

# Development in Southeast Asia: Opportunities for donor collaboration

## Chapter 3. Health

George Ingram

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### Chapter 3. Health



*SDG 3—Ensure healthy lives and promote well-being for all at all ages*

*“When you invest in human beings, you’re putting in place the capital you need to grow your economies....Investing in people is investing in economic growth.”—Jim Yong Kim, President, World Bank.*

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## About the project

This research project—**Development in Southeast Asia: Opportunities for Donor Collaboration**—entails six related papers exploring development opportunities in Southeast Asia and potential areas of collaboration among donors to increase and accelerate their impact. The analysis focuses on seven principal development partners in Southeast Asia—Cambodia, Indonesia, Laos, Myanmar, Philippines, Timor-Leste, and Vietnam.<sup>1</sup> The donor countries are principal donors to these seven countries—the United States, Korea, Japan, Germany, and Australia. As six of the seven countries are lower-middle-income countries (LMIC) according to World Bank categorization, and Indonesia only recently graduated from that status, the two benchmark references will be data on lower-middle-income countries (LMICs) and on Southeast Asia.<sup>2</sup>

The policy overview paper sets out the overall framework, reviewing relevant donor policies, and different modalities that donors might consider as ways to collaborate. It is accompanied by a set of five papers that analyze needs and opportunities in specific sectors. The topics of the sector papers are digital, education, health, women’s empowerment/gender equality, and governance/public administration. The sector papers address: why the sector is important to human and national development; how the seven countries rank on key indicators so as to identify gaps where assistance might be most relevant; levels of donor assistance and activities in the sector; and potential areas for collaboration.

An apparent shortfall in the five sector papers is the incompleteness of information on current donor assistance projects. While information on some projects is found through the International Aid Transparency Initiative (IATI), using the USAID portal Development Cooperation Landscape,<sup>3</sup> the IATI platform does not report the full array of agency projects nor is it always up-to-date and does not reveal projects under consideration. For this study, this is not a significant limitation on the findings, as decisions on collaboration will be determined by the priorities of the specific donors at the point in time of such discussions, not by an independent study, and current projects (presented in the appendices of the sector papers) serve simply as useful, notional guides as to potential areas for collaboration.

These papers were written during the early phase of the COVID-19 pandemic when its manifestations were still emerging and yet to be fully understood, so the papers should be read with that caveat. Donors are still coming to terms with how programming needs to be adjusted in response to the pandemic<sup>4</sup>, beyond the obvious critical need for PPE

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<sup>1</sup> Note, Thailand also is a development partner, but development assistance to Thailand has been declining in recent years, so is not included in the study.

<sup>2</sup> The list of countries of Southeast Asia varies, but generally includes, in addition to the seven developing partners listed, Brunei, Malaysia, Singapore, and Thailand.

<sup>3</sup> <https://explorer.usaid.gov/donor>

<sup>4</sup> USAID, for example, has recently reported the initial findings of its Over the Horizon project that seeks to adjust the Agency’s approaches to the realities of COVID-19 fallout.

and other health interventions. They are grappling with how to respond to the broad ramifications of the crisis—retraction in economic growth, increased poverty, rising food insecurity, and the loss of educational opportunities, especially impactful for women and girls. The crisis has brought to light the glaring need for enhanced resilience to future shocks—health, social, economic, political, and environmental.

There are both short-term and long-term impacts that are becoming clear. Fortunately, the negative impact on economic growth and poverty in the seven partner countries is projected to be short-lived. As projections by Brookings in Table 1 reveals, COVID-19's negative impact on growth and poverty rates are likely to largely dissipate after 2020. These projections show that, after enduring negative or minimal economic growth and increased poverty rates in 2020, the seven countries will return in 2021 to positive economic growth and declining poverty rates, as they had prior to the crisis (with the exception of an essentially static poverty level in Timor-Leste and Philippines returning to lower poverty rates two years later in 2023).

**Table 1. COVID-19 Growth and Poverty Impacts in Southeast Asia**

<b>Country</b>	<b>GDP growth (%)</b>			<b>Poverty (\$1.90) Headcount Rate</b>		
	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Cambodia	7.0%	-2.8%	6.8%	1,566	4,715	1,339
Indonesia	5.0%	-1.5%	6.1%	7,370,163	9,047,098	6,023,305
Lao PDR	5.2%	0.2%	4.8%	788,705	836,958	752,975
Myanmar	6.5%	2.0%	5.7%	554,074	520,103	404,468
Philippines	6.0%	-8.3%	7.4%	4,509,436	8,044,238	6,148,002
Timor-Leste	3.1%	-6.8%	4.0%	269,988	273,376	276,746
Vietnam	7.0%	1.6%	6.7%	998,576	988,960	850,240

Source: Brookings (2020) based on IMF World Economic Outlook (Oct. 2020) and World Bank PovCal (Sept. 2020). Poverty is defined as those living below \$1.90 per person per day in 2011 purchasing power parity (PPP) terms.

Longer term ramifications wrought by the pandemic are programmatic and vary by economic and social sector. It seems certain that considerably more attention will be paid to health policy and increased funding will be targeted toward disease surveillance and prevention, both to resolve the current pandemic and to stem the next one so it is not as devastating as COVID-19. Some portion of children who have been locked out of school, especially girls, will not return and will live a life cut short of formal education. Hopefully on the positive side, education will deploy lessons from its hyper speed foray into digital learning and integrate digital into non-pandemic learning structures in actions to build back stronger.

COVID-19 has accelerated the essential role of digital connectivity in all aspects of social and economic life, prioritizing massive investment in digital infrastructure and the

digitization of previously analog sectors, a trend likely to continue long after the pandemic is over. COVID-19 has demonstrated the value of digital for public services and communications, and leaders with foresight will understand that adoption of e-government can make governance and public administration more transparent, more accountable, more efficient, and less corrupt.

The burden of the pandemic is bearing down more heavily on women, girls, marginalized populations, and those at the lower levels of the economic pyramid. The pandemic has made more evident economic and social inequities that have long existed and in recent times become starker. This provides an opportunity for national and international bodies and institutions to respond forcefully and unequivocally to reduce these inequities, rather than restore the veil that too often hides them—but taking such action is not a certainty.

This project was led by George Ingram, senior fellow at the Brookings Institution. Policy and methodological guidance were provided by Tony Pipa, senior fellow at the Brookings Institution. Extensive data work and critical review of the papers were provided by Meagan Dooley. Research assistance was provided by research analyst Helena Hlavaty and intern Tory Caruana.

## **Acknowledgments**

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## Health care

*“All roads lead to health”—Tedros Adhanom Ghebreyesus, Director-General, World Health Organization<sup>5</sup>*

COVID-19 has brought home in all too stark and frightening ways how essential health care is for personal well-being, national and global economic growth, and equity. Good health contributes to inclusive economic growth and social cohesion. Good health adds to personal and national income through its effects on education, productivity, investment, demographics, and resources.<sup>6</sup> Comprehensive health care systems stem national and global spread of pandemics.

Health care is a primary economic force—as a sector, it is a major contributor to economic activity and job creation. In 2015 the world spent \$7.3 trillion on health care, nearly 10 percent of global GDP. Add to that related services, and the total reaches \$10.7 trillion, 14.3 percent of global GDP.<sup>7</sup> Pre-COVID, it was estimated that by 2030 the health sector would employ 67 million workers, each of which in turn supports one or two additional jobs. By another study, a 2 percent investment in health would, depending on the country, bring a 1.2 percent to 3.2 percent increase in employment, with the majority of new jobs going to women.<sup>8</sup> The most recent World Bank report on purchasing power parity estimates that the health sector makes up 3.9 percent of domestic expenditures in lower-middle-income countries (LMICs) and 7.2 percent in East Asia and the Pacific.<sup>9</sup>

Research demonstrates a symbiotic relationship between health and economic activity, never demonstrated more starkly than by the economic disruption wrought by COVID-19—national and personal economic dislocation from the suspension of a wide range of commercial activities and an economic boom in the few sectors capable of capitalizing on the virtual economy and on demand for personal protective equipment and other medical equipment and tests.

Economic growth produces the resources to finance health services; in turn, greater investments in health contribute to economic output. Healthier workers miss fewer days of work and are more productive, creating greater economic resources. Between 2000 and 2011 approximately 24 percent of total income growth in LMICs was the result of increased life expectancy.<sup>10</sup> An effective health care system contributes to the

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<sup>5</sup> Sturchio. 2018.

<sup>6</sup> Sturchio.

<sup>7</sup> Sturchio. p 3.

<sup>8</sup> Sturchio, p 47-52.

<sup>9</sup> World Bank. 2020

<sup>10</sup> Sturchio. p. 117

competitiveness of an economy through its positive effects on labor costs, labor market flexibility, and resource allocation.

While average life expectancy in least developed countries has improved dramatically over the past 50 years (from 40 to 64 years),<sup>11</sup> health care in these countries typically faces a range of issues: poor infrastructure, inadequately trained health workers, inequality in access and utilization, risks of large out-of-pocket expenditures for large segments of the population, and insufficient finance. Many developing countries are struggling with high levels of infectious diseases and growing chronic illnesses. COVID-19, impacting women more than men with reduced access to basic maternal and child health services and bearing the burden of home and childcare<sup>12</sup>, has highlighted in stark terms the critical role, and the absence in too many countries, of a comprehensive and resilient health care system that can respond rapidly to the unexpected. The health care workforce faces major challenges, including shortages of workers, an imbalance of skills, and inequitable distribution of health workers.<sup>13</sup> The World Health Organization (WHO) estimates that half the world's population is without access to basic health services.

Gender disparities in health are a major issue, in terms of health needs, access to health care, and workforce participation. This is obviously a matter of equity, but also of efficiency and effectiveness. Women are the major consumers and deliverers of health care, but they face disparities in adequate service provision, equitable compensation, unpaid care responsibilities, and professional advancement. A healthy woman and mother translates into a more productive worker and family steward, who raises healthier children who are better students and better prepared to contribute to society—all of which contributes to a stronger economy and resilient social cohesion.

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<sup>11</sup> Sturchio. p. 259-260.

<sup>12</sup> UN. *Impact of COVID-19 on Women*; Plan International. *Halting Lives*; CARE. *She Told US SO*

<sup>13</sup> Sturchio. p 47.



## Status of health care in Southeast Asia

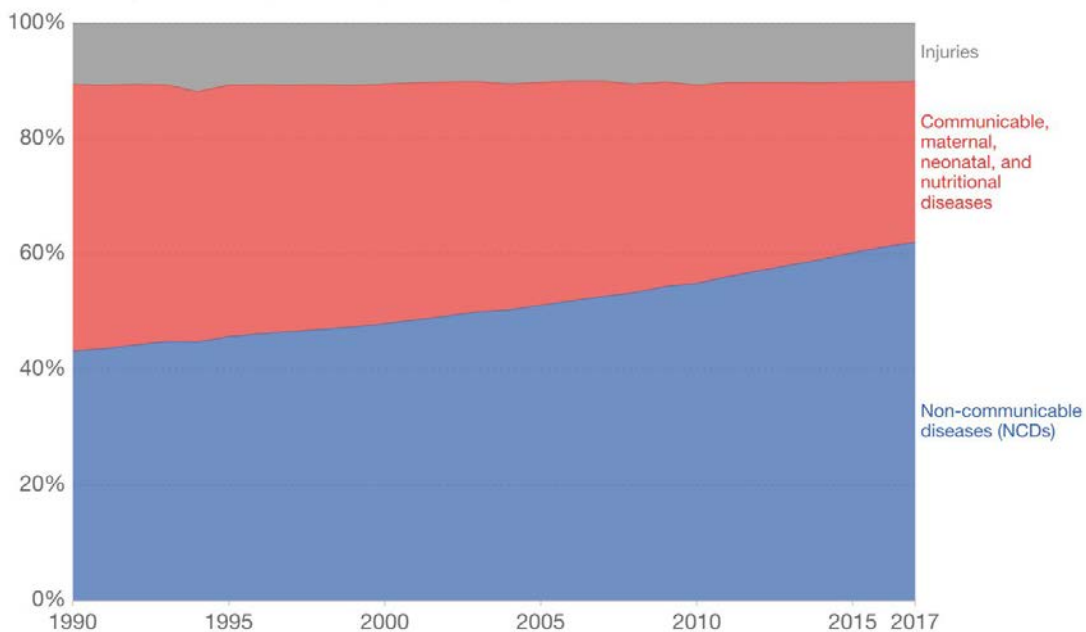
### Evolution in disease

Infectious diseases were the principal source of global premature death and disability until the end of the 20th century when noncommunicable diseases (NCDs) earned that distinction. As shown in Figure 1, as late as 1990, communicable diseases accounted for 46.3 percent of global deaths and disability, NCD for 43.2 percent, and injuries for 10.5 percent. In 2017, communicable diseases had fallen to 27.8 percent, NCDs soared to 62.05 percent, and injuries inched lower to 10.1 percent.<sup>14</sup>

Figure 1

#### Total disease burden by cause, World, 1990 to 2017

Total disease burden measured as Disability-Adjusted Life Years (DALYs) per year. DALYs measure the total burden of disease – both from years of life lost due to premature death and years lived with a disability. One DALY equals one lost year of healthy life.



Source: IHME, Global Burden of Disease

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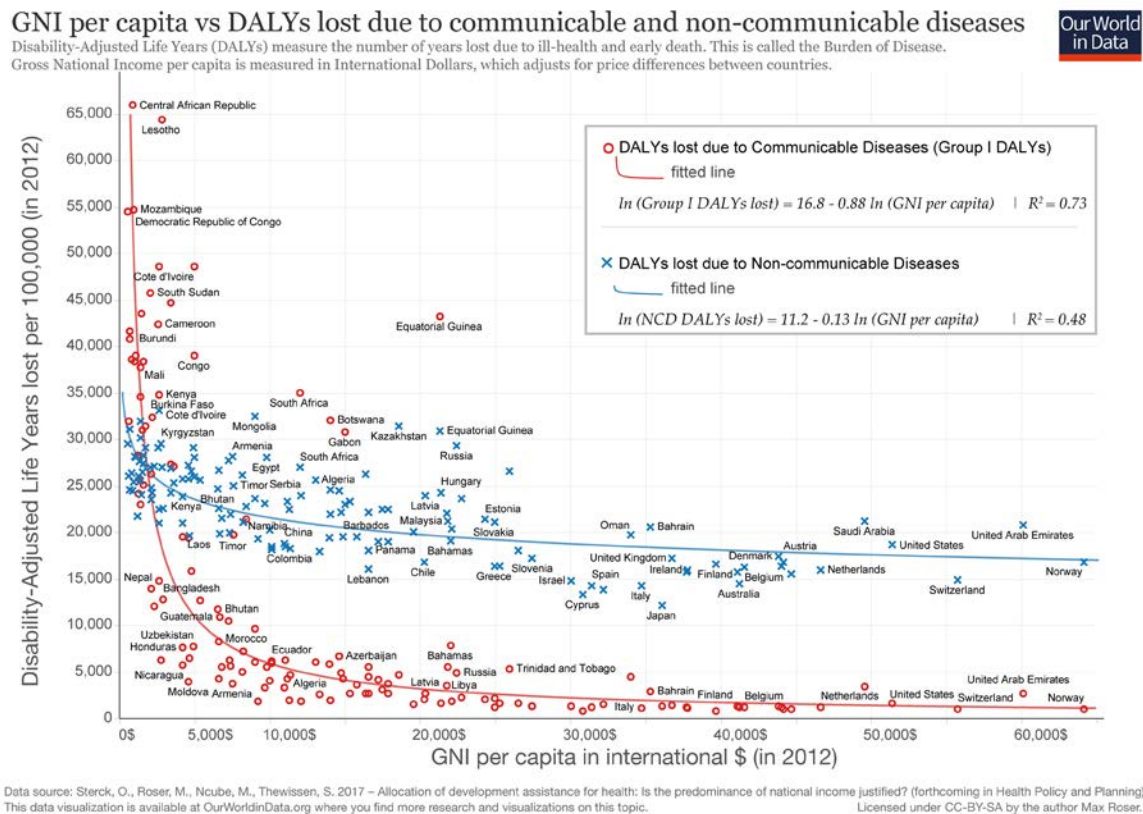
Source: Our World In Data (2020); data from IHME, Global Burden of Disease database

Unlike NCDs, infectious diseases are correlated with income, as tracked in Figure 2. As income and standards of living rise, incidence of infectious disease declines. Premature deaths in high-income countries result principally from NCDs, counting for more than 80 percent, whereas infectious diseases range below 5 percent. The reverse is true in most low-middle income countries (but not Southeast Asia), where communicable diseases

<sup>14</sup> Major Infectious Diseases

account for more than 60 percent of premature deaths but with rising incidence of NCDs.<sup>15</sup>

Figure 2



Source: Our World in Data (2020); data from Sterck et al. (2017)

### Basic health care

Besides raising standards of living and sanitary conditions, effective primary care is a first line of defense against disease. Basic primary care services can provide immunization, testing, evaluation, and treatment for a range of infectious diseases, hopefully preventing the spread of major outbreaks and diagnosing infections early. Comprehensive and integrated primary health care services that include coverage for HIV, TB, and viral hepatitis has proven particularly effective.<sup>16</sup>

Primary care is the foundation of health care. An effective primary care system is not just a set of services; it is an integrated approach to the health and well-being of

<sup>15</sup> <https://ourworldindata.org/burden-of-disease#the-disease-burden-by-cause>

<sup>16</sup> Major Infectious Diseases.

individuals, families, and communities. It is comprehensive in covering not just physical health, but mental health, environmental safety, and social wellbeing. It involves a range of approaches, including promotion, prevention, treatment, rehabilitation, and palliative care. An effective primary care system can address up to 90 percent of a population's health care needs by providing access to comprehensive services throughout an individual's life.

A comprehensive system is multi-sectorial and integrates promotion and prevention, improving health security by allowing communities to avoid or contain health threats such as epidemics. It builds resilience against shocks and unexpected health and economic challenges.

Health and well-being are grounded in a commitment to social justice and equity and recognized as fundamental rights, as set forth in Article 25 of the Universal Declaration of Human Rights.

The health and wellbeing of an individual and a community is affected by more than just health care services. For example, it is estimated that half the gains in reducing child mortality from 1990-2010 were due to other factors such as improved water and sanitation, education, and economic growth.<sup>17</sup>

Effective primary health care provides a positive return on investment, as it reduces the total costs of caring for health, improves efficiency in reducing time spent in hospitals, and improves the productivity of the labor force.

The state of primary health care in Southeast Asia is best viewed through the lens of key indicators of primary health. Appendix 1 presents data figures on nine indicators of basic health care. They reveal the principal basic health needs in the seven countries, using the average for all countries in Southeast Asia and the average for all LMICs as benchmarks as to where needs are more and less prevalent. The one primary health need that cuts across six of the seven countries is stunting (see Figure 8), falling above the LMIC average for all except Vietnam and particularly prevalent in Timor-Leste and for boys and children living in rural areas. Wasting (Figure 9) comes close, with only Philippines and Vietnam scoring better than the LMIC average, and again being more severe for boys.

Besides an unfinished agenda with the provision of basic health care, the predominant primary health needs of the seven countries vary. The most prevalent need in Cambodia is sanitation. For Indonesia it is pneumococcus inoculation. For Laos antenatal care is lacking, and for Myanmar maternal and neonatal mortality is high. Philippines needs to increase child immunization. Timor-Leste suffers from inadequate antenatal care, access

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<sup>17</sup> WHO website—<https://www.who.int/news-room/fact-sheets/detail/primary-health-care>

to modern contraception, and sanitation. Vietnam does fairly well on most basic health indicators, though there is unmet demand for family planning services.

## Communicable disease

### *Prevalence of HIV, TB, and Malaria*

Over prior centuries, global pandemics of infectious diseases—smallpox, cholera, influenza—have periodically devastated populations. Pandemic outbreaks became less frequent and severe with improved living conditions, specifically better sanitation and cleaner water, and with the introduction of vaccines and antibodies. But pandemic viral infections are still with us—in the last several decades, SARS, MERS, Ebola, Zika, and annual outbreaks of influenza—and now the devastation of COVID-19.

There has been progress in combating infectious diseases in low-income countries. From 2000 to 2010 the number of deaths before age 70 from HIV/AIDS, TB, and malaria fell by 45 percent, 35 percent, and 36 percent, respectively.<sup>18</sup>

Smallpox<sup>19</sup> was the first infectious disease to be eradicated, in 1980. As of 2020, polio had been eradicated in all but three countries (Afghanistan, Pakistan, and Nigeria). Progress has also been made in reducing the prevalence of yaws, Guinea worm, and malaria.

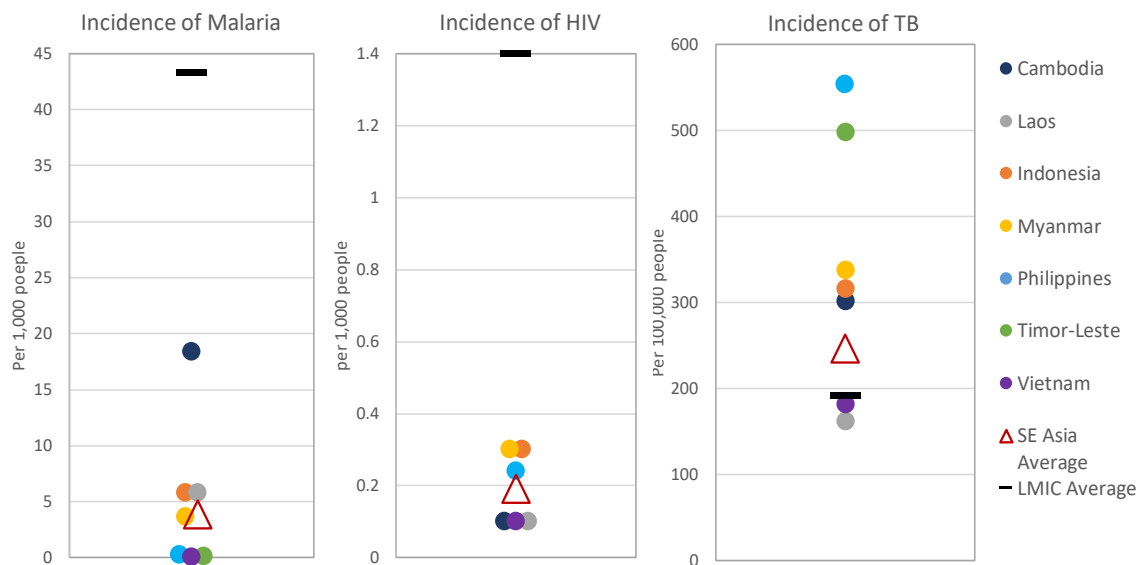
Figure 12 presents data on the incidence of the three most prevalent communicable diseases in the seven countries—HIV, Malaria, and TB. The three viruses are presented together in this figure for the purpose of highlighting their comparative prevalence (easier-to-read individual figures are found in Appendix II). What is stark is the low incidence of HIV and malaria in all seven countries and the high rates of TB, with the exception of Laos and Vietnam. Rates are especially high in the Philippines and Timor-Leste.

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<sup>18</sup> Major Infectious Diseases.

<sup>19</sup> Rinderpest in cattle and other ruminant animals has also been eradicated.

Figure 12. Incidence of malaria, HIV, and TB



Source: World Health Organization, Global Health Observatory (2019)

### Noncommunicable diseases

In 2016 noncommunicable diseases accounted for more than 60 percent of the global disease burden and 70 percent of deaths, percentages that are projected to grow. Among the principal noncommunicable diseases are cancer, cardiovascular disease, respiratory illness, diabetes, plus lifestyle behaviors such as smoking and misuse of alcohol.<sup>20</sup> The principal NCD killer is cardiovascular disease, accounting for 15 percent of the total deaths, followed by cancers at 9 percent.<sup>21</sup>

The risk of dying prematurely from NCDs is correlated with income. NCDs are a higher percentage of health problems as national income rises. But, due to poor health care, adults in low- and lower-middle-income countries face a higher risk of premature NCD death than those in high-income countries (21 percent and 23 percent respectively, versus 12 percent).

With changing demographics—increasing health and declining birth rate globally—comes an increasingly frail elderly population and greater prevalence of chronic and noncommunicable diseases. Between 2015 and 2050, the over-60 population is estimated to double and over-80 demographic to triple. By 2050, 25 percent of the world's population will be 60 or older, with 77 percent living in LMICs.<sup>22</sup> These trends will be accompanied by greater demand for health care services and caregivers.

<sup>20</sup> Sturchio.

<sup>21</sup> Major Infectious Diseases

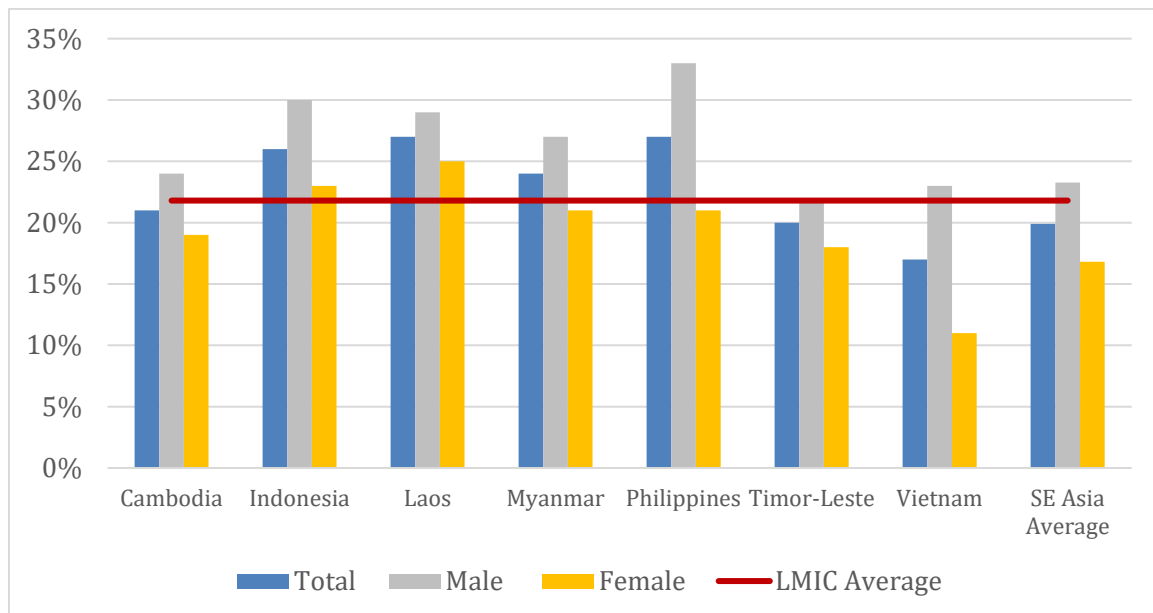
<sup>22</sup> Sturchio. p. 120-121.

The burden of NCDs has risen to now being the dominant illness for women. While unnecessary maternal and child deaths due to a lack of basic health care are often thought of as the leading causes of death for women in developing countries, maternal mortality rates have fallen 30 percent since 1990; their relative position in disability-adjusted life years (DALYs) fell from fifth place in 1990 to 11th in 2016. In contrast, NCDs globally accounted for 44 percent of mortality in women aged 15-49 in 1990 but rose to 51 percent in 2016. Cardiovascular disease is the primary cause of female mortality globally, accounting for one-third of deaths of women annually. It is estimated that by 2025 more than half of annual global deaths of women will be from cancer, with a higher share in developing countries (68 percent).<sup>23</sup>

#### Composite indexes on NCDs

Figure 13, structured by the seven partner countries, presents a WHO composite index of the risk of premature death by gender of four noncommunicable diseases—cancer, cardiovascular, respiratory, and diabetes. Cambodia, Timor-Leste, and Vietnam fall just below the LMIC average of 22 percent. Indonesia, Laos, Myanmar, and the Philippines are above. In every country, men show higher rates of NCD deaths than women. The global average is slightly lower than the Southeast Asia average at 18 percent (22 percent for males, 15 percent for females); all countries except Vietnam fall above this global threshold.

Figure 13. Risk of premature death due to non-communicable diseases (cancer, cardiovascular, respiratory, and diabetes)



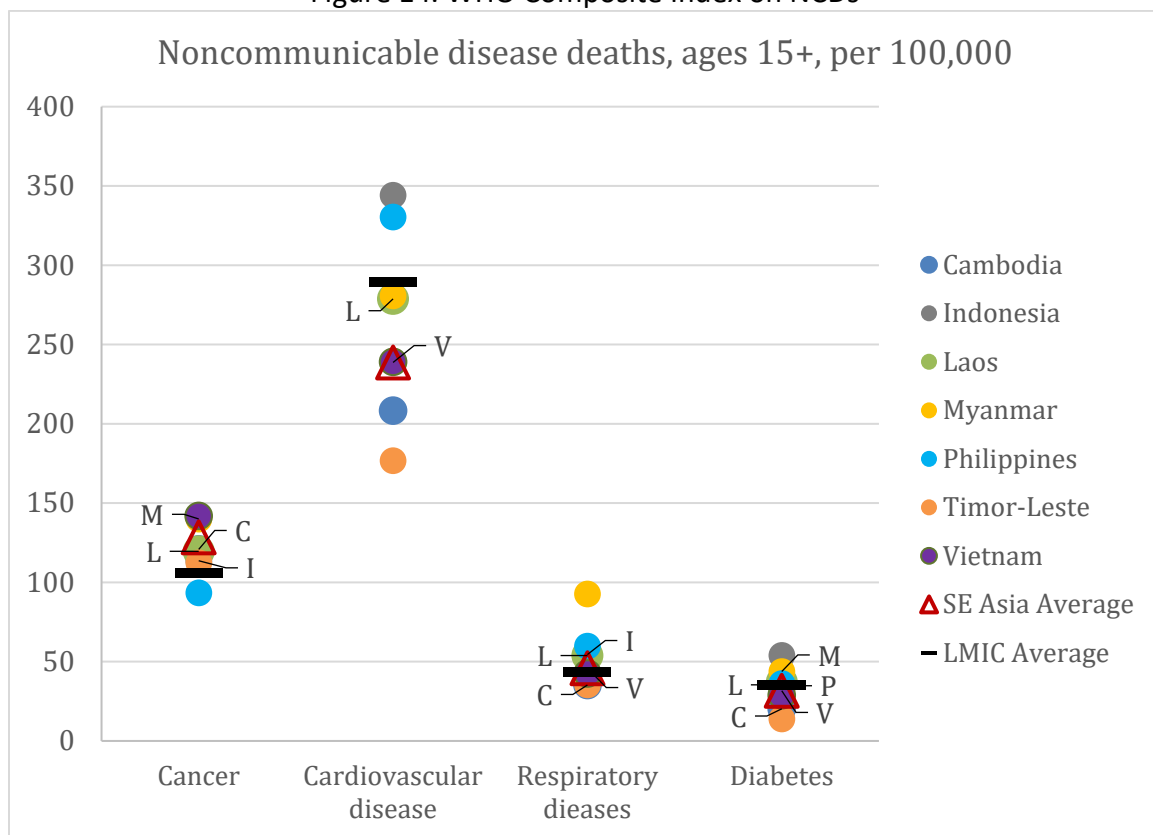
Source: WHO Non-Communicable Disease Report (2018)

<sup>23</sup> Sturchio. p. 123-124.

Figure 14, structured by disease, presents a WHO composite picture of how all seven partner countries fall on the four NCDs (see Appendix III for single country scoring on the four diseases). What is striking is the dramatically high incidence rate of death from cardiovascular compared to the other three diseases.

The seven countries hover around—a little above or below—the LMIC average on three of the diseases—cancer, respiratory, and diabetes. But on cardiovascular the range is much greater, with Indonesia and the Philippines being measurably above the LMIC average and Vietnam, Cambodia, and Timor-Leste ranking considerably below. Timor-Leste scores lowest (fewest deaths) of the seven countries on three of the diseases—cardiovascular, respiratory, and diabetes. Vietnam ranks highest on cancer, Myanmar on respiratory, and Indonesia on cancer and diabetes.

Figure 14. WHO Composite Index on NCDs



Source: World Health Organization, Global Health Observatory (2019)

## IHME country profiles

Tables 1 and 2 present data from the Institute for Health Metrics and Evaluation (IHME). Table 1 identifies principal causes of death and table 2 principal causes of premature death for each of the seven partner countries. What the two tables highlight is that (1) the principal *cause* of deaths across all seven countries are NCDs (stroke and heart disease) and (2) for *premature causes* of death, both NCDs (stroke and heart disease) and communicable disease (neonatal disorders and lower respiratory infection) share responsibility.



**Table 1. Top 5 causes of death by country**

(orange = communicable, maternal, neonatal, and nutritional disease; blue = non-communicable disease; green = injuries)

Country	Cambodia	Indonesia	Laos	Myanmar	Philippines	Timor-Leste	Vietnam
Stroke	x	x	x	x	x	x	x
Heart disease	x	x	x	x	x	x	x
Lower respiratory infection	x		x		x	x	
Cirrhosis (liver)	x	x		x			
Neonatal disorders	x		x			x	
COPD				x		x	x
Diabetes		x		x			
Tuberculosis		x			x		
Lung cancer							x
Kidney disease					x		
Alzheimer							x
Road injuries			x				

Source: IHME Country Profiles (2017).

**Table 2. Top 5 causes of premature death by country**

(orange = communicable, maternal, neonatal and nutritional disease; blue = non-communicable disease; green = injuries)

Country	Cambodia	Indonesia	Laos	Myanmar	Philippines	Timor-Leste	Vietnam
Stroke	x	x	x	x	x	x	x
Heart disease		x	x		x	x	x
Neonatal disorders	x	x	x	x	x	x	
Lower respiratory infection	x		x	x	x	x	
Cirrhosis (liver)	x			x			x
Congenital defect			x			x	
Road injuries	x						x
Kidney disease					x		
Lung cancer							x
Diabetes		x					
COPD				x			
Tuberculosis		x					

Source: IHME Country Profiles (2017)

### Country profiles

Appendix IV presents World Health Organization NCD profiles for 2018 for each country. These profiles are quite revealing. NCDs are the principal cause of death across all seven countries, accounting at the upper end for 67-77 percent of deaths in Vietnam, Indonesia, Myanmar, and the Philippines, 60-64 percent for Cambodia and Laos, and 45 percent in Timor-Leste.

The country profiles show that tobacco use by men is on a decline, except for Indonesia. There is an increase in obesity in women in all countries, while for men the rate is stable. Raised blood pressure is mostly on a flat trend line, except for modest increases in Vietnam, Cambodia, and Myanmar.

Further on lifestyle, the figures in Appendix V reveal that use of tobacco and consumption of alcohol are very much a male issue. Tobacco use is particularly prevalent among men in Indonesia, and secondly in Laos. Misuse of alcohol consumption is especially high among men in Laos and Vietnam.

## Universal health coverage

*World Health Organization—Universal Health Coverage “means that everyone—irrespective of their living standards—receives the health services they need, and that using health services does not cause financial hardship.”<sup>24</sup>*

In the 1980s and 1990s health efforts were concentrated on vertical programs for improving specific health issues—vaccines, polio, family planning, maternal health, and child survival—and more recently on HIV/AIDS and malaria.<sup>25</sup>

Today, there is a growing focus on expanding access to universal health coverage. Why universal health coverage (UHC)? Because, as presented above, health is a force multiplier for the economic and social wellbeing of a country, and prevention, which requires near universal coverage, is less expensive and more effective than treatment. UHC directs greater resources to primary and secondary prevention, early detection, and management of chronic illness.

There is no single approach to universal health coverage. Policies supporting effective universal health coverage must be context-specific and complementary with other policies and priorities.

Universal health care is not an either-or proposition between public or private provision. The countries with the best records have a mixed public-private system. In many developing countries, as in developed countries, both for-profit and non-profit private sector enterprises provide significant shares of health services. Particularly in low-income countries, there are limited public expenditures available for health care. Private providers fill the gap and can increase technical efficiency and innovation in service delivery, logistics, and supply chain management, and education and training of health care workers. But the private health care industry in most LMICs is fragmented, weakly regulated, and insufficiently engaged in universal health provision.<sup>26</sup>

As articulated above, given disparities in health access and outcomes for women, gender is a central issue in health care. The comprehensive nature of universal health coverage makes it an apt vehicle to address gender biases, which are best address through a holistic and strategic approach.

### *Composite indexes on universal health coverage*

Figure 15 presents a WHO composite index on universal health care coverage. Figures for the four subcomponents of the index are presented in Appendix VI.

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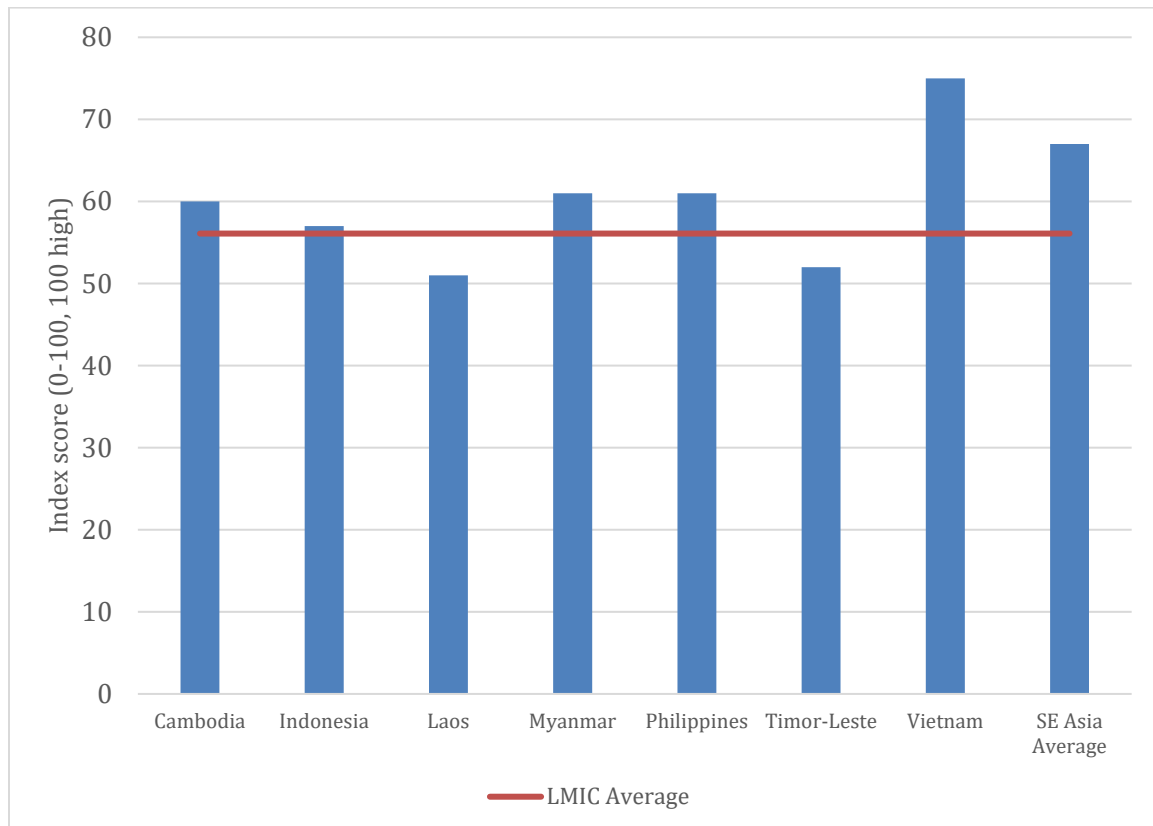
<sup>24</sup> WHO and World Bank 2017

<sup>25</sup> Sturchio. p 5.

<sup>26</sup> Sturchio, p 67 & 127.

Figure 15 shows Laos and Timor-Leste at just below the LMIC average, Indonesia at the average, and Cambodia, Myanmar, Timor-Leste, and Vietnam above. Only Vietnam is above the average for Southeast Asia. Compared with other regions, Southeast Asia sits in the middle of the pack—above Africa, the Middle East and North Africa, and the Western Pacific, but below the Americas and Europe.

Figure 15. Universal Health Coverage Service Index



Source: World Health Organization, Global Health Observatory (2019)

Looking at the subcomponent figures in Appendix VI, Figure 33, based on four basic indicators of universal coverage for mother and child health, shows all seven countries scoring above the LMIC average, Laos just barely.

Figure 34, representing universal coverage for a combination of infectious diseases, reveals Indonesia scoring well below the LMIC average, Laos, the Philippines, and Timor-Leste right around the average, and Cambodia, Myanmar, and Vietnam well above.

Figure 35 is a composite of universal coverage for noncommunicable diseases. Timor-Leste comes in well below the LMIC average, Indonesia, and Laos just below, and Cambodia, Myanmar, the Philippines, and Vietnam modestly above.

Figure 36 reports on the capacity and access to deliver universal health services. Four countries score poorly on this index—Myanmar and Timor-Leste just below the LMIC average and Cambodia and Laos well below. Indonesia and Vietnam score well above the LMIC average and the Philippines just below.

### Principal health care issues

While there are a few inconsistencies across the different data sets, the picture overall and for each country is fairly clear.

For basic primary health care services, as represented in the composite index in Figure 18, Cambodia, Indonesia, and Vietnam score relatively well. This ranking appears to accurately represent the situation for Cambodia and Vietnam but masks Indonesia's low coverage on child immunization and inoculation against pneumococcus, which also is a problem in Laos and the Philippines. Stunting and wasting stand out as being particularly severe across all countries except Vietnam, especially for boys and children living in rural areas. They are followed by neonatal mortality and inoculation against pneumococcus, on which three countries do poorly—Laos, Myanmar, and Timor-Leste on neonatal mortality, and Laos and the Philippines joining Indonesia on pneumococcus. Less pressing are maternal mortality (with the exception of Myanmar) and availability of contraception (with exception of Timor-Leste).

For major communicable diseases, the picture is clear. The prevalence of HIV/AIDS and malaria in all seven countries is low, but TB is a serious problem, especially in Philippines and Timor-Leste. Laos and Vietnam are the exception, having a relatively low TB incident rate.

Noncommunicable diseases are the major health issue, being responsible for more than 50 percent of deaths in all countries except for Timor-Leste. Cardiovascular, strokes, and cancer are the primary issues. In Indonesia and Philippines cardiovascular disease represents 35 percent of mortality.

For universal health care services, Cambodia, Laos, Myanmar, and Timor-Leste show the greatest need for expanded coverage.

### Country health plans

Appendix VII presents the self-identified health care priorities for the seven partner countries. For six the priorities are taken from national health care plans. For Laos, they come from the national social and economic development plan.

None of the country plans speak to specific disease and health care needs as identified by the data on key indicators, nor do they give particular priority to communicable over noncommunicable diseases, or vice versa. The focus is more on how health care systems are structured and function.

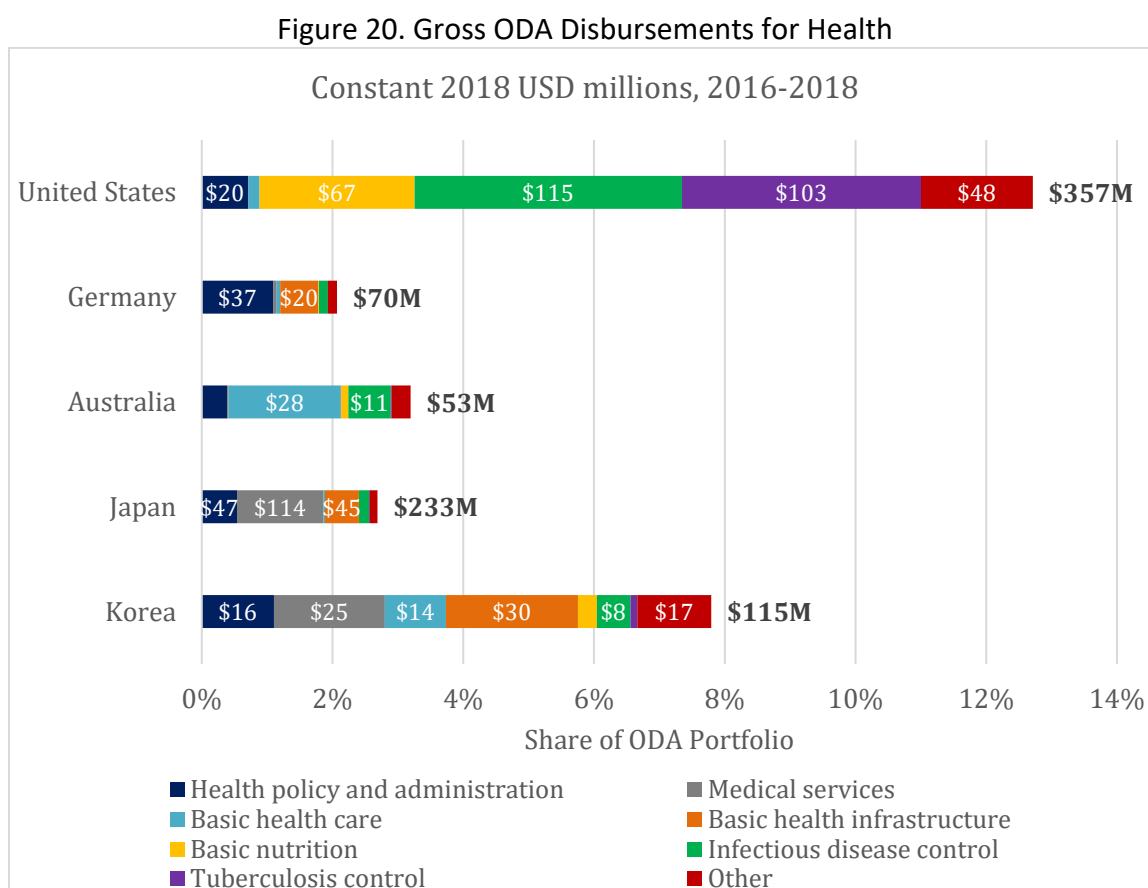
There is considerable commonality among the plans. All or most give priority to a comprehensive, nationwide health care system, with several emphasizing primary care. Within that, the plans place priority on engaging at the local and community level—both in providing services and in being responsive to local needs. The plans put priority on financial risk protection—making health care affordable—and several put priority on the national budget for health care. Several plans also put priority on training staff, infrastructure, health supplies, and adequate information and data. Only the Cambodian plans put priority on quality of service.

## Donor health priorities

### Donor funding

Figure 20 presents health assistance to the seven partner countries by the five donors for the years 2016-2018. The U.S. provided a total of \$357 million in funding, Japan \$233 million, Korea \$115 million, Germany \$70 million, and Australia \$53 million. Health is a significant portion of the assistance programs to the seven countries for two of the donors—13 percent of the U.S. portfolio and 8 percent for Korea. In comparison, health is a relatively minor sector for the other three countries, just 3 percent each for Australia, Germany, and Japan.

There is considerable dispersion in the subsector allocation of funding. Korean funding is found principally in health policy administration, medical services, basic health care, and infrastructure. While also covering reproductive and mother and child health care, U.S. assistance is heavily concentrated in basic nutrition and infectious disease control—both generic control of infection and specifically on tuberculosis. Medical services are prominent in the portfolios of Japan and Korea. Basic health infrastructure is prominent in the Japanese, German, and Korean programs. Australia invests heavily in basic health care, and secondly in infectious disease control.



Source: OECD CRS (2020). All prices in constant 2018 USD, millions

### Funding levels to partner countries

Table 3 presents data for each of the seven recipient countries on the level of funding from each of the five donors and the percentage that funding represents of total health assistance to the country. The United States and Japan are responsible for the highest proportions of health assistance to the seven countries. Across all seven recipients, the U.S. provides 15 percent of health assistance from all donors, Japan 10 percent, Korea 5 percent, Germany 3 percent, and Australia 2 percent.

The share of health care funding provided by individual donors varies considerably for each country. Health spending priorities seem to be a country-by-country decision, as opposed to a regional focus. For example, while Korea has invested heavily in the health sector in Laos and Timor-Leste, it has devoted little health funding to Indonesia and Myanmar. The exception may be Cambodia, where all donors have invested significantly in health, each accounting for 8-14 percent of all health funding to the country, totaling 53 percent of all donor assistance for health. The United States is the top donor to Indonesia, accounting for 33 percent of all donor assistance for health. Korea is the top donor to Laos (at 12 percent) and Timor-Leste (at 17 percent), followed closely by Australia (14 percent). Japan is the top donor to the Philippines (13 percent) and Myanmar (10 percent), followed closely by the U.S. (12 percent and 9 percent, respectively). Japan also is a principal health donor to Vietnam (17 percent).

**Table 3. Gross ODA disbursements for health, 2016-2016, to 7 South East Asian countries**

(in millions and as share of total health funding to country by all donors)

Donor	Total	Cambodia	Indonesia	Laos	Myanmar	Philippines	Timor-Leste	Vietnam
Australia	\$53	\$25	\$18	\$0	\$1	\$1	\$6	\$1
	2%	8%	3%	0%	0%	0%	14%	0%
Germany	\$70	\$36	\$8	\$2	\$0	\$4	\$0	\$20
	3%	12%	1%	1%	0%	2%	1%	4%
Japan	\$233	\$35	\$9	\$8	\$51	\$31	\$5	\$93
	10%	12%	1%	5%	10%	13%	10%	17%
Korea	\$115	\$24	\$2	\$21	\$5	\$17	\$8	\$38
	5%	8%	0%	12%	1%	7%	17%	7%
United States	\$357	\$40	\$210	\$5	\$45	\$28	\$0	\$29
	15%	14%	33%	3%	9%	12%	0%	5%
Total 5 Donors	\$827	\$160	\$248	\$36	\$103	\$81	\$20	\$181
	34%	54%	39%	22%	21%	35%	43%	32%

Source: OECD CRS (2020). All prices in constant 2018 USD.



### *Donor Strategic Priorities*

KOICA's 2016-2020 mid-term strategy puts priority on maternal and child health, family planning, and access to health and medical services.<sup>27</sup> JICA's 2013 strategy focuses on strengthening health care systems across the entire scope of health care, specifically targeting administrative capacity, health services, and human resource development, with priority on infectious disease control and maternal and child health.<sup>28</sup> The Australian 2015 strategy prioritizes strengthening public health care systems and capacities (highest priority), combating cross border health care threats, WASH,<sup>29</sup> and nutrition.<sup>30</sup> USAID's health strategy covers maternal and child health, HIV/AIDS, infectious disease, family planning, and health system strengthening.<sup>31</sup> GIZ prioritizes strengthening health care systems and infectious disease.<sup>32</sup>

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<sup>27</sup> KOICA's Mid-Term Sector Strategy 2016-2020

<sup>28</sup> [JICA's Operation in Health Sector](#)

<sup>29</sup> Water, sanitation, and hygiene

<sup>30</sup> DFAT. *Health for Development Strategy: 2015-2020*.

<sup>31</sup> USAID. *USAID's Global Health Strategic Framework*.

<sup>32</sup> <https://www.fundsforngos.org/developing-countries-2/cambodia/health-systems-strengthening-building-resilient-and-sustainable-systems-for-health/>

## Donor collaboration

To identify the most efficacious areas for donor collaboration, relevant points of reference are where the data indicates the principal needs are, the priorities in national plans, donor funding trends and priorities, and current donor projects.

### *Needs*

The data reveals that the most prominent need, with incidence trending upward, is in noncommunicable disease, specifically cardiovascular, cancer, and strokes. Within primary health care, the most prevalent need is in the area of malnutrition—wasting and stunting—that are addressed not just through health but also nutrition and multisectoral interventions. COVID-19 is magnifying malnutrition as an additional 83 million to 132 million people go hungry in 2020 due to supply chain failures and lockdowns.<sup>33</sup> Following those nutrition issues in significance are neonatal mortality and inoculation against pneumococcus.

While data shows that infectious diseases, with the exception of tuberculosis, are not a major issue, COVID-19 has raised the priority of building the ability to prevent and stem infectious disease. The pandemic is assessed to be returning vaccine coverage back to 1990's levels, a 25-year setback that puts the current cohort of youth at serious risk.<sup>34</sup>

### *Country health plans*

All of the recipient country health plans put priority on primary health care, particularly building local capacities and reaching rural communities, and on ensuring adequate financing, training staffing, and infrastructure.

### *Donor funding*

At the macro funding level, the vast majority of donor funding is in the areas of infectious diseases, basic health services, infrastructure, and training. In their strategies and policies, four of the donors target strengthening the overall health care system and three target maternal and child health care and infectious disease. Japan and Australia also prioritize human capacity building, and Korea and the U.S. also prioritize family planning. None of the donors in neither their funding nor policy prescriptions target NCD.

### *Donor projects*

Reviewing the information available in Appendix VIII on specific donor projects, it must be emphasized that this information is incomplete as there is considerable variability in the extent to which donors report to IATI their assistance data and information on projects. The largest number of donor projects reported are in the area of infectious disease, comprising activities on TB, HIV/AIDS, polio, and infectious disease outbreak control, with the U.S. being the principal donor and Vietnam hosting the most projects.

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<sup>33</sup> FAO, IFAD, UNICEF, WFP and WHO. 2020. [The State of Food Security and Nutrition in the World 2020: Transforming food systems for affordable healthy diets](#). Rome, FAO.

<sup>34</sup> IHME estimate as reported in Gates. *2020 Goalkeepers Report*.

Second in frequency is capacity enhancement, funded specifically by Korea, Australia, and the U.S., and located mainly in Cambodia and Vietnam. The third largest number is in service delivery, specifically by Korea and Germany, with Cambodia hosting the largest number of projects.,

### Specific opportunities for collaboration

Taking the impact of COVID-19 out of the equation for a moment, the most obvious intersection between need, priorities in plans, funding, and programming is in noncommunicable disease, primary care services, and capacity building. With respect to primary care and capacity building, donors might gain greater efficiencies through collaboration, especially in Cambodia which hosts a number of activities by Korea, Germany, and the U.S. Where there are gaps, several donors might create joint efforts, possibly led by the U.S. priority on nutrition, in stunting, wasting, neonatal mortality, and inoculation against pneumococcus. They also could do more to help in the area of health care financing.

For communicable diseases, donors could coordinate their disparate efforts to ensure that the most serious issue, TB, is covered in the countries with the highest rates, Philippines and Timor-Leste. USAID funds programs on TB in Cambodia, Myanmar, Indonesia, and Vietnam. Through collaboration among the donors, the effort could be extended to the Philippines, and Timor-Leste.

The biggest disconnect between donor funding and programs and country needs is with the rising incidence of noncommunicable diseases, especially cardiovascular. Donors have not targeted NCDs and should collectively reconsider NCDs as a priority and discuss how jointly to reorient funding. High-income countries have considerable experience in dealing with NCDs that would help LMICs better deal with what is becoming an increasingly greater segment of the health care challenge. They have expertise and lessons learned, including Korea which has recent and relevant experience, that could serve lower-income countries well in improving health care approaches to NCDs. However, long standing program configuration and the bureaucratic and political backing that go along with current programming will make it difficult for donors to redirect health funding to NCDs.

### P4H

One option for donor collaboration is working together through P4H. P4H is a network of 18 public and private institutions that collaborate to advance policy, knowledge, and capability on financing for social health protection (UHC).<sup>35</sup> A product of deliberations among the members of the G8, P4H members are multilateral and bilateral donors, including GIZ and USAID, civil society organizations, and health institutions, including the

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<sup>35</sup> <https://p4h.world/en.> P4H; “Terms of Reference for the P4H Network”; P4H. “P4H Annual Review 2018-2019”.

Seoul National University School of Public Health. All seven partner countries have basic needs in Universal Health Care, one of the fundamental barriers to which is finance. Six of the seven partner countries, with the exception of Timor-Leste, are among the 83 countries in which the initiative is active. While global in scope, P4H's activities are focused at the country level, with a country coordinator who links together organizations in the country and internationally to catalyze collaboration on knowledge sharing and joint activities, including studies, strategies, and capacity building through trainings and webinars. The significance of the initiative is that ODA plays a minimal role in financing health care, which is overwhelmingly dependent on national government and private finance.

Membership in the network is more about contributing knowledge, expertise, and energy than finance. DFAT, KOICA, and JICA could join GIZ and USAID, possibly with a modest financial contribution, and, more importantly, bringing their individual expertise, experience, and networks to help broaden and deepen interactions to advance UHC in the seven partners countries

### In the COVID-19 era

Although specific infectious disease, other than TB, are not a major health issue in most of these seven countries, COVID-19 has changed the equation as to what is urgent, making the entire world aware of the need for all countries to strengthen their defenses against potential pandemic outbreaks. Investments in pandemic preparedness and health system resilience more than pay for themselves, with benefits accruing not just to a country and region, but to global health security.

Australia has been operating an infectious disease outbreak program in Timor-Leste and this year started two new projects to enhance that country's ability to respond to COVID-19, which other donors could join in or take to other countries.

Particularly for Southeast Asia, one of the donors offers a regionally-relevant model. COVID-19 revealed that Korea has built a strong defensive health care network capable of responding rapidly and effectively to a pandemic. Systems put in place and lessons learned following the SARS pandemic serve as a model for preventing and addressing future outbreaks. Korea responded by investing in public health, building systems, and institutions to bring the concerted power of government to confront pandemic outbreaks. It established the Korean Disease Control and Prevention Agency to centralize control and communications and built infrastructure for disease surveillance, case reporting, and contact tracing. It developed decentralized networks of laboratories and invested in the personnel to run these new systems.<sup>36</sup> These lessons could be shared with neighboring countries to help them build up their own national response capacity.

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<sup>36</sup> [Kheng Khor, Swee and David Heymann](#). An Asian Pandemic Success Story

### *Global Health Security Agenda*

COVID-19 brings urgency to the critical importance of strengthening nations' ability to prevent and stem the outbreak of a disease and is a logical area for donors to coalesce around. The Global Health Security Agenda (GHSA) is a ready mechanism for that collaboration.

Established in 2014, GHSA is comprised of 69 countries, international organizations, non-government organizations, and private sector companies that work toward the goal of a world safe and secure from global health threats posed by infectious diseases. Governed by a 10-country Steering Committee, the GHSA provides a common framework for developing national action plans (68 to-date) and for annual independent evaluation of a country's implementation of those plans, toward the objective of building the capacity of countries to prevent, detect, and respond to infectious disease outbreaks. The plans are designed to implement the WHO International Health Regulations. Activities cover support for enhanced surveillance and biosecurity systems and immunization campaigns, curtailing antimicrobial resistance, establishing national laboratory and disease reporting systems to detect threats, building epidemiologic and laboratory workforce capacity, and training for incident management. The partners in the GHSA operate parallel activities coordinated through the common framework.

Indonesia, Korea, and the U.S. are permanent members of the steering committee. Australia is a rotating member. Korea hosted the GHSA Ministerial and made a \$100 million commitment to the initiative. GHSA is operative in three of the countries—Indonesia, the Philippines, and Laos.<sup>37</sup>

At the November 2018 GHSA Ministerial Meeting, health ministers and other representatives from the Association of Southeast Asian Nations (ASEAN) member states declared their continued commitment to protect people from emerging infectious disease threats and advocated for strong participation in GHSA.

At a time when the world is coming to understand that each country's defense strategy against the next pandemic is interconnected to the actions and health security of other countries, and the global response is only as strong as the weakest link, expanded collaboration in the GHSA could deepen the program where it currently operates and extend it to the other four countries of interest—Cambodia, Laos, Myanmar, and Timor-Leste.

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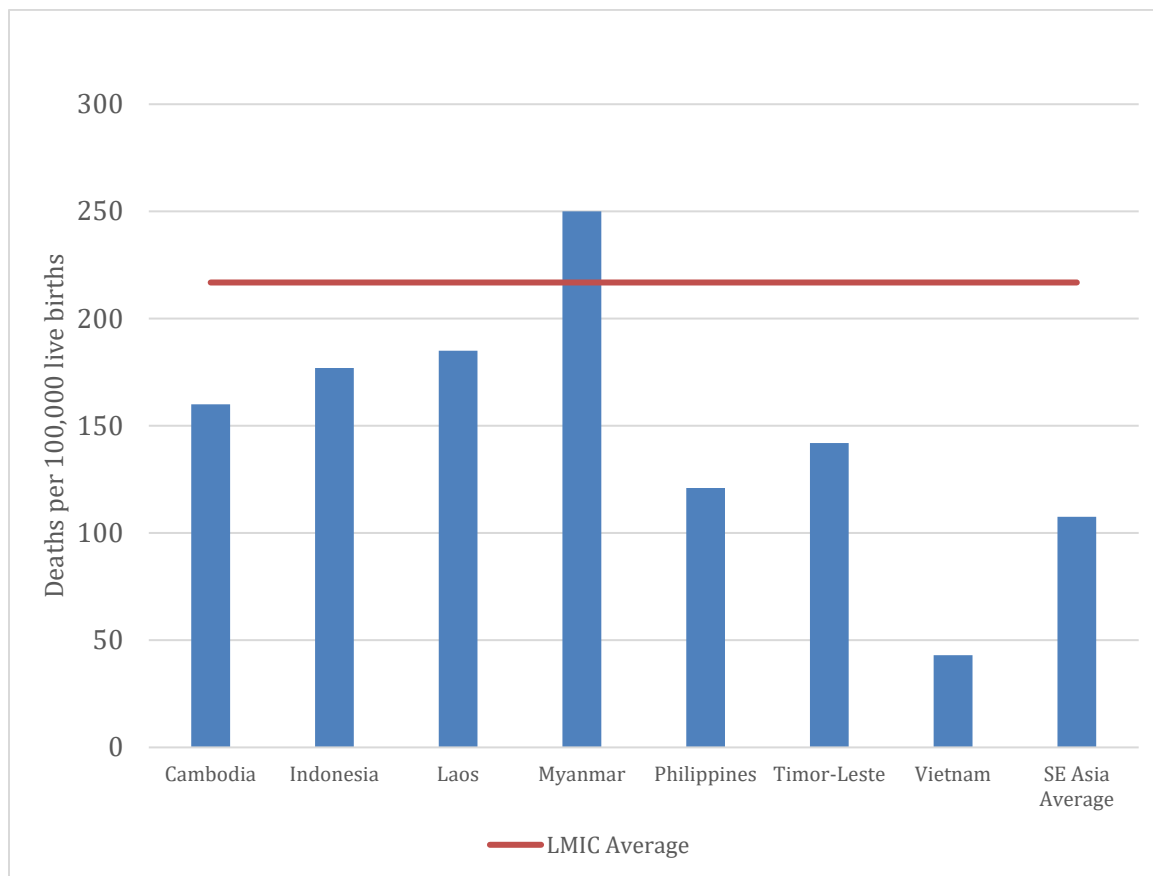
<sup>37</sup> Global Health Security Agenda website—<https://ghsagenda.org/ghsa-members/>

## Appendix I. Indicators of primary health care

### Maternal mortality

Of the seven countries of focus for this paper, six—Cambodia, Laos, Indonesia, the Philippines, Timor-Leste, and Vietnam—have incidence of maternal mortality below the average for lower-middle income countries (LMIC) (Figure 3). Only Myanmar is above the average.

Figure 3. Maternal mortality ratio (deaths per 100,000 live births)

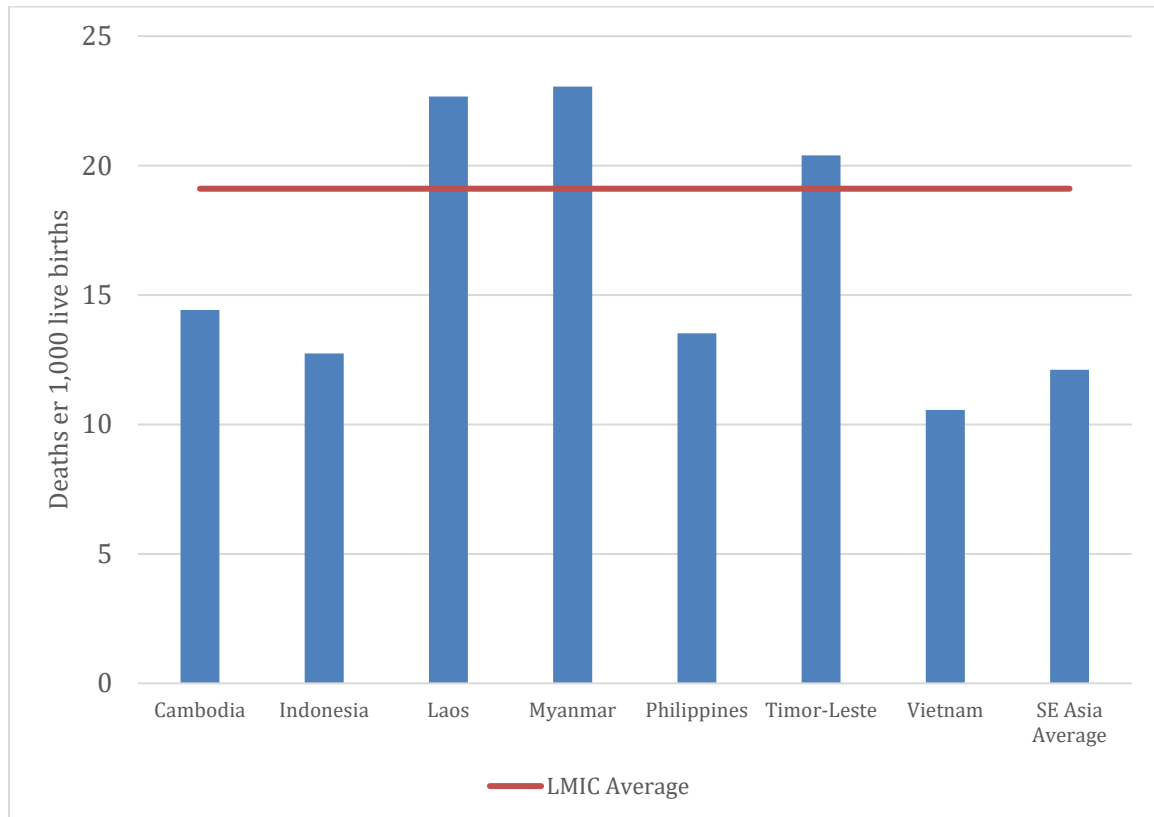


Source: World Health Organization, Global Health Observatory (2019)

### Neonatal mortality

For neonatal mortality, three countries have rates higher than the LMIC average—Laos, Myanmar, and Timor-Leste—and four are below—Cambodia, Indonesia, Philippines, and Vietnam.

Figure 4. Neonatal mortality rate (deaths per 1,000 live births)

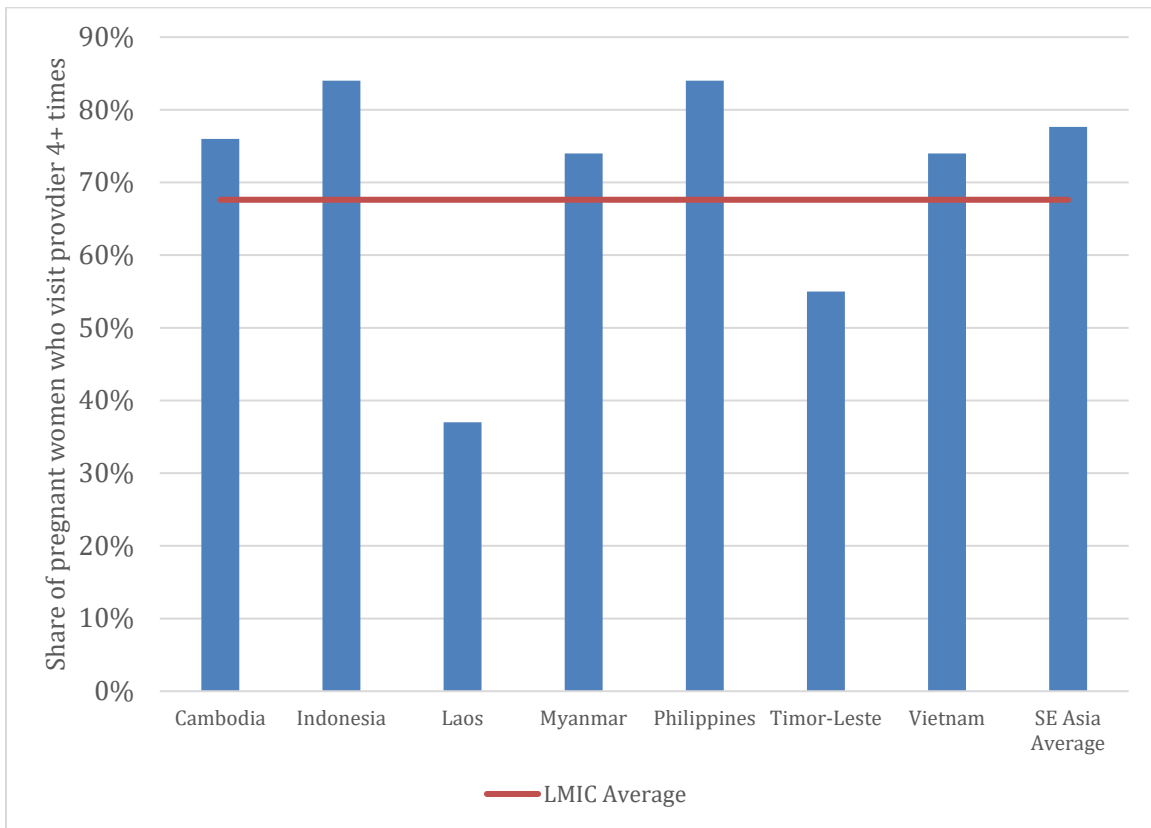


Source: UNICEF, Monitoring the Situation of Children and Women (2019)

### Antenatal care

Five of the countries provide care during pregnancy above the LMIC average and only Laos and Timor-Leste fall below.

Figure 5. Antenatal care, 4+ visits %



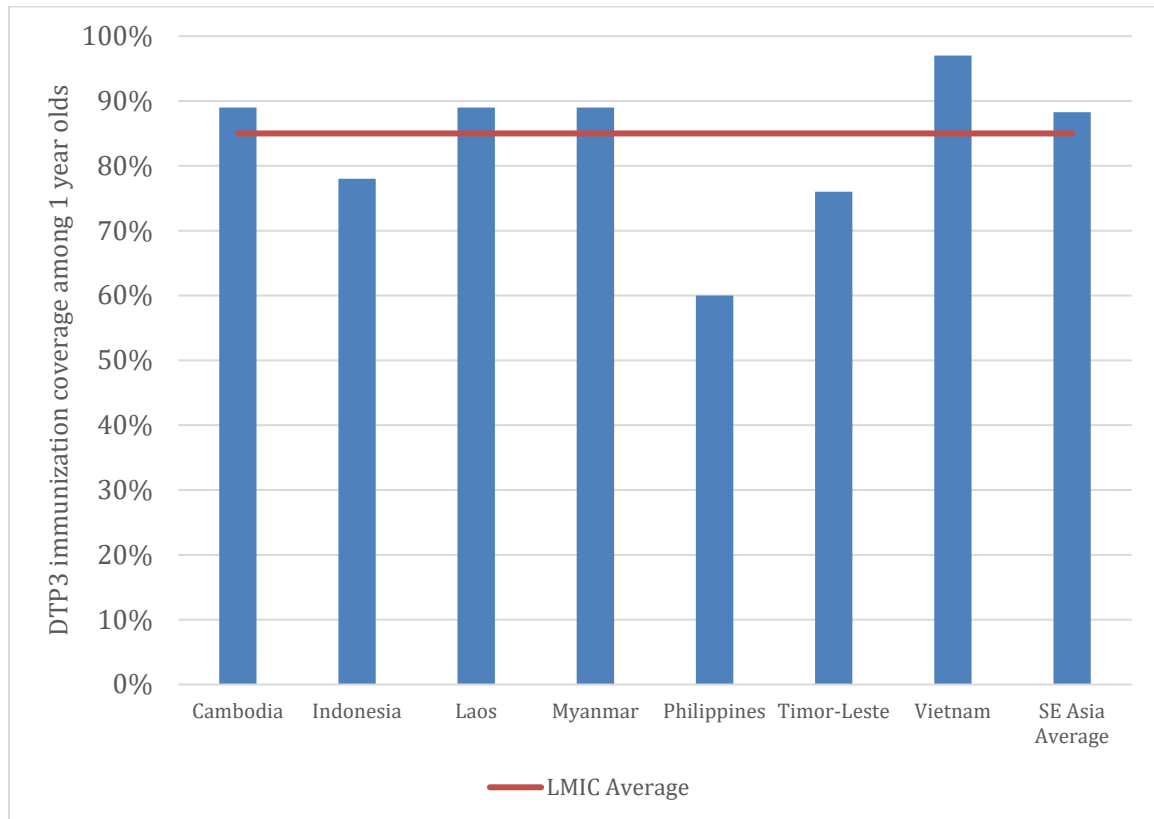
Source: World Health Organization, Global Health Observatory (2019)



### Child immunization

Child immunization coverage in Philippines is considerably below the LMIC average, in Indonesia and Timor-Leste it is just below, and in the other three countries it is just above the LMIC average. Vietnam does well, with 97 percent immunization rate.

Figure 6. Child immunization (DTP3)

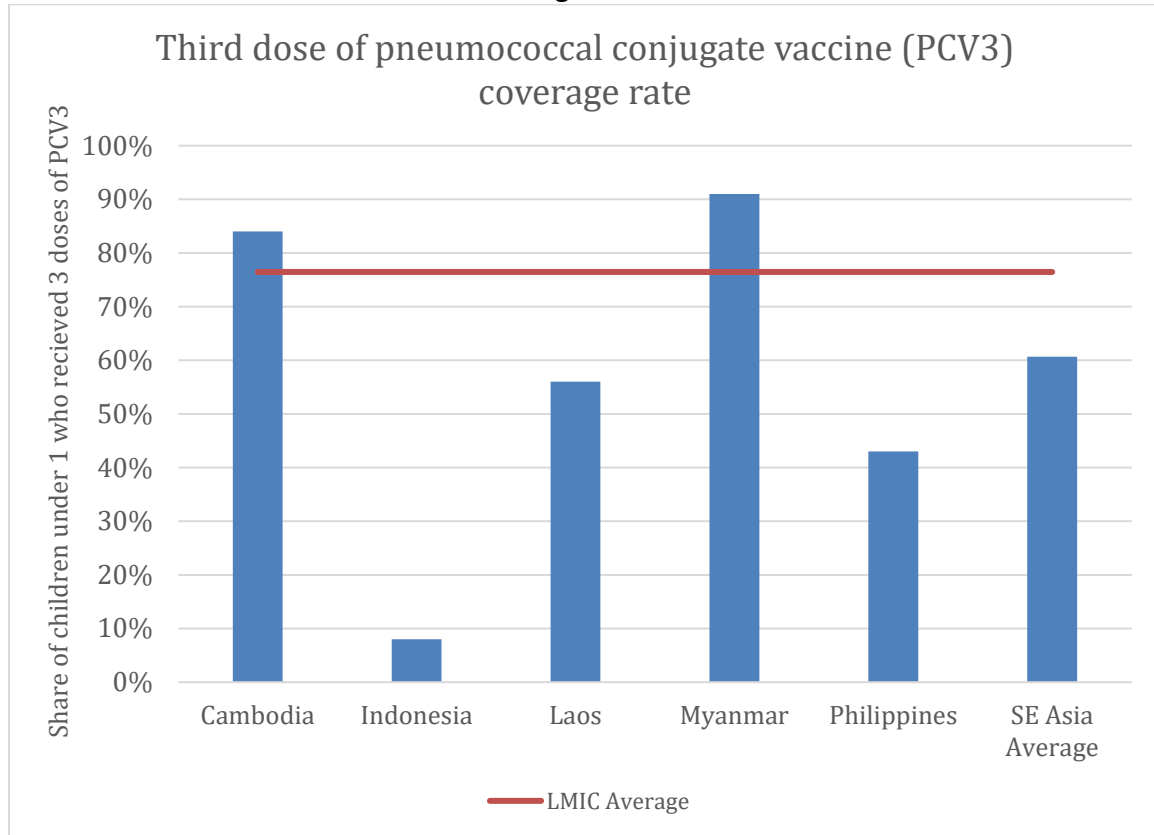


Source: World Health Organization, Global Health Observatory (2019)

### *Pneumococcus*

Cambodia and Myanmar are inoculating their populace against pneumococcus at a higher rate than the LMIC average; Laos and Philippines somewhat below; and Indonesia substantially below. (Data for Timor-Leste and Vietnam is not available).

Figure 7

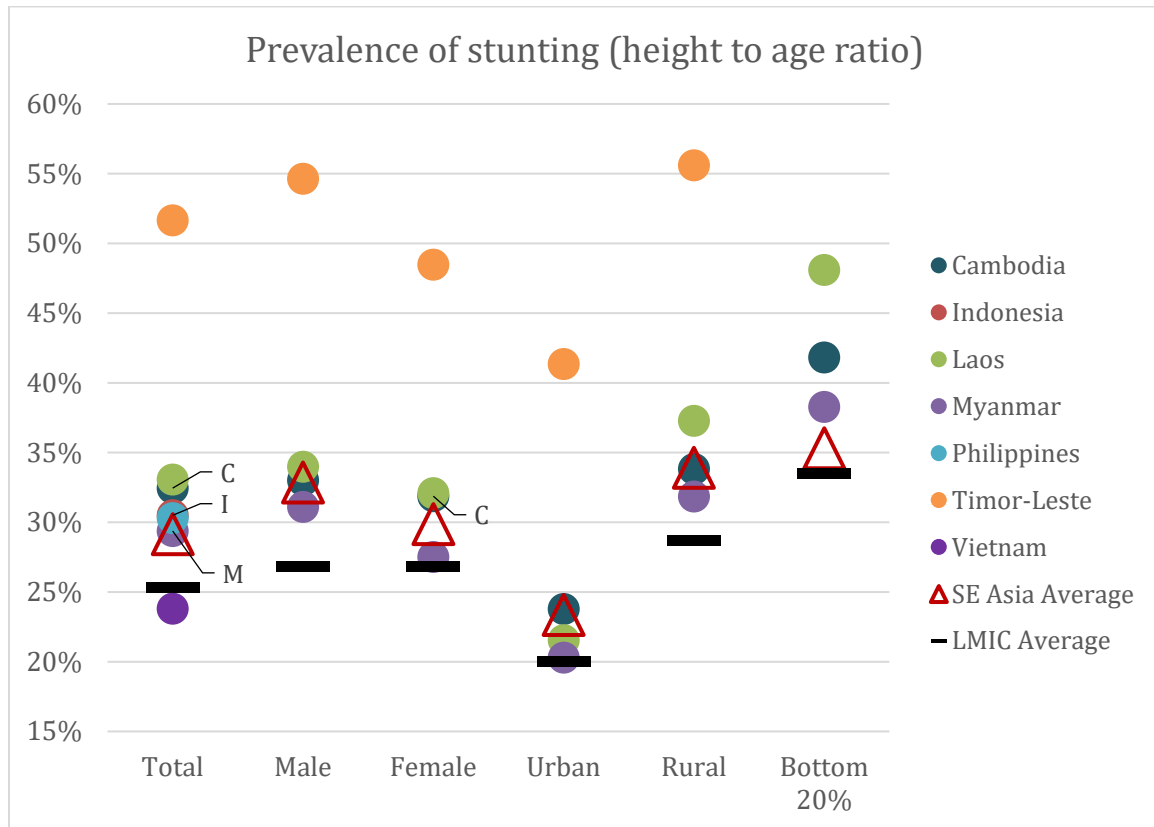


Source: World Health Organization, UNICEF (WUENIC ) estimates (2018)

### Stunting

The prevalence of stunting is above the LMIC average in six of the seven countries (sans Vietnam), and is particularly high in Timor-Leste. It is more prevalent in boys than girls, and in those living in rural areas and those at the bottom of the economic pyramid.

Figure 8

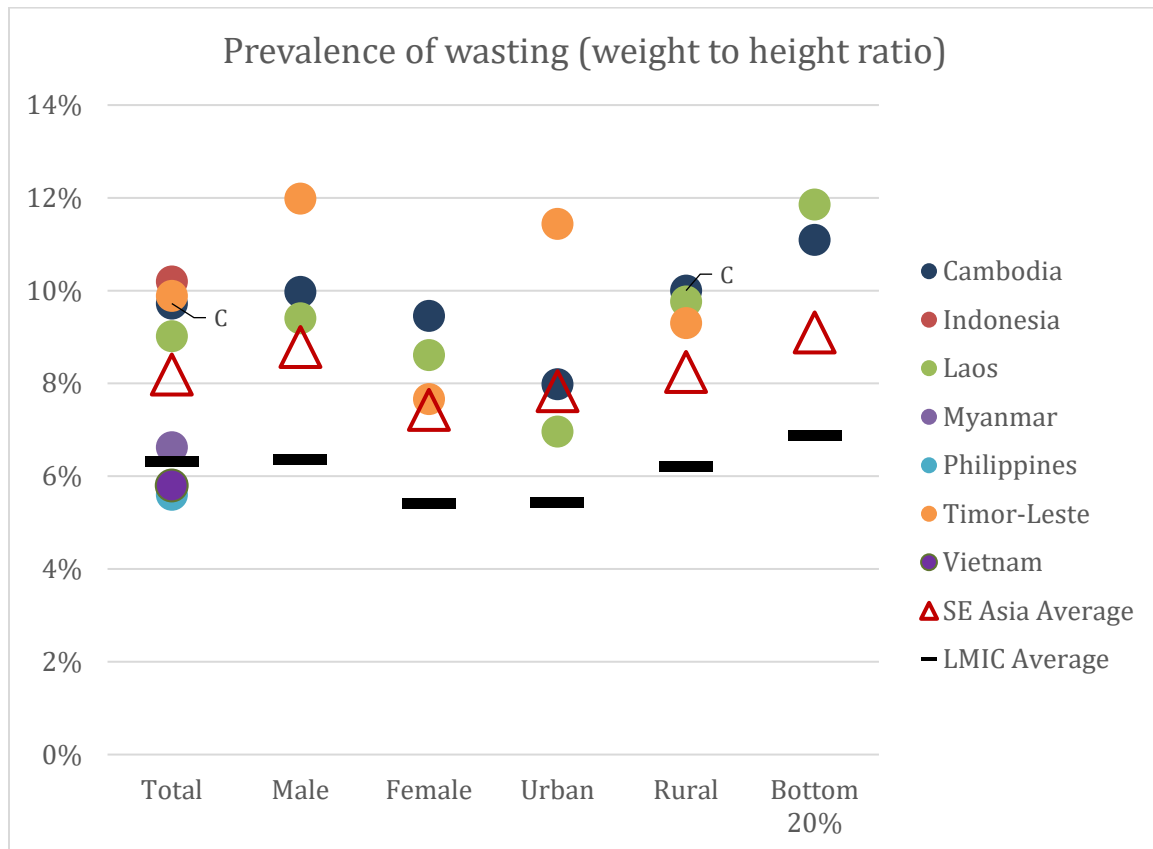


Source: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database (2019)

### Wasting

Wasting is above the LMIC average in Cambodia, Indonesia, Laos, and Timor-Leste, at the average in Myanmar, and below in Philippines and Vietnam. The incidence is higher among boys than girls in Cambodia, Laos, and Timor-Leste, where breakdowns are available. Rates are higher in rural than urban areas in Cambodia and Laos, but the reverse is true in Timor-Leste.

Figure 9

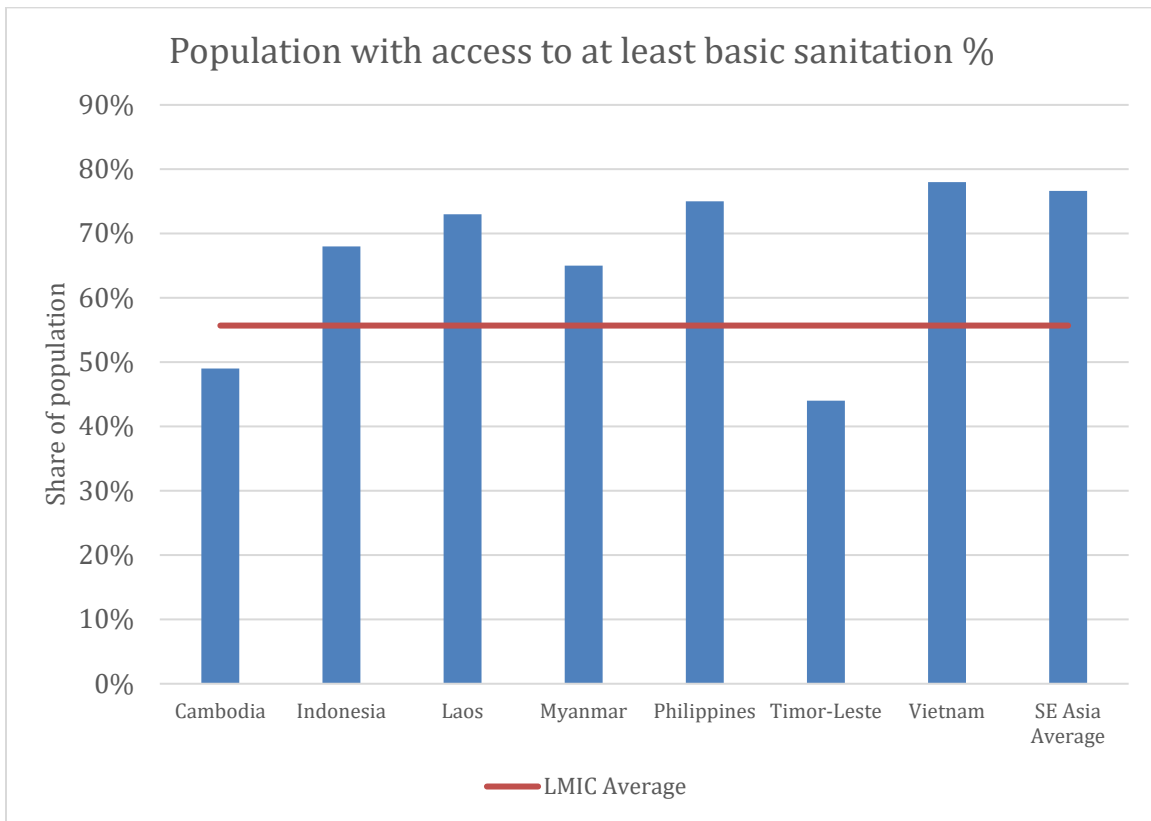


Source: UNICEF/WHO/World Bank Joint Child Malnutrition Estimates Expanded Database (2019)

### Sanitation

Sanitation is critical to good health. Only Cambodia and Timor-Leste fall below the LMIC average

Figure 10

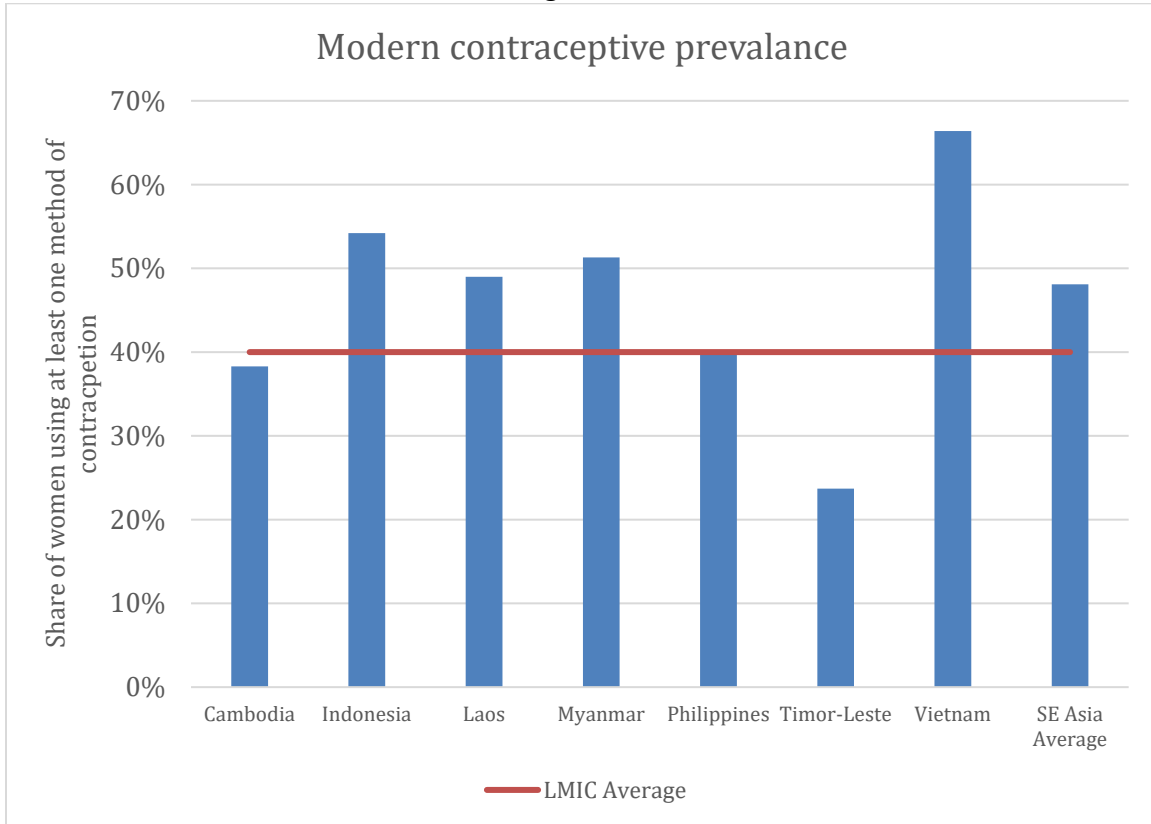


Source: World Health Organization, Global Health Observatory (2019)

### Contraception

The prevalence of contraception for women is at or above the LMIC average in all countries, with the exception of Timor-Leste where it falls considerably below.

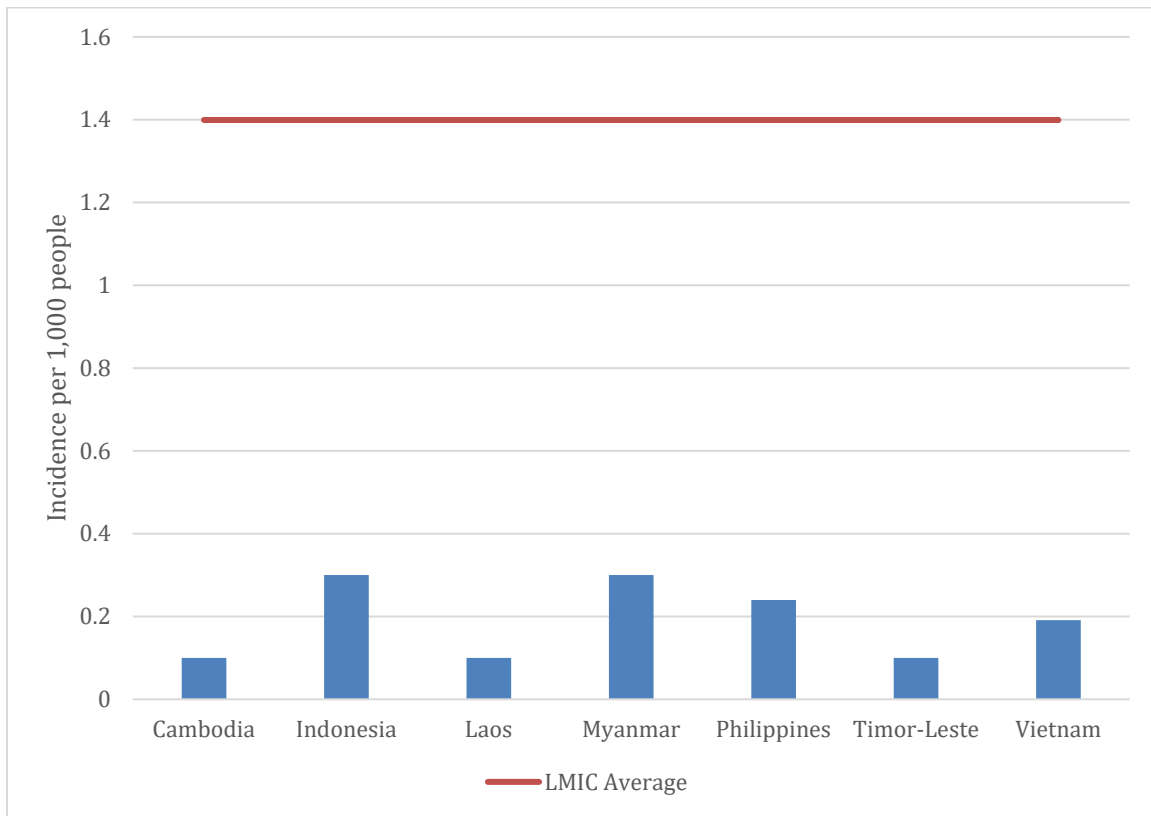
Figure 11



Source: United Nations Population Division, World Contraceptive Use (2020)

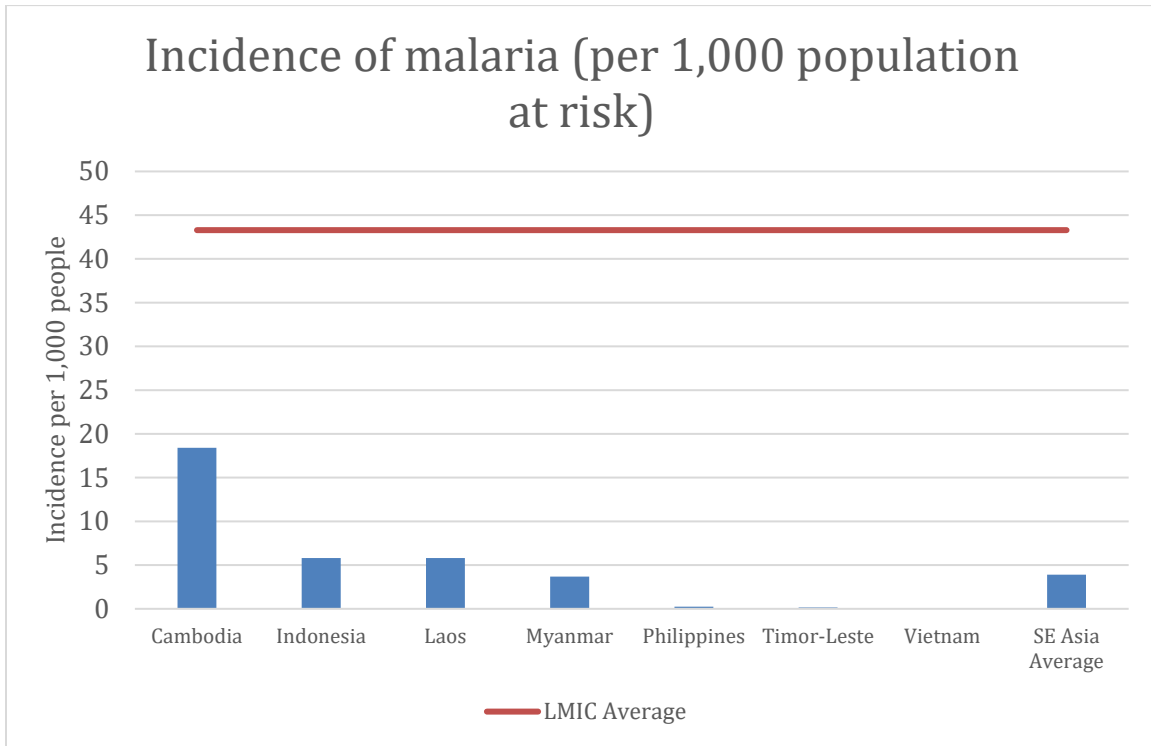
## Appendix II. Figures on communicable diseases

Figure 21. Incidence of HIV (per 1,000 uninfected population ages 15-49)



Source: World Health Organization, Global Health Observatory (2019)

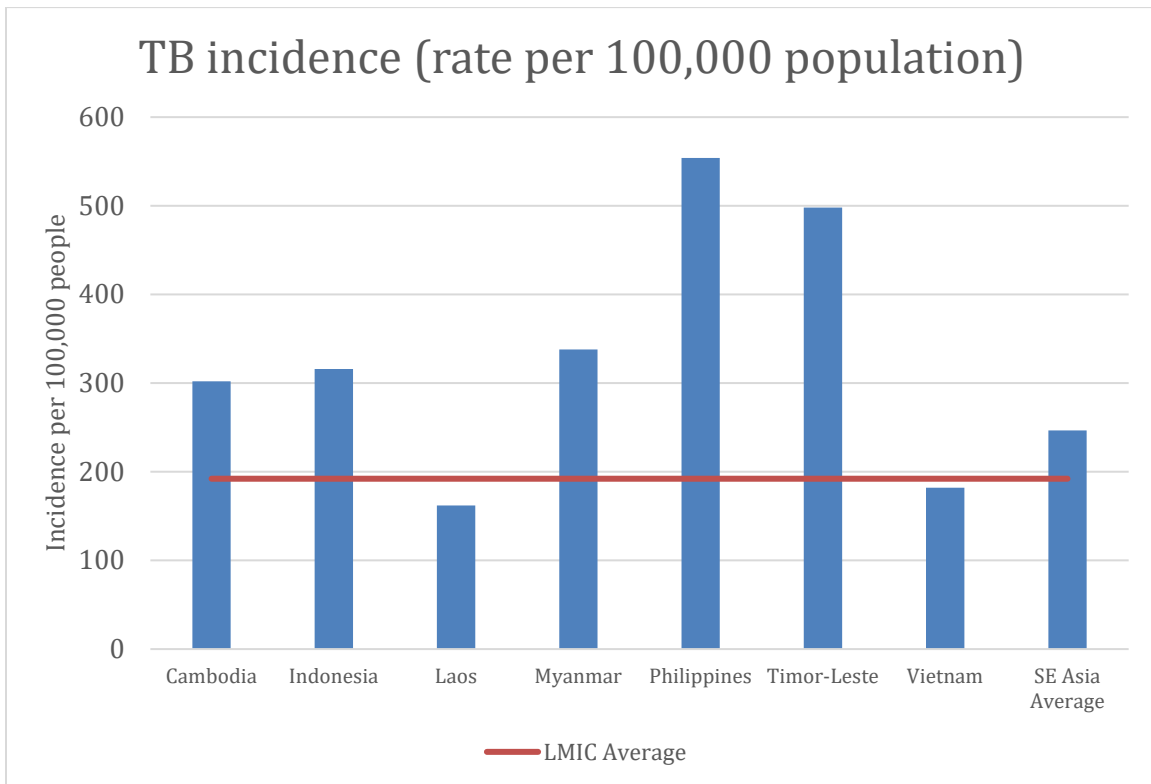
Figure 22. Malaria



Source: World Health Organization, Global Health Observatory (2019)



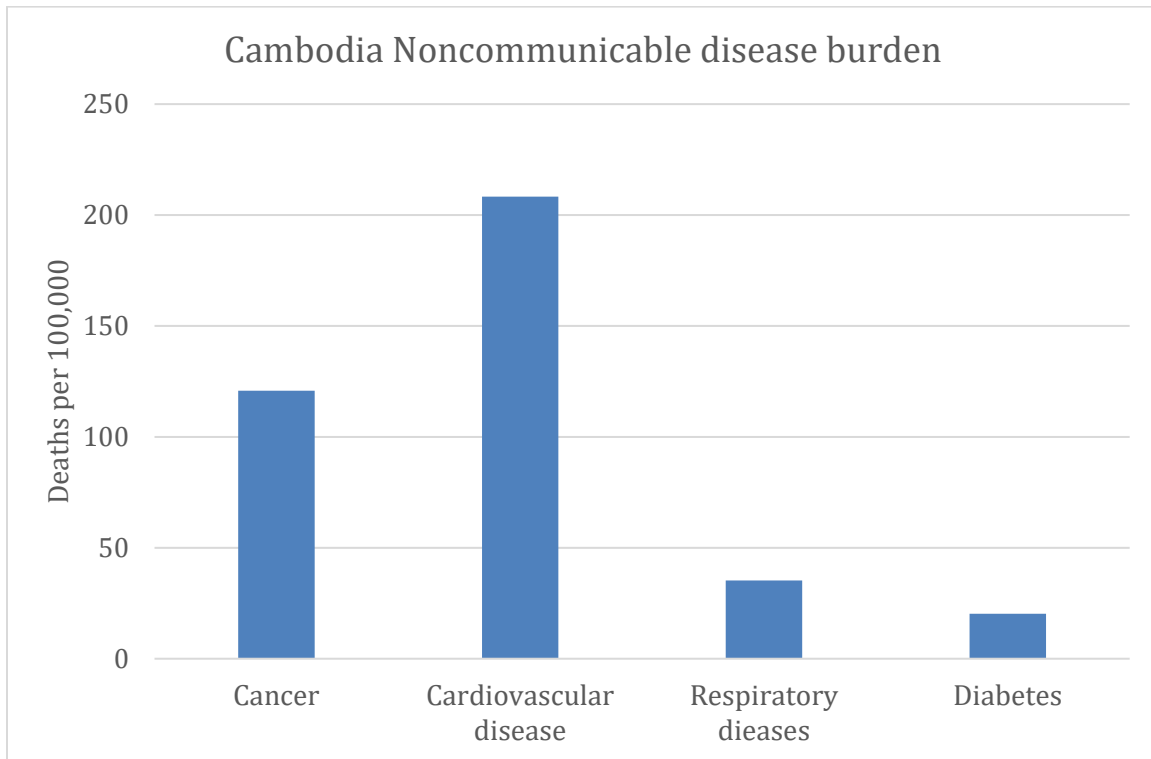
Figure 23. TB



Source: World Health Organization, Global Health Observatory (2019)

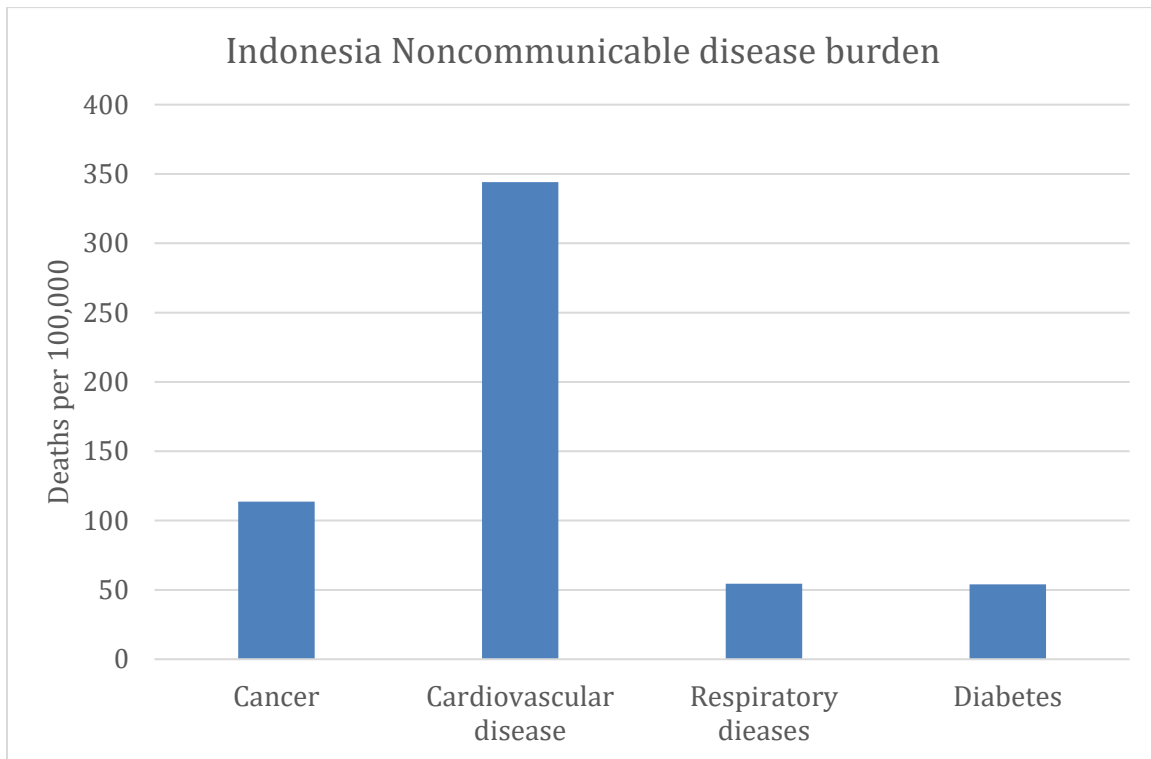
## Appendix III. Country Figures on Non-communicable Diseases

Figure 24. Cambodia



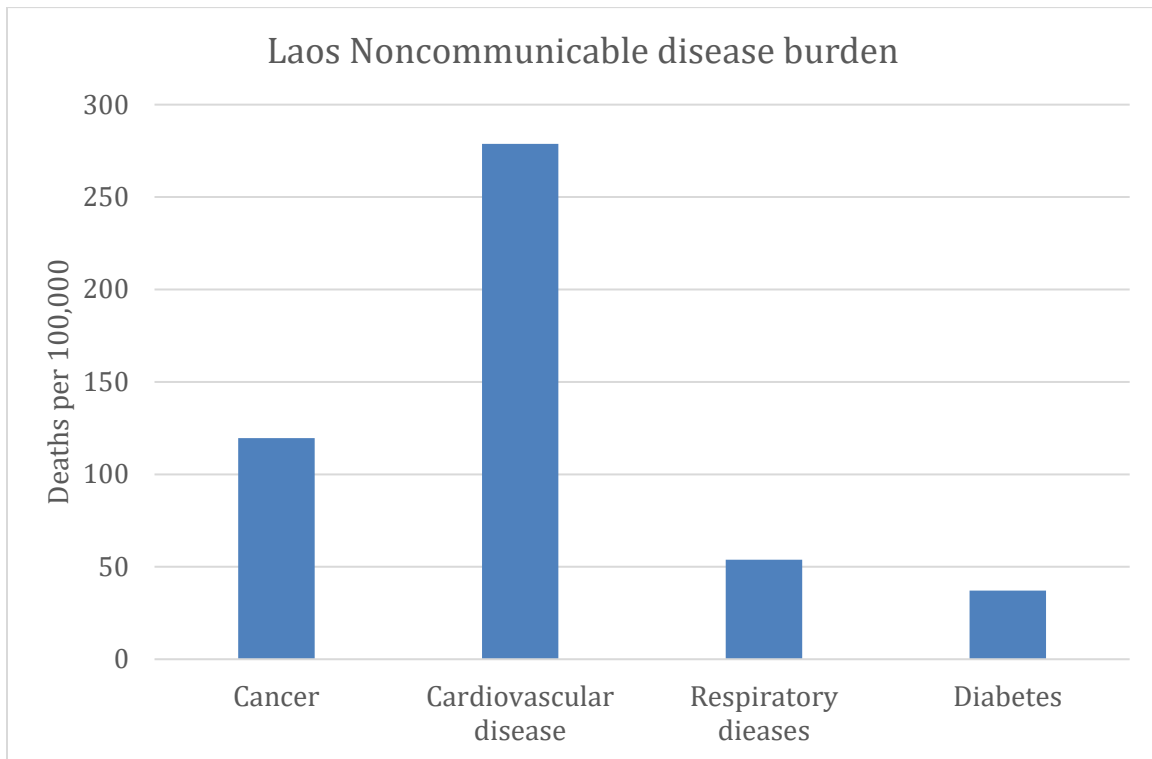
Source: World Health Organization, Global Health Observatory (2019)

Figure 25. Indonesia



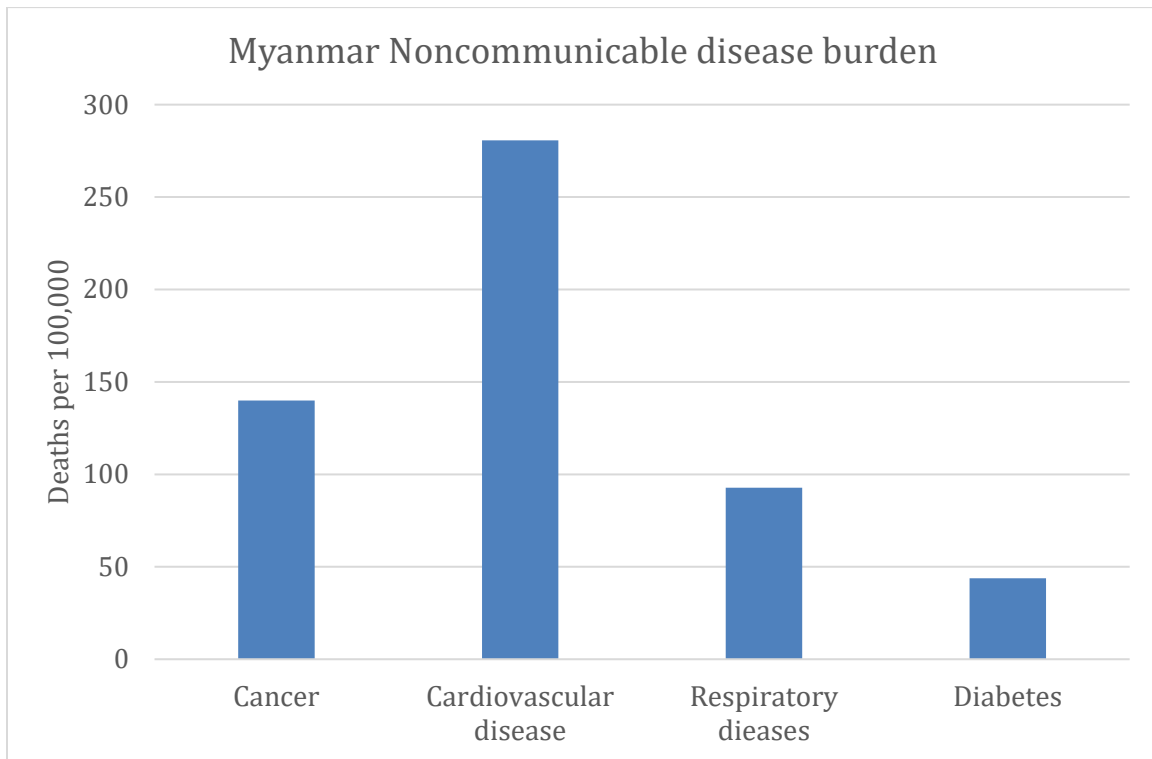
Source: World Health Organization, Global Health Observatory (2019)

Figure 26. Laos



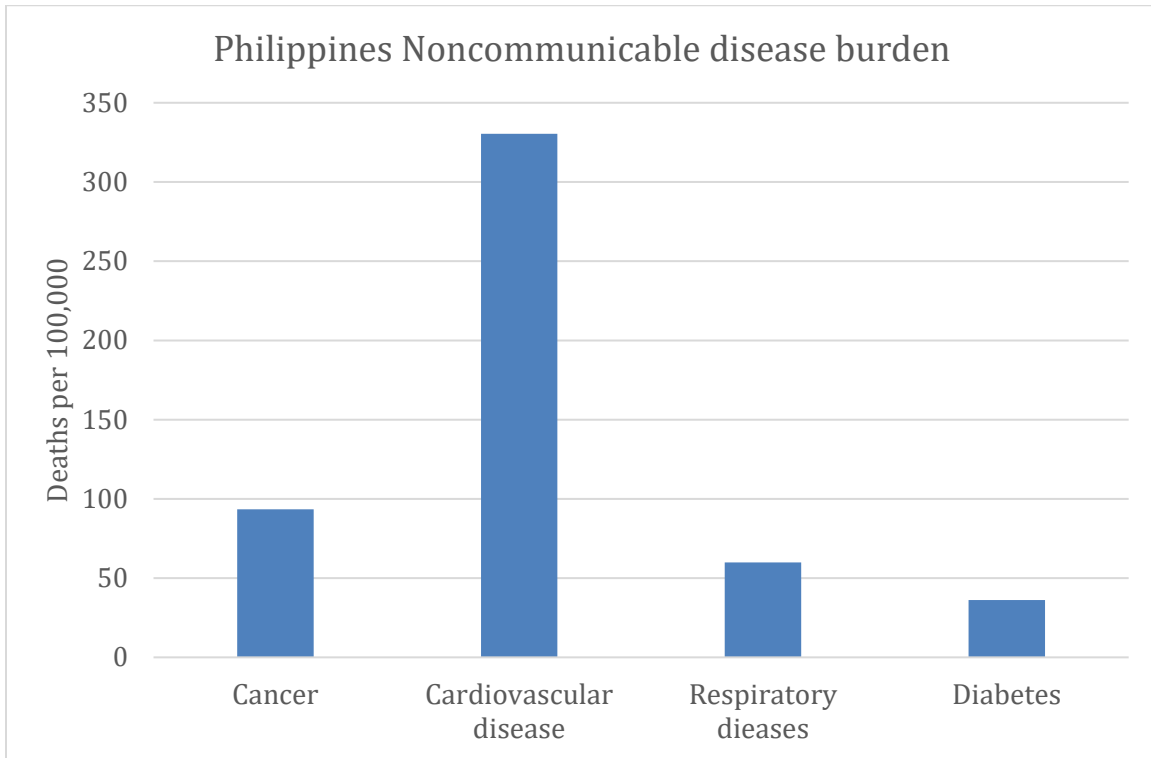
Source: World Health Organization, Global Health Observatory (2019)

Figure 27. Myanmar



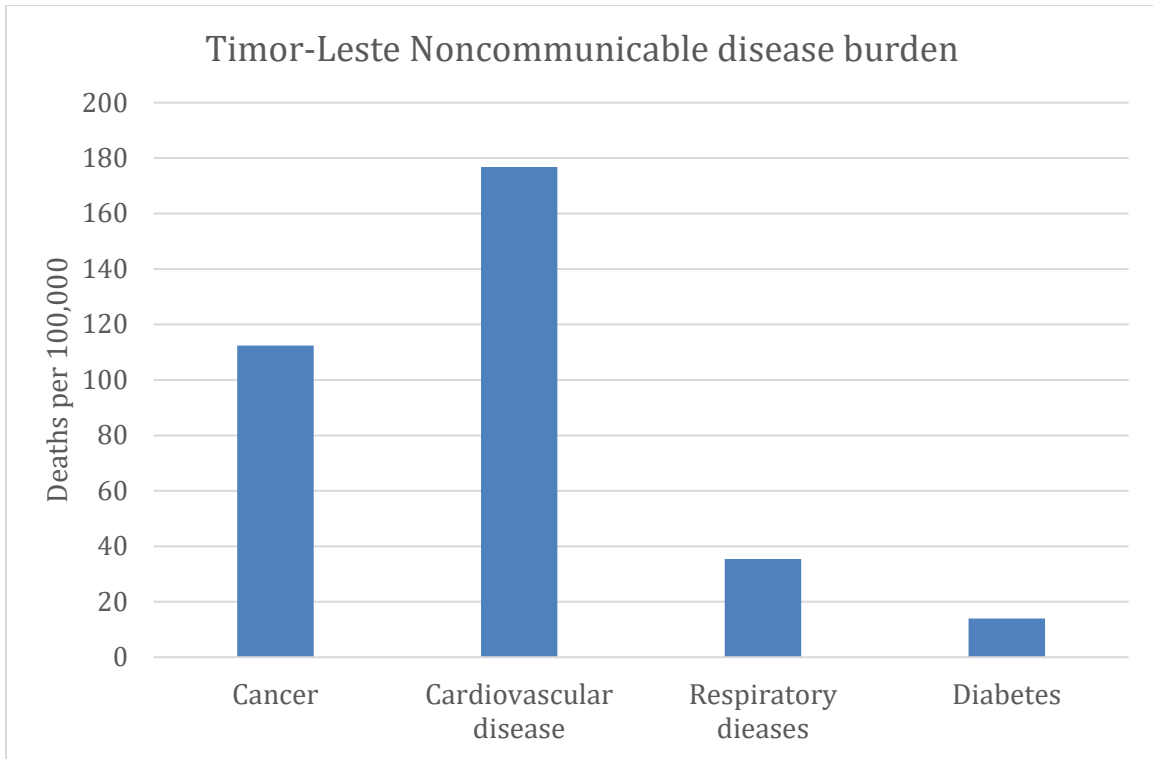
Source: World Health Organization, Global Health Observatory (2019)

Figure 28. Philippines



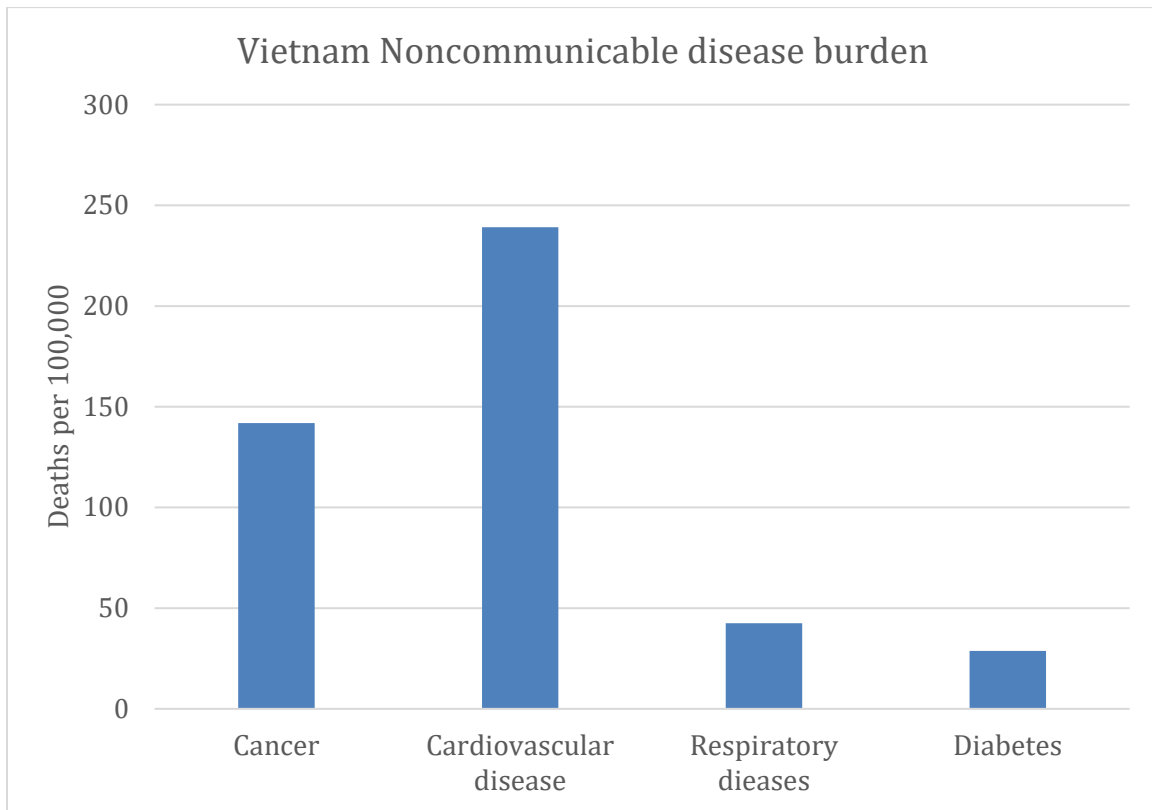
Source: World Health Organization, Global Health Observatory (2019)

Figure 29. Timor-Leste



Source: World Health Organization, Global Health Observatory (2019)

Figure 30. Vietnam



Source: World Health Organization, Global Health Observatory (2019)

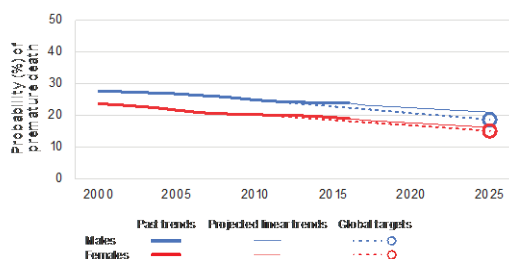


## Appendix IV. WHO NCD country profiles

# CAMBODIA

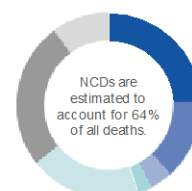
2016 TOTAL POPULATION: 15 762 000  
2016 TOTAL DEATHS: 93 000

### RISK OF PREMATURE DEATH DUE TO NCDs (%)<sup>a</sup>



### PROPORTIONAL MORTALITY<sup>a</sup>

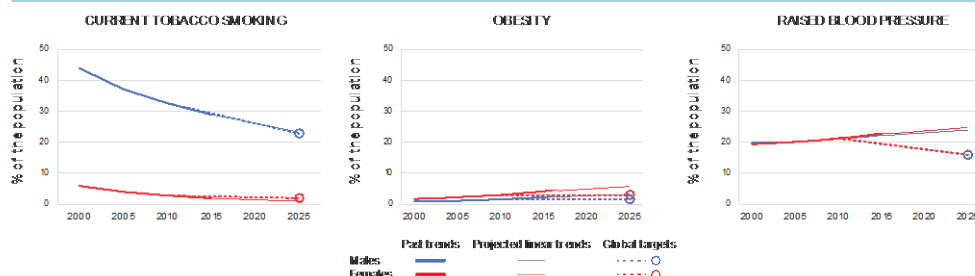
- ▶ 24% Cardiovascular diseases
- ▶ 14% Cancers
- ▶ 4% Chronic respiratory diseases
- ▶ 2% Diabetes
- ▶ 20% Other NCDs
- ▶ 26% Communicable, maternal, perinatal and nutritional conditions
- ▶ 10% Injuries



9 800 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"

MORTALITY <sup>a</sup>		NATIONAL TARGET SET		DATA YEAR	MALES	FEMALES	TOTAL
	Premature mortality from NCDs	X	Total NCD deaths	2016	28 300	31 500	59 800
			Risk of premature death between 30-70 years (%)	2016	24	19	21
	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	5
RISK FACTORS							
	Harmful use of alcohol	✓	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	12	2	7
	Physical inactivity	X	Physical inactivity, adults aged 18+ (%)	2016	9	11	10
	Salt/sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010	12	11	11
	Tobacco use	✓	Current tobacco smoking, adults aged 15+ (%)	2016	28	2	15
	Raised blood pressure	X	Raised blood pressure, adults aged 18+ (%)	2015	22	23	23
	Diabetes	X	Raised blood glucose, adults aged 18+ (%)	2014	6	6	6
	Obesity	X	Obesity, adults aged 18+ (%)	2016	3	5	4
			Obesity, adolescents aged 10-19 (%)	2016	4	1	3
	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	2
	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	82

### SELECTED ADULT RISK FACTOR TRENDS



### NATIONAL SYSTEMS RESPONSE

	Drug therapy to prevent heart attacks and strokes	✓	Proportion of population at high risk for CVD or with existing CVD (%)	-	-
			Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	-	-
			Proportion of primary health care centres reported as offering CVD risk stratification	2017	Less than 25%
			Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	No
	Essential NCD medicines and basic technologies to treat major NCDs	X	Number of essential NCD medicines reported as "generally available"	2017	3 out of 10
			Number of essential NCD technologies reported as "generally available"	2017	1 out of 6

- = no data available

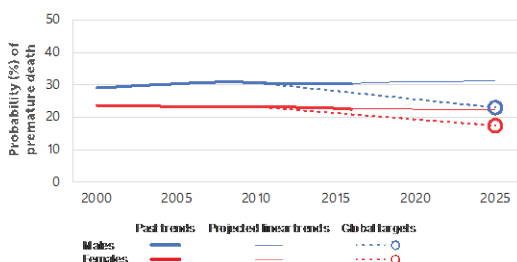
<sup>a</sup> The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018

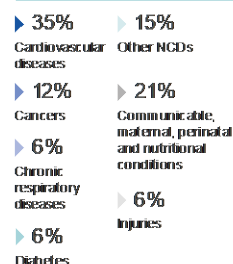
# INDONESIA

2016 TOTAL POPULATION: 261 100 000  
2016 TOTAL DEATHS: 1363 000

## RISK OF PREMATURE DEATH DUE TO NCDs (%)\*














## PROPORTIONAL MORTALITY\*

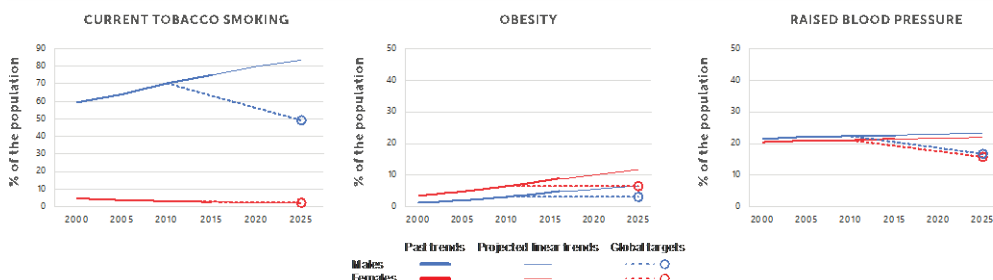


NCDs are estimated to account for 73% of all deaths.

193 900 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"

NATIONAL TARGET SET			DATA YEAR	MALES	FEMALES	TOTAL	
MORTALITY*							
	Premature mortality from NCDs	✓	Total NCD deaths	2016	722 400	642 300	1 365 000
			Risk of premature death between 30-70 years (%)	2016	30	23	26
	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	3
RISK FACTORS							
	Harmful use of alcohol	✓	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	1	0	1
	Physical inactivity	✓	Physical inactivity, adults aged 18+ (%)	2016	22	21	22
	Salt/Sodium intake	✓	Mean population salt intake, adults aged 20+ (g/day)	2010	9	8	9
	Tobacco use	✓	Current tobacco smoking, adults aged 15+ (%)	2016	76	3	39
	Raised blood pressure	✓	Raised blood pressure, adults aged 18+ (%)	2015	23	21	22
	Diabetes	X	Raised blood glucose, adults aged 18+ (%)	2014	7	7	7
	Obesity	✓	Obesity, adults aged 18+ (%)	2016	5	9	7
			Obesity, adolescents aged 10-19 (%)	2016	6	4	5
	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	2
	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	42

## SELECTED ADULT RISK FACTOR TRENDS



## NATIONAL SYSTEMS RESPONSE

	Drug therapy to prevent heart attacks and strokes	✓	Proportion of population at high risk for CVD or with existing CVD (%)	-	-
			Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	-	-
			Proportion of primary health care centres reported as ofering CVD risk stratification	2017	Less than 25%
			Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	No
	Essential NCD medicines and basic technologies to treat major NCDs	✓	Number of essential NCD medicines reported as "generally available"	2017	10 out of 10
			Number of essential NCD technologies reported as "generally available"	2017	5 out of 6

- = no data available

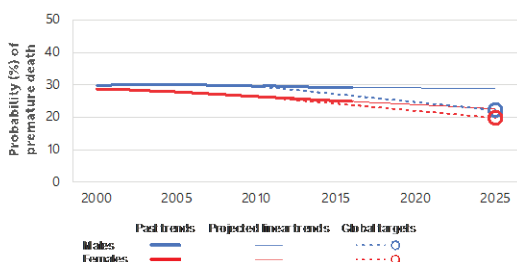
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

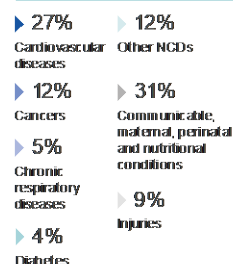
# LAO PEOPLE'S DEMOCRATIC REPUBLIC

2016 TOTAL POPULATION: 6 758 000  
2016 TOTAL DEATHS: 47 000

## RISK OF PREMATURE DEATH DUE TO NCDs (%)\*














## PROPORTIONAL MORTALITY\*

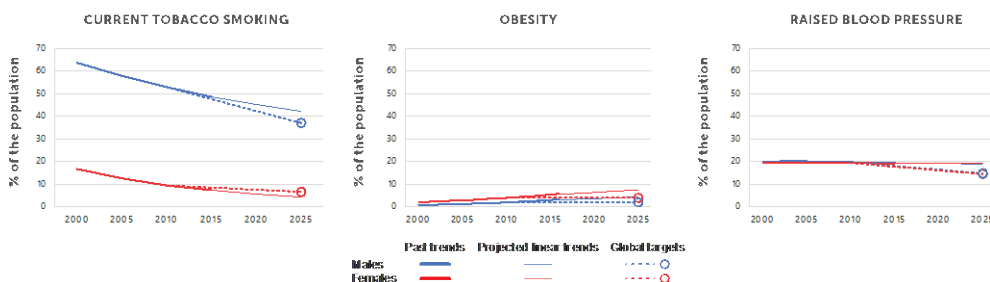


NCDs are estimated to account for 60% of all deaths.

2 900 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"

NATIONAL TARGET SET			DATA YEAR	MALES	FEMALES	TOTAL	
MORTALITY*							
	Premature mortality from NCDs	X	Total NCD deaths	2016	13 600	14 500	28 200
			Risk of premature death between 30-70 years (%)	2016	29	25	27
	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	9
RISK FACTORS							
	Harmful use of alcohol	✓	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	18	3	10
	Physical inactivity	✓	Physical inactivity, adults aged 18+ (%)	2016	10	19	15
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010	12	11	11
	Tobacco use	✓	Current tobacco smoking, adults aged 15+ (%)	2016	48	7	27
	Raised blood pressure	✓	Raised blood pressure, adults aged 18+ (%)	2015	19	19	19
	Diabetes	✓	Raised blood glucose, adults aged 18+ (%)	2014	6	6	6
	Obesity	✓	Obesity, adults aged 18+ (%)	2016	3	6	5
			Obesity, adolescents aged 10-19 (%)	2016	5	2	4
	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	2
	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	94

## SELECTED ADULT RISK FACTOR TRENDS



## NATIONAL SYSTEMS RESPONSE

	Drug therapy to prevent heart attacks and strokes	X	Proportion of population at high risk for CVD or with existing CVD (%)	-	-
			Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	-	-
			Proportion of primary health care centres reported as offering CVD risk stratification	2017	Less than 25%
			Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	No
	Essential NCD medicines and basic technologies to treat major NCDs	X	Number of essential NCD medicines reported as "generally available"	2017	8 out of 10
			Number of essential NCD technologies reported as "generally available"	2017	6 out of 6

— = no data available

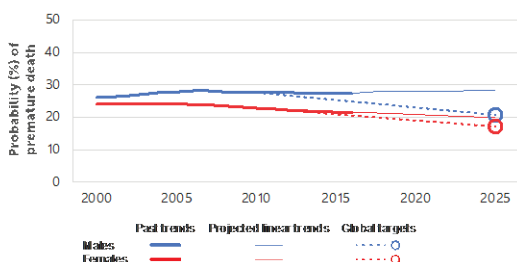
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

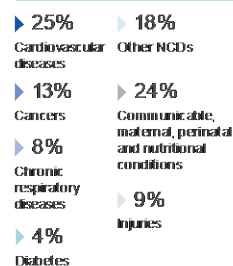
# MYANMAR

2016 TOTAL POPULATION: 52 885 000  
2016 TOTAL DEATHS: 430 000

## RISK OF PREMATURE DEATH DUE TO NCDs (%)\*














## PROPORTIONAL MORTALITY\*

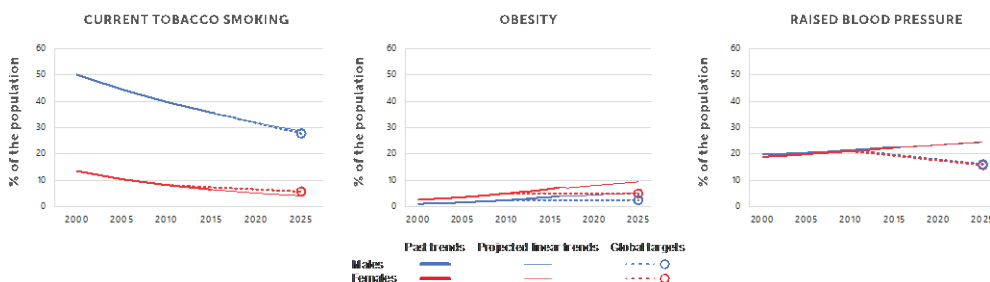


NCDs are estimated to account for 68% of all deaths.

40 500 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"

MORTALITY*			NATIONAL TARGET SET	DATA YEAR	MALES	FEMALES	TOTAL
	Premature mortality from NCDs	✓	Total NCD deaths	2016	145 000	146 600	291 600
			Risk of premature death between 30–70 years (%)	2016	27	21	24
	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	8
RISK FACTORS							
	Harmful use of alcohol	✓	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	8	1	5
	Physical inactivity	✓	Physical inactivity, adults aged 18+ (%)	2016	8	13	10
	Salt/Sodium intake	✓	Mean population salt intake, adults aged 20+ (g/day)	2010	12	11	11
	Tobacco use	✓	Current tobacco smoking, adults aged 15+ (%)	2016	35	6	20
	Raised blood pressure	✓	Raised blood pressure, adults aged 18+ (%)	2015	23	22	23
	Diabetes	✓	Raised blood glucose, adults aged 18+ (%)	2014	6	7	7
	Obesity	✓	Obesity, adults aged 18+ (%)	2016	4	7	6
			Obesity, adolescents aged 10–19 (%)	2016	4	2	3
	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	3
	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	82

## SELECTED ADULT RISK FACTOR TRENDS



## NATIONAL SYSTEMS RESPONSE

	Drug therapy to prevent heart attacks and strokes	✓	Proportion of population at high risk for CVD or with existing CVD (%)	2014	12
			Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	2014	32
			Proportion of primary health care centres reported as offering CVD risk stratification	2017	More than 50 %
			Reported having CVD guidelines that are utilized in at least 50 % of health facilities	2017	Yes
	Essential NCD medicines and basic technologies to treat major NCDs	✓	Number of essential NCD medicines reported as "generally available"	2017	7 out of 10
			Number of essential NCD technologies reported as "generally available"	2017	4 out of 6

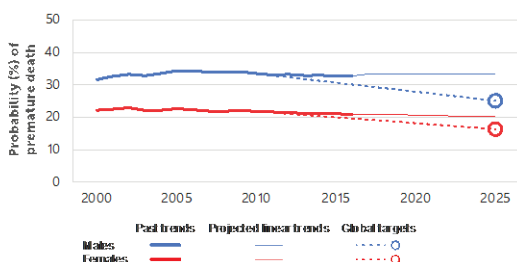
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes).

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

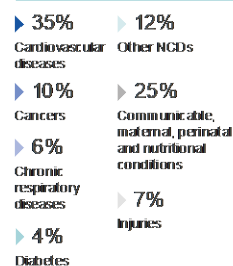
# PHILIPPINES

2016 TOTAL POPULATION: 103 300 000  
2016 TOTAL DEATHS: 663 000

## RISK OF PREMATURE DEATH DUE TO NCDs (%)














## PROPORTIONAL MORTALITY

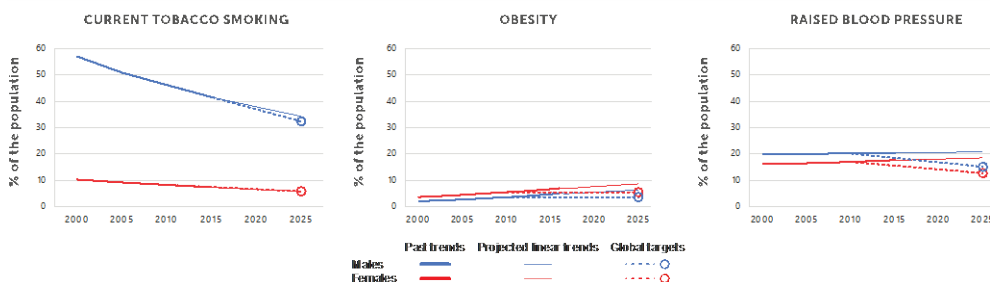


NCDs are estimated to account for 67% of all deaths.

34 200 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"

NATIONAL TARGET SET			DATA YEAR	MALES	FEMALES	TOTAL	
MORTALITY							
	Premature mortality from NCDs	X	Total NCD deaths	2016	249 100	197 200	446 300
			Risk of premature death between 30-70 years (%)	2016	33	21	27
	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	3
RISK FACTORS							
	Harmful use of alcohol	X	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	11	2	7
	Physical inactivity	X	Physical inactivity, adults aged 18+ (%)	2016	28	48	38
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010	11	10	11
	Tobacco use	X	Current tobacco smoking, adults aged 15+ (%)	2016	41	7	24
	Raised blood pressure	X	Raised blood pressure, adults aged 18+ (%)	2015	20	18	19
	Diabetes	X	Raised blood glucose, adults aged 18+ (%)	2014	6	6	6
	Obesity	X	Obesity, adults aged 18+ (%)	2016	5	7	6
			Obesity, adolescents aged 10-19 (%)	2016	5	2	3
	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	2
	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	57

## SELECTED ADULT RISK FACTOR TRENDS



## NATIONAL SYSTEMS RESPONSE

	Drug therapy to prevent heart attacks and strokes	X	Proportion of population at high risk for CVD or with existing CVD (%)	-	-
			Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	-	-
			Proportion of primary health care centres reported as offering CVD risk stratification	2017	More than 50 %
			Reported having CVD guidelines that are utilized in at least 50 % of health facilities	2017	Yes
	Essential NCD medicines and basic technologies to treat major NCDs	X	Number of essential NCD medicines reported as "generally available"	2017	4 out of 10
			Number of essential NCD technologies reported as "generally available"	2017	4 out of 6

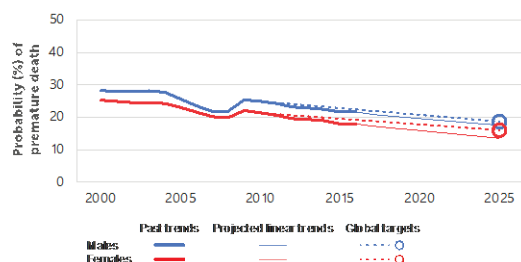
- = no data available

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

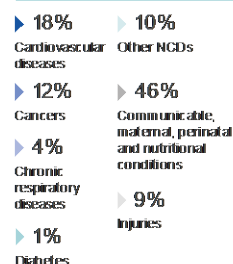
# TIMOR-LESTE

2016 TOTAL POPULATION: 1 269 000  
2016 TOTAL DEATHS: 7 200

## RISK OF PREMATURE DEATH DUE TO NCDs (%)\*














## PROPORTIONAL MORTALITY\*

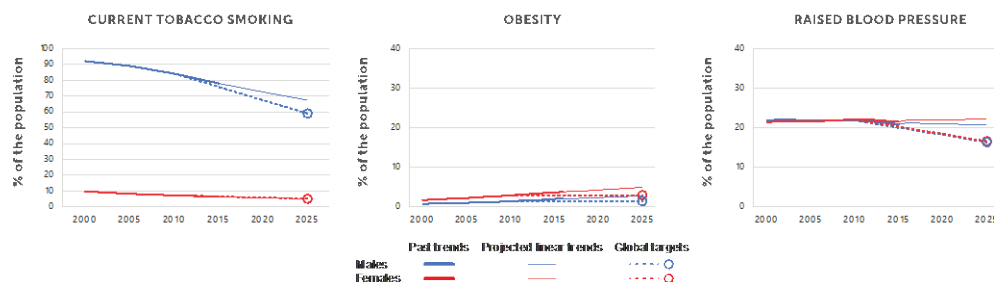


NCDs are estimated to account for 45% of all deaths.

## 700 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"

MORTALITY*			NATIONAL TARGET SET	DATA YEAR	MALES	FEMALES	TOTAL
	Premature mortality from NCDs	✓	Total NCD deaths	2016	1 700	1 600	3 300
			Risk of premature death between 30-70 years (%)	2016	22	18	20
	Suicide mortality	-	Suicide mortality rate (per 100 000 population)	2016	-	-	5
RISK FACTORS							
	Harmful use of alcohol	✓	Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	4	1	2
	Physical inactivity	✓	Physical inactivity, adults aged 18+ (%)	2016	10	25	17
	Salt/Sodium intake	X	Mean population salt intake, adults aged 20+ (g/day)	2010	12	11	11
	Tobacco use	✓	Current tobacco smoking, adults aged 15+ (%)	2016	77	6	42
	Raised blood pressure	✓	Raised blood pressure, adults aged 18+ (%)	2015	21	22	21
	Diabetes	✓	Raised blood glucose, adults aged 18+ (%)	2014	4	4	4
	Obesity	✓	Obesity, adults aged 18+ (%)	2016	2	4	3
			Obesity, adolescents aged 10-19 (%)	2016	4	2	3
	Ambient air pollution	-	Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	2
	Household air pollution	-	Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	93

## SELECTED ADULT RISK FACTOR TRENDS



## NATIONAL SYSTEMS RESPONSE

	Drug therapy to prevent heart attacks and strokes	✓	Proportion of population at high risk for CVD or with existing CVD (%)	2014	1
			Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	-	-
			Proportion of primary health care centres reported as offering CVD risk stratification	2017	Less than 25%
			Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	No
	Essential NCD medicines and basic technologies to treat major NCDs	✓	Number of essential NCD medicines reported as "generally available"	2017	6 out of 10
			Number of essential NCD technologies reported as "generally available"	2017	3 out of 6

- = no data available

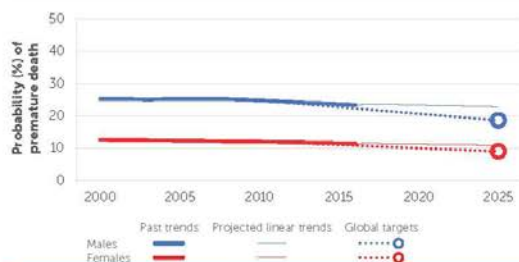
\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

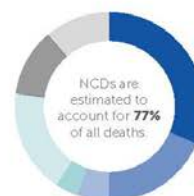
# VIET NAM

2016 TOTAL POPULATION: 94 569 000  
2016 TOTAL DEATHS: 549 000

## RISK OF PREMATURE DEATH DUE TO NCDs (%)\*



## PROPORTIONAL MORTALITY\*



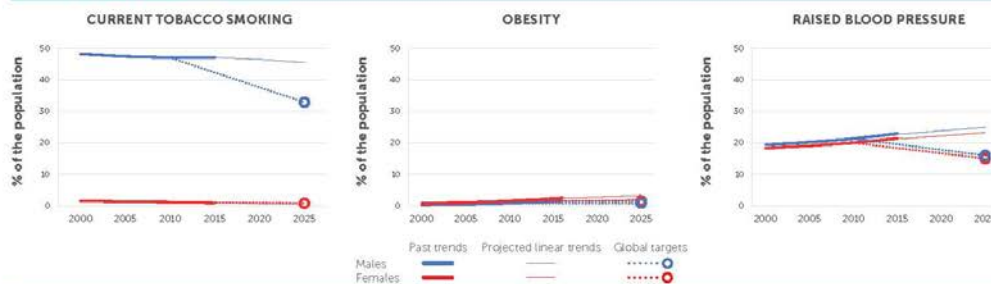
52 100 LIVES CAN BE SAVED BY 2025 BY IMPLEMENTING ALL OF THE WHO "BEST BUYS"

MORTALITY*		NATIONAL TARGET SET	DATA YEAR	MALES	FEMALES	TOTAL
	Premature mortality from NCDs	✓ Total NCD deaths	2016	225 300	198 600	424 000
		✓ Risk of premature death between 30-70 years (%)	2016	23	11	17
	Suicide mortality	• Suicide mortality rate (per 100 000 population)	2016	-	-	7

## RISK FACTORS

	Harmful use of alcohol	✓ Total alcohol per capita consumption, adults aged 15+ (litres of pure alcohol)	2016	15	2	8
	Physical inactivity	✓ Physical inactivity, adults aged 18+ (%)	2016	19	30	25
	Salt/Sodium intake	✓ Mean population salt intake, adults aged 20+ (g/day)	2010	12	11	12
	Tobacco use	✓ Current tobacco smoking, adults aged 15+ (%)	2016	47	1	23
	Raised blood pressure	✓ Raised blood pressure, adults aged 18+ (%)	2015	23	22	22
	Diabetes	✓ Raised blood glucose, adults aged 18+ (%)	2014	5	5	5
	Obesity	✓ Obesity, adults aged 18+ (%)	2016	2	3	2
		✓ Obesity, adolescents aged 10-19 (%)	2016	2	1	2
	Ambient air pollution	• Exceedance of WHO guidelines level for annual PM2.5 concentration (proportion)	2016	-	-	3
	Household air pollution	• Population with primary reliance on polluting fuels and technologies (%)	2016	-	-	33

## SELECTED ADULT RISK FACTOR TRENDS



## NATIONAL SYSTEMS RESPONSE

	Drug therapy to prevent heart attacks and strokes	✓	Proportion of population at high risk for CVD or with existing CVD (%)	2015	13
		✓	Proportion of high risk persons receiving any drug therapy and counselling to prevent heart attacks and strokes (%)	2015	29
		✓	Proportion of primary health care centres reported as offering CVD risk stratification	2017	Less than 25%
		✓	Reported having CVD guidelines that are utilized in at least 50% of health facilities	2017	No
	Essential NCD medicines and basic technologies to treat major NCDs	✓	Number of essential NCD medicines reported as "generally available"	2017	2 out of 10
		✓	Number of essential NCD technologies reported as "generally available"	2017	3 out of 6

\* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data (see Explanatory Notes)

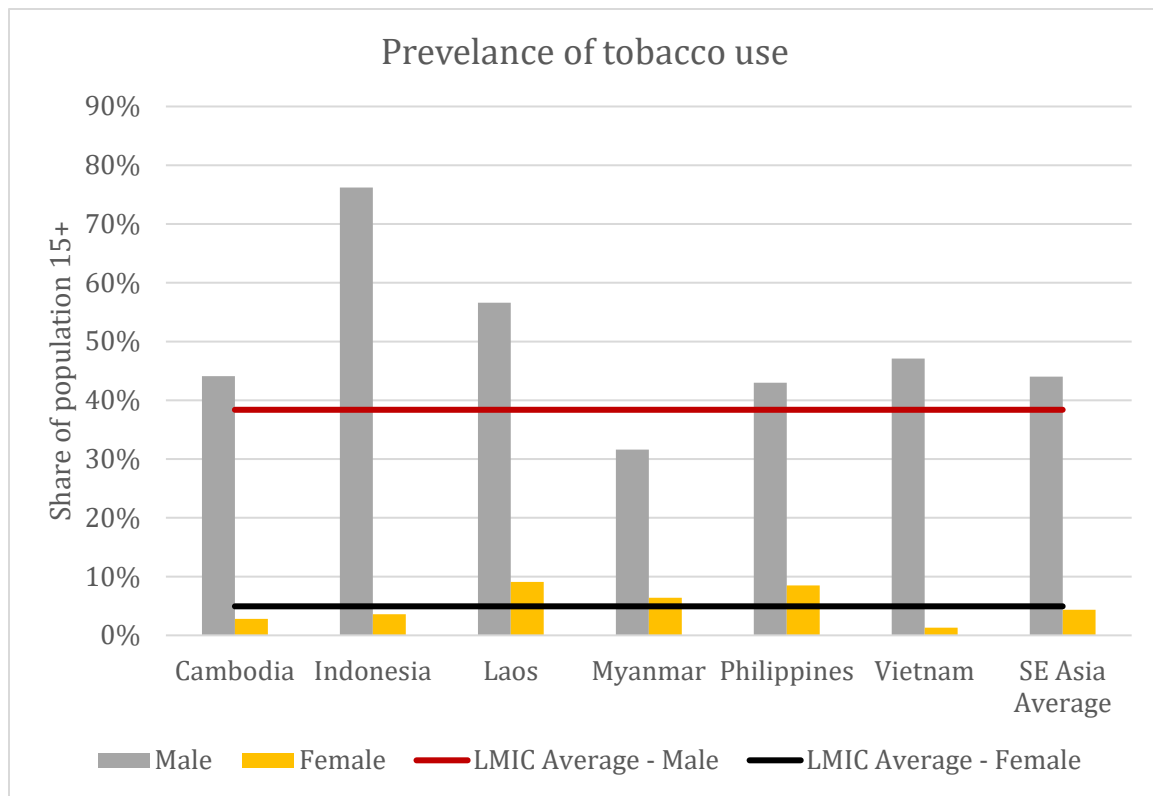
World Health Organization - Noncommunicable Diseases (NCD) Country Profiles, 2018.

## Appendix V. Figures on lifestyle

### Lifestyle

NCDs include more than just disease. Figures 31 and 32 present two life-style factors that affect health. They reveal that use of tobacco and consumption of alcohol are very much a male issue. Tobacco use is particularly prevalent among men in Indonesia, and secondly in Laos. Misuse of alcohol consumption is especially high among men in Laos.

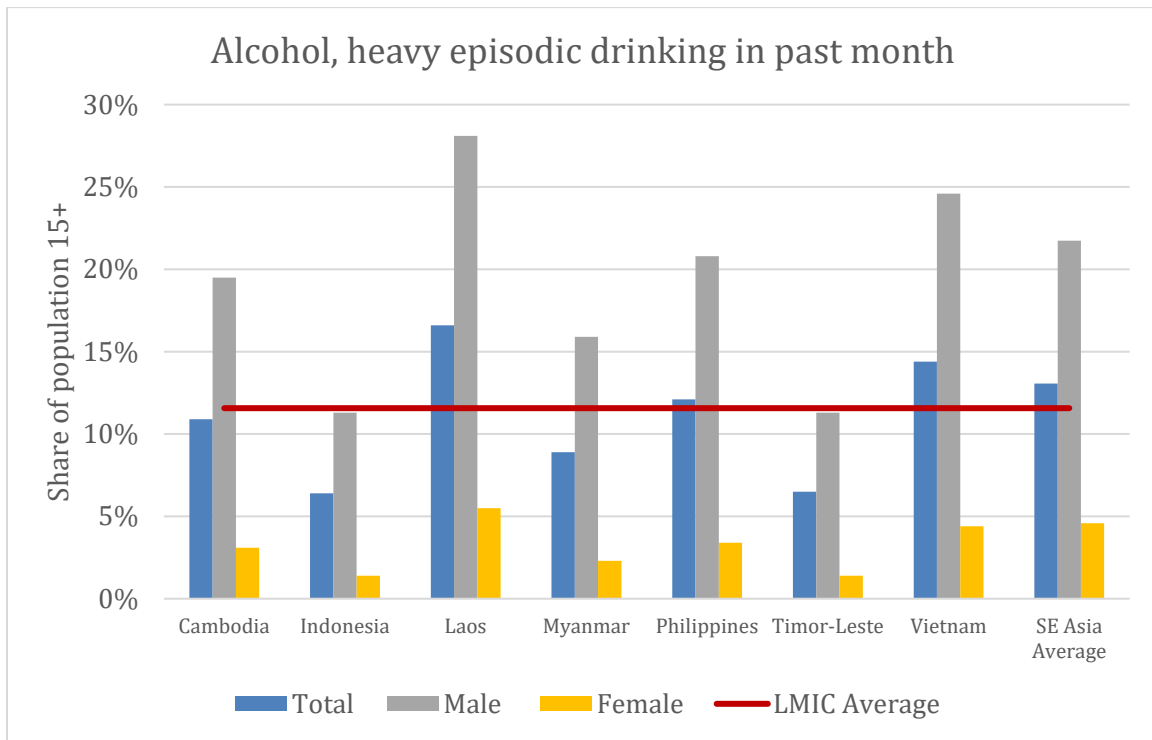
Figure 31



Source: World Health Organization, Global Health Observatory (2019)



Figure 32



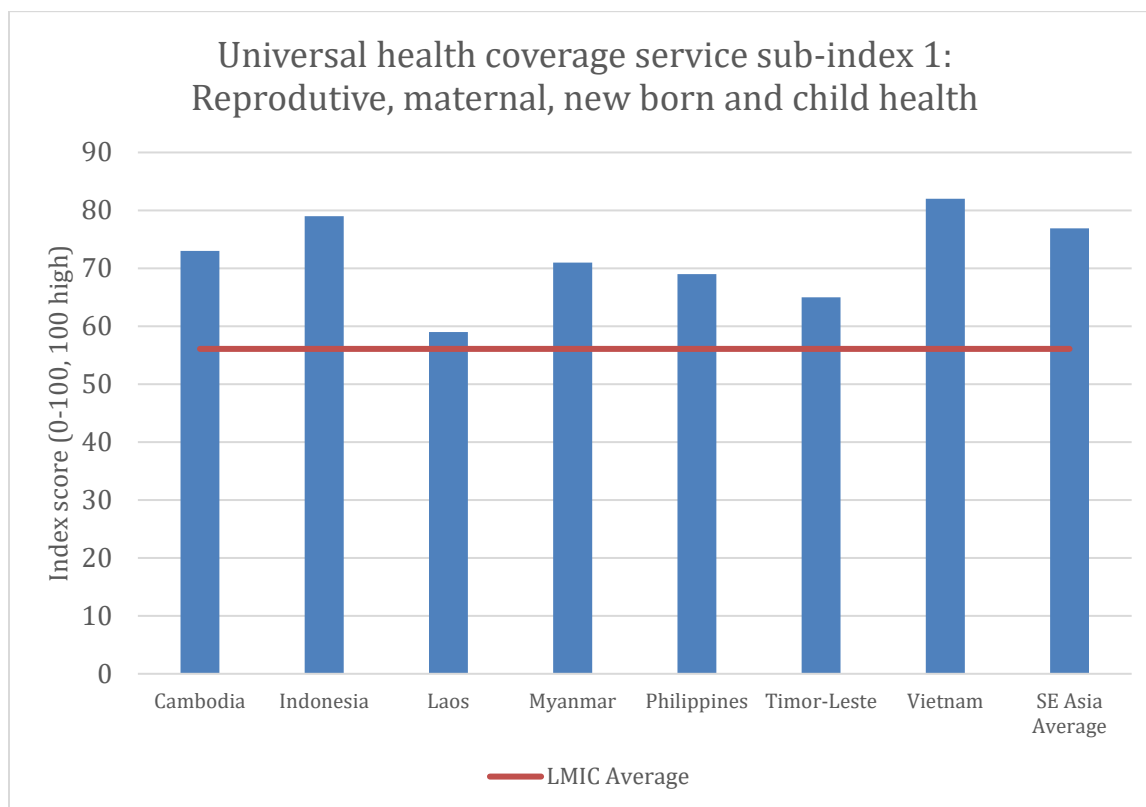
Source: Global Information System on Alcohol and Health (GISAH) (2018)

## Appendix VI. Composite figures on health care indicators

(High scores indicate better health service coverage for maternal/child health care.)

Figure 33 is a composite of four basic health indicators of mother and child health. Laos falls at the LMIC average, Timor-Leste comes in just above, Myanmar and Philippines just above, and Cambodia, Indonesia, and Vietnam measurably above the average. All except Indonesia and Vietnam fall below the global average of 74. The average for Southeast Asia is at a level better than Africa and the Middle East and North Africa, the same as Western Pacific, and below the Americas and Europe.

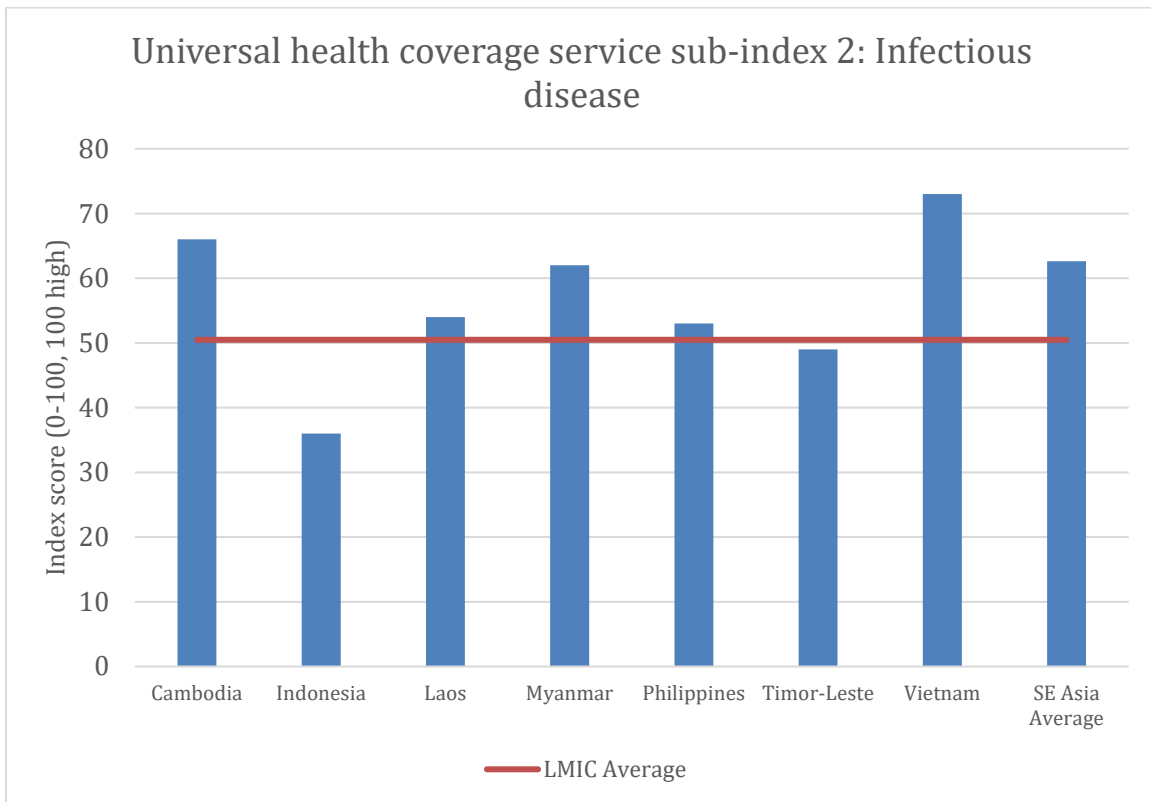
Figure 33



Source: World Health Organization, Global Health Observatory (2019)

Figure 34 represents a combination of infectious diseases. Indonesia scores well below the LMIC average, Timor-Leste, Laos, and Philippines at the average, and Cambodia, Myanmar, and Vietnam well above. Southeast Asia is the second lowest scoring region on the infectious disease index, well below the global average of 60; only scoring above Africa's score of 44.

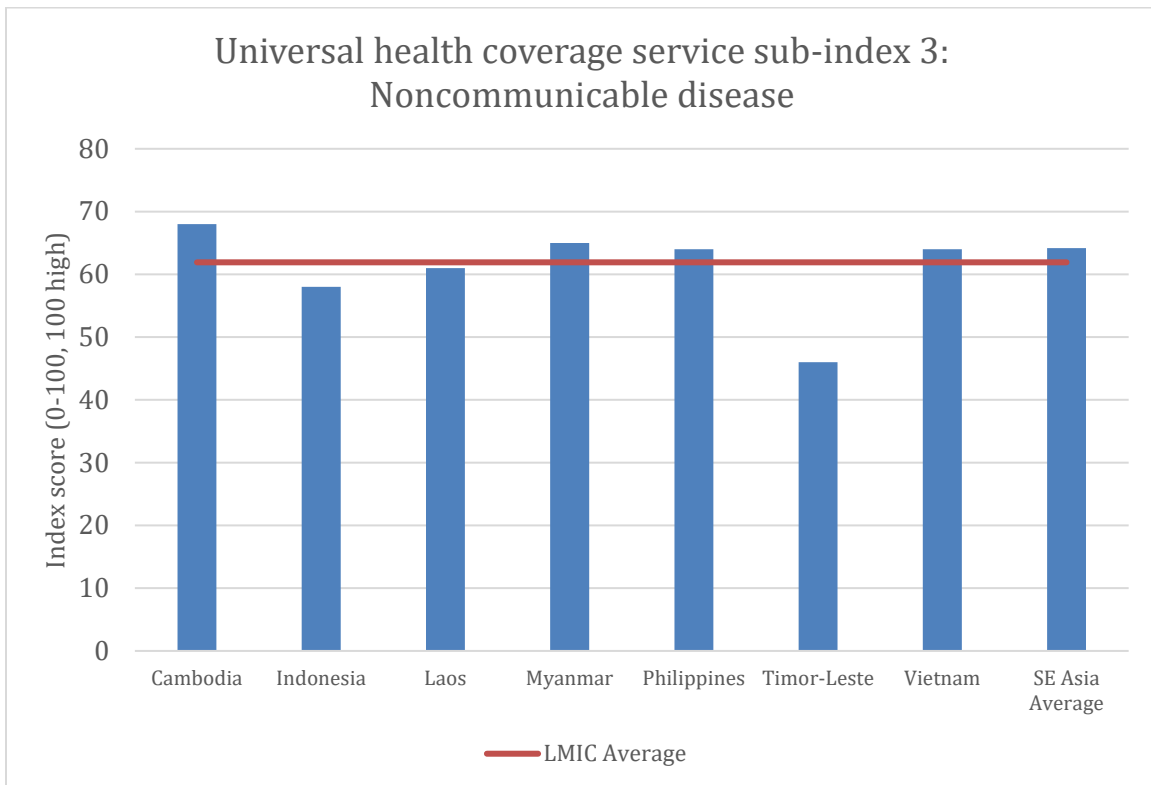
Figure 34



Source: World Health Organization, Global Health Observatory (2019)

Figure 35 is a composite of noncommunicable diseases. Timor-Leste comes in well below the LMIC average, Indonesia and Laos just below, and Cambodia, Myanmar, Philippines, and Vietnam modestly above. Southeast Asia is on par with the global average of 64. It scores above Europe, the Middle East and North Africa, and Western Pacific, and below Africa and the Americas.

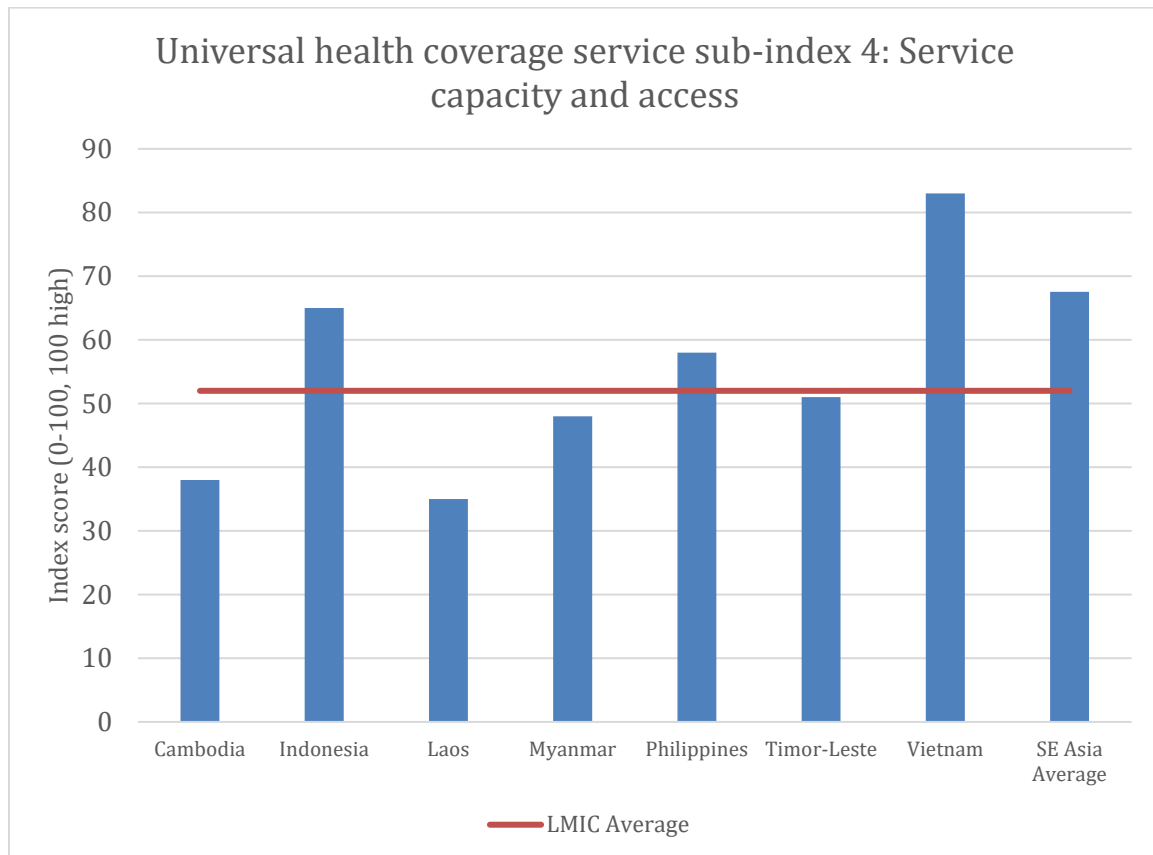
Figure 35



Source: World Health Organization, Global Health Observatory (2019)

Figure 36 reports on the capacity of countries to deliver universal health services. Five countries score poorly on this index, the Philippines just above the LMIC average, Myanmar and Timor-Leste just below, and Cambodia and Laos well below. Only Indonesia and Vietnam score well above the LMIC average. Southeast Asia sits right above the global average of 66. It scores better than Africa, on par with the Middle East and North Africa, and below the Americas, Europe, and the Western Pacific.

Figure 36



Source: World Health Organization, Global Health Observatory (2019)

## Appendix VII. IHME<sup>38</sup> country profiles, 2017

### Cambodia:

- **Leading cause of death:** stroke, lower respiratory infection, cirrhosis, heart disease, neonatal disorders
- **Leading cause of premature death:** lower respiratory infection, neonatal disorders, stroke, cirrhosis, road injuries
- **Leading risk factors:** malnutrition, tobacco, dietary risks, air pollution, high blood sugar
- **Compared to LMIC peers,** higher rates of premature death due to respiratory infection, stroke, cirrhosis and mechanical forces; lower risk of neonatal disorders, heart disease, TB

### Indonesia:

- **Leading cause of death:** stroke, heart disease, diabetes, TB, cirrhosis
- **Leading cause of premature death:** stroke, heart disease, neonatal disorders, diabetes, TB
- **Leading risk factors:** diet, high blood pressure, high blood sugar, tobacco, malnutrition
- **Compared to MIC peers,** higher risk of premature death due to stroke, heart disease, neonatal disorders, diabetes, TB, diarrhea, cirrhosis; lower risk of road injuries

### Laos:

- **Leading cause of death:** stroke, heart disease, lower respiratory infection, neonatal disorders, road injuries
- **Leading cause of premature death:** neonatal disorders, lower respiratory infection, stroke, heart disease, congenital defects
- **Leading risk factors:** malnutrition, tobacco, air pollution, dietary risks, high blood pressure
- **Compared to LMIC peers,** higher risk of premature death due to lower respiratory infection, stroke, congenital defects, road injuries; lower risk COPD

### Myanmar:

- **Leading cause of death:** COPD, stroke, heart disease, diabetes, cirrhosis
- **Leading cause of premature death:** neonatal disorders, lower respiratory infection, cirrhosis, stroke, COPD
- **Leading risk factors:** malnutrition, tobacco, blood sugar, dietary risks, air pollution
- **Compared to LMIC peers,** higher risk of premature death due to COPD, congenital defects, cirrhosis, diabetes; lower risk of stroke and heart disease

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<sup>38</sup> Institute for Metrics and Evaluation, University of Washington

Philippines:

- **Leading cause of death:** heart disease, stroke, respiratory infection, chronic kidney disease, TB
- **Leading cause of premature death:** heart disease, respiratory infection, neonatal disorders, stroke, kidney disease
- **Leading risk factors:** dietary risk, blood sugar, malnutrition, tobacco, blood pressure
- **Compared to MIC peers,** higher risk of premature death due to all—heart disease, respiratory infection, stroke, neonatal disorders, kidney disease, TB, diabetes, congenital defects, partner violence and hypertension

Timor-Leste:

- **Leading cause of death:** stroke, heart disease, lower respiratory infection, neonatal disorders, COPD
- **Leading cause of premature death:** neonatal disorders, lower respiratory infection, stroke, heart disease, congenital defects
- **Leading risk factors:** malnutrition, dietary, high blood pressure, high blood sugar, tobacco
- **Compared to LMIC peers,** higher risk of premature death due to stroke; lower risk of neonatal disorders, COPD, TB, diarrhea

Vietnam:

- **Leading cause of death:** stroke, heart disease, lung cancer, COPD, Alzheimer's
- **Leading cause of premature death:** stroke, heart disease, road injuries, lung cancer, cirrhosis
- **Leading risk factors:** dietary risk, tobacco, high blood pressure, high blood sugar, alcohol
- **Compared to LMIC peers** higher risk of premature death due to stroke, lung cancer, cirrhosis; lower risk of heart disease, neonatal disorders, respiratory infection, COPD

## Appendix VIII. National health care plans

### Indonesia

Strategic Planning Ministry of Health 2015-2019  
Ministry of Health of the Republic of Indonesia

Law number 25/2004 on National Development Planning System required the preparation of the **Strategic Plan of the Ministry of Health**.

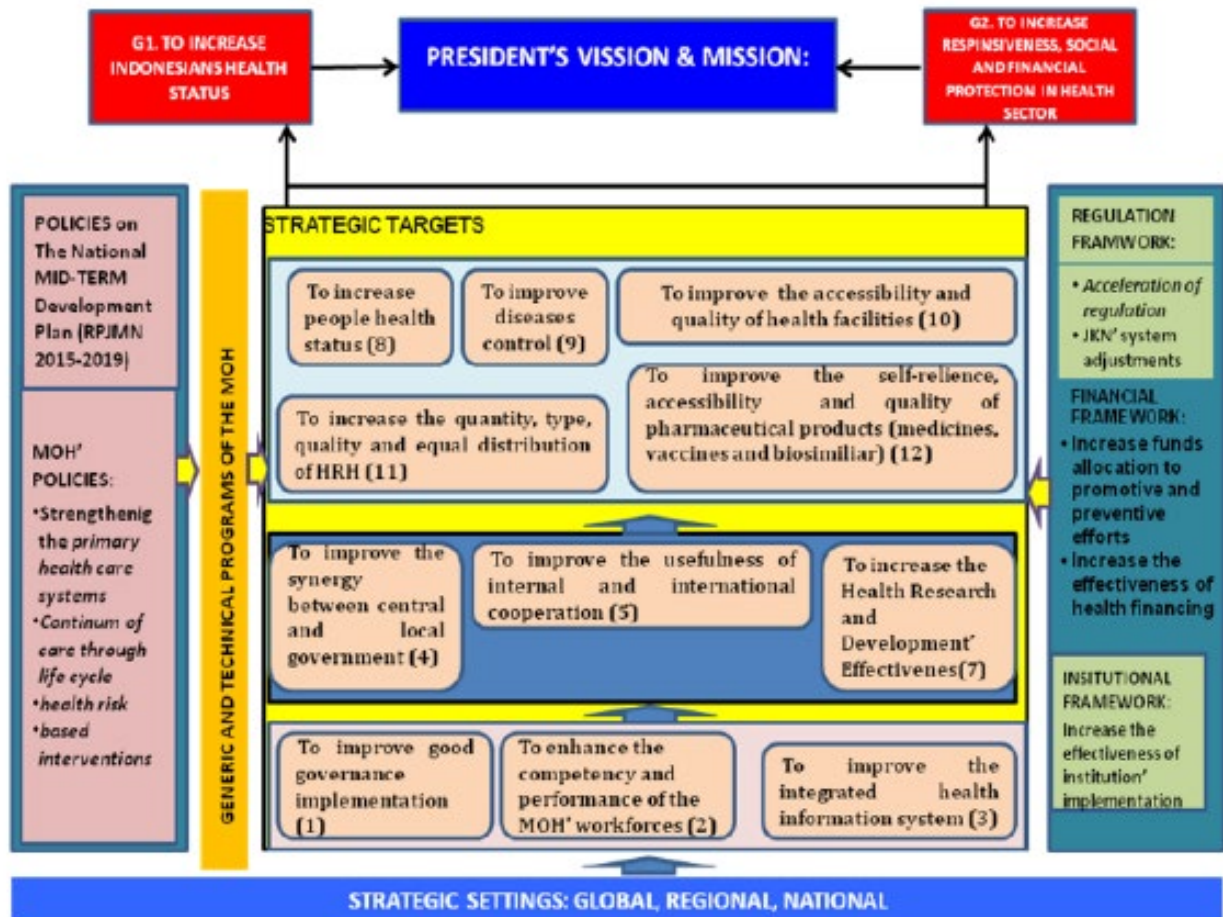
There are **two objectives** of the Ministry of Health in 2015-2019: **1) improved status of community health** and **2) improved responsiveness and social and financial protection** of the community in health sector.

**Three main pillars** of implementation: The implementation of Healthy Indonesia Program is based on 3 main pillars—healthy paradigm, the strengthening of health care provision, and national health insurance. **1) The healthy paradigm** pillar is executed by deploying the strategy of mainstreaming the health sector in national development, strengthening promotive and preventive intervention, and community empowerment; **2) strengthening health care provision** is conducted by applying the strategy of improving access to health care provision, optimizing the referral system, and improving the quality of health care provision, as well as exercising the continuum of care approach and health risk-based intervention; **3) the national health insurance** is implemented by using the strategy of expanding targets, benefits, quality, and cost control.



(Figure 1, p. 61)

**Figure 1.** The Strategic Map to Achieve the Vision of the Ministry of Health



## Cambodia

Health Strategic Plan 2016-2020 (HSP3)  
Department of Planning & Health Information

The **HSP3 is the MoH's** “strategic management tool” to guide the MoH and all health institutions as well as concerned stakeholders to effectively and efficiently use their available resources to translate health strategies into action.

### Strategic priorities

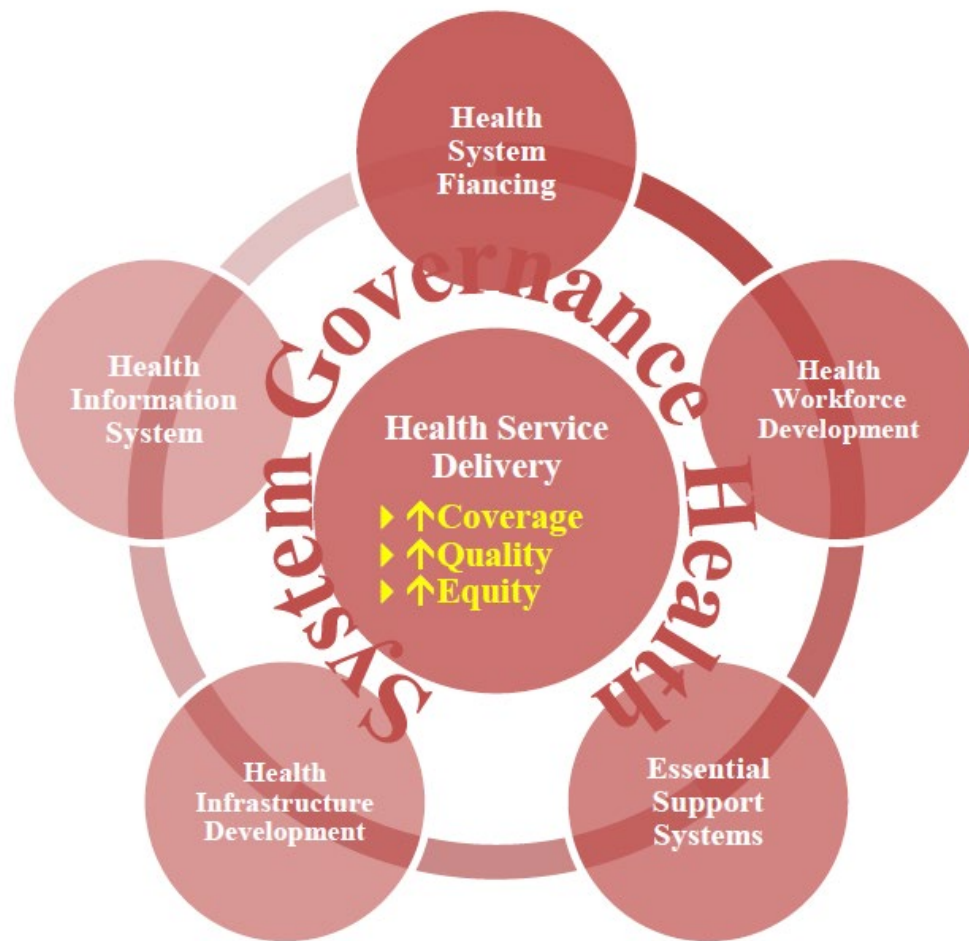
There are two strategic priorities to address identified challenges: **i) sustaining and improving access and coverage** with a focus on quality of health services across geographical areas; and **ii) increasing financial risk protection** across socio-economic groups when accessing health care.

### Strategic objectives

The Health Development Goals are to result from seven strategic objectives:

1. The population will have **access to comprehensive, safe, and effective quality health** services at public and private health facilities.
2. There will be **stable and sustained financing of health care services with** increased financial risk protection when accessing health care services.
3. The health system will have adequate number **of well-trained, competent, and well-motivated staff** with appropriate skill mix and professional ethics.
4. Public health facilities are **adequately supplied** with medicines, health commodities, equipment, and amenities, with effective essential supportive services.
5. Public health facilities have **basic infrastructure**, appropriate advanced medical equipment, and technology and Information technology.
6. **Health and health-related data/information** are reliable, accurate, timely, and of high quality and used, with strengthening disease surveillance and response system and promoting health research.
7. Strong health **institutional capacity** at all levels, including leadership and management competency, together with enforced regulation and local accountability in health.

**Figure 8-2 Strategic Areas for Health System Interventions**



(Figure 8-2, p. 70)

## Philippines

National Objectives for Health 2017-2022  
Department of Health

The **National Objectives for Health (NOH) 2017—2022** serves as the medium-term roadmap of the Philippines towards achieving universal health care (UHC). It specifies the objectives, strategies, and targets of the Department of Health (DOH) *FOURmula One Plus for Health* (F1 Plus for Health) built on the health system pillars of financing, service delivery, regulation, governance, and performance accountability.

### Goals

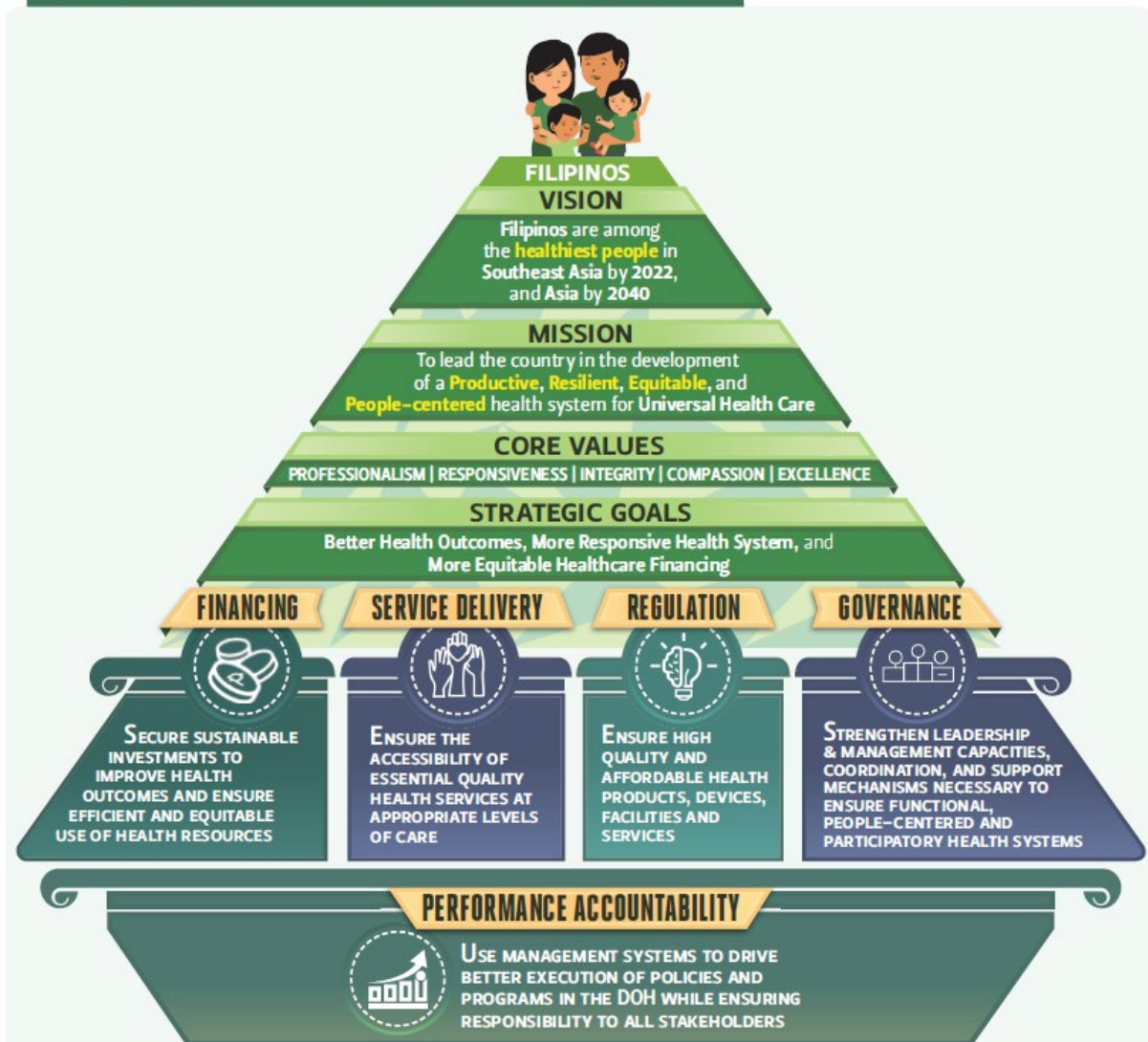
This leads to the three major goals that the Philippine Health Agenda aspires to: **(1) better health outcomes with no major disparity** among population groups; **(2) financial risk protection** for all especially the poor, marginalized, and vulnerable; **(3) a responsive health system** which makes Filipinos feel respected, valued, and empowered.



(Three goals of F1 Plus for Health, page 15)



Figure 1.4. *FOURmula One Plus* for Health Strategy Map



(Figure 1.4, page 16)

## Timor-Leste

### National Health Sector Strategic Plan 2011-2030

Ministry of Health

The **National Health Sector Strategic Plan 2011-2030 (NHSSP)** provides the Ministry of Health with a framework for understanding its position and moving forward with a sense of direction, purpose, and guidance of activities and decisions required by key actors in the health sectors for the next twenty years.

Specific health **goals** are:

1. To have a **comprehensive primary and hospital care services** of good quality and accessible to all Timorese people
2. To provide an adequate support system for health care **services delivery**
3. To promote **higher community and partnership participation** in the improvement of national health care system

#### Objectives:

- **Health System Management:** to strengthen the stewardship role of the Ministry of Health (policymaking, law-making, regulating, licensing, supervising, monitoring, licensing) in the development of a strong integrated National Health System able to treat, control, and prevent diseases and promote sustainable healthy lifestyles in Timor-Leste.
- **Health Service Delivery:** a) to ensure access and quality of primary health care services to the community, with a focus on the needs of children, women, and other vulnerable groups; b) to develop a hospital service able to respond to the peoples' needs for secondary and tertiary health care.
- **Human Resources for health:** to meet the human resources needs to ensure an efficient and effective health services delivery at each level of care.
- **Health Infrastructure:** to invest sufficiently and appropriately in health facilities, staff accommodation, medical equipment and other supplies, means of transportations, and Information Communication Technologies (ICTs).
- **Support services:** to strengthen health administration and management services to better respond to health defined needs and to satisfy people's expectations within the context of decentralization.

#### Core values (19)

- Equity
- Cultural awareness
- Professionalism, integrity, and ethics
- Excellence (right to best possible health care)
- Accountability

## Myanmar

Myanmar National Health Plan 2017-2021  
Ministry of Health and Sports

The **National Health Plan (NHP)** aims to strengthen the country's health system and pave the way towards UHC, choosing a path that is explicitly pro-poor.

### Goal

The main goal of NHP 2017-2021 is to **extend access to a Basic Essential Package of Health Services (EPHS)** to the entire population by 2020 while **increasing financial protection**.

**Four pillars** of health systems strengthening efforts:

1. Human resources
2. Infrastructure
3. Service delivery
4. Health financing

### Strategy

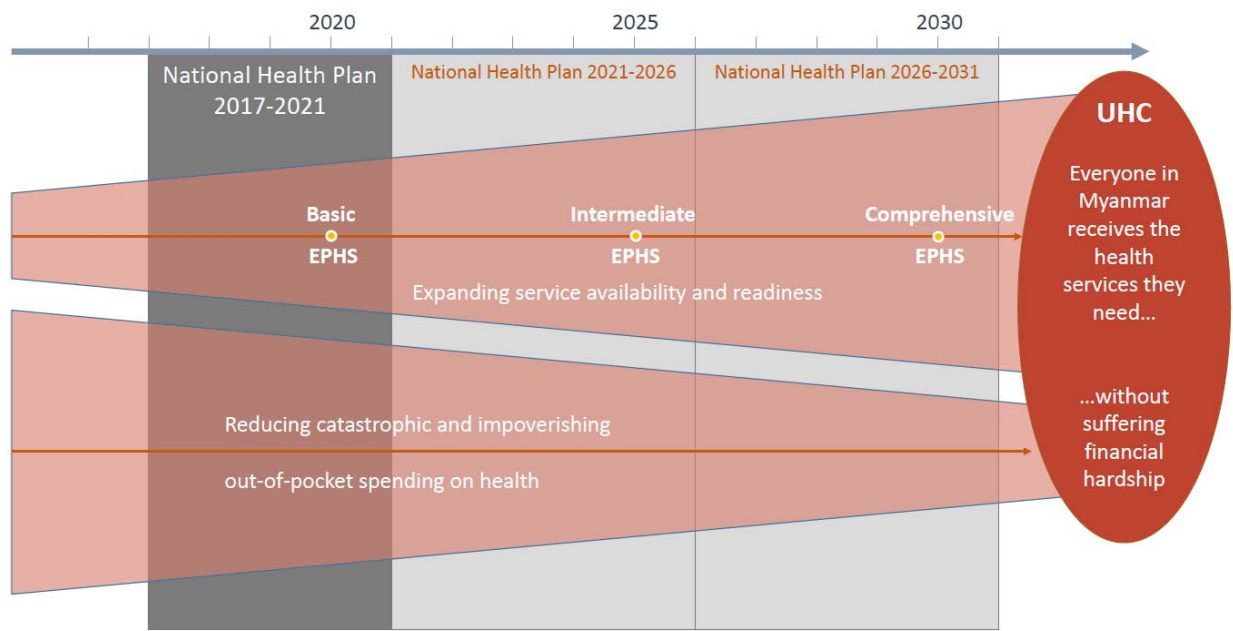
- **Geographical prioritization**—The NHP will be operationalized nationwide to deliver the Basic EPHS based on existing capacity. Investments to expand Townships' capacity by improving service availability and readiness, however, will be gradually phased in, prioritizing Townships with the greatest needs.
- **Service prioritization**—Another form of prioritization is in the definition of the EPHS, which will grow over time, starting with a Basic EPHS to be guaranteed for everyone by 2020. The size of the package largely depends on what the country can afford and deliver. If a service is currently excluded from the package, it only means that access to this service cannot yet be guaranteed for all. The content of the Basic EPHS is currently being defined based on objective criteria. It emphasizes the critical role of primary health care and the delivery of essential services and interventions at Township level and below, starting within the community.
- **Planning at township level**—Inclusive planning at the local level will be essential to achieve the NHP goals. The planning will be based on a good understanding of the current situation: who is doing what and where; which services and interventions reach which communities; where are the gaps and who could fill them. This information will be fed into a national database that will be regularly updated and that will support planning and monitoring efforts at all levels of the system. Using this information, stakeholders at Township level will be able to

jointly plan and cost actions that need to be taken to fill coverage gaps and meet the minimum standards of care.

- **Systems building**—The provision of a Basic EPHS at Township level and below is conditional on a well-functioning health system. Supply-side readiness requires all the inputs, functions, and actors' behaviors to be aligned. In conjunction with the operationalization of the NHP at the Township level, investments will be needed to strengthen key functions of the health system at all levels. Health systems strengthening efforts will be organized around four pillars: human resources, infrastructure, service delivery, and health financing.
- **Supportive environment**—Successful implementation of the NHP will also require a supportive environment. This includes adequate policies developed within a robust regulatory framework, well-functioning institutions, strengthened MoHS leadership and oversight, enhanced accountability at all levels, a strong evidence base that can guide decision making, and improved ethics.
- **Community engagement**—While supply-side readiness is at the core of the NHP 2017-2021, the demand side cannot be ignored. The NHP includes elements that will help create or increase community engagement and the demand for essential services and interventions. Focusing on the Basic EPHS, for example, will clarify entitlements and manage expectations. The introduction and strengthening of accountability mechanisms, including social accountability, will help give communities a voice, which in turn will enhance responsiveness of the system.

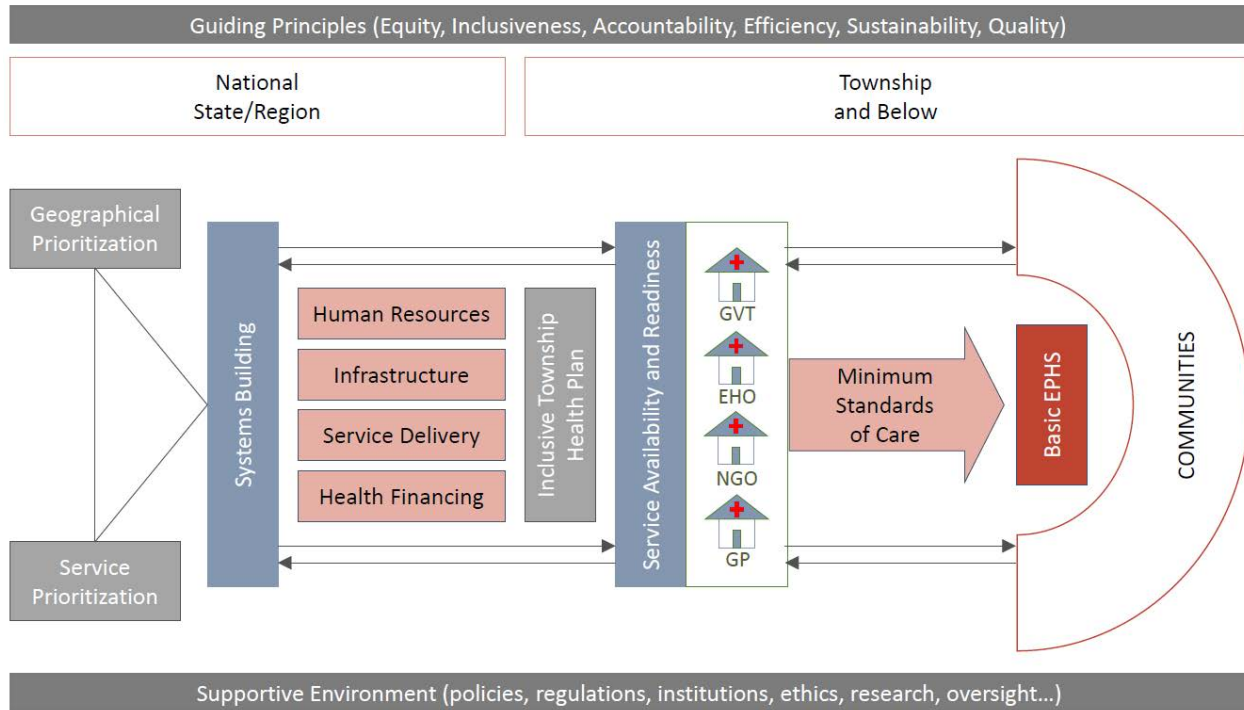


**Figure 5 – The National Health Plan 2017-2021 and Universal Health Coverage**



(Figure 5, p. 6)

**Figure 6 – Conceptual framework**



(Figure 6, p. 8)

### **Lao's 8th Five Year Health Sector Development Plan 2016-2020**

[Unable to locate Lao's Health Sector Development Plan]

Health priorities are not comprehensive in Lao's national development plan. While health concerns are mentioned throughout the document, they are often alluded to as general priorities or under other development concerns, such as improving public/private labor force capacity (116), addressing food security and malnutrition (127), and environmental protection (138). Specific goals and targets of the health sector were not elaborated on, with the exception of section 6.5.4 which focuses on universal health care access.

#### **6.5.4 Outcome 2, Output 4—Universal access to QUALITY health care services (132)**

##### **Direction:**

- Expand and improve the quality of integrated public health services to ensure access to health care and medical services for all;
- strengthen public services management regularly and continuously by improving and expanding infrastructure that will enable the extension of public health services to remote rural areas;
- increase the capacity to provide treatment and preventative medicine by employing and training health care professionals, including nurses, with the skills and ethics required to provide better services and apply appropriate technology in order to raise the quality of health care services;
- ensure sustainable finance for the health sector by increasing the public budget and funding to broadly cover private and community health insurance;
- ensure children receive adequate nutrition, practice food hygiene, and eat a variety of nutritious foods from each of the five food groups;
- carry out campaigns in the communities to raise people's awareness of the importance of keeping healthy;
- provide health care information and services, especially on reproductive health and family planning and information on sanitation;
- supply adequate clean water and sanitation facilities in urban, rural, and remote areas to ensure access to clean water and latrines;
- increase sanitation coverage in schools.

**Priority activities and projects** for universal access to quality health care services include:

- Improve and establish health centers in appropriate areas, upgrade district hospital capacity to carry out small case surgery, upgrade provincial and regional hospitals to increase the people's trust in health care services.
- Consistently build and train field medical staff in remote areas; send more new medical graduates to the provinces for internships

- Broadly expand private and community health insurance
- Continue establishing more health model villages
- Continue the effort on food quality and medicines inspection and take measures against law violations
- Improve the health information system to be accurate, fast, and up-to-date

## Appendix VIX. Donor projects

### ACTIVE HEALTH PROJECTS

International Aid and Transparency Initiative (IATI) data collected from d-portal.org. Last accessed 9/14/2020

Donor	Country	Project Title	Start (actual)	End	Project summary
<b>USAID</b>	MMR	Access to Health Fund	26-Jun-18	25-Jun-23	Pool resources from multiple donors to improve the delivery of essential services to poor, underserved, marginalized and vulnerable people, and strengthen the health systems capacity to sustain essential health services.
<b>USAID</b>	KHM, IDN	Applying Science to Strengthen and Improve Systems (ASSIST)	30-Sep-12	29-Jun-20	The objective of the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project is to improve the quality and outcomes of health care and other services by enabling host country providers and managers to apply the science of improvement. The project seeks to build the capacity of host country service delivery organizations in USAID-assisted countries to improve the effectiveness, efficiency, client-centeredness, safety, accessibility, and equity of the health and family services they provide. USAID ASSIST also seeks to institutionalize the capacity to improve through competency development at the pre- and in-service levels as well as engaging with host country governments at the policy level.
<b>USAID</b>	KHM, MMR, IDN, VNM	Challenge Tuberculosis (TB)	1-Oct-13	30-Mar-20	Challenge TB runs from September 30, 2014 until September 29, 2019 and will align with the WHO post-2015 Global TB Strategy and the new United States Government TB Strategy to enhance focus on improving patient-centered quality TB services, building local capacity and the utilization of innovations and new technologies to move forward in the global fight against TB. Challenge TB will have three main objectives: 1. Improve patient-centered quality care and services for TB; 2. Sustain and enhance systems; and 3. Transmission and disease prevention.

Donor	Country	Project Title	Start (actual)	End	Project summary
<b>Australia - Department of Foreign Affairs and Trade</b>	TMP	COVID-19 Pacific and Timor-Leste Preparedness and Recovery NGO Partnership	28-May-20	31-Mar-22	This investment will provide funding to non-government organizations (NGOs) to support communities in the Pacific and Timor-Leste to prepare for, respond to and recover from COVID-19. It will provide multi-sectoral, flexible support, tailored to individual country contexts. It will include support to health services and hygiene promotion, water and sanitation facilities, social protection measures and gender-based violence support services. It will use existing NGO funding mechanisms, focused on countries with the highest absorptive capacity and need (including Timor-Leste, PNG, Solomon Islands, Fiji and Vanuatu). It will build on already existing NGO support in target countries and include specific activities focused on gender, disability inclusion and protection. Between 2 and 5 per cent of the investment will be allocated to monitoring and evaluation. The total estimated value is \$25 million, to be expensed during the 2019-20 financial year.
<b>Australia - Department of Foreign Affairs and Trade</b>	TMP	COVID-19 Pacific Support Package: economic and health impact funding	26-Mar-20	8-Feb-22	A grant financing package to support Timor-Leste and Pacific Island Countries' (PNG, Solomon Islands, Vanuatu, Fiji, Nauru, Tonga, Tuvalu, Samoa, Kiribati) response to COVID-19. The package will bolster funds across three key areas: 1) support for direct outbreak preparedness and response 2) support for broader health institutions and systems 3) support for broader economic impacts and recovery. It will use a range of existing country and multi-country mechanisms including budget support to assist in maintaining liquidity, and funding to plan and maintain key services as the virus hits. The total estimated value of this investment is \$100.0 million to be expensed during the 2019-20 financial year.
<b>Australia - Department of Foreign Affairs and Trade</b>	TMP	Emergency Medical Preparedness & Engagement	5-Oct-17	5-Oct-22	Funding under this initiative supports the National Critical Care and Trauma Response Centre (NCCTRC) to strengthen disaster medical preparedness and response capacity in the Indo-Pacific region. Funds will be used to provide disaster medicine training to medical professionals from the Indo-Pacific region in Australia and in-country. Funds will also be used to support further development of the Australian Medical Assistance Team (AUSMAT) capability and the World Health Organization-led emergency medical team initiative.

Donor	Country	Project Title	Start (actual)	End	Project summary
					The total value of this initiative is \$1.5 million over 5 years, starting in 2017-18.
<b>Republic of Korea</b>	KHM	Enhancing capacity of Ang Duong ENT hospital in Cambodia	1-Jan-18	31-Dec-22	Improve the quality of medical services of Angdueng ENT hospital; renovation and construction of buildings of the hospital; install equipment necessary for medical service of the hospital; capacity building of doctors and staffs of Angdueng hospital; improved facilities and capacity building in Anduong Otorhinolaryngology Hospital/increased beneficiaries of quality otolaryngology medical services
<b>USAID</b>	KHM	Enhancing Quality of Health care (EQH) Activity	30-Aug-18	30-Aug-23	FY 2018 funds will improve the quality of health services to ensure that Cambodians are able to seek and receive quality services in both the public and private sectors. The activity will provide technical assistance and training to adapt and implement quality monitoring tools, standard operating procedures, guidelines, and systems to promote the integration of disease-specific services for more efficient and sustainable service delivery. The activity will coordinate with health professional associations to implement a continuing professional development system to ensure that health care workers maintain their ability to deliver quality health services. The activity will also strengthen implementation and enforcement of regulation, licensing and accreditation requirements to ensure that Cambodians receive quality services in both the public and private health sectors. The activity will also coordinate with medical and health science training institutions so that newly trained health care providers are able to meet Cambodia's health needs and priorities. This activity will address key priority health issues in Cambodia, including maternal, child and newborn health, reproductive health, tuberculosis, nutrition, and HIV/AIDS.

Donor	Country	Project Title	Start (actual)	End	Project summary
<b>USAID</b>	MMR	Essential Health Project	24-Aug-17	23-Aug-22	Improve the quality, delivery, financing, and utilization of the Essential Package of Health Services among service providers at the lower levels of the health system, emphasizing results at the township level and below, resulting in improved maternal, neonatal, and child health outcomes.
<b>USAID</b>	KHM	EVIDENCE Project Cambodia	30-Sep-13	30-Sep-20	Challenge TB runs from September 30, 2014 until September 29, 2019 and will align with the WHO post-2015 Global TB Strategy and the new United States Government TB Strategy to enhance focus on improving patient-centered quality TB services, building local capacity and the utilization of innovations and new technologies to move forward in the global fight against TB. Challenge TB will have three main objectives: 1. Improve patient-centered quality care and services for TB; 2. Sustain and enhance systems; and 3. Transmission and disease prevention.



Donor	Country	Project Title	Start (actual)	End	Project summary
<b>Germany - Ministry for Economic Cooperation and Development</b>	KHM	German Contribution to the Cambodia Health Equity and Quality Improvement Programme (H-EQIP)	20-Jun-16	30-Jun-21	The FC measure serves to support and participate in the "Health Equity and Quality Improvement Program (H-EQIP)", the successor program to the current health basket "Health Sector Support Program II (HSSP2)", in which the German FC is already participating (BMZ No. 2014 67 679). As of July 2016, H-EQIP should build on the current sector program, continue and further develop the central elements. It is aligned with the new national health strategy plan, the Health Strategic Plan 3 (HSP3, 2016 - 2020). The aim of the H-EQIP program is to contribute to improved access to adequate quality health services for poor and vulnerable population groups, while at the same time protecting against impoverishment through high expenditures for the use of health services. The core elements of the program are, on the one hand, the strengthening and further development of the so-called health equity funds (HEFs), which are now available nationwide as a central protection mechanism for poor population groups. On the other hand, the existing system of budget grants at operational level (so-called Service Delivery Grants [SDG]) is to be reformed and geared more towards quality and results in order to create higher quality incentives for service providers and to provide financial resources for quality improvements. In addition, accompanying measures to strengthen the health system are planned, including infrastructure investments. The target group of the nationwide program is the population of Cambodia, with special attention to poor and vulnerable population groups. In a broader sense, health workers in public institutions also benefit from the program measures.
<b>Australia - Department of Foreign Affairs and Trade</b>	KHM	Global Fund - Regional Health Advisor (Cambodia)	1-Apr-18	30-Sep-20	Funding under this investment supports health development in Cambodia through the provision of a health specialist to address health services. The aim is to strengthen health security and better prepare for emerging health threats, promote resilience through improving health systems, advance regional cooperation and accelerate access to innovation. The total value of this investment is \$0.33 million over 1 year, starting 2017-18.

Donor	Country	Project Title	Start (actual)	End	Project summary
<b>USAID</b>	PHL, IDN	Global Health Technical Professionals (GHTP) program	27-Sep-18	26-Sep-23	The Global Health Technical Professionals (GHTP), a project of the U.S. Agency for International Development (USAID), supports the Global Health Bureaus commitment to improving global health outcomes in communities around the world by providing technical professionals at all career stages for posts both in Washington, D.C. and abroad. These global health professionals augment the Agency's programs addressing its three strategic priorities: preventing child and maternal deaths; controlling the HIV/AIDS epidemic; and, combating infectious diseases. They improve the technical abilities of USAID offices, teams and working groups by bolstering technical leadership, accelerating innovation, increasing science and technology capabilities, strengthening local capacities, promoting gender equality, and providing acquisition and additional services on a variety of global health program initiatives
<b>USAID</b>	KHM, IDN, PHL	Health Policy Plus (HP+) project	28-Aug-15	27-Aug-27	The purpose of the Health Policy Plus (HP+) project is to improve the enabling environment for equitable and sustainable health services, supplies and delivery systems through policy development and implementation, with an emphasis on family planning and reproductive health (FP/RH), maternal and child health (MCH), and HIV and AIDS. It is expected that work across health policy, advocacy, financing, and governance, in a highly coordinated and collaborative approach and with attention to gender equality and equity issues, will be required to achieve the project purpose. This project will leverage previous USG investments in the areas of policy, advocacy, financing, and governance, preserve the progress made to date, and ensure progression toward stated objectives.
<b>Australia - Department of Foreign Affairs and Trade</b>	IDN, KHM	HIV Prevention	23-May-18	31-Dec-20	Funding under this investments supports HIV prevention work in Asia and the Pacific, specifically: understanding, assessing and addressing gaps in HIV prevention; identifying and addressing factors that adversely affect establishing enabling environments for HIV prevention service delivery and behavior change; enabling greater engagement of key population groups and civil society; expanding outreach and stigma free services for those at risk of HIV infection; and increasing condom availability and working towards providing

Donor	Country	Project Title	Start (actual)	End	Project summary
					Pre-exposure Prophylaxis (PrEP) in countries wishing to establish or expand pilot programmes to those with substantial risk of HIV. The total value of this investment is \$1.3 million over 3 financial years, starting 2017-18.
<b>USAID</b>	IDN, PHL	Human Resources for Health 2030 (HRH2030)	1-Oct-14	1-Oct-20	HRH2030 helps low- and middle-income countries develop the health workforce needed to prevent maternal and child deaths, support the goals of Family Planning 2020, control the HIV/AIDS epidemic, and protect communities from infectious diseases.
<b>Australia - Department of Foreign Affairs and Trade</b>	IDN	Indonesia Health Management	28-Nov-16	31-Dec-20	Funding to support small activities under the Health Unit in Jakarta Post to enable continued engagement with the Government of Indonesia, as well as having funds for monitoring and evaluation of existing programs. The total value of this investment is \$1.2 million expended over 3 years, starting 2016-17.
<b>Australia - Department of Foreign Affairs and Trade</b>	IDN	Jogjakarta Diabetic Retinopathy Initiatives in Pregnancy (Jog-DRIP)	1-Jul-18	30-Jun-23	Jog-DRIP is a community-based research project in the Special Region of Jogjakarta that aims to initiate and establish a comprehensive eye care guideline for pregnant women with diabetes. Targeted at primary care level, the ultimate aim is avoiding diabetes-related visual impairment and blindness. This project is a collaboration between Ophthalmology Department, Faculty of Medicine, Public Health, and Nursing, Universitas Gadjah Mada and Centre for Eye Research Australia (CERA).
<b>USAID</b>	KHM, IDN	LINKAGES - HIV Services for Key Populations	15-Feb-14	30-Dec-21	Supporting International Family Planning Organizations 2: Sustainable Networks (SIFPO 2) will increase the use of FP services globally through strengthening selected international Family Planning/Reproductive Health (FP/RH) organizations which have a global reach and an extensive, multi-country network of FP/RH and other health platforms, in order to achieve maximum program impact and synergies.

Donor	Country	Project Title	Start (actual)	End	Project summary
<b>Republic of Korea</b>	KHM	MCH Outreach Program for Improving Outreach service system in Ratanakiri and Modulkiri Province, Cambodia	1-Jan-19	31-Dec-22	1. Enhance capacity of midwives and hospital staff by providing trainings on maternal and child health care services 2. Improve quality of health facilities and their services by procuring and providing medical equipment to health centers and referral hospitals 3. Improve quality of health facilities and their services by reconstructing and extending buildings for maternal and child health services at health centers and referral hospitals 4. Assure quality of maternal and newborn health services by providing coaching session and attitude training to health workers 5. Assure quality of maternal and newborn health services by supporting infection prevention and control of health facilities 6. Increase accessibility of maternal and newborn health services by supporting outreach activities for the marginalized population 7. Strengthen referral system by providing ambulance and motorboats to health facilities and remote villages 8. Increase awareness
<b>USAID</b>	PHL	Medicines, Technologies, and Pharmaceutical Services (MTaPS)	20-Sep-18	19-Sep-23	The goal of Medicines, Technologies, and Pharmaceutical Services (MTaPS), a new activity, is to strengthen low- and middle-income country health systems to ensure sustainable access to, and appropriate use of, safe, effective, quality-assured, affordable essential medicines and medicines-related services. This will be accomplished by using a systems strengthening approach to technical assistance, customized based on country context, Mission objectives, and technical feasibility. In furtherance of this purpose, specific objectives that MTaPS will work to accomplish through technical assistance include: 1) Strengthening pharmaceutical sector governance; 2) Increasing institutional and human resource capacity for pharmaceutical management and services, including regulation of medical products; 3) Advancing the availability and use of pharmaceutical information for decision-making; 4) Optimized pharmaceutical sector financing, including resource allocation and use; and 5) Improved pharmaceutical services including product availability and patient-centered care to achieve desired health outcomes.

Donor	Country	Project Title	Start (actual)	End	Project summary
<b>USAID</b>	KHM	NOURISH	9-Jun-14	8-Jun-20	NOURISH will address key causal factors of chronic malnutrition in Cambodia, including poverty, lack of access to quality nutrition services, poor sanitation, and behaviors that work against optimal growth and development. A midterm evaluation of the activity showed promising reductions in stunting and other nutrition-related indicators due to NOURISH's multifaceted approaches in implementing an integrated nutrition activity. With FY 2018 funds, NOURISH will advocate for policy changes using evidence from the field. NOURISH will also intensify implementation of nutrition and WASH activities in low coverage villages, where it will support community nutrition services, including growth monitoring and promotion; promotion of better feeding practices for infants and young children through social behavior change communication; and, conditional cash transfers. NOURISH will support target villages, amongst the poorest, to become open defecation free by conducting community-led total sanitation activities. The activity will promote the production and use of a fish preservative as a food additive for children under five and the planting of nutritious vegetables in home gardens, especially for the landless poor. Capacity building on innovative and moveable gardens ensure that mothers have adequate micronutrients and protein-rich food to feed their children throughout dry season.
<b>Australia - Department of Foreign Affairs and Trade</b>	LAO, IDN, MMR, PHL, VNM	Polio and Routine Immunization	28-Oct-15	25-May-25	Funding under this investment provides core funding support to the World Health Organization for the Global Polio Eradication Initiative (GPEI). Australia's contribution to the fund will provide funding and technical assistance for polio surveillance, monitoring, supplementary immunization campaigns and outbreak responses. Funding to GPEI is \$54 million over five years from 2015-16. This investment also provides funding to the World Bank through the World Bank Multi-Donor Trust Fund for Integrating Donor Financed Health Programs. Australia's contribution will strengthen health and routine immunization systems and ensure they are sustainably financed and managed. Funding to the World Bank is \$36 million over four years

Donor	Country	Project Title	Start (actual)	End	Project summary
					from 2015-16. The total value of this investment is \$90.0 million over 5 years, starting 2015-16.
<b>Ministry of Foreign Affairs of Japan</b>	MMR	Project for Improvement of Foot-and-Mouth Disease Control	2-Jun-16	31-Jan-21	Provision of Equipment for Foot-and-Mouth Disease Control
<b>Ministry of Foreign Affairs of Japan</b>	MMR	Project for the Improvement of Dawei General Hospital	7-Dec-16	31-Dec-22	Construction of Dawei General Hospital
<b>USAID</b>	KHM	Promoting Healthy Behavior (PHB) - (former: Cambodia Social and Behavior Change -SBC)	5-Jun-18	4-Jun-23	The purpose of this activity is to improve health behaviors among Cambodians. The activity will support two objectives: 1) strengthened health systems for oversight and coordination of social behavior change (SBC); and 2) improved ability of individuals to adopt healthy behaviors. Interventions will address barriers to health behavior change, both cross-cutting and specific to family planning; tuberculosis (TB); malaria; maternal and child health (MCH); nutrition; and, water, sanitation, and hygiene (WASH). With FY 2018 funds, the activity will provide technical assistance to develop and implement targeted SBC activities. The activity will conduct demonstration interventions that use a human-centered design approach to address individual behaviors change with innovative, effective SBC strategies. FY 2018 funds will also coordinate with the National Center for Health Promotion in order to advance health behavior change activities.

Donor	Country	Project Title	Start (actual)	End	Project summary
<b>Australia - Department of Foreign Affairs and Trade</b>	IDN	Reducing Transmission of Dengue and Zika Pilot	3-May-16	31-Mar-21	Funding under this investment supports an operational pilot of Wolbachia technology to reduce the transmission of vector borne diseases spread by the Aedes aegypti-mosquito in ODA eligible countries in the Asia-Pacific. Target diseases include zika, dengue (all four serotypes), chikungunya and yellow fever which are having a negative impact on the development prospects and wellbeing of several countries in the region. Trials have demonstrated a 90 per cent reduction in transmission rates. Program supports the trialing of the technology in up to 3 pilot sites in Asia-Pacific. The technology was endorsed by the World Health Organization for further testing in May 2016. A successful trial will have strong pro-poor impacts, including reduction in under-5 deaths and benefits for women and girls and mitigate a significant regional health threat. The total value of this investment is \$18.0 million over 4 years, starting May 2016.
<b>Germany - Ministry for Economic Cooperation and Development</b>	IDN	Reorganizing Health Centers to Increase Hygiene and Sanitation Equipment Provision in Central Jakarta	2020-05-05 (planned start date)	31-Dec-20	The Indonesian health system still offers very little support to low-income families. Especially families with small children do not have the support they need regarding preventive medical screenings, vaccinations or nutritional aspects. The project aims to improve the situation at two local health centers determined to help poor families with small children by providing equipment and constructional renovation. Furthermore, workers and volunteers at the health centers will receive further job training to improve the quality of assistance.
<b>Germany - Ministry for Economic Cooperation and Development</b>	KHM	Social Health Protection IV	31-Aug-18	31-Dec-21	The poor and vulnerable population in Cambodia is healthier and has less risks by using health care services with appropriate quality.

Donor	Country	Project Title	Start (actual)	End	Project summary
<b>Republic of Korea</b>	LAO	Strengthen a capacity of medical and technical personnel and improve quality of services of 5 Mesa Hospital (Police Hospital) in Lao PDR	1-Jan-15	31-Dec-23	Providing MRI equipment, establishing a radiology center, training radiology related professionals, dispatching radiology experts, strengthening radiology and other medical departments capacities
<b>Australia - Department of Foreign Affairs and Trade</b>	TMP	Strengthening international outbreak response	24-May-18	31-Dec-22	The World Health Organization's Contingency Fund for Emergencies (CFE) was established in 2015 following a review of the 2014 Ebola outbreak response. Contributions are mainly used to enable the immediate mobilization of expert WHO personnel in response to disease outbreaks. In 2017, the CFE enabled 36 outbreak response operations at a cost of US\$20.8 million across 23 countries including Madagascar (plague), the Democratic Republic of the Congo (Ebola), Bangladesh (water-borne and vaccine-preventable diseases affecting Rohingya refugees), Fiji and Vanuatu (health emergencies arising from natural disasters). The CFE has proven to be a very effective tool for outbreak containment, as was demonstrated most notably in the case of the previous Ebola outbreak in Likati, DRC, in mid-2017. The proposed contribution of up to \$4 million by Australia would position us as the fourth largest donor to the CFE in cumulative terms after Germany, the UK and Japan.
<b>Republic of Korea</b>	LAO	Strengthening Reproductive Health System Focusing on Adolescence and Quality of Child Health Service in Community	1-Jan-19	31-Dec-24	1. Strengthening Capacity Building (BEmONC Training, New Midwife Training, MDSR (Maternal Death Surveillance and Response) Training) 2. Support of Integrated Outreach Service 3. Strengthening Governance and leadership, 4. Infrastructure strengthening, 5. Community Based-Nutrition Promotion Initiative (Luang Namtha), 6. Cross-Cutting Community Approach for Adolescent Sexual and Reproductive Health (Udomxay)



Donor	Country	Project Title	Start (actual)	End	Project summary
<b>Australia - Department of Foreign Affairs and Trade</b>	MMR, TMP, IDN, KHM	Support for Asia Pacific Malaria Elimination	15-Dec-18	31-Oct-22	Funding under this investment provides core support to the Asia Pacific Leaders Malaria Alliance (APLMA) and Asia Pacific Malaria Elimination Network (APMEN) Secretariat. APLMA-APMEN support a range of activities to advance the goal of eliminating malaria across the Asia-Pacific region by 2030, across four key pillars: leadership commitment to malaria elimination across the public and private sectors; targeted technical support to national malaria programs; increased domestic and donor financing for malaria; and increased access to quality assured priority malaria commodities (such as drugs, diagnostics, and vector control tools). Based in Singapore, APLMA-APMEN work across the region, with a focus on priority countries in the Greater Mekong Subregion, Melanesia, and Indonesia. The total value of this investment is \$6 million over three years (FY 2019-20 to 2021-22); \$2 million per year.
<b>USAID</b>	KHM	Support for International Family Planning and Health Organizations (SIFPO) 2: Sustainable Networks - PSI	18-Apr-14	31-Dec-20	Supporting International Family Planning Organizations 2: Sustainable Networks (SIFPO 2) will increase the use of FP services globally through strengthening selected international Family Planning/Reproductive Health (FP/RH) organizations which have a global reach and an extensive, multi-country network of FP/RH and other health platforms, in order to achieve maximum program impact and synergies.
<b>Republic of Korea</b>	KHM	Supporting the Gwangju Clinic	1-Jan-18	31-Dec-22	Supporting the Gwangju Clinic Establishment; Securing the regular Clinic Operation; Support the medical equipment, medicine and humanitarian medical service; Clinic Education for the local medical team and other education for strengthening of ability
<b>Republic of Korea</b>	LAO	The Construction of Modern Hospital Project	1-Nov-17	30-Jun-22	To improve public health and medical service through the construction of a modernized hospital; Supply and Installation of Medical Equipment; Establishment of Hospital Information System (HIS)
<b>Republic of Korea</b>	LAO	The Construction of UHS Hospital Project	1-Dec-18	30-Jun-24	The establishment of a tertiary level hospital to improve the accessibility of modern medical services to nearby residents and reduce of diseases caused by chronic diseases; the establishment of the first university hospital and simulation center in Lao PDR to

Donor	Country	Project Title	Start (actual)	End	Project summary
					systematically nurture professional medical personnel with advanced medical practice
<b>Ministry of Foreign Affairs of Japan</b>	LAO	The Project for the Improvement of Setthathirath Hospital and Champasak Provincial Hospital	9-Feb-18	31-Jan-25	(No description available)
<b>USAID</b>	TMP	USAID's Reinforce Basic Health Services Activity	23-Dec-15	22-Dec-20	The Reinforce Basic Health Services Activity strengthens the Government of Timor-Leste's Ministry of Health (MoH) by improving the capacity of the National Institute of Health (INS) to train health care workers and by assisting the MoH to turn Covalima Municipality into a model for the rest of the country. USAID's institutional strengthening with the INS enables them to provide in-service training and manage three clinical training centers improved by USAID. The objective is for the INS become internationally accredited with standardized clinical practices sites, functioning skill labs, capacity to increase the number of qualified service providers, and implement and maintain a certification process. USAID increases the quality of customer service for maternal and newborn care and through education and social marketing to promote community use of services. Reinforce exemplifies strong coordination with the government and includes high-quality integrated services, community outreach, micro-planning, problem solving and monitoring. USAID links women with the health system before pregnancy and encourages men to promote the use of health services by their families.

Donor	Country	Project Title	Start (actual)	End	Project summary
<b>Australia - Department of Foreign Affairs and Trade</b>	TMP	Timor-Leste Human Development Program	14-Dec-15	30-Jun-21	The Timor-Leste Human Development Program will deliver assistance in health, water, education, nutrition, gender equality, disability and social protection. It will work towards strategic objective 2 of Australia's Timor-Leste Aid Investment Plan: enhancing human development. Improved human development will ensure that coming generations of Timorese people are better able to lead, contribute to and benefit from their nation's economic and social development. The Australia Timor-Leste Partnership for Human Development (ATLPHD) is valued up to AU\$120 million over five years and is scheduled to commence in June 2016. The program will include an option to extend for a further five years, subject to program effectiveness, continued relevance, contractor performance and available funding. This investment will enhance human development in Timor-Leste by investments in four Pillars: Health; Water; Education; Nutrition - gender equality, disability and social protection.
<b>Republic of Korea</b>	KHM	WASH (Water, Sanitation and hygiene) in School and village in Otdar Meanchey, Cambodia	1-Feb-19	31-Dec-21	Reduction of diarrhea by improving local water hygiene environment, access to school sanitation facilities, access to village sanitation facilities, installation of school hygiene facilities, improvement of public health awareness of teachers and students, strengthening health hygiene capacity of business school teachers, business school hygiene training, organization and activities of the School Water Sanitation Committee (WASH Committee), installation of household toilets and business hygiene training for the project, expansion of access to school sanitation facilities, and access to village sanitation facilities
<b>Germany - Ministry for Economic Cooperation and Development</b>	LAO	Consolidation of the blood system in selected rural areas of Laos	1-Jan-18	31-Dec-20	Sustainable improvement of blood donor system in four selected provinces of Laos in terms of deployment, the number and quality of blood donations

Donor	Country	Project Title	Start (actual)	End	Project summary
<b>Australia - Department of Foreign Affairs and Trade</b>	VNM	Cao Lanh M&E-social dev, diplomacy & civil work	1-Jul-11	30-Jun-21	Funding under this initiative provides support to the Asia Development Bank for the Cao Lanh Bridge initiative. The project includes complement social development work such as improving capacity of local health services to cope with increased demand; restoring livelihoods; road safety awareness. The total value of this initiative is \$130.2 million over 6 years, starting 2011-12.
<b>Republic of Korea</b>	VNM	Master's Degree Program in Global Health Security (2019)	8-Dec-2018	1-Dec-2020	To train public health professionals in the field of infectious diseases control to manage infectious diseases effectively and implant relevant health policies for the development of developing countries
<b>Republic of Korea</b>	VNM	Vietnam Telemedicine System Project	6-Dec-2018	6-Dec-2020	Design Telemedicine System; Develop Telemedicine System; Test and validation; Medical kit design; Medical kit unit purchase; Introduction of local system; Training Operator and Health Worker
<b>Republic of Korea</b>	VNM	Designing and standardizing a model for mass screening and rapid detection of TB cases and pneumonia (in health care facilities and communities) in Vietnam	2-Nov-2017	2-Nov-2021	1) x-ray mass screening to identify patients 2) diagnostic lab management 3) analyze infectious respiratory disease surveillance and management systems and provide solutions
<b>Republic of Korea</b>	VNM	Education center for illumination chopper cataract surgery in Vietnam	5-Dec-2019	5-Dec-2021	Dissemination Project of Intraocular Illumination Chopper For Safe Cataract Surgery in Vietnam

Donor	Country	Project Title	Start (actual)	End	Project summary
<b>Republic of Korea</b>	VNM	Rural Development Programme in Tuyen Quang Province	1-Dec-2018	2-Nov-2022	Improve livelihoods by rural infrastructure and income generation activities; Empower women through gender-equality trainings, happy family management and income activities; Promote local residents' health by building capacity of health care professionals and improving facilities; Improve the quality of education by enhancing educational facilities and building capacity of educational staffs; Enhance the quality of public administration services and governance by improving public policies and building capacity of public officials
<b>USAID</b>	VNM	Promoting the Quality of Medicines (PQM)	18-Sept-2009	17-Sept-2020	Promoting the Quality of Medicines (PQM)
<b>USAID</b>	VNM	Avian Influenza	1-Oct-2010	30-Sept-2020	Limit the spread of avian influenza (AI) in animals and help to prevent a human influenza pandemic, and in the event of a pandemic, provide appropriate humanitarian response.
<b>USAID</b>	VNM	Universal Access to TB Diagnosis and Treatment	1-Oct-2018	30-Nov-2020	Support political commitment and sustained financing for TB diagnosis and treatment with supervision and patient support, implementation of patient-centered approaches, engagement of all providers in TB prevention, and diagnosis and treatment (including public, private, prison-based programs, etc.); empower TB patients and communities; encourage community civil society participation in TB care, with special attention to decreasing stigma and discrimination through the introduction of international standards of care and TB figurers; and support operational or programmatic research related to improvement of Directly Observed Therapy, Short-Course (DOTS) implementation.
<b>USAID</b>	VNM	HIV/AIDS	1-Oct-2010	30-Sept-2020	Reduce the transmission and impact of HIV/AIDS through support for prevention, care and treatment programs.
<b>USAID</b>	VNM	Tuberculosis	1-Oct-2019	30-Sept-2020	Reduce the number of deaths caused by TB by increasing detection of cases of TB and by successfully treating detected cases, as well as addressing issues of multi-drug resistant TB, TB and HIV, and investing in new tools for TB.

Donor	Country	Project Title	Start (actual)	End	Project summary
<b>USAID</b>	VNM	Predict II	30-Sept-2014	30-Sept-2020	The PREDICT-2 project will assist focus countries in monitoring viruses with pandemic potential as well as behaviors, practices, and conditions associated with viral evolution, spillover, amplification and spread. In addition, PREDICT 2 will improve predictive modeling to better focus surveillance and use surveillance and other data to support policy change and begin developing risk- mitigation strategies to reduce the risk of animal viruses spilling over, amplifying, and spreading in human populations. Implementing partners for PREDICT-2 are University of California-Davis, EcoHealth Alliance, Metabiota, Smithsonian Institution, and Wildlife Conservation Society.
<b>USAID</b>	VNM	Global Health Program Cycle Improvement Project (GH Pro)	2-July-2014	30-Sept-2020	The Global Health Program Cycle Improvement Project (GH Pro) is a five-year contract that is available to the Bureau for Global Health offices, regional and other bureaus, and field missions of USAID in health program assessment, design, monitoring and evaluation, and program support. GH Pro works across USAID's health portfolio in support of its goals of preventing and managing major health challenges of poor, underserved, and vulnerable people, leading to improved health outcomes. In support of these goals, the project also advances expertise in cross-cutting health issues such as gender, health systems strengthening, and science and technology.
<b>USAID</b>	VNM	Healthy Markets Activity	31-Mar-2014	31-Dec-2020	The Healthy Markets Activity aims to grow a viable commercial market for HIV-related goods and services capable of meeting the needs of populations facing the greatest risks. The project will leverage private-sector solutions, expertise, interests, and assets to identify market opportunities and catalyze market responses to the HIV epidemic. The project will support a phased transition from an environment where condoms and other related HIV prevention goods and services are predominantly subsidized, to one where non-subsidized commodities, services and distribution channels are the norm.
<b>USAID</b>	VNM	Infectious Disease Detection and Surveillance	22-May-2018	21-May-2021	The IDDS project supports select governments and their relevant ministries in strengthening diagnostic networks and real-time surveillance systems for pathogens of public health concern, including AMR and zoonotic diseases. The project is also mandated to generate

Donor	Country	Project Title	Start (actual)	End	Project summary
					evidence-based guidance and innovative solutions in support of strengthening diagnostic networks and surveillance systems. The project supports the Global Health Security Agenda, TB programs and other infectious disease initiatives.
<b>USAID</b>	VNM	Sustainable HIV Response to Technical Assistance (SHIFT)	10-June-2016	9-June-2021	The Sustainable HIV Response to Technical Assistance (SHIFT) activity aims to strengthen human, organizational, and systems capacity to lead the national HIV and AIDS response and deliver innovative enhancements in HIV and AIDS services. SHIFT also works to provide direct service delivery and technical assistance to key stakeholders in five targeted provinces to ensure USAID can successfully transition USAID-supported HIV and AIDS services to the provincial government by the end of the activity.
<b>USAID</b>	VNM	USAID Enhanced Community HIV Link Northern	14-Feb-2017	13-Feb-2022	The activity aims to build Civil Society Organizations (CSOs)/Community based Organizations (CBOs) sustainable HIV/AIDS service delivery and promote CSO/CBO development through their demonstrated efficacy and proactive participations in HIV/AIDS programs at all levels. The specific objectives of the activity are: (1) Increase coverage and uptake of HIV/AIDS commodities and services among KP that contribute to achieving 90-90-90 targets of the national HIV/AIDS response; (2) Increase the capacity of civil society to participate in HIV/AIDS programming; and (3) Improve the enabling environment for CSO participation in the HIV/AIDS response.
<b>USAID</b>	VNM	Disabilities Integration of Services and Therapies Network for Capacity and Treatment (DISTINCT)	1-June-2015	31-Dec-2022	The Disabilities Integration of Services and Therapies Network for Capacity and Treatment (DISTINCT) activity aims to improve the quality of life of children with disabilities (CWDs) under the age of six by implementing a comprehensive model of early childhood disability detection and intervention (ECDDI). With FY 2019 funds, DISTINCT will continue to carry out early childhood disability detection and intervention work in Tay Ninh, Binh Phuoc, and Dong Nai provinces. The activity will work with local government officers, health practitioners, teachers, and parents to apply screening tools, classify disabilities, and develop intervention plans. This activity will support the execution of Vietnam's first Speech and Language Therapy (SALT) graduate level degree program that begins in October 2019. It is

Donor	Country	Project Title	Start (actual)	End	Project summary
					projected that the activity will provide direct services to 1,700 CWDs and provide training for 150 health workers and kindergarten teachers.
<b>Australia - Department of Foreign Affairs and Trade</b>	VNM	Applied Health Research	31-July-2017	31-July-2022	Funding under this investment provides funding for applied health research, specifically addressing health systems and/or policy research in relation to health security in the Indo-Pacific region. Grants of up to \$3 million over up to three financial years will be funded under this investment. Key outcomes include: new evidence regarding health policy and systems is used to improve regional health security and to stimulate future research. Intermediate outcomes will include: High quality research outputs produced and disseminated that contribute to the evidence base on strengthening health systems and / or policy to improve regional health security. This investment also includes sponsorship of the first Global Health Security 2019 (GHS2019) Conference. The total value of this investment is \$16.3 million over 3 years, starting 2017-18.
<b>Australia - Department of Foreign Affairs and Trade</b>	VNM	Indo-Pacific Regulatory Strengthening Program	1-Oct-2018	30-June-2023	The Indo-Pacific Regulatory Strengthening Program was jointly developed by the Department of Foreign Affairs and Trade and the Department of Health (DoH), through the Therapeutic Goods Administration (TGA). Funded by the Health Security Initiative for the Indo-Pacific, the Program aims to improve marketing authorization systems for medicines and medical devices and to promote regional collaboration on regulatory practice. The TGA will establish people-to-people and institutional links with counterpart regulatory authorities in Cambodia, Indonesia, Laos PDR, Myanmar, Papua New Guinea, Vietnam, and Thailand.  The high-level objective is to strengthen health security in the Indo-Pacific by improving access to quality medical products for the diagnosis, treatment, and prevention of priority diseases. The Program complements DFAT's \$75 million Product Development Partnerships Fund, which aims to bring new treatments and diagnostics to market for malaria and tuberculosis.



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