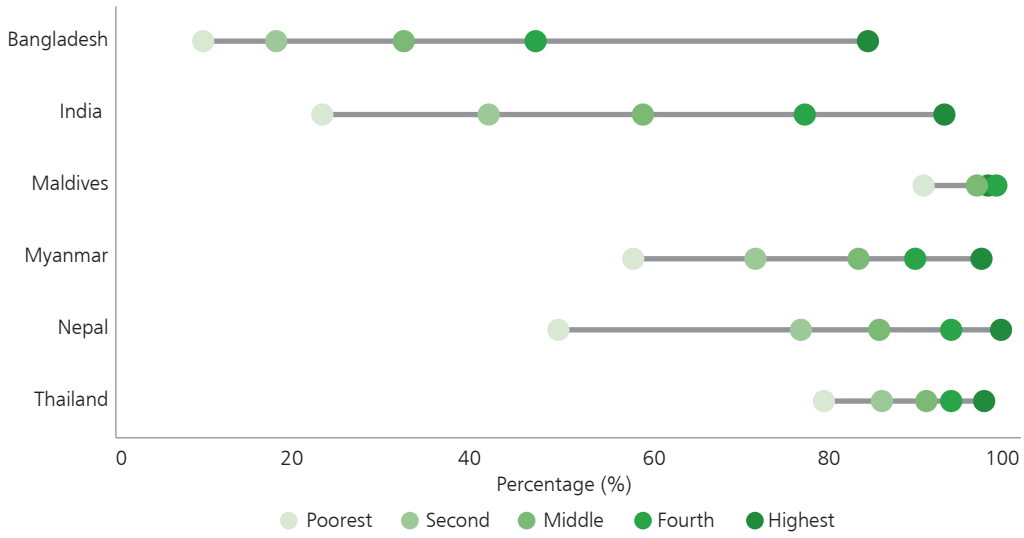


Source: Global tuberculosis report, 2020. Geneva: World Health Organization; 2020.

Disparities in the availability of handwashing facilities at the household level, by wealth

Handwashing is one of the key COVID-19 and many other behaviours for prevention of infectious diseases. However, not everyone in the Region has access to handwashing facilities. Availability of handwashing facilities at the household level varies from 37.7% to 97.6% across Member States. Within countries, not all population groups have equal access to services for handwashing facilities. Availability of services for handwashing facilities is higher among the richest and lowest among the poorest population across all Member States. The difference in proportion between the rich and the poor varies widely. Maldives had the least magnitude of difference and Bangladesh the highest magnitude of difference in availability of handwashing facilities at the household level by wealth (Fig. 25).

Fig. 25. **Disparities in the availability of handwashing facilities at the household level by household wealth quintile in six Member States of the WHO SEA Region**



Source: Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) 2010–2019.

Inequities in health system capacities

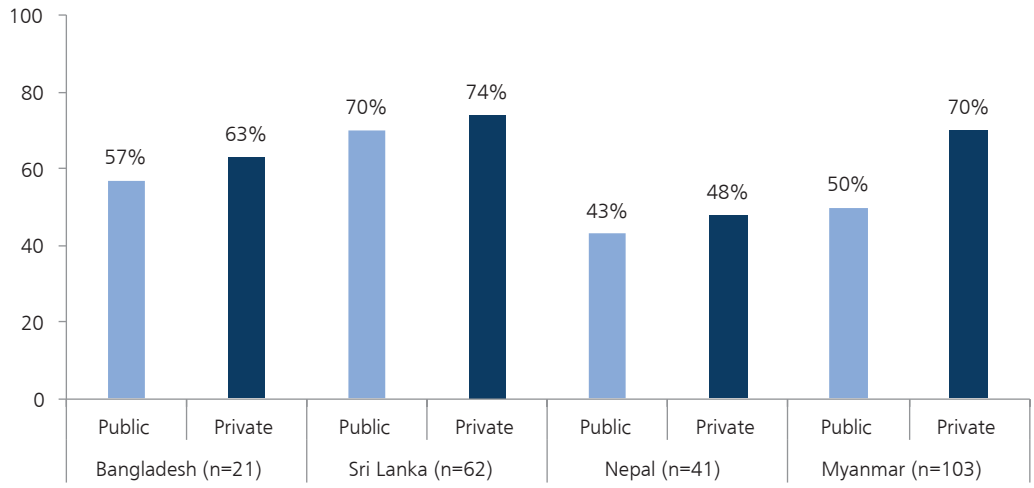
Health systems at the national, subnational and local levels play a pivotal role to reduce health inequities. They ensure that equity measures are integrated across all components of health systems and regularly monitor health inequity so that it can identify those left behind and enable corrective actions.

Availability of essential medicines in public and private health facilities

Selected countries had information on availability of essential medicines in public and private health facilities (Fig. 26). Availability of essential medicines in private health facilities is higher than that in public health facilities across four Member States where such data are available. The magnitude in difference on availability of essential medicines

varies between private and public health facilities. Myanmar has the most difference (20%) and Sri Lanka has the least difference (4%) in availability of essential medicines between private and public health facilities.

Fig. 26. **Availability of essential medicines in health facilities (public vs private) in selected Member States of the WHO SEA Region**

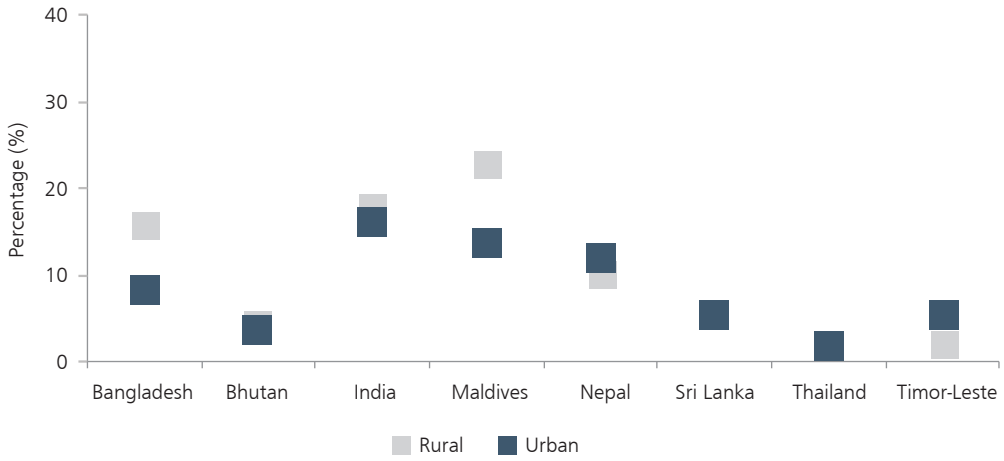


Source: Service provision assessment (SPA) reports (Bangladesh, 2017; Nepal, 2015) and Service availability and readiness assessment (SARA) reports (Myanmar, 2015; Sri Lanka, 2017).

Incidence of catastrophic health expenditure by geography

The pattern of inequality for incidence of catastrophic health expenditure by geography is less distinctive (Fig. 27). The incidence of catastrophic spending is higher in rural areas than in urban areas in Bangladesh, Bhutan, India and Maldives while the incidence of catastrophic spending is similar for rural and urban areas in Thailand and Sri Lanka (Fig. 27).

Fig. 27. **Incidence of catastrophic health expenditure (SDG 3.8.2): population with household expenditure on health >10% of total household expenditure/income (%) by geography in eight Member States of the WHO SEA Region**



Source: Wang et al. Financial protection analysis in eight countries in the WHO South-East Asia Region, 2018.

Monitoring health inequities for an equitable region

Health inequity analysis shows that some people are able to live healthier lives and have better access to health services than others – entirely due to the conditions in which they are born, grow, live, work and age. This leads to unnecessary suffering, avoidable illness and premature death; and it harms our societies and economies. Identifying health inequalities and their determinants is essential for achieving health equity. Member States need to continue collecting high-quality disaggregated data for monitoring health inequalities as a basis for implementing policies and actions for ensuring equitable access to and uptake of health services.

PART 4
Country–specific UHC and SDG data profiles

This section provides country-specific data profiles of the 11 Member States of the WHO South-East Asia Region. A set of health-related SDG indicators and select service delivery indicators are presented.

Each four-page country profile includes sections that address the latest demographics, overall progress using healthy life expectancy (HALE), equity analysis, and a summary of UHC and health-related SDG indicators including several with trend data. For each Member State there is a comprehensive list of references showing data source and year. The profiles are presented below in alphabetical order.

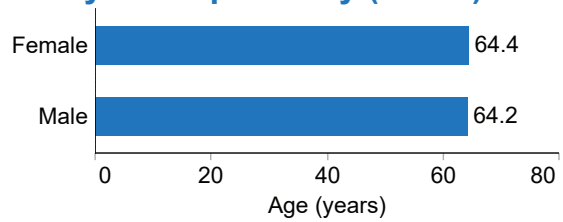
- Bangladesh
- Bhutan
- Democratic People's Republic of Korea
- India
- Indonesia
- Maldives
- Myanmar
- Nepal
- Sri Lanka
- Thailand
- Timor-Leste

Bangladesh

Population (000s)*1	Urban population*2	Poverty*3 (ppp <$1.90 a day)	GDP per capita*3 (Current US$)	Current health expenditure as share of GDP*4
166 303	38.9%	14.3%	1968.8	2.3%

Monitoring the health SDG goal: Indicator of overall health and well-being

Healthy life expectancy (HALE)



Healthy life expectancy*5 (HALE) represents the average equivalent number of years from birth of living in good health without disease or injury. Females have 0.2 years longer HALE than males.

Universal health coverage (UHC): At the centre of health-related SDG goals

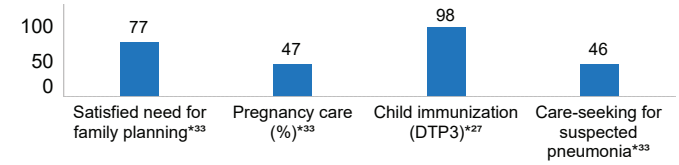
The goal of UHC is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring **health service coverage** and **financial protection** (SDG target 3.8).

HEALTH SERVICE COVERAGE

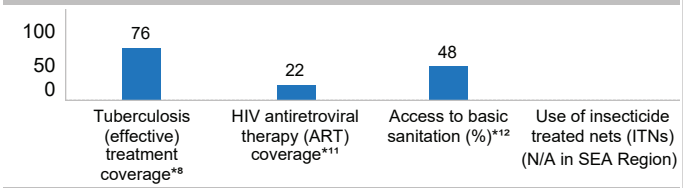
The summary measure of essential health service coverage is the *service coverage index* of sub-indicators in four main areas: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.

Latest available data (2010–2021)

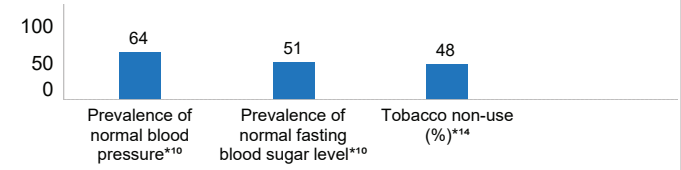
Reproductive, maternal, newborn and child health



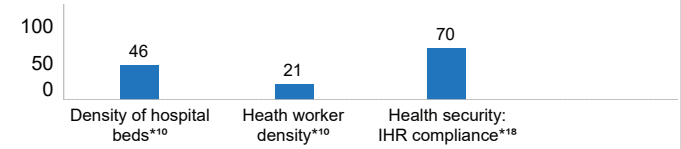
Infectious diseases



Noncommunicable diseases



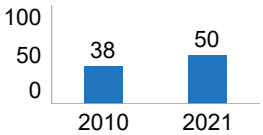
Service capacity, access and health security



UHC service coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by taking the geometric mean of service coverage values across the sub-indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index*



FINANCIAL PROTECTION

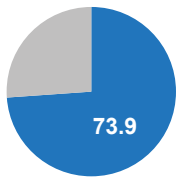
Financial protection is commonly measured through two indicators:
(1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment*10: **7.0%** or **approximately 11 607 000** people are being pushed into poverty (at US$ 1.90 level) because of out-of-pocket health spending.

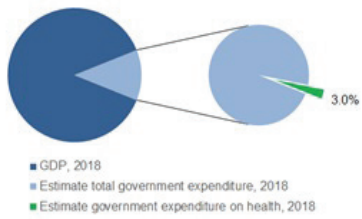
Catastrophic expenditure on health*10: **24.7%** of people spent more than 10% of their household's total expenditure on health care.

Out-of-pocket expenditure*4
In most cases, a high percentage of out-of-pocket expenditure out of the current health expenditure is associated with low financial protection.

Public spending on health*4 is determined by the capacity of the government to raise revenues and the level of priority it attaches to the health sector.



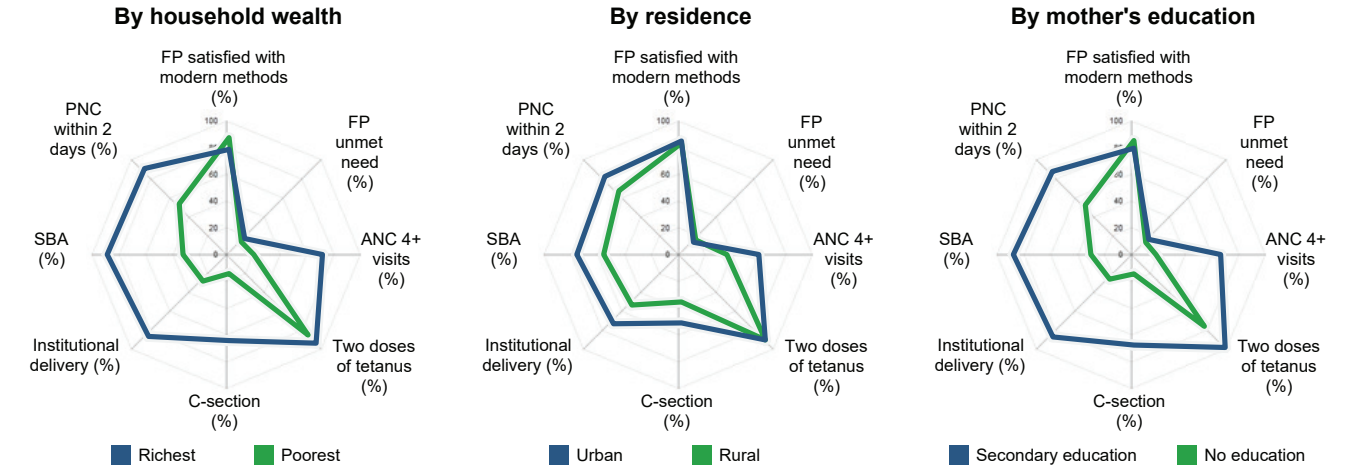
Out-of-pocket expenditure, as % of the current health expenditure (2018)



This profile provides an overview of the current status of progress towards the 13 targets under the health Sustainable Development Goal 3 (SDG 3) plus other selected health-related indicators. Twenty-five of the indicators are noted with an asterisk (*), which Member States in the WHO South-East Asia Region have designated to be the most common indicators of importance for the Region and for which historical data are available. This profile also includes all of the SDG indicators for the WHO Thirteenth General Programme of Work 2019–2023 (GPW13)

Inequities in health service coverage and nutritional outcomes

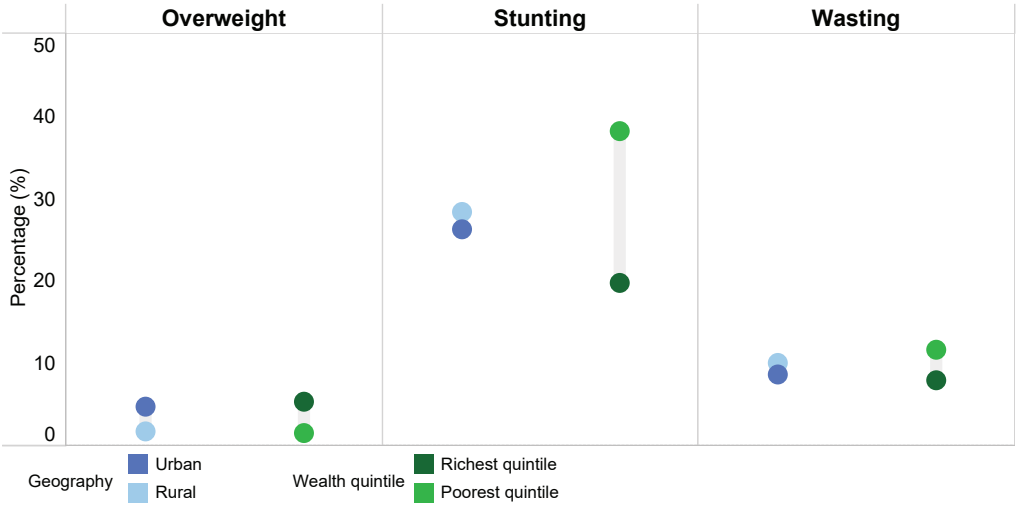
Variations in SRMNCAH service coverage, by household wealth, place of residence and mother's education*[33]



Disparities across eight indicators of service coverage are apparent through multiple dimensions of inequity

NA

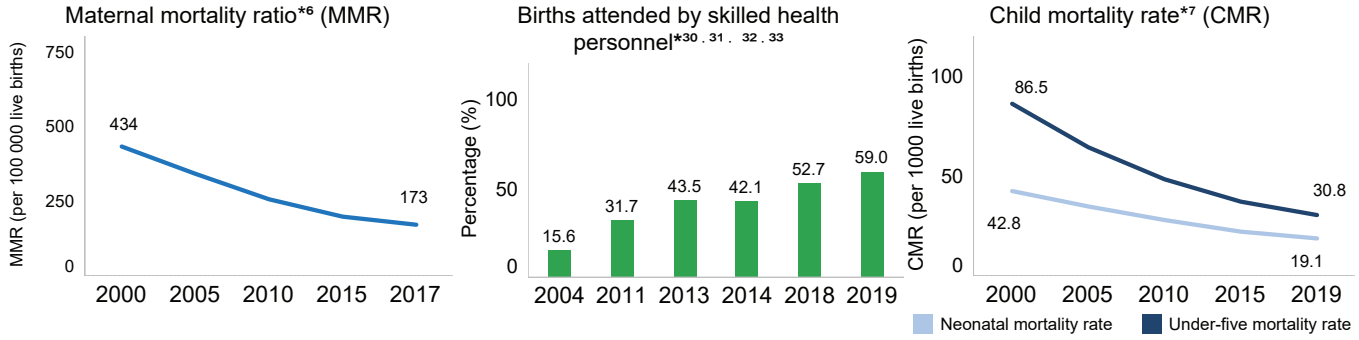
Difference in prevalence of nutritional status among children under 5 by household wealth and geography*[33]



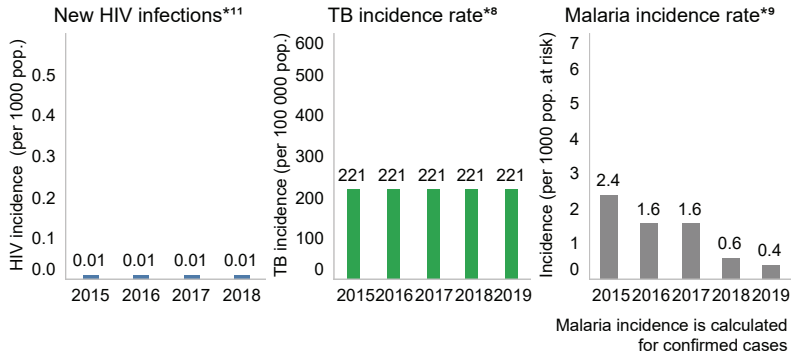
There is a substantial difference in nutritional outcomes among those under-five years of age by household wealth quintile. Among children under 5, those belonging to the richest quintile have lower prevalence of stunting and wasting than the poorest quintile. Children under 5 from the richest quintile have a higher proportion of overweight compared to the poorest quintile. However, there are no significant disparities by geography across all three nutritional outcomes.

SDG 3: Health targets

Maternal and child mortality (SDG target 3.1, 3.2)



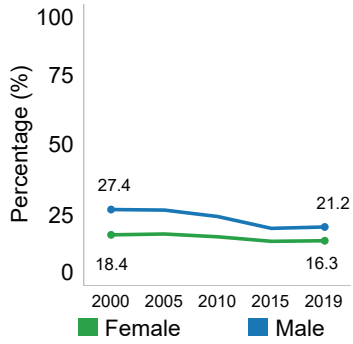
Communicable diseases (SDG target 3.3)



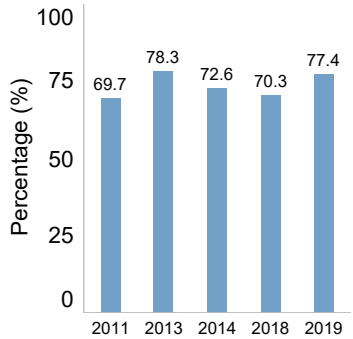
Indicator	Year	Bangladesh	Regional estimate
Hepatitis B surface antigen prevalence among children under 5 years (%)*[15]	2019	0.51	0.38
Number of people requiring interventions against neglected tropical diseases*[15]	2019	56 339 394	933 812 197

Noncommunicable diseases and injuries				
Indicator	**SDG target**	**Year**	**Bangladesh**	**Regional estimate**
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70 (%)*[15]	3.4.1	2019	18.9	21.6
Suicide mortality rate (per 100 000 population)*[15]	3.4.2	2019	3.7	10.1
Total alcohol per capita (≥15 years of age) consumption (litres of pure alcohol)*[15]	3.5.2	2019	0.0	4.3
Road traffic mortality rate (per 100 000 population)*[15]	3.6.1	2019	15.3	15.8
Sexual and reproductive health				
Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%)*[33]	3.7.1	2019	77.4	75.3
Adolescent birth rate (per 1000 women aged 15–19 years)*[33]	3.7.2	2019	83	26.1
Mortality due to environmental pollution				
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)*[15]	3.9.1	2016	149	165.8
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)*[15]	3.9.2	2016	11.9	15.4
Mortality rate attributed to unintentional poisoning (per 100 000 population)*[15]	3.9.3	2019	0.3	0.3
Tobacco use				
Prevalence of tobacco use among persons aged 18–69 years (%) – Female*[34]	3.a.1	2018	28.3	–
Prevalence of tobacco use among persons aged 18–69 years (%) – Male*[34]	3.a.1	2018	59.6	–
Essential medicines and vaccines				
DTP3 immunization coverage among 1-year-old*[27]	3.b.1	2020	98	85
MCV2 immunization coverage by the nationally recommended age*[28]	3.b.1	2020	93	78
PCV3 immunization coverage among 1-year-old*[29]	3.b.1	2020	99	27
HPV immunization coverage estimates among 15-year-old girls*[13]	3.b.1	2019	–	2
Total net official development assistance to medical research and basic health per capita (US$)*[15]	3.b.2	2019	1.75	0.48
Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis (%)*[15]	3.b.3	2019	–	–
Health workforce				
Health worker distribution (per 10 000 population)*[17]	3.c.1	2018	9.9	26
National and global health risks				
Average of 13 International Health Regulations core capacity scores*[15]	3.d	2020	70	63

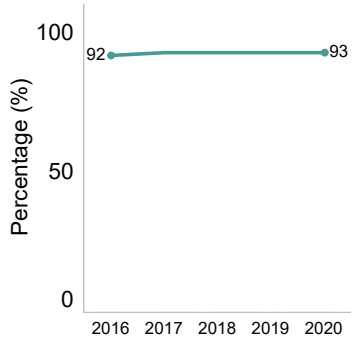
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70, by sex*[19]



Demand for family planning satisfied with modern methods*[30, 31, 32, 33]



MCV2 immunization coverage by nationally recommended age*[28]

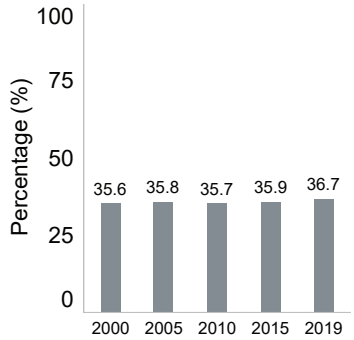


Other health-related SDGs

General government health expenditure				
Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%)*[4]	1.a	2018	3.0	8.1
Child nutrition				
Prevalence of stunting in children under 5 (%)*[16]	2.2.1	2020	30.2	30.1
Prevalence of wasting in children under 5 (%)*[16]	2.2.2	2019	9.8	14.5
Prevalence of overweight in children under 5 (%)*[16]	2.2.3	2020	2.1	3.3
Prevalence of anaemia in women of reproductive age (15–49 years) (%)*[15]	2.2.4	2019	36.7	46.6
Intimate partner violence				
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months*[15]	5.2	2018	23	17

Note: En dash (–) implies relevant data are not available

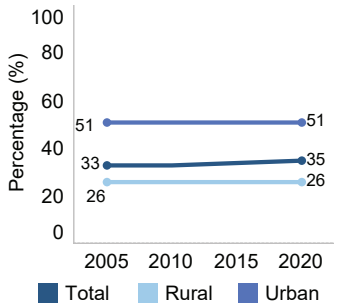
Prevalence of anaemia in women of reproductive age (15–49 years)*[20]



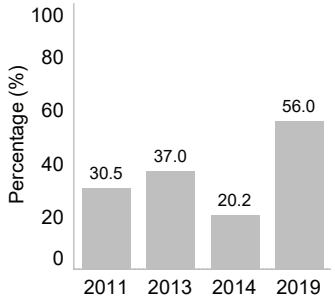
Drinking water services and sanitation				
Indicator	**SDG target**	**Year**	**Bangladesh**	**Regional estimate**
Proportion of population using safely managed drinking-water services (%)*[15]	6.1	2017	55	–
Proportion of population using safely managed sanitation services (%)*[21]	6.2.1	2020	38.7	–
Proportion of population using a handwashing facility with soap and water (%)*[15]	6.2.2	2017	35	60
Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan (current US$ millions)*[15]	6.a	2019	330.4	1303.4
Clean household energy				
Proportion of population with primary reliance on clean fuels and technology (%)*[15]	7.1	2019	23	61
Ambient air pollution				
Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (μg/m³)*[15]	11.6	2016	64.1	61.1
Homicide and conflicts				
Mortality rate due to homicide (per 100 000 population)*[15]	16.1	2019	2.8	3.8
Birth registration				
Birth registration coverage*[33]	16.9.1	2019	56	–
Cause-of-death data				
Completeness of cause-of-death data (%)*[22]	17.19	2019	–	10

Note: En dash (–) implies relevant data are not available

Population with basic handwashing facilities at home*[23]



Birth registration coverage*[30, 32, 33]

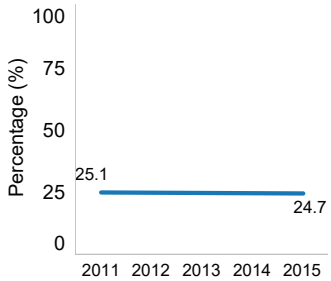


Additional SDG indicators used to monitor the GPW13 impact

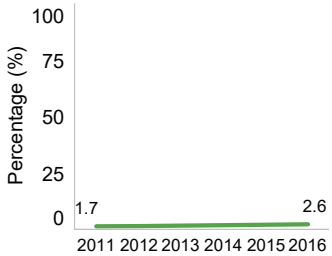
Number of cases of poliomyelitis caused by wild poliovirus (WPV)

No cases have been reported in the past 5 years

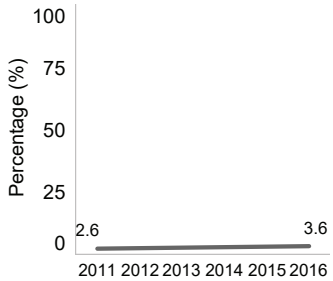
Prevalence of raised blood pressure among persons*[24]



Prevalence of obesity among children and adolescents (5–19 years)*[25]



Prevalence of obesity among adults (18+ years)*[26]



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See for Total net official development assistance to medical research and basic health per capita (US$), country reported value: 2019=402.02 (MUS$); data source: ERD, Ministry of Finance.
See for Proportion of population using a handwashing facility with soap and water (%), country reported value: 2021=74.8; data source: Progotir Pathey, Bangladesh Multiple Indicator Cluster Survey 2019, Survey Findings Report.
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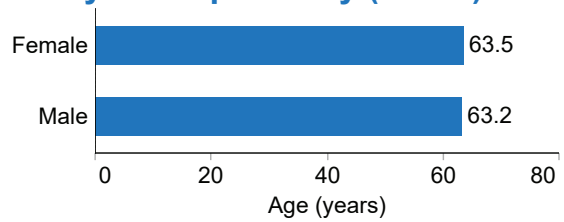
Bhutan

Population (000s)*1	Urban population*2	Poverty*3 (ppp <$1.90 a day)	GDP per capita*3 (Current US$)	Current health expenditure as share of GDP*4
780	43.0%	1.5%	3122.4	3.1%

Monitoring the health SDG goal: Indicator of overall health and well-being

Healthy life expectancy (HALE)



Healthy life expectancy*5 (HALE) represents the average equivalent number of years from birth of living in good health without disease or injury. Females have 0.3 years longer HALE than males.

Universal health coverage (UHC): At the centre of health-related SDG goals

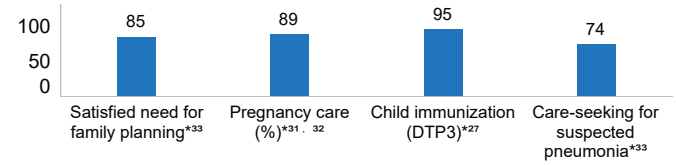
The goal of UHC is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring **health service coverage** and **financial protection** (SDG target 3.8).

HEALTH SERVICE COVERAGE

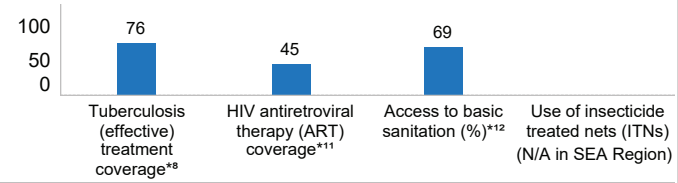
The summary measure of essential health service coverage is the *service coverage index* of sub-indicators in four main areas: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.

Latest available data (2010–2021)

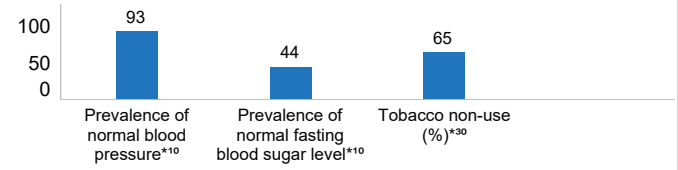
Reproductive, maternal, newborn and child health



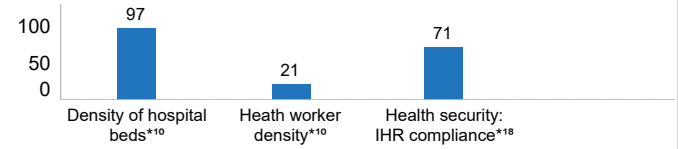
Infectious diseases



Noncommunicable diseases



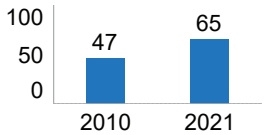
Service capacity, access and health security



UHC service coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by taking the geometric mean of service coverage values across the sub-indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index*



FINANCIAL PROTECTION

Financial protection is commonly measured through two indicators:
(1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment*10: **0.01%** or **approximately 78** people are being pushed into poverty (at US$ 1.90 level) because of out-of-pocket health spending.

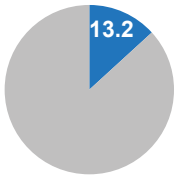
Catastrophic expenditure on health*10: **1.8%** of people spent more than 10% of their household's total expenditure on health care.

Out-of-pocket expenditure*4

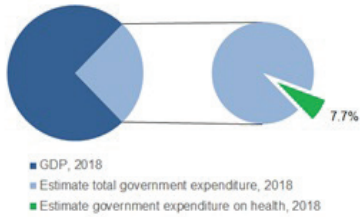
In most cases, a high percentage of out-of-pocket expenditure out of the current health expenditure is associated with low financial protection.

Public spending on health*4

is determined by the capacity of the government to raise revenues and the level of priority it attaches to the health sector.



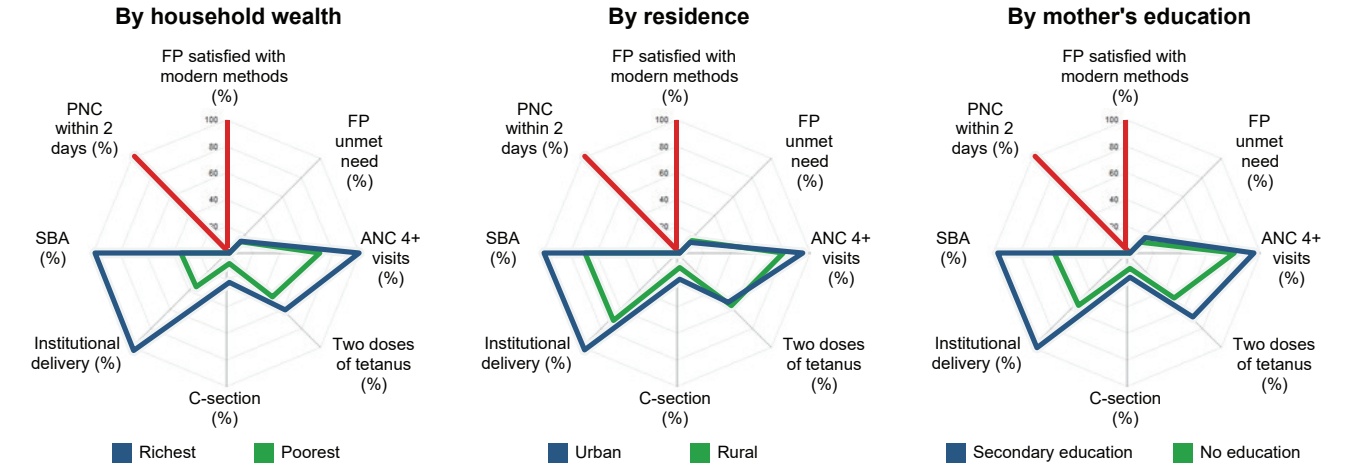
Out-of-pocket expenditure, as % of the current health expenditure (2018)



This profile provides an overview of the current status of progress towards the 13 targets under the health Sustainable Development Goal 3 (SDG 3) plus other selected health-related indicators. Twenty-five of the indicators are noted with an asterisk (*), which Member States in the WHO South-East Asia Region have designated to be the most common indicators of importance for the Region and for which historical data are available. This profile also includes all of the SDG indicators for the WHO Thirteenth General Programme of Work 2019–2023 (GPW13)

Inequities in health service coverage and nutritional outcomes

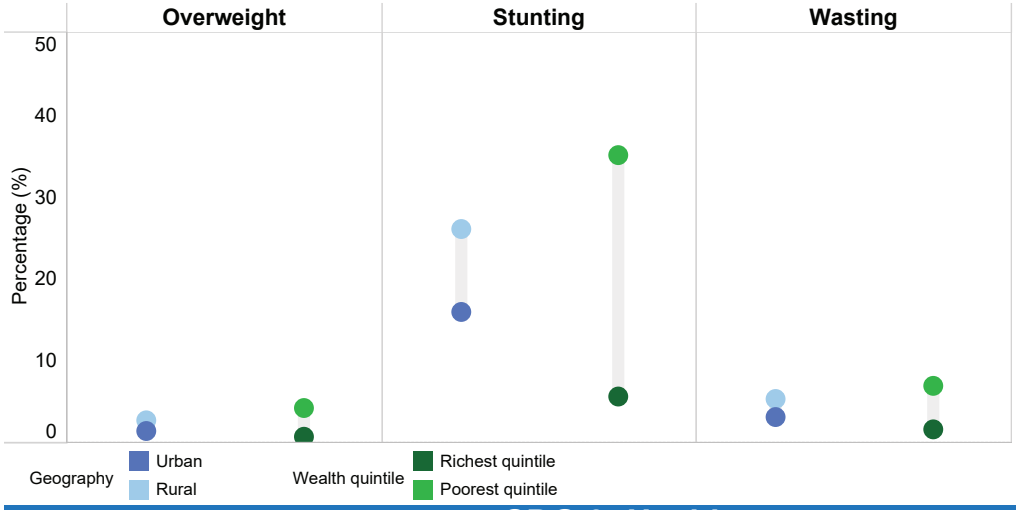
Variations in SRMNCAH service coverage, by household wealth, place of residence and mother's education*33, 35



Disparities across eight indicators of service coverage are apparent through multiple dimensions of inequity

NA

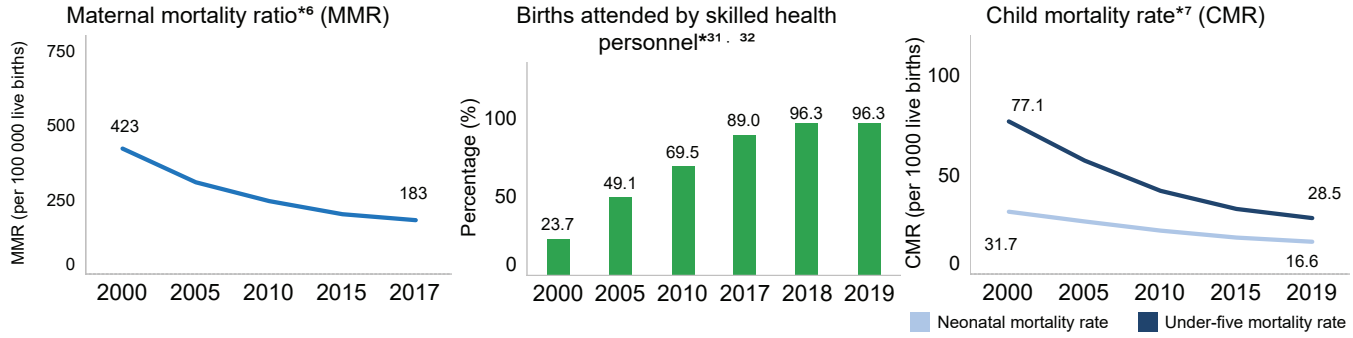
Difference in prevalence of nutritional status among children under 5 by household wealth and geography*33, 34



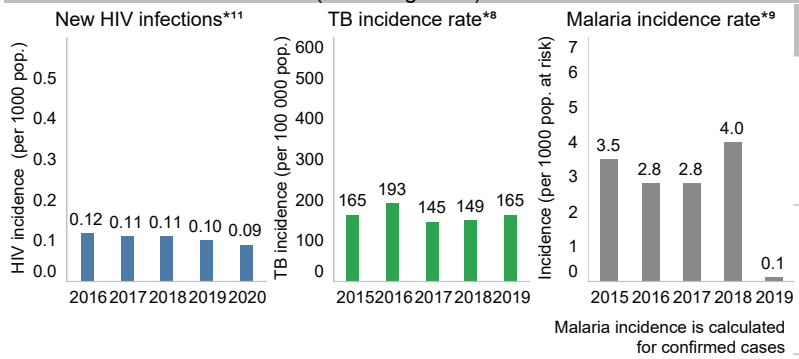
There is a substantial difference in nutritional outcomes among those under-five years of age by household wealth quintile. Among children under 5, those belonging to the richest quintile have lower prevalence of stunting and wasting than the poorest quintile. Children under 5 from the richest quintile have a higher proportion of overweight compared to the poorest quintile. However, there are no significant disparities by geography across all three nutritional outcomes.

SDG 3: Health targets

Maternal and child mortality (SDG target 3.1, 3.2)



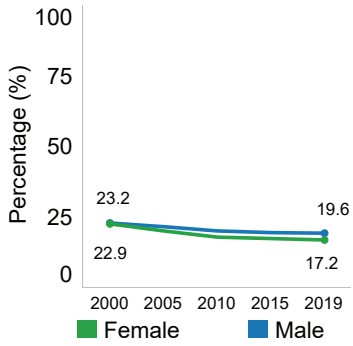
Communicable diseases (SDG target 3.3)



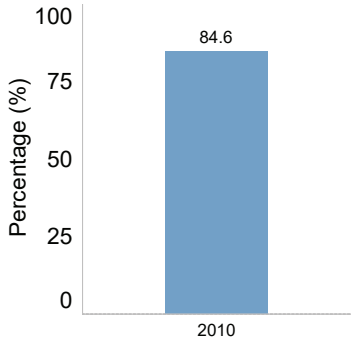
Indicator	Year	Bhutan	Regional estimate
Hepatitis B surface antigen prevalence among children under 5 years (%)*15	2019	0.14	0.38
Number of people requiring interventions against neglected tropical diseases*15	2019	229 846	933 812 197

Noncommunicable diseases and injuries				
Indicator	**SDG target**	**Year**	**Bhutan**	**Regional estimate**
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70 (%)*[15]	3.4.1	2019	18.5	21.6
Suicide mortality rate (per 100 000 population)*[15]	3.4.2	2019	4.6	10.1
Total alcohol per capita (≥15 years of age) consumption (litres of pure alcohol)*[15]	3.5.2	2019	0.2	4.3
Road traffic mortality rate (per 100 000 population)*[15]	3.6.1	2019	16.2	15.8
Sexual and reproductive health				
Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%)*[33]	3.7.1	2010	84.9	75.3
Adolescent birth rate (per 1000 women aged 15–19 years)*[31]	3.7.2	2019	28.4	26.1
Mortality due to environmental pollution				
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)*[15]	3.9.1	2016	124.5	165.8
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)*[15]	3.9.2	2016	3.9	15.4
Mortality rate attributed to unintentional poisoning (per 100 000 population)*[15]	3.9.3	2019	0.2	0.3
Tobacco use				
Prevalence of tobacco use among persons aged 15–69 years (%) – Female*[30]	3.a.1	2019	11.8	–
Prevalence of tobacco use among persons aged 15–69 years (%) – Male*[30]	3.a.1	2019	32.9	–
Essential medicines and vaccines				
DTP3 immunization coverage among 1-year-old*[27]	3.b.1	2020	95	85
MCV2 immunization coverage by the nationally recommended age*[28]	3.b.1	2020	93	78
PCV3 immunization coverage among 1-year-old*[29]	3.b.1	2020	90	27
HPV immunization coverage estimates among 15-year-old girls*[13]	3.b.1	2019	73	2
Total net official development assistance to medical research and basic health per capita (US$)*[15]	3.b.2	2019	7.54	0.48
Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis (%)*[15]	3.b.3	2019	–	–
Health workforce				
Health worker distribution (per 10 000 population)*[17]	3.c.1	2018	22.8	26
National and global health risks				
Average of 13 International Health Regulations core capacity scores*[15]	3.d	2020	71	63

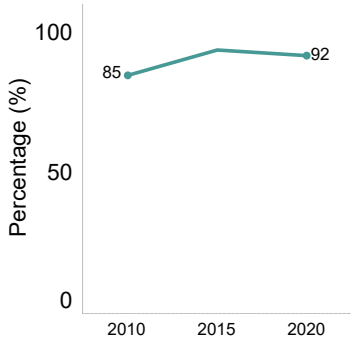
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70, by sex*[19]



Demand for family planning satisfied with modern methods*[33]



MCV2 immunization coverage by nationally recommended age*[28]

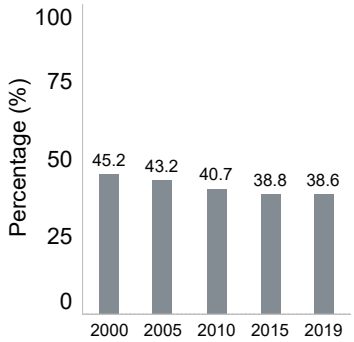


Other health-related SDGs

General government health expenditure				
Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%)*[4]	1.a	2018	7.6	8.1
Child nutrition				
Prevalence of stunting in children under 5 (%)*[16]	2.2.1	2020	22.4	30.1
Prevalence of wasting in children under 5 (%)*[16]	2.2.2	2010	5.9	14.5
Prevalence of overweight in children under 5 (%)*[16]	2.2.3	2020	5.2	3.3
Prevalence of anaemia in women of reproductive age (15–49 years) (%)*[15]	2.2.4	2019	38.6	46.6
Intimate partner violence				
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months*[15]	5.2	2018	9	17

Note: En dash (–) implies relevant data are not available

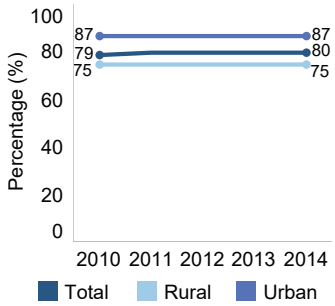
Prevalence of anaemia in women of reproductive age (15–49 years)*[20]



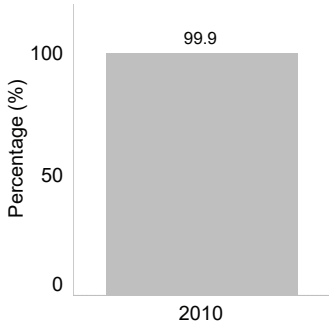
Drinking water services and sanitation				
Indicator	**SDG target**	**Year**	**Bhutan**	**Regional estimate**
Proportion of population using safely managed drinking-water services (%)*[15]	6.1	2017	27.6	–
Proportion of population using safely managed sanitation services (%)*[21]	6.2.1	2020	65.2	–
Proportion of population using a handwashing facility with soap and water (%)*[15]	6.2.2	2017	–	60
Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan (current US$ millions)*[15]	6.a	2019	21.7	1303.4
Clean household energy				
Proportion of population with primary reliance on clean fuels and technology (%)*[15]	7.1	2019	79	61
Ambient air pollution				
Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (μg/m³)*[15]	11.6	2016	36.9	61.1
Homicide and conflicts				
Mortality rate due to homicide (per 100 000 population)*[15]	16.1	2019	2.4	3.8
Birth registration				
Birth registration coverage*[33]	16.9.1	2010	99.9	–
Cause-of-death data				
Completeness of cause-of-death data (%)*[22]	17.19	2010	–	10

Note: En dash (–) implies relevant data are not available

Population with basic handwashing facilities at home*[23]



Birth registration coverage*[33]

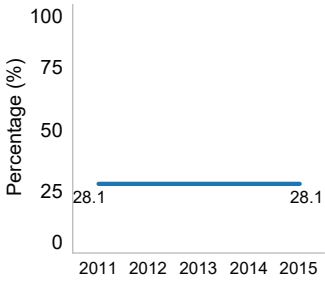


Additional SDG indicators used to monitor the GPW13 impact

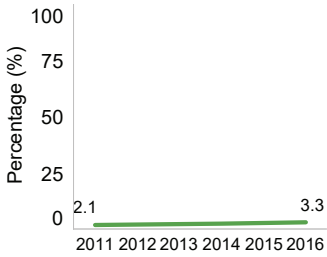
Number of cases of poliomyelitis caused by wild poliovirus (WPV)

No cases have been reported in the past 5 years

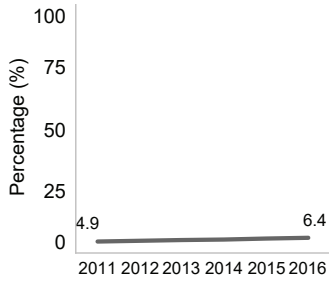
Prevalence of raised blood pressure among persons*[24]



Prevalence of obesity among children and adolescents (5–19 years)*[25]



Prevalence of obesity among adults (18+ years)*[26]



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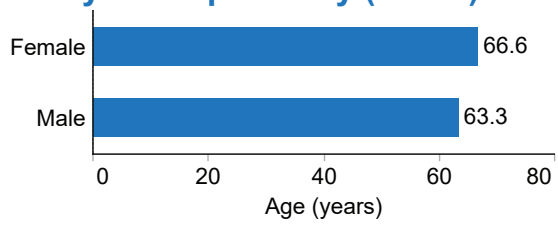
Democratic People's Republic Of Korea

Population (000s)*1	Urban population*2	Poverty*3	GDP per capita*3 (Current US$)	Current health expenditure as share of GDP*4
25 887	62.6%	(ppp <$1.90 a day) Relevant data not available	Relevant data not available	Relevant data not available

Monitoring the health SDG goal: Indicator of overall health and well-being

Healthy life expectancy (HALE)



Healthy life expectancy*5 (HALE) represents the average equivalent number of years from birth of living in good health without disease or injury. Females have 3.3 years longer HALE than males.

Universal health coverage (UHC): At the centre of health-related SDG goals

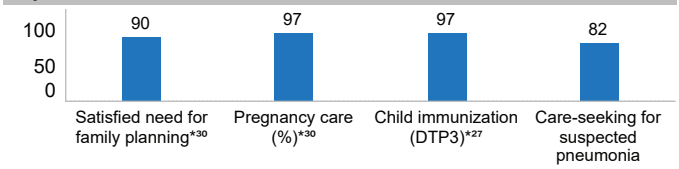
The goal of UHC is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring **health service coverage** and **financial protection** (SDG target 3.8).

HEALTH SERVICE COVERAGE

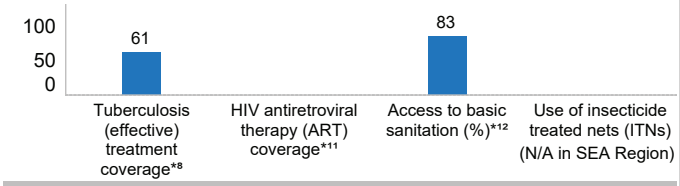
The summary measure of essential health service coverage is the *service coverage index* of sub-indicators in four main areas: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.

Latest available data (2010–2021)

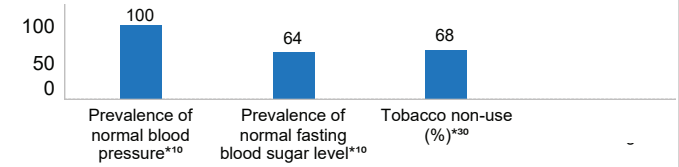
Reproductive, maternal, newborn and child health



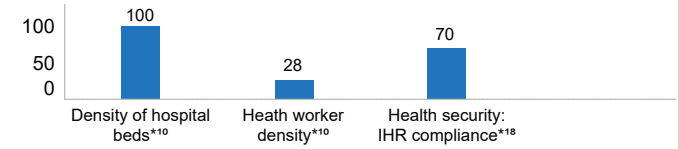
Infectious diseases



Noncommunicable diseases



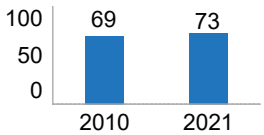
Service capacity, access and health security



UHC service coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by taking the geometric mean of service coverage values across the sub-indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index*



FINANCIAL PROTECTION

Financial protection is commonly measured through two indicators:
(1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment*10: Insufficient data

Catastrophic expenditure on health*10: Insufficient data

Out-of-pocket expenditure*4
In most cases, a high percentage of out-of-pocket expenditure out of the current health expenditure is associated with low financial protection.

Public spending on health*4
is determined by the capacity of the government to raise revenues and the level of priority it attaches to the health sector.

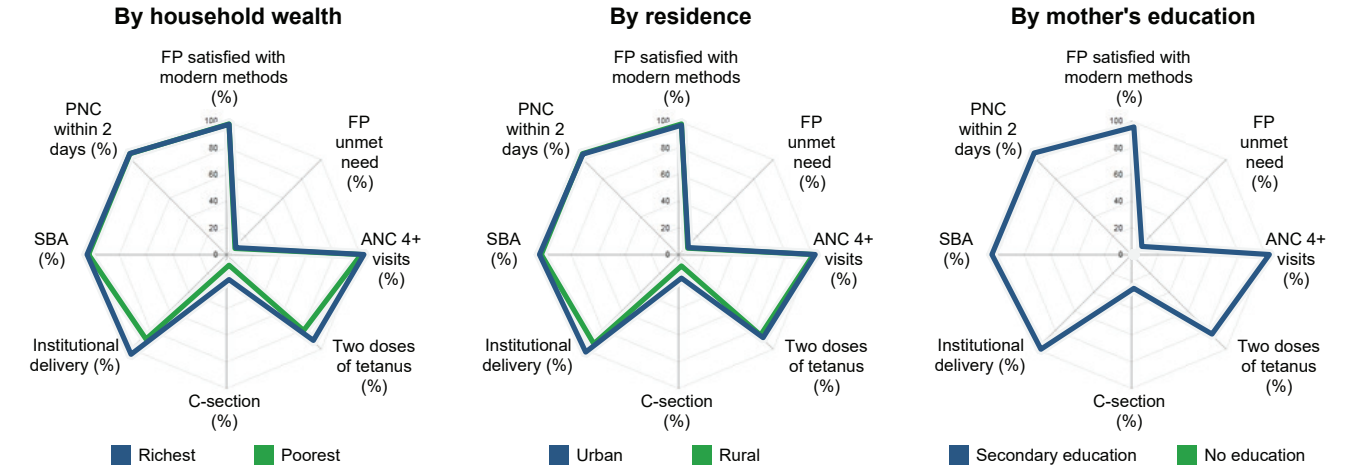
Current data is insufficient for analysis

Current data is insufficient for analysis

This profile provides an overview of the current status of progress towards the 13 targets under the health Sustainable Development Goal 3 (SDG 3) plus other selected health-related indicators. Twenty-five of the indicators are noted with an asterisk (*), which Member States in the WHO South-East Asia Region have designated to be the most common indicators of importance for the Region and for which historical data are available. This profile also includes all of the SDG indicators for the WHO Thirteenth General Programme of Work 2019–2023 (GPW13)

Inequities in health service coverage and nutritional outcomes

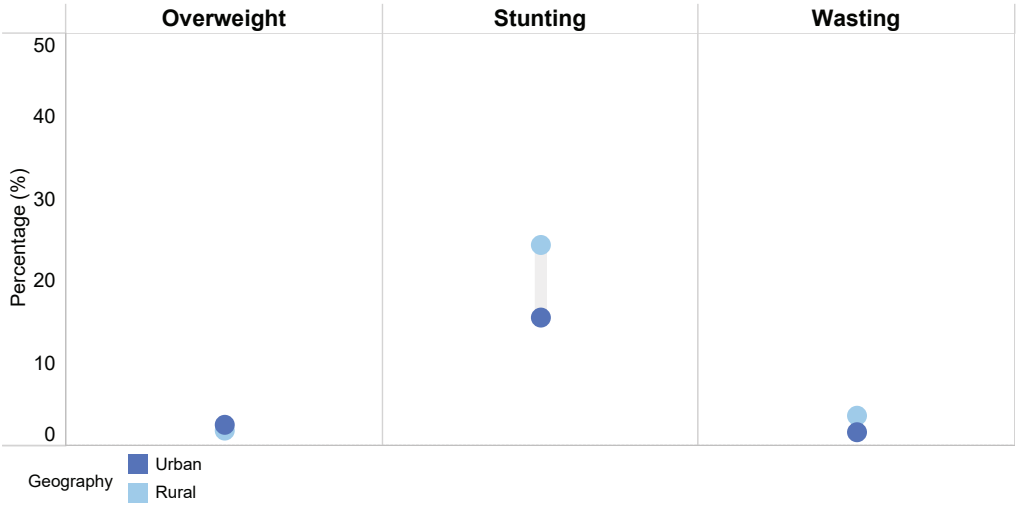
Variations in SRMNCAH service coverage, by household wealth, place of residence and mother's education*30



Disparities across eight indicators of service coverage are apparent through multiple dimensions of inequity

NA

Difference in prevalence of nutritional status among children under 5 by household wealth and geography*30

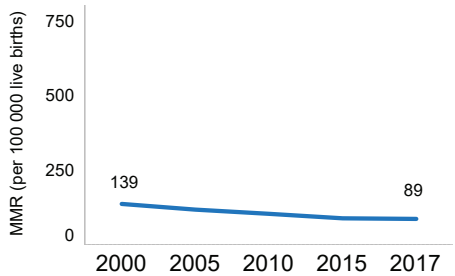


There is a substantial difference in stunting among under-five years of age by geography. Among children under 5, those belonging to urban area have lower prevalence of stunting than rural area. However, there are no significant disparities by geography across wasting and overweight.

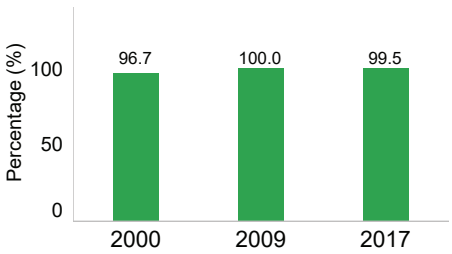
SDG 3: Health targets

Maternal and child mortality (SDG target 3.1, 3.2)

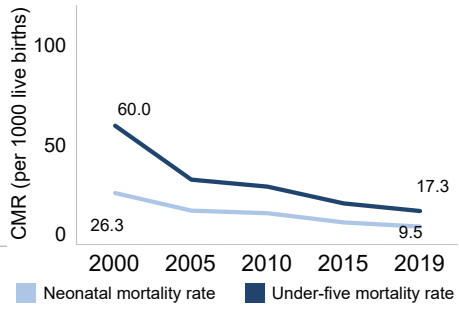
Maternal mortality ratio*6 (MMR)



Births attended by skilled health personnel*30, 31, 32



Child mortality rate*7 (CMR)

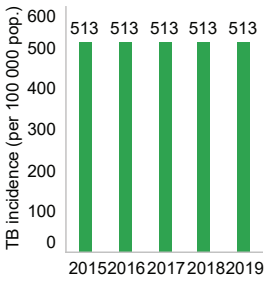


Communicable diseases (SDG target 3.3)

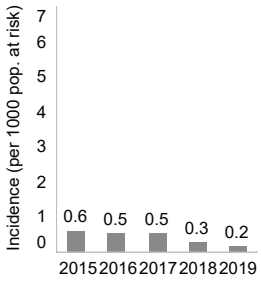
New HIV infections

No cases have been reported

TB incidence rate*8



Malaria incidence rate*9

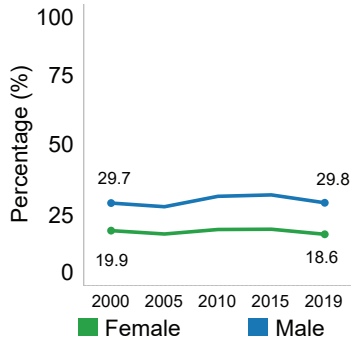


Malaria incidence is calculated for confirmed cases

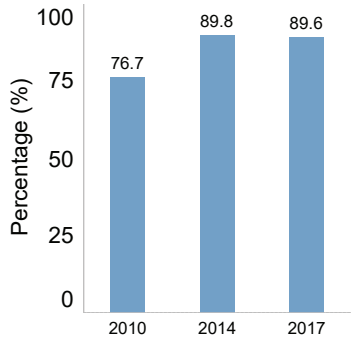
Indicator	Year	DPR Korea	Regional estimate
Hepatitis B surface antigen prevalence among children under 5 years (%)*15	2019	0.2	0.38
Number of people requiring interventions against neglected tropical diseases*15	2019	5 418 928	933 812 197

Noncommunicable diseases and injuries				
Indicator	**SDG target**	**Year**	**DPR Korea**	**Regional estimate**
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70 (%)*[15]	3.4.1	2019	23.9	21.6
Suicide mortality rate (per 100 000 population)*[15]	3.4.2	2019	-	10.1
Total alcohol per capita (≥15 years of age) consumption (litres of pure alcohol)*[15]	3.5.2	2019	4.2	4.3
Road traffic mortality rate (per 100 000 population)*[15]	3.6.1	2019	24.2	15.8
Sexual and reproductive health				
Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%)*[30]	3.7.1	2017	89.7	75.3
Adolescent birth rate (per 1000 women aged 15–19 years)*[30]	3.7.2	2017	1	26.1
Mortality due to environmental pollution				
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)*[15]	3.9.1	2016	207.2	165.8
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)*[15]	3.9.2	2016	1.4	15.4
Mortality rate attributed to unintentional poisoning (per 100 000 population)*[15]	3.9.3	2019	1.4	0.3
Tobacco use				
Prevalence of tobacco use among persons aged 15 years and older (%) – Female*[34]	3.a.1	2017	0	–
Prevalence of tobacco use among persons aged 15 years and older (%) – Male*[34]	3.a.1	2017	46.1	–
Essential medicines and vaccines				
DTP3 immunization coverage among 1-year-old*[27]	3.b.1	2020	97	85
MCV2 immunization coverage by the nationally recommended age*[28]	3.b.1	2020	99	78
PCV3 immunization coverage among 1-year-old*[29]	3.b.1	2020	–	27
HPV immunization coverage estimates among 15-year-old girls*[13]	3.b.1	2019	–	2
Total net official development assistance to medical research and basic health per capita (US$)*[15]	3.b.2	2019	0.63	0.48
Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis (%)*[15]	3.b.3	2019	–	–
Health workforce				
Health worker distribution (per 10 000 population)*[17]	3.c.1	2018	81.8	26
National and global health risks				
Average of 13 International Health Regulations core capacity scores*[15]	3.d	2020	70	63

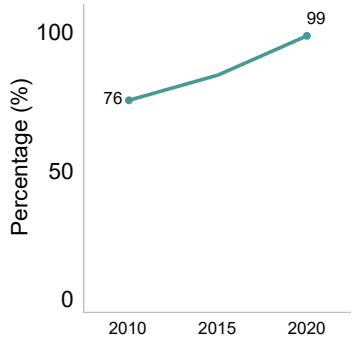
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70, by sex*[19]



Demand for family planning satisfied with modern methods*[30, 33]



MCV2 immunization coverage by nationally recommended age*[28]

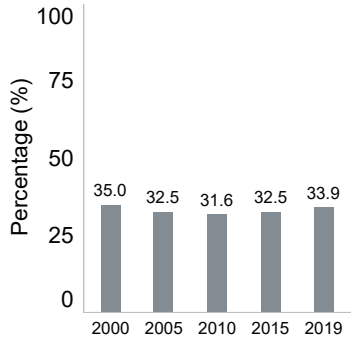


Other health-related SDGs

General government health expenditure				
Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%)*[4]	1.a	2018	-	8.1
Child nutrition				
Prevalence of stunting in children under 5 (%)*[16]	2.2.1	2020	18.2	30.1
Prevalence of wasting in children under 5 (%)*[16]	2.2.2	2017	2.5	14.5
Prevalence of overweight in children under 5 (%)*[16]	2.2.3	2020	1.9	3.3
Prevalence of anaemia in women of reproductive age (15–49 years) (%)*[15]	2.2.4	2019	33.9	46.6
Intimate partner violence				
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months*[15]	5.2	2018	-	17

Note: En dash (–) implies relevant data are not available

Prevalence of anaemia in women of reproductive age (15–49 years)*[20]



Drinking water services and sanitation				
Indicator	**SDG target**	**Year**	**DPR Korea**	**Regional estimate**
Proportion of population using safely managed drinking-water services (%)*[15]	6.1	2017	49.6	–
Proportion of population using safely managed sanitation services (%)*[21]	6.2.1	2020	–	–
Proportion of population using a handwashing facility with soap and water (%)*[15]	6.2.2	2017	–	60
Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan (current US$ millions)*[15]	6.a	2019	1.1	1303.4
Clean household energy				
Proportion of population with primary reliance on clean fuels and technology (%)*[15]	7.1	2019	11	61
Ambient air pollution				
Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (μg/m³)*[15]	11.6	2016	39.7	61.1
Homicide and conflicts				
Mortality rate due to homicide (per 100 000 population)*[15]	16.1	2019	4.2	3.8
Birth registration				
Birth registration coverage	16.9.1	2017	–	–
Cause-of-death data				
Completeness of cause-of-death data (%)*[22]	17.19	2017	–	10

Note: En dash (–) implies relevant data are not available

Population with basic handwashing facilities at home (%)

Data not available

Birth registration coverage

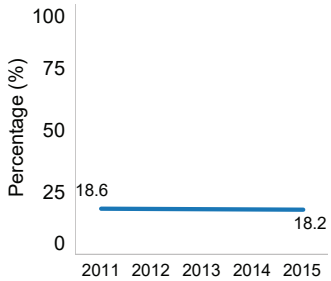
Data not available

Additional SDG indicators used to monitor the GPW13 impact

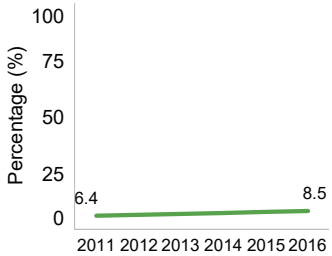
Number of cases of poliomyelitis caused by wild poliovirus (WPV)

No cases have been reported in the past 5 years

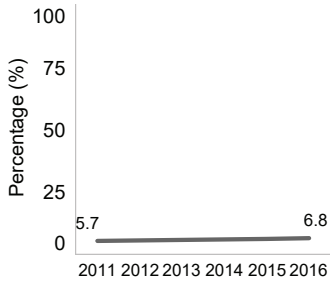
Prevalence of raised blood pressure among persons*[24]



Prevalence of obesity among children and adolescents (5–19 years)*[25]



Prevalence of obesity among adults (18+ years)*[26]



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32.*See for Births attended by skilled health personnel, country reported value, 2011=99, 2012=99.1, 2013=99, 2014=99.3, 2015=100, 2016=100*. Data source: Ministry of Public Health, DPR Korea.
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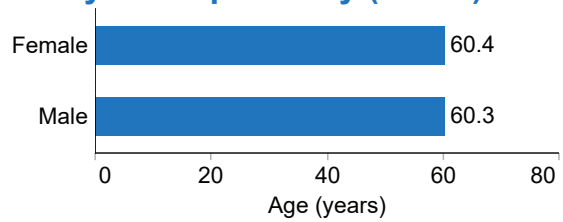
India

Population (000s)*1	Urban population*2	Poverty*3 (ppp <$1.90 a day)	GDP per capita*3 (Current US$)	Current health expenditure as share of GDP*4
1 393 409	35.4%	22.5%	1900.7	3.5%

Monitoring the health SDG goal: Indicator of overall health and well-being

Healthy life expectancy (HALE)



Healthy life expectancy*5 (HALE) represents the average equivalent number of years from birth of living in good health without disease or injury. Females have 0.1 years longer HALE than males.

Universal health coverage (UHC): At the centre of health-related SDG goals

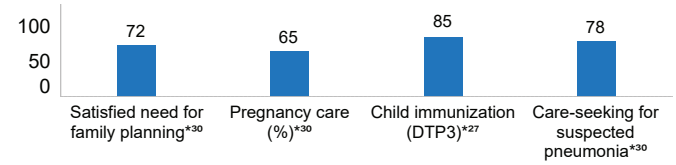
The goal of UHC is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring **health service coverage** and **financial protection** (SDG target 3.8).

HEALTH SERVICE COVERAGE

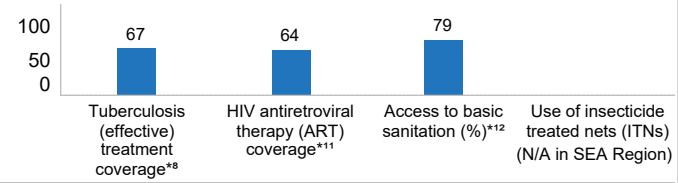
The summary measure of essential health service coverage is the *service coverage index* of sub-indicators in four main areas: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.

Latest available data (2010–2021)

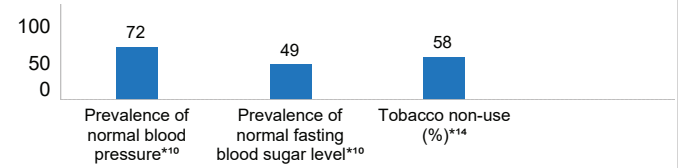
Reproductive, maternal, newborn and child health



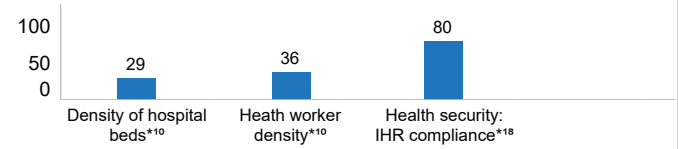
Infectious diseases



Noncommunicable diseases



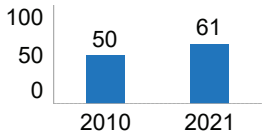
Service capacity, access and health security



UHC service coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by taking the geometric mean of service coverage values across the sub-indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index*



FINANCIAL PROTECTION

Financial protection is commonly measured through two indicators:
(1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment*10: **4.2%** or **approximately 57 966 000** people are being pushed into poverty (at US$ 1.90 level) because of out-of-pocket health spending.

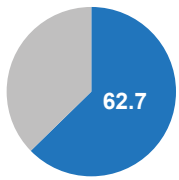
Catastrophic expenditure on health*10: **17.3%** of people spent more than 10% of their household's total expenditure on health care.

Out-of-pocket expenditure*4

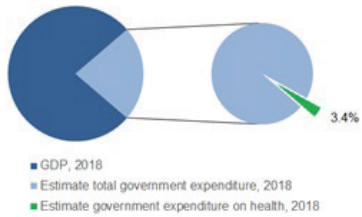
In most cases, a high percentage of out-of-pocket expenditure out of the current health expenditure is associated with low financial protection.

Public spending on health*4

is determined by the capacity of the government to raise revenues and the level of priority it attaches to the health sector.



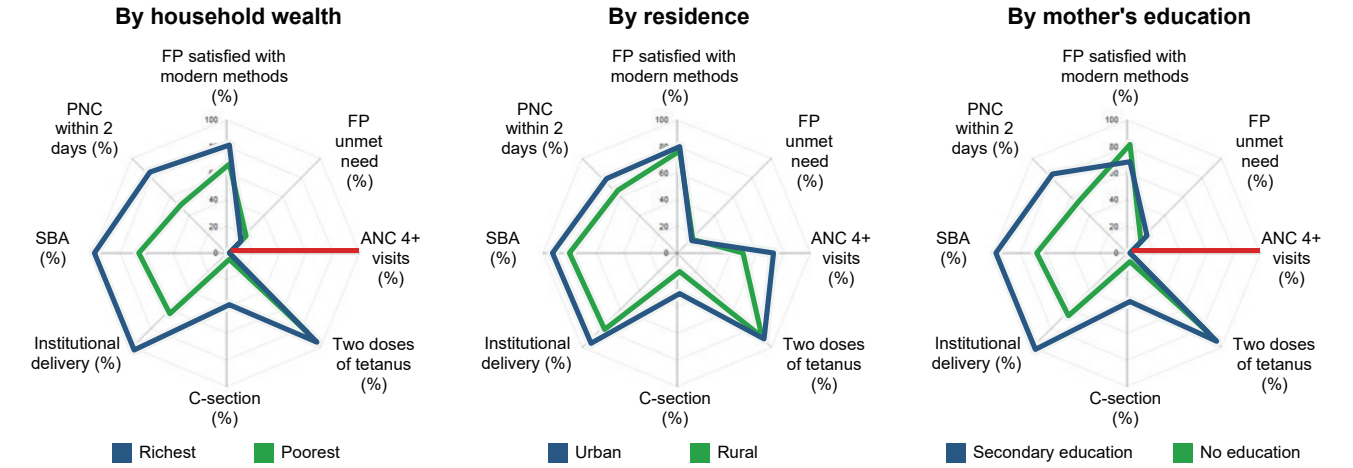
Out-of-pocket expenditure, as % of the current health expenditure (2018)



This profile provides an overview of the current status of progress towards the 13 targets under the health Sustainable Development Goal 3 (SDG 3) plus other selected health-related indicators. Twenty-five of the indicators are noted with an asterisk (*), which Member States in the WHO South-East Asia Region have designated to be the most common indicators of importance for the Region and for which historical data are available. This profile also includes all of the SDG indicators for the WHO Thirteenth General Programme of Work 2019–2023 (GPW13)

Inequities in health service coverage and nutritional outcomes

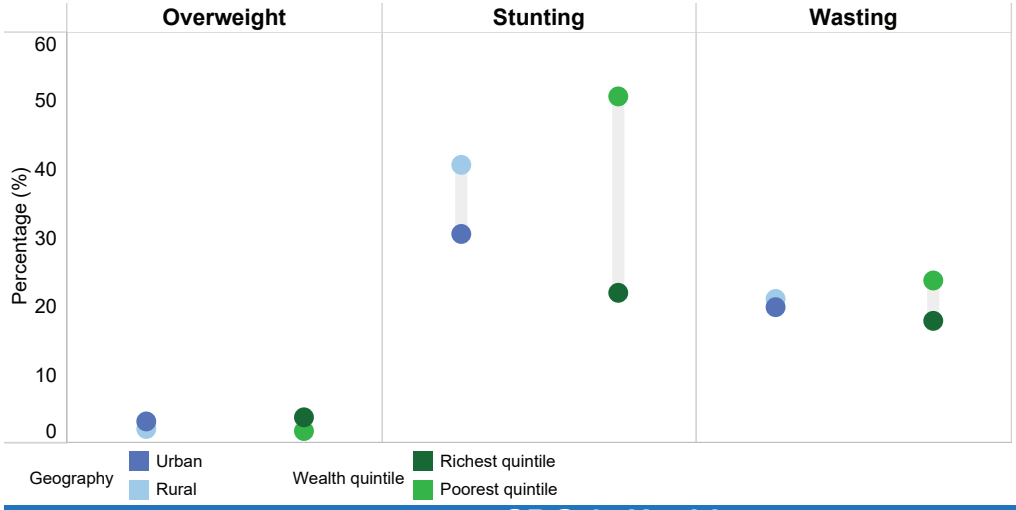
Variations in SRMNCAH service coverage, by household wealth, place of residence and mother's education*[30]



Disparities across eight indicators of service coverage are apparent through multiple dimensions of inequity

NA

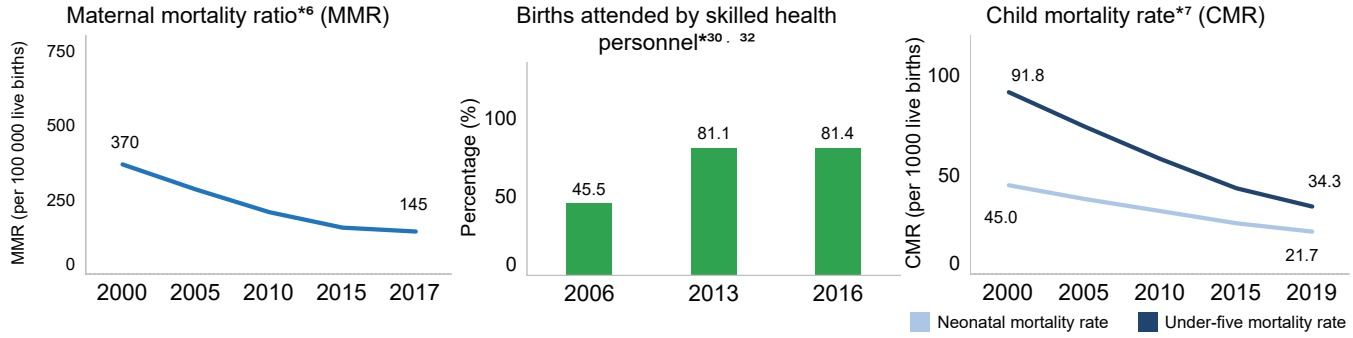
Difference in prevalence of nutritional status among children under 5 by household wealth and geography*[30]



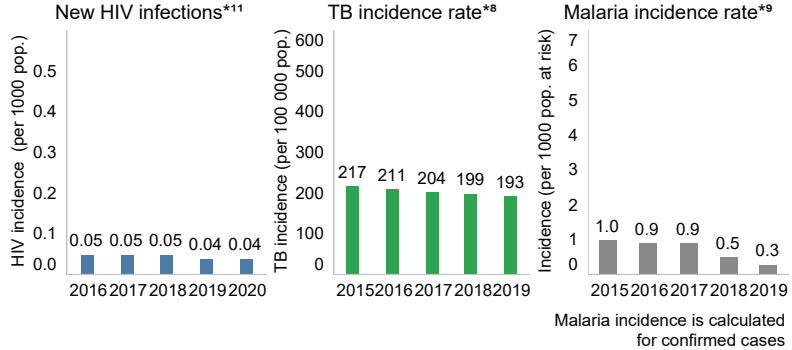
There is a substantial difference in nutritional outcomes among those under-five years of age by household wealth quintile. Among children under 5, those belonging to the richest quintile have lower prevalence of stunting and wasting than the poorest quintile. Children under 5 from the richest quintile have a higher proportion of overweight compared to the poorest quintile. However, there are no significant disparities by geography across all three nutritional outcomes.

SDG 3: Health targets

Maternal and child mortality (SDG target 3.1, 3.2)



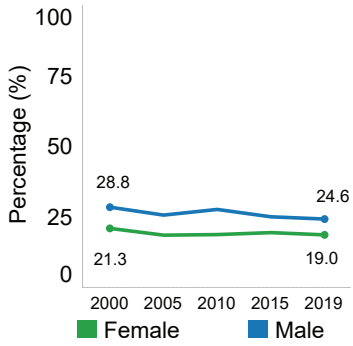
Communicable diseases (SDG target 3.3)



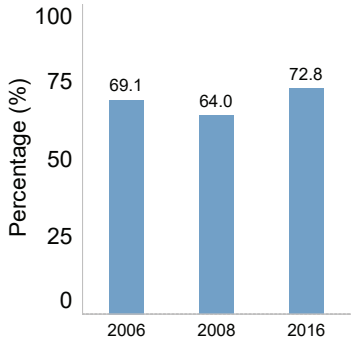
Indicator	Year	India	Regional estimate
Hepatitis B surface antigen prevalence among children under 5 years (%)*[15]	2019	0.16	0.38
Number of people requiring interventions against neglected tropical diseases*[15]	2019	733 660 997	933 812 197

Noncommunicable diseases and injuries				
Indicator	**SDG target**	**Year**	**India**	**Regional estimate**
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70 (%)*[15]	3.4.1	2019	21.9	21.6
Suicide mortality rate (per 100 000 population)*[15]	3.4.2	2019	12.7	10.1
Total alcohol per capita (≥15 years of age) consumption (litres of pure alcohol)*[15]	3.5.2	2019	5.6	4.3
Road traffic mortality rate (per 100 000 population)*[15]	3.6.1	2019	15.6	15.8
Sexual and reproductive health				
Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%)*[30]	3.7.1	2016	72	75.3
Adolescent birth rate (per 1000 women aged 15–19 years)*[30]	3.7.2	2016	51	26.1
Mortality due to environmental pollution				
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)*[15]	3.9.1	2016	184.3	165.8
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)*[15]	3.9.2	2016	18.6	15.4
Mortality rate attributed to unintentional poisoning (per 100 000 population)*[15]	3.9.3	2019	0.3	0.3
Tobacco use				
Prevalence of tobacco use among persons aged 18–69 years (%) – Female*[31]	3.a.1	2018	13	–
Prevalence of tobacco use among persons aged 18–69 years (%) – Male*[31]	3.a.1	2018	51.2	–
Essential medicines and vaccines				
DTP3 immunization coverage among 1-year-old*[27]	3.b.1	2020	85	85
MCV2 immunization coverage by the nationally recommended age*[28]	3.b.1	2020	81	78
PCV3 immunization coverage among 1-year-old*[29]	3.b.1	2020	21	27
HPV immunization coverage estimates among 15-year-old girls*[13]	3.b.1	2019	–	2
Total net official development assistance to medical research and basic health per capita (US$)*[15]	3.b.2	2019	0.22	0.48
Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis (%)*[15]	3.b.3	2019	–	–
Health workforce				
Health worker distribution (per 10 000 population)*[17]	3.c.1	2018	25.8	26
National and global health risks				
Average of 13 International Health Regulations core capacity scores*[15]	3.d	2020	80	63

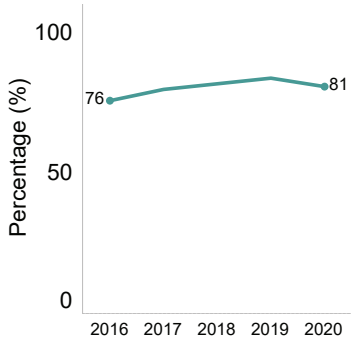
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70, by sex*[19]



Demand for family planning satisfied with modern methods*[30, 32]



MCV2 immunization coverage by nationally recommended age*[28]

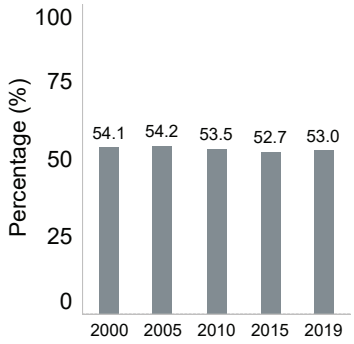


Other health-related SDGs

General government health expenditure				
Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%)*[4]	1.a	2018	3.4	8.1
Child nutrition				
Prevalence of stunting in children under 5 (%)*[16]	2.2.1	2020	30.9	30.1
Prevalence of wasting in children under 5 (%)*[16]	2.2.2	2017	17.3	14.5
Prevalence of overweight in children under 5 (%)*[16]	2.2.3	2020	1.9	3.3
Prevalence of anaemia in women of reproductive age (15–49 years) (%)*[15]	2.2.4	2019	53	46.6
Intimate partner violence				
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months*[15]	5.2	2018	18	17

Note: En dash (–) implies relevant data are not available

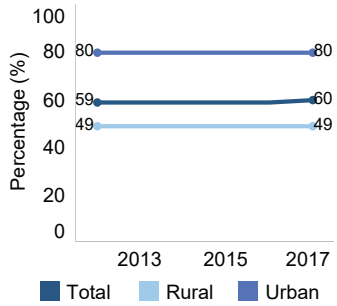
Prevalence of anaemia in women of reproductive age (15–49 years)*[20]



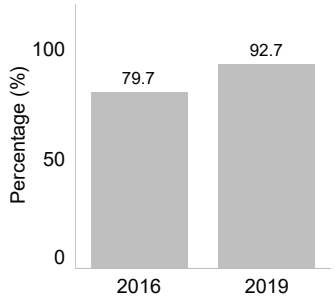
Indicator	SDG target	Year	India	Regional estimate
Drinking water services and sanitation				
Proportion of population using safely managed drinking-water services (%)*[15]	6.1	2017	–	–
Proportion of population using safely managed sanitation services (%)*[21]	6.2.1	2020	45.9	–
Proportion of population using a handwashing facility with soap and water (%)*[15]	6.2.2	2017	60	60
Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan (current US$ millions)*[15]	6.a	2019	373.6	1303.4
Clean household energy				
Proportion of population with primary reliance on clean fuels and technology (%)*[15]	7.1	2019	64	61
Ambient air pollution				
Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (μg/m³)*[15]	11.6	2016	78.2	61.1
Homicide and conflicts				
Mortality rate due to homicide (per 100 000 population)*[15]	16.1	2019	3.8	3.8
Birth registration				
Birth registration coverage*[33]	16.9.1	2019	92.7	–
Cause-of-death data				
Completeness of cause-of-death data (%)*[34]	17.19	2019	20.7	10

Note: En dash (–) implies relevant data are not available

Population with basic handwashing facilities at home*[23]



Birth registration coverage*[30, 33]

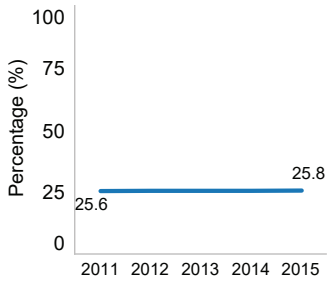


Additional SDG indicators used to monitor the GPW13 impact

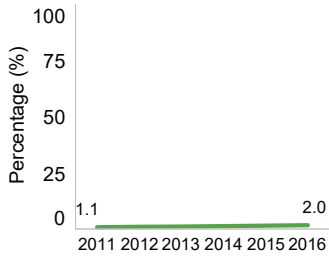
Number of cases of poliomyelitis caused by wild poliovirus (WPV)

No cases have been reported in the past 5 years

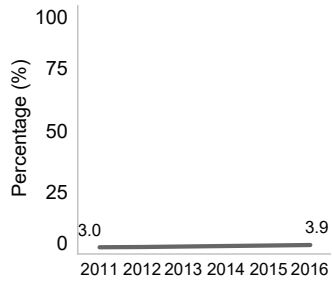
Prevalence of raised blood pressure among persons*[24]



Prevalence of obesity among children and adolescents (5–19 years)*[25]



Prevalence of obesity among adults (18+ years)*[26]



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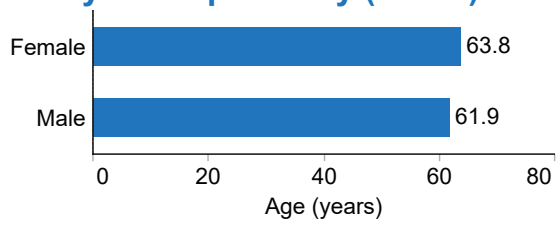
Indonesia

Population (000s)*1	Urban population*2	Poverty*3 (ppp <$1.90 a day)	GDP per capita*3 (Current US$)	Current health expenditure as share of GDP*4
276 362	57.3%	2.9%	3869.6	2.9%

Monitoring the health SDG goal: Indicator of overall health and well-being

Healthy life expectancy (HALE)



Healthy life expectancy*5 (HALE) represents the average equivalent number of years from birth of living in good health without disease or injury. Females have 1.9 years longer HALE than males.

Universal health coverage (UHC): At the centre of health-related SDG goals

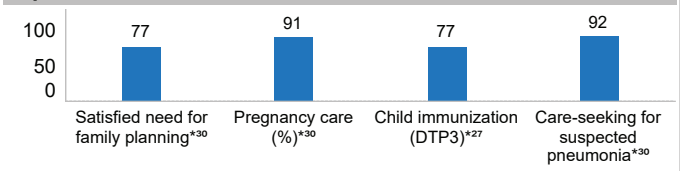
The goal of UHC is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring **health service coverage** and **financial protection** (SDG target 3.8).

HEALTH SERVICE COVERAGE

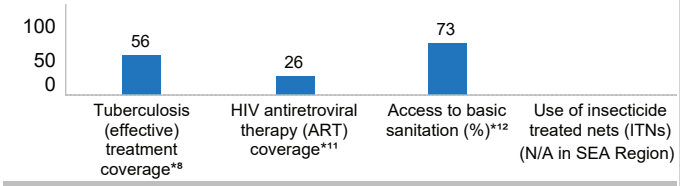
The summary measure of essential health service coverage is the *service coverage index* of sub-indicators in four main areas: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.

Latest available data (2010–2021)

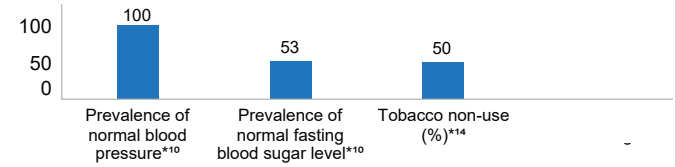
Reproductive, maternal, newborn and child health



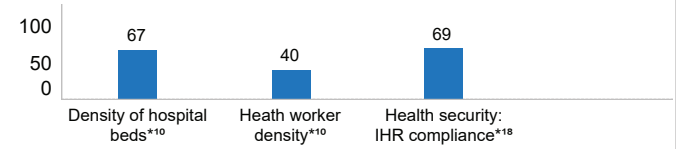
Infectious diseases



Noncommunicable diseases



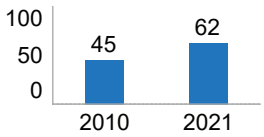
Service capacity, access and health security



UHC service coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by taking the geometric mean of service coverage values across the sub-indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index*



FINANCIAL PROTECTION

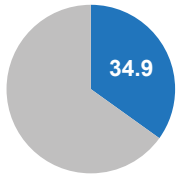
Financial protection is commonly measured through two indicators:
(1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment*10: **0.3%** or **approximately 857 000** people are being pushed into poverty (at US$ 1.90 level) because of out-of-pocket health spending.

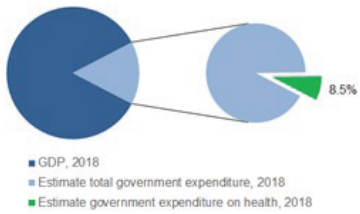
Catastrophic expenditure on health*10: **2.7%** of people spent more than 10% of their household's total expenditure on health care.

Out-of-pocket expenditure*4
In most cases, a high percentage of out-of-pocket expenditure out of the current health expenditure is associated with low financial protection.

Public spending on health*4
is determined by the capacity of the government to raise revenues and the level of priority it attaches to the health sector.



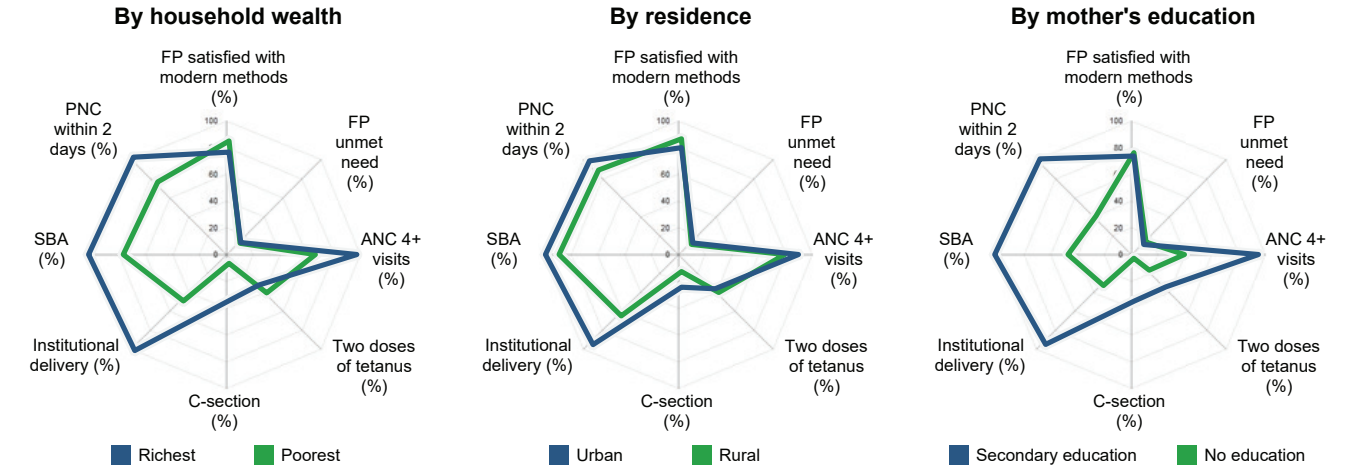
Out-of-pocket expenditure, as % of the current health expenditure (2018)



This profile provides an overview of the current status of progress towards the 13 targets under the health Sustainable Development Goal 3 (SDG 3) plus other selected health-related indicators. Twenty-five of the indicators are noted with an asterisk (*), which Member States in the WHO South-East Asia Region have designated to be the most common indicators of importance for the Region and for which historical data are available. This profile also includes all of the SDG indicators for the WHO Thirteenth General Programme of Work 2019–2023 (GPW13)

Inequities in health service coverage and nutritional outcomes

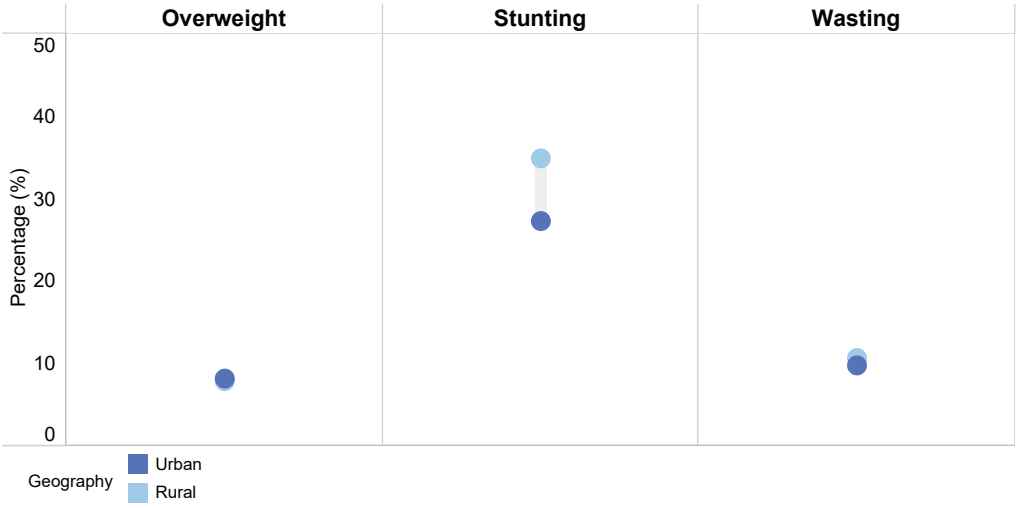
Variations in SRMNCAH service coverage, by household wealth, place of residence and mother's education*[30]



Disparities across eight indicators of service coverage are apparent through multiple dimensions of inequity

NA

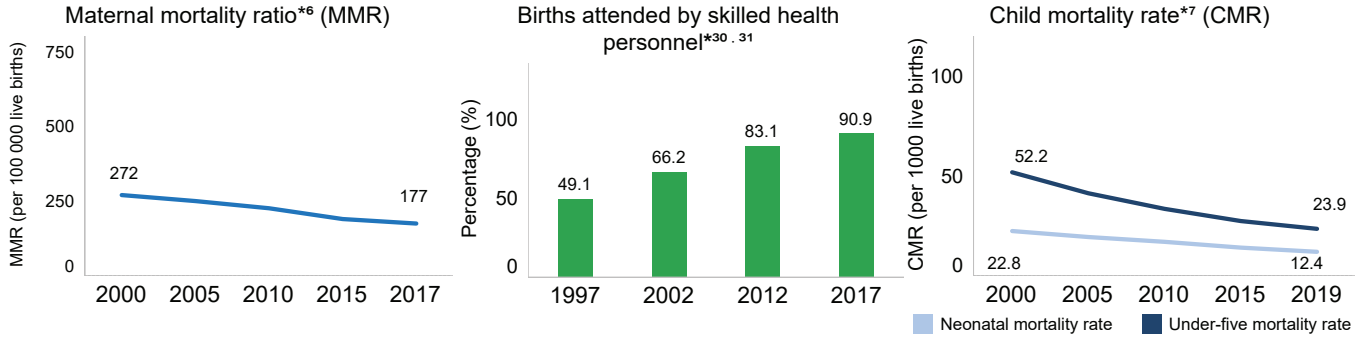
Difference in prevalence of nutritional status among children under 5 by household wealth and geography*[32]



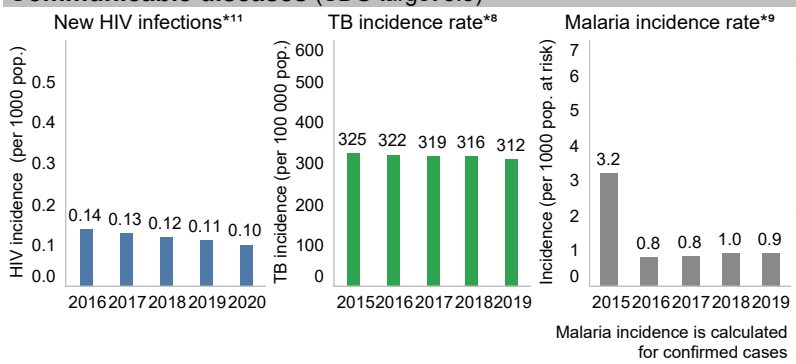
There is a substantial difference in nutritional outcomes among those under-five years of age by household wealth quintile. Among children under 5, those belonging to the richest quintile have lower prevalence of stunting and wasting than the poorest quintile. Children under 5 from the richest quintile have a higher proportion of overweight compared to the poorest quintile. However, there are no significant disparities by geography across all three nutritional outcomes.

SDG 3: Health targets

Maternal and child mortality (SDG target 3.1, 3.2)



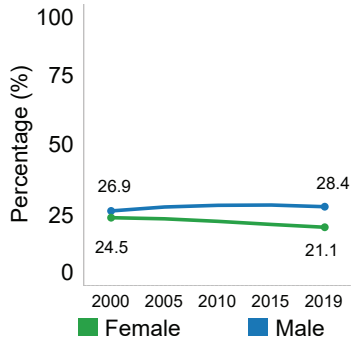
Communicable diseases (SDG target 3.3)



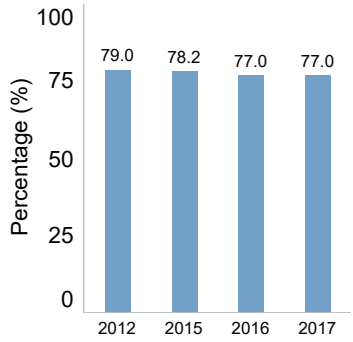
Indicator	Year	Indonesia	Regional estimate
Hepatitis B surface antigen prevalence among children under 5 years (%)*15	2019	1.3	0.38
Number of people requiring interventions against neglected tropical diseases*15	2019	98 728 063	933 812 197

Noncommunicable diseases and injuries				
Indicator	**SDG target**	**Year**	**Indonesia**	**Regional estimate**
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70 (%)*[15]	3.4.1	2019	24.8	21.6
Suicide mortality rate (per 100 000 population)*[15]	3.4.2	2019	2.4	10.1
Total alcohol per capita (≥15 years of age) consumption (litres of pure alcohol)*[15]	3.5.2	2019	0.2	4.3
Road traffic mortality rate (per 100 000 population)*[15]	3.6.1	2019	11.3	15.8
Sexual and reproductive health				
Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%)*[30]	3.7.1	2017	77.1	75.3
Adolescent birth rate (per 1000 women aged 15–19 years)*[30]	3.7.2	2017	36	26.1
Mortality due to environmental pollution				
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)*[15]	3.9.1	2016	112.4	165.8
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)*[15]	3.9.2	2016	7.1	15.4
Mortality rate attributed to unintentional poisoning (per 100 000 population)*[15]	3.9.3	2019	0.3	0.3
Tobacco use				
Prevalence of tobacco use among persons aged 15 years and older (%) – Female*[32]	3.a.1	2018	4.8	–
Prevalence of tobacco use among persons aged 15 years and older (%) – Male*[32]	3.a.1	2018	62.9	–
Essential medicines and vaccines				
DTP3 immunization coverage among 1-year-old*[27]	3.b.1	2020	77	85
MCV2 immunization coverage by the nationally recommended age*[28]	3.b.1	2020	49	78
PCV3 immunization coverage among 1-year-old*[29]	3.b.1	2020	4	27
HPV immunization coverage estimates among 15-year-old girls*[13]	3.b.1	2019	1	2
Total net official development assistance to medical research and basic health per capita (US$)*[15]	3.b.2	2019	0.36	0.48
Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis (%)*[15]	3.b.3	2019	–	–
Health workforce				
Health worker distribution (per 10 000 population)*[17]	3.c.1	2018	28.4	26
National and global health risks				
Average of 13 International Health Regulations core capacity scores*[15]	3.d	2020	69	63

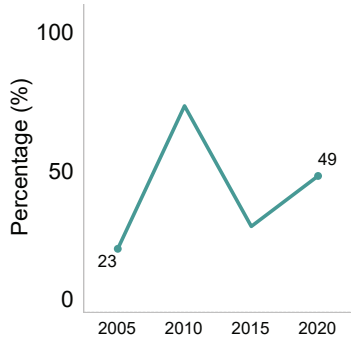
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70, by sex*[19]



Demand for family planning satisfied with modern methods*[30, 31]



MCV2 immunization coverage by nationally recommended age*[28]

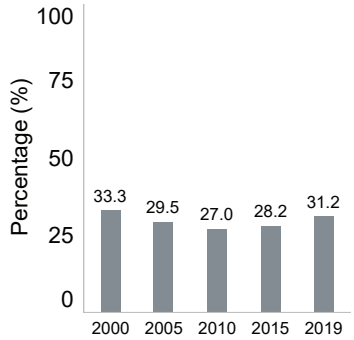


Other health-related SDGs

General government health expenditure				
Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%)*[4]	1.a	2018	8.5	8.1
Child nutrition				
Prevalence of stunting in children under 5 (%)*[16]	2.2.1	2020	31.8	30.1
Prevalence of wasting in children under 5 (%)*[16]	2.2.2	2018	10.2	14.5
Prevalence of overweight in children under 5 (%)*[16]	2.2.3	2020	11.1	3.3
Prevalence of anaemia in women of reproductive age (15–49 years) (%)*[15]	2.2.4	2019	31.2	46.6
Intimate partner violence				
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months*[15]	5.2	2018	9	17

Note: En dash (–) implies relevant data are not available

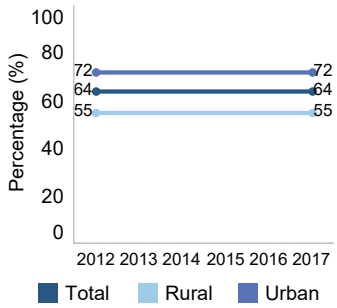
Prevalence of anaemia in women of reproductive age (15–49 years)*[20]



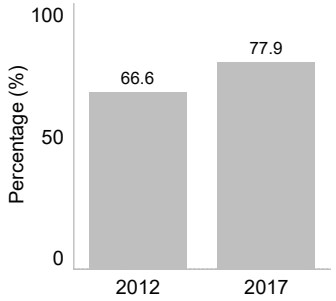
Drinking water services and sanitation				
Indicator	**SDG target**	**Year**	**Indonesia**	**Regional estimate**
Proportion of population using safely managed drinking-water services (%)*[15]	6.1	2017	–	–
Proportion of population using safely managed sanitation services (%)*[21]	6.2.1	2020	–	–
Proportion of population using a handwashing facility with soap and water (%)*[15]	6.2.2	2017	64	60
Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan (current US$ millions)*[15]	6.a	2019	131	1303.4
Clean household energy				
Proportion of population with primary reliance on clean fuels and technology (%)*[15]	7.1	2019	82	61
Ambient air pollution				
Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (μg/m³)*[15]	11.6	2016	20.7	61.1
Homicide and conflicts				
Mortality rate due to homicide (per 100 000 population)*[15]	16.1	2019	4.3	3.8
Birth registration				
Birth registration coverage*[33]	16.9.1	2017	77.9	–
Cause-of-death data				
Completeness of cause-of-death data (%)*[22]	17.19	2017	–	10

Note: En dash (–) implies relevant data are not available

Population with basic handwashing facilities at home*[23]



Birth registration coverage*[30, 31]

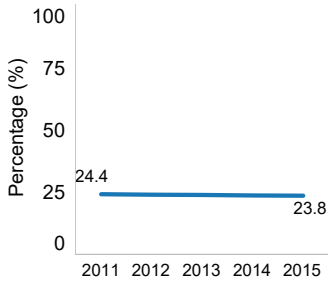


Additional SDG indicators used to monitor the GPW13 impact

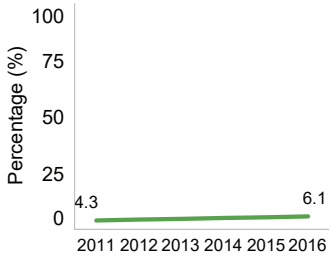
Number of cases of poliomyelitis caused by wild poliovirus (WPV)

No cases have been reported in the past 5 years

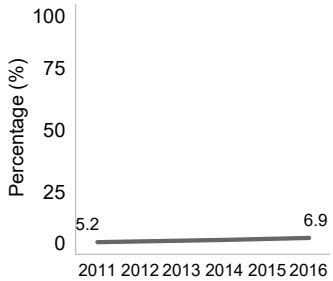
Prevalence of raised blood pressure among persons*[24]



Prevalence of obesity among children and adolescents (5–19 years)*[25]



Prevalence of obesity among adults (18+ years)*[26]



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See for Child immunization (DTP3), country reported value: 2019=97.1; data source: Profile of Health Statistics 2019,
https://www.bps.go.id/publication/2019/12/30/9d583b7e2bd81fada82375e0/profil-statistik-kesehatan-2019.html.
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See for Birth registration coverage, country reported value: 2020=77.4, 2015=72.7; data source: Indonesia's SDG VNR 2021.
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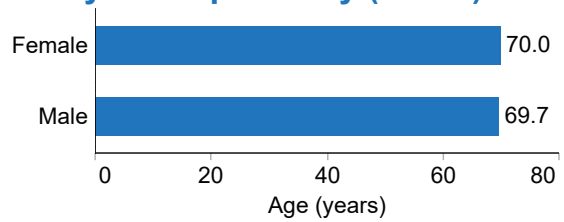
https://www.bps.go.id/publication/2019/12/30/9d583b7e2bd81fada82375e0/profil-statistik-kesehatan-2019.html.

Maldives

Population (000s)*1	Urban population*2	Poverty*34 (ppp <$1.90 a day)	GDP per capita*3 (Current US$)	Current health expenditure as share of GDP*4
544	41.1%	7.3%	7455.9	9.4%

Monitoring the health SDG goal: Indicator of overall health and well-being

Healthy life expectancy (HALE)



Healthy life expectancy*5 (HALE) represents the average equivalent number of years from birth of living in good health without disease or injury. Females have 0.3 years longer HALE than males.

Universal health coverage (UHC): At the centre of health-related SDG goals

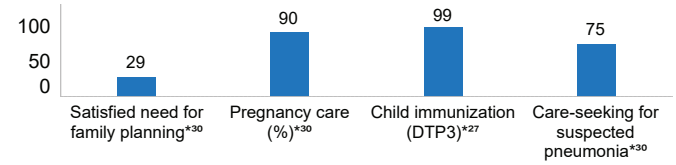
The goal of UHC is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring **health service coverage** and **financial protection** (SDG target 3.8).

HEALTH SERVICE COVERAGE

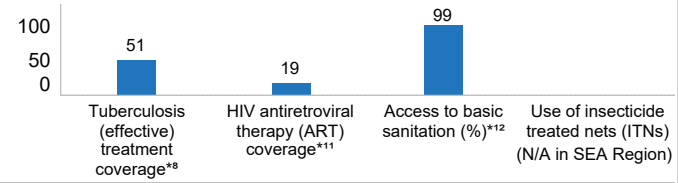
The summary measure of essential health service coverage is the *service coverage index* of sub-indicators in four main areas: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.

Latest available data (2010–2021)

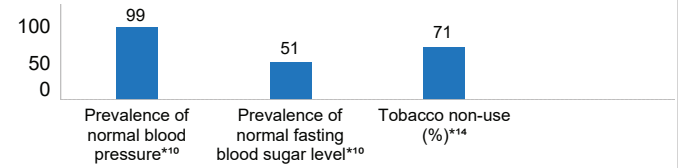
Reproductive, maternal, newborn and child health



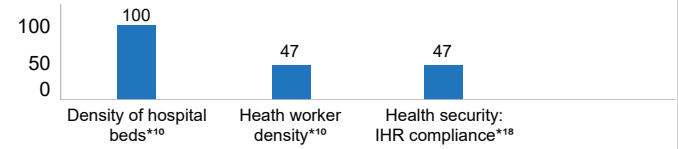
Infectious diseases



Noncommunicable diseases



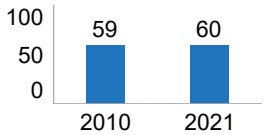
Service capacity, access and health security



UHC service coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by taking the geometric mean of service coverage values across the sub-indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index*



FINANCIAL PROTECTION

Financial protection is commonly measured through two indicators:
(1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment*10: **1.5%** or **approximately 8 000** people are being pushed into poverty (at US$ 1.90 level) because of out-of-pocket health spending.

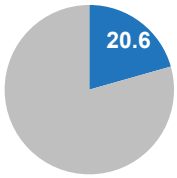
Catastrophic expenditure on health*31: **10.3%** of people spent more than 10% of their household's total expenditure on health care.

Out-of-pocket expenditure*4

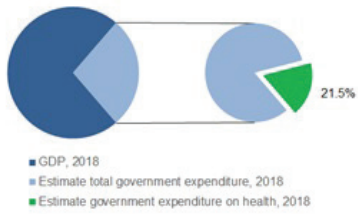
In most cases, a high percentage of out-of-pocket expenditure out of the current health expenditure is associated with low financial protection.

Public spending on health*4

is determined by the capacity of the government to raise revenues and the level of priority it attaches to the health sector.



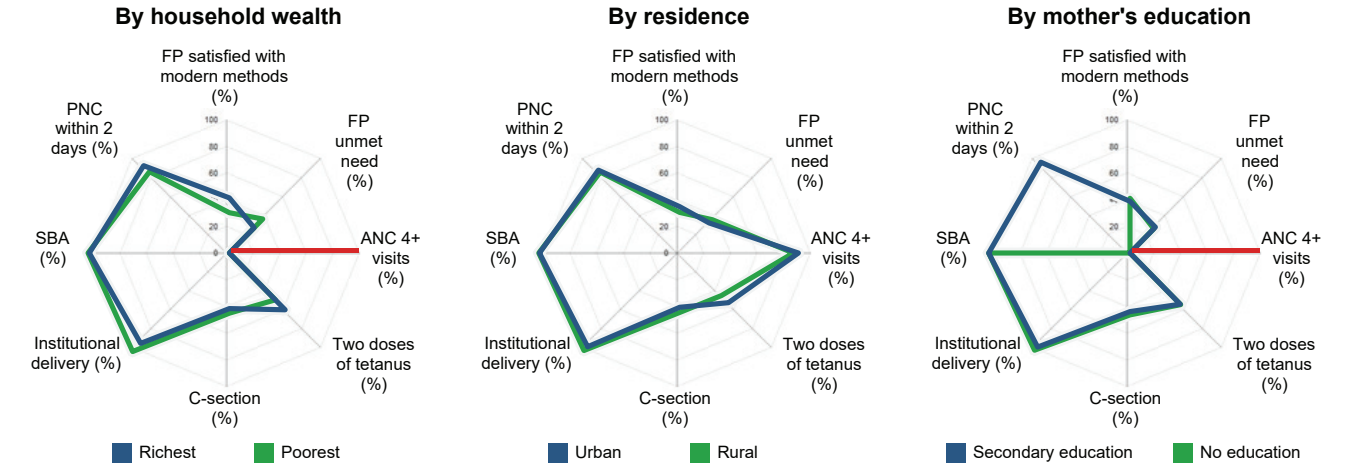
Out-of-pocket expenditure, as % of the current health expenditure (2018)



This profile provides an overview of the current status of progress towards the 13 targets under the health Sustainable Development Goal 3 (SDG 3) plus other selected health-related indicators. Twenty-five of the indicators are noted with an asterisk (*), which Member States in the WHO South-East Asia Region have designated to be the most common indicators of importance for the Region and for which historical data are available. This profile also includes all of the SDG indicators for the WHO Thirteenth General Programme of Work 2019–2023 (GPW13)

Inequities in health service coverage and nutritional outcomes

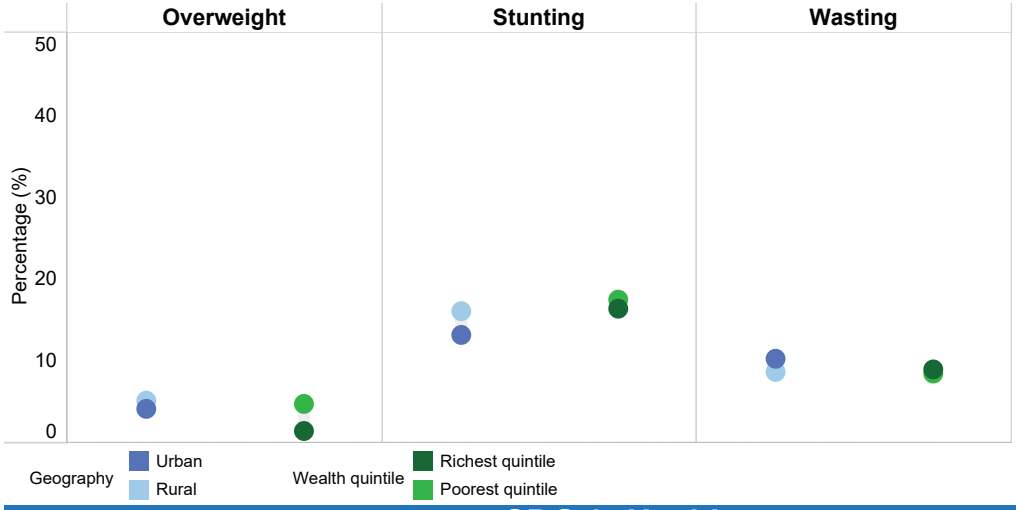
Variations in SRMNCAH service coverage, by household wealth, place of residence and mother's education*[30]



Disparities across eight indicators of service coverage are apparent through multiple dimensions of inequity

NA

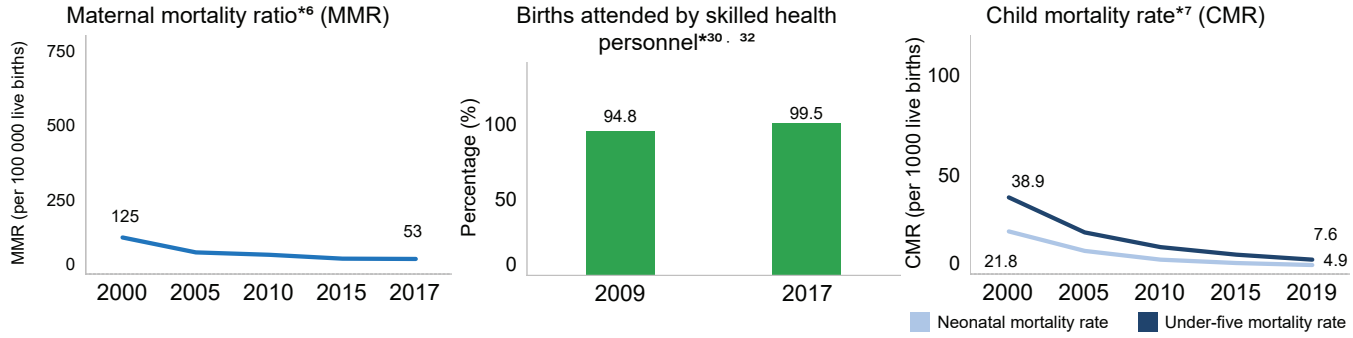
Difference in prevalence of nutritional status among children under 5 by household wealth and geography*[30]



There is a substantial difference in nutritional outcomes among those under-five years of age by household wealth quintile. Among children under 5, those belonging to the richest quintile have lower prevalence of stunting and wasting than the poorest quintile. Children under 5 from the richest quintile have a higher proportion of overweight compared to the poorest quintile. However, there are no significant disparities by geography across all three nutritional outcomes.

SDG 3: Health targets

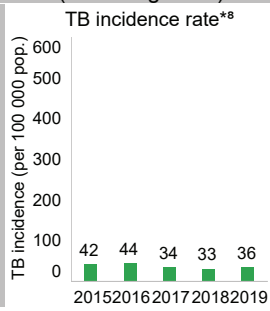
Maternal and child mortality (SDG target 3.1, 3.2)



Communicable diseases (SDG target 3.3)

New HIV infections

Current data is insufficient to determine trend



Malaria incidence rate

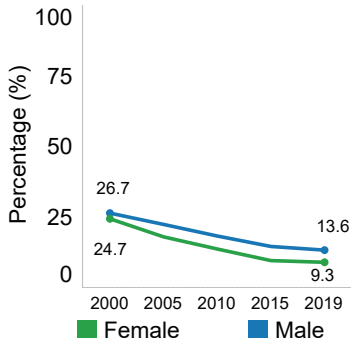
Malaria free

Malaria incidence is calculated for confirmed cases. Only small number of imported cases have been reported.

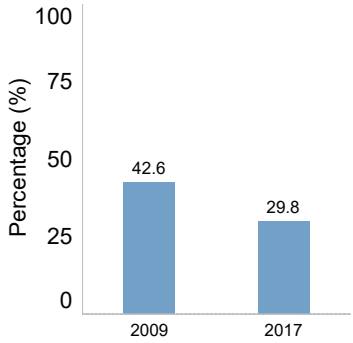
Indicator	Year	Maldives	Regional estimate
Hepatitis B surface antigen prevalence among children under 5 years (%)*[15]	2019	0.21	0.38
Number of people requiring interventions against neglected tropical diseases*[15]	2019	5 013	933 812 197

Noncommunicable diseases and injuries				
Indicator	**SDG target**	**Year**	**Maldives**	**Regional estimate**
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70 (%)*[15]	3.4.1	2019	11.6	21.6
Suicide mortality rate (per 100 000 population)*[15]	3.4.2	2019	2.7	10.1
Total alcohol per capita (≥15 years of age) consumption (litres of pure alcohol)*[15]	3.5.2	2019	2.8	4.3
Road traffic mortality rate (per 100 000 population)*[15]	3.6.1	2019	1.6	15.8
Sexual and reproductive health				
Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%)*[30]	3.7.1	2017	29.4	75.3
Adolescent birth rate (per 1000 women aged 15–19 years)*[30]	3.7.2	2017	10	26.1
Mortality due to environmental pollution				
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)*[15]	3.9.1	2016	25.6	165.8
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)*[15]	3.9.2	2016	0.3	15.4
Mortality rate attributed to unintentional poisoning (per 100 000 population)*[15]	3.9.3	2019	0	0.3
Tobacco use				
Prevalence of tobacco use among persons aged 15–64 years (%) - Female*[33]	3.a.1	2011	4.4	–
Prevalence of tobacco use among persons aged 15–64 years (%) - Male*[33]	3.a.1	2011	36	–
Essential medicines and vaccines				
DTP3 immunization coverage among 1-year-old*[27]	3.b.1	2020	99	85
MCV2 immunization coverage by the nationally recommended age*[28]	3.b.1	2020	96	78
PCV3 immunization coverage among 1-year-old*[29]	3.b.1	2020	–	27
HPV immunization coverage estimates among 15-year-old girls*[13]	3.b.1	2019	–	2
Total net official development assistance to medical research and basic health per capita (US$)*[15]	3.b.2	2019	4	0.48
Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis (%)*[15]	3.b.3	2019	–	–
Health workforce				
Health worker distribution (per 10 000 population)*[17]	3.c.1	2018	109.9	26
National and global health risks				
Average of 13 International Health Regulations core capacity scores*[15]	3.d	2020	47	63

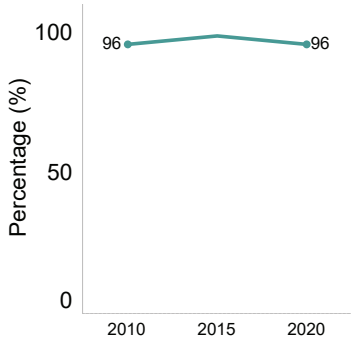
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70, by sex*[19]



Demand for family planning satisfied with modern methods*[30, 32]



MCV2 immunization coverage by nationally recommended age*[28]

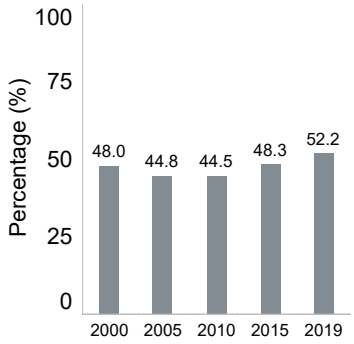


Other health-related SDGs

General government health expenditure				
Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%)*[4]	1.a	2018	21.4	8.1
Child nutrition				
Prevalence of stunting in children under 5 (%)*[16]	2.2.1	2020	14.2	30.1
Prevalence of wasting in children under 5 (%)*[16]	2.2.2	2017	9.1	14.5
Prevalence of overweight in children under 5 (%)*[16]	2.2.3	2020	4.6	3.3
Prevalence of anaemia in women of reproductive age (15–49 years) (%)*[15]	2.2.4	2019	52.2	46.6
Intimate partner violence				
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months*[15]	5.2	2018	6	17

Note: En dash (–) implies relevant data are not available

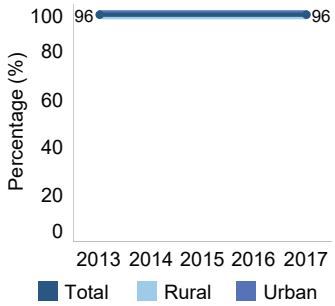
Prevalence of anaemia in women of reproductive age (15–49 years)*[20]



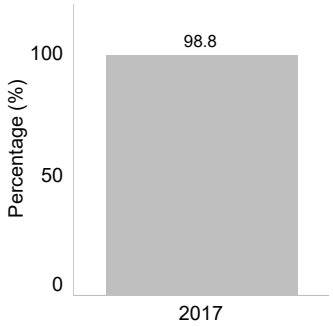
Drinking water services and sanitation				
Indicator	**SDG target**	**Year**	**Maldives**	**Regional estimate**
Proportion of population using safely managed drinking-water services (%)*[15]	6.1	2017	–	–
Proportion of population using safely managed sanitation services (%)*[21]	6.2.1	2020	–	–
Proportion of population using a handwashing facility with soap and water (%)*[15]	6.2.2	2017	96	60
Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan (current US$ millions)*[15]	6.a	2019	7.9	1303.4
Clean household energy				
Proportion of population with primary reliance on clean fuels and technology (%)*[15]	7.1	2019	99	61
Ambient air pollution				
Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (μg/m³)*[15]	11.6	2016	10.4	61.1
Homicide and conflicts				
Mortality rate due to homicide (per 100 000 population)*[15]	16.1	2019	1.9	3.8
Birth registration				
Birth registration coverage*[30]	16.9.1	2017	98.8	–
Cause-of-death data				
Completeness of cause-of-death data (%)*[22]	17.19	2015	91	10

Note: En dash (–) implies relevant data are not available

Population with basic handwashing facilities at home*[23]



Birth registration coverage*[30]

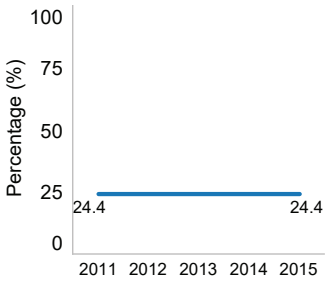


Additional SDG indicators used to monitor the GPW13 impact

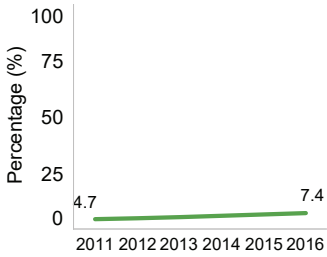
Number of cases of poliomyelitis caused by wild poliovirus (WPV)

No cases have been reported in the past 5 years

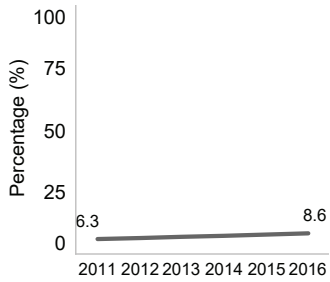
Prevalence of raised blood pressure among persons*[24]



Prevalence of obesity among children and adolescents (5–19 years)*[25]



Prevalence of obesity among adults (18+ years)*[26]



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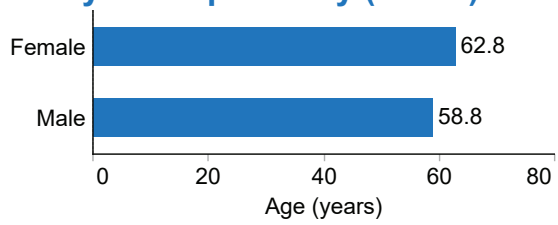
Myanmar

Population (000s)*1	Urban population*2	Poverty*3 (ppp <$1.90 a day)	GDP per capita*3 (Current US$)	Current health expenditure as share of GDP*4
54 806	31.4%	1.4%	1400.2	4.8%

Monitoring the health SDG goal: Indicator of overall health and well-being

Healthy life expectancy (HALE)



Healthy life expectancy*5 (HALE) represents the average equivalent number of years from birth of living in good health without disease or injury. Females have 4.0 years longer HALE than males.

Universal health coverage (UHC): At the centre of health-related SDG goals

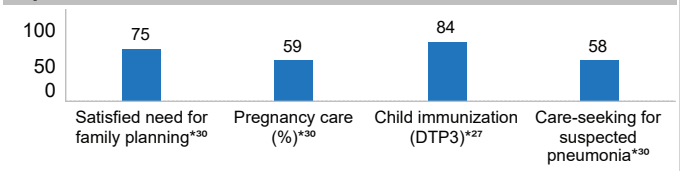
The goal of UHC is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring **health service coverage** and **financial protection** (SDG target 3.8).

HEALTH SERVICE COVERAGE

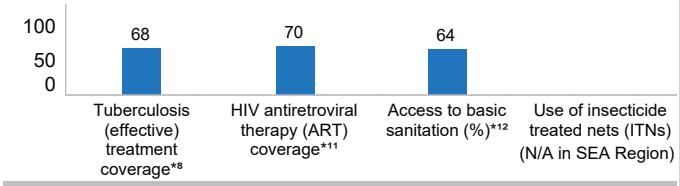
The summary measure of essential health service coverage is the *service coverage index* of sub-indicators in four main areas: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.

Latest available data (2010–2021)

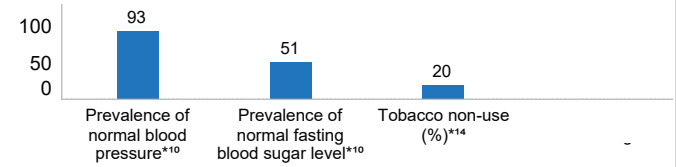
Reproductive, maternal, newborn and child health



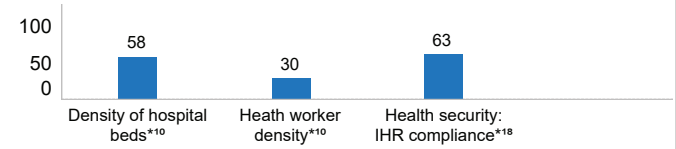
Infectious diseases



Noncommunicable diseases



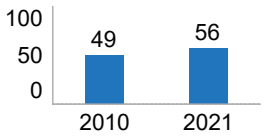
Service capacity, access and health security



UHC service coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by taking the geometric mean of service coverage values across the sub-indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index*



FINANCIAL PROTECTION

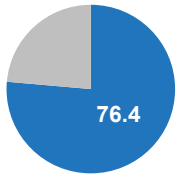
Financial protection is commonly measured through two indicators:
(1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment*10: **0.6%** or **approximately 345 000** people are being pushed into poverty (at US$ 1.90 level) because of out-of-pocket health spending.

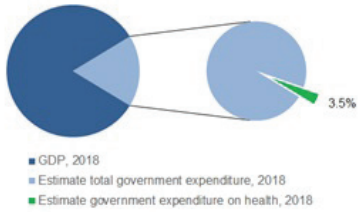
Catastrophic expenditure on health*10: **14.4%** of people spent more than 10% of their household's total expenditure on health care.

Out-of-pocket expenditure*4
In most cases, a high percentage of out-of-pocket expenditure out of the current health expenditure is associated with low financial protection.

Public spending on health*4
is determined by the capacity of the government to raise revenues and the level of priority it attaches to the health sector.



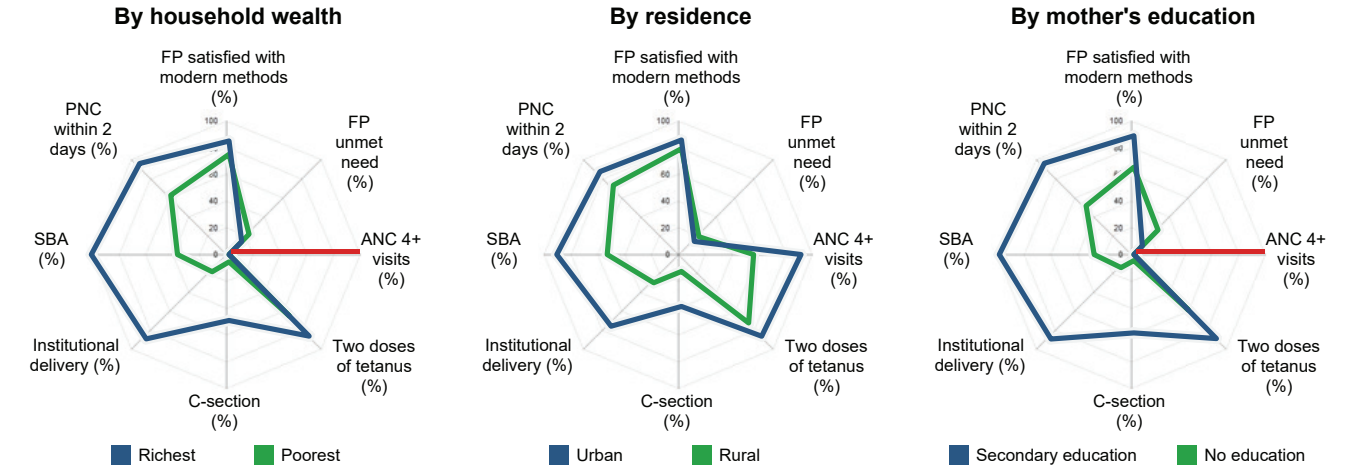
Out-of-pocket expenditure, as % of the current health expenditure (2018)



This profile provides an overview of the current status of progress towards the 13 targets under the health Sustainable Development Goal 3 (SDG 3) plus other selected health-related indicators. Twenty-five of the indicators are noted with an asterisk (*), which Member States in the WHO South-East Asia Region have designated to be the most common indicators of importance for the Region and for which historical data are available. This profile also includes all of the SDG indicators for the WHO Thirteenth General Programme of Work 2019–2023 (GPW13)

Inequities in health service coverage and nutritional outcomes

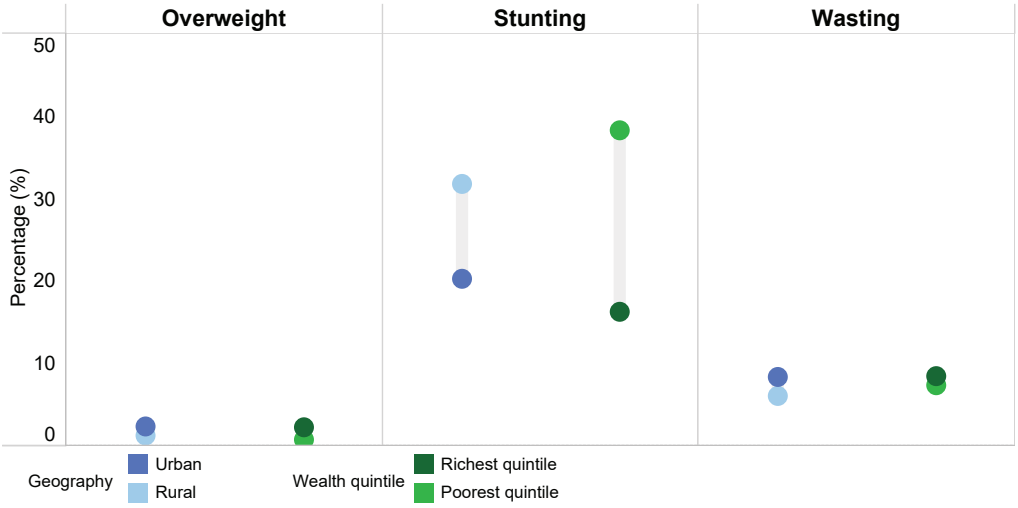
Variations in SRMNCAH service coverage, by household wealth, place of residence and mother's education*[30]



Disparities across eight indicators of service coverage are apparent through multiple dimensions of inequity

NA

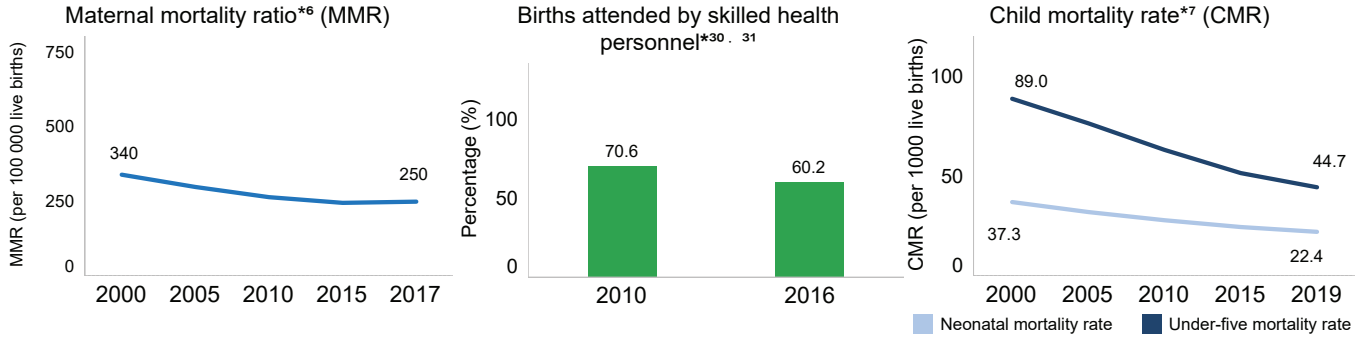
Difference in prevalence of nutritional status among children under 5 by household wealth and geography*[30]



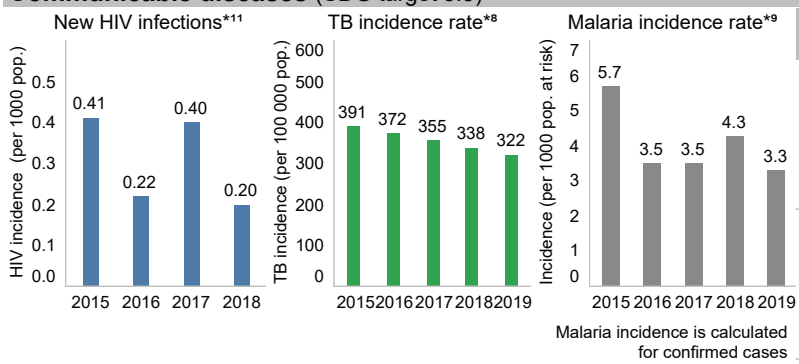
There is a substantial difference in nutritional outcomes among those under-five years of age by household wealth quintile. Among children under 5, those belonging to the richest quintile have lower prevalence of stunting and wasting than the poorest quintile. Children under 5 from the richest quintile have a higher proportion of overweight compared to the poorest quintile. However, there are no significant disparities by geography across all three nutritional outcomes.

SDG 3: Health targets

Maternal and child mortality (SDG target 3.1, 3.2)



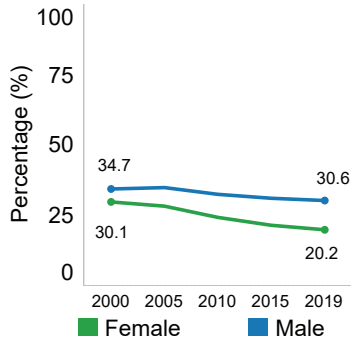
Communicable diseases (SDG target 3.3)



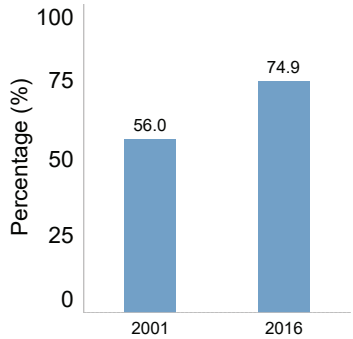
Indicator	Year	Myanmar	Regional estimate
Hepatitis B surface antigen prevalence among children under 5 years (%)*[15]	2019	1.11	0.38
Number of people requiring interventions against neglected tropical diseases*[15]	2019	23 748 613	933 812 197

Noncommunicable diseases and injuries				
Indicator	**SDG target**	**Year**	**Myanmar**	**Regional estimate**
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70 (%)*[15]	3.4.1	2019	24.9	21.6
Suicide mortality rate (per 100 000 population)*[15]	3.4.2	2019	2.9	10.1
Total alcohol per capita (≥15 years of age) consumption (litres of pure alcohol)*[15]	3.5.2	2019	2.1	4.3
Road traffic mortality rate (per 100 000 population)*[15]	3.6.1	2019	20.4	15.8
Sexual and reproductive health				
Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%)*[30]	3.7.1	2016	74.9	75.3
Adolescent birth rate (per 1000 women aged 15–19 years)*[30]	3.7.2	2016	37	26.1
Mortality due to environmental pollution				
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)*[15]	3.9.1	2016	156.4	165.8
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)*[15]	3.9.2	2016	12.6	15.4
Mortality rate attributed to unintentional poisoning (per 100 000 population)*[15]	3.9.3	2019	1.3	0.3
Tobacco use				
Prevalence of tobacco use among persons aged 25-64 years (%) – Female*[32]	3.a.1	2014	29.1	–
Prevalence of tobacco use among persons aged 25-64 years (%) – Male*[32]	3.a.1	2014	79.8	–
Essential medicines and vaccines				
DTP3 immunization coverage among 1-year-old*[27]	3.b.1	2020	84	85
MCV2 immunization coverage by the nationally recommended age*[28]	3.b.1	2020	90	78
PCV3 immunization coverage among 1-year-old*[29]	3.b.1	2020	86	27
HPV immunization coverage estimates among 15-year-old girls*[13]	3.b.1	2019	–	2
Total net official development assistance to medical research and basic health per capita (US$)*[15]	3.b.2	2019	2.24	0.48
Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis (%)*[15]	3.b.3	2019	–	–
Health workforce				
Health worker distribution (per 10 000 population)*[17]	3.c.1	2018	16.8	26
National and global health risks				
Average of 13 International Health Regulations core capacity scores*[15]	3.d.1	2020	63	63

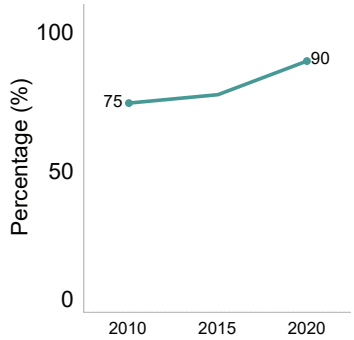
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70, by sex*[19]



Demand for family planning satisfied with modern methods*[30]



MCV2 immunization coverage by nationally recommended age*[28]

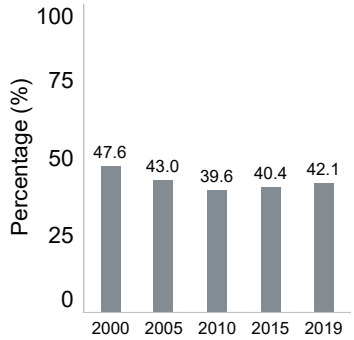


Other health-related SDGs

General government health expenditure				
Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%)*[4]	1.a	2018	3.5	8.1
Child nutrition				
Prevalence of stunting in children under 5 (%)*[16]	2.2.1	2020	25.2	30.1
Prevalence of wasting in children under 5 (%)*[16]	2.2.2	2018	6.7	14.5
Prevalence of overweight in children under 5 (%)*[16]	2.2.3	2020	1.5	3.3
Prevalence of anaemia in women of reproductive age (15–49 years) (%)*[15]	2.2.4	2019	42.1	46.6
Intimate partner violence				
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months*[15]	5.2	2018	11	17

Note: En dash (–) implies relevant data are not available

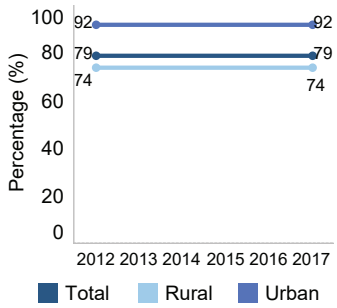
Prevalence of anaemia in women of reproductive age (15–49 years)*[20]



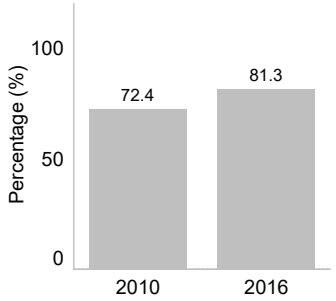
Indicator	SDG target	Year	Myanmar	Regional estimate
Drinking water services and sanitation				
Proportion of population using safely managed drinking-water services (%)*[15]	6.1	2017	–	–
Proportion of population using safely managed sanitation services (%)*[21]	6.2.1	2020	60.7	–
Proportion of population using a handwashing facility with soap and water (%)*[15]	6.2.2	2017	79	60
Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan (current US$ millions)*[15]	6.a	2019	142	1303.4
Clean household energy				
Proportion of population with primary reliance on clean fuels and technology (%)*[15]	7.1	2019	30	61
Ambient air pollution				
Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (μg/m³)*[15]	11.6	2016	33.7	61.1
Homicide and conflicts				
Mortality rate due to homicide (per 100 000 population)*[15]	16.1	2019	3.9	3.8
Birth registration				
Birth registration coverage*[30]	16.9.1	2016	81.3	–
Cause-of-death data				
Completeness of cause-of-death data (%)*[22]	17.19	2016	–	10

Note: En dash (–) implies relevant data are not available

Population with basic handwashing facilities at home*[23]



Birth registration coverage*[30, 31]

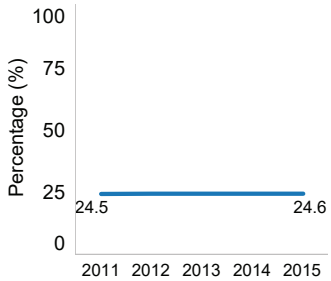


Additional SDG indicators used to monitor the GPW13 impact

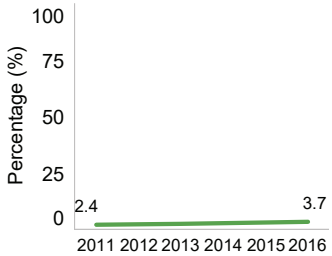
Number of cases of poliomyelitis caused by wild poliovirus (WPV)

No cases have been reported in the past 5 years

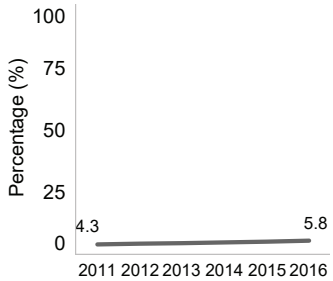
Prevalence of raised blood pressure among persons*[24]



Prevalence of obesity among children and adolescents (5–19 years)*[25]



Prevalence of obesity among adults (18+ years)*[26]



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24.Age-standardized prevalence of raised blood pressure among persons aged 18+ years (SBP of >140 mmHg and/or DBP >90 mmHg), GHO data. Geneva: WHO (https://www.who.int/data/gho/data/indicators/indicator-details/GHO/raised-blood-pressure-(sbp-=140-or-dbp-=90)-(age-standardized-estimate), accessed 24 May 2021).
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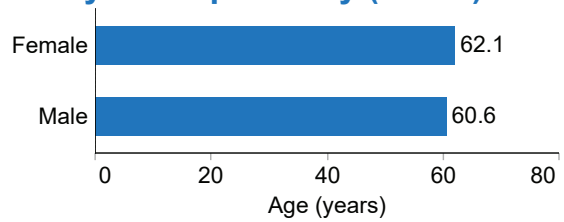
Nepal

Population (000s)*1	Urban population*2	Poverty*3 (ppp <$1.90 a day)	GDP per capita*3 (Current US$)	Current health expenditure as share of GDP*4
29 675	21.0%	15.0%	1155.1	5.8%

Monitoring the health SDG goal: indicator of overall health and well-being

Healthy life expectancy (HALE)



Healthy life expectancy*5 (HALE) represents the average equivalent number of years from birth of living in good health without disease or injury. Females have 1.5 years longer HALE than males.

Universal health coverage (UHC): at the centre of health-related SDG goals

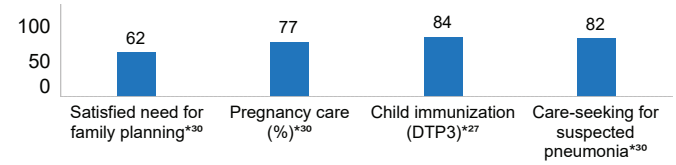
The goal of UHC is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring **health service coverage** and **financial protection** (SDG target 3.8).

HEALTH SERVICE COVERAGE

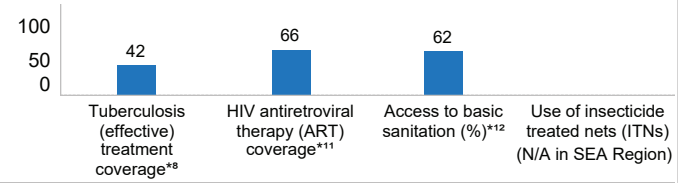
The summary measure of essential health service coverage is the *service coverage index* of sub-indicators in four main areas: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.

Latest available data (2010–2021)

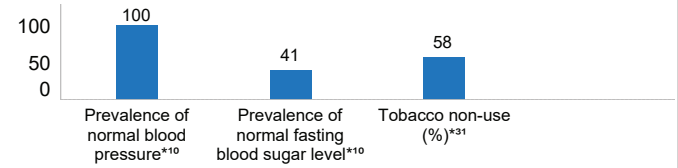
Reproductive, maternal, newborn and child health



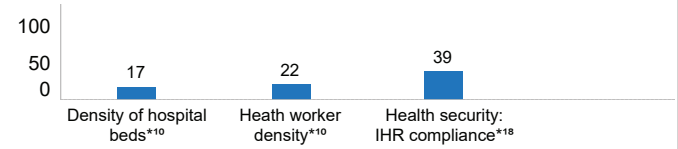
Infectious diseases



Noncommunicable diseases



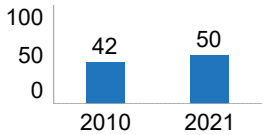
Service capacity, access and health security



UHC service coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by taking the geometric mean of service coverage values across the sub-indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index*



FINANCIAL PROTECTION

Financial protection is commonly measured through two indicators:
(1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment*10: **1.7%** or **approximately 496 000** people are being pushed into poverty (at US$ 1.90 level) because of out-of-pocket health spending.

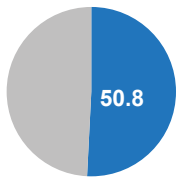
Catastrophic expenditure on health*10: **10.7%** of people spent more than 10% of their household's total expenditure on health care.

Out-of-pocket expenditure*4

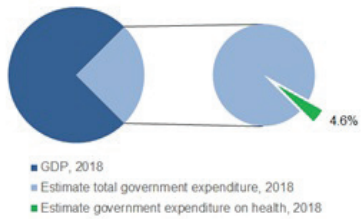
In most cases, a high percentage of out-of-pocket expenditure out of the current health expenditure is associated with low financial protection.

Public spending on health*4

is determined by the capacity of the government to raise revenues and the level of priority it attaches to the health sector.



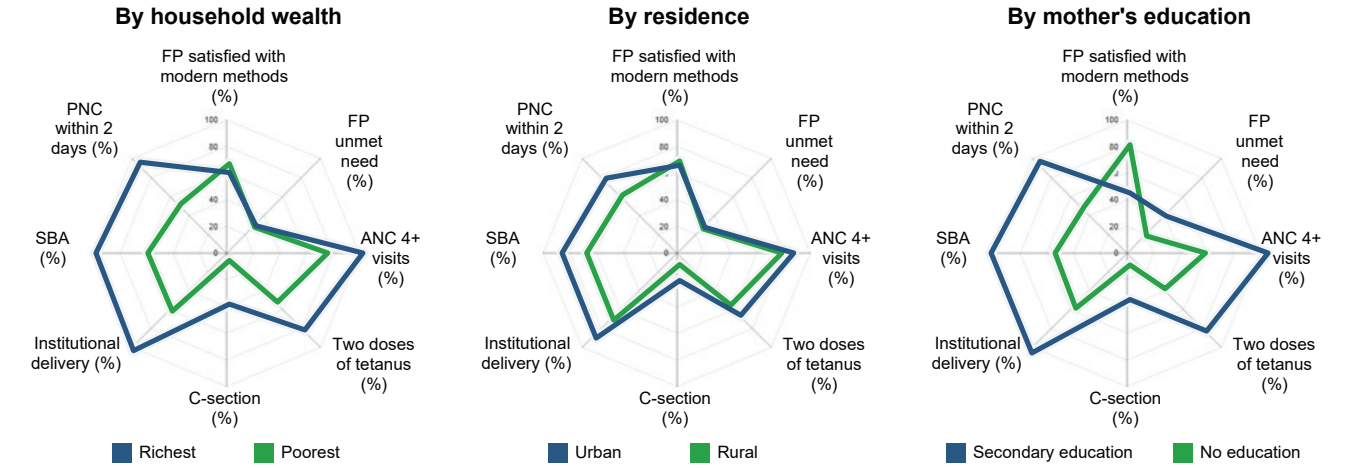
Out-of-pocket expenditure, as % of the current health expenditure (2018)



This profile provides an overview of the current status of progress towards the 13 targets under the health Sustainable Development Goal 3 (SDG 3) plus other selected health-related indicators. Twenty-five of the indicators are noted with an asterisk (*), which Member States in the WHO South-East Asia Region have designated to be the most common indicators of importance for the Region and for which historical data are available. This profile also includes all of the SDG indicators for the WHO Thirteenth General Programme of Work 2019–2023 (GPW13)

Inequities in health service coverage and nutritional outcomes

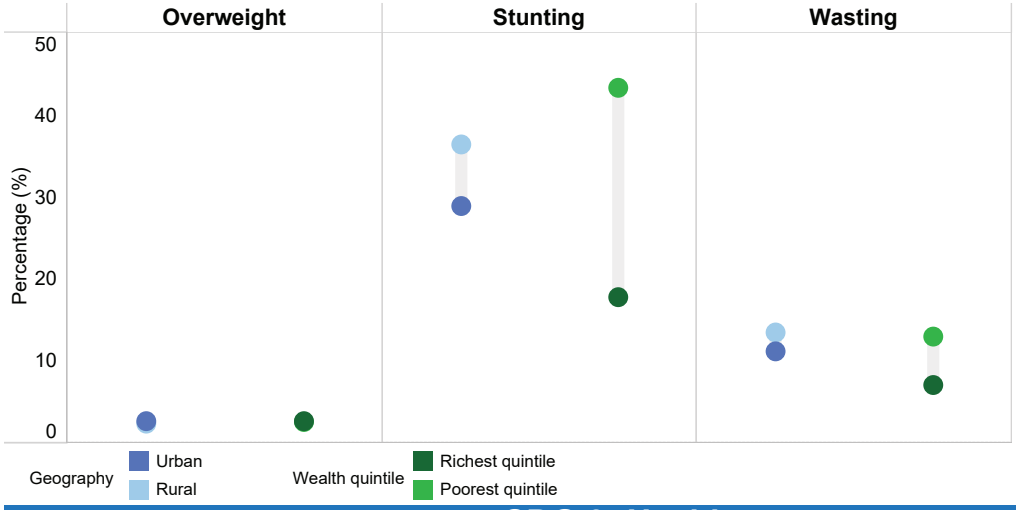
Variations in SRMNCAH service coverage, by household wealth, place of residence and mother's education*[30]



Disparities across eight indicators of service coverage are apparent through multiple dimensions of inequity

NA

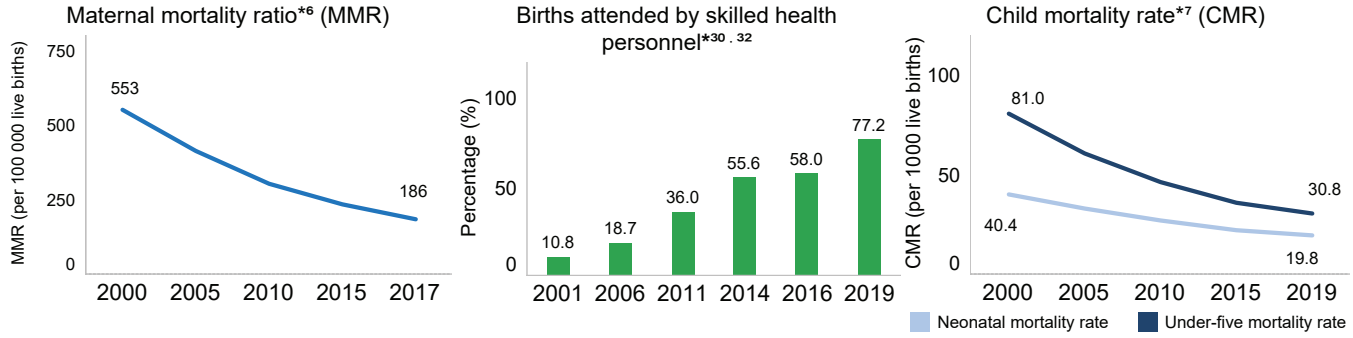
Difference in prevalence of nutritional status among children under 5 by household wealth and geography*[30]



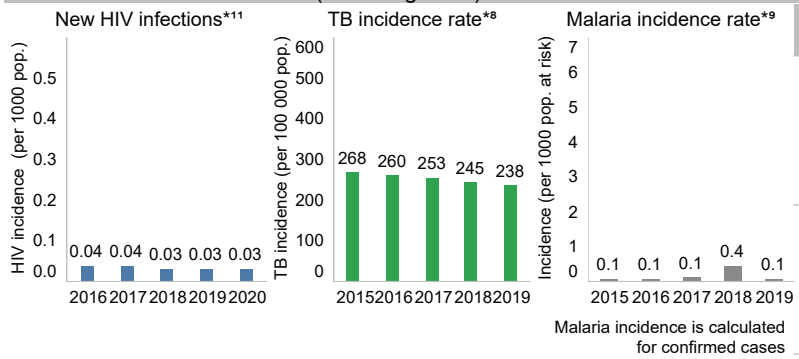
There is a substantial difference in nutritional outcomes among those under-five years of age by household wealth quintile. Among children under 5, those belonging to the richest quintile have lower prevalence of stunting and wasting than the poorest quintile. Children under 5 from the richest quintile have a higher proportion of overweight compared to the poorest quintile. However, there are no significant disparities by geography across all three nutritional outcomes.

SDG 3: Health targets

Maternal and child mortality (SDG target 3.1, 3.2)



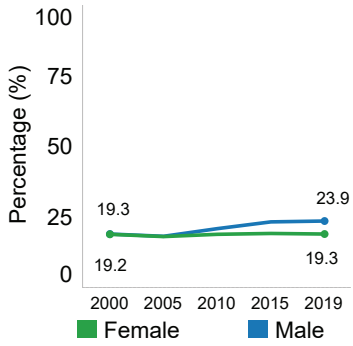
Communicable diseases (SDG target 3.3)



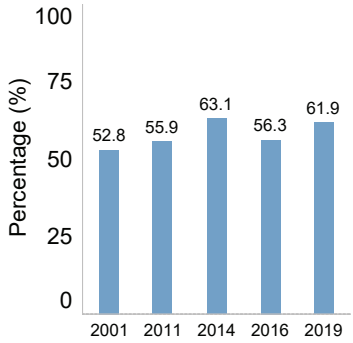
Indicator	Year	Nepal	Regional estimate
Hepatitis B surface antigen prevalence among children under 5 years (%)*[15]	2019	0.16	0.38
Number of people requiring interventions against neglected tropical diseases*[15]	2019	14 118 850	933 812 197

Noncommunicable diseases and injuries				
Indicator	**SDG target**	**Year**	**Nepal**	**Regional estimate**
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70 (%)*[15]	3.4.1	2019	21.5	21.6
Suicide mortality rate (per 100 000 population)*[15]	3.4.2	2019	9	10.1
Total alcohol per capita (≥15 years of age) consumption (litres of pure alcohol)*[15]	3.5.2	2019	0.6	4.3
Road traffic mortality rate (per 100 000 population)*[15]	3.6.1	2019	16.3	15.8
Sexual and reproductive health				
Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%)*[30]	3.7.1	2019	61.9	75.3
Adolescent birth rate (per 1000 women aged 15–19 years)*[30]	3.7.2	2019	63	26.1
Mortality due to environmental pollution				
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)*[15]	3.9.1	2016	193.8	165.8
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)*[15]	3.9.2	2016	19.8	15.4
Mortality rate attributed to unintentional poisoning (per 100 000 population)*[15]	3.9.3	2019	1.7	0.3
Tobacco use				
Prevalence of tobacco use among persons aged 15–69 years (%) – Female*[31]	3.a.1	2019	11.6	–
Prevalence of tobacco use among persons aged 15–69 years (%) – Male*[31]	3.a.1	2019	48.3	–
Essential medicines and vaccines				
DTP3 immunization coverage among 1-year-old*[27]	3.b.1	2020	84	85
MCV2 immunization coverage by the nationally recommended age*[28]	3.b.1	2020	74	78
PCV3 immunization coverage among 1-year-old*[29]	3.b.1	2020	80	27
HPV immunization coverage estimates among 15-year-old girls*[13]	3.b.1	2019	–	2
Total net official development assistance to medical research and basic health per capita (US$)*[15]	3.b.2	2019	2.41	0.48
Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis (%)*[15]	3.b.3	2019	–	–
Health workforce				
Health worker distribution (per 10 000 population)*[17]	3.c.1	2018	38.6	26
National and global health risks				
Average of 13 International Health Regulations core capacity scores*[15]	3.d	2020	39	63

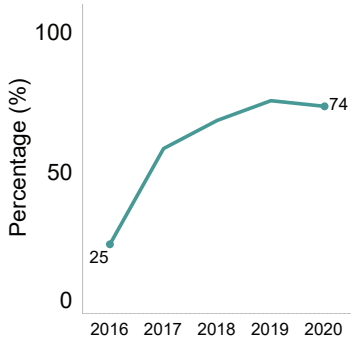
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70, by sex*[19]



Demand for family planning satisfied with modern methods*[30, 32]



MCV2 immunization coverage by nationally recommended age*[28]

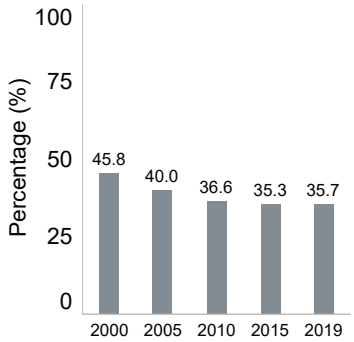


Other health-related SDGs

General government health expenditure				
Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%)*[4]	1.a	2018	4.6	8.1
Child nutrition				
Prevalence of stunting in children under 5 (%)*[16]	2.2.1	2020	30.4	30.1
Prevalence of wasting in children under 5 (%)*[16]	2.2.2	2019	12	14.5
Prevalence of overweight in children under 5 (%)*[16]	2.2.3	2020	1.8	3.3
Prevalence of anaemia in women of reproductive age (15–49 years) (%)*[15]	2.2.4	2019	35.7	46.6
Intimate partner violence				
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months*[15]	5.2	2018	11	17

Note: En dash (–) implies relevant data are not available

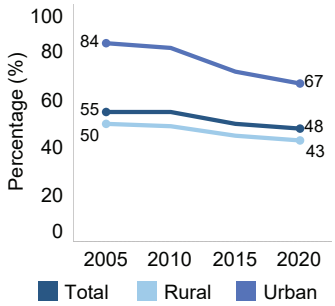
Prevalence of anaemia in women of reproductive age (15–49 years)*[20]



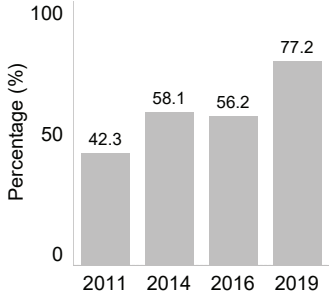
Drinking water services and sanitation				
Indicator	**SDG target**	**Year**	**Nepal**	**Regional estimate**
Proportion of population using safely managed drinking-water services (%)*[15]	6.1	2017	25.6	–
Proportion of population using safely managed sanitation services (%)*[21]	6.2.1	2020	48.6	–
Proportion of population using a handwashing facility with soap and water (%)*[15]	6.2.2	2017	48	60
Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan (current US$ millions)*[15]	6.3	2019	145.2	1303.4
Clean household energy				
Proportion of population with primary reliance on clean fuels and technology (%)*[15]	7.1	2019	31	61
Ambient air pollution				
Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (μg/m³)*[15]	11.6	2016	88	61.1
Homicide and conflicts				
Mortality rate due to homicide (per 100 000 population)*[15]	16.1	2019	2.5	3.8
Birth registration				
Birth registration coverage*[30]	16.9.1	2019	77.2	–
Cause-of-death data				
Completeness of cause-of-death data (%)*[22]	17.19	2019	–	10

Note: En dash (–) implies relevant data are not available

Population with basic handwashing facilities at home*[23]



Birth registration coverage*[30, 32]

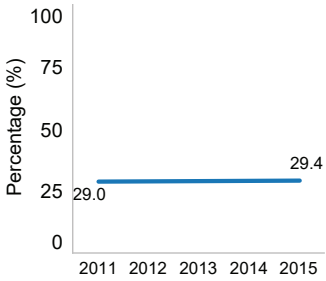


Additional SDG indicators used to monitor the GPW13 impact

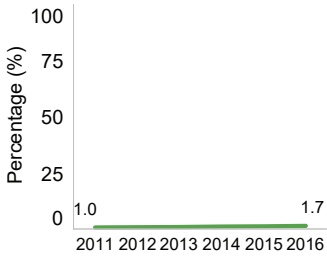
Number of cases of poliomyelitis caused by wild poliovirus (WPV)

No cases have been reported in the past 5 years

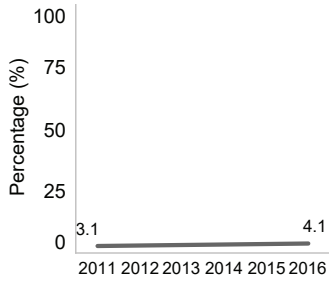
Prevalence of raised blood pressure among persons*[24]



Prevalence of obesity among children and adolescents (5–19 years)*[25]



Prevalence of obesity among adults (18+ years)*[26]



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22.Completeness of cause-of-death data (%), GHO data. Geneva: WHO (https://www.who.int/data/gho/data/indicators/indicator-details/GHO/completeness-of-cause-of-death-data-(-), accessed 24 May 2021).
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24.Age-standardized prevalence of raised blood pressure among persons aged 18+ years (SBP of >140 mmHg and/or DBP >90 mmHg), GHO data. Geneva: WHO (https://www.who.int/data/gho/data/indicators/indicator-details/GHO/raised-blood-pressure-(sbp-=140-or-dbp-=90)-(age-standardized-estimate), accessed 24 May 2021).
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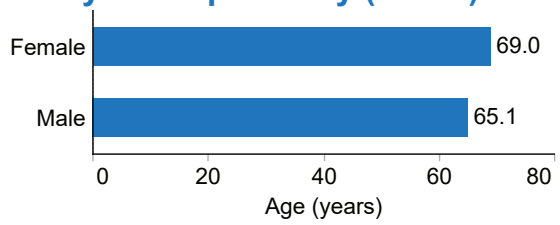
Sri Lanka

Population (000s)*1	Urban population*2	Poverty*3 (ppp <$1.90 a day)	GDP per capita*3 (Current US$)	Current health expenditure as share of GDP*4
21 497	18.9%	0.9%	3682.0	3.8%

Monitoring the health SDG goal: indicator of overall health and well-being

Healthy life expectancy (HALE)



Healthy life expectancy*5 (HALE) represents the average equivalent number of years from birth of living in good health without disease or injury. Females have 3.9 years longer HALE than males.

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The goal of UHC is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring **health service coverage** and **financial protection** (SDG target 3.8).

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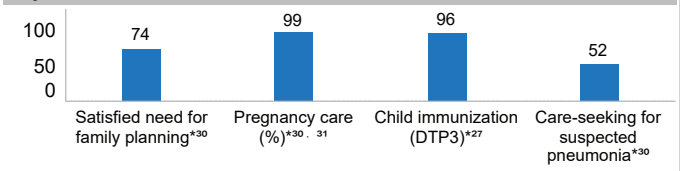
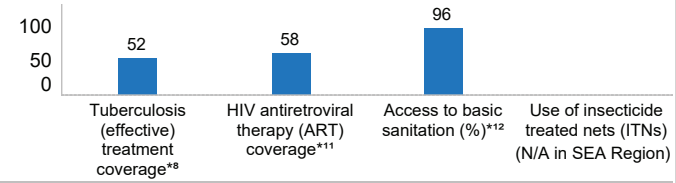
Latest available data (2010–2021)

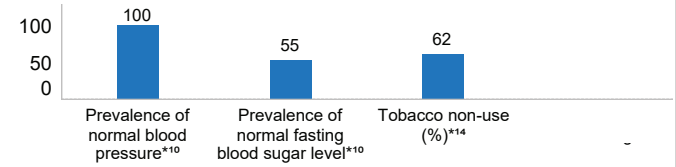
Reproductive, maternal, newborn and child health



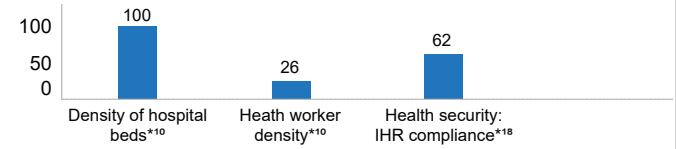
Infectious diseases



Noncommunicable diseases



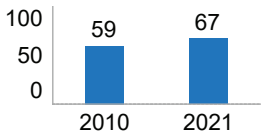
Service capacity, access and health security



UHC service coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by taking the geometric mean of service coverage values across the sub-indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index*



FINANCIAL PROTECTION

Financial protection is commonly measured through two indicators:
(1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment*10: **0.1%** or **approximately 15 000** people are being pushed into poverty (at US$ 1.90 level) because of out-of-pocket health spending.

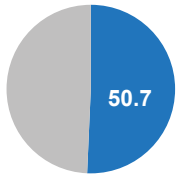
Catastrophic expenditure on health*10: **5.4%** of people spent more than 10% of their household's total expenditure on health care.

Out-of-pocket expenditure*4

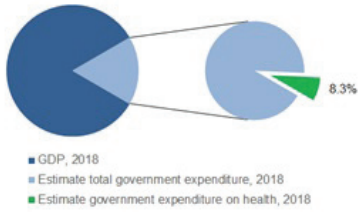
In most cases, a high percentage of out-of-pocket expenditure out of the current health expenditure is associated with low financial protection.

Public spending on health*4

is determined by the capacity of the government to raise revenues and the level of priority it attaches to the health sector.



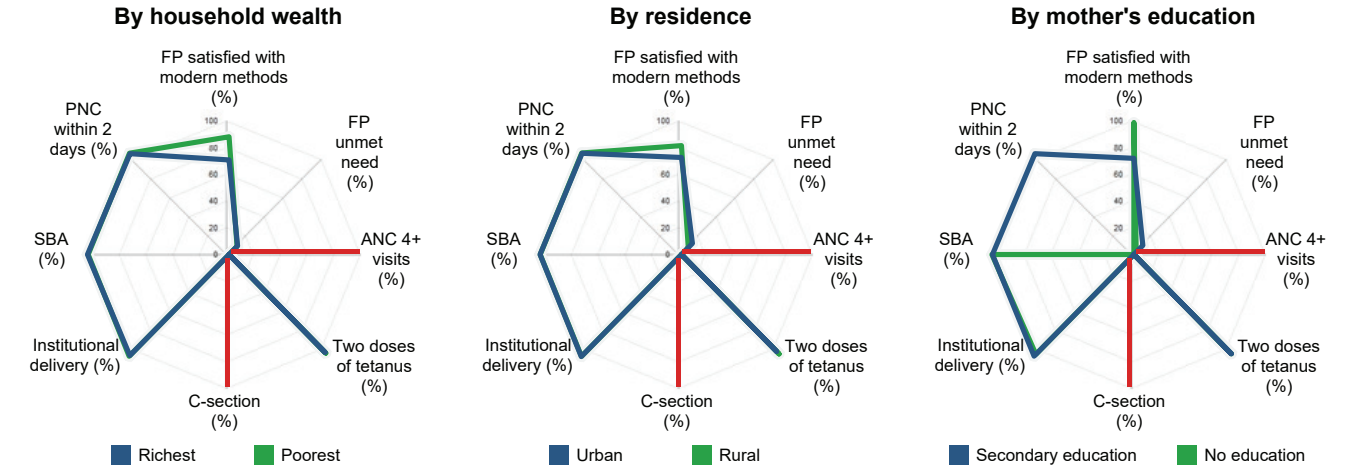
Out-of-pocket expenditure, as % of the current health expenditure (2018)



This profile provides an overview of the current status of progress towards the 13 targets under the health Sustainable Development Goal 3 (SDG 3) plus other selected health-related indicators. Twenty-five of the indicators are noted with an asterisk (*), which Member States in the WHO South-East Asia Region have designated to be the most common indicators of importance for the Region and for which historical data are available. This profile also includes all of the SDG indicators for the WHO Thirteenth General Programme of Work 2019–2023 (GPW13)

Inequities in health service coverage and nutritional outcomes

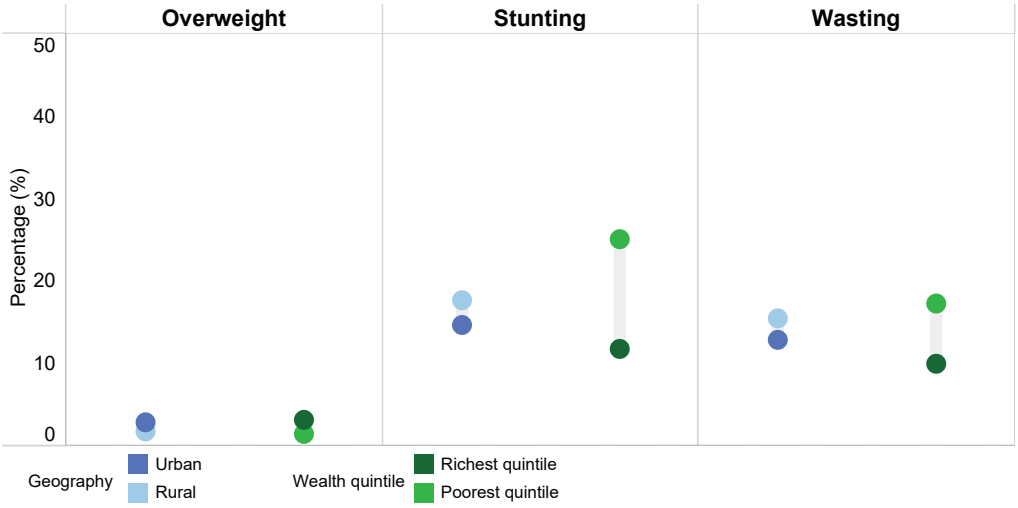
Variations in SRMNCAH service coverage, by household wealth, place of residence and mother's education*[30]



Disparities across eight indicators of service coverage are apparent through multiple dimensions of inequity

NA

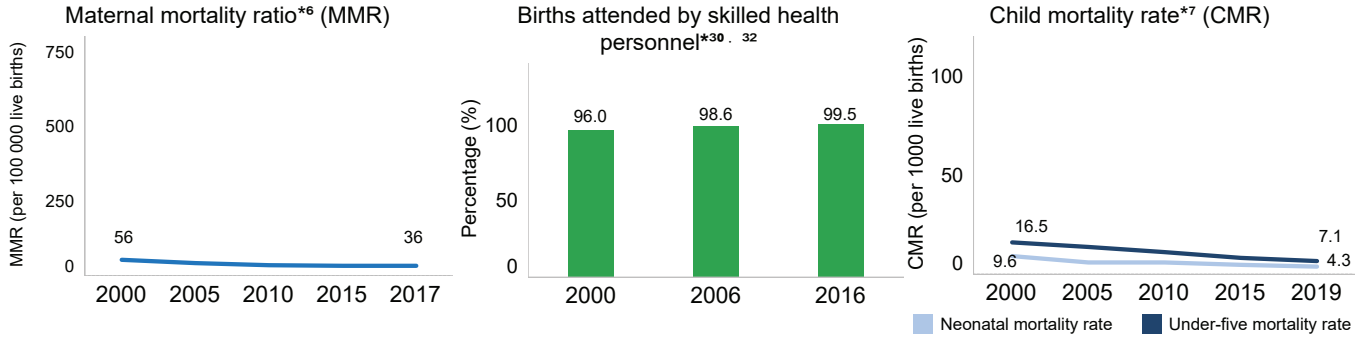
Difference in prevalence of nutritional status among children under 5 by household wealth and geography*[30]



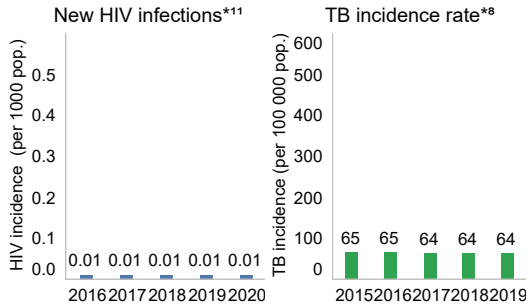
There is a substantial difference in nutritional outcomes among those under-five years of age by household wealth quintile. Among children under 5, those belonging to the richest quintile have lower prevalence of stunting and wasting than the poorest quintile. Children under 5 from the richest quintile have a higher proportion of overweight compared to the poorest quintile. However, there are no significant disparities by geography across all three nutritional outcomes.

SDG 3: Health targets

Maternal and child mortality (SDG target 3.1, 3.2)



Communicable diseases (SDG target 3.3)



Malaria incidence rate

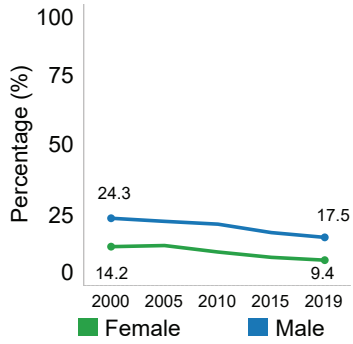
Malaria free

Malaria incidence is calculated for confirmed cases

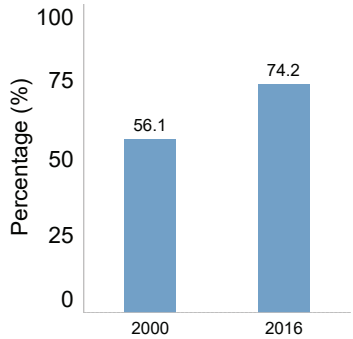
Indicator	Year	Sri Lanka	Regional estimate
Hepatitis B surface antigen prevalence among children under 5 years (%)*[15]	2019	0.34	0.38
Number of people requiring interventions against neglected tropical diseases*[15]	2019	106 353	933 812 197

Noncommunicable diseases and injuries				
Indicator	**SDG target**	**Year**	**Sri Lanka**	**Regional estimate**
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70 (%)*[15]	3.4.1	2019	13.2	21.6
Suicide mortality rate (per 100 000 population)*[15]	3.4.2	2019	14	10.1
Total alcohol per capita (≥15 years of age) consumption (litres of pure alcohol)*[15]	3.5.2	2019	2.9	4.3
Road traffic mortality rate (per 100 000 population)*[15]	3.6.1	2019	19.7	15.8
Sexual and reproductive health				
Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%)*[30]	3.7.1	2016	74.2	75.3
Adolescent birth rate (per 1000 women aged 15–19 years)*[30]	3.7.2	2016	21	26.1
Mortality due to environmental pollution				
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)*[15]	3.9.1	2016	79.8	165.8
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)*[15]	3.9.2	2016	1.2	15.4
Mortality rate attributed to unintentional poisoning (per 100 000 population)*[15]	3.9.3	2019	0.4	0.3
Tobacco use				
Prevalence of tobacco use among persons aged 18–69 years (%) – Female*[33]	3.a.1	2015	5.3	–
Prevalence of tobacco use among persons aged 18–69 years (%) – Male*[33]	3.a.1	2015	45.7	–
Essential medicines and vaccines				
DTP3 immunization coverage among 1-year-old*[27]	3.b.1	2020	96	85
MCV2 immunization coverage by the nationally recommended age*[28]	3.b.1	2020	96	78
PCV3 immunization coverage among 1-year-old*[29]	3.b.1	2020	–	27
HPV immunization coverage estimates among 15-year-old girls*[13]	3.b.1	2019	82	2
Total net official development assistance to medical research and basic health per capita (US$)*[15]	3.b.2	2019	0.76	0.48
Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis (%)*[15]	3.b.3	2019	–	–
Health workforce				
Health worker distribution (per 10 000 population)*[17]	3.c.1	2018	31.8	26
National and global health risks				
Average of 13 International Health Regulations core capacity scores*[15]	3.d	2020	62	63

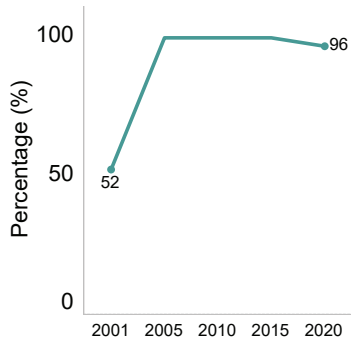
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70, by sex*[19]



Demand for family planning satisfied with modern methods*[30, 32]



MCV2 immunization coverage by nationally recommended age*[28]

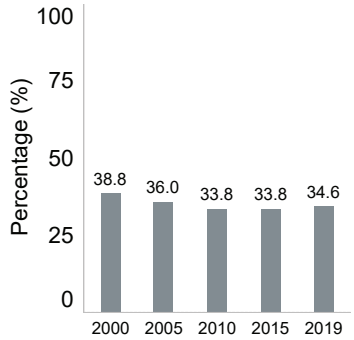


Other health-related SDGs

General government health expenditure				
Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%)*[4]	1.a	2018	8.3	8.1
Child nutrition				
Prevalence of stunting in children under 5 (%)*[16]	2.2.1	2020	16	30.1
Prevalence of wasting in children under 5 (%)*[16]	2.2.2	2016	15.1	14.5
Prevalence of overweight in children under 5 (%)*[16]	2.2.3	2020	1.3	3.3
Prevalence of anaemia in women of reproductive age (15–49 years) (%)*[15]	2.2.4	2019	34.6	46.6
Intimate partner violence				
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months*[15]	5.2	2018	4	17

Note: En dash (–) implies relevant data are not available

Prevalence of anaemia in women of reproductive age (15–49 years)*[20]



Drinking water services and sanitation				
Indicator	**SDG target**	**Year**	**Sri Lanka**	**Regional estimate**
Proportion of population using safely managed drinking-water services (%)*[15]	6.1	2017	90.9	–
Proportion of population using safely managed sanitation services (%)*[21]	6.2.1	2020	–	–
Proportion of population using a handwashing facility with soap and water (%)*[15]	6.2.2	2017	–	60
Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan (current US$ millions)*[15]	6.3	2019	144.2	1303.4
Clean household energy				
Proportion of population with primary reliance on clean fuels and technology (%)*[15]	7.1	2019	31	61
Ambient air pollution				
Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (μg/m³)*[15]	11.6	2016	16.8	61.1
Homicide and conflicts				
Mortality rate due to homicide (per 100 000 population)*[15]	16.1	2019	2.3	3.8
Birth registration				
Birth registration coverage	16.9.1	2016	–	–
Cause-of-death data				
Completeness of cause-of-death data (%)*[22]	17.19	2016	–	10

Note: En dash (–) implies relevant data are not available

Population with basic handwashing facilities at home

Data not available

Birth registration coverage

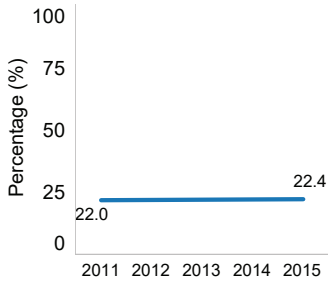
Data not available

Additional SDG indicators used to monitor the GPW13 impact

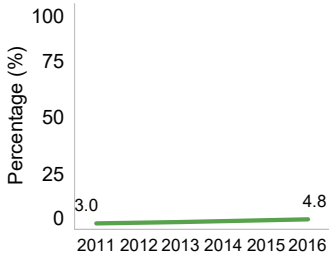
Number of cases of poliomyelitis caused by wild poliovirus (WPV)

No cases have been reported in the past 5 years

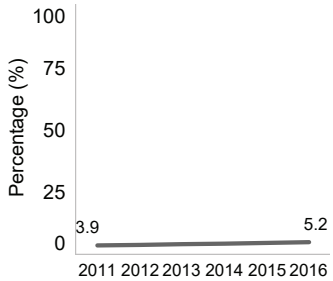
Prevalence of raised blood pressure among persons*[24]



Prevalence of obesity among children and adolescents (5–19 years)*[25]



Prevalence of obesity among adults (18+ years)*[26]



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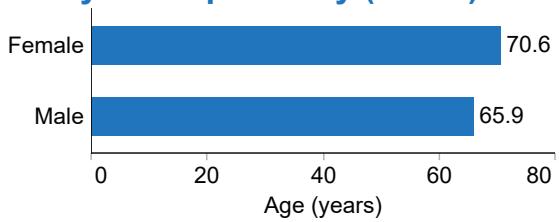
Thailand

Population (000s)*1	Urban population*2	Poverty*3 (ppp <$1.90 a day)	GDP per capita*3 (Current US$)	Current health expenditure as share of GDP*4
69 951	52.2%	0.1%	7189.0	3.8%

Monitoring the health SDG goal: indicator of overall health and well-being

Healthy life expectancy (HALE)



Healthy life expectancy*5 (HALE) represents the average equivalent number of years from birth of living in good health without disease or injury. Females have 4.7 years longer HALE than males.

Universal health coverage (UHC): at the centre of health-related SDG goals

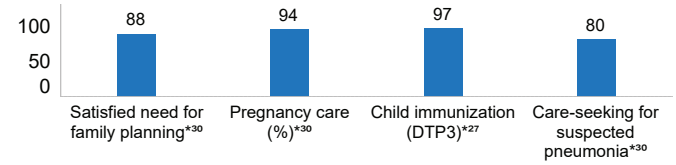
The goal of UHC is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring **health service coverage** and **financial protection** (SDG target 3.8).

HEALTH SERVICE COVERAGE

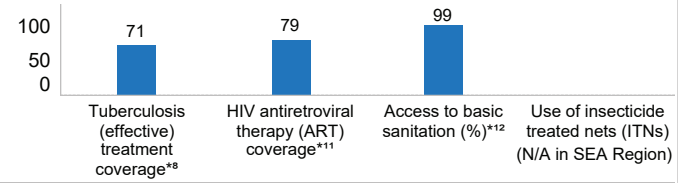
The summary measure of essential health service coverage is the *service coverage index* of sub-indicators in four main areas: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.

Latest available data (2010–2021)

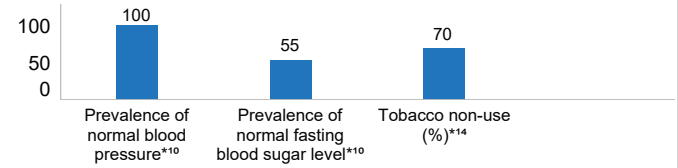
Reproductive, maternal, newborn and child health



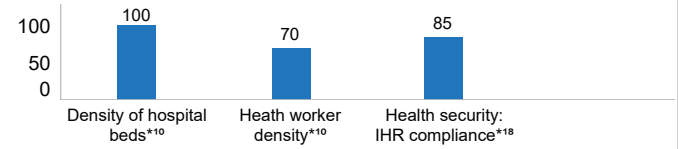
Infectious diseases



Noncommunicable diseases



Service capacity, access and health security



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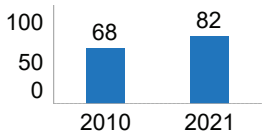

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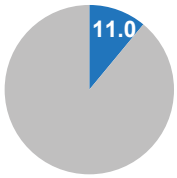
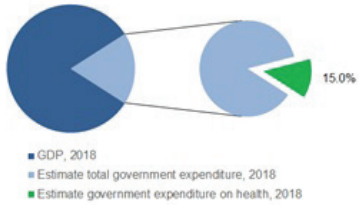


Out-of-pocket expenditure, as % of the current health expenditure (2018)



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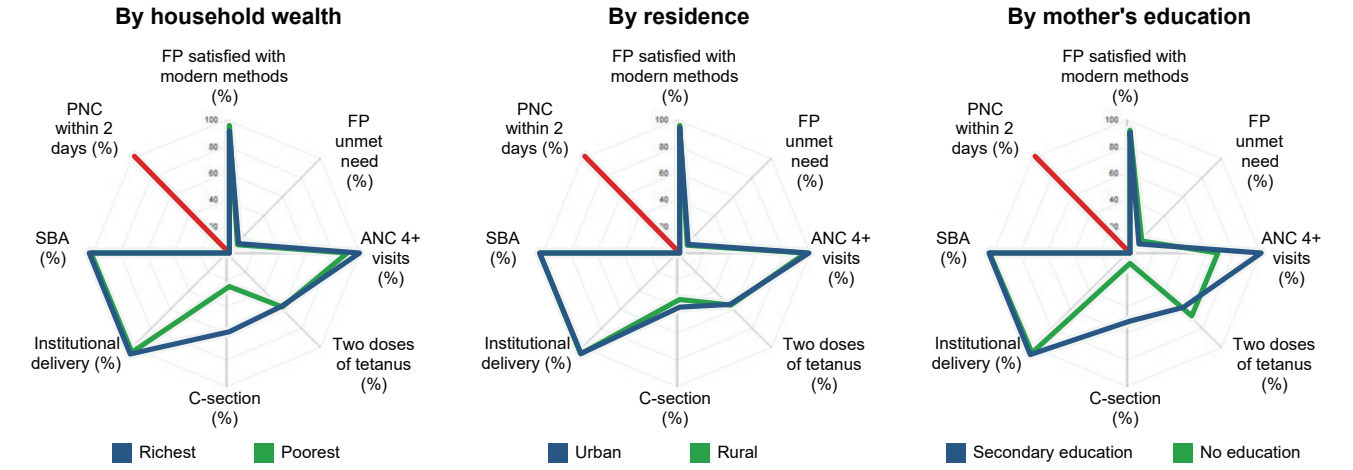
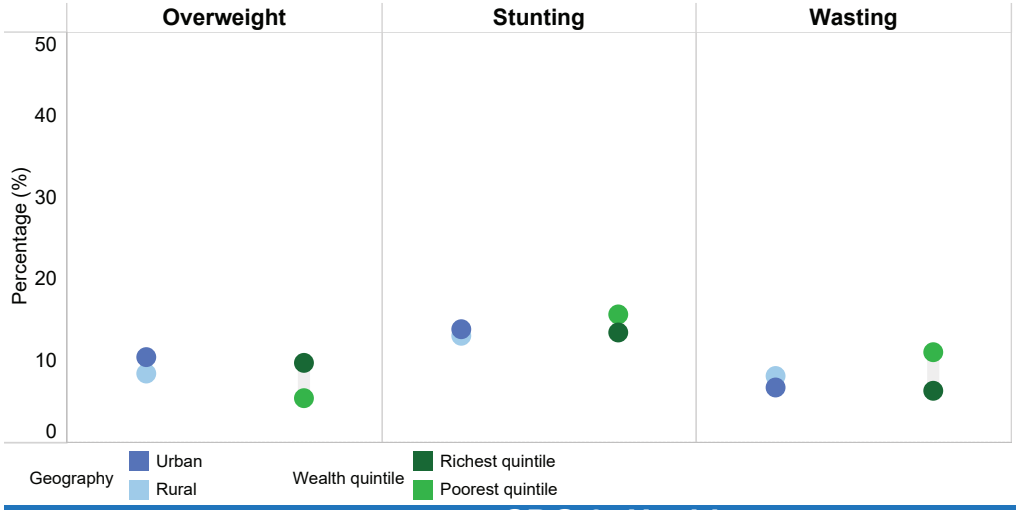
Inequities in health service coverage and nutritional outcomes

Variations in SRMNCAH service coverage, by household wealth, place of residence and mother's education*30



Disparities across eight indicators of service coverage are apparent through multiple dimensions of inequity

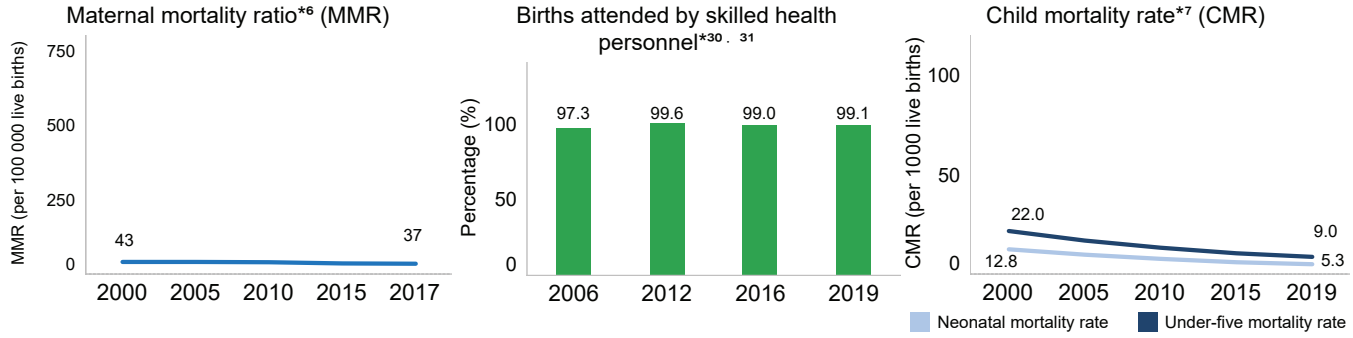
Difference in prevalence of nutritional status among children under 5 by household wealth and geography*30



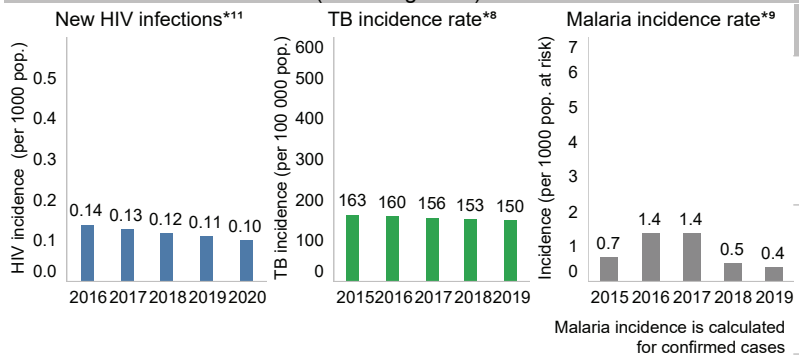
There is a substantial difference in nutritional outcomes among those under-five years of age by household wealth quintile. Among children under 5, those belonging to the richest quintile have lower prevalence of stunting and wasting than the poorest quintile. Children under 5 from the richest quintile have a higher proportion of overweight compared to the poorest quintile. However, there are no significant disparities by geography across all three nutritional outcomes.

SDG 3: Health targets

Maternal and child mortality (SDG target 3.1, 3.2)



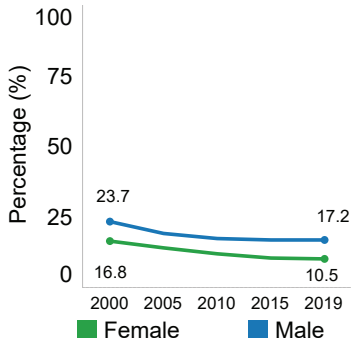
Communicable diseases (SDG target 3.3)



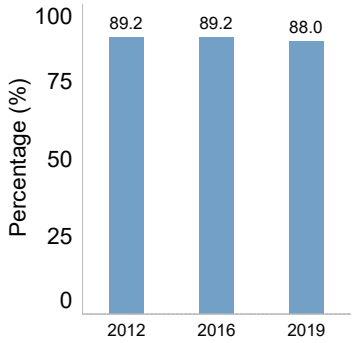
Indicator	Year	Thailand	Regional estimate
Hepatitis B surface antigen prevalence among children under 5 years (%)*15	2019	0.27	0.38
Number of people requiring interventions against neglected tropical diseases*15	2019	129 102	933 812 197

Noncommunicable diseases and injuries				
Indicator	**SDG target**	**Year**	**Thailand**	**Regional estimate**
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70 (%)*[15]	3.4.1	2019	13.7	21.6
Suicide mortality rate (per 100 000 population)*[15]	3.4.2	2019	8.8	10.1
Total alcohol per capita (≥15 years of age) consumption (litres of pure alcohol)*[15]	3.5.2	2019	8.5	4.3
Road traffic mortality rate (per 100 000 population)*[15]	3.6.1	2019	32.2	15.8
Sexual and reproductive health				
Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%)*[30]	3.7.1	2019	88	75.3
Adolescent birth rate (per 1000 women aged 15–19 years)*[30]	3.7.2	2019	23	26.1
Mortality due to environmental pollution				
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)*[15]	3.9.1	2016	61.5	165.8
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)*[15]	3.9.2	2016	3.5	15.4
Mortality rate attributed to unintentional poisoning (per 100 000 population)*[15]	3.9.3	2019	0.2	0.3
Tobacco use				
Prevalence of tobacco use among persons aged 15 years and older (%) – Female*[32]	3.a.1	2017	4.3	–
Prevalence of tobacco use among persons aged 15 years and older (%) – Male*[32]	3.a.1	2017	38.3	–
Essential medicines and vaccines				
DTP3 immunization coverage among 1-year-old*[27]	3.b.1	2019	97	85
MCV2 immunization coverage by the nationally recommended age*[28]	3.b.1	2019	87	78
PCV3 immunization coverage among 1-year-old*[29]	3.b.1	2020	–	27
HPV immunization coverage estimates among 15-year-old girls*[13]	3.b.1	2019	66	2
Total net official development assistance to medical research and basic health per capita (US$)*[15]	3.b.2	2019	0.35	0.48
Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis (%)*[15]	3.b.3	2019	–	–
Health workforce				
Health worker distribution (per 10 000 population)*[17]	3.c.1	2018	35.6	26
National and global health risks				
Average of 13 International Health Regulations core capacity scores*[15]	3.d.1	2020	85	63

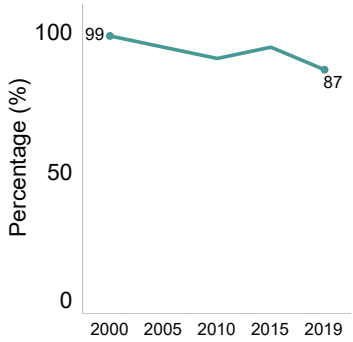
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70, by sex*[19]



Demand for family planning satisfied with modern methods*[30, 31]



MCV2 immunization coverage by nationally recommended age*[28]

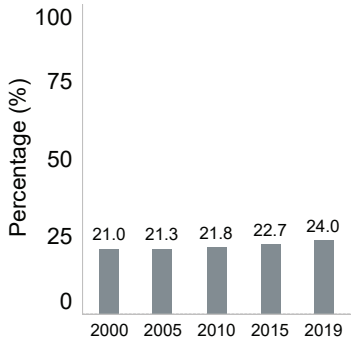


Other health-related SDGs

General government health expenditure				
Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%)*[4]	1.a	2018	15	8.1
Child nutrition				
Prevalence of stunting in children under 5 (%)*[16]	2.2.1	2020	12.3	30.1
Prevalence of wasting in children under 5 (%)*[16]	2.2.2	2019	7.7	14.5
Prevalence of overweight in children under 5 (%)*[16]	2.2.3	2020	9.2	3.3
Prevalence of anaemia in women of reproductive age (15–49 years) (%)*[15]	2.2.4	2019	24	46.6
Intimate partner violence				
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months*[15]	5.2	2018	9	17

Note: En dash (–) implies relevant data are not available

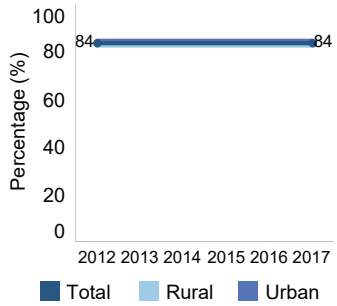
Prevalence of anaemia in women of reproductive age (15–49 years)*[20]



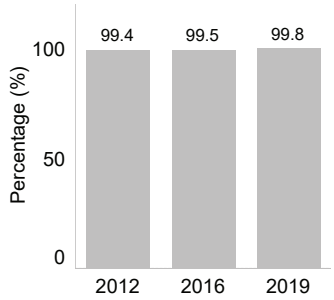
Indicator	SDG target	Year	Thailand	Regional estimate
Drinking water services and sanitation				
Proportion of population using safely managed drinking-water services (%)*[15]	6.1	2017	–	–
Proportion of population using safely managed sanitation services (%)*[21]	6.2.1	2020	25.9	–
Proportion of population using a handwashing facility with soap and water (%)*[15]	6.2.2	2017	84	60
Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan (current US$ millions)*[15]	6.3	2019	3.1	1303.4
Clean household energy				
Proportion of population with primary reliance on clean fuels and technology (%)*[15]	7.1	2019	80	61
Ambient air pollution				
Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (μg/m³)*[15]	11.6	2016	31.9	61.1
Homicide and conflicts				
Mortality rate due to homicide (per 100 000 population)*[15]	16.1	2019	4.3	3.8
Birth registration				
Birth registration coverage*[30]	16.9.1	2019	99.8	–
Cause-of-death data				
Completeness of cause-of-death data (%)*[22]	17.19	2016	87	10

Note: En dash (–) implies relevant data are not available

Population with basic handwashing facilities at home*[23]



Birth registration coverage*[30, 31]

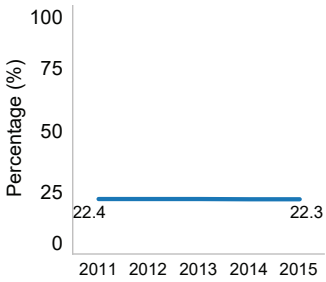


Additional SDG indicators used to monitor the GPW13 impact

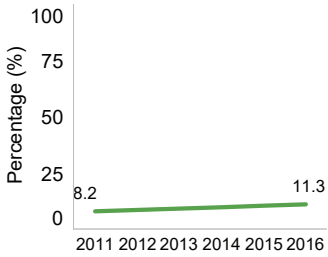
Number of cases of poliomyelitis caused by wild poliovirus (WPV)

No cases have been reported in the past 5 years

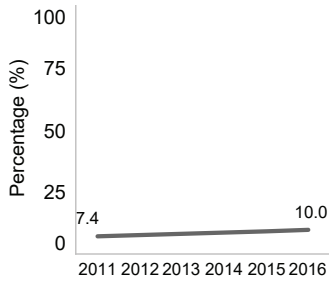
Prevalence of raised blood pressure among persons*[24]



Prevalence of obesity among children and adolescents (5–19 years)*[25]



Prevalence of obesity among adults (18+ years)*[26]



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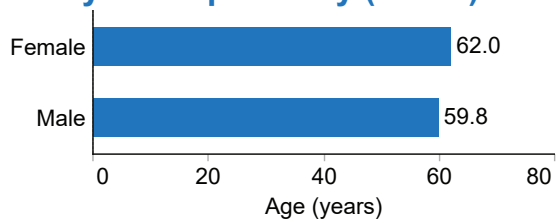
Timor-Leste

Population (000s)*1	Urban population*2	Poverty*3 (ppp <$1.90 a day)	GDP per capita*3 (Current US$)	Current health expenditure as share of GDP*4
1 344	31.7%	22.0%	1381.2	4.3%

Monitoring the health SDG goal: Indicator of overall health and well-being

Healthy life expectancy (HALE)



Healthy life expectancy*5 (HALE) represents the average equivalent number of years from birth of living in good health without disease or injury. Females have 2.2 years longer HALE than males.

Universal health coverage (UHC): At the centre of health-related SDG goals

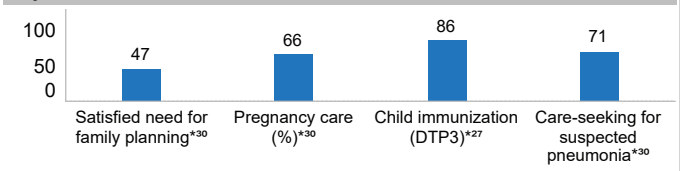
The goal of UHC is that all people and communities receive the health care they need, without suffering financial hardship. Monitoring UHC requires measuring **health service coverage** and **financial protection** (SDG target 3.8).

HEALTH SERVICE COVERAGE

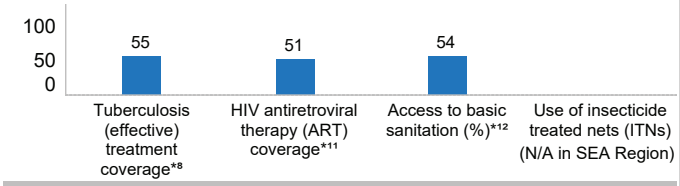
The summary measure of essential health service coverage is the *service coverage index* of sub-indicators in four main areas: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.

Latest available data (2010–2021)

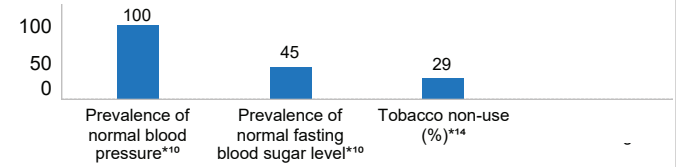
Reproductive, maternal, newborn and child health



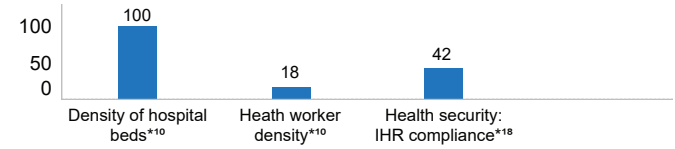
Infectious diseases



Noncommunicable diseases



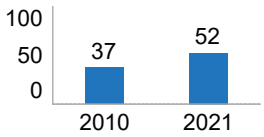
Service capacity, access and health security



UHC service coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by taking the geometric mean of service coverage values across the sub-indicators. The UHC coverage index ranges from 0% to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index*



FINANCIAL PROTECTION

Financial protection is commonly measured through two indicators:
(1) impoverishment, and (2) catastrophic health expenditure.

Impoverishment*10: Insufficient data

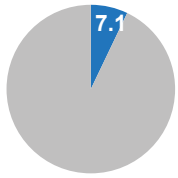
Catastrophic expenditure on health*10: **2.9%** of people spent more than 10% of their household's total expenditure on health care.

Out-of-pocket expenditure*4

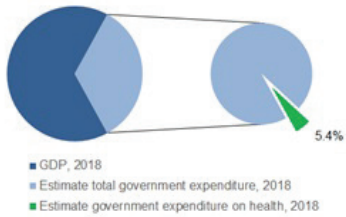
In most cases, a high percentage of out-of-pocket expenditure out of the current health expenditure is associated with low financial protection.

Public spending on health*4

is determined by the capacity of the government to raise revenues and the level of priority it attaches to the health sector.



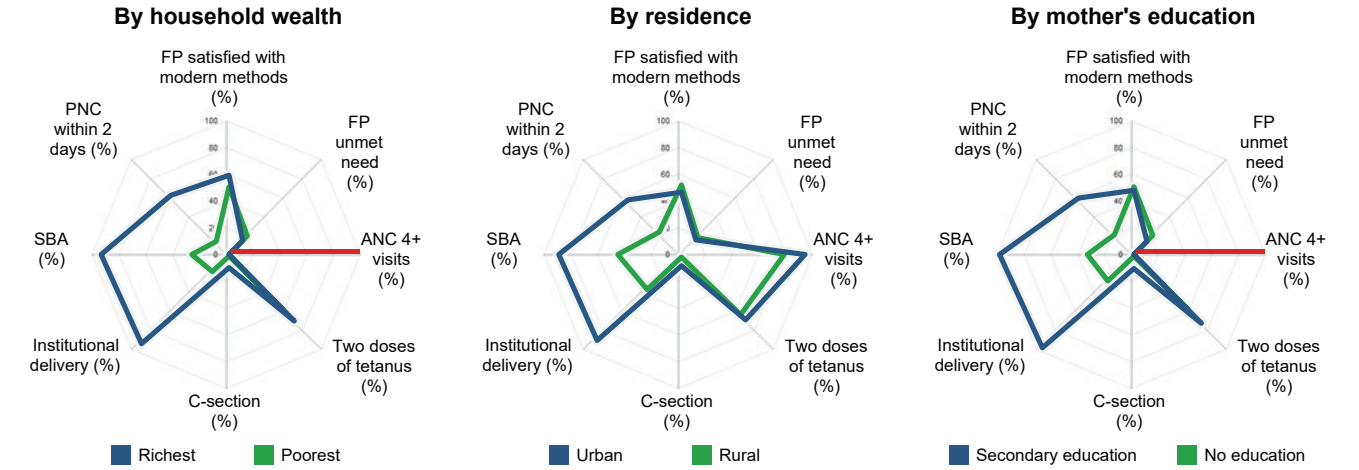
Out-of-pocket expenditure, as % of the current health expenditure (2018)



This profile provides an overview of the current status of progress towards the 13 targets under the health Sustainable Development Goal 3 (SDG 3) plus other selected health-related indicators. Twenty-five of the indicators are noted with an asterisk (*), which Member States in the WHO South-East Asia Region have designated to be the most common indicators of importance for the Region and for which historical data are available. This profile also includes all of the SDG indicators for the WHO Thirteenth General Programme of Work 2019–2023 (GPW13)

Inequities in health service coverage and nutritional outcomes

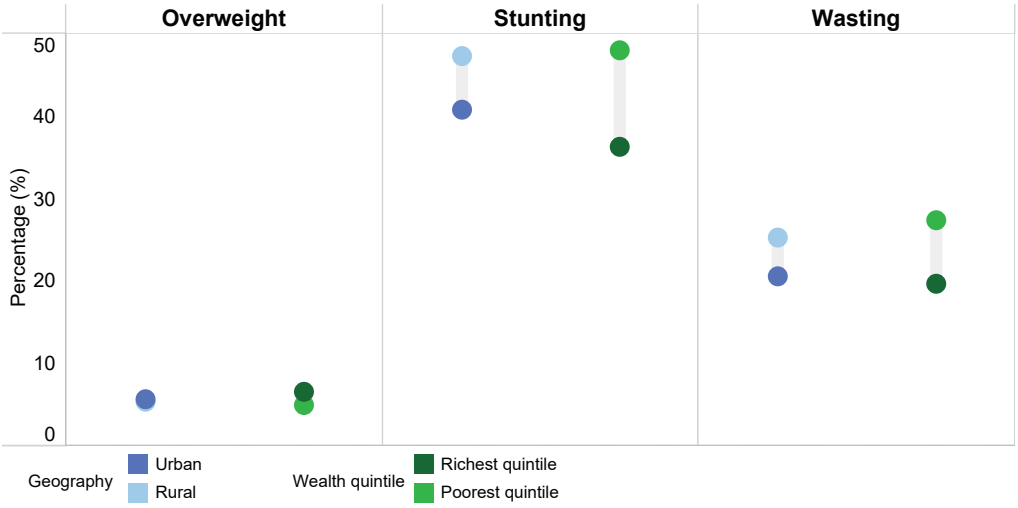
Variations in SRMNCAH service coverage, by household wealth, place of residence and mother's education*[30]



Disparities across eight indicators of service coverage are apparent through multiple dimensions of inequity

NA

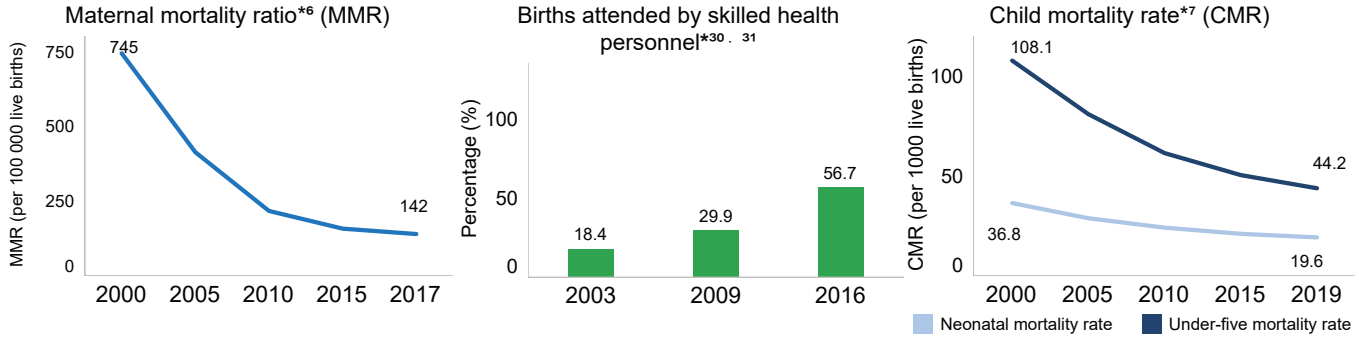
Difference in prevalence of nutritional status among children under 5 by household wealth and geography*[30]



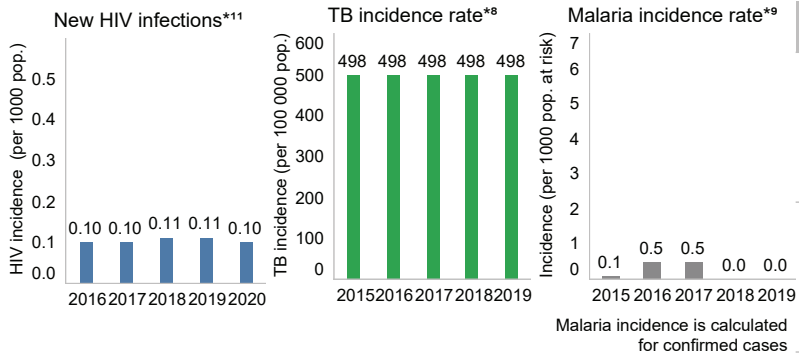
There is a substantial difference in nutritional outcomes among those under-five years of age by household wealth quintile. Among children under 5, those belonging to the richest quintile have lower prevalence of stunting and wasting than the poorest quintile. Children under 5 from the richest quintile have a higher proportion of overweight compared to the poorest quintile. However, there are no significant disparities by geography across all three nutritional outcomes.

SDG 3: Health targets

Maternal and child mortality (SDG target 3.1, 3.2)



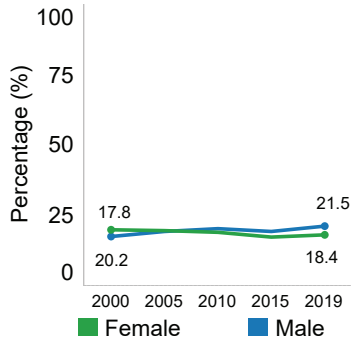
Communicable diseases (SDG target 3.3)



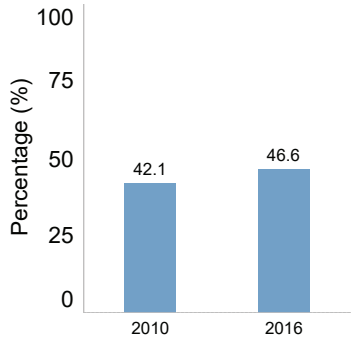
Indicator	Year	Timor-Leste	Regional estimate
Hepatitis B surface antigen prevalence among children under 5 years (%)*[15]	2019	0.72	0.38
Number of people requiring interventions against neglected tropical diseases*[15]	2019	1 327 038	933 812 197

Noncommunicable diseases and injuries				
Indicator	**SDG target**	**Year**	**Timor-Leste**	**Regional estimate**
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70 (%)*[15]	3.4.1	2019	19.9	21.6
Suicide mortality rate (per 100 000 population)*[15]	3.4.2	2019	3.7	10.1
Total alcohol per capita (≥15 years of age) consumption (litres of pure alcohol)*[15]	3.5.2	2019	0.5	4.3
Road traffic mortality rate (per 100 000 population)*[15]	3.6.1	2019	11.9	15.8
Sexual and reproductive health				
Proportion of married or in-union women of reproductive age who have their need for family planning satisfied with modern methods (%)*[30]	3.7.1	2016	46.6	75.3
Adolescent birth rate (per 1000 women aged 15–19 years)*[30]	3.7.2	2016	42	26.1
Mortality due to environmental pollution				
Age-standardized mortality rate attributed to household and ambient air pollution (per 100 000 population)*[15]	3.9.1	2016	139.8	165.8
Mortality rate attributed to exposure to unsafe WASH services (per 100 000 population)*[15]	3.9.2	2016	9.9	15.4
Mortality rate attributed to unintentional poisoning (per 100 000 population)*[15]	3.9.3	2019	0.4	0.3
Tobacco use				
Prevalence of tobacco use among persons aged 15–49 years (%) - Female*[30]	3.a.1	2016	4.1	–
Prevalence of tobacco use among persons aged 15–49 years (%) – Male*[30]	3.a.1	2016	53.7	–
Essential medicines and vaccines				
DTP3 immunization coverage among 1-year-old*[27]	3.b.1	2020	86	85
MCV2 immunization coverage by the nationally recommended age*[28]	3.b.1	2020	78	78
PCV3 immunization coverage among 1-year-old*[29]	3.b.1	2020	–	27
HPV immunization coverage estimates among 15-year-old girls*[13]	3.b.1	2019	–	2
Total net official development assistance to medical research and basic health per capita (US$)*[15]	3.b.2	2019	15.19	0.48
Proportion of health facilities with a core set of relevant essential medicines available and affordable on a sustainable basis (%)*[15]	3.b.3	2019	–	–
Health workforce				
Health worker distribution (per 10 000 population)*[17]	3.c.1	2018	23.9	26
National and global health risks				
Average of 13 International Health Regulations core capacity scores*[15]	3.d.1	2020	42	63

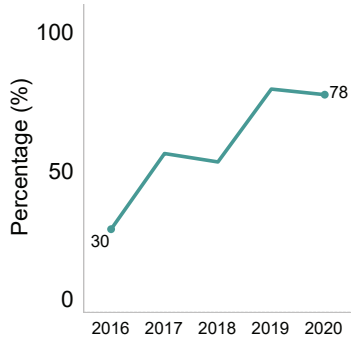
Probability of dying from any of CVD, cancer, diabetes, CRD between age 30 and age 70, by sex*[19]



Demand for family planning satisfied with modern methods*[30, 31]



MCV2 immunization coverage by nationally recommended age*[28]

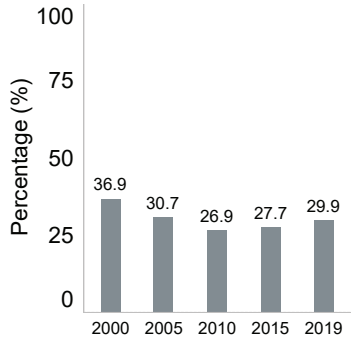


Other health-related SDGs

General government health expenditure				
Domestic general government health expenditure (GGHE-D) as percentage of general government expenditure (GGE) (%)*[4]	1.a	2018	5.4	8.1
Child nutrition				
Prevalence of stunting in children under 5 (%)*[16]	2.2.1	2020	48.8	30.1
Prevalence of wasting in children under 5 (%)*[16]	2.2.2	2013	9.9	14.5
Prevalence of overweight in children under 5 (%)*[16]	2.2.3	2020	2.6	3.3
Prevalence of anaemia in women of reproductive age (15–49 years) (%)*[15]	2.2.4	2019	29.9	46.6
Intimate partner violence				
Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months*[15]	5.2	2018	28	17

Note: En dash (–) implies relevant data are not available

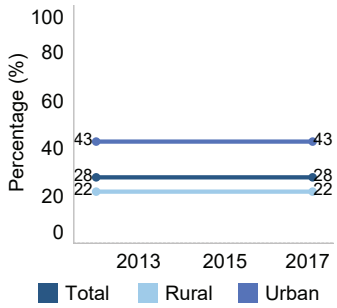
Prevalence of anaemia in women of reproductive age (15–49 years)*[20]



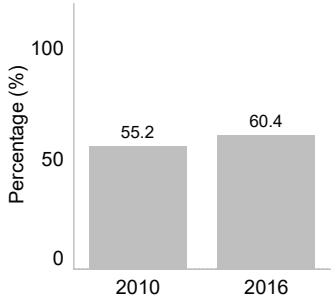
Indicator	SDG target	Year	Timor-Leste	Regional estimate
Drinking water services and sanitation				
Proportion of population using safely managed drinking-water services (%)*[15]	6.1	2017	–	–
Proportion of population using safely managed sanitation services (%)*[21]	6.2.1	2020	–	–
Proportion of population using a handwashing facility with soap and water (%)*[15]	6.2.2	2017	28	60
Amount of water- and sanitation-related official development assistance that is part of a government-coordinated spending plan (current US$ millions)*[15]	6.3	2019	3.2	1303.4
Clean household energy				
Proportion of population with primary reliance on clean fuels and technology (%)*[15]	7.1	2019	13	61
Ambient air pollution				
Annual mean concentrations of fine particulate matter (PM2.5) in urban areas (μg/m³)*[15]	11.6	2016	17.7	61.1
Homicide and conflicts				
Mortality rate due to homicide (per 100 000 population)*[15]	16.1	2019	4.7	3.8
Birth registration				
Birth registration coverage*[30]	16.9.1	2016	60.4	–
Cause-of-death data				
Completeness of cause-of-death data (%)*[22]	17.19	2016	–	10

Note: En dash (–) implies relevant data are not available

Population with basic handwashing facilities at home*[23]



Birth registration coverage*[30, 31]

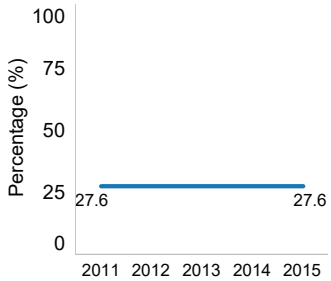


Additional SDG indicators used to monitor the GPW13 impact

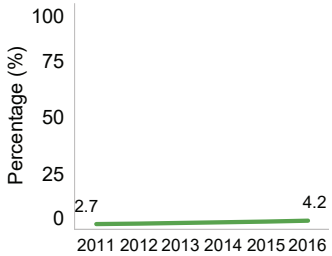
Number of cases of poliomyelitis caused by wild poliovirus (WPV)

No cases have been reported in the past 5 years

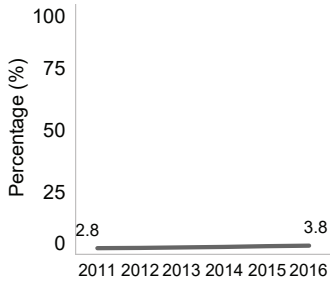
Prevalence of raised blood pressure among persons*[24]



Prevalence of obesity among children and adolescents (5–19 years)*[25]



Prevalence of obesity among adults (18+ years)*[26]



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Annex 1
Abbreviations

DALY0	disability-adjusted life year
DESA	Department of Economic and Social Affairs
DHS	Demographic and Health Survey
GHS	global health security
HEPI	health emergencies protection index
HIP	health information platform
HPOP	Healthier Populations (Billion target)
IAEG	United Nations Inter-Agency and Expert Group
IHR	International Health Regulations
INLA	integrated nested Laplace approximation
MICS	Multiple Indicator Cluster Survey
NCD	noncommunicable disease
OOP	out of pocket
PHC	primary health care
RMNCH	reproductive, maternal, newborn and child health
SDGs	Sustainable Development Goals
SEA Region	South-East Asia Region
SRMNCAH	sexual, reproductive, maternal, newborn, child and adolescent health
TAG	technical advisory group
TB	tuberculosis
UHC	universal health coverage

Annex 2
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