

## NCD Alliance Advocacy Briefing

### 76<sup>th</sup> Session of the WHO Regional Committee for South-East Asia

### 30 October – 2 November 2023

This briefing note provides an overview of the NCD Alliance’s advocacy priorities and key messages for the 76<sup>th</sup> session of the WHO Regional Committee for South-East Asia (SEARO RCM76) to be held in New Delhi, India.

RCMs present a key opportunity to encourage rapid implementation of global commitments, especially those set out in Political Declarations of the High-Level Meetings (HLMs) on Noncommunicable diseases (NCDs) and Universal Health Coverage (UHC) and those captured in NCD-related resolutions and decisions, especially those adopted by the 76<sup>th</sup> session of the World Health Assembly ([WHA76](#)) in May 2023. For the summary of NCD Alliance key messages and policy recommendations for WHA76, please refer to the [WHA76 Advocacy Briefing](#).

Official SEARO RCM76 documents can be found [here](#). This briefing focuses on the following agenda items:




- Agenda item 6.1: Strengthening primary health care as a key element towards achieving universal health coverage
- Agenda item 7.3: Draft Fourteenth General Programme of Work (GPW14) (2025–2028)
- Agenda item 8.3: Annual report on monitoring progress on UHC and health-related SDGs
- Agenda item 8.4: SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region – Dhaka Call to Action

### Summary





The NCD community welcomes the opportunity to review strategies and progress reports for SEARO RCM76 and commends Member States for their commitment to NCD prevention and control. As NCDs continue to be the leading causes of ill health, disability, and death in the region, knowledge sharing and exchange on best practice is vital to achieving both regional and global commitments on NCDs. Overall, we strongly recommend that SEARO Member States use this RCM to strengthen the region’s NCD response, in particular through **integration of NCD prevention and control into primary health care**. With two years to the next UN HLM on NCDs we need concerted action at all levels, if global NCD targets are to be met. Following on from the UN HLM on UHC in September 2023, we call for action at the highest levels of government to ensure that the needs of people living with NCDs are met through **inclusion of NCDs and mental health in UHC benefits packages**.






We call on Member States to **involve people living with NCDs in the development and planning of policies** for well-being and across the continuum of care, in line with the [WHO Framework for Meaningful Engagement of People Living with NCDs and Mental Health and Neurological Conditions](#) and the [Global Charter on Meaningful Involvement of People Living with NCDs](#).




Throughout this briefing, our recommendations are classified as:

 <b>We applaud</b>	The NCD community welcomes and aligns with current text and associated action.
 <b>We express caution/concern</b>	The NCD community is concerned with the current text and would recommend caution and alternation of the text and associated action.
 <b>We recommend</b>	The NCD community sees opportunity for the current text and associated action to be strengthened (including alterations and additions).

**Summary of NCD Alliance's key messages and recommendations**

Technical documents	
<p><b>Item 6.1</b> (Document <a href="#">SEA/RC76/3</a>): Strengthening primary health care as a key element towards achieving universal health coverage</p>	<p> <b>We applaud</b> Member States and the WHO Regional Office for prioritizing primary health care as a core focus for the region and for recognizing the integration of NCDs into PHC among the common challenges that countries in the region face. We welcome the 9 essential elements for the Ministerial Roundtable and look forward to an action-oriented Ministerial Declaration.</p> <p> <b>We express concern</b> that progress remains insufficient to achieve SDG target 3. Most countries, even before COVID-19, were not on track to reach the 2030 target of achieving UHC. We are alarmed that already prior to the COVID-19 pandemic, the SE Asia Region had the lowest public spending on health and the highest out-of-pocket payment in comparison to other WHO regions.</p> <p> <b>We recommend</b> that Member States actively contribute to the Ministerial Roundtable seizing it as an opportunity to develop an action-oriented Ministerial Declaration. We call on Member States and the WHO to include the following points in the discussions at the Roundtable:</p> <ul style="list-style-type: none"> <li>• <b>under 2. PHC workforce:</b> explore the establishment of national regulatory frameworks supporting and enabling the planning, education, deployment and retention of human resources for health (HRH).</li> <li>• <b>under 5. community engagement:</b> facilitate active engagement of people living with NCDs in the design and implementation of people-centred primary health care at both national and regional level.</li> <li>• <b>under 6. PHC performance monitoring:</b> as part of efforts underway to strengthen integrated health information systems to support evidence-based policymaking (SEA/RC76/12), build up capacities to monitor the quality of patient centric outcomes for NCD services.</li> <li>• <b>under 7. PHC service delivery:</b> include language on the need to invest in, and accelerate implementation of, essential NCD prevention and care across the continuum of care, as laid out in <a href="#">WHO's a menu of policy options and cost-effective interventions for the prevention and control of NCDs</a>.</li> <li>• <b>under 8. PHC investment:</b> Specify national targets to increase spending on primary healthcare by one extra percent of GDP in line with the <a href="#">2023 Political Declaration of the High-level Meeting on Universal Health Coverage</a> while noting calls for targets of <a href="#">5% of GDP</a> or <a href="#">15% of general government expenditure on health spending</a>.</li> </ul>
<p><b>Item 7.3</b> (Document <a href="#">SEA/RC76/6</a>): Draft Fourteenth General Programme of Work (GPW14) (2025–2028)</p>	<p> <b>We applaud and strongly welcome the draft GPW14 outline</b>, including the proposed strategic objectives, its renewed focus on improving the monitoring and evaluation of results, as well as reference to NCDs, including mental health and neurological conditions. In particular, we welcome:</p> <ul style="list-style-type: none"> <li>• The recognition that climate change action brings important health and well-being co-benefits.</li> <li>• The commitment to work with all sectors to build health-enabling environments, that is, ensure there is health-in-all-policies to improve equity and reduce exposure to major NCD risk factors.</li> <li>• The acknowledgement of the current health services coverage gap and need to make essential health services accessible for all by reorienting systems towards PHC and reversing catastrophic health spending.</li> <li>• The focus on ensuring that strong systems for health emergency and pandemic prevention, preparedness and response (PPPR) are in place, as this has a strong impact on the protection of people living with NCDs.</li> </ul> <p><b>We welcome the consultations</b> that have taken place with Member States and look forward to opportunities for civil society, community and youth organizations, as well as the private sector to input into the development of</p>

	<p>GPW14. This process should be guided by WHO’s Framework for Engagement with Non-State Actors (FENSA), in order to safeguard against undue influence of health-harming industries – including those involved in tobacco and alcohol products, ultra-processed and/or high in sugar, fat or salt (HFSS) foods, breastmilk substitutes, gambling and fossil fuels.</p> <p> <b>We express concern</b> that not enough notice time and background might be provided ahead of the GPW14 consultations to allow the meaningful engagement of civil society and people living with health conditions in these consultations.</p> <p> <b>We recommend</b> that GPW14 acknowledges that</p> <ul style="list-style-type: none"> <li>• People living with health conditions, including NCDs, mental health and neurological conditions, are especially vulnerable to health emergencies;</li> <li>• The establishment of specific targets for investment in health that can help reduce the UHC service coverage gap and out-of-pocket expenditure, including through increasing PHC spending, and better align health spending with national disease burdens;</li> <li>• Existing UHC tracer indicators should be revised with the aim of including an additional indicator which monitors quality defining clinical and patient centric outcomes for NCD services, potentially based on service delivery and treatment outcomes at PHC level, and tracer indicators that measure other NCD risk factors than tobacco use.;</li> <li>• Commercial determinants of health should be a core action area for WHO to achieve the proposed second GPW14 strategic objective of addressing the determinants and root causes of ill health;</li> <li>• WHO’s <a href="#">menu of policy options on NCD prevention and control</a> should remain a reference to Member States. During the GPW14 period, the NCD ‘best buys’ should be expanded with the latest evidence on air pollution, a major NCD risk factor, highlighting the co-benefits for climate change mitigation by tackling common drivers (i.e., fossil fuels);</li> <li>• A focus on strengthening health governance and accountability, particularly by meaningfully engaging people living with a wider range of health conditions in the development, implementation and monitoring of policies through participatory approaches.</li> </ul>
<p><b>Item 8.3</b> (Document <a href="#">SEA/RC76/10</a>): Annual report on monitoring progress on UHC and health-related SDGs</p>	<p> <b>We applaud</b> the Regional Office for working closely with Member States to:</p> <ul style="list-style-type: none"> <li>• Accelerate progress against national targets through data-based scenarios;</li> <li>• Strengthen their health information systems including by disaggregated and timely data to monitor the impact of UHC policies and programmes;</li> <li>• Prioritize public spending on health, with a focus on PHC, to enhance financial coverage and protection and improve emergency prevention, preparedness and response capacity.</li> </ul> <p> <b>We are concerned</b> that overall progress measured by the UHC service coverage index (UHC SCI) has stagnated or even reversed in SEAR Member States and that progress on financial protection has declined. We are particularly concerned that premature mortality from NCDs is still unacceptably high and the rate of progress in the decline is inadequate to achieve SDG target 3.4.</p> <p> <b>We recommend</b> that Member States use the report and accompanying SDG country profiles as a tool of action for in-country dialogues to:</p> <ul style="list-style-type: none"> <li>• Invest in the prevention and control of NCDs by specifying targets for spending in health that can help reduce the UHC service coverage gap and out-of-pocket expenditure, including through an increase in PHC spending by one extra percent of GDP in line with the <a href="#">2023 Political Declaration of the High-level Meeting on Universal Health Coverage</a>.</li> </ul>

	<ul style="list-style-type: none"> <li>• Accelerate progress towards achieving UHC and health-related SDG targets by including quality NCD prevention and care services in country UHC health benefit packages and drawing on <a href="#">WHO's menu of policy options on NCD prevention and control</a>.</li> <li>• Align development and global health priorities by adopting a people-centred approach to UHC that ensures people are treated holistically along the life course breaking siloed approaches to funding and implementation.</li> <li>• Engage people living with health conditions in the development and monitoring of national UHC policies, as part of efforts towards a person-centric digital health transformation to improve health systems accountability for better health outcomes.</li> </ul> <p>The complete NCD Alliance Advocacy Priorities For the 2023 UN High-Level Meeting on Universal Health Coverage can be accessed <a href="#">here</a>.</p>
<p><b>Item 8.4</b> (Document <a href="#">SEA/RC76/11</a>): SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region – Dhaka Call to Action</p>	<p> <b>We applaud</b> the Region for being on track to achieve an average reduction of tobacco use prevalence of nearly 32% by 2025 and urge countries to build on this momentum raising tobacco taxes and implementing MPOWER measures at best-practice level.</p> <p><b>We commend</b> Bangladesh, India, Sri Lanka, and Thailand for having adopted regulations for the elimination of trans-fatty acids (TFA) from their national food supplies and encourage all SEAR countries to eliminate TFAs. We also applaud India and Thailand for initiating the implementation of the HEARTS package for hypertension control at the primary health care level.</p> <p> <b>We are concerned</b> that the rate of decline of premature mortality from CVD is uneven across countries and not sufficient to achieve the Regional NCD targets and SDG 3.4 target for 2030 as political will, limitations in policy, regulations and fiscal interventions, commercial determinants, and lack of implementation capacity are hampering the efforts for CVD risk reduction.</p> <p> With a view towards acceleration of the national responses for the achievement of SDG target 3.4, <b>we recommend that Member States:</b></p> <ol style="list-style-type: none"> <li>1. Endorse the 'Dhaka Call to Action: Accelerating the control of cardiovascular diseases in a quarter of the world's population'.</li> <li>2. Ramp up efforts to implement WHO technical packages including HEARTS, MPOWER, SHAKE, and REPLACE to achieve the interim milestones of the Dhaka Call to Action, engaging relevant partners and people living with NCDs and communities in the process.</li> <li>3. Focus investments on prevention policies and control at the primary health care level, ensuring equitable access to services.</li> <li>4. Commit adequate financial and human resources to strengthen health information systems and promote accountability through the collection of disaggregated and timely data.</li> <li>5. Address the commercial determinants of health through regulatory and fiscal interventions, closely involving civil society, communities and people living with NCDs in the process, and ensuring their development and implementation are safeguarded against industry interference.</li> </ol>

## Technical documents

### Item 6.1 (Document [SEA/RC76/3](#)): Strengthening primary health care as a key element towards achieving universal health coverage

#### **Background**

The South-East Asia Regional Strategy on Primary Health Care 2022–2030 (SE Asia Regional PHC Strategy) was developed in consultation with South-East Asia Region Member States and endorsed at RCM75 as a unifying framework for strengthening PHC as a foundation for achievement of UHC and the SDGs. Its implementation is supported by the South-East Asia Regional Forum for PHC-oriented Health Systems (SE Asia Regional Forum), a government-led initiative to promote knowledge and experience sharing and collaboration with partners.

At SEARO RCM74 Member States adopted the “Build Back Better” Declaration of Ministers of Health. The Declaration included a specific commitment to reorient health systems towards comprehensive primary health care and 12 interrelated actions to advance transformation toward resilient primary health care-oriented health systems (resolution SEA/RC74/R1). Detailed progress in implementing this Declaration with relation to strengthening integrated health information systems in [SEA/RC76/12](#).

The current working document summarizes the current situation, including select PHC-related national policies across Member States of the SE Asia Region, provides an overview of the thematic work of the seven working groups of the SE Asia Region PHC Forum, and outlines the essential elements for the discussion at the Ministerial Roundtable on ‘Strengthening primary health care as a key element to achieving universal health coverage’ at SEARO RCM76 (in the annex of the working paper).

<b>Essential elements for the Ministerial Roundtable</b>
<p><b>1. PHC Governance</b></p> <ul style="list-style-type: none"> <li>• Ensure PHC-oriented health system strengthening/transformation, with focus on health equities and health needs of disadvantaged population groups</li> <li>• Promote engagement and collaboration across sectors, through a participatory coordination platform</li> <li>• Strengthen multisectoral accountability framework and implementation</li> </ul>
<p><b>2. PHC workforce</b></p> <ul style="list-style-type: none"> <li>• Ensure availability of competent ‘PHC teams’ of health and care workers, including community health workers</li> <li>• Put health demand PHC level as a core to health workforce education development</li> <li>• Promote task sharing and shifting to provide quality essential services and public health functions</li> </ul>
<p><b>3. Urban PHC</b></p> <ul style="list-style-type: none"> <li>• Optimal PHC system in urban settings to address health demand of urban residents and migrants, including through public private partnership</li> <li>• Innovative models to motivate health care facilities and workforces in urban settings, both public and private and all levels of care, to deliver ‘front line’ PHC essential care and public health functions</li> </ul>
<p><b>4. PHC quality with focus on medical products</b></p> <ul style="list-style-type: none"> <li>• Investment and financing support for quality PHC services and referral system</li> <li>• Ensure availability of and access to quality essential health products (medicines, vaccines, diagnostics and basic technologies) at PHC facilities, including through essential health product lists and strengthened supply chain management</li> </ul>
<p><b>5. Community engagement</b></p> <ul style="list-style-type: none"> <li>• Incentivise community health workers, including voluntary-based workers, to perform and assist PHC functions</li> <li>• Mobilize community ownership, engagement and empowerment, as well as social participation to support PHC system, including the roles of private sectors and civil society organizations</li> </ul>
<p><b>6. PHC performance monitoring</b></p> <ul style="list-style-type: none"> <li>• Review/install and invest in optimal PHC monitoring system, overseeing both input and performance of PHC system</li> <li>• Strengthen capacity to use available data, at national and subnational levels, to improve PHC systems</li> </ul>
<p><b>7. PHC service delivery</b></p>

<ul style="list-style-type: none"> <li>• Accelerate integration of services to address life course health demands incl. screening, detection, treatment and rehabilitation services</li> <li>• Promote seamless connection and referral of care and information across multilevel of health system</li> <li>• Integrate traditional and alternative medicine practices and products to support PHC functions</li> </ul>
<b>8. PHC investment</b> <ul style="list-style-type: none"> <li>• Review/Renew investment plan for PHC system, including investment for PHC infrastructures (such as physical infrastructure, health technologies, laboratory capacity, workforce production and development, IT, climate resilience, etc) and investment for service provision</li> <li>• Ensure adequate, efficient and equitable resource allocation and financing to PHC, aiming to address health inequities and to reduce out-of-pocket expenditure</li> </ul>
<b>9. Digital health and PHC</b> <ul style="list-style-type: none"> <li>• Capitalize on digital health as an accelerator in promoting access to and tracking progress and performance of PHC system in addressing health demand and health inequities</li> </ul>

### ***Actions proposed***

This Working Paper is presented to SEARO RCM 76 for its consideration and decision:

#### **Action by Member States**

- Participate in the preparation of the Roundtable and development of the Ministerial Declaration, including the virtual consultations at the second meeting of the SE Asia Region PHC Forum.

#### **Actions by WHO**

- Include comments from Member States to further highlight the significance of key recommended topics in the technical report to the SEARO RCM76 and the discussion stated above, including investment and financing for PHC, linkages between PHC and other levels of health care, digital health and telemedicine, PHC infrastructure, climate change resilience and traditional medicine.
- Facilitate discussions, under the leadership of the Government of India as the host country, among Member States to prepare and develop the Ministerial Declaration for smooth adoption through consensus at the Roundtable.

### **Key messages**



**We applaud** Member States and the WHO Regional Office for prioritizing primary health care as a core focus for the region and for recognizing the integration of NCDs into PHC among the common challenges that countries in the region face. We welcome the 9 essential elements for the Ministerial Roundtable and look forward to an action-oriented Ministerial Declaration.



**We express concern** that progress remains insufficient to achieve SDG target 3. Most countries, even prior to COVID-19, were not on track to reach the 2030 target of achieving UHC. We are alarmed that already prior to the COVID-19 pandemic, the SE Asia Region had the lowest public spending on health and the highest out-of-pocket payment in comparison to other WHO regions.



**We recommend** that Member States actively contribute to the Ministerial Roundtable seizing it as an opportunity to develop an action-oriented Ministerial Declaration. We call on Member States and the WHO to include the following points in the discussions at the Roundtable:

- **under 2. PHC workforce:** explore the establishment of national regulatory frameworks supporting and enabling the planning, education, deployment and retention of human resources for health (HRH). A regulatory framework tailored to national context and HRH needs at primary care level is a crucial enabler to optimize the health workforce. It should include guidelines for HRH recruitment, training, accreditation, deployment and retention.
- **under 5. community engagement:** facilitate active engagement of people living with NCDs in the design and implementation of people-centred primary health care at both national and regional

level, including by considering the [WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions](#).

- **under 6. PHC performance monitoring:** as part of efforts underway to strengthen integrated health information systems to support evidence-based policymaking (SEA/RC76/12), build up capacities to monitor the quality of patient centric outcomes for NCD services. This can be done through inclusion of indicators based on service delivery and treatment outcomes at PHC level, as well as through tracer indicators that measure all NCD risk factors. Data should be disaggregated by age, disease, gender, geography, and socioeconomic groupings to inform equity-focused responses.
- **under 7. PHC service delivery:** include language on the need to invest in, and accelerate implementation of, essential NCD prevention and care across the continuum of care, as laid out in [WHO’s a menu of policy options and cost-effective interventions for the prevention and control of NCDs](#) (also known as the [NCD Best Buys](#)).
- **under 8. PHC investment:** Specify national targets to increase spending on primary healthcare by one extra percent of GDP in line with the [2023 Political Declaration of the High-level Meeting on Universal Health Coverage](#) while noting calls for targets of [5% of GDP](#) or [15% of general government expenditure on health spending](#).

### Item 7.3 (Document [SEA/RC76/6](#)): Draft Fourteenth General Programme of Work (GPW14) (2025–2028)

#### Background

General Programmes of Work define WHO’s strategy for specific periods. In May 2023, the World Health Assembly requested the Director-General to draft a 14<sup>th</sup> General Programme of Work, 2025–2028 (GPW14) to be finalised in 2024 through a consultation process and final approval from the World Health Assembly at its 77<sup>th</sup> session. Member States are asked to contribute actively to the consultations for the GPW14, including at the SEARO RCM76. SEA/RC76/6 provides an initial overview of the major sections proposed for GPW14, summarized below.

#### The context, goals and strategic objectives of GPW14

- NCDs and mental health are mentioned among the challenges to achieving better health outcomes.
- The document states that halfway to 2030, countries are off track to achieve the SDG health goal.
- At the same time, people across the SE Asia Region place greater value to their health and well-being, resulting in increased demand for services, appeals for a more holistic, inclusive and equitable approach to health, and a call for health and well-being to drive development and economic agendas.
- The overarching goal for GPW14 is “to promote, provide and protect health and well-being for all people, everywhere” and GPW14 will have six major strategic objectives:

Priority Area	Strategic Objectives (2025– 2028)
1. Promoting health and preventing disease	<ul style="list-style-type: none"> <li>i. Achieve transformative action on climate change and health.</li> <li>ii. Firmly place health and wellbeing at the centre of the policy agenda in the key health-related sectors that drive the determinants and root causes of ill health.</li> </ul>
2. Providing health	<ul style="list-style-type: none"> <li>i. Substantially reduce inequalities in essential health service coverage between and within countries to address communicable and non-communicable diseases.</li> <li>ii. Reverse the trend in catastrophic health expenditures.</li> </ul>



3. Protecting health and well-being	<ul style="list-style-type: none"> <li>i. Ensure every country is fully prepared to mitigate and respond to acute health risks, due to infectious and other hazards.</li> <li>ii. Ensure that all people affected by protracted crises have sustainable access to life-saving medical care.</li> </ul>
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### Developing the GPW14 High-Level Results Framework

GPW13 set the following triple billion targets by 2023 as the core pillars of WHO's strategy:

- one billion more people are benefiting from universal health coverage (UHC);
- one billion more people are better protected from health emergencies; and
- one billion more people are enjoying better health and well-being.

According to SEA/RC76/6, WHO's impact measurement framework will be further improved to recalibrate the Triple Billion targets for use at country, regional and global levels. Proposals will be developed to better track the coverage of essential health services and financial hardship, and areas such as climate and health, mental health, disability, physical inactivity, foregone care, and health emergencies preparedness and response. The document also announces that an improved UHC index will be tested, discussed with Member States, and submitted for the 2025 SDG review.

### Financing GPW14

The indicative financial envelope for GPW14 for the four-year period 2025–2028 is approximately **US\$D 11.2 billion**. The expected funding target for the first WHO Investment Round is estimated at US\$ 8 billion.

### *Actions proposed*

This Working Paper is submitted to SEARO RCM76 for its further deliberations and renewed consideration:

#### Actions by Member States

- Contribute actively to the consultations for the GPW14, and support the development of the monitoring framework for effectively implementing programmes.
- Actively participate in the evaluation process for GPW13.

#### Actions by WHO

- Continue consultations with Member States and present the updated draft to SEARO RCM76.
- Initiate discussions with Member States on potential Output and Outcome indicators for each strategic objective and proposals for an enhanced impact measurement framework.

### Key messages



**We applaud and strongly welcome the draft GPW14 outline**, including the proposed strategic objectives, its renewed focus on improving the monitoring and evaluation of results, as well as reference to NCDs, including mental health and neurological conditions. In particular, we welcome:

- The recognition that climate change action brings important health and well-being co-benefits.
- The commitment to work with all sectors to build health-enabling environments, that is, ensure there is health-in-all-policies to improve equity and reduce exposure to major NCD risk factors.
- The acknowledgement of the current health services coverage gap and the need to make essential health services accessible for all; in particular, by reorienting systems towards PHC and reversing the trend in catastrophic health spending.
- The focus on ensuring that strong systems for health emergency and pandemic prevention, preparedness and response (PPPR) are in place, as this has a strong impact on the protection of people living with NCDs, as vulnerable populations.



**We welcome the consultations** that have taken place with Member States and look forward to opportunities for civil society, community and youth organizations, as well as the private sector to input into the development of GPW14. This process should be guided by WHO's Framework for Engagement with Non-State Actors (FENSA), in order to safeguard against undue influence of health-harming industries – including those involved in tobacco and alcohol products, ultra-processed and/or high in sugar, fat or salt (HFSS) foods, breastmilk substitutes, gambling and fossil fuels.



**We express concern** that not enough notice time and background might be provided ahead of the GPW14 consultations to allow the meaningful engagement of civil society and people living with health conditions in these consultations. People living with health conditions, such as NCDs, including mental health and neurological conditions, can bring the lived experience expertise that no one else can, effectively informing and shaping WHO's future strategy.



**We strongly recommend** that:

- GPW14 acknowledges that people living with health conditions such as NCDs, including mental health and neurological conditions, are especially vulnerable to health emergencies. It is therefore crucial that the overarching goal of protecting health is connected and operationalised in alignment with health promotion and UHC efforts.
- GPW14 strategic objectives reflect the need for countries to increase their health spending. The proposed strategy should encourage the establishment of specific targets for investment in health that can help reduce the UHC service coverage gap and out-of-pocket expenditure, including through increasing PHC spending, and better align health spending with national disease burdens.
- When reviewing the UHC service coverage index, existing UHC tracer indicators should be revised with the aim of including an additional indicator which monitors quality defining clinical and patient centric outcomes for NCD services, potentially based on service delivery and treatment outcomes at PHC level, and tracer indicators that measure other NCD risk factors than tobacco use. Tracer indicators should also look at gathering disaggregated data by age, disease, gender, geography, and socioeconomic groupings to inform equity-focused responses.
- Commercial determinants of health should be a core action area for WHO to achieve the proposed second GPW14 strategic objective of addressing the determinants and root causes of ill health.
- WHO's [menu of policy options on NCD prevention and control](#) should remain a reference to Member States. During the GPW14 period, the NCD 'best buys' should be expanded with the latest evidence on air pollution, a major NCD risk factor, highlighting the co-benefits for climate change mitigation by tackling common drivers (i.e., fossil fuels).
- There is a focus on strengthening health governance and accountability, particularly by meaningfully engaging people living with a wider range of health conditions, such as NCDs, including mental health and neurological conditions, in the development, implementation and monitoring of policies through participatory approaches.

The complete NCD Alliance recommendations on the WHO's 14<sup>th</sup> Programme of Work, can be accessed [here](#).

## Item 8.3 (Document [SEA/RC76/10](#)): Annual report on monitoring progress on UHC and health-related SDGs

### Background

Member States of the SE Asia Region are facing significant challenges in achieving UHC. While there has been important progress on UHC in the SE Asia Region, progress remains insufficient to achieve established SDG targets. SEA/RC76/10 measures regional progress against the goal of UHC (SDG3 Target 3.8) through two indicators. Indicator 3.8.1 captures the population coverage dimension of UHC, and 3.8.2 captures the financial protection dimension of UHC. Every year, in addition to monitoring overall progress towards UHC and the health-related SDGs, WHO's progress report focuses on one health-related theme. This year's theme is "the status of digital health implementation in the SE Asia Region – a rapid assessment".

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

The region's UHC Service Coverage Index (UHC SCI) improved from 47 in 2010 to 62 in 2021. However, the pace of progress has not been fast enough to achieve the UHC SCI target of 80 by 2030. There is also considerable variation among countries. Compared with the estimates of 2019,

- four countries have made slight progress (Bangladesh, Nepal, Sri Lanka and Timor-Leste),
- four have maintained progress (Bhutan, India, Indonesia and Thailand), and
- three countries are in slight regression (DPR Korea, Maldives and Myanmar).

With regard to financial protection, catastrophic health spending is estimated to have increased from 13.1% in 2010 to 15% in 2017, with a further slight increase to 16.1% in 2019. No data has been available since the beginning of the COVID-19 pandemic, making it difficult to determine whether the situation has improved or, more likely, to have worsened.

### Progress on health-related SDGs

- **Reproductive, maternal and child health:** Between 2000 and 2020, the Region has achieved a remarkable reduction in maternal mortality ratio (SDG 3.1.1) of 68.5%, a significant decline in under-five mortality rate (SDG 3.2.1) from 84 per 1000 livebirths in 2000 to 29 per 1000 livebirths in 2021, and neonatal mortality rate (SDG 3.2.2) from 41 per 1000 livebirths in 2000 to 17 per 1000 livebirths in 2021. Most countries in the region have or are expected to achieve the global target of more than 90% for DTP3 and MCV2 immunization coverage by 2030.
- **Infectious diseases:** The Region has a high burden of tuberculosis (TB) infections accounting for 45% of the TB incidence globally. On average, the Region did not meet the 2020 milestones of 20% reduction in TB incidence, on the contrary witnessing a slight increase in TB incidence. Even more worrying is the fact that in 2021, the Region suffered an increase (8.6%) in TB mortality rates compared to 2015. Conversely, the Region has made significant progress in combating other infectious diseases. Between 2015 and 2021, new HIV infections declined by 25% and malaria incidence rates by 62%.
- **Premature mortality from NCDs:** In the Region, the probability of death between the ages of 30 and 70 years from four major diseases (cardiovascular diseases, cancer, diabetes and chronic respiratory diseases) is still unacceptably high at 21.6% (Fig 5). Since 2000, that risk has declined by a mere 13%. This rate of progress in the decline is projected to be inadequate to achieve the SDG 3.4 target of a one-third reduction in premature mortality from NCDs.
- **Mental health:** Mental, neurological and substance use disorders and self-harm causes are responsible for 23% of the overall years lived with disability (YLDs) in the Region. Within that disability burden, depressive disorders account for almost a quarter of YLDs in the Region.

- **Health workforce:** Currently, the average density of medical doctors, nurses and midwives in the region (SDG 3.c.1) is at 28.05 per 10, 000 population. This represents a 30.5% increase since the start of the Decade for Strengthening Human Resources for Health in the SE Asia Region 2015–2024.
- **Health security:** is measured through the International Health Regulations (IHR) 2005 Framework. The Region has witnessed an improvement of an average of 15 IHR Core Capacity scores (SDG 3.d) from 64 in 2021 to 68 in 2022. Like previous years, in 2022, the average IHR Core Capacity score ranged widely from 47 to 87 among Member States of the Region.

### **A rapid assessment of the status of digital health implementation in the SE Asia Region**

In June 2023, the 11 countries of the Region self-assessed their status of digital health implementation. A survey examined three domains of digital health implementation: a) policy enablers, b) technology enablers and c) enabling people. A simple digital health index ranging from 33 to 100 showed that countries are at variable maturity levels. The Region’s average digital health index is 63. Most countries are lagging behind in the “enabling people” category, indicating that Member States have much to gain through focusing on person-centric digital health transformation.

### **The way forward**

- Progress towards achieving UHC and the health-related SDGs is inadequate to achieve 2030 goals;
- Progress has been uneven across societies and regions and Member States need to focus on health inequities and the health needs of disadvantaged populations;
- Post-pandemic, progress on UHC and the health-related SDGs has stagnated. Even amid the fiscal stress that countries are facing, they must continue to prioritize public spending on health, particularly on primary health care, to enhance coverage and financial protection and improve emergency prevention, preparedness and response capacity.
- It is imperative that countries strengthen health information systems to produce health data outcomes and outputs disaggregated by income, sex, age, race, ethnicity, disability, geographical location and migratory status to assess any inherent inequities;
- Critical attention is needed to improve regular data availability on financial protection to monitor the impact of UHC policies and programmes and to take timely corrective actions;
- To accelerate progress on the health-related SDGs and the Triple Billion targets, periodic stocktaking is necessary to identify areas requiring considerable acceleration and priority evidence-based interventions that could be deployed to accelerate progress.

### **Actions proposed**

This Working Paper is submitted to the SEARO RCM76 for its consideration and decision.

### **Actions by Member States**

- Use the annual monitoring report and SDG country profiles as a tool of action to support in-country dialogue and accelerate progress
- Follow up on the key recommendations and priority actions that will be agreed upon following the UNSG SDG Summit
- Use the digital health country profile to support national dialogue and adopt a person-centric approach for a more effective digital health transformation.

### Action by WHO

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

### Key messages



**We applaud** the Regional Office for working closely with Member States to:

- Accelerate progress against national targets through data-based scenarios;
- Strengthen their health information systems including by disaggregated and timely data to monitor the impact of UHC policies and programmes;
- Prioritize public spending on health, with a focus on PHC, to enhance financial coverage and protection and improve emergency prevention, preparedness and response capacity



**We express concern** that overall progress measured by the UHC service coverage index (UHC SCI) has stagnated or even reversed in SEAR Member States and that progress on financial protection has declined. We are particularly concerned that premature mortality from NCDs is still unacceptably high and the rate of progress in the decline is inadequate to achieve SDG target 3.4.



**We recommend** that Member States use the report and accompanying SDG country profiles as a tool of action for in-country dialogues to:

- Invest in the prevention and control of NCDs by specifying targets for spending in health that can help reduce the UHC service coverage gap and out-of-pocket expenditure, including through an increase in PHC spending by one extra percent of GDP in line with the [2023 Political Declaration of the High-level Meeting on Universal Health Coverage](#) while noting calls for targets of [5% of GDP](#) or [15% of general government expenditure on health spending](#), and better align health spending with national disease burdens.
- Accelerate progress towards achieving UHC and health-related SDG targets by including quality NCD prevention and care services in country UHC health benefit packages and drawing on [WHO's menu of policy options on NCD prevention and control](#) (also known as the NCD 'best buys' and other recommended interventions or the Appendix 3 of the Global NCD Action Plan).
- Align development and global health priorities by adopting a people-centered approach to UHC that ensures people are treated holistically along the life course breaking siloed approaches to funding and implementation.
- Engage people living with health conditions, including NCDs, in the development and monitoring of national UHC policies as part of efforts towards a person-centric digital health transformation to improve health systems accountability for better health outcomes.

The complete NCD Alliance Advocacy Priorities For the 2023 UN High-Level Meeting on Universal Health Coverage can be accessed [here](#).

## Item 8.4 (Document [SEA/RC76/11](#)): SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region – Dhaka Call to Action

### Background

More than 245 million people in the Region of age 30 years and older have hypertension, and approximately 100 million adults are living with diabetes, with an estimated half of these individuals not aware of their conditions. Countries in the Region have implemented a range of NCD 'best buys', but the rate of decline in

premature mortality from cardiovascular disease (CVD) is uneven across countries and not sufficient to achieve the Regional NCD targets and SDG 3.4 target by 2025 and 2030 respectively.

A Regional Workshop for implementing the WHO South-East Asia NCD Roadmap 2022–2030 was held on 12–15 June 2023 in Dhaka, Bangladesh, the outcome of which was the ‘Dhaka Call to Action – Accelerating control of cardiovascular diseases in a quarter of the world’s population’. The Call to Action represents a set of prioritized actions and interim milestones that are based on the SEAHEARTS Initiative, adapting WHO HEARTS elements in the SE Asia Region. The Call for Action includes interim milestones, namely, that by 2025:

- (1) 100 million people with hypertension and/or diabetes are placed on protocol-based management,
- (2) One billion people are covered by at least three WHO MPOWER measures for tobacco control,
- (3) One billion people are covered with at least one of the WHO SHAKE package measures for reducing salt intake, and
- (4) Two billion people are protected from the harmful effects of trans-fatty acids through best practices or complementary policy measures of WHO REPLACE.

The Call to Action emphasizes the need for accelerated implementation of WHO technical packages, namely WHO HEARTS (technical package for CVD management in primary health care), WHO MPOWER (measures to reduce the demand for tobacco, contained in the WHO Framework Convention on Tobacco Control), WHO SHAKE (technical package for salt reduction) and WHO REPLACE (technical package for eliminating industrial produced trans-fatty acids) to reduce the incidence and outcomes of CVD.

### ***Actions proposed***

This Working Paper are submitted to SEARO RCM76 for its consideration and decision:

#### **Actions by Member States**

1. Consider endorsing the ‘Dhaka Call to Action: Accelerating the control of cardiovascular diseases in a quarter of the world’s population’.
2. Implement the SEAHEARTS initiative to sustain and expand the gains achieved by implementing WHO HEARTS, MPOWER, SHAKE, REPLACE, and other technical packages to achieve the interim milestones of the Dhaka Call to Action.
3. Strengthen political commitment and leadership, along with adequate capacity in the health systems and promote accountability through timely and reliable data

#### **Actions by WHO**

1. Support Member States to develop and prioritize country-specific roadmaps with baseline and targets to accelerate the implementation of the Dhaka Call to Action and achieve the interim milestones through the SEAHEARTS initiative.
2. Support Member States to leverage legislative, regulatory, and fiscal policies and other measures to reduce risk factors for CVDs.
3. Provide technical support in monitoring and evaluation, documenting good practices, and lessons learnt in implementing the Dhaka Call to Action.

### **Key messages**



**We applaud** the Region for being on track to achieve an average reduction of tobacco use prevalence of nearly 32% by 2025 and urge countries to build on this momentum raising tobacco taxes and implementing MPOWER measures at best-practice level.

**We commend** Bangladesh, India, Sri Lanka, and Thailand for having adopted regulations for

the elimination of trans-fatty acids (TFA) from their national food supplies and encourage all SEAR countries to eliminate TFAs. We also applaud India and Thailand for initiating the implementation of the HEARTS package for hypertension control at the primary health care level.



**We express concern** that the rate of decline of premature mortality from CVD is uneven across countries and not sufficient to achieve the Regional NCD targets and SDG 3.4 target for 2030 as political will, limitations in policy, regulations and fiscal interventions, commercial determinants, and lack of implementation capacity are hampering the efforts for CVD risk reduction.



With a view towards acceleration of the national responses for the achievement of SDG target 3.4, **we recommend that Member States:**

6. Endorse the 'Dhaka Call to Action: Accelerating the control of cardiovascular diseases in a quarter of the world's population'.
7. Ramp up efforts to implement WHO technical packages including HEARTS, MPOWER, SHAKE, and REPLACE to achieve the interim milestones of the Dhaka Call to Action, engaging relevant partners and people living with NCDs and communities in the process.
8. Focus investments on prevention policies and control at the primary health care level, ensuring equitable access to services.
9. Commit adequate financial and human resources to strengthen health information systems and promote accountability through the collection of disaggregated and timely data.
10. Address the commercial determinants of health through regulatory and fiscal interventions, closely involving civil society, communities and people living with NCDs in the process, and ensuring their development and implementation are safeguarded against industry interference.