Health in the Sustainable Development Goals

3 GOOD HEALTH AND WELL-BEING

Where are we now in the South-East Asia Region?

What Next?

World Health Organization
Regional Office for South-East Asia

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PART I
An overview of the health SDGs in the South-East Asia Region

The place of health in the SDGs

The new Sustainable Development Agenda *'Transforming Our World: the 2030 agenda for sustainable development'* was adopted by the UN General Assembly in September 2015.[1] The 17 Sustainable Development Goals (SDGs) reflect a significant change in thinking about how to accelerate sustained improvements in development – in general and in health more specifically.

Altogether, the SDGs more closely reflect the range of real world concerns that countries face, compared with the narrower agenda of the MDGs. It is a development agenda relevant to all countries, not just developing countries. There is a strong focus on equity.

Health is centrally placed in the 2030 Agenda. The health goal (SDG3) is comprehensive: *'to ensure healthy lives and promote well-being for all at all ages'*. SDG3 builds on the significant success of the health-related Millennium Development Goals (MDGs). It recognizes an 'unfinished MDG agenda'; it responds to new health priorities and increasing concerns about health security, and the health impact of migration and climate change. The SDG agenda recognizes that human health and well-being depend on the political, economic and social systems, and the natural environment, within which people live. It includes 'means of implementation' targets i.e. related to the health systems that deliver needed services.

The 2030 Agenda discusses how to make progress on the SDGs. It emphasizes the need for a more integrated approach to sustainable development compared with the MDGs. The recognition that health depends on policies and choices made in other sectors is not certainly new. It does demand a fresh look at past and current approaches to intersectoral action, and how well these have worked.

Figure 1: **Sustainable Development Goals**

■ Goal 3 Good Health

In health, it puts a strong focus on Universal Health Coverage: *'To promote physical and mental health and well-being, and to extend life expectancy for all,*

we must achieve universal health coverage and access to quality health care. No-one must be left behind'. [2]

Health is also framed as a contributor to, and beneficiary of, progress in many other SDGs (Figure 2).

Figure 2: **Health is linked to many other SDGs**
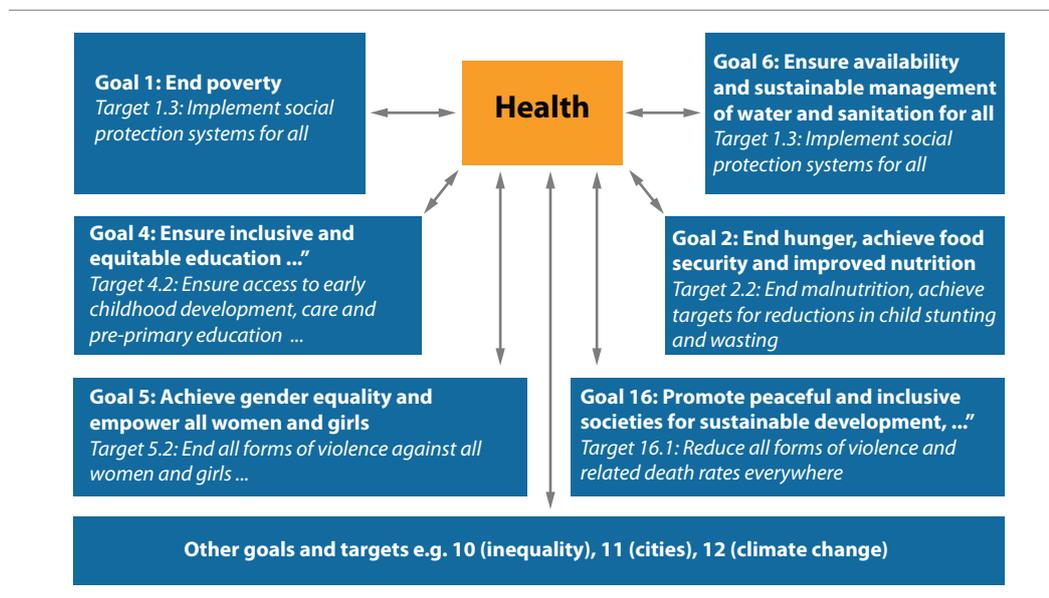
During 2016, there has been much debate about how to move from commitment to this comprehensive health agenda to practical action. A consultation on 'Health, the SDGs and the role of UHC: next steps in the South-East Asia Region' was held in March 2016.[3] Country consultations are now taking place. Attention is also being given to how the SDGs will be monitored.

Part 1 of this document presents a regional snapshot of 'where we are now' in the South-East Asia Region in terms of overall health status; of universal health coverage, and – given the SDG's focus on leaving no-one behind – of equity. It discusses 'what next?' in terms of opportunities, emerging priorities and actions being taken in the Region. Part 2 provides more detail on individual SDG health and health-related targets, from a regional perspective. Part 3 presents individual SEAR country profiles that contain data on a set of SDG health and health-related targets.

SDG3 AND ITS TARGETS: AN AGENDA CALLING FOR A FRESH LOOK AT HOW WE WORK ON PRIORITIES

SDG3 includes 13 targets covering all major health priorities, grouped around the unfinished MDG agenda; new health priorities including NCDs, injuries and environmental issues, and means of implementation targets. UHC helps bring together these three elements of the health SDG and underpins, and is key to achieving all other health targets. This is shown in Figure 3.

This diagram is useful, but what a diagram cannot capture are the political and institutional factors, and interactions within and between sectors that influence – for example – progress on reducing mortality from NCDs or road traffic accidents, or ensuring an adequate health workforce or increased access to medicines. However, it is these interactions that lie at the heart of making progress on the new health agenda, and which need to be addressed in regional and national consultations.

Figure 3: Sustainable Development Goal 3 and its targets

SDG3: Ensure healthy lives and promote well-being for all at all ages

Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all

MDG unfinished and expanded agenda	New SDG3 targets	SDG3 means of Implementation targets
3.1: Reduce maternal mortality 3.2: End preventable newborn and child deaths 3.3: End the epidemics of HIV, TB, malaria and NTD and combat hepatitis, waterborne and other communicable diseases 3.7: Ensure universal access to sexual and reproductive health-care services	3.4: Reduce mortality from NCD and promote mental health 3.5: Strengthen prevention and treatment of substance abuse 3.6: Halve global deaths and injuries from road traffic accidents 3.9: Reduce deaths from hazardous chemicals and air, water and soil pollution and contamination	3.a: Strengthen implementation of framework convention on tobacco control 3.b: Provide access to medicines and vaccines for all, support R&D of vaccines and medicines for all 3.c: Increase health financing and health workforce in developing countries 3.d: Strengthen capacity for early warning, risk reduction and management of health risks

Interactions with economic, other social and environmental SDGs and SDG17 on means of implementation

HEALTH, UNIVERSAL HEALTH COVERAGE AND EQUITY: CURRENT STATUS IN THE SOUTH-EAST ASIA REGION

The overall SDG health goal: progress but differences remain

The overall health SDG is 'Ensure healthy lives and promote well-being for all at all ages'. WHO is using life expectancy and healthy life expectancy as reasonable over-arching indicators, because these are affected not only by targets under SDG3 but also by progress on targets in other goals. They therefore reflect the multisectoral nature of health.

Regional highlights

- ⊙ Life expectancy continues to rise in the South-East Asia Region. It is now 68.9 years. WHO estimates that there has been an average gain of 3.5 years in life expectancy per decade since 2000. Global life expectancy in 2015 was 71.4 years.

- ⊙ Differences remain across countries. In 2015, there was an estimated 12-year difference in life expectancy across SEAR Member States, from 66 years to 78 years. Data on variations in life expectancy within countries are not currently reported.

- ⊙ Healthy life expectancy provides an indication of years of life lived in full health. For SEAR, healthy life expectancy is on average 8% shorter than life expectancy, but with a range across countries from 4% to almost 15%.

Universal health coverage: towards an integrated assessment

The SDG declaration puts UHC at the centre of the overall health goal. It makes progress on the UHC target a prerequisite for achieving all the others. The goal of UHC is that all people and communities receive the health services they need, without suffering financial hardship. 'Services' include both personal and population-based services.[4] The WHO-World Bank UHC monitoring framework focuses on these two core components[5] and presents two proposed indicators:

- ⊙ A coverage index of essential health services
- ⊙ A measure of financial protection against the costs of services.

The two indicators need to be interpreted together to assess the status of UHC.

The UHC essential health service coverage index is a new summary measure of coverage that is 'work in progress'. It has been under development by WHO for several years[6], and was included in the first global monitoring report on UHC[5], and in World Health Statistics 2016[11]. It has promise because it offers a concise way of tracking progress across a range of key services, over time, within a country. It is based on 16 largely familiar indicators that can be combined into an index.

Health in the Sustainable Development Goals

The tracer indicators were selected following extensive review and discussion. The index is presented here for two reasons. First, because it is potentially useful to countries, as a way of tracking progress towards UHC. Second, it is part of efforts to operationalize SDG 'tier3' indicators – those indicators that are proposed and for which methodology is being tested and further developed. It will be discussed at the SDG Inter-Agency Expert Group meeting in October 2016.[6]

The indicators are grouped into 4 main categories:

- Reproductive, maternal, newborn and child health
- Infectious diseases
- Noncommunicable diseases
- Service capacity and access

There is currently very limited data on service coverage for noncommunicable diseases. Service coverage data for high blood pressure and diabetes do not exist, so at present, instead, population prevalence of raised blood pressure and raised blood glucose are being used as proxies for service coverage. All indicators are defined so that they range between 0% and 100%, where 100% implies full coverage. The service coverage index is computed for each country by averaging coverage values across the 16 indicators.

Figure 4 shows a preliminary assessment of UHC services coverage for SEAR countries. It shows the 16 indicators, and the summary measure, in order to illustrate how the index works and 'bring it alive'. It uses the methodology from *World Health Statistics 2016.* It uses data received from countries in 2016 where possible, and data already published in the Global Health Observatory if not. Feedback is welcome.

To put the NCD proxy indicators in context, these suggest that almost 25% of the population in the SEA Region has raised blood pressure, and 9% of the population in the Region has raised blood glucose. For comparison, the global average for raised blood pressure is 22%, and for raised blood sugar is 8%, of the population.

Tracer indicators for UHC services coverage*		BAN	BHU	DPRK	IND	INO	MAV	MMR	NEP	SRL	THA	TLS	Source
RMNCH													**Source**
3.8.1.1	Family planning coverage (%)	73	85	77	64	79	43	…	56	69	89	38	DHS / MICS ; 2006-2014
3.8.1.2	Antenatal care coverage (%)	20	77	94	45	88	85	…	61	93	93	55	DHS / MICS ; 2006-2014
3.8.1.3	Child immunization coverage (DPT3 %)	94	99	96	87	81	99	75	91	99	99	76	WHO-UNICEF estimates of national immunization coverage
3.8.1.4	Treatment for pneumonia (%)	35	74	80	67	75	74	69	50	58	83	71	WHS 2016
Infectious diseases													
3.8.1.5	Tuberculosis treatment success rate (%)	93	91	92	88	88	84	87	91	85	81	84	Global tuberculosis report, 2015
3.8.1.6	HIV antiretroviral therapy coverage (%)	11	23	…	36	6	19	35	23	18	57	…	UNAIDS (http://aidsinfo.unaids.org/)
3.8.1.7	Insecticide-treated bednets or Indoor residual spray coverage for malaria prevention (%) **	67	100	28	25	55	NA	83	100	NA	60	100	World Malaria Report, 2015
3.8.1.8	Improved water source and adequate sanitation (%)	74	75	92	67	74	98	80	69	95	95	66	WHS 2016
Noncommunicable diseases - *the proxy indicators are shown in italics*													
3.8.1.9	*Prevalence of normal blood pressure level in population (%)*	*74*	*73*	*79*	*75*	*77*	*78*	*76*	*73*	*79*	*79*	*73*	GHO
3.8.1.10	*Prevalence of normal blood glucose level in population (%)*	*91*	*88*	*94*	*90*	*91*	*90*	*93*	*91*	*90*	*90*	*93*	Global status report on NCDs 2014
3.8.1.11	Cervical cancer screening (%)	…	64	…	…	…	…	4	…	25	…	1	STEP surveys
3.8.1.12	Tobacco non-use (%)	57	75	…	65	64	80	59	69	75	73	44	Monitoring tobacco control among adults in selected Member States of South-East Asia Region – at a glance, 2015
Service capacity and access													
3.8.1.13	Postnatal care for mothers and babies within two days of birth (%) *(proxy for basic hospital access)*	34	…	…	44	58	67	…	57	93	…	22	DHS / MICS 2006-2014
3.8.1.14	Heath worker density, expressed as % of new global benchmark, 44.5/10 000***	17	45	100	68	66	100	36	66	67	66	46	Country reported
3.8.1.15	Access to essential medicines (%)	…	…	…	…	…	…	43	…	…	100	…	Country reported
3.8.1.16	Health security: IHR compliance (%)	88	68	73	94	96	61	84	77	71	98	71	GHO
Overall essential health services coverage index (scale of 0 to 100)		**49**	**68**	**79**	**63**	**64**	**70**	**55**	**67**	**66**	**82**	**47**	

* Please see individual country profiles in part 3 for exact source and year of data
** 2014 data as reported by the countries for World Malaria Rerport 2015
*** Data taken from SEAR health workforce survey April 2016, except Myanmar, which is based on WHO Global Health Observatory data
Kindly note that the symbol … indicates that data are not available

- > 80%
- 60% - 80%
- 40% - 60%

Financial protection. The WHO-World Bank UHC framework uses two indicators of financial protection: 'catastrophic' health spending and impoverishment due to health-care costs. Both generally decrease as public spending on health rises. In this report the threshold for defining catastrophic health spending is the same as that used in the WHO World Health Statistics Report 2016: over 25% of a household's budget is spent on health care. These indicators are currently available for six countries in SEAR. However, all countries in the Region have data on out-of-pocket payments (OOP) as a share of total health expenditure. Countries which have a lower share of total health spending from OOP generally have fewer people experiencing financial hardship from health-care costs, so the OOP indicator is also reported.

Regional highlights

- *The new essential service coverage index* suggests that all SEAR countries still have gaps to address to reach full coverage, but not surprisingly, some are nearer that target than others: country scores range from 47/100 to 82/100 overall. Further development of the index, and better NCD coverage data, are needed to improve tracking of progress towards UHC.

- *Financial protection.* Latest estimates suggest that more than 60 million people are pushed into poverty due to health-care costs in the South-East Asia Region. The Region is well known to have the highest share of total health spending coming from out-of-pocket payments compared with other WHO regions, and this is reinforced by the 2015 estimate of 40.8%. Based on recent analyses in six countries, it also appears that the incidence of catastrophic spending is high compared with other WHO regions. The main causes are expenditure on medicines and use of private providers.

Equity: what do we know about who is being left behind?

Estimates suggest that a large number of people are still being 'left behind' in SEAR in terms of access to needed health care. Overall, despite considerable progress over the last 15 years, approximately 130 million people in the South-East Asia Region still lack access to one or more essential health services, and at least 60 million are impoverished as a result of health-care costs.[7]

However, there are only limited disaggregated regional data to shed light on who these people are. The figure below shows inequalities in coverage by income group, and by urban versus rural populations. In the SEAR consultation on *Health, the SDGs and the role of UHC*, there was a strong message about the need for a focus on other significant groups of people often wholly or partially excluded from health care: ethnic minorities, migrants, mobile populations and refugees, the urban poor, women, and people whose behaviours, identities or health conditions are stigmatized. Data are scarce for these groups. There was

a call for creative ways to improve information on who is being left behind that may not be captured through existing formal household surveys.

Figure 5: **Inequality in coverage of health services by income group and by urban versus rural households across the South-East Asia Region**

Variation by income

Contraceptive Met needs

Improved source of drinking water

Antenatal Care - 4 visits

Antibiotic treatment for pneumonia - under 5

Births by skilled health personnel

DTP3 coverage among 1-year-olds

Postnatal care (within 2 days)

■ Coverage in Q5   ■ Coverage in Q1

Variation urban versus rural

Contraceptive Met needs

Improved source of drinking water

Antenatal Care - 4 visits

Antibiotic treatment for pneumonia - under 5

Births by skilled health personnel

DTP3 coverage among 1-year-olds

Postnatal care (within 2 days)

■ Urban   ■ Rural

Source: WHO-SEARO

Regional highlights

- There are well-known and continuing disparities in access to health services between the rich and the poor, and between urban and rural households.

- More disaggregated data are needed in all countries to assess equity across multiple dimensions, including by age, sex, geography, household income levels and other stratifiers.

In summary

Altogether, the overall picture in terms of achieving improved health, progress towards universal health coverage, and more equitable improvements in health and health care that emerges is:

- There has been continuing, gradual improvement in overall health across countries in the Region;

- Countries are at different stages of progress towards UHC, and attention is needed both on access to care and financial protection;

- There is a need to go beyond average estimates for health-care coverage: Given the SDG commitment to 'leave no-one behind', there remains much to do to address inequities and exclusion.

The Sustainable Development Agenda makes a credible case for more integrated action to achieve the SDGs. Any approach to national health development that focuses on individual programmes in isolation will risk causing greater fragmentation than there is already, and will not address the many cross-cutting issues that do not fit neatly into programmes. It is equally clear from experience that this will not happen automatically. The emphasis on UHC as a cross-cutting goal for the health sector can help address some of these challenges.

What next? Going forward on the SDG health agenda in SEAR

The SDGs are ambitious and provide an opportunity to accelerate improvements in health. While the focus of this document is on improvements in health, it is equally important to not lose sight of the fact that the SDGs are designed as an integrated set of goals and targets. Recognizing this, several countries in the Region have assigned responsibility to national coordinating bodies – for example, the National Institute for Transforming India (NITI Aayog) or the Gross National Happiness Commission in Bhutan.

Charting the way forward thus raises two challenges. First, ensuring that health is well represented and understood in planning commissions and other bodies charged with responsibilities for overseeing the whole SDG agenda. Second, and in parallel, ensuring that the health sector itself is geared to the new challenges presented by the SDGs.

Strengthening national governance for health, across sectors: In many countries health is not seen as a priority nor systematically taken into account in policy-making arenas outside the health sector. The problems are well known: insufficient transparency and accountability mean that there are few constraints on the influence of the wide range of interests that compete with or undermine health. The problem is reflected both in inadequate health funding as well as through policies that override health concerns in the interest of economic growth – particularly in relation to NCD risk factors.

It is nevertheless important to recognize that planning to achieve the SDGs cannot just be seen as a zero sum game. Countries in the Region need to pursue economic development, to increase the number of people in formal employment, to address food insecurity and meet the huge infrastructure gaps that limit communications, sanitation and electricity supplies. Work in all these areas, which address other SDGs, has clear health benefits. At the same time, there is convincing evidence that better health increases agricultural and industrial productivity, promotes social stability, is a major source of employment and is key to reaping the demographic dividend from South-East Asia's young population.

Ministers of health and senior officials thus need to be more active players in SDG coordination. They need to be well briefed with the evidence to make their case, and to appreciate the practicalities of policy coherence. There is a need for a better understanding of what constitutes best practice in terms of effective coordination: in particular how to use SDG outcomes to allocate resources between different sectors in ways that reward progress against national SDG objectives.

Addressing governance challenges within the health sector: The resources that countries have at their disposal to improve health are too often deployed in

ways that are inequitable, wasteful or ineffective. Increasing health spending, and more efficient spending, is vital across all countries in the Region. Nevertheless, poor governance and management in the sector can result in fragmentation of effort; competition rather than collaboration between health programmes; unsystematic use of evidence; irrational spending on technology; and – in those countries with many development partners – divergence of objectives between external funders and national authorities. The new SDG health agenda presents an opportunity to inject new energy into addressing these long-standing challenges.

To address these two sets of challenges and to achieve the SDG agenda's ambition of substantial and sustained progress in health as a key outcome and contributor to sustainable development, new ways of working are needed. In the South-East Asia Region there is much happening already, especially in relation to UHC: no country is starting from zero.

It will take time to develop new approaches. But one of the major lessons from the MDGs was that in addition to setting goals, institutional change (and not just change in the health sector) is needed to achieve and maintain significant improvements in a wide range of health outcomes.

What follows are some key messages and a practical agenda for going forward at regional and national levels, drawing on recent national and regional consultations:

1. National consultations: a useful first step

Many countries are holding national consultations with partners – Bangladesh, India and Timor-Leste to name three. These are an opportunity to explain and 'demystify' the SDGs to a wider national audience, and a useful way to explicitly consider the practical implications of the SDG health targets in the context of each individual country.

In addition to generating ideas on SDG implementation, monitoring and oversight, national consultations provide an opportunity for those in the health sector to understand the bigger SDG picture. It will be helpful therefore for representatives of national coordinating bodies to participate in health SDG meetings to explain how synergies can work in practice. Initial consultations can also be used to decide on the need for new, SDG-focused, institutional mechanisms in the health sector (such as establish a national steering committee for SDG3).

In line with the points made above about health as an outcome of policy-making in other sectors, health officials should seek opportunities to engage with national bodies coordinating work on the overall SDG agenda.

2. Universal Health Coverage: a unified approach to improving access to care

Universal Health Coverage is about all people getting the care they need, without financial hardship, so by definition it includes a concern with equity. On the whole, frontline services[7,8] tend to be located nearer hard-to-reach groups than secondary or tertiary care. Countries are already expanding frontline health services to address the unfinished MDG agenda and the rise in noncommunicable diseases. Examples were given from Bhutan, India and Nepal in the Regional Consultation on the SDGs and the role of UHC in April. New service delivery models are emerging, such as for noncommunicable diseases in Sri Lanka. Improved quality of care in frontline services – public and private – is also critical if the use of frontline services, which are often bypassed, is to increase. More harmonized approaches to quality improvement would also be beneficial.

Given that – whether one is young or old – it is quite common to have more than one health issue at the same time, there is an opportunity to consider how frontline services can offer more 'integrated care' i.e. to put people's needs before programme needs. One other benefit of more integrated care may be the more efficient use of limited resources.

To deliver effective and safe services, continued attention will be needed on health workers and medicines. Regional commitments can reinforce and support national priorities – for example, the WHO SEAR Regional flagship on Universal Health Coverage[9], with its focus on strengthening the health workforce and access to medicines, and the *Decade of strengthening human resources for health in SEAR 2015-2024.*

3. Avoid parallel planning processes: integrate the SDGs into national plans

The areas covered by the health SDGs are not new. Unlike the MDGs that focused on selected outcomes or population groups, the SDGs reflect more or less the whole health agenda. What is new is that each topic is linked to the achievement of explicit targets (to be set at country level) and measured using agreed indicators. In addition, the SDG agenda argues for a more integrated approach to the delivery of services and makes explicit, through the "means of implementation" targets, some of health systems capacities (medicines, health workforce, financing) that are needed to achieve agreed outcomes.

What is needed in terms of planning therefore is not a new set of SDG health plans. Parallel action plans would risk fragmenting efforts and wasting scarce human and financial resources. Rather, SDG-related priorities, targets and activities to achieve them need to be agreed and then embedded in national health and development plans. There are encouraging examples from the Region of this happening already, for example in Timor-Leste.

4. Address the determinants of health by building on real achievements

While UHC is the key organizational strategy *within* the health sector, the achievement of several SDG health targets will be more dependent on political decisions and policies in other sectors – for example in relation to NCD risk factors, nutrition, access to pharmaceuticals and road safety. Equally, policies in areas such as rural roads, social protection, pensions and urban planning will influence peoples' access to health care.

No comprehensive plan can address all these diverse risks and drivers. It is also important to be realistic about the limited political influence of ministries of health. A more strategic approach needs to avoid over-reach and to look for areas where constituencies for change can be mobilized. Coordinating bodies such as planning commissions can be important allies if health is effectively represented and members are well briefed with convincing evidence. But the key message is to mobilize support for *specific* issues where progress is possible (as has been the case, for example, with tobacco), and then build on the confidence that comes from achievement, rather than relying on what are too often over-ambitious and all-encompassing plans.

Regional and global commitments can help reinforce domestic concerns. In this regard the SEAR Regional Director's seven regional flagships fit well with the SDG agenda.

5. Leaving no-one behind: going beyond the averages

Equity, a focus on the poor and disadvantaged, and the notion of leaving no-one behind is one of the strongest messages that underpins the whole SDG agenda. As noted earlier in this report, one of the strongest findings at the *Regional Consultation on the SDGs and the role of Universal health coverage* concerned excluded populations. There is a growing body of data that demonstrates inequities between different income groups and, to a lesser extent, between urban and rural populations.

What is more striking, however, is that there were examples – from virtually every country – of significant groups that are wholly or partially excluded from health care: ethnic minorities, migrants, mobile populations and refugees and – increasingly – large numbers of the urban poor. It is essential that the new SDG agenda ensures that policies and practices are seen through this critical lens.

6. Partnership: towards more creative relationships with NGOs and the private sector

In addition to *people, planet, peace* and *prosperity*, the SDGs are also about *partnership*. Any national consultation would benefit from including a fresh look at the way partnerships with civil society, NGOs and the private sector can help in the achievement of the SDGs.

In the South-East Asia Region, the private sector is large, diverse and growing – for example, in health service delivery, in health workforce education, and in diagnostics. The focus in many countries has been almost exclusively on regulation – often with little effect. Exploring new avenues of collaboration in which private assets, resources and facilities can be harnessed in ways that benefit public health can pay dividends. Some NGOs have a good track record with reaching stigmatized groups and under-served populations. Civil society can be extraordinarily effective in influencing policy decisions in other sectors (for example in relation to trade agreements, food marketing or access to medicines). Too many governments have little information about these potential partners. The private and NGO sectors are still often excluded from public health policy debate.

7. Measurement of progress and results: strengthening accountability

There is much concern about the burden of monitoring for the SDGs. However, as challenging as it seems – given the large number of indicators – there is much to build on. One near-term action is to define national targets for the SDG3 indicators. For health, the SDG3 indicators are mostly derived from existing internationally agreed indicators, and so will be familiar to countries in the Region. This means national targets may already exist, and one question will be: do these still stand, or do they need amendment?

The SDGs put more emphasis on monitoring equity than the MDGs did. For many countries the generation of more disaggregated data is a challenge, and there are many gaps.

On a positive note, there is real momentum in SEAR around information systems strengthening, and this can be used. New technological developments and information platforms such as DHIS2 are already widespread in SEAR. *A Health Measurement and Accountability Post 2015: Five-Point Call to Action* is already guiding action on information system strengthening in many countries in the Region.[10]

While there has been progress in the collection and dissemination of information, it is important to stress that the existence of information alone does not automatically lead to accountability. The last message therefore is to ensure that information is made available in the right form to those who can exercise oversight. Nationally, this is the role of national parliaments, but equally, civil society and the general public can be more actively involved through different mechanisms. In Thailand, for example, the Thai National Health Assembly provides just such a forum.

PART 2
Individual SDG health and health-related targets: a regional perspective

This section provides more detailed information on individual health and health-related targets from a regional perspective. There are 13 health goal (SDG3) targets, and at least 40 health and health-related indicators across all of the SDGs. Almost all SDG3 targets can be linked to global strategies and plans adopted by the World Health Assembly. They cover most national health concerns. There are also at least 12 health-related targets in other goals, reinforcing the message that the SDGs are 'integrated and indivisible'.

This section provides a snapshot of the current situation in five key areas, following the approach used in the *World Health Statistics Report 2016*.[11]

- ◉ Reproductive, maternal and child health
- ◉ Infectious diseases
- ◉ Noncommunicable diseases and mental health
- ◉ Injuries and violence
- ◉ Health systems

Each key area has a table that lists the three types of indicators for that area: impact indicators, coverage or system indicators and risk factors and determinants. Indicators have been updated with new national data if this was provided to WHO SEARO by July 2016. Where this is not the case, existing estimates from the Global Health Observatory are used. More detailed information on indicators, data sources and methods is in the explanatory notes in Part 3 .

REPRODUCTIVE, MATERNAL, NEWBORN AND CHILD HEALTH

Multiple targets and indicators in SDG3 and other goals refer to reproductive, maternal, new born and child health. The indicators are shown in the table below. The *Global Strategy for Women's, Children's and Adolescent's Health 2016–2020* is aligned with the SDG targets.

Table 1: Selected SDG targets and proposed indicators linked to reproductive, maternal, newborn and child health, by type of indicator

Type of indicator	SDG target	Proposed Indicator
Impact	3.1	Maternal mortality
	3.2	Under-five mortality
	3.2	Neonatal mortality
	3.7	Adolescent birth rate
	3.9	Mortality due to unsafe water, sanitation and hygiene; Mortality due to air pollution (household and ambient)
Coverage	3.1	Births attended by skilled health personnel
	3.7	Family planning coverage
	3.8	UHC: RMNCH* tracers (family planning, antenatal and delivery care, full immunization coverage, health-seeking behaviour for suspected child pneumonia)
	37 (22)	Model life table systems
Risk factors/ determinants	2.2	Child stunting, child wasting, child overweight
	6.1	Access to safely managed drinking-water source
	6.2	Access to safely managed sanitation
	7.1	Clean household energy
	11.6	Ambient air pollution
	Other	Part of targets in goals on poverty, education, gender etc.

*RMNCH = reproductive, maternal, newborn and child health.
Source: World Health Statistics 2016: Monitoring Health for the SDGs, WHO 2016

Regional highlights

⊙ Impact indicators show that, at the start of the SDG era, the regional maternal mortality rate is 164 per 100 000 and the under-five mortality rate is 43 per 1000. Since 1990, maternal mortality and under-five mortality have declined by 69% and 64% respectively, and in all 11 Member States. Regional neonatal mortality has fallen more slowly from 53/1000 in 1990 to 24/1000 in 2015. Accelerating reduction in newborn mortality is now a regional priority, with a focus on addressing four major bottlenecks: improved quality of care; human resources; community engagement and greater accountability.[2]

- Child stunting and wasting remain a significant problem, at the same time as child obesity is rising. One-third of children in the South-East Asia Region are either stunted or wasted. 5% of children are estimated to be overweight, though in Indonesia and Thailand an estimated 11% of children – twice the regional average – are overweight.

- On risk factors, 92% of SEAR's population now have access to improved drinking water, but still only 49% have access to improved sanitation, with a big difference between urban (67%) and rural (38%) areas. Other risk factors are highlighted in the section on noncommunicable diseases.

INFECTIOUS DISEASES

SDG target 3.3 refers to ending the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combating hepatitis, waterborne diseases and other communicable diseases. Several other SDG targets address infectious disease control, as shown in table 2.

Table 2: Selected SDG targets and proposed indicators linked to infectious diseases, by type of indicator

Type of indicator	SDG target	Proposed Indicator
Impact	3.3	HIV incidence
	3.3	Tuberculosis incidence
	3.3	Malaria incidence
	3.3	Hepatitis B incidence
	3.3	People requiring interventions against neglected tropical diseases
	3.9	Mortality due to unsafe water, sanitation and hygiene; Mortality due to air pollution (household and ambient)
Coverage/ system	3.8	UHC: infectious diseases tracer (ART coverage, tuberculosis treatment, use of insecticide-treated nets, access to safely managed drinking-water source and sanitation)
	3.d	International Health Regulations (IHR) capacity and health emergency preparedness
Risk factors/ determinants	6.1	Access to safely managed drinking-water source
	6.2	Access to safely managed sanitation
	7.1	Clean household energy
	Other	Part of targets in goals on poverty, education, cities, climate change etc.

Source: World Health Statistics 2016: Monitoring Health for the SDGs, WHO 2016

Regional highlights

- Impact indicators show that, overall, there is significant progress in infectious disease control. The number of HIV new infections is declining

or has stabilized in all countries except Indonesia. Since 2000, malaria incidence has decreased more than 75% in six countries, with two more projected to achieve a decrease of 50–70% by 2015. One country is now certified malaria-free, and another is imminent. For TB, the MDG target for TB incidence was reached, with a rate of decline in incidence of around 2% a year. Several neglected tropical diseases are moving towards elimination as a public health problem. Indonesia and Timor-Leste are the only yaws endemic countries; kala-azar remains endemic in three countries but all expect to achieve elimination by 2020; the Maldives and Sri Lanka have eliminated lymphatic filariasis as a public health problem. All countries have eliminated leprosy as a public health problem since 2010, though reported new cases are high, with pockets of high endemic areas in six out of 11 Member States.

◉ Service coverage indicators show that in 2014 in this Region, antiretroviral therapy coverage reached 36%; case detection for TB had increased to 65%, and malaria prevention through insecticide treated nets or indoor residual spraying is reported by six countries to now protect over 60% of their populations at high risk. With one exception all countries that require treatment for soil-transmitted helminthiases have achieved 50% treatment coverage.

◉ Looking forward, major problems include multi-drug resistance to HIV, tuberculosis and malaria, and HIV/ TB co-infection.

Noncommunicable diseases and mental health

Mortality from noncommunicable diseases accounted for 62% of all deaths - 8.5 million deaths – in the Region in 2012.[3] In terms of risk factors, approximately 427 million people have raised blood pressure and 160 million people have raised blood glucose. The SDGs includes targets for reducing premature mortality from NCDs; promoting mental health; for reducing substance abuse including the harmful use of alcohol, for the reduction of deaths from air pollution and for tobacco control.

Table 3: Selected SDG targets and proposed indicators linked to noncommunicable diseases and mental health, by type of indicator

Type of indicator	SDG target	Proposed Indicator
Impact	3.4	NCD premature mortality
	3.4	Suicide mortality
	3.9	Mortality due to air pollution (household and ambient); sanitation and hygiene
Coverage/ system	3.8	UHC: NCDs tracers (hypertension treatment coverage; diabetes treatment coverage; cervical cancer screening; tobacco use)
	3.5	Treatment for substance abuse
Risk factors/ determinants	3.a	Tobacco use
	3.5	Substance abuse (harmful use of alcohol)
	6.1/6.2	Access to safely managed drinking-water source and sanitation
	7.1	Clean household energy
	11.6	Ambient air pollution
	Other	Part of targets in goals on poverty, education, cities

Source: World Health Statistics 2016: Monitoring Health for the SDGs, WHO 2016

Regional highlights

⊙ Risk factors for noncommunicable diseases include tobacco use, raised blood pressure and blood glucose. The best data are on tobacco use. In SEAR 35% of all adults use some form of tobacco (52% male and 18% female).[4] It ranges from over 40% in Timor-Leste, Bangladesh and Myanmar to around a quarter of the population in Bhutan, Sri Lanka and Thailand. Data for other risk factors such as high blood pressure and raised blood glucose are only reported for four countries.

⊙ Other risk factors include use of clean fuels and ambient air pollution. The mortality rate attributed to household and ambient air pollution in SEAR is the second highest among WHO regions. Currently only 35% of households in SEAR use clean fuels.

- Service coverage for noncommunicable diseases varies widely, and data is scarce. Approximately one-third of people with high blood pressure in Bhutan are reported to be on treatment, and about one-quarter in Myanmar. In terms of preventive services, cervical cancer screening is reported to be operational in 4 countries, with around 64% of women eligible being screened in Bhutan, and 25% in Sri Lanka in 2014.

INJURIES AND VIOLENCE

Targets for indicators and violence are included in multiple SDG targets as shown in the table below.

Table 4: Selected SDG targets and proposed indicators linked to injuries and violence, by type of indicator

Type of indicator	SDG target	Proposed Indicator
Impact	3.6	Deaths due to road traffic injuries
	1.5, 11.5, 13.1	Deaths due to disasters
	16.1	Homicide
	16.1	Conflict-related deaths
Coverage/ risk factors/ determinants	5.2	Women and girls subjected to physical, sexual or physiological violence
	16.1	Population subjected to physical, sexual or physiological violence
	Other	Part of targets in goals on peaceful and inclusive societies, cities, poverty, education

Source: World Health Statistics 2016: Monitoring Health for the SDGs, WHO 2016

Regional highlights

- Road traffic mortality in the Region is 17 per 100 000, but with a ten-fold variation from 3.5 per 100 000 in the Maldives to 36.2 per 100 000 in Thailand.[5]
- Apart from this, data are extremely limited for this group of indicators.

HEALTH SYSTEMS

Progress on all health SDG targets will depend on stronger health systems. In SDG3, health system targets are referred to as 'means of implementation' targets. They include targets related to health worker density and distribution; medicines and vaccines; capacity for emergency preparedness; information system strengthening, and financing.

Table 5: Selected SDG targets and proposed indicators linked to health systems, by type of indicator

Type of indicator	SDG target	Proposed Indicator
Coverage/ financial protection	3.8	UHC index: tracer indicators on service access (hospital access, health workforce density by specific cadres, access to medicines and vaccines, IHR capacities)
	3.8	UHC: financial protection (catastrophic and impoverishing out-of-pocket health spending)
System	3.b	Access to medicines and vaccines
	3.b	Research and development on health issues that primarily affect developing countries, including official development assistance (ODA)
	3.c	Health workforce density and distribution
	3.d	IHR capacity and health emergency preparedness
	17.18	Data disaggregation
	17.19	Coverage of birth and death registration; completion of regular population census

Source: World Health Statistics 2016: Monitoring Health for the SDGs, 2016

Regional highlights

⊙ To address gaps in health services, concerted action is needed to strengthen the health workforce and access to medicines. SDG3 has indicators for both. The most recent HRH data show rising workforce density in all countries, though there are still critical shortages in several. The Global Strategy on Human Resources for Health: Workforce 2030[6] includes a new global benchmark for workforce numbers of 44.5/10000 which is based on estimates of workforce needs for delivering the health SDGs. Looking forward, there is need to maintain the commitment to a decade of action on strengthening human resources for health 2015–2024. [7]

⊙ Data on access to essential medicines is much more limited. Two countries provide some national data in 2016. Thailand reports that 'nearly all' health facilities have essential drugs and commodities, and Myanmar reports 43% of all health facilities were stocked with essential medicines. Affordability is part of access, and going forward priorities include reducing out-of-pocket expenditure on medicines; addressing pricing strategies especially for high-cost, breakthrough therapies such as for Hepatitis C, as well as medicines quality.

- The analysis in this report reinforces the need for more disaggregated health data in the South-East Asia Region, to be able to monitor progress on the SDGs,[8] and for improved cause of death data given the significant burden of disease from NCDs.

- Preparedness for health emergencies is assessed using the International Health Regulation (IHR) core capacity index. India, Indonesia and Thailand, report scores of over 90% compliance with these capacities for health emergency preparedness, while other countries report lower levels. Since 2006, SEAR benchmarks for emergency preparedness and response have also been used. There is now a move to bring together these assessments, including the new tools specific to IHR. Looking forward, monitoring emergency preparedness will be central to the work of WHO and ministries of health.

PART 3
Country specific SDG data profiles

This section provides country specific data profiles for the eleven countries of the South-East Asia Region. A set of SDG health-related indicators are presented. For each country there is a comprehensive list of references showing data source and year.

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

Bangladesh

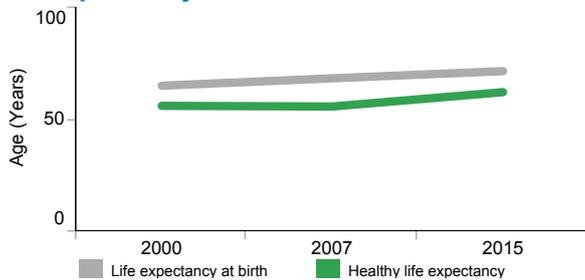| Population (000s)[1]	Urban Population[1]	Poverty[2] (ppp < $1.25 a day)	GDP per Capita[2] (International $)	Total health expenditure as share of GDP[2]
160996	33%	25%	1086.8	2.8%

Monitoring the health SDG goal- indicators of overall progress

Life Expectancy

Life expectancy at birth[3] provides an indication of overall mortality of a country's population. In Bangladesh, from 2000 (65.3 years) to 2015 (71.8 years), the life expectancy at birth has improved by 6.5 years.

Healthy life expectancy[4] reflects overall health for the country's population. In Bangladesh, from 2000 (56.3 years) to 2015 (62.3 years), healthy life expectancy has improved by 6.0 years.

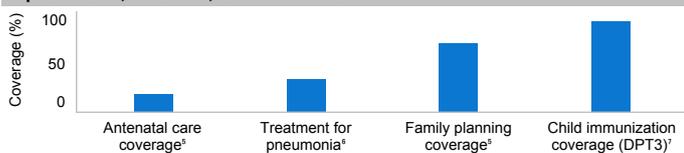Life expectancy at birth   Healthy life expectancy

Universal health coverage- at the centre of the health goal

The goal of universal health coverage (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).
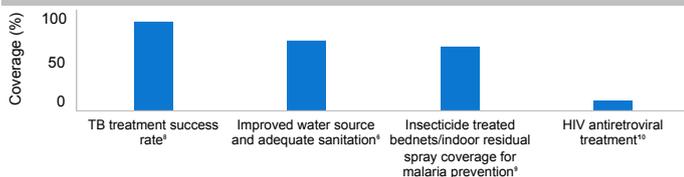
HEALTH SERVICE COVERAGE

A new summary measure of health service coverage, a composite *service coverage index*, is currently under development:16 indicators are derived from four main areas of work: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.
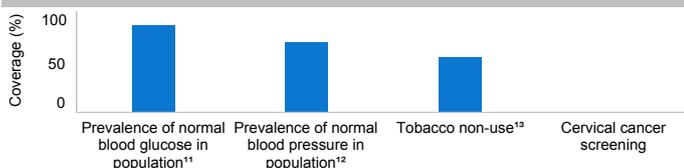
Reproductive, maternal, newborn and child health   Latest available data (2010-2015)

Antenatal care coverage[5]   Treatment for pneumonia[6]   Family planning coverage[5]   Child immunization coverage (DPT3)[7]

Infectious diseases

TB treatment success rate[8]   Improved water source and adequate sanitation[6]   Insecticide treated bednets/indoor residual spray coverage for malaria prevention[9]   HIV antiretroviral treatment[10]

Noncommunicable diseases

Prevalence of normal blood glucose in population[11]   Prevalence of normal blood pressure in population[12]   Tobacco non-use[13]   Cervical cancer screening

Service capacity, access and health security

Health security:IHR compliance[14]   Postnatal care for mothers and babies within two days of birth[4]   Heath worker density, expressed as % of new global benchmark[15]   Availability of essential medicines

UHC coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by averaging service coverage values across the 16 tracer indicators. The UHC coverage index ranges from 0 % to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index

UHC Coverage Index

FINANCIAL PROTECTION

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

Impoverishment: **3.9%** or **approximately 6,200,000** people are being pushed into poverty because of out of pocket health spending.[16]

Catastrophic expenditure on health: **14.2%** of people spent more than 10% of their household's total expenditure on health care.[16]

Out of pocket expenditure[16] In most cases, high percentage of out of pocket expenditure out of the health expenditure is associated with low financial protection.

Public spending on health[16] is determined by the capacity of the government to raise revenues and allocate it to health.

■ Out of pocket expenditure, as % of the health expenditure (2014)

■ GDP 2014
■ Est. total government expenditure, 2014 or latest available year
■ Est. government expenditure on health, 2014 or latest available year

Country Profile: Monitoring health for the SDGs

This profile provides an overview of the current status towards achieving better health towards the 13 tagets under the Sustainable Development Goal #3 (SDG3): Ensure healthy lives and promote well-being for all at all ages. All 26 SDG3 indicators plus other selected health-related indicators are presented where data is available.

Equity- leave no one behind

Variation, urban versus rural[17]

Births attended by skilled health personnel / Demand for family planning satisfied / Use of improved drinking water sources / Use of improved sanitation facilities
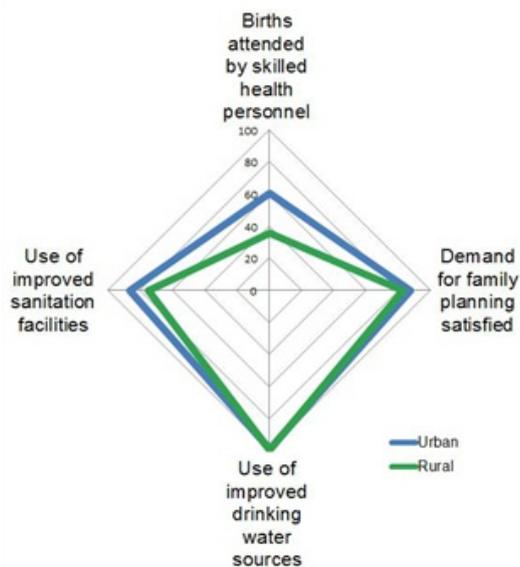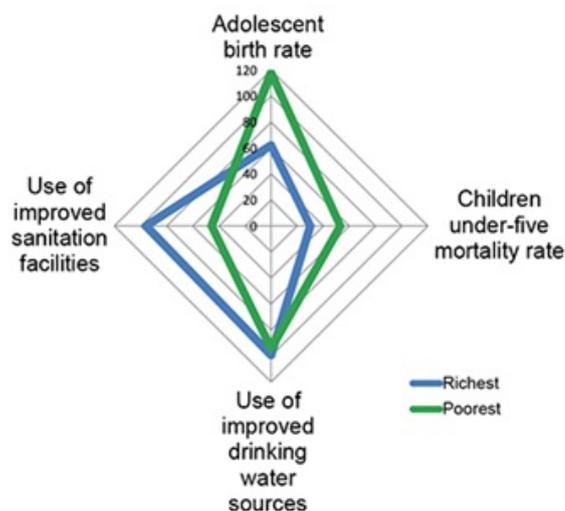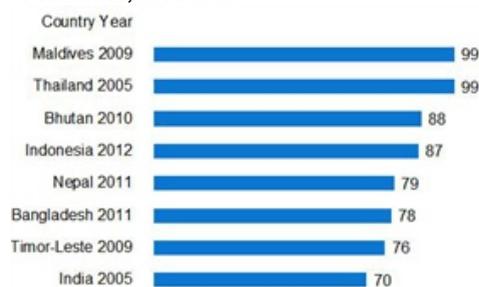
— Urban
— Rural

Variation by income[17]

Adolescent birth rate / Children under-five mortality rate / Use of improved drinking water sources / Use of improved sanitation facilities

— Richest
— Poorest

Variation in risk factors, by sex

Indicator	Female	Male
Adults aged ≥18 years who are obese[18] (%)	9.5	3.4
Prevalence of raised fasting blood glucose among adults aged ≥ 18 years[11] (%)	9.3	10.3
Prevalence of raised blood pressure among adults aged ≥ 18 years[12] (%)	26.1	25.1

Tracking inequalities and targeting disadvantaged groups in health service coverage is central to monitoring progress towards UHC. Currently national health information systems and periodic surveys are inadequate for capturing data disaggregated by health equity stratifiers. The SDG target 17.18 highlighted below emphasizes the importance for countries to improve data and statistics available by multiple equity dimensions in all sectors, including health.

Measuring the degree of inequity in service coverage is not currently feasible for most categories, and data is generally only available for indicators in reproductive, maternal, newborn, and child health using data from international household health surveys. A relative inequality score based on the ratio of the mean coverage among the poorest populations to the national average can be computed. A value of 100 means no difference at all, whereas the smaller value indicates greater gap between the poorest and that national average.

Relative inequality score for reproductive, maternal, newborn and child health intervention coverage in 8 countries, 2005-2012[6]

Country Year	
Maldives 2009	99
Thailand 2005	99
Bhutan 2010	88
Indonesia 2012	87
Nepal 2011	79
Bangladesh 2011	78
Timor-Leste 2009	76
India 2005	70

Moving beyond averages

SDG target 17.18 emphasizes the need for disaggregated data. By 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

SDG 3- Health targets

Maternal and child mortality (SDG target 3.1, 3.2)

Maternal mortality ratio[19]

Births attended by skilled health personnel[17]

Child mortality[20]

Children under-five
Neonatal

Communicable disease (SDG target 3.3)

New HIV infections among adults 15-49 years[21]

TB incidence[22]

Malaria incidence[23]

Malaria incidence is calculated for confirmed malaria cases

Indicators	Year	Bangladesh	Regional estimate
Hepatitis B incidence	-	-	-
Number of people requiring interventions against Neglected Tropical Diseases[6]	2014	49,873,889	824,180,314

Noncommunicable disease and injuries

| Indicators	SDG target	Year	Bangladesh	Regional estimate
Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases[6] (%)	3.4.1	2012	17.5	24.5
Suicide mortality rate[24] (per 100 000 population)	3.4.2	2012	7.8	17.7
Total alcohol per capita (age 15+ years) consumption[6]	3.5.2	2015	0.2	3.7
Mortality rate from road traffic injuries[6] (per 100 000 population)	3.6.1	2013	13.6	17
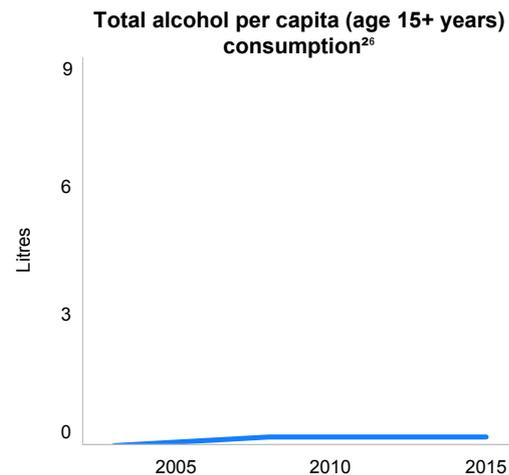
Sexual and reproductive health

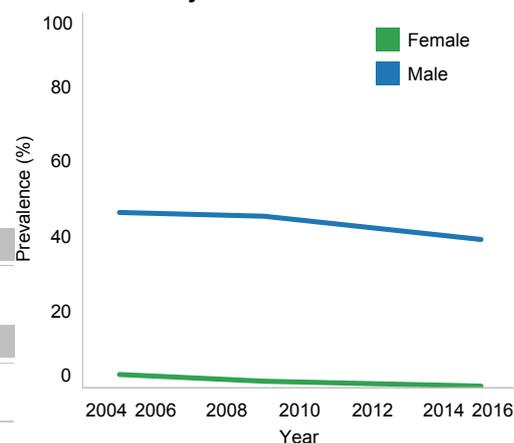|				
Demand for family planning satisfied with modern methods[17] (%)	3.7.1	2014	72.6	73.5
Adolescent birth rate[6] (per 1000 women aged 15-19 years)	3.7.2	2005-2015	113	33.9
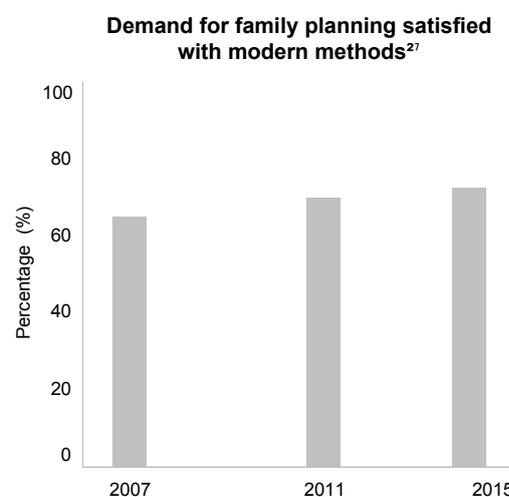
Mortality due to environmental pollution

Mortality rate attributed to household and ambient air pollution[6] (per 100 000 population)	3.9.1	2012	68.2	117.1
Mortality rate attributed to exposure to unsafe WASH services[6] (per 100 000 population)	3.9.2	2012	6	20.1
Mortality rate attributed to unintentional poisoning[6] (per 100 000 population)	3.9.3	2012	5.7	3

Tobacco use

Prevalence of tobacco use among persons 15 years and older-Female[13]	3.a.1	2015	29	18
Prevalence of tobacco smoking among persons 15 years and older-Male[13]	3.a.1	2015	58	52

Essential medicines and vaccines

Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	3.b.1	-	-	-
Total net official development assistance to medical research and basic health sectors	3.b.2	-	-	-

Health workforce

Health worker density[25] (per 10 000 population)	3.c.1	2016	7.4	-

National and global health risks

International Health Regulations core capacity index[14]	3.d.1	2015	88	80

Kindly note that a dash (-) implies relevant data are not available

Total alcohol per capita (age 15+ years) consumption[26]

Demand for family planning satisfied with modern methods[27]

Prevalence of tobacco smoking among persons 15 years and older[28]

Other health related SDGs

Child Nutrition

Indicators	SDG target	Year	Bangladesh	Regional estimate
Children under 5 years who are stunted[29]	2.2.1	2014	36.1	32.9
Children under 5 years who are wasted[29]	2.2.2	2014	14.2	13.5

Drinking-water services and sanitation

Proportion of population using improved drinking water sources[30]	6.1	2015	87	92
Proportion of population using improved sanitation[30]	6.2	2015	61	49

Clean household energy

Proportion of population with access to electricity[2]	7.1.1	2012	59.6	-

Ambient air pollution

Air pollution level in cities[6] (PM 2.5) (µg/m³)	11.6.2	2014	89.7	60.2

Natural disasters

|				
Number of deaths by disaster[31] (per 100 000 people)	13.1.2	2015	14.20	0.3

Homicide and conflicts

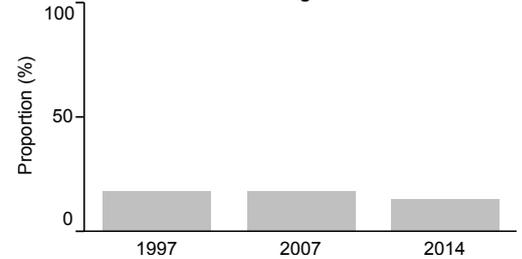|				
Mortality rate due to homicide[6] (per 100 000 population)	16.1.1	2012	3.1	4.3
Estimated direct deaths from major conflicts[6] (per 100 000 population)	16.1.2	2011-2015	< 0.1	0.1

Birth Registration

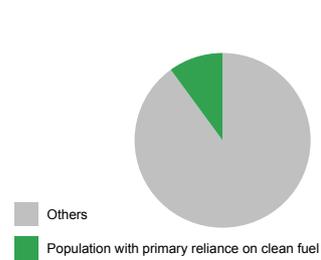|				
Birth registration coverage[32]	16.9.1	2007-2013	31	-

Prevalence of stunting in children under 5 years of age[33]
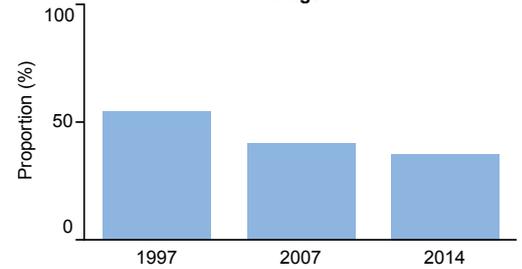
Prevalence of wasting in children under 5 years of age[33]

Proportion of population with primary reliance on clean fuel[6]

- Others
- Population with primary reliance on clean fuel

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Bhutan

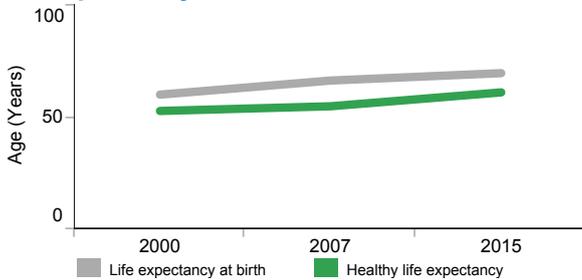| Population (000s)[1]	Urban Population[1]	Poverty[2] (ppp < $1.25 a day)	GDP per Capita[2] (International $)	Total health expenditure as share of GDP[2]
775	37%	0.3%	2560.5	3.6%

Monitoring the health SDG goal- indicators of overall progress

Life Expectancy

Life expectancy at birth[3] provides an indication of overall mortality of a country's population. In Bhutan, from 2000 (60.2 years) to 2015 (69.8 years), the life expectancy at birth has improved by 9.6 years.

Healthy life expectancy[4] reflects overall health for the country's population. In Bhutan, from 2000 (52.9 years) to 2015 (61.2), healthy life expecancy has improved by 8.3 years.
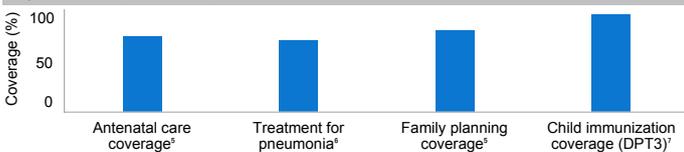
Universal health coverage- at the centre of the health goal

The goal of universal health coverage (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).
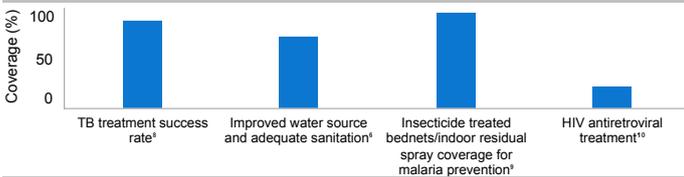
HEALTH SERVICE COVERAGE

A new summary measure of health service coverage, a composite *service coverage index*, is currently under development:16 indicators are derived from four main areas of work: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.
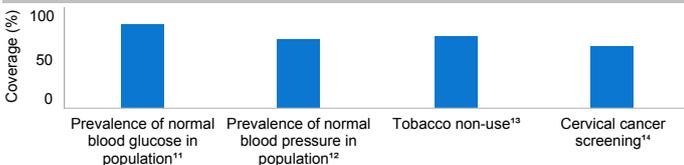
Reproductive, maternal,newborn and child health   Latest available data (2010-2015)
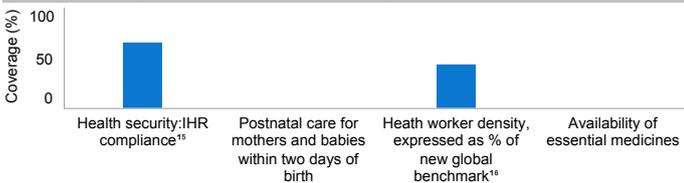

Infectious diseases
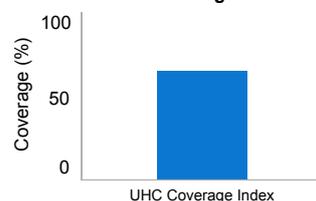

Noncommunicable disease

Service capacity, access and health security

UHC coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by averaging service coverage values across the 16 tracer 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 measured through two indicators:
(1) impoverishment and (2) catastrophic health expenditure.

Impoverishment: Insufficient data

Catastrophic expenditure on health: Insufficient data

Out of pocket expenditure[17] In most cases, high percentage of out of pocket expenditure out of the health expenditure is associated with low financial protection.

Public spending on health[17] is determined by the capacity of the governemnt to raise revenues and allocate it to health.

- Out of pocket expenditure, as % of the health expenditure (2014)

- GDP 2014
- Est. total government expenditure, 2014 or latest available year
- Est. government expenditure on health, 2014 or latest available year

Country Profile: Monitoring health for the SDGs

This profile provides an overview of the current status towards achieving better health towards the 13 tagets under the Sustainable Development Goal #3 (SDG3): Ensure healthy lives and promote well-being for all at all ages. All 26 SDG3 indicators plus other selected health-related indicators are presented where data is available.

Equity- leave no one behind

Variation, urban versus rural[18]

Variation by income[18]

Variation in risk factors, by sex

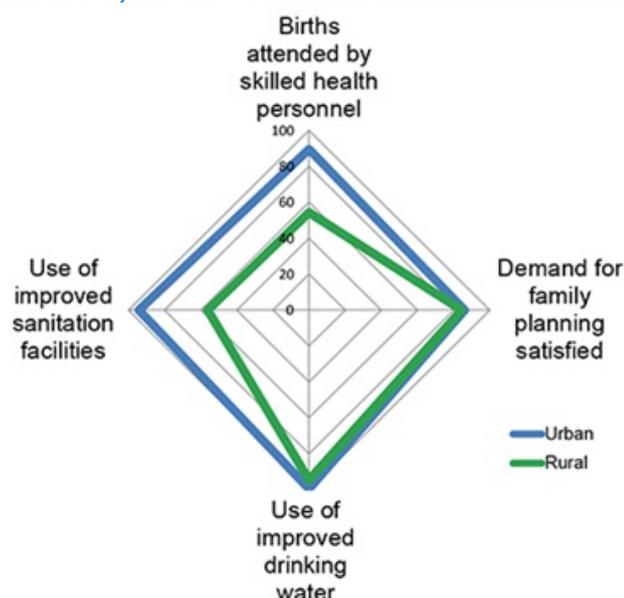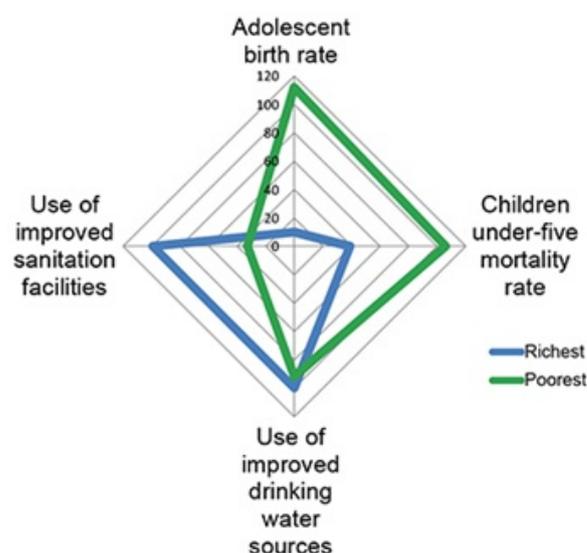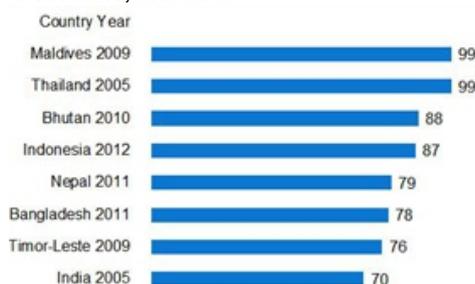| Indicator	Female	Male
Adults aged ≥18 years who are obese[19] (%)	8.8	4.9
Prevalence of raised fasting blood glucose among adults aged ≥ 18 years[11](%)	11.5	11.9
Prevalence of raised blood pressure among adults aged ≥ 18 years[12] (%)	26.9	27.7

Tracking inequalities and targeting disadvantaged groups in health service coverage is central to monitoring progress towards UHC. Currently national health information systems and periodic surveys are inadequate for capturing data disaggregated by health equity stratifiers. The SDG target 17.18 highlighted below emphasizes the importance for countries to improve data and statistics available by multiple equity dimensions in all sectors, including health.

Measuring the degree of inequity in service coverage is not currently feasible for most categories, and data is generally only available for indicators in reproductive, maternal, newborn, and child health using data from international household health surveys. A relative inequality score based on the ratio of the mean coverage among the poorest populations to the national average can be computed. A value of 100 means no difference at all, whereas the smaller value indicates greater gap between the poorest and that national average.

Relative inequality score for reproductive, maternal, newborn and child health intervention coverage in 8 countries, 2005-2012[6]

Moving beyond averages

SDG target 17.18 emphasizes the need for disaggregated data. By 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

SDG 3- Health targets

Maternal and child mortality (SDG target 3.1, 3.2)

Maternal mortality ratio[20]

Births attended by skilled health personnel[18]

Child mortality[21]

Communicable disease (SDG target 3.3)

New HIV infections among adults 15-49 years[22]

Current data are insufficient to determine trend

TB incidence[23]

Malaria incidence[24]

Malaria incidence is calculated for confirmed malaria cases

Indicators	Year	Bhutan	Regional estimate
Hepatitis B incidence	-	-	-
Number of people requiring interventions against Neglected Tropical Diseases[6]	2014	107867	824,180,314

Noncommunicable disease and injuries

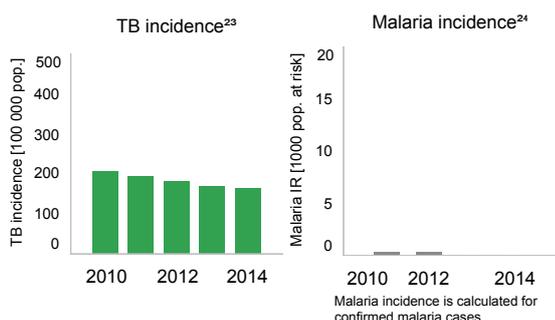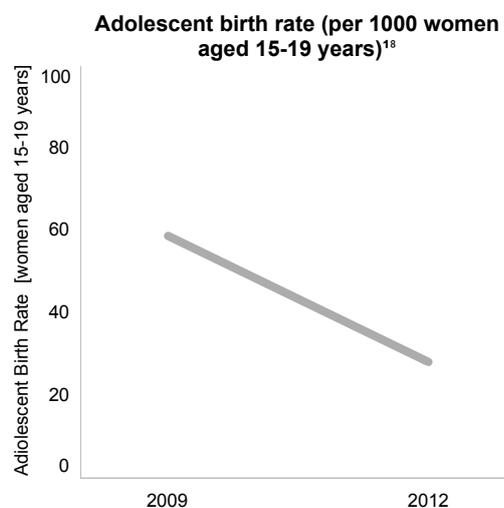| Indicators	SDG target	Year	Bhutan	Regional estimate
Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases[6] (%)	3.4.1	2012	20.5	24.5
Suicide mortality rate[25] (per 100 000 population)	3.4.2	2012	17.8	17.7
Total alcohol per capita (age 15+ years) consumption[21]	3.5.2	2014	8.2	3.7
Mortality rate from road traffic injuries[6 · 26] (per 100 000 population)	3.6.1	2013	15.1	17
Sexual and reproductive health				
Demand for family planning satisfied with modern methods[27] (%)	3.7.1	2010	84.9	73.5
Adolescent birth rate[28] (per 1000 women aged 15-19 years)	3.7.2	2012	28.4	33.9
Mortality due to environmental pollution				
Mortality rate attributed to household and ambient air pollution[6] (per 100 000 population)	3.9.1	2012	59.9	117.1
Mortality rate attributed to exposure to unsafe WASH services[6] (per 100 000 population)	3.9.2	2012	7.1	20.1
Mortality rate attributed to unintentional poisoning[6] (per 100 000 population)	3.9.3	2012	8.1	3
Tobacco use				
Prevalence of tobacco use among persons 15 years and older-Female[13]	3.a.1	2015	14	18
Prevalence of tobacco use among persons 15 years and older-Male[13]	3.a.1	2015	34	52
Essential medicines and vaccines				
Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	3.b.1	-	-	-
Total net official development assistance to medical research and basic health sectors	3.b.2	-	-	-
Health workforce				
Health worker density [28] (per 10 000 population)	3.c.1	2016	19.9	-
National and global health risks				
International Health Regulations core capacity index[15]	3.d.1	2015	68	80
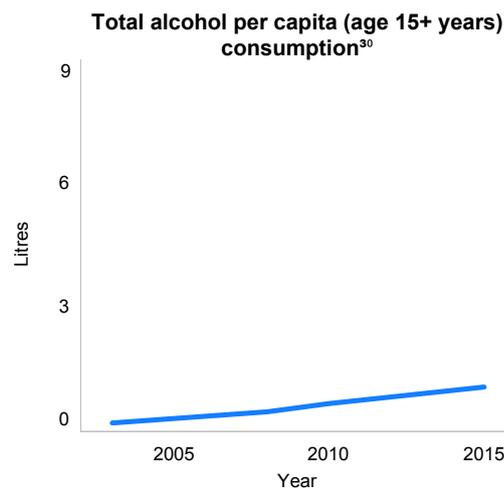
Kindly note that a dash (-) imples relevant data are not available

Total alcohol per capita (age 15+ years) consumption[30]

Adolescent birth rate (per 1000 women aged 15-19 years)[18]

Prevalence of tobacco smoking among persons 15 years and older

Current data are insufficient to determine trend

Other health related SDGs
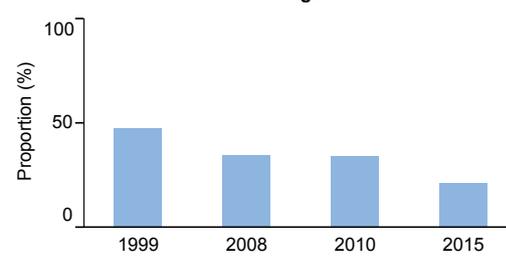
Child Nutrition

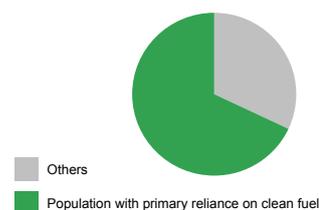| Indicators	SDG target	Year	Bhutan	Regional estimate
Children under 5 years who are stunted[31]	2.2.1	2015	21.2	32.9
Children under 5 years who are wasted[31]	2.2.2	2015	4.3	13.5
Drinking-water services and sanitation				
Proportion of population using improved drinking water sources[32]	6.1	2015	100	92
Proportion of population using improved sanitation[32]	6.2	2015	50	49
Clean household energy				
Proportion of population with access to electricity[2]	7.1.1	2012	84	-
Ambient air pollution				
Air pollution level in cities[6] (PM 2.5) (µg/m³)	11.6.2	2014	39	60.2
Natural disasters				
Number of deaths by disaster[6] (per 100 000 people)	13.1.2	2011-2015	0	0.3
Homicide and conflicts				
Mortality rate due to homicide[6] (per 100 000 population)	16.1.1	2012	1.9	4.3
Estimated direct deaths from major conflicts[6] (per 100 000 population)	16.1.2	2011-2015	0	0.1
Birth Registration				
Birth registration coverage[33]	16.9.1	2010	100	-

Prevalence of stunting in children under 5 years of age[34]

Prevalence of wasting in children under 5 years of age[34]

Proportion of population with primary reliance on clean fuel[6]

- Others
- Population with primary reliance on clean fuel

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22. *See for New HIV infections among adults 15-49 years. Country reported value*: 2011=0.07, 2012=0.03, 2015=0.01; *Data Source*:Country reported programme data from HIV/AIDs Epidemic update, NACP, DoPH, MoH
23. World Health Organization. WHO global database on Tuberculosis. Geneva, 2016. Geneva. http://www.who.int/tb/country/data/download/en/ - accessed 3 August 2016.
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Democratic People's Republic of Korea

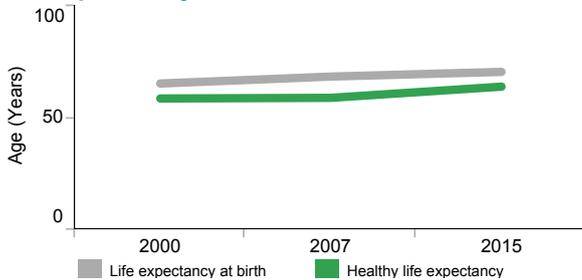| Population (000s)[1]	Urban Population[1]	Poverty	GDP per Capita	Total health expenditure
25155	**60.2%**	(ppp < $1.25 a day) *Relevant data is not available*	(International $) *Relevant data is not available*	as share of GDP *Relevant data is not available*

Monitoring the health SDG goal- indicators of overall progress

Life Expectancy

Life expectancy at birth[2] provides an indication of overall mortality of a country's population. In Democratic People's Republic of Korea, from 2000 (65.4 years) to 2015 (70.6 years), the life expectancy at birth has improved by 5.2 years.

Healthy life expectancy[3] reflects overall health for the country's population. In Democratic People's Republic of Korea, from 2000 (58.7 years) to 2015 (64.0 years), healthy life expectancy has improved by 5.3 years.

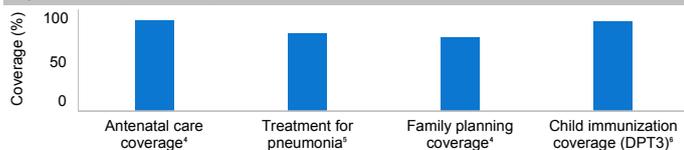Life expectancy at birth   Healthy life expectancy

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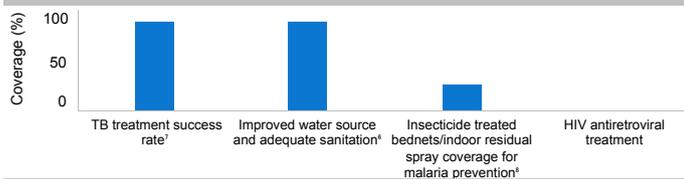
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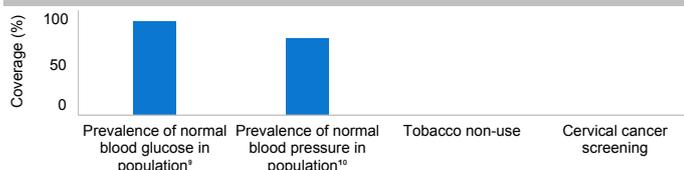
Reproductive, maternal,newborn and child health   Latest available data (2010-2015)
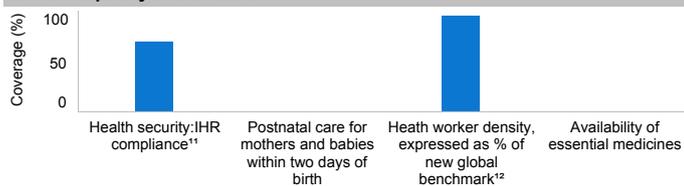

- Antenatal care coverage[4]
- Treatment for pneumonia[5]
- Family planning coverage[4]
- Child immunization coverage (DPT3)[6]

Infectious diseases

- TB treatment success rate[7]
- Improved water source and adequate sanitation[8]
- Insecticide treated bednets/indoor residual spray coverage for malaria prevention[8]
- HIV antiretroviral treatment

Noncommunicable disease

- Prevalence of normal blood glucose in population[9]
- Prevalence of normal blood pressure in population[10]
- Tobacco non-use
- Cervical cancer screening

Service capacity and access

- Health security:IHR compliance[11]
- Postnatal care for mothers and babies within two days of birth
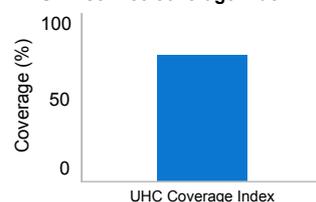- Heath worker density, expressed as % of new global benchmark[12]
- Availability of essential medicines

UHC coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by averaging service coverage values across the 16 tracer indicators. The UHC coverage index ranges from 0 % to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index

UHC Coverage Index

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(1) impoverishment and (2) catastrophic health expenditure.

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

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Current data are insufficient for analysis

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Equity- leave no one behind

Variation, urban versus rural[13]

- Urban
- Rural

Variation by income

Current data are insufficient for analysis

Variation in risk factors, by sex

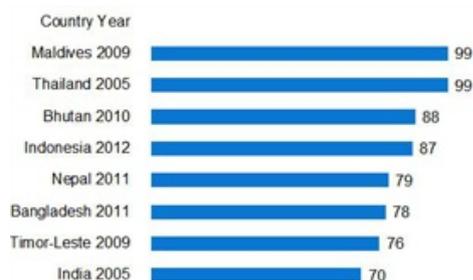| Indicator	Female	Male
Adults aged ≥18 years who are obese[14] (%)	3.1	1.6
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Tracking inequalities and targeting disadvantaged groups in health service coverage is central to monitoring progress towards UHC. Currently national health information systems and periodic surveys are inadequate for capturing data disaggregated by health equity stratifiers. The SDG target 17.18 highlighted below emphasizes the importance for countries to improve data and statistics available by multiple equity dimensions in all sectors, including health.

Measuring the degree of inequity in service coverage is not currently feasible for most categories, and data is generally only available for indicators in reproductive, maternal, newborn, and child health using data from international household health surveys. A relative inequality score based on the ratio of the mean coverage among the poorest populations to the national average can be computed. A value of 100 means no difference at all, whereas the smaller value indicates greater gap between the poorest and that national average.

Relative inequality score for reproductive, maternal, newborn and child health intervention coverage in 8 countries, 2005-2012[6]

Moving beyond averages

SDG target 17.18 emphasizes the need for disaggregated data.By 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

SDG 3- Health targets

Maternal and child mortality (SDG target 3.1, 3.2)

Maternal mortality ratio[15]

Births attended by skilled health personnel[16]

Child mortality[17]

- Children under-five
- Neonatal

Communicable disease (SDG target 3.3)

New HIV infections among adults 15-49 years

Current data are insufficient to determine trend

TB incidence[19]

Malaria incidence[16]

Malaria incidence is calculated for confirmed malaria cases

Indicators	Year	DPRK	Regional estimate
Hepatitis B incidence	-	-	-
Number of people requiring interventions against Neglected Tropical Diseases[5]	2014	5,643,102	824,180,314

Noncommunicable disease and injuries

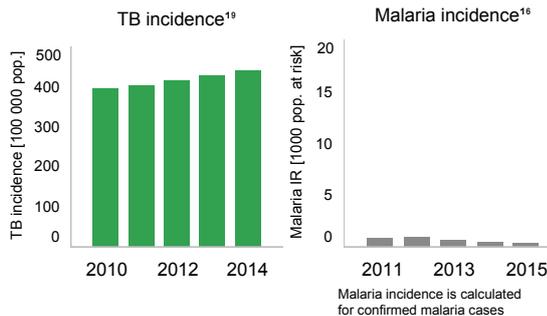| Indicators	SDG target	Year	DPRK	Regional estimate
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Suicide mortality rate[20] (per 100 000 population)	3.4.2	2014	0	17.7
Total alcohol per capita (age 15+ years) consumption[5]	3.5.2	2015	4.4	3.7
Mortality rate from road traffic injuries[5] (per 100 000 population)	3.6.1	2013	20.8	17

Sexual and reproductive health

Demand for family planning satisfied with modern methods[21] (%)	3.7.1	2014	78.2	73.5
Adolescent birth rate[6] (per 1000 women aged 15-19 years)	3.7.2	2005-2015	0.7	33.9

Mortality due to environmental pollution

Mortality rate attributed to household and ambient air pollution[5] (per 100 000 population)	3.9.1	2012	234.1	117.1
Mortality rate attributed to exposure to unsafe WASH services[5] (per 100 000 population)	3.9.2	2012	1.4	20.1
Mortality rate attributed to unintentional poisoning[5] (per 100 000 population)	3.9.3	2012	3.3	3

Tobacco use

Prevalence of tobacco use among persons 15 years and older-Male[22]	3.a.1	-	43.6	52
Prevalence of tobacco use among persons 15 years and older-Female	3.a.1	-	-	18

Essential medicines and vaccines

Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	3.b.1	-	-	-
Total net official development assistance to medical research and basic health sectors	3.b.2	-	-	-

Health workforce

Health worker density[23] (per 10 000 population)	3.c.1	2016	73.7	-

National and global health risks

International Health Regulations (IHR) core capacity index[10]	3.d.1	2010-2015	73	80

Kindly note that a dash (-) imples relevant data are not available

Total alcohol per capita (age 15+ years) consumption [24]
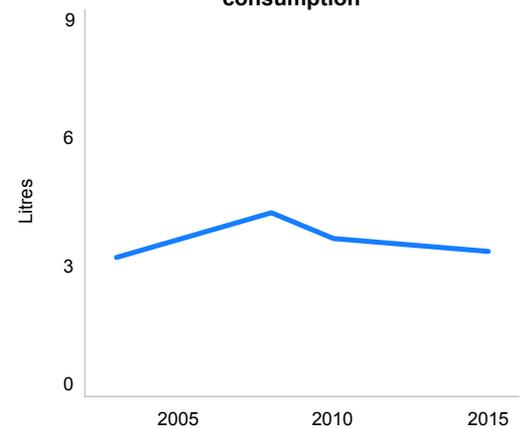
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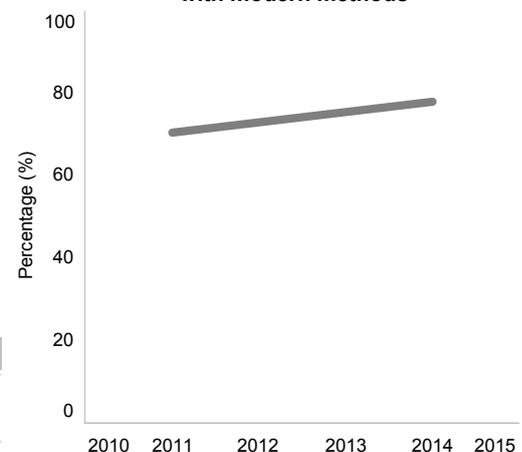
Prevalence of tobacco smoking among persons 15 years and older

Current data are insufficient to determine trend

Other health related SDGS

Child Nutrition

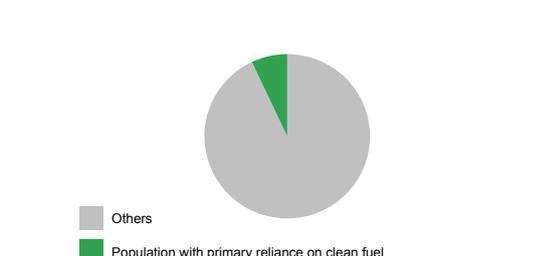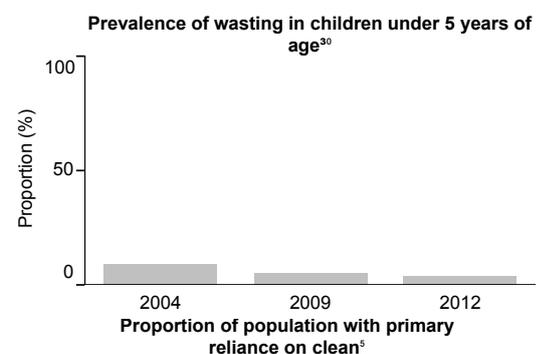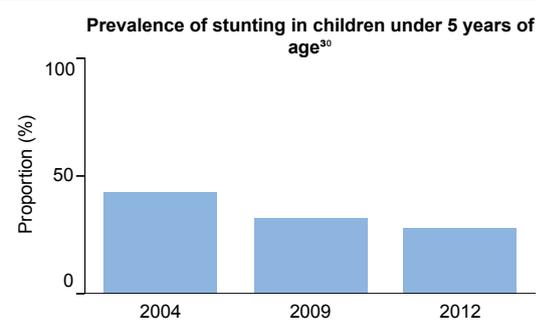| Indicators	SDG target	Year	DPRK	Regional estimate
Children under 5 years who are stunted[26]	2.2.1	2012	27.9	32.9
Children under 5 years who are wasted[26]	2.2.2	2012	4	13.5
Drinking-water services and sanitation				
Proportion of population using improved drinking water sources[27]	6.1	2015	100	92
Proportion of population using improved sanitation[27]	6.2	2015	82	49
Clean household energy				
Proportion of population with access to electricity[28]	7.1.1	2012	29.6	-
Ambient air pollution				
Air pollution level in cities[5] (PM 2.5) (μg/m³)	11.6.2	2014	31.6	60.2
Natural disasters				
Number of deaths by disaster[5] (per 100,000 people)	13.1.2	2011-2015	0.20	0.3
Homicide and conflicts				
Mortality rate due to homicide[5] (per 100 000 population)	16.1.1	2012	4.7	4.3
Estimated direct deaths from major conflicts[5] (per 100 000 population)	16.1.2	2011-2015	0	0.1
Birth Registration				
Birth registration coverage[29]	16.9.1	2014	98	-

Prevalence of stunting in children under 5 years of age[30]

Prevalence of wasting in children under 5 years of age[30]

Proportion of population with primary reliance on clean[5]

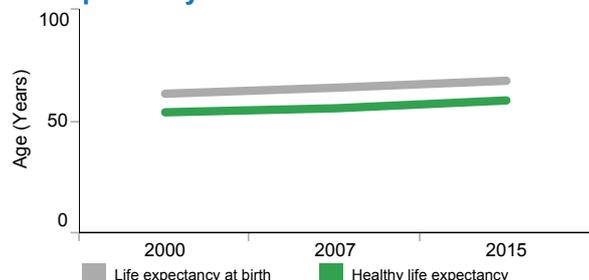- Others
- Population with primary reliance on clean fuel

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*See for NMR. Country Reported value:*2011=9.7, 2012=9.1, 2013=8.8, 2014=7.6
18. *See for New HIV infections among adults 15-49 years. Country Reported value:*2011=0, 2012=0, 2013=0, 2014=0, 2015=0; *Data Source*: Ministry of Health DPRK
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India

Population (000s)[1]	Urban Population[1]	Poverty[2] (ppp < $1.25 a day)	GDP per Capita[2] (International $)	Total health expenditure as share of GDP[2]
1311051	**32%**	**29.8%**	**1581.5**	**4.7%**

Monitoring the health SDG goal- indicators of overall progress

Life Expectancy

Life expectancy at birth[3] provides an indication of overall mortality of a country's population. In India, from 2000 (62.5 years) to 2015 (68.3 years), the life expectancy at birth has improved by 5.8 years.

Healthy life expectancy[4] reflects overall health for the country's population. In India, from 2000 (54.2 years) to 2015 (59.6 years), healthy life expectancy has improved by 5.4 years.
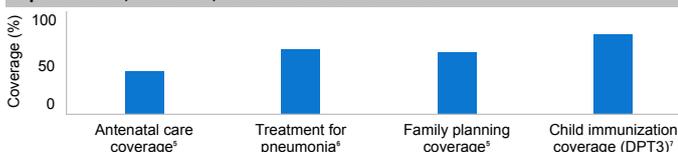
Universal health coverage- at the centre of the health goal

The goal of universal health coverage (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).
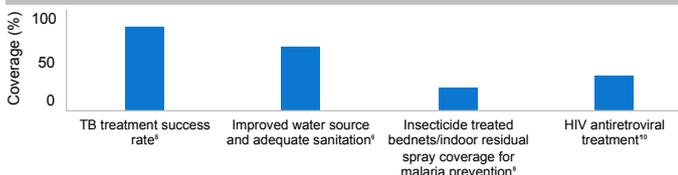
HEALTH SERVICE COVERAGE

A new summary measure of health service coverage, a composite *service coverage index*, is currently under development:16 indicators are derived from four main areas of work: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.
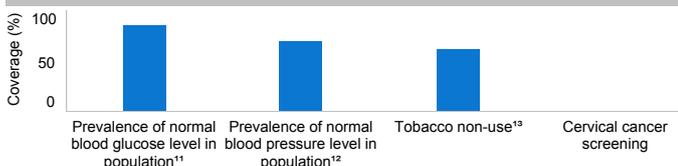
Reproductive, maternal, newborn and child health   Latest available data (2010-2015)

Infectious diseases
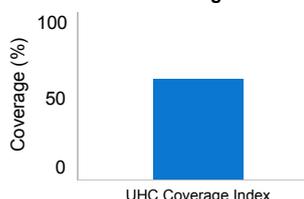

Noncommunicable diseases

Service capacity, access and health security

UHC coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by averaging service coverage values across the 16 tracer 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 measured through two indicators: (1) impoverishment and (2) catastrophic health expenditure.

Impoverishment: **4.5%** or **approximately 58,000,000** people are being pushed into poverty because of out of pocket health spending.[16]

Catastrophic expenditure on health: **31.9%** of people spent more than 10% of their household's total expenditure on health care.[16]

Out of pocket expenditure[16] In most cases, high percentage of out of pocket expenditure out of the health expenditure is associated with low financial protection.

Public spending on health[16] is determined by the capacity of the government to raise revenues and allocate it to health.

- Out of pocket expenditure, as % of the health expenditure (2014)

- GDP 2014
- Est. total government expenditure, 2014 or latest available year
- Est. government expenditure on health, 2014 or latest available year

Country Profile: Monitoring health for the SDGs

This profile provides an overview of the current status towards achieving better health towards the 13 tagets under the Sustainable Development Goal #3 (SDG3): Ensure healthy lives and promote well-being for all at all ages. All 26 SDG3 indicators plus other selected health-related indicators are presented where data is available.

Variation, urban versus rural[17]
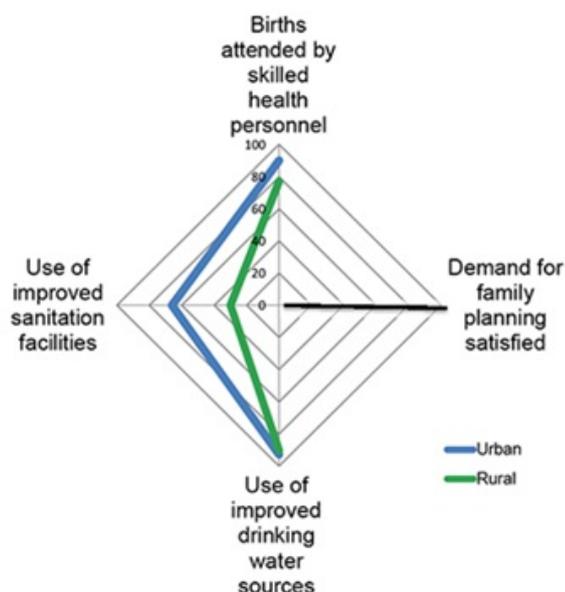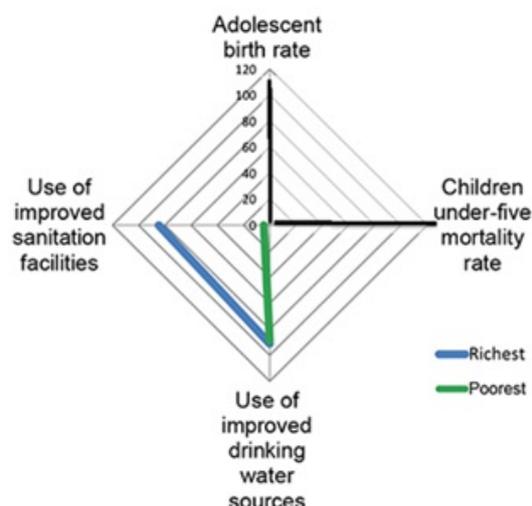

Variation by income[17]

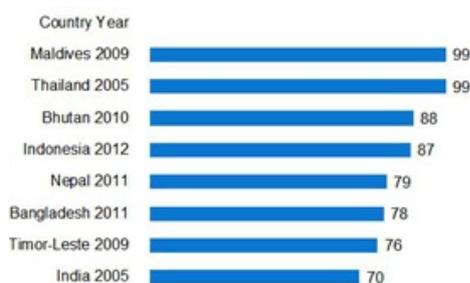### Variation in risk factors, by sex

Indicator	Female	Male
Adults aged ≥18 years who are obese[18] (%)	6.7	3.2
Prevalence of raised fasting blood glucose among adults aged ≥ 18 years[11] (%)	8.3	9.1
Prevalence of raised blood pressure among adults aged ≥ 18 years[12] (%)	24.8	25.9

Tracking inequalities and targeting disadvantaged groups in health service coverage is central to monitoring progress towards UHC. Currently national health information systems and periodic surveys are inadequate for capturing data disaggregated by health equity stratifiers. The SDG target 17.18 highlighted below emphasizes the importance for countries to improve data and statistics available by multiple equity dimensions in all sectors, including health.

Measuring the degree of inequity in service coverage is not currently feasible for most categories, and data is generally only available for indicators in reproductive, maternal, newborn, and child health using data from international household health surveys. A relative inequality score based on the ratio of the mean coverage among the poorest populations to the national average can be computed. A value of 100 means no difference at all, whereas the smaller value indicates greater gap between the poorest and that national average.

Relative inequality score for reproductive, maternal, newborn and child health intervention coverage in 8 countries, 2005-2012[6]

Moving beyond averages

SDG target 17.18 emphasizes the need for disaggregated data. By 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

SDG 3- Health targets

Maternal and child mortality (SDG target 3.1, 3.2)

Maternal mortality ratio[19]

Births attended by skilled health personnel[17]

Child mortality[20]

Communicable disease (SDG target 3.3)

New HIV infections among adults 15-49 years[21]

TB incidence[22]

Malaria incidence[23]

Malaria incidence is calculated for confirmed malaria cases

Indicators	Year	India	Regional estimate
Hepatitis B incidence	-	-	-
Number of people requiring interventions against Neglected Tropical Diseases[6,24]	2014	577,240,673	824,180,314

Noncommunicable disease and injuries

Indicators	SDG target	Year	India	Regional estimate
Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases[6] (%)	3.4.1	2012	26.2	24.5
Suicide mortality rate[25] (per 100 000 population)	3.4.2	2012	21.1	17.7
Total alcohol per capita (age 15+ years) consumption[6]	3.5.2	2015	4.6	3.7
Mortality rate from road traffic injuries[6,26] (per 100 000 population)	3.6.1	2013	16.6	17

Sexual and reproductive health

Demand for family planning satisfied with modern methods[6] (%)	3.7.1	2005-2015	63.9	73.5
Adolescent birth rate[6] (per 1000 women aged 15-19 years)	3.7.2	2005-2015	28.1	33.9

Mortality due to environmental pollution

Mortality rate attributed to household and ambient air pollution[6] (per 100 000 population)	3.9.1	2012	130	117.1
Mortality rate attributed to exposure to unsafe WASH services[6] (per 100 000 population)	3.9.2	2012	27.4	20.1
Mortality rate attributed to unintentional poisoning[6] (per 100 000 population)	3.9.3	2012	3.2	3

Tobacco use

Prevalence of tobacco use among persons 15 years and older-Female[13]	3.a.1	2015	20	18
Prevalence of tobacco smoking use persons 15 years and older-Male[13]	3.a.1	2015	48	52

Essential medicines and vaccines

Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	3.b.1	-	-	-
Total net official development assistance to medical research and basic health sectors	3.b.2	-	-	-

Health workforce

Health worker density[27] (per 10 000 population)	3.c.1	2005-2013	30.2	-

National and global health risks

International Health Regulations core capacity index[14]	3.d.1	2010-2015	94	80

Kindly note that a dash (-) imples relevant data are not available

Total alcohol per capita (age 15+ years) consumption [28]

Demand for family planning satisfied with modern methods[29]
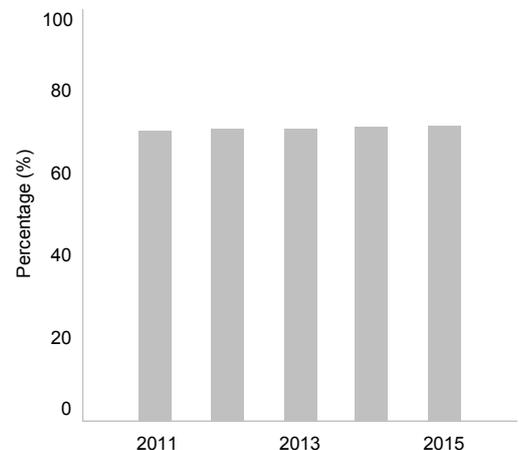
Prevalence of tobacco smoking among persons 15 years and older[30]

Other health related SDGs

Child Nutrition

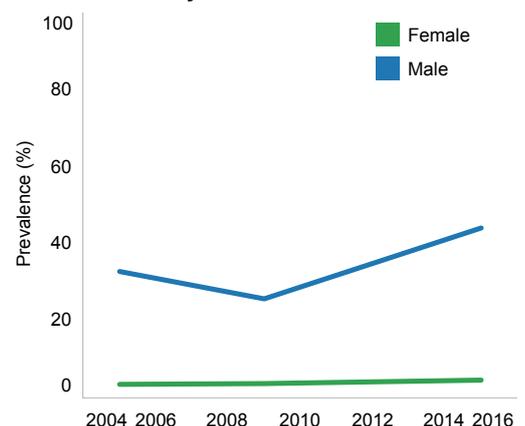| Indicators	SDG target	Year	India	Regional estimate
Children under 5 years who are stunted[31]	2.2.1	2013	38.7	32.9
Children under 5 years who are wasted[31]	2.2.2	2013	15.1	13.5
Drinking-water services and sanitation				
Proportion of population using improved drinking water sources[32]	6.1	2015	94	92
Proportion of population using improved sanitation[32]	6.2	2015	40	49
Clean household energy				
Proportion of population with access to electricity[2]	7.1.1	2012	78.7	-
Ambient air pollution				
Air pollution level in cities[6] (PM 2.5) (µg/m³)	11.6.2	2014	73.6	60.2
Natural disasters				
Number of deaths by disaster[6,33] (per 100,000 people)	13.1.2	2011-2015	0.20	0.3
Homicide and conflicts				
Mortality rate due to homicide[6,34] (per 100 000 population)	16.1.1	2012	4.3	4.3
Estimated direct deaths from major conflicts[6] (per 100 000 population)	16.1.2	2011-2015	< 0.1	0.1
Birth Registration				
Birth registration coverage[29]	16.9.1	2014	72	-

Prevalence of stunting in children under 5 years of age[31,35]
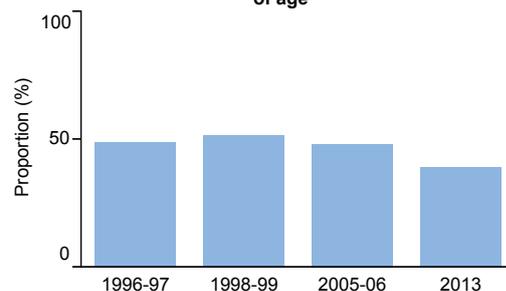
Prevalence of wasting in children under 5 years of age[31,35]
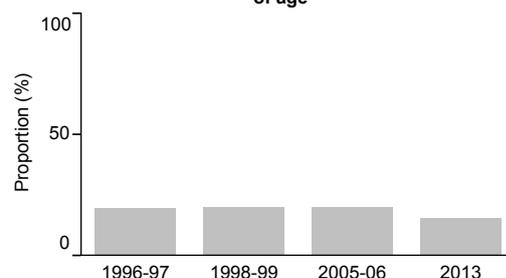
Proportion of population with primary reliance on clean fuel[6]
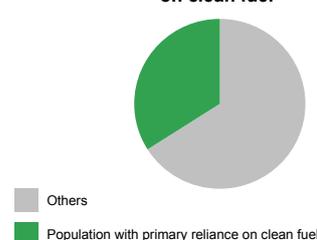
- Others
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33. *See for number of deaths*, missing persons and persons affected by disaster. *Country reported value*: 2013=1.7, 2014=1.5; *Data Source:* Accidental Deaths by Causes attributable to Nature during 2013 & 2014 National Crime records Bureau 2014 http://ncrb.nic.in/StatPublications/ADSI/ADSI2014/ADSI2014.asp - accessed 1 June 2015
34. *See for number of victims of intentional homicide. Country reported value* 2011=10.14,2012=10.57,2013=11.52,2014=13.3; *Data Source*: National Crime records Bureau (http://ncrb.nic.in/StatPublications/CII/CII2014/chapters/Chapter%203.pdf -accessed 1 June 2015.
35. World Health Organization. Nutrition Landscape Information System. http://apps.who.int/nutrition/landscape/report.aspx?iso=btn- accessed 10 July 2016

Indonesia

Population (000s)[1]	Urban Population[1]	Poverty[2] (ppp < $1.25 a day)	GDP per Capita[2] (International $)	Total health expenditure[2] as share of GDP
257564	53.7%	16.2%	3491.9	2.8%

Monitoring the health SDG goal- indicators of overall progress

Life Expectancy

Life expectancy at birth | Healthy life expectancy
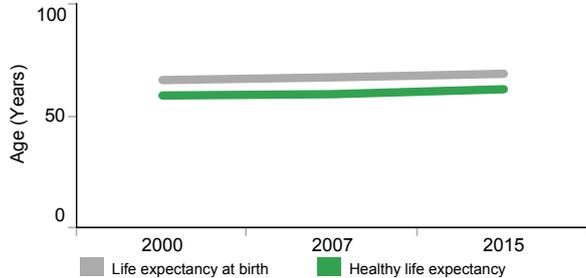
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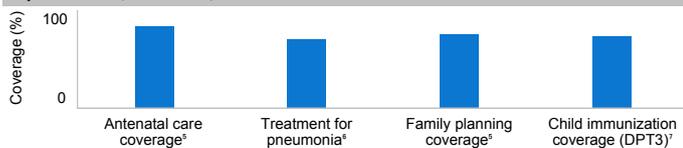
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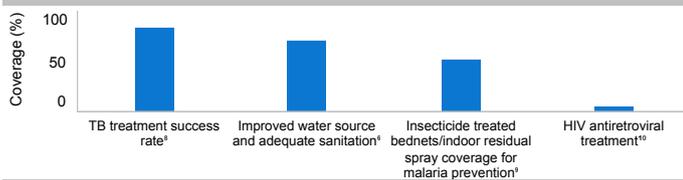
HEALTH SERVICE COVERAGE

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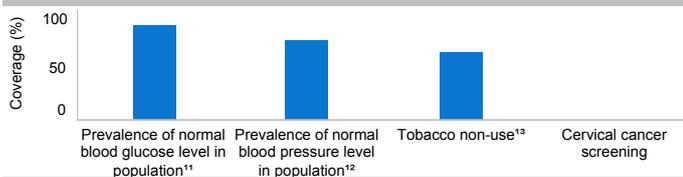
Reproductive, maternal,newborn and child health   Latest available data (2010-2015)

Antenatal care coverage[5] | Treatment for pneumonia[6] | Family planning coverage[5] | Child immunization coverage (DPT3)[7]

Infectious diseases

TB treatment success rate[8] | Improved water source and adequate sanitation[6] | Insecticide treated bednets/indoor residual spray coverage for malaria prevention[9] | HIV antiretroviral treatment[10]

Noncommunicable diseases

Prevalence of normal blood glucose level in population[11] | Prevalence of normal blood pressure level in population[12] | Tobacco non-use[13] | Cervical cancer screening

Service capacity, access and health security

Health security: IHR compliance[14] | Postnatal care for mothers and babies within two days of birth[5] | Heath worker density, expressed as % of new global benchmark[14] | Availability of essential medicines

UHC coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by averaging service coverage values across the 16 tracer indicators. The UHC coverage index ranges from 0 % to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index

UHC Coverage Index
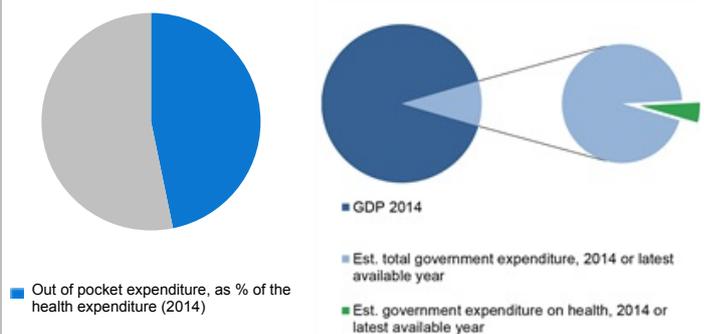
FINANCIAL PROTECTION

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

Impoverishment: **0.8%** or **approximately 2,000,000** people are being pushed into poverty because of out of pocket health spending.[15]

Catastrophic expenditure on health: **0.3%** of people spent more than 25% of their household's total expenditure on health care.[15]

Out of pocket expenditure[15]
In most cases, high percentage of out of pocket expenditure out of the health expenditure is associated with low financial protection

Public spending on health[15] is determined by the capacity of the government to raise revenues and allocate it to health.

Out of pocket expenditure, as % of the health expenditure (2014)

- GDP 2014
- Est. total government expenditure, 2014 or latest available year
- Est. government expenditure on health, 2014 or latest available year
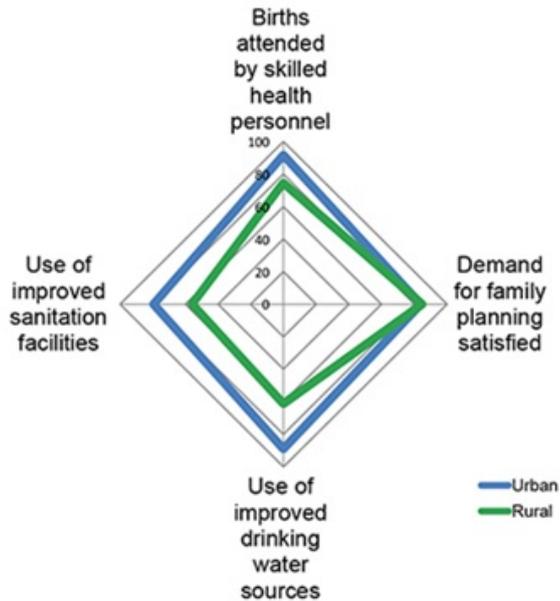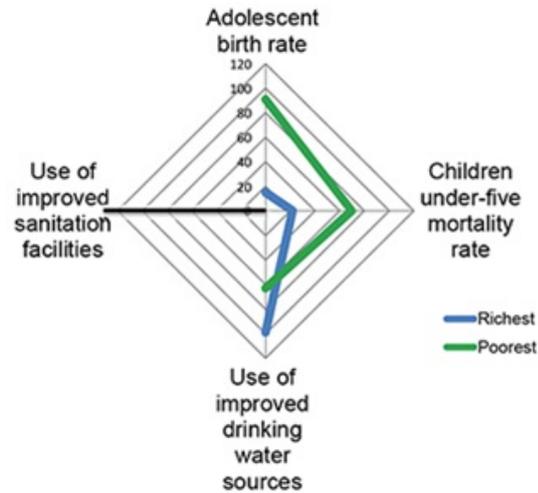
Country Profile: Monitoring health for the SDGs

This profile provides an overview of the current status towards achieving better health towards the 13 tagets under the Sustainable Development Goal #3 (SDG3): Ensure healthy lives and promote well-being for all at all ages. All 26 SDG3 indicators plus other selected health-related indicators are presented where data is available.

Equity- leave no one behind

Variation, urban versus rural[16]
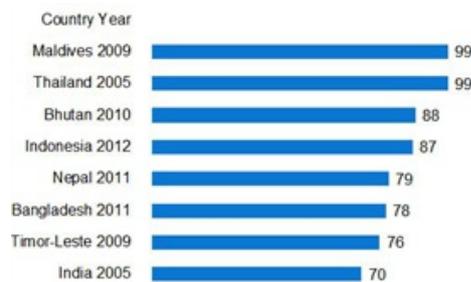

Variation by income[16]

Variation in risk factors, by sex

Indicator	Female	Male
Adults aged ≥18 years who are obese[17] (%)	7.9	3.5
Prevalence of raised fasting blood glucose among adults aged ≥ 18 years[11] (%)	8.0	7.4
Prevalence of raised blood pressure among adults aged ≥ 18 years[12] (%)	22.6	24.0

Tracking inequalities and targeting disadvantaged groups in health service coverage is central to monitoring progress towards UHC. Currently national health information systems and periodic surveys are inadequate for capturing data disaggregated by health equity stratifiers. The SDG target 17.18 highlighted below emphasizes the importance for countries to improve data and statistics available by multiple equity dimensions in all sectors, including health.

Measuring the degree of inequity in service coverage is not currently feasible for most categories, and data is generally only available for indicators in reproductive, maternal, newborn, and child health using data from international household health surveys. A relative inequality score based on the ratio of the mean coverage among the poorest populations to the national average can be computed. A value of 100 means no difference at all, whereas the smaller value indicates greater gap between the poorest and that national average.

Relative inequality score for reproductive, maternal, newborn and child health intervention coverage in 8 countries, 2005-2012[6]

Moving beyond averages

SDG target 17.18 emphasizes the need for disaggregated data. By 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

SDG 3- Health targets

Maternal and child mortality (SDG target 3.1, 3.2)

Health in the Sustainable Development Goals

Communicable disease (SDG target 3.3)

New HIV infections among adults 15-49 years[21]

HIV IR [100 uninfected pop.]

| Year | 2010 | 2012 | 2014 |

TB incidence[22]

TB incidence [100 000 pop.]

| Year | 2010 | 2012 | 2014 |

Malaria incidence[23]

Malaria IR [1000 pop. at risk]

| Year | 2010 | 2012 | 2014 |

Malaria incidence is calculated for confirmed malaria cases

Indicators	Year	Indonesia	Regional estimate
Hepatitis B incidence	-	-	-
Number of people requiring interventions against Neglected Tropical Diseases[6]	2014	127979175	824,180,314

Noncommunicable disease and injuries

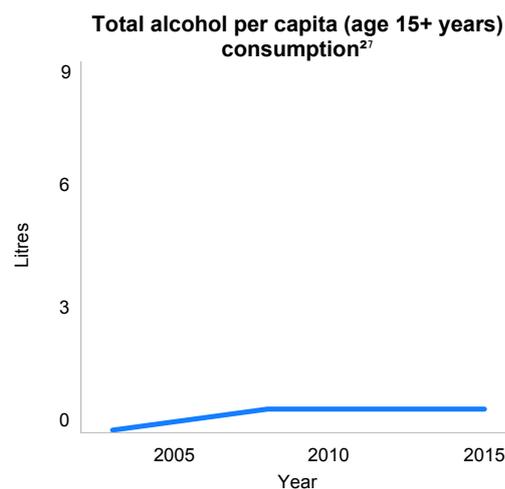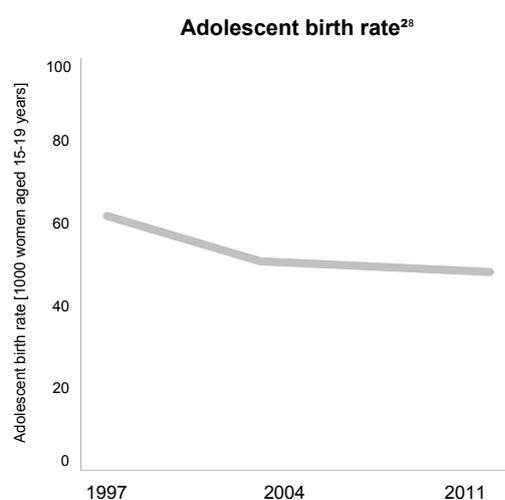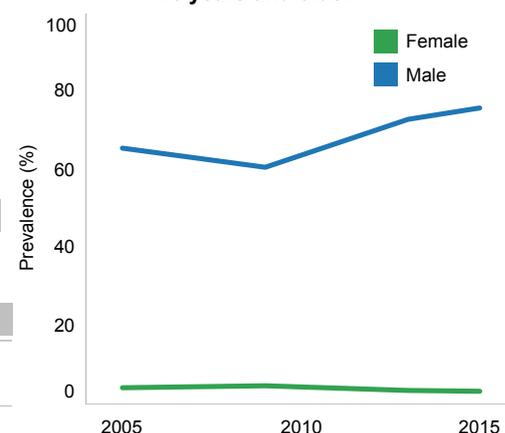| Indicators	SDG target	Year	Indonesia	Regional estimate
Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases[6] (%)	3.4.1	2012	23.1	24.5
Suicide mortality rate[24] (per 100 000 population)	3.4.2	2012	4.3	17.7
Total alcohol per capita (age 15+ years) consumption[6]	3.5.2	2015	0.6	3.7
Mortality rate from road traffic injuries[6] (per 100 000 population)	3.6.1	2013	15.3	17
Sexual and reproductive health				
Demand for family planning satisfied with modern methods[25](%)	3.7.1	2012	79	73.5
Adolescent birth rate[25] (per 1000 women aged 15-19 years)	3.7.2	2012	48.4	33.9
Mortality due to environmental pollution				
Mortality rate attributed to household and ambient air pollution[6] (per 100 000 population)	3.9.1	2012	83.9	117.1
Mortality rate attributed to exposure to unsafe WASH services[6] (per 100 000 population)	3.9.2	2012	3.6	20.1
Mortality rate attributed to unintentional poisoning[6] (per 100 000 population)	3.9.3	2012	1.1	3
Tobacco use				
Prevalence of tobacco use among persons 15 years and older-Female[13]	3.a.1	2015	5	18
Prevalence of tobacco smoking among persons 15 years and older-Male[13]	3.a.1	2015	67	52
Essential medicines and vaccines				
Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	3.b.1	-	-	-
Total net official development assistance to medical research and basic health sectors	3.b.2	-	-	-
Health workforce				
Health worker density[26] (per 10 000 population)	3.c.1	2016	29.2	-
National and global health risks				
International health regulations core capacity index[14]	3.d.1	2015	96	80

Kindly note that a dash (-) imples relevant data are not available

Total alcohol per capita (age 15+ years) consumption[27]

Litres

| Year | 2005 | 2010 | 2015 |

Adolescent birth rate[28]

Adolescent birth rate [1000 women aged 15-19 years]

| Year | 1997 | 2004 | 2011 |

Prevalence of tobacco smoking among persons 15 years and older[29]

Prevalence (%)

Female
Male

| Year | 2005 | 2010 | 2015 |

Other health related SDGS

Child Nutrition

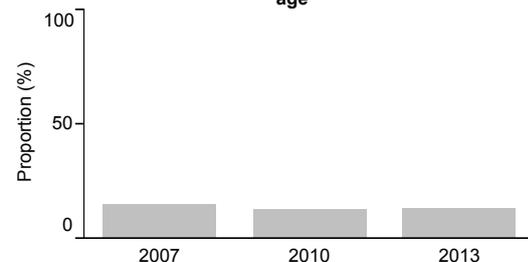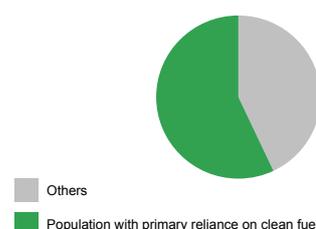| Indicators	SDG target	Year	Indonesia	Regional estimate
Children under 5 years who are stunted[25]	2.2.1	2012	36.4	32.9
Children under 5 years who are wasted[25]	2.2.2	2012	13.5	13.5
Drinking-water services and sanitation				
Proportion of population using improved drinking water sources[30]	6.1	2015	87	92
Proportion of population using improved sanitation[30]	6.2	2015	61	49
Clean household energy				
Proportion of population with access to electricity[2]	7.1.1	2012	96	-
Ambient air pollution				
Air pollution level in cities[6] (PM 2.5) (µg/m³)	11.6.2	2014	18.1	60.2
Natural disasters				
Number of deaths by disaster[32] (per 100,000 people)	13.1.2	2015	1.02	0.3
Homicide and conflicts				
Mortality rate due to homicide[31] (per 100 000 population)	16.1.1	2015	13.3	4.3
Estimated direct deaths from major conflicts[33] (per 100 000 population)	16.1.2	2015	0.07	0.1
Birth Registration				
Birth registration coverage[34]	16.9.1	2007-2014	67	-

Prevalence of stunting in children under 5 years of age[25] . [35]
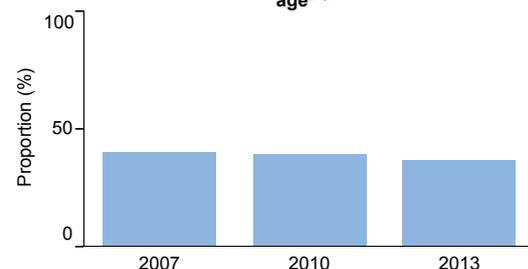
Prevalence of wasting in children under 5 years of age[25] . [35]

Proportion of population with primary reliance on clean fuel[6]

- Others
- Population with primary reliance on clean fuel

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Maldives

Population (000s)[1]	Urban Population[1]	Poverty (ppp < $1.25 a day)	GDP per Capita[2] (International $)	Total health expenditure as share of GDP[2]
364	35.7%	*Relevant data is not available*	7635.5	13.7%

Monitoring the health SDG goal- indicators of overall progress
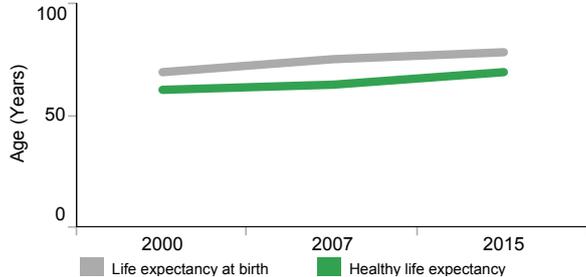
Life Expectancy

| Life expectancy at birth | Healthy life expectancy |

Life expectancy at birth[3] provides an indication of overall mortality of a country's population. In Maldives, from 2000 (69.6 years) to 2015 (78.5 years), the life expectancy at birth has improved by 8.9 years.

Healthy life expectancy[4] reflects overall health for the country's population. In Maldives, from 2000 (61.7 years) to 2015 (69.5 years), healthy life expectancy has improved by 7.8 years.
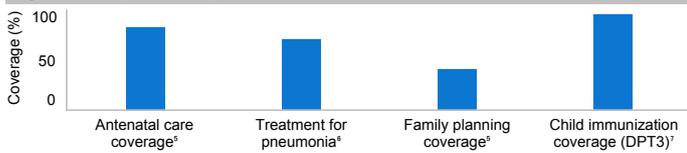
Universal health coverage- at the centre of the health goal

The goal of universal health coverage (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).
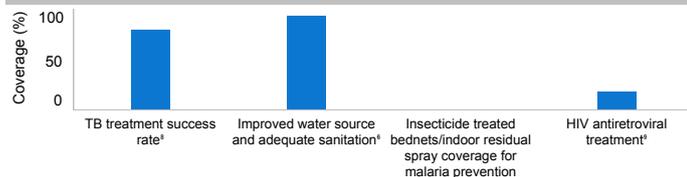
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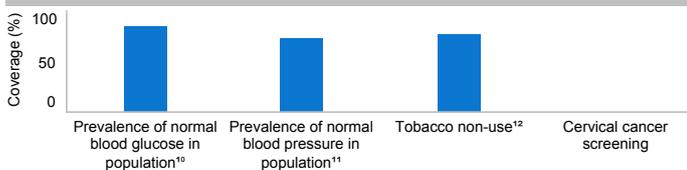
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Prevalence of normal blood glucose in population[10] · Prevalence of normal blood pressure in population[11] · Tobacco non-use[12] · Cervical cancer screening

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UHC service coverage index

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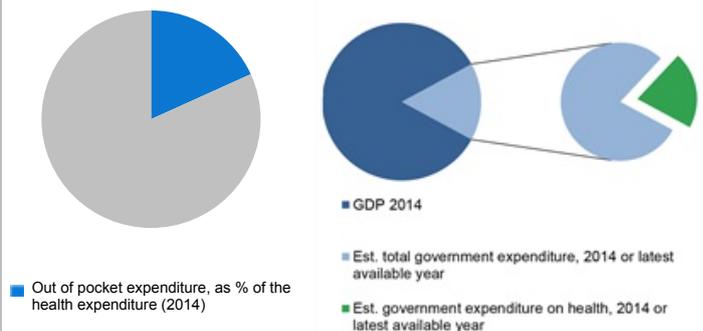
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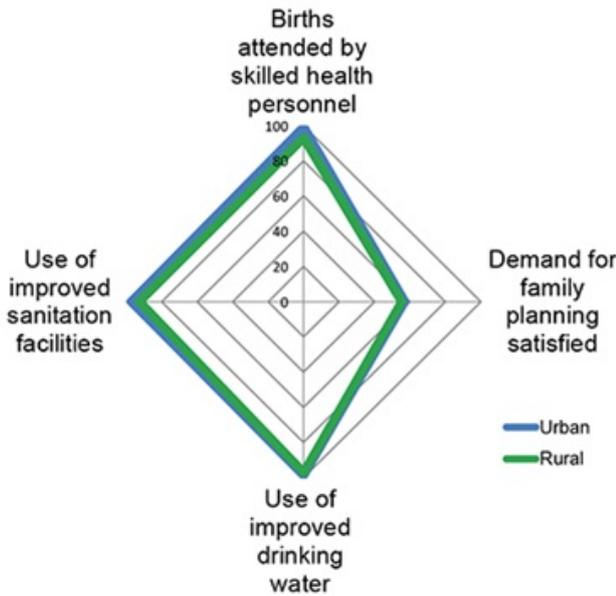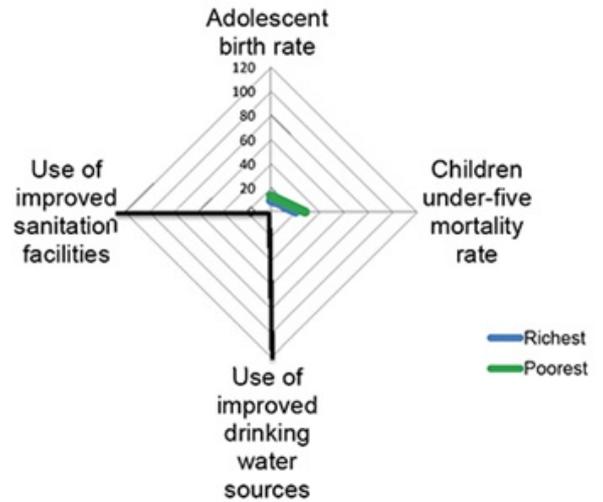
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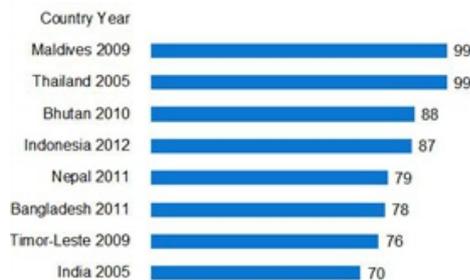

Variation by income [16]

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Indicator	Female	Male
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SDG 3- Health targets

Maternal and child mortality (SDG target 3.1, 3.2)

Maternal mortality ratio[18]

Births attended by skilled health personnel[19]

Child mortality[20]

Communicable disease (SDG target 3.3)

New HIV infections among adults 15-49 years

Current data are insufficient to determine trend

TB incidence[21]

TB incidence [100,000 pop.]
500
400
300
200
100
0
2010   2012   2014

Malaria incidence[22]

Malaria IR [1000 pop. at risk]
20
15
10
5
0
2010   2012   2014

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

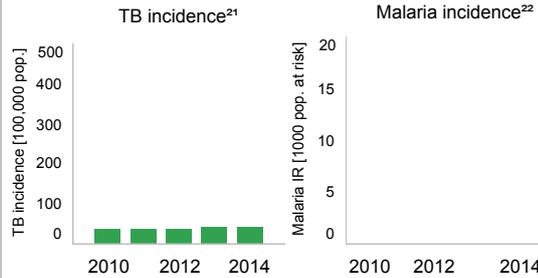| Indicators	Year	Maldives	Regional estimate
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Total alcohol per capita (age 15+ years) consumption[6]	3.5.2	2015	1	3.7
Mortality rate from road traffic injuries[6] (per 100 000 population)	3.6.1	2013	3.5	17
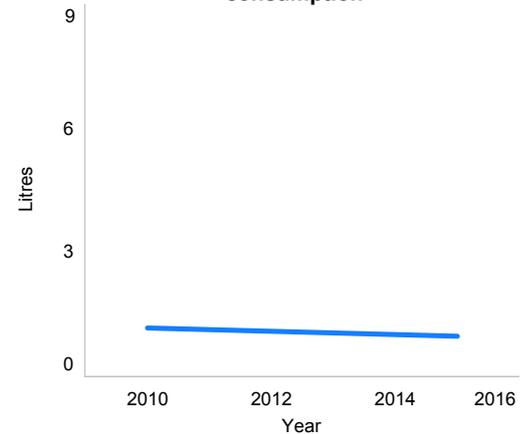
Sexual and reproductive health

Demand for family planning satisfied with modern methods[6] (%)	3.7.1	2005-2015	42.7	73.5
Adolescent birth rate[6] (per 1000 women aged 15-19 years)	3.7.2	2014	13.26	33.9

Mortality due to environmental pollution

Mortality rate attributed to household and ambient air pollution[6] (per 100 000 population)	3.9.1	2012	20.5	117.1
Mortality rate attributed to exposure to unsafe WASH services[6] (per 100 000 population)	3.9.2	2012	0.6	20.1
Mortality rate attributed to unintentional poisoning[6] (per 100 000 population)	3.9.3	2012	0.3	3

Tobacco use

Prevalence of tobacco use among persons 15 years and older-Female[12]	3.a.1	2015	4	18
Prevalence of tobacco use among persons 15 years and older-Male[12]	3.a.1	2015	36	52

Essential medicines and vaccines

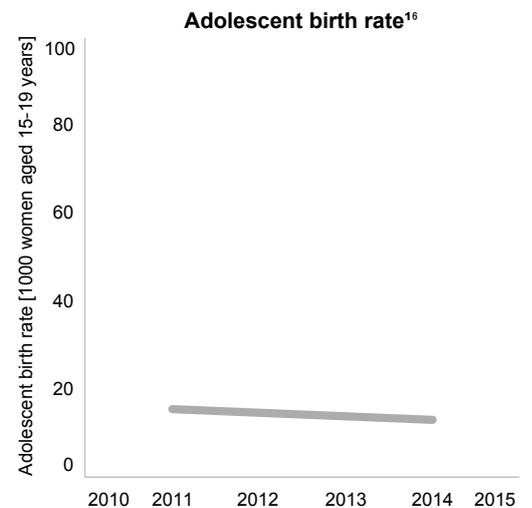|				
Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	3.b.1	-	-	-
Total net official development assistance to medical research and basic health sectors	3.b.2	-	-	-

Health workforce

Health worker density[24] (per 10 000 population)	3.c.1	2016	118.1	-

National and global health risks

International Health Regulations core capacity index[13]	3.d.1	2010-2015	61	80

Kindly note that a dash (-) imples that relevant data are not available

Total alcohol per capita (age 15+ years) consumption[25]

Litres
9
6
3
0
2010   2012   2014   2016
Year

Adolescent birth rate[16]

Adolescent birth rate [1000 women aged 15-19 years]
100
80
60
40
20
0
2010 2011 2012 2013 2014 2015

Prevalence of tobacco smoking among persons 15 years and older

Current data are insufficient to determine trend

Other health related SDGs

Child Nutrition

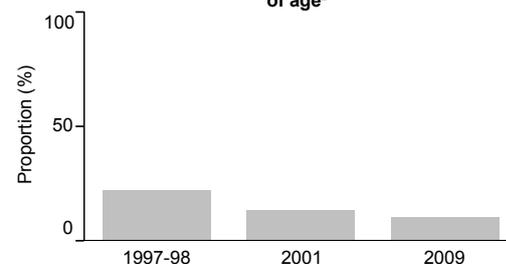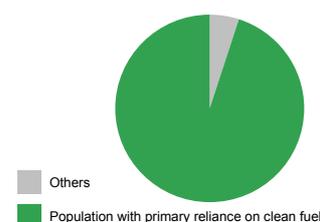| Indicators	SDG target	Year	Maldives	Regional estimate
Child Nutrition				
Children under 5 years who are stunted[16]	2.2.1	2009	18.9	32.9
Children under 5 years who are wasted[16]	2.2.2	2009	10.6	13.5
Drinking-water services and sanitation				
Proportion of population using improved drinking water sources[26]	6.1	2015	99	92
Proportion of population using improved sanitation[26]	6.2	2015	98	49
Clean household energy				
Proportion of population with access to electricity[2]	7.1.1	2012	100	-
Ambient air pollution				
Air pollution level in cities[6] (PM 2.5) ($\mu g/m^3$)	11.6.2	2014	-	60.2
Natural disasters				
Number of deaths by disaster[27] (per 100 000 people)	13.1.2	2015	0.00	0.3
Homicide and conflicts				
Mortality rate due to homicide[6] (per 100 000 population)	16.1.1	2012	3.5	4.3
Estimated direct deaths from major conflicts[6] (per 100 000 population)	16.1.2	2011-2015	0	0.1
Birth Registration				
Birth registration coverage	16.9.1	-	-	-

Prevalence of stunting in children under 5 years of age[28]
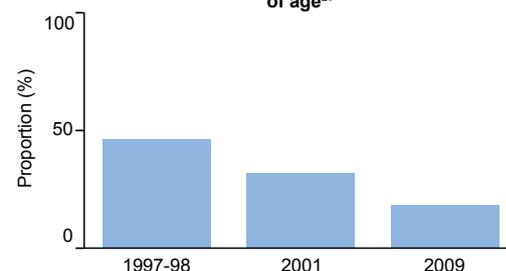
Prevalence of wasting in children under 5 years of age[28]

Proportion of population with primary reliance on clean fuel[6]

- Others
- Population with primary reliance on clean fuel

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See for DTP3 coverage: a proxy for immunization coverage
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14. As reported by country, April 2016, HRH workshop. *See for total physicians,nurses,midwives per 10000 population*-a proxy for health worker distribution (normalized against global benchmark set at WHA 2016;44.5 per 10000 population)
15. World Health Organization. Global health expenditure database. June 2016. http://apps.who.int/nha/database - accessed 3 August 2016.
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23. World Health Organization. Preventing suicide: a global imperative. Geneva, 2015. http://apps.who.int/iris/bitstream/10665/131056/1/9789241564779_eng.pdf?ua=1&ua=1 - accessed 3 August 2016.
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Myanmar

Population (000s)[1]
53897

Urban Population[1]
34.1%

Poverty
(ppp < $1.25 a day)
Relevant data is not available

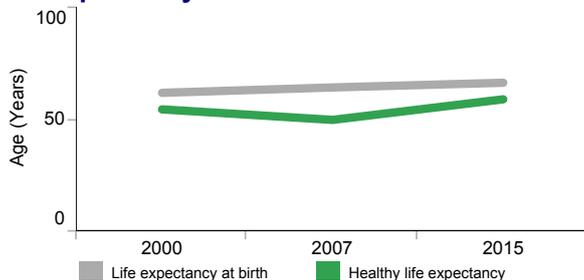**GDP per Capita[2]**
(International $)
1203.8

Total health expenditure as share of GDP[2]
2.3%

Monitoring the health SDG goal- indicators of overall progress

Life Expectancy

Life expectancy at birth   Healthy life expectancy

Life expectancy at birth[3] provides an indication of overall mortality of a country's population. In Myanmar, from 2000 (62.1 years) to 2015 (66.6 years), the life expectancy at birth has improved by 4.5 years.

Healthy life expectancy[4] reflects overall health for the country's population. In Myanmar, from 2000 (54.7 years) to 2015 (59.2 years), healthy life expectancy has improved by 4.5 years.
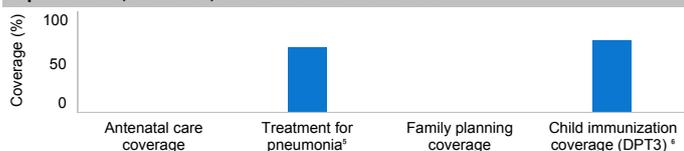
Universal health coverage- at the centre of the health goal

The goal of universal health coverage (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).
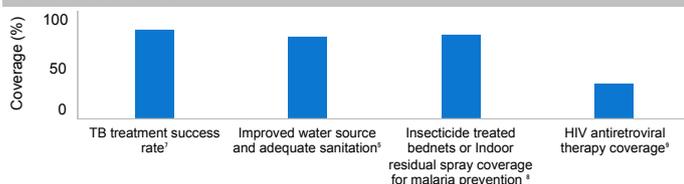
HEALTH SERVICE COVERAGE

A new summary measure of health service coverage, a composite *service coverage index*, is currently under development:16 indicators are derived from four main areas of work: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.
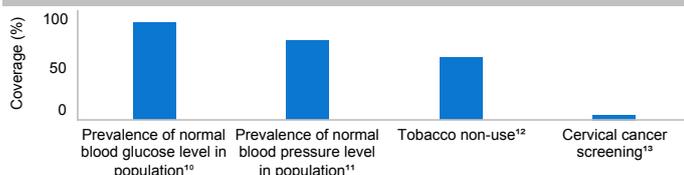
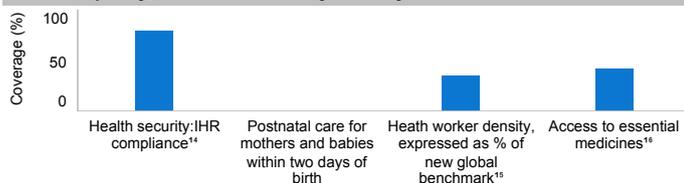**Reproductive, maternal,newborn and child health**   Latest available data (2010-2015)

Antenatal care coverage | Treatment for pneumonia[5] | Family planning coverage | Child immunization coverage (DPT3)[6]

Infectious diseases

TB treatment success rate[7] | Improved water source and adequate sanitation[5] | Insecticide treated bednets or Indoor residual spray coverage for malaria prevention [8] | HIV antiretroviral therapy coverage[9]

Noncommunicable diseases

Prevalence of normal blood glucose level in population[10] | Prevalence of normal blood pressure level in population[11] | Tobacco non-use[12] | Cervical cancer screening[13]

Service capacity, access and healthy security

Health security:IHR compliance[14] | Postnatal care for mothers and babies within two days of birth | Heath worker density, expressed as % of new global benchmark[15] | Access to essential medicines[16]

UHC coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by averaging service coverage values across the 16 tracer indicators. The UHC coverage index ranges from 0 % to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index

UHC Coverage Index
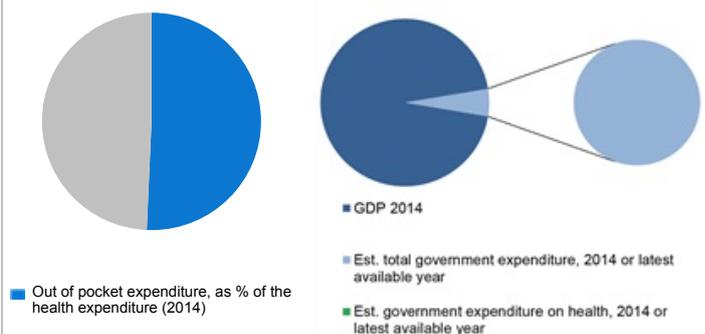
FINANCIAL PROTECTION
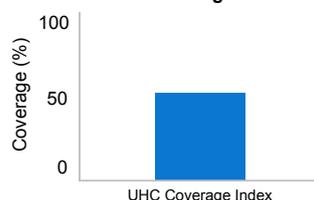
Financial Protection is measured through two indicators:
(1) impoverishment and (2) catastrophic health expenditure.

Impoverishment: Insufficient data

Catastrophic expenditure on health: Insufficient data

Out of pocket expenditure[17] In most cases, high percentage of out of pocket expenditure out of the health expenditure associated with low financial protection

Public spending on health[17] is determined by the capacity of the government to raise revenues and allocate it to health.

■ Out of pocket expenditure, as % of the health expenditure (2014)

■ GDP 2014

▪ Est. total government expenditure, 2014 or latest available year

▪ Est. government expenditure on health, 2014 or latest available year
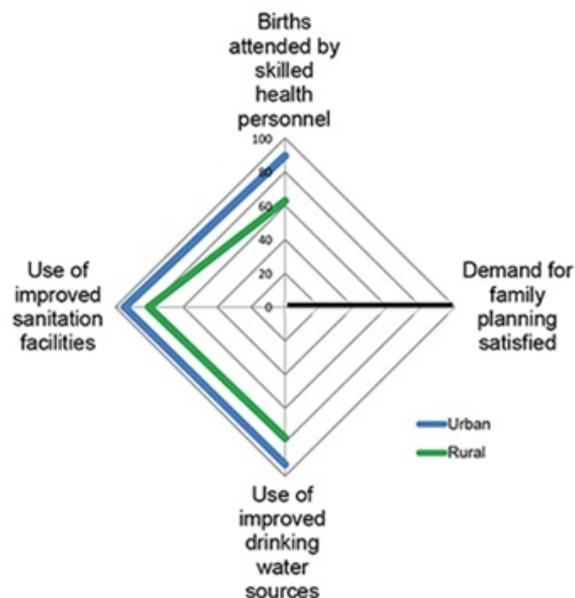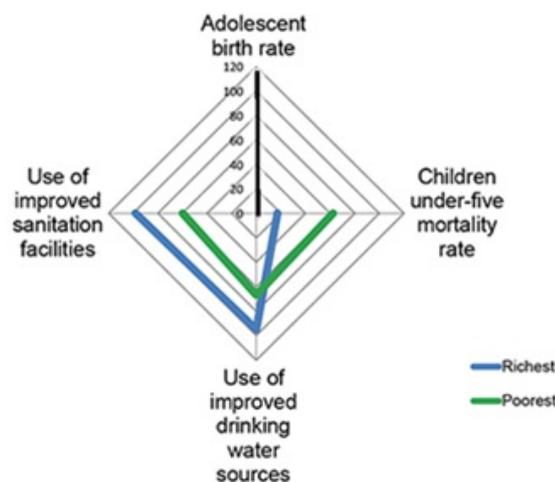
Country Profile: Monitoring health for the SDGs

This profile provides an overview of the current status towards achieving better health towards the 13 tagets under the Sustainable Development Goal #3 (SDG3): Ensure healthy lives and promote well-being for all at all ages. All 26 SDG3 indicators plus other selected health-related indicators are presented where data is available.

Variation, urban versus rural[18]

Variation by income[18]

Variation in risk factors, by sex

Indicator	Female	Male
Adults aged ≥18 years who are obese[19] (%)	4.3	1.4
Prevalence of raised fasting blood glucose among adults aged ≥ 18 years[10] (%)	7.9	6.9
Prevalence of raised blood pressure among adults aged ≥ 18 years[11] (%)	23.9	23.6

Tracking inequalities and targeting disadvantaged groups in health service coverage is central to monitoring progress towards UHC. Currently national health information systems and periodic surveys are inadequate for capturing data disaggregated by health equity stratifiers. The SDG target 17.18 highlighted below emphasizes the importance for countries to improve data and statistics available by multiple equity dimensions in all sectors, including health.

Measuring the degree of inequity in service coverage is not currently feasible for most categories, and data is generally only available for indicators in reproductive, maternal, newborn, and child health using data from international household health surveys. A relative inequality score based on the ratio of the mean coverage among the poorest populations to the national average can be computed. A value of 100 means no difference at all, whereas the smaller value indicates greater gap between the poorest and that national average.

Relative inequality score for reproductive, maternal, newborn and child health intervention coverage in 8 countries, 2005-2012[5]

Moving beyond averages

SDG target 17.18 emphasizes the need for disaggregated data. By 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

SDG 3- Health targets

Maternal and child mortality (SDG target 3.1, 3.2)

Maternal mortality ratio[20]

Births attended by skilled health personnel[21]

Child mortality[22]

Communicable disease (SDG target 3.3)

New HIV infections among adults 15-49 years[23]

TB incidence[24]

Malaria incidence[25]

Malaria incidence is calculated for confirmed malaria cases

Indicators	Year	Myanmar	Regional estimate
Hepatitis B incidence	-	-	-
Number of people requiring interventions against Neglected Tropical Diseases[5]	2014	40,777,860	824,180,314

Noncommunicable disease and injuries

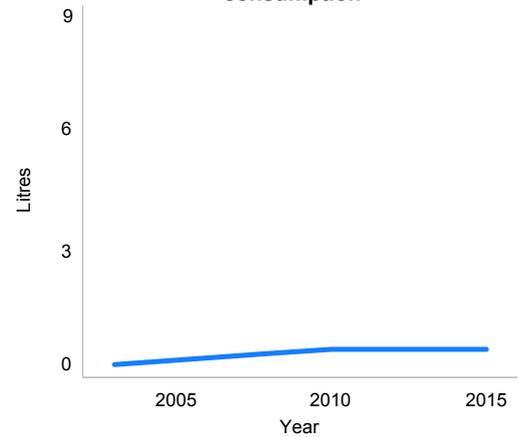| Indicators	SDG target	Year	Myanmar	Regional estimate
Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases[5] (%)	3.4.1	2012	24.3	24.5
Suicide mortality rate[26] (per 100 000 population)	3.4.2	2012	13.1	17.7
Total alcohol per capita (age 15+ years) consumption[5]	3.5.2	2015	0.7	3.7
Mortality rate from road traffic injuries[5] (per 100 000 population)	3.6.1	2013	20.3	17
Sexual and reproductive health				
Demand for family planning satisfied with modern methods[5] (%)	3.7.1	2005-2015	-	73.5
Adolescent birth rate[5] (per 1000 women aged 15-19 years)	3.7.2	2005-2015	30.3	33.9
Mortality due to environmental pollution				
Mortality rate attributed to household and ambient air pollution[5] (per 100 000 population)	3.9.1	2012	127.4	117.1
Mortality rate attributed to exposure to unsafe WASH services[5] (per 100 000 population)	3.9.2	2012	10.4	20.1
Mortality rate attributed to unintentional poisoning[5] (per 100 000 population)	3.9.3	2012	1.1	3
Tobacco use				
Prevalence of tobacco use among persons 15 years and older-Female[9]	3.a.1	2015	21	18
Prevalence of tobacco use among persons 15 years and older-Male[9]	3.a.1	2015	74	52
Essential medicines and vaccines				
Proportion of the population with access to affordable medicines and vaccines on a sustainable basis[16]	3.b.1	2015	43	-
Total net official development assistance to medical research and basic health sectors	3.b.2	-	-	-
Health workforce				
Health worker density[5] (per 10 000 population)	3.c.1	2016	16.2	-
National and global health risks				
International health regulations core capacity index[14]	3.d.1	2015	86	80

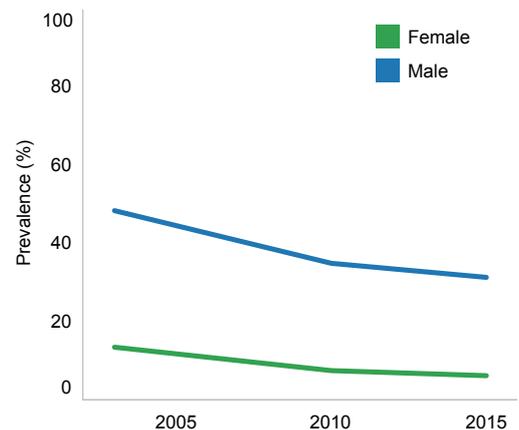*Kindly note that a dash (-) imples relevant data are not available*

Total alcohol per capita (age 15+ years) consumption[27]

Adolescent birth rate[18]
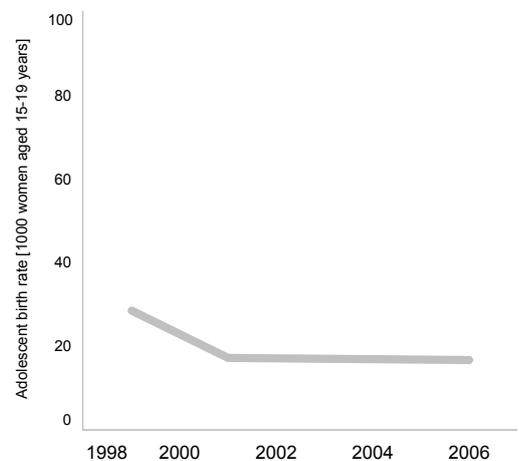
Prevalence of tobacco smoking among persons 15 years and older[28]

Other health related SDGs

Child Nutrition

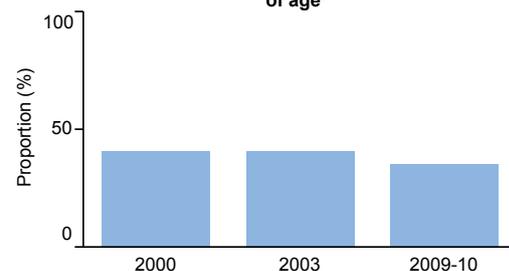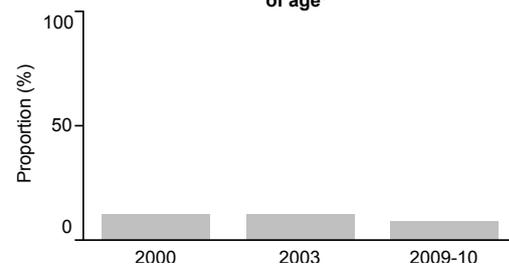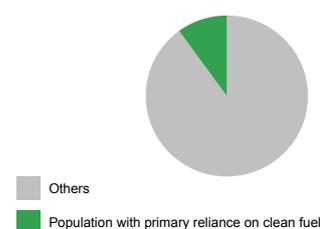| Indicators	SDG target	Year	Myanmar	Regional estimate
Children under 5 years who are stunted[5]	2.2.1	2005-2015	35.1	32.9
Children under 5 years who are wasted[5]	2.2.2	2005-2015	7.9	13.5
Drinking-water services and sanitation				
Proportion of population using improved drinking water sources[29]	6.1	2015	81	92
Proportion of population using improved sanitation[29]	6.2	2015	80	49
Clean household energy				
Proportion of population with access to electricity[2]	7.1.1	2012	52.3	-
Ambient air pollution				
Air pollution level in cities[5] (PM 2.5) ($\mu g/m^3$)	11.6.2	2014	56.7	60.2
Natural disasters				
Number of deaths by disaster[5] (per 100 000 people)	13.1.2	2011-2015	0.1	0.3
Homicide and conflicts				
Mortality rate due to homicide[5] (per 100 000 population)	16.1.1	2012	4.2	4.3
Estimated direct deaths from major conflicts[5] (per 100 000 population)	16.1.2	2011-2015	1.6	0.1
Birth Registration				
Birth registration coverage[21]	16.9.1	2009-2010	72	-

Prevalence of stunting in children under 5 years of age[30]

Prevalence of wasting in children under 5 years of age[30]

Proportion of population with primary reliance on clean fuel[5]

Others

Population with primary reliance on clean fuel

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Nepal

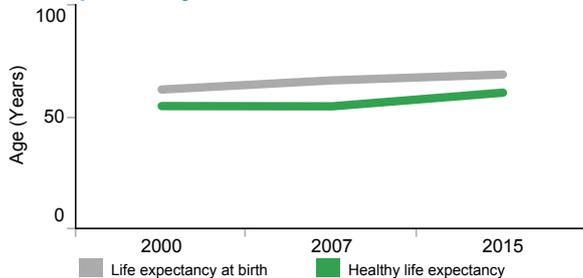| Population (000s)[1]	Urban Population[1]	Poverty[2] (ppp < $1.25 a day)	GDP per Capita[2] (International $)	Total health expenditure as share of GDP[2]
28514	18.9%	22%	701.7	5.8%

Monitoring the health SDG goal- indicators of overall progress

Life Expectancy

Life expectancy at birth[3] provides indication of overall mortality of a country's population. In Nepal, from 2000 (62.5 years) to 2015 (69.2 years), the life expectancy at birth has improved by 6.7 years.

Healthy life expectancy[4] reflects overall health for the country's population. In Nepal, from 2000 (55.1 years) to 2015 (61.2 years), healthy life expectancy has improved by 6.1 years.

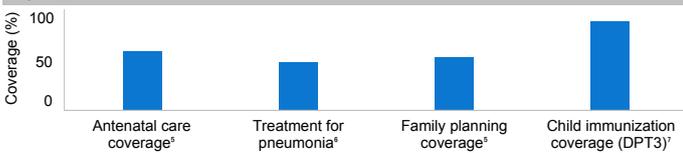Life expectancy at birth   Healthy life expectancy

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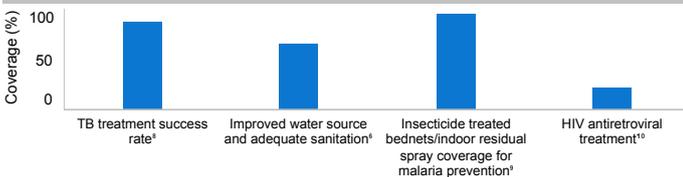
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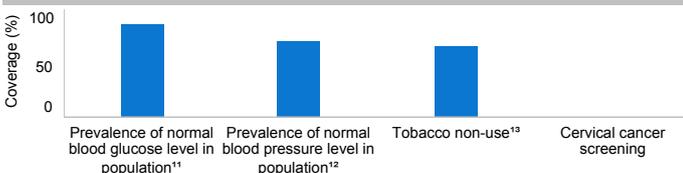
Reproductive, maternal,newborn and child health   Latest available data (2010-2015)

Antenatal care coverage[5]   Treatment for pneumonia[6]   Family planning coverage[5]   Child immunization coverage (DPT3)[7]

Infectious diseases

TB treatment success rate[8]   Improved water source and adequate sanitation[6]   Insecticide treated bednets/indoor residual spray coverage for malaria prevention[9]   HIV antiretroviral treatment[10]

Noncommunicable diseases

Prevalence of normal blood glucose level in population[11]   Prevalence of normal blood pressure level in population[12]   Tobacco non-use[13]   Cervical cancer screening

Service capacity, access and health security

Health security: IHR compliance[14]   Postnatal care for mothers and babies within two days of birth[5]   Heath worker density, expressed as % of new global benchmark[15]   Availability of essential medicines

UHC coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by averaging service coverage values across the 16 tracer indicators. The UHC coverage index ranges from 0 % to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index

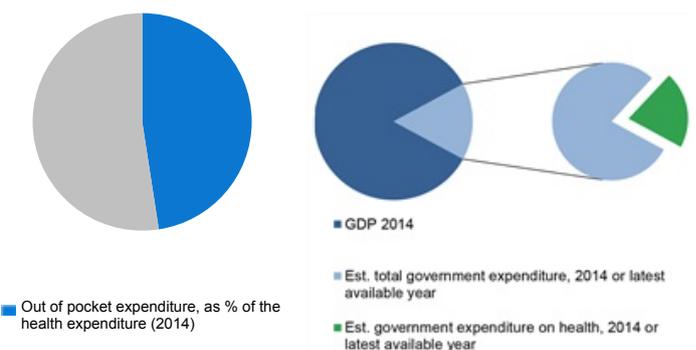UHC Coverage Index

FINANCIAL PROTECTION

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

Impoverishment: Insufficient data

Catastrophic expenditure on health:Insufficient data

Out of pocket expenditure[16] In most cases, high percentage of out of pocket expenditure out of the health expenditure is associated with low financial protection.

Public spending on health[16] is determined by the capacity of the government to raise revenues and allocate it to health.

■ Out of pocket expenditure, as % of the health expenditure (2014)

■ GDP 2014
■ Est. total government expenditure, 2014 or latest available year
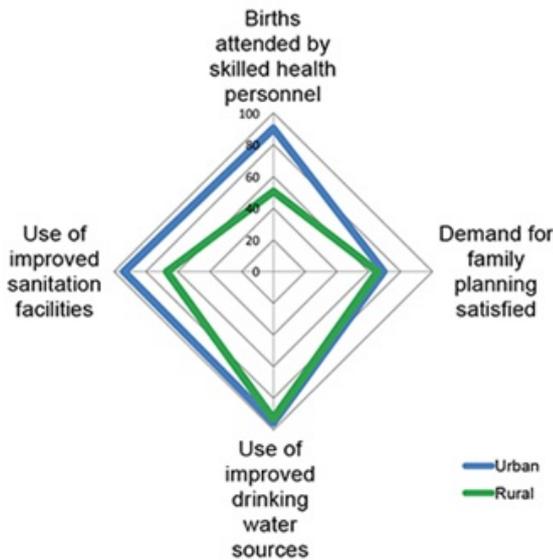■ Est. government expenditure on health, 2014 or latest available year
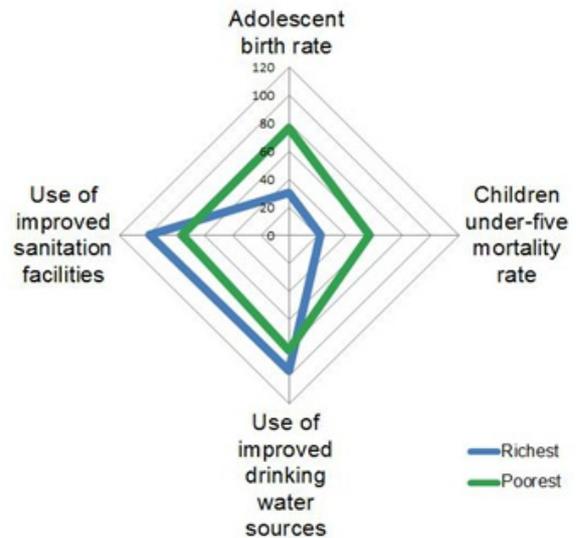
Country Profile: Monitoring health for the SDGs

This profile provides an overview of the current status towards achieving better health towards the 13 tagets under the Sustainable Development Goal #3 (SDG3): Ensure healthy lives and promote well-being for all at all ages. All 26 SDG3 indicators plus other selected health-related indicators are presented where data is available.

Equity- leave no one behind

Variation, urban versus rural[17]

Legend:
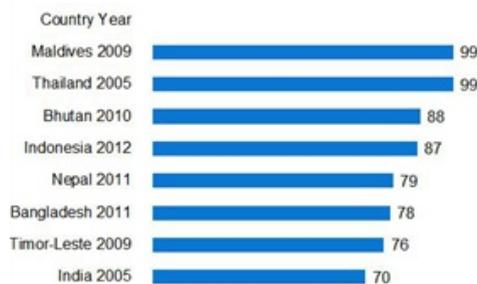- Urban
- Rural

Variation by income[17]

Legend:
- Richest
- Poorest

Variation in risk factors, by sex

Indicator	Female	Male
Adults aged ≥18 years who are obese[18] (%)	51.6	39.7
Prevalence of raised blood pressure among adults aged ≥ 18 years[11] (%)	27.1	25.9
Prevalence of raised fasting blood glucose among adults ≥ 18 years[12] (%)	9.5	11.7

Tracking inequalities and targeting disadvantaged groups in health service coverage is central to monitoring progress towards UHC. Currently national health information systems and periodic surveys are inadequate for capturing data disaggregated by health equity stratifiers. The SDG target 17.18 highlighted below emphasizes the importance for countries to improve data and statistics available by multiple equity dimensions in all sectors, including health.

Measuring the degree of inequity in service coverage is not currently feasible for most categories, and data is generally only available for indicators in reproductive, maternal, newborn, and child health using data from international household health surveys. A relative inequality score based on the ratio of the mean coverage among the poorest populations to the national average can be computed. A value of 100 means no difference at all, whereas the smaller value indicates greater gap between the poorest and that national average.

Relative inequality score for reproductive, maternal, newborn and child health intervention coverage in 8 countries, 2005-2012[6]
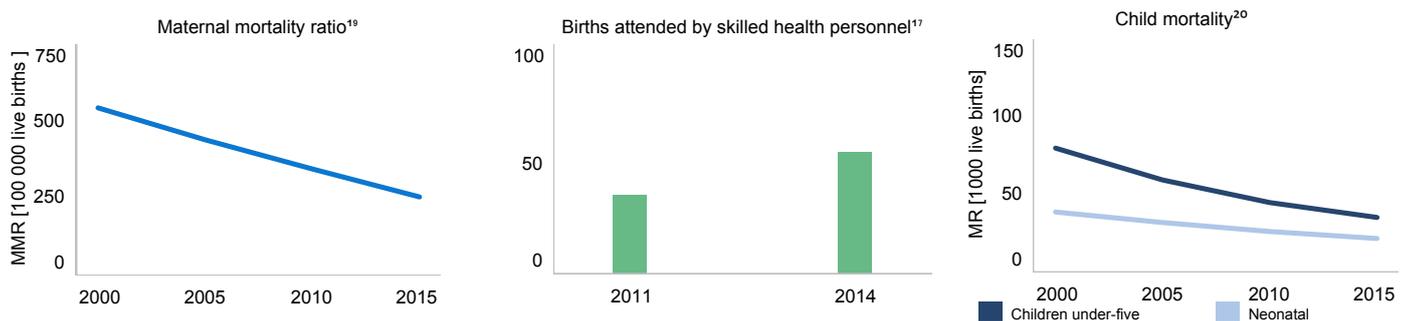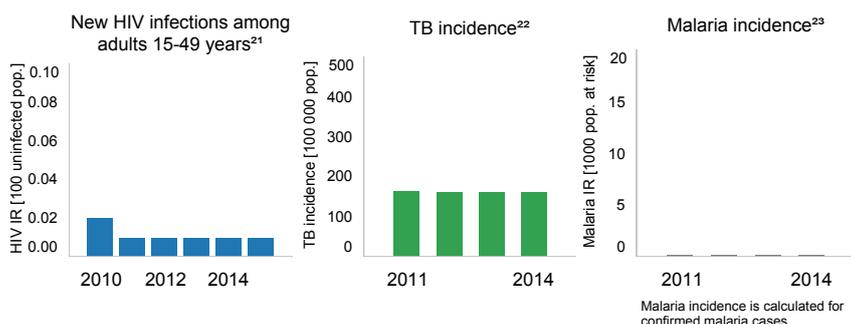

Moving beyond averages

SDG target 17.18 emphasizes the need for disaggregated data. By 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

SDG 3- Health targets

Maternal and child mortality (SDG target 3.1, 3.2)

Maternal mortality ratio[19]

Births attended by skilled health personnel[17]

Child mortality[20]

Legend:
- Children under-five
- Neonatal

Communicable disease (SDG target 3.3)

New HIV infections among adults 15-49 years[21]

TB incidence[22]

Malaria incidence[23]

Malaria incidence is calculated for confirmed malaria cases

Indicators	Year	Nepal	Regional estimate
Hepatitis B incidence[24]	2014	9.0	-
Number of people requiring interventions against Neglected Tropical Diseases[6]	2014	21,352,583	824,180,314

Noncommunicable disease and injuries

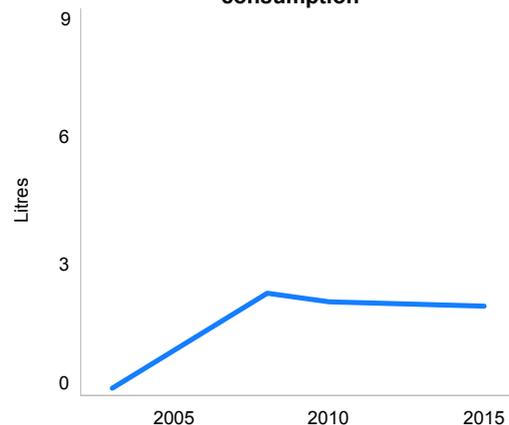| Indicators	SDG target	Year	Nepal	Regional estimate
Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases[6] (%)	3.4.1	2012	21.6	24.5
Suicide mortality rate[25] (per 100 000 population)	3.4.2	2012	24.9	17.7
Total alcohol per capita (age 15+ years) consumption[6]	3.5.2	2015	2.1	3.7
Mortality rate from road traffic injuries[6] (per 100 000 population)	3.6.1	2013	17	17
Sexual and reproductive health				
Demand for family planning satisfied with modern methods[26] (%)	3.7.1	2014	66.3	73.5
Adolescent birth rate[26] (per 1000 women aged 15-19 years)	3.7.2	2014	71	33.9
Mortality due to environmental pollution				
Mortality rate attributed to household and ambient air pollution[6] (per 100 000 population)	3.9.1	2012	104.2	117.1
Mortality rate attributed to exposure to unsafe WASH services[6] (per 100 000 population)	3.9.2	2012	12.9	20.1
Mortality rate attributed to unintentional poisoning[6] (per 100 000 population)	3.9.3	2012	5.9	3
Tobacco use				
Prevalence of tobacco use among persons 15 years and older-Female[13]	3.a.1	2015	14	18
Prevalence of tobacco use among persons 15 years and older-Male[13]	3.a.1	2015	48	52
Essential medicines and vaccines				
Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	3.b.1	-	-	-
Total net official development assistance to medical research and basic health sectors	3.b.2	-	-	-
Health workforce				
Health worker distribution[27] (per 10 000 population)	3.c.1	2016	29.3	-
National and global health risks				
International Health Regulations core capacity index[14]	3.d.1	2010-2015	77	80

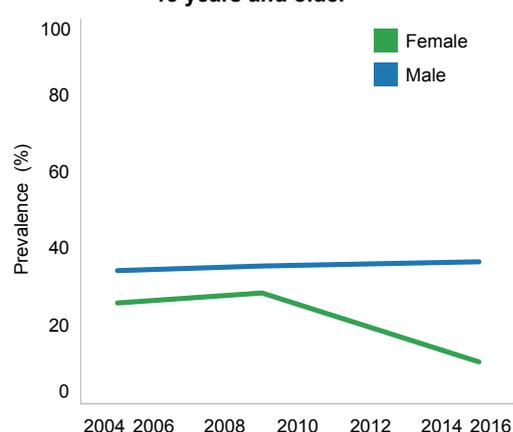*Kindly note that a dash (-) imples relevant data are not available*

Total alcohol per capita (age 15+ years) consumption[28]

Demand for family planning satisfied with modern methods[29]
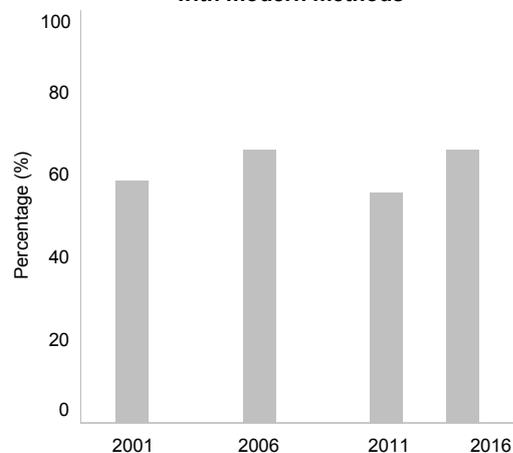
Prevalence of tobacco smoking among persons 15 years and older[30]

Other health related SDGs

Child Nutrition

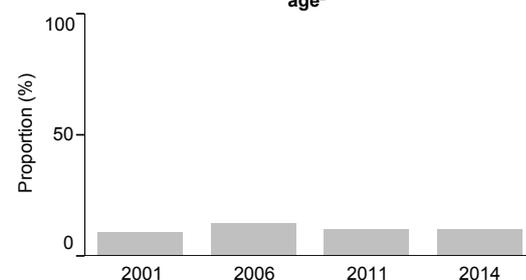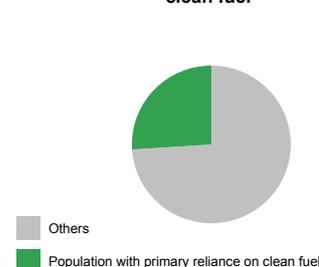| Indicators	SDG target	Year	Nepal	Regional estimate
Children under 5 years who are stunted[26]	2.2.1	2014	37.4	32.9
Children under 5 years who are wasted[26]	2.2.2	2014	11	13.5
Drinking-water services and sanitation				
Proportion of population using improved drinking water sources[31]	6.1	2015	92	92
Proportion of population using improved sanitation[31]	6.2	2015	46	49
Clean household energy				
Proportion of population with access to electricity[2]	7.1.1	2011	67.26	-
Ambient air pollution				
Air pollution level in cities[5] (PM 2.5) (µg/m³)	11.6.2	2014	75.7	60.2
Natural disasters				
Number of deaths by disaster[32] (per 100 000 people)	13.1.2	2015	95.60	-
Homicide and conflicts				
Mortality rate due to homicide[5] (per 100 000 population)	16.1.1	2012	3.3	4.3
Estimated direct deaths from major conflicts[5] (per 100 000 population)	16.1.2	2011-2015	<0.1	0.1
Birth Registration				
Birth registration coverage[25]	16.9.1	2014	58.1	-

Prevalence of stunting in children under 5 years of age[29]
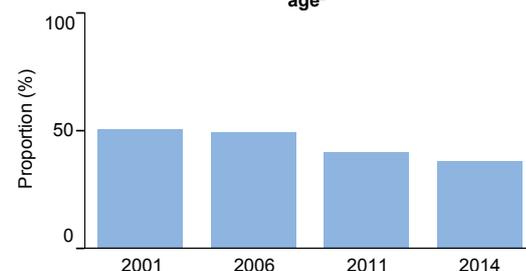
Prevalence of wasting in children under 5 years of age[29]

Proportion of population with primary reliance on clean fuel[5]

Others
Population with primary reliance on clean fuel

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12. World Health Organization. WHO global database on blood pressure, 2016. Geneva. http://apps.who.int/gho/data/node.main.A867?lang=en- accessed 3 August 2016
13. World Health Organization, Regional Office for South-East Asia. Monitoring tobacco control among adults in selected Member States of South-East Asia Region – at a glance. New Delhi, 2015. http://www.searo.who.int/tobacco/data/adult_tobacco_brochure_2015.pdf - accessed 3 August 2016.
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23. Ministry of Health and Population, Nepal. Malaria control programme. http://www.edcd.gov.np/malaria-control-program - accessed 3 August 2016.
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30. World Health Organization. WHO global report on trends in prevalence of tobacco smoking 2015. Geneva, 2015. http://apps.who.int/iris/bitstream/10665/156262/1/9789241564922_eng.pdf?ua=1 - accessed 3 August 2016.
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Sri Lanka

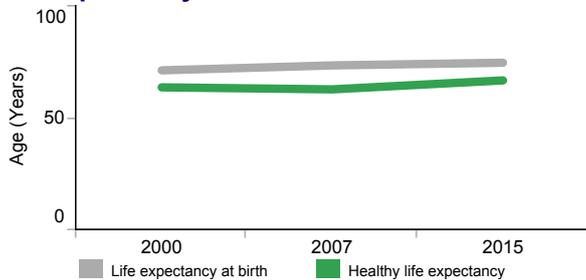| Population (000s)[1]	Urban Population[1]	Poverty[2] (ppp < $1.25 a day)	GDP per Capita[2] (International $)	Total health expenditure as share of GDP[2]
20715	18%	4.1%	3794.9	3.5%

Monitoring the health SDG goal- indicators of overall progress

Life Expectancy

Life expectancy at birth[3] provides an indication of overall mortality of a country's population. In Sri Lanka, from 2000 (71.5 years) to 2015 (74.9 years), the life expectancy at birth has improved by 3.4 years.

Healthy life expectancy[4] reflects overall health for the country's population. In Sri Lanka, from 2000 (63.9 years) to 2015 (67.0 years), healthy life expectancy has improved by 3.1 years.
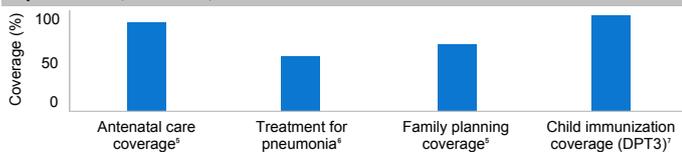
Universal health coverage- at the centre of the health goal

The goal of universal health coverage (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).
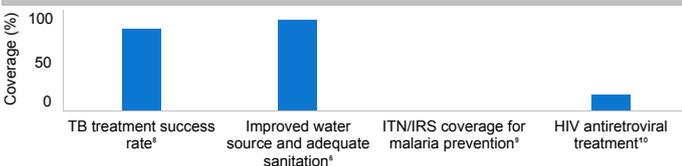
HEALTH SERVICE COVERAGE

A new summary measure of health service coverage, a composite *service coverage index*, is currently under development:16 indicators are derived from four main areas of work: (1) reproductive, maternal, newborn and child health; (2) infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.
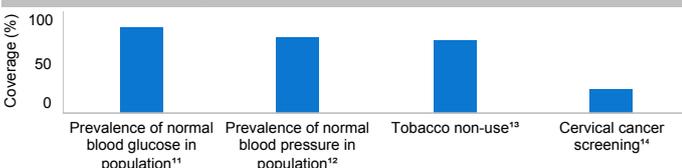
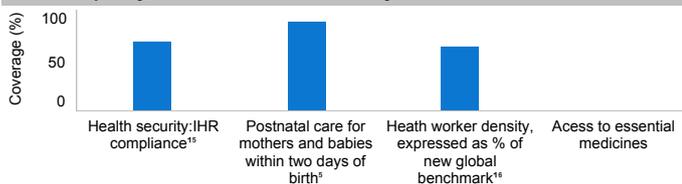**Reproductive, maternal,newborn and child health** — Latest available data (2010-2015)

Infectious diseases

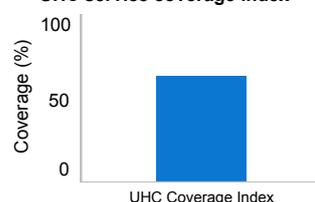**Noncommunicable diseases**

Service capacity, access and health security

UHC coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by averaging service coverage values across the 16 tracer 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 measured through two indicators: (1) impoverishment and (2) catastrophic health expenditure.

Impoverishment: **0.4%** or **approximately 82,000** people are being pushed into poverty because of out of pocket health spending.[17]
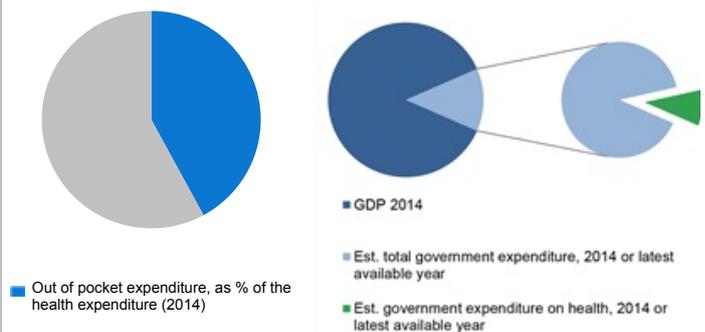
Catastrophic expenditure on health: **8.5%** of people spent more than 10% of their household's total expenditure on health care.[17]

Out of pocket expenditure[17] In most cases, high percentage of out of pocket expenditure out of the health expenditre is associated with low financial protection

Public spending on health[17] is determined by the capacity of the government to raise revenues and allocate it to health.

■ Out of pocket expenditure, as % of the health expenditure (2014)

■ GDP 2014

■ Est. total government expenditure, 2014 or latest available year

■ Est. government expenditure on health, 2014 or latest available year
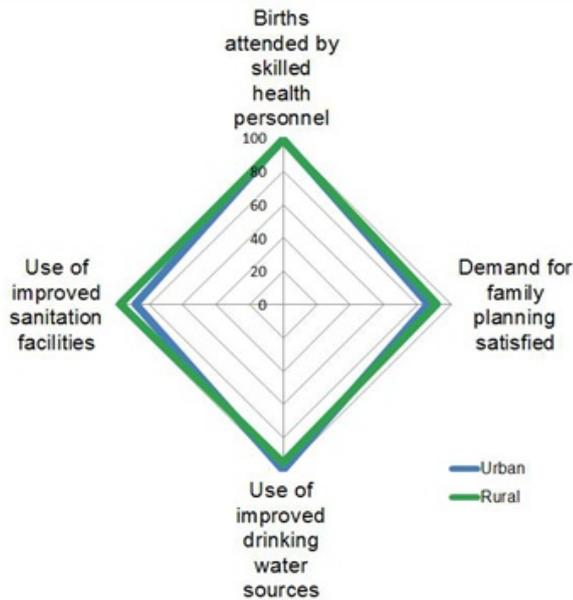
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This profile provides an overview of the current status towards achieving better health towards the 13 tagets under the Sustainable Development Goal #3 (SDG3): Ensure healthy lives and promote well-being for all at all ages. All 26 SDG3 indicators plus other selected health-related indicators are presented where data is available.

Equity- leave no one behind

Variation, urban versus rural[18]

- Urban
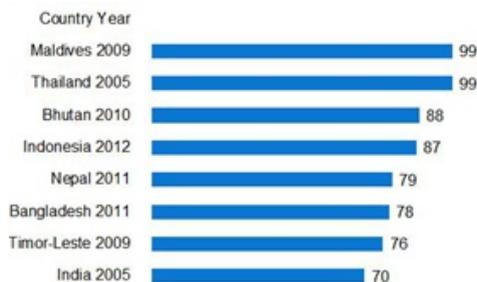- Rural

Variation by income

Current data are insufficient for analysis

Variation in risk factors, by sex

Indicator	Female	Male
Adults aged ≥18 years who are obese[19] (%)	9.5	3.4
Prevalence of raised fasting blood glucose among adults aged ≥ 18 years[11] (%)	7.7	7.0
Prevalence of raised blood pressure among adults aged ≥ 18 years[12] (%)	20.8	21.6

Tracking inequalities and targeting disadvantaged groups in health service coverage is central to monitoring progress towards UHC. Currently national health information systems and periodic surveys are inadequate for capturing data disaggregated by health equity stratifiers. The SDG target 17.18 highlighted below emphasizes the importance for countries to improve data and statistics available by multiple equity dimensions in all sectors, including health.

Measuring the degree of inequity in service coverage is not currently feasible for most categories, and data is generally only available for indicators in reproductive, maternal, newborn, and child health using data from international household health surveys. A relative inequality score based on the ratio of the mean coverage among the poorest populations to the national average can be computed. A value of 100 means no difference at all, whereas the smaller value indicates greater gap between the poorest and that national average.

Relative inequality score for reproductive, maternal, newborn and child health intervention coverage in 8 countries, 2005-2012[6]

Moving beyond averages

SDG target 17.18 emphasizes the need for disaggregated data. By 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

SDG 3- Health targets

Maternal and child mortality (SDG target 3.1, 3.2)

Maternal mortality ratio[20]

Births attended by skilled health personnel[21]

Child mortality[22]

- Children under-five
- Neonatal

Communicable disease (SDG target 3.3)

New HIV infections among adults 15-49 years[23]

TB incidence[24]

Malaria incidence[25]

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

Indicators	Year	Sri Lanka	Regional estimate
Hepatitis B incidence	-	-	-
Number of people requiring interventions against Neglected Tropical Diseases[6]	2014	54,216	824,180,314

Noncommunicable disease and injuries

Indicators	SDG target	Year	Sri Lanka	Regional estimate
Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases[6] (%)	3.4.1	2012	17.6	24.5
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Mortality rate from road traffic injuries[6] (per 100 000 population)	3.6.1	2013	17.4	17
Sexual and reproductive health				
Demand for family planning satisfied with modern methods[6] (%)	3.7.1	2005-2015	69.4	73.5
Adolescent birth rate[6] (per 1000 women aged 15-19 years)	3.7.2	2005-2015	20.3	33.9
Mortality due to environmental pollution				
Mortality rate attributed to household and ambient air pollution[6] (per 100 000 population)	3.9.1	2012	119.4	117.1
Mortality rate attributed to exposure to unsafe WASH services[6] (per 100 000 population)	3.9.2	2012	3.3	20.1
Mortality rate attributed to unintentional poisoning[6] (per 100 000 population)	3.9.3	2012	0.4	3
Tobacco use				
Prevalence of tobacco use among persons 15 years and older-Female[13]	3.a.1	2015	7	18
Prevalence of tobacco use among persons 15 years and older-Male[13]	3.a.1	2015	44	51
Essential medicines and vaccines				
Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	3.b.1	-	-	-
Total net official development assistance to medical research and basic health sectors	3.b.2	-	-	-
Health workforce				
Health worker density[27] (per 10 000 population)	3.c.1	2016	29.8	-
National and global health risks				
International health regulations core capacity index[15]	3.d.1	2010-2015	71	80

Kindly note that a dash (-) imples relevant data are not available

Total alcohol per capita (age 15+ years) consumption[28]
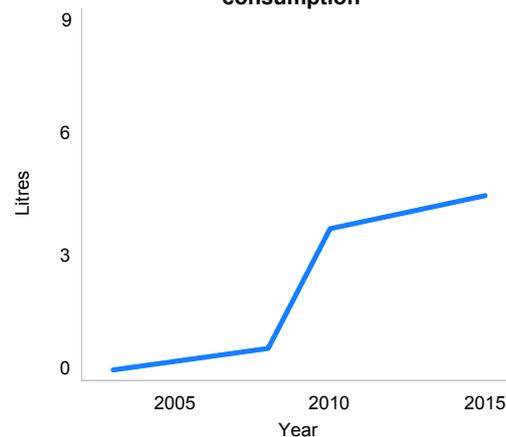
Adolescent birth rate[29]
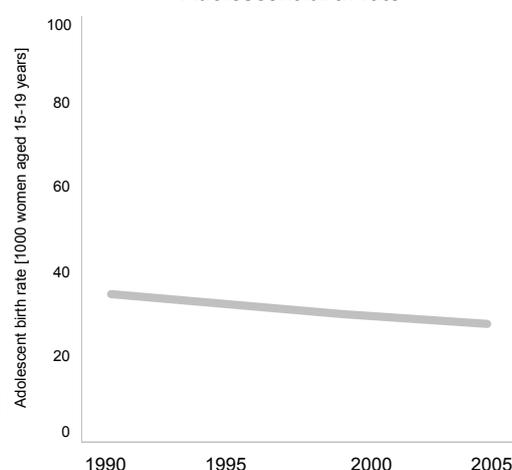
Prevalence of tobacco smoking among persons 15 years and older[30]

Other health related SDGs

Child Nutrition

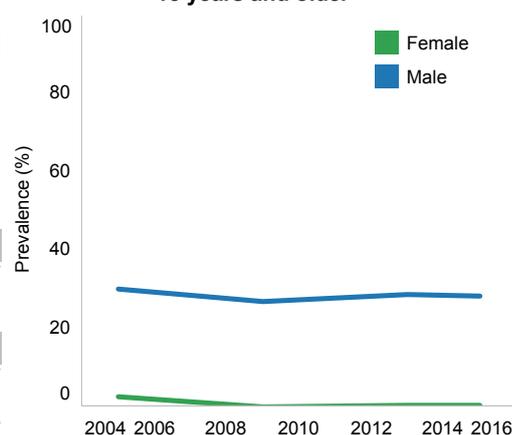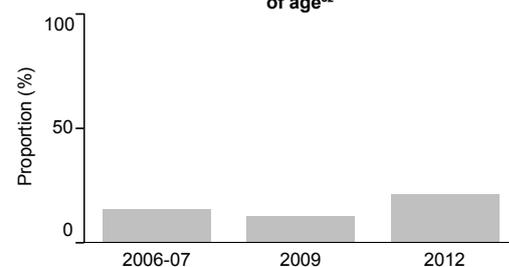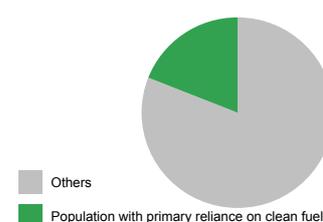| Indicators	SDG target	Year	Sri Lanka	Regional Estimate
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Children under 5 years who are wasted[6]	2.2.2	2005-2015	21.4	13.5
Drinking-water services and sanitation				
Proportion of population using improved drinking water sources[31]	6.1	2015	96	92
Proportion of population using improved sanitation[31]	6.2	2015	95	49
Clean household energy				
Proportion of population with access to electricity[2]	7.1.1	2012	88.7	-
Ambient air pollution				
Air pollution level in cities[6] (PM 2.5) (µg/m³)	11.6.2	2014	28.6	60.2
Natural disasters				
Number of deaths by disaster[6] (per 100 000 people)	13.1.2	2015	0.04	0.3
Homicide and conflicts				
Mortality rate due to homicide[6] (per 100 000 population)	16.1.1	2012	3.8	4.3
Estimated direct deaths from major conflicts[6] (per 100 000 population)	16.1.2	2011-2015	<0.1	0.1
Birth Registration				
Birth registration coverage[6]	16.9.1	2007-2013	97	-

Prevalence of stunting in children under 5 years of age[32]
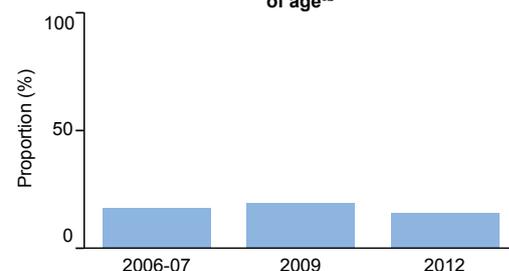
Prevalence of wasting in children under 5 years of age[32]

Proportion of population with primary reliance on clean fuel[6]

Others
Population with primary reliance on clean fuel

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32. World Health Organization. Nutrition Landscape Information System. http://apps.who.int/nutrition/landscape/report.aspx?iso=btn- accessed 10 July 2016

Thailand

Population (000s)[1]	Urban Population[1]	Poverty[2] (ppp < $1.25 a day)	GDP per Capita[2] (International $)	Total health expenditure as share of GDP[2]
67959	50.4%	0.4%	5977.4	6.5%

Monitoring the health SDG goal- indicators of overall progress
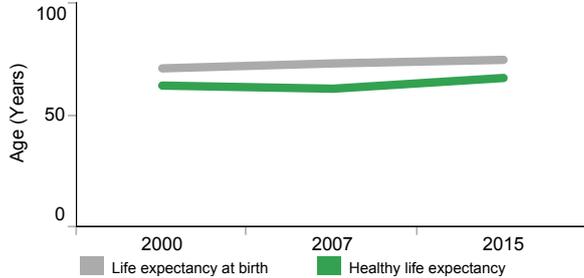
Life Expectancy

Life expectancy at birth[3] provides an indication of overall mortality of a country's population. In Thailand, from 2000 (71.1 years) to 2015 (74.9 years), the life expectancy at birth has improved by 3.8 years.

Healthy life expectancy[4] reflects overall health for the country's population. In Thailand, from 2000 (63.4 years) to 2015 (66.8), healthy life expectancy has improved by 3.4 years.
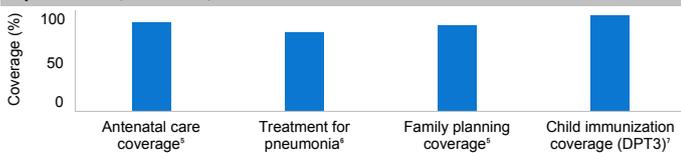
Universal health coverage- at the centre of the health goal

The goal of universal health coverage (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).
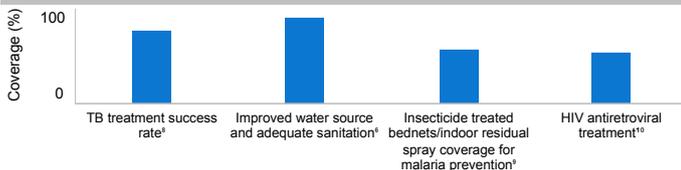
HEALTH SERVICE COVERAGE

A new summary measure of health service coverage, a composite *service coverage index*, is currently under development:16 indicators are derived from four main areas of work: (1) reproductive, maternal, newborn and child health; (2) Infectious diseases; (3) noncommunicable diseases; (4) service capacity, access and health security.
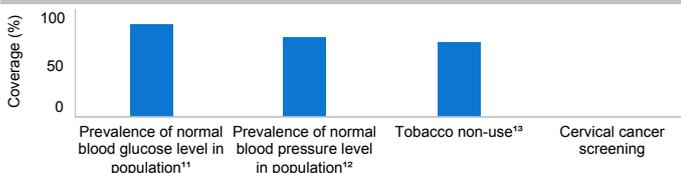
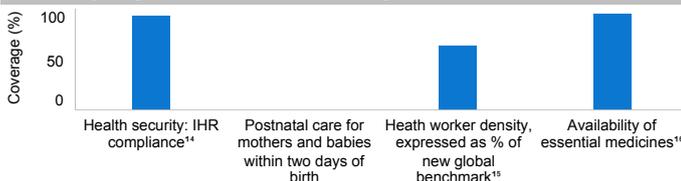**Reproductive, maternal, newborn and child health**   Latest available data (2010-2015)

- Antenatal care coverage[5]
- Treatment for pneumonia[6]
- Family planning coverage[5]
- Child immunization coverage (DPT3)[7]

Infectious diseases

- TB treatment success rate[8]
- Improved water source and adequate sanitation[6]
- Insecticide treated bednets/indoor residual spray coverage for malaria prevention[9]
- HIV antiretroviral treatment[10]

Noncommunicable diseases

- Prevalence of normal blood glucose level in population[11]
- Prevalence of normal blood pressure level in population[12]
- Tobacco non-use[13]
- Cervical cancer screening

Service capacity, access and health security

- Health security: IHR compliance[14]
- Postnatal care for mothers and babies within two days of birth
- Heath worker density, expressed as % of new global benchmark[15]
- Availability of essential medicines[16]

UHC coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by averaging service coverage values across the 16 tracer indicators. The UHC coverage index ranges from 0 % to 100%, with 100% implying full coverage across a range of services.

UHC service coverage index

UHC Coverage Index[2]

FINANCIAL PROTECTION

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

Impoverishment: **0.5%** or **approximately 94,000** people are being pushed into poverty because of out of pocket health spending.[17]

Catastrophic expenditure on health: **2.3%** of people spent more than 10% of their household's total expenditure on health care.[17]
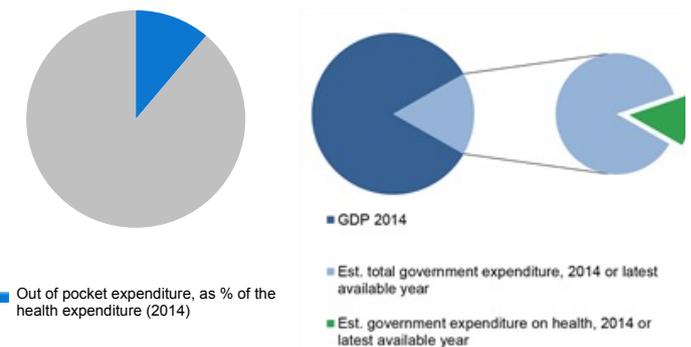
Out of pocket expenditure[17] In most cases, high percentage of out of pocket expenditure out of the health expenditure is associated with low financial protection.

Public spending on health[17] is determined by the capacity of the government to raise revenues and allocate it to health.

Government spending on health as share of GDP: 3.8 %

- Out of pocket expenditure, as % of the health expenditure (2014)

- GDP 2014
- Est. total government expenditure, 2014 or latest available year
- Est. government expenditure on health, 2014 or latest available year
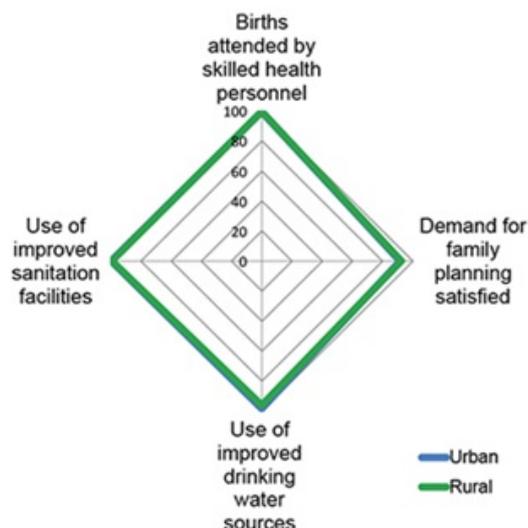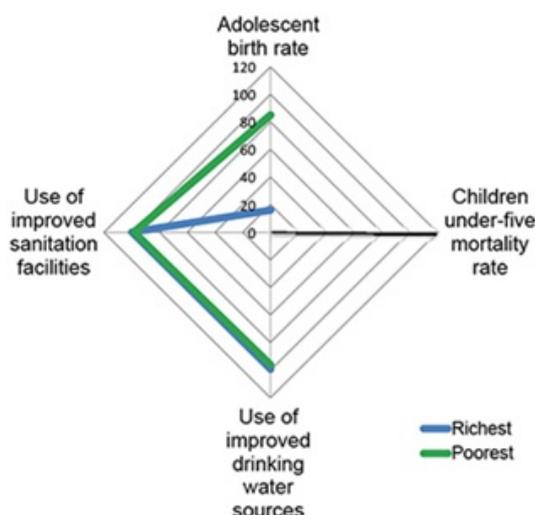
Country Profile: Monitoring health for the SDGs

This profile provides an overview of the current status towards achieving better health towards the 13 tagets under the Sustainable Development Goal #3 (SDG3): Ensure healthy lives and promote well-being for all at all ages. All 26 SDG3 indicators plus other selected health-related indicators are presented where data is available.

Variation, urban versus rural[18]

Variation by income[18]

Variation in risk factors, by sex

Indicator	Female	Male
Adults aged ≥18 years who are obese[19] (%)	11.1	5.7
Prevalence of raised fasting blood glucose among adults aged ≥ 18 years[11] (%)	8.8	8.3
Prevalence of raised blood pressure among adults aged ≥ 18 years[12] (%)	19.9	22.9

Tracking inequalities and targeting disadvantaged groups in health service coverage is central to monitoring progress towards UHC. Currently national health information systems and periodic surveys are inadequate for capturing data disaggregated by health equity stratifiers. The SDG target 17.18 highlighted below emphasizes the importance for countries to improve data and statistics available by multiple equity dimensions in all sectors, including health.

Measuring the degree of inequity in service coverage is not currently feasible for most categories, and data is generally only available for indicators in reproductive, maternal, newborn, and child health using data from international household health surveys. A relative inequality score based on the ratio of the mean coverage among the poorest populations to the national average can be computed. A value of 100 means no difference at all, whereas the smaller value indicates greater gap between the poorest and that national average.

Relative inequality score for reproductive, maternal, newborn and child health intervention coverage in 8 countries, 2005-2012[6]

Moving beyond averages

SDG target 17.18 emphasizes the need for disaggregated data.By 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

SDG 3- Health targets

Maternal and child mortality (SDG target 3.1, 3.2)

Maternal mortality ratio[20]

Births attended by skilled health personnel[21]

Child mortality[22]

Communicable disease (SDG target 3.3)

New HIV infections among adults 15-49 years[23]

TB incidence[24]

Malaria incidence[25]

Malaria incidence is calculated for confirmed malaria cases

Indicators	Year	Thailand	Regional estimate
Hepatitis B incidence	-	-	-
Number of people requiring interventions against Neglected Tropical Diseases[6]	2014	41360	824180314

Noncommunicable disease and injuries

Indicators	SDG target	Year	Thailand	Regional estimate
Mortality between 30 and 70 yrs of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases[6] (%)	3.4.1	2012	16.2	24.5
Suicide mortality rate[26] (per 100 000 population)	3.4.2	2012	11.4	17.7
Total alcohol per capita (age 15+ years) consumption[6]	3.5.2	2015	8.3	3.7
Mortality rate from road traffic injuries [6 , 27] (per 100 000 population)	3.6.1	2013	36.2	17
Sexual and reproductive health				
Demand for family planning satisfied with modern methods[28](%)	3.7.1	2012	80	73.5
Adolescent birth rate[28] (per 1000 women aged 15-19 years)	3.7.2	2012	60	33.9
Mortality due to environmental pollution				
Mortality rate attributed to household and ambient air pollution[6] (per 100 000 population)	3.9.1	2012	65.3	117.1
Mortality rate attributed to exposure to unsafe WASH services[6] (per 100 000 population)	3.9.2	2012	1.9	20.1
Mortality rate attributed to unintentional poisoning[6] (per100 000 population)	3.9.3	2012	0.1	3
Tobacco use				
Prevalence of tobacco use among persons 15 years and older-Female[13]	3.a.1	2015	8	18
Prevalence of tobacco use among persons 15 years and older-Male[13]	3.a.1	2015	47	52
Essential medicines and vaccines				
Proportion of the population with access to affordable medicines and vaccines on a sustainable basis[16]	3.b.1	2015	99.9	-
Total net official development assistance to medical research and basic health sectors	3.b.2	-	-	-
Health workforce				
Health worker density[29] (per 10 000 population)	3.c.1	2016	29.3	-
National and global health risks				
International Health Regulations core capacity index[14]	3.d.1	2015	98	80

Kindly note that a dash (-) imples relevant data are not available

Total alcohol per capita (age 15+ years) consumption[30]

Road traffic mortality rate [27]
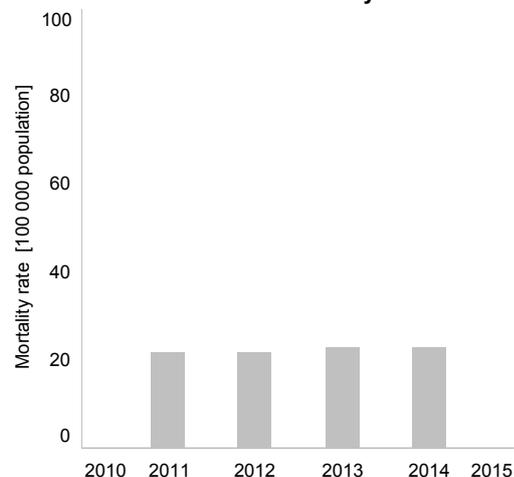
Prevalence of tobacco smoking among persons 15 years and older[31]

Other health related SDGs

Child Nutrition

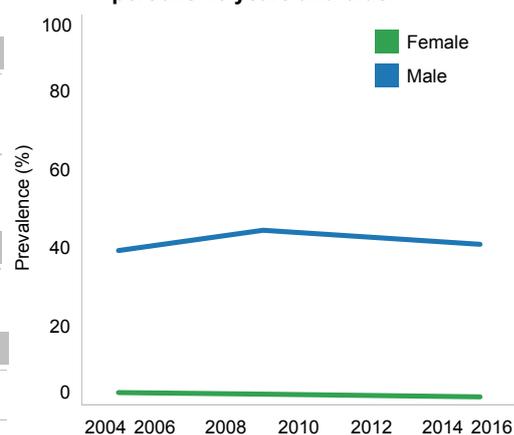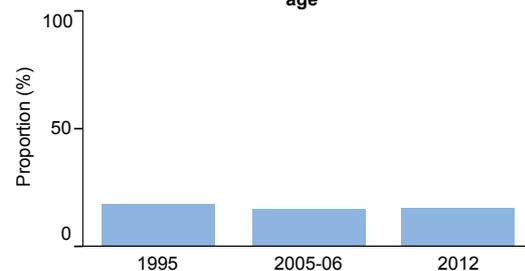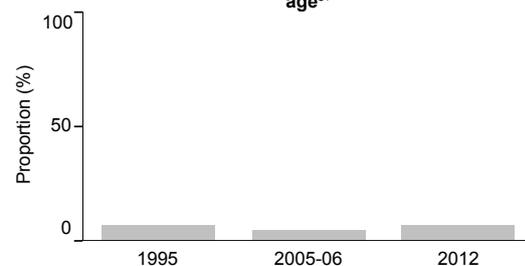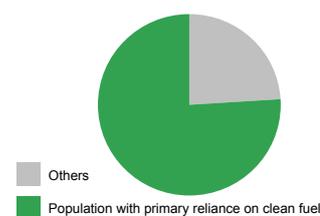| Indicators	SDG target	Year	Thailand	Regional estimate
Children under 5 years who are stunted[28]	2.2.1	2012	22.5	32.9
Children under 5 years who are wasted[28]	2.2.2	2012	6.7	13.5
Drinking-water services and sanitation				
Proportion of population using improved drinking water sources[32]	6.1	2015	97.8	92
Proportion of population using improved sanitation[32]	6.2	2015	93	49
Clean household energy				
Proportion of population with access to electricity[2]	7.1.1	2012	100	0.3
Ambient air pollution				
Air pollution level in cities[6] (PM 2.5) (µg/m³)	11.6.2	2014	27.5	60.2
Natural disasters				
Number of deaths by disaster[33] (per 100 000 people)	13.1.2	2015	0.01	0.3
Homicide and conflicts				
Mortality rate due to homicide[6] (per 100 000 population)	16.1.1	2012	5.5	4.3
Estimated direct deaths from major conflicts[6] (per 100 000 population)	16.1.2	2011-2015	0.7	0.1
Birth Registration				
Birth registration coverage[28]	16.9.1	2012	99.4	0.3

Prevalence of stunting in children under 5 years of age[34]

Prevalence of wasting in children under 5 years of age[34]

Proportion of population with primary reliance on clean fuel[6]

Others

Population with primary reliance on clean fuel

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34. World Health Organization. Nutrition Landscape Information System. http://apps.who.int/nutrition/landscape/report.aspx?iso=THA&rid=1620&goButton=Go -accessed 20 June 2016.

Timor-Leste

Population (000s)[1]
1185

Urban Population[1]
79.7%

Poverty
(ppp < $1.25 a day)

Relevant data is not available
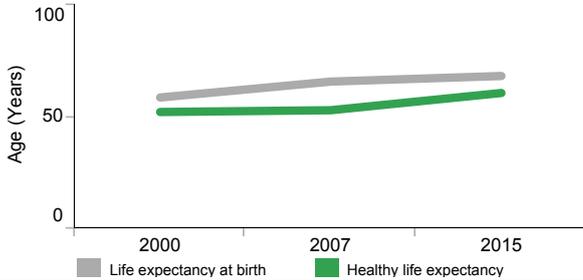
GDP per Capita[2]
(International $)
1169

Total health expenditure as share of GDP[2]
1.5%

Monitoring the health SDG goal- indicators of overall progress

Life Expectancy

Life expectancy at birth   Healthy life expectancy

Life expectancy at birth[3] provides an indication of overall mortality of a country's population. In Timor-Leste, from 2000 (58.7 years) to 2015 (68.3 years), the life expectancy at birth has improved by 9.6 years.

Healthy life expectancy[4] reflects overall health for the country's population. In Timor-Leste, from 2000 (52.2 years) to 2015 (61.1 years), healthy life expectancy has improved by 8.9 years.
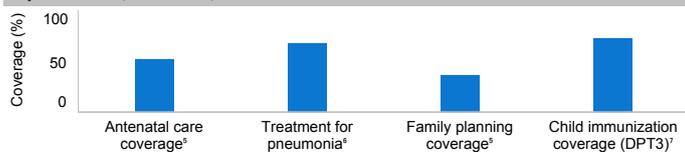
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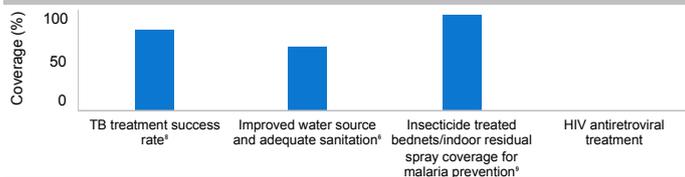
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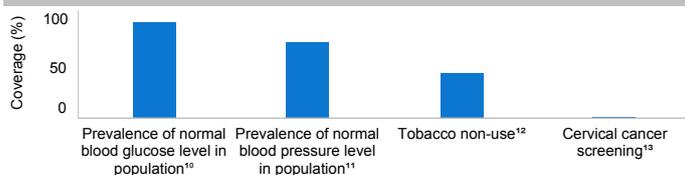
Reproductive, maternal,newborn and child health   Latest available data (2010-2015)

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Communicable diseases

TB treatment success rate[8]   Improved water source and adequate sanitation[6]   Insecticide treated bednets/indoor residual spray coverage for malaria prevention[9]   HIV antiretroviral treatment

Noncommunicable diseases

Prevalence of normal blood glucose level in population[10]   Prevalence of normal blood pressure level in population[11]   Tobacco non-use[12]   Cervical cancer screening[13]

Service capacity, access and health security

Health security: IHR compliance[14]   Postnatal care for mothers and babies within two days of birth[5]   Heath worker density, expressed as % of new global benchmark[15]   Availability of essential medicines

UHC coverage index of essential health services

To provide a summary measure of coverage, an index of national service coverage is computed by averaging service coverage values across the 16 tracer indicators. The UHC coverage index ranges from 0 % to 100%, with 100% implying full coverage across a range of services.
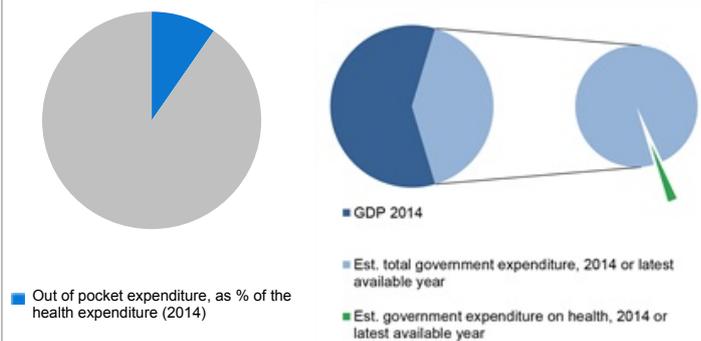
FINANCIAL PROTECTION

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

Impoverishment: **0.1%** or **approximately 1600** people are being pushed into poverty because of out of pocket health spending.[16]

Catastrophic expenditure on health: **0.9%** of people spent more than 10% of their household's total expenditure on health care.[16]

Out of pocket expenditure[16] In most cases, high percentage of out of pocket expenditure out of the health expenditure is associated with low financial protection.

Public spending on health[16] is determined by the capacity of the government to raise revenues and allocate it to health.

Out of pocket expenditure, as % of the health expenditure (2014)

GDP 2014

Est. total government expenditure, 2014 or latest available year

Est. government expenditure on health, 2014 or latest available year

UHC service coverage index

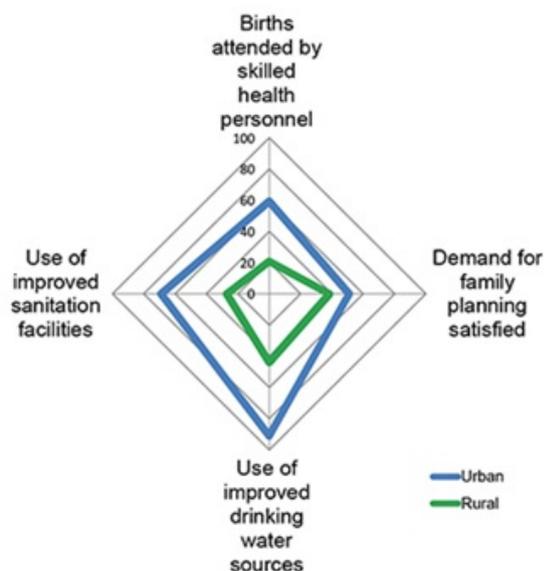UHC Coverage Index
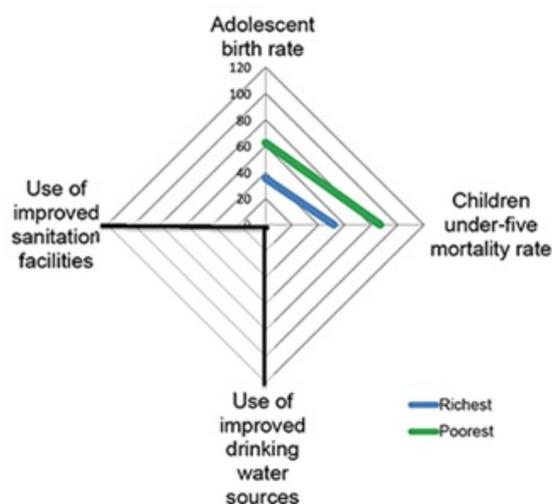
Country Profile: Monitoring health for the SDGs

This profile provides an overview of the current status towards achieving better health towards the 13 tagets under the Sustainable Development Goal #3 (SDG3): Ensure healthy lives and promote well-being for all at all ages. All 26 SDG3 indicators plus other selected health-related indicators are presented where data is available.

Equity- leave no one behind

Variation, urban versus rural[17]

- Urban
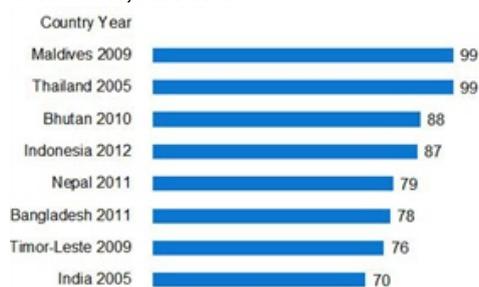- Rural

Variation by income[17]

- Richest
- Poorest

Variation in risk factors, by sex

Indicator	Female	Male
Adults aged ≥18 years who are obese[18] (%)	3.2	1.2
Prevalence of raised fasting blood glucose among adults aged ≥ 18 years[10] (%)	5.5	5.4
Prevalence of raised blood pressure among adults aged ≥ 18 years[11] (%)	27.4	26.0

Tracking inequalities and targeting disadvantaged groups in health service coverage is central to monitoring progress towards UHC. Currently national health information systems and periodic surveys are inadequate for capturing data disaggregated by health equity stratifiers. The SDG target 17.18 highlighted below emphasizes the importance for countries to improve data and statistics available by multiple equity dimensions in all sectors, including health.

Measuring the degree of inequity in service coverage is not currently feasible for most categories, and data is generally only available for indicators in reproductive, maternal, newborn, and child health using data from international household health surveys. A relative inequality score based on the ratio of the mean coverage among the poorest populations to the national average can be computed. A value of 100 means no difference at all, whereas the smaller value indicates greater gap between the poorest and that national average.

Relative inequality score for reproductive, maternal, newborn and child health intervention coverage in 8 countries, 2005-2012[6]

Moving beyond averages

SDG target 17.18 emphasizes the need for disaggregated data. By 2020, enhance capacity-building support to developing countries to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts.

SDG 3- Health targets

Maternal and child mortality (SDG target 3.1, 3.2)

Maternal mortality ratio[19]

Births attended by skilled health personnel[20]

Child mortality[21]

- Children under-five
- Neonatal

Communicable disease (SDG target 3.3)

New HIV infections among adults 15-49 years

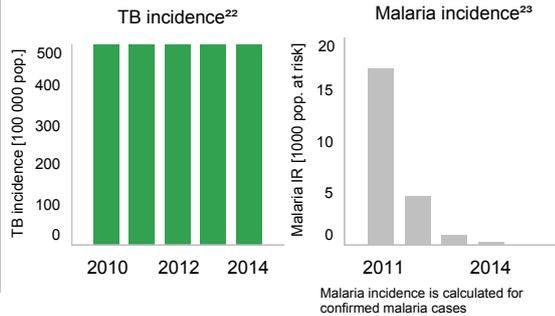Current data are insufficient to determine trend

TB incidence[22]

Malaria incidence[23]

Malaria incidence is calculated for confirmed malaria cases

Indicators	Year	Timor-Leste	Regional estimate
Hepatitis B incidence	-	-	-
Number of people requiring interventions against Neglected Tropical Diseases[6]	2014	1108842	824 180 314

Noncommunicable disease and injuries

Indicators	SDG target	Year	Timor-Leste	Regional estimate
Mortality between 30 and 70 years of age from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases[6] (%)	3.4.1	2012	23.7	24.5
Suicide mortality rate[24] (per 100 000 population)	3.4.2	2012	8	17.7
Total alcohol per capita (age 15+ years) consumption[6]	3.5.2	2015	1.2	3.7
Mortality rate from road traffic injuries[6] (per 100 000 population)	3.6.1	2013	16.6	17

Sexual and reproductive health

Demand for family planning satisfied with modern methods[25] (%)	3.7.1	2009-2010	38.3	73.5
Adolescent birth rate[25] (per 1000 women aged 15-19 years)	3.7.2	2009-2010	50	33.9

Mortality due to environmental pollution

Mortality rate attributed to household and ambient air pollution[6] (per 100 000 population)	3.9.1	2012	89.6	117.1
Mortality rate attributed to exposure to unsafe WASH services[6] (per 100 000 population)	3.9.2	2012	10.3	20.1
Mortality rate attributed to unintentional poisoning[6] (per 100 000 population)	3.9.3	2012	0.8	3

Tobacco use

Prevalence of tobacco use among persons 15 years and older-Female[12]	3.a.1	2015	29	18
Prevalence of tobacco use among persons 15 years and older-Male[12]	3.a.1	2015	71	52

Essential medicines and vaccines

|				
Proportion of the population with access to affordable medicines and vaccines on a sustainable basis	3.b.1	-	-	-
Total net official development assistance to medical research and basic health sectors	3.b.2	-	-	

Health workforce

Health worker density[26] (per 10 000 population)	3.c.1	2016	20.3	-

National and global health risks

International Health Regulations core capacity index[14]	3.d.1	2015	71	80

Kindly note that a dash (-) imples relevant data are not available

Total alcohol per capita (age 15+ years) consumption[27]
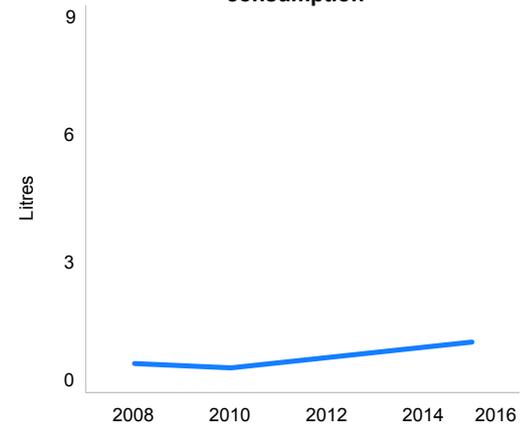
Adolescent birth rate[28]

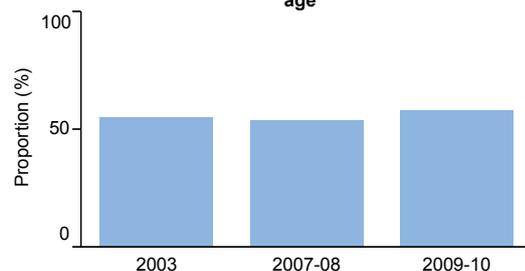**Prevalence of tobacco smoking among persons 15 years and older**

Current data are insufficient to determine trend

Other health related SDGs

Child Nutrition

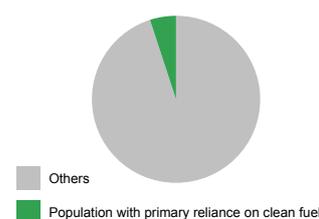| Indicators	SDG target	Year	Timor-Leste	Regional estimate
Children under 5 years who are stunted[25]	2.2.1	2009-2010	50.2	32.9
Children under 5 years who are wasted[25]	2.2.2	2009-2010	11	13.5
Drinking-water services and sanitation				
Proportion of population using improved drinking water sources[29]	6.1	2015	72	92
Proportion of population using improved sanitation[29]	6.2	2015	41	49
Clean household energy				
Proportion of population with access to electricity[2]	7.1.1	2012	41.6	0
Ambient air pollution				
Air pollution level in cities[6] (PM 2.5) (µg/m³)	11.6.2	2014	15	60.2
Natural disasters				
Number of deaths by disaster[6] (per 100,000 people)	13.1.2	2011-2015	0	0.3
Homicide and conflicts				
Mortality rate due to homicide[6] (per 100 000 population)	16.1.1	2012	4.9	4.3
Estimated direct deaths from major conflicts[6] (per 100 000 population)	16.1.2	2011-2015	0	0.1
Birth Registration				
Birth registration coverage[25]	16.9.1	2009-2010	55	0
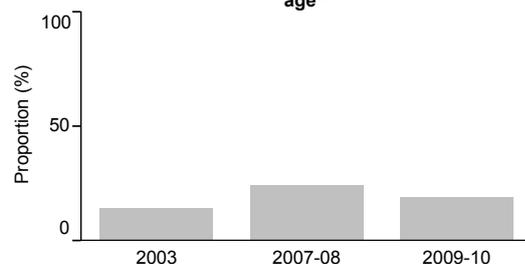
Prevalence of stunting in children under 5 years of age[30]

Prevalence of wasting in children under 5 years of age[30]

Proportion of population with primary reliance on clean fuel[6]

- Others
- Population with primary reliance on clean fuel

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Annex 1
Abbreviations

AIDS	Acquired Immune Deficiency Syndrome
AMR	Antimicrobial Resistance
ART	Antiretroviral Therapy
DHS	Demographic And Health Survey
HIV	Human Immunodeficiency Virus
HLE	Healthy Life Expectancy
HRH	Human Resources For Health
ICT	Information Communication Technology
IHR	International Health Regulations
LE	Life Expectancy
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
NCD	Noncommunicable Disease
NGO	Non-Governmental Organization
NITI	National Institute For Transforming India
NTD	Neglected Tropical Disease
ODA	Official Development Assistance
OOP	Out-Of-Pocket Payments
R&D	Research & Development
RMNCH	Reproductive, Maternal, Newborn And Child Health
RTA	Road Traffic Accidents
SDG	Sustainable Development Goal
SDG3	Sustainable Development Goal 3: Good Health And Well Being
SEAR	WHO South-East Asia Region
TB	Tuberculosis
UHC	Universal Health Coverage

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