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# Fourteenth South Asia Economic Summit (SAES XIV) Cooperation in Public Health

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# Disease Burden

## What Causes the most deaths

	Cause	Rank	2009rank	2019 rank	Change in death per 100K,2009-2019
Nepal	COPD	1	1	1	+22.1
India	Ichemic heart disease	1	1	1	+20.2
Pakistan	Neonatal disorders	1	1	1	-47.1
Bhutan	Ichemic heart disease	1	1	1	+17.3
Bangladesh	Stroke	1	1	1	+9.2
Maldives	Ichemic heart disease	1	1	1	-3.7
Srilanka	Ichemic heart disease	1	1	1	+7.6
Afghanistan	Ichemic heart disease	1	1	1	-17.0

# Under 1 and Under 5 Mortality



Country	Under 1 mortality 1990	Under 1 mortality 2019	Under 5 mortality 1990	Under 5 mortality 2019
Nepal	92.7	25.4	131.7	29.1
India	74.6	31.0	108.1	35.8
Pakistan	77.3	52.7	112.6	62.9
Bhutan	89.1	26.7	128.9	32.1
Bangladesh	93.8	25.0	132.6	29.3
Maldives	45.7	13.9	64.1	16.4
Sri-lanka	20.5	6.4	27.9	7.7
Afghanistan	106.7	45.4	148.1	54.4

(Deaths per 1000 live births)

# Maternal Mortality Ratio (2020)



Country	MMR (per 100,000 live births)
Nepal	174
India	103
Pakistan	154
Bhutan	60
Bangladesh	123
Maldives	57
Sri-lanka	29
Afghanistan	620

WHO, UNICEF, UNFPA, World Bank Group, and UNDESA/Population Division. Trends in Maternal Mortality 2000 to 2020. Geneva, World Health Organization, 2023

# Doctor-to-Population Ratio



Country	Physicians (per 1,000 people)	Year
Nepal	0.9	2020
India	0.7	2020
Pakistan	1.1	2019
Bhutan	0.5	2020
Bangladesh	0.7	2020
Maldives	2.1	2019
Sri-lanka	1.2	2020
Afghanistan	0.3	2020

World Health Organization's Global Health Workforce Statistics, OECD, supplemented by country data.

# Prevalence of Stunting (% of children under 5)



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Country	Stunting
Nepal	26.7
India	31.7
Pakistan	34.0
Bhutan	22.7
Bangladesh	26.4
Maldives	13.9
Sri-lanka	15.9
Afghanistan	33.1

UNICEF, WHO, World Bank: Joint child Malnutrition Estimates ( JME ), 2022.



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# Fertility rate, total (births per woman)

Country	TFR
Nepal	2.0
India	2.0
Pakistan	3.5
Bhutan	1.4
Bangladesh	2.0
Maldives	1.7
Sri-lanka	2.0
Afghanistan	4.6

<https://data.worldbank.org/indicator/SP.DYN.TFRT.IN> 2021

# Background



The tenth SAARC Summit (Colombo July 1996)

- SAARC social Chapter
  - Included social chapter with a view of speeding up social development in the region
  - Among others, one of the important chapter included was Health and nutrition



# Activities and programs on Health and Population



- SAARC summits
- SAARC TB and HIV/AIDS Centre (STAC)
- Emergency meetings of SAARC Health Ministers
- Virtual Conference of the SAARC Health Ministers
- Virtual Conference of the SAARC Leaders on Combating Covid-19
- Telemedicine Network Project
- Technical Committee on Health and Population Activities (TC HPA)

# South Asian countries are behind in achieving universal health coverage



- Globalization has led to new health **challenges and opportunities**
- Growing **interdependence** between nation states
- Involve a **large range of actors** and stakeholders
- National governments no longer able to **hold sole responsibility** for the health of the people.
- Health risks extend **across borders and sectors**
- The changes in health trends have led to the demand for **global health governance and policy making**.
- The South Asian region is particularly prone to public health threats because of **poor living conditions and high poverty rate in the region**.

# Promoting social health insurance systems targeting the people who are left behind



- Tie up with **Compulsory National Health Insurance Scheme** when a person is engaged in formal organized or informal sectors.
- Make special provision of **fund** targeting the people who are left behind .
- **Local government bodies and Civil Society Organizations** should work together to implement the Health Insurance Scheme once the policy is formulated at national level.
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# Regional cooperation framework



- **Regional Cooperation Framework** in order to overcome growing challenges and strengthen ‘public health system’ within the member states of the region.
- SAARC as a regional body in South Asia needs to adopt and work on **horizontal and vertical integration from global to local CSOs** through enhanced regional mechanisms and a wider matrix of cooperation with an integrated **public health strategy**.
- SAARC in collaboration with other concerned agencies - Nation states, UN organizations, INGOs, private sector and civil society have to play lead and dynamic role in **uniform public health policy management and operations** in the region.

# Lessons learn from other regional cooperation initiatives and partnership



- Standard health best practices used by **member states of the region or other regional organizations may be followed** in other rest of the nation states.
- To learn public health management and practices, **ASEAN** could be the appropriate regional organization.
- Greater regional integration may stir **political commitment**. And with deeper political commitment comes financial commitment.

# Possible ways and opportunities for cross country cooperation



- Cooperation among member states for enhancing the level of public health is important. Public health in South Asia must not be left to others to define. It is primarily the responsibility of the countries themselves to define their priorities.
- South Asian Countries must built their system more assertively with their public health needs. Alleviation of South Asia's poor health status requires better priority settings, enough financial provision and increased investment to achieve universal education and improved health performance.

# Conclusion



- Shortage of resources for funding and human resources is major obstacle for achieving public health coverage.
- Lack of total health insurance scheme covering the people who are left behind is another obstruction of health coverage.
- Technology and resources needs to transferred and shared among member states in the region.
- Concerned global, regional and local institutions including Civil Society Organizations needs to be mobilized. The best practice can be followed and adopted within the state and out of the border to develop health services in South Asian Region.
- To integrate all these activities into one common strategy plan should be prepared and implemented