

Progress on the health-related Sustainable Development Goals in Eastern Mediterranean Region countries: getting back on track in the time of COVID-19

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On 16 June 2021, the World Health Organization (WHO) launched its first report on the ‘Progress on the health-related Sustainable Development Goals (SDGs) and targets in the Eastern Mediterranean Region’ (1). This report presents for the first time a snapshot of the progress made in addressing the health-related SDG targets and indicators in the Region. It is an important mid-way report in recognizing the achievement, and most importantly, the challenges in reaching health-related objectives among the 17 SDGs adopted by the United Nations (UN) General Assembly in 2015 in the Eastern Mediterranean Region (2,3). WHO commitment to SDGs has been re-emphasized in its Thirteenth General Programme of Work and in the Regional Vision, ‘Health for All by All’ (4).

The report uses data reported by Member States and global estimates from WHO and other UN agencies from January 2010 to September 2020 (5,6). In total, 50 health-related SDG indicators (across 9 out of 17 SDGs) are analyzed and presented. The report shows that availability of data for health-related SDG indicators varied considerably for the period, with huge gaps across indicators for cause-specific mortality, hepatitis prevalence, health financing and access to medicine indicators. Notably, the striking result is that the Region is not quite on track in meeting the health-related SDGs (7). Progress was made on only half of the 50 indicators reported between 2015 and 2019, before the COVID-19 pandemic (Table 1).

The regional profile has glimmers of hope. There has been a decline in the reported number of new cases of HIV/AIDS and TB; improvements in routine vaccination coverage; sustained high proportion of births attended by skilled health workers; fewer malnourished children; and an increasing access to improved drinking-water and sanitation. However, the Region still has a long way to go in reducing maternal, child and neonatal mortality. Expansion of vaccination coverage remains suboptimal.

Progress in reducing the overall rates of HIV and malaria cases has stalled. Mortality rates due to noncommunicable diseases (NCDs) and pollution indicate no signs of a reduction. In addition to these concerns, the lessons learnt from the COVID-19 pandemic demonstrate (8,9) an uphill struggle for most countries in their quest for SDGs if the pace of investment in health and action remains at the current rate.

Timely high-quality data are critical in order to monitor progress on the SDGs at the regional, national and subnational levels. Insufficient data meant that progress for one in four indicators could not even be reported for the Region. Data availability is a major concern and demands significant improvement in health information systems (HIS) in countries of the Region (10,11). The development of a Regional Strategy (2021–2025) to strengthen HIS aims to address these concerns. Jointly developed in collaboration with national HIS stakeholders, the strategy outlines a comprehensive plan to improve HIS and create a more robust system for monitoring progress in health and ensure sufficient evidence to inform policies. But investing in HIS alone will not ensure progress on the health-related SDGs – action is required on many fronts including implementation of interventions to address existing health challenges.

The way forward is challenging but by working together countries and partners in the Region can accelerate progress. Hence key decisions and actions are inevitable. Good governance processes with strong leadership, including high level political commitment, multi-sectoral partnership, and a whole-of-society approach, are needed to meet the Sustainable Development Agenda. Those responsible for the health sector (i.e. SDG3 targets) should work with other sectors to address the determinants of health like poverty (SDG1), education (SDG4), gender equality (SDG5), climate change (SDG13) and health-related risks like nutrition (SDG2) and water and sanitation (SDG6) (12,13). Establishment

Table 1 Summary of progress on the health-related SDGs, 2015–2019

Health-related SDG indicators	2015 (or nearest)	2019 (or nearest)	Status of progress
Mortality			
3.1.1 Maternal mortality ratio (per 100 000 live births) ^a	175	164	Progress made but too slow to meet target
3.1.2 Births attended by skilled health personnel (%)	98	99	Progress fast enough
3.2.1 Under-5 mortality rate (per 1000 live births) ^a	52	46	Progress made but too slow to meet target
3.2.2 Neonatal mortality rate (per 1000 live births) ^a	27	25	Progress made but too slow to meet target
3.4.1 Probability of dying from NCDs (between ages 30-69) (%) ^a	20.8	22.0	Progress stalled
3.4.2 Suicide mortality rate (per 100 000 population) ^a	3.9	...	Trend not reported
3.6.1 Mortality rate from road traffic injuries (per 100 000 population) ^a	23.5	21.8	Progress made but too slow to meet target
3.9.1 Mortality rate attributed to household and ambient air pollution (per 100 000 population)	31.6	41.5	Progress stalled
3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (per 100 000 population)	1.8	1.4	Progress
3.9.3 Mortality rate attributed to unintentional poisoning (per 100 000 population)	1.6	1.5	Progress
Morbidity			
3.3.1 New HIV infections (per 1,000 uninfected people)	0.06	0.07	Progress stalled
3.3.2 TB incidence (per 100 000 population)	118	115	Progress
3.3.3 Malaria incidence (per 1000 population at risk)	9	10	Progress stalled
3.3.4 Hepatitis B prevalence among children under 5 years (per 100 000 population)	1.6	...	Trend not reported
3.3.5 Number of people requiring interventions for Leishmaniasis	10,616	15,367	Progress stalled
SDG3 means of implementation of targets			
3.5.2 Harmful alcohol use (litres of pure alcohol per capita ≥15 years)	0.6	0.5	Progress
3.7.1 Women of reproductive age (15–49 years) who had their need for family planning satisfied with modern methods (%)	55	57	Progress
3.7.2: Adolescent birth rate (per 1000 women aged 15–19 years)	48	41	Progress
3.8.1 UHC service coverage index ^a	53	57	Progress made but too slow to meet target
3.8.2 Large household expenditure as a share of total health care expenditure (>10%)	15.2	...	Trend not reported
3.8.2 Large household expenditure as a share of total health care expenditure (>25%)	2.3	...	Trend not reported
3.a.1 Prevalence of tobacco use among persons 15 years and older (%)	18.5	...	Trend not reported
3.b.1 DPT ₃ Coverage (%)	80	82	Progress
3.b.1 MCV ₂ Coverage (%)	68	75	Progress
3.b.1 PCV ₃ Coverage (%)	50	52	Progress
3.b.2 Official development assistance for medical research per capita (US\$)	1.0	2.0	Progress
3.b.3 Availability of essential medicines in public health facilities (%)	83.4	...	Few data points to determine trend
3.c.1 Density of physicians (per 10 000 population)	14.2	18.2	Progress
3.c.1 Density of pharmacists (per 10 000 population)	4.5	5.7	Progress
3.c.1 Density of nurses (per 10 000 population)	20	33	Progress
3.c.1 Density of dentists (per 10 000 population)	3.6	3.9	Progress
3.d.1: International Health Regulations (IHR) capacity and health emergency preparedness	65.5	...	Trend not reported

Table 1 Summary of progress on the health-related SDGs, 2015–2019 (concluded)

Health-related SDG indicators	2015 (or nearest)	2019 (or nearest)	Status of progress
3.d.2.a: Percentage of bloodstream infections due to selected antimicrobial-resistant organisms (due to <i>Escherichia coli</i> resistant to third generation cephalosporin (ESBL- <i>E. coli</i>))	58.4	59.5	Progress stalled
3.d.2.b: Percentage of bloodstream infections due to selected antimicrobial-resistant organisms (Methicillin-resistant <i>Staphylococcus aureus</i> (MRSA) among blood isolates)	36.6	46.1	Progress stalled
Risk factors for health (direct effect on health)			
2.2.1 Stunting among children under 5 (%)	26.1	24.2	Progress
2.2.1 Wasting among children under 5 (%) ^a	7.5	3.8	Progress fast enough
2.2.2 Overweight among children under 5 (%)	8.1	8.0	Progress stalled
6.1.1 Access to improved drinking water (%) ^a	88	89	Progress made but too slow to meet target
6.2.1 Access to improved sanitation facilities (%) ^a	73	75	Progress made but too slow to meet target
11.6.2: Annual mean levels of fine particulate matter in cities (mg/m ³)	54	...	Trend not reported
16.1.2 Conflict-related deaths (per 100 000 population)	4.9	3.3	Progress
16.2.1: Proportion of children aged 1–17 years who experienced any physical punishment and/or psychological aggression by caregivers (%)	85	...	Trend not reported due to too few data points
Determinants of health (indirect effect on health)			
1.1.1 Proportion of population living below the international poverty line 9%)	19.0	...	Trend not reported
4.1.1 Net primary school enrolment ratio (per 100 school-age children)	93	97	Progress but data available for selected countries
4.6.1 Literacy rate (15–24 years) (%)	95	97	Progress but data available for selected countries
5.2.1 Proportion of ever-partners women and girls aged 15 years and older subjected to violence (%)	37	...	Trend not reported
5.6.1 Proportion of women aged 15–49 years who make their own informed decisions (%)	50.5	...	Trend not reported
8.5.2 Unemployment rate, males (%)	9	8	Progress
8.5.2 Unemployment rate, females (%)	21	17	Progress
8.5.2 Unemployment rate, both sexes (%)	11	9	Progress

^aSDGs with explicit targets for 2030;

... Limited data for most countries to assess regional progress or determine trend.

of coordinating or steering committees, with decision making power, that include key stakeholders are among effective ways that countries adopt for meeting SDGs. Successful examples of a whole-of society approach in controlling the COVID-19 pandemic are observed in a few countries of the Region (14) and maintaining and expanding such initiatives is the key in achieving WHO's vision for the Region (15).

It is for this reason that the WHO Regional Office for the Eastern Mediterranean embraced the Global Action Plan for Healthy Lives and Well-being (GAP), signed by 12 health and development partners (16). At least eight countries in the Region are using this approach to accelerate progress on the health-related SDGs. This plan also served as the background for the establishment of the Regional Health Alliance, launched in December

2020 (17). The outcomes of this collaboration as a strategy to accelerate progress towards health-related SDGs at country and regional levels are visible.

As seen in the response during the pandemic, placing health at the top of the agenda means putting essential health services and universal health coverage at the forefront (18–20). The COVID-19 pandemic has uncovered many inequities and gaps in our health systems. In addition, the pandemic has all the hallmarks that suggest the progress towards SDGs might be hampered still further. Ensuring functioning health systems and effective governance mechanisms are at the forefront of efforts towards SDGs.

The delivery of health services must be complemented by a commitment to health at the highest levels of

government. This means ensuring sustainable financial investment in basic health services and public health measures, including building resilient health systems to advance universal health coverage (UHC) (21). In addition, good governance is also reflected in laws and regulations. A commitment to the right to health also requires the means for its implementation. For example, NCDs are a major burden in the Region and the provision of health services will do little to address this when the key risk factors are behavioural, tobacco use, unhealthy diet and physical inactivity. Comprehensive approaches, including the implementation of regulations as outlined in the WHO 'Best Buys' (22), can markedly change the epidemiological profile of these diseases in the Region by 2030. As such, countries should "do something, do more, and do better" (23). Moreover, addressing gender equality and health inequities is essential if the Region is going to meet the health-related SDGs. Currently, the Region faces some of the greatest gender disparities and the health inequities between and within countries are vast. For the first time, the findings of the Regional Commission on

the Social Determinants of Health outlined some of the major health inequities particular to the WHO Eastern Mediterranean Region.

At the global and regional levels, COVID-19 poses major challenges to health and well-being, thwarting progress to meet SDGs (24) and the WHO triple billion targets. While we are observing an increase in NCD burden and a greater number of immature deaths, the pandemic has demonstrated that communicable disease threats are real and might be expanding in coming years. Nevertheless, if necessary interventions are implemented and the necessary data are collected, processed and synthesized, progress towards health-related SDGs will not only be reliably measured, but would support countries' efforts to promote health and well-being (25). However, achieving this requires concerted efforts at the country, regional and global levels. The report, as noted above, provides a strong standing for developing a regional action plan that involves all key partners, and guide the efforts towards SDGs.

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