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

**OUTLOOK**

The Asia-Pacific region has made significant strides in expanding access to health services and universal health care coverage. In some countries, rates of maternal and child mortality are persistently high, and such diseases as HIV and tuberculosis (TB) continue to disproportionately impact marginalized groups of people. Access to affordable quality health care and medicines is constrained and unequal in many countries. The region also faces increasing incidence of non-communicable diseases, accompanied by population ageing, cross-border epidemics, antimicrobial resistance, natural disasters and environmental pollution. These emerging trends are likely to place considerable financial and capacity constraints on health care systems.

**THE PHOTO**

A Mongolian family in Tarialan Soum, Uvs Aimag, where UNDP supports community centres that focus on activities for Mongolian herding families

Photo credit: Eskinder Debebe/United Nations
Ensure healthy lives and promote well-being for all at all ages

**INSIGHTS**

- A large proportion of the region’s population is not protected by comprehensive health coverage and suffers from medical impoverishment (less than 10 per cent of the population is covered by health insurance in Cambodia, India and the Solomon Islands).\(^1\) Despite some progress, the level of government spending on health care is too low in many countries in the region to achieve universal health care coverage (the average for member countries of the Association of Southeast Asian Nations was 1.9 per cent of GDP in 2014,\(^2\) while the World Health Organization (WHO) recommends a GDP spending level of at least 5 per cent).

- Out-of-pocket spending as a share of total health care expenditure is still high in many countries (at 63.3 per cent in Bangladesh and 71.3 per cent in Myanmar in 2012, for example). Expanding publicly financed universal health coverage would reduce out-of-pocket expenses.

- There is critical need for an overall framework of social protection strengthening. Opportunities to raise capital for investment in health care institutions need to be pursued. Policies are needed that expand social protection for disability, critical illnesses and funeral expenses for people who are poor or extremely vulnerable to the financial impact of morbidity and mortality risks.

- Achieving universal health coverage and health equity requires dedicated attention and investments to address the unique barriers and needs of the most vulnerable and excluded people, including persons affected by HIV, persons with disabilities, slum dwellers, indigenous people and migrants.

- Promoting gender equality and the human rights of vulnerable groups can lead to markedly better disease prevention, treatment and care.

- With Asia moving towards an aged society, it is important to accelerate the development and expansion of pension, health care and other essential social protection schemes to support healthy ageing.

- Evidence shows that improving skilled birth attendance can significantly reduce maternal and child deaths when reinforced with training for health workers and by educating mothers. Non-health interventions that improve the health environment, such as access to clean water and sanitation, energy and formal education for girls and increased female representation in governance, also contribute towards reducing child and maternal health complications.\(^3\)
Declining malaria incidence

- The estimated 14.4 million malaria cases in South-East Asia in 2015 represented a 54 per cent decline in the estimated incidence between 2010 and 2015. The estimated 1.2 million malaria cases in the Western Pacific in 2015 represented a 30 per cent decline in the estimated incidence between 2010 and 2015.

Maternal mortality and maternal health care services

- In 2015, the number of maternal deaths per 100,000 live births was 117, a decrease of 64 per cent from 323 in 1990. Increases have been observed in the percentage of live births attended by a skilled health professional in Asia and the Pacific, from 57 per cent in 1990 to 75 per cent in 2014.

Child mortality

- The number of children estimated to die before reaching 5 years of age was 35 per 1,000 live births in 2015—a decrease of 60 per cent, from 88 per 1,000 live births in 1990.

Health care

- In 2011, per capita spending on health by governments was as low as $4 (PPP) per person in low-income economies in the region. The WHO recommends a minimum of $44 per person per year to provide basic life-saving health care.

Communicable diseases

- Although there has been much progress in the region in slowing down the prevalence of HIV, TB and malaria and achieving the MDG targets, current efforts must accelerate to achieve the SDG targets of ending these diseases by 2030.

- **TB:** Globally in 2015, there were an estimated 10.4 million cases of TB, most of them occurring in the Asia-Pacific region (at 61 per cent). China, India and Indonesia alone accounted for 45 per cent of the global cases. The emergence of multidrug-resistant TB is a serious concern in the region.

- **HIV:** There was an estimated 300,000 new HIV infections in the region in 2015, with young people accounting for 37 per cent of them. Although this is a decline of 36 per cent since 2000, the rate of progress has slowed, with only a 5 per cent reduction in new infections between 2010 and 2015. Less than half of the people living with HIV are accessing life-saving treatment in Asia and the Pacific. HIV infection is increasing among men who have sex with men in urban areas. Coverage to prevent mother-to-child transmission (at 30 per cent) in 2014 was far below the global average (at 67 per cent).
Non-communicable diseases and environmental health

- **Cardiovascular diseases, cancer, diabetes and chronic obstructive pulmonary diseases**: These four diseases are now the major causes of death and disability in Asia and the Pacific. Non-communicable diseases also create tremendous economic burden. China and India, for example, were projected to experience economic losses of $558 billion and $237 billion (PPP), respectively, due to non-communicable diseases between 2005 and 2015. Risk factors include a diet high in fat, sugar and salt as well as tobacco use, the harmful use of alcohol and physical inactivity.

- **Tobacco use**: In 2013, there were an estimated 728 million tobacco users—40.3 per cent of males and 3.9 per cent of females aged 15 years or older. Tobacco use is the leading non-communicable disease risk factor and is higher among lower socioeconomic groups. Exposure to second-hand smoke exacerbates household air pollution, particularly jeopardizing the health of women and children.

- **Alcohol consumption**: The per-person intake of alcohol in the region increased from 4.5 litres in 2005 to 5.6 litres in 2015. This is still below the global average, which increased from 6 litres to 6.3 litres per person per year over the same period.

- **Air pollution**: Unhealthy environments are causing significant health problems in the region, including more than 7 million deaths annually, mostly attributable to both outdoor and indoor air pollution, including second-hand smoke.

- **Road traffic accidents**: Of the ten countries in 2013 with the largest number of fatalities per 100,000 people, two were in Asia and the Pacific: Thailand, at 36.2 per 100,000 population, and the Islamic Republic of Iran, at 32.1 fatalities per 100,000 population.

### Emerging Issues

- Health systems are facing critical capacity and financial gaps to meet the challenges of ageing populations, non-communicable diseases, cross-border epidemics, antimicrobial resistance, environmental pollution, climate change impacts and natural disasters.

- Rapid urbanization, trade liberalization and the increasing cross-border movement of people in the region are changing the risk and disease profiles. While these trends are often associated with negative health consequences, they also offer new opportunities to promote better care and to protect health through multisector partnerships.

- Multilateral and bilateral free trade and investment treaty negotiations are increasingly containing provisions that can restrict countries from implementing health-promoting measures, such as tobacco control and access to affordable medicines. Careful health impact assessments of these trade agreements are needed for policymakers and the public to make informed decisions.

- Key populations at higher risk of HIV infection, including men who have sex with men, transgender people, people who use drugs and sex workers, continue to be left behind in access to appropriate health information and services, such as comprehensive prevention programmes. Countries need to invest more in creating enabling environments (including removing legal and policy barriers) for access to services. The expansion of highly discriminatory and punitive approaches to drug use, sexual orientation, gender identity and other marginalized populations, coupled with shrinking civil society space, threaten to undermine or reverse the progress of recent years.
Coherent intercountry linked early warning and mobilization systems will be essential to address emerging and potential pandemics.

**TARGETS**

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol

3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

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

3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination

3.a Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate

3.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all

3.c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States

3.d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks