

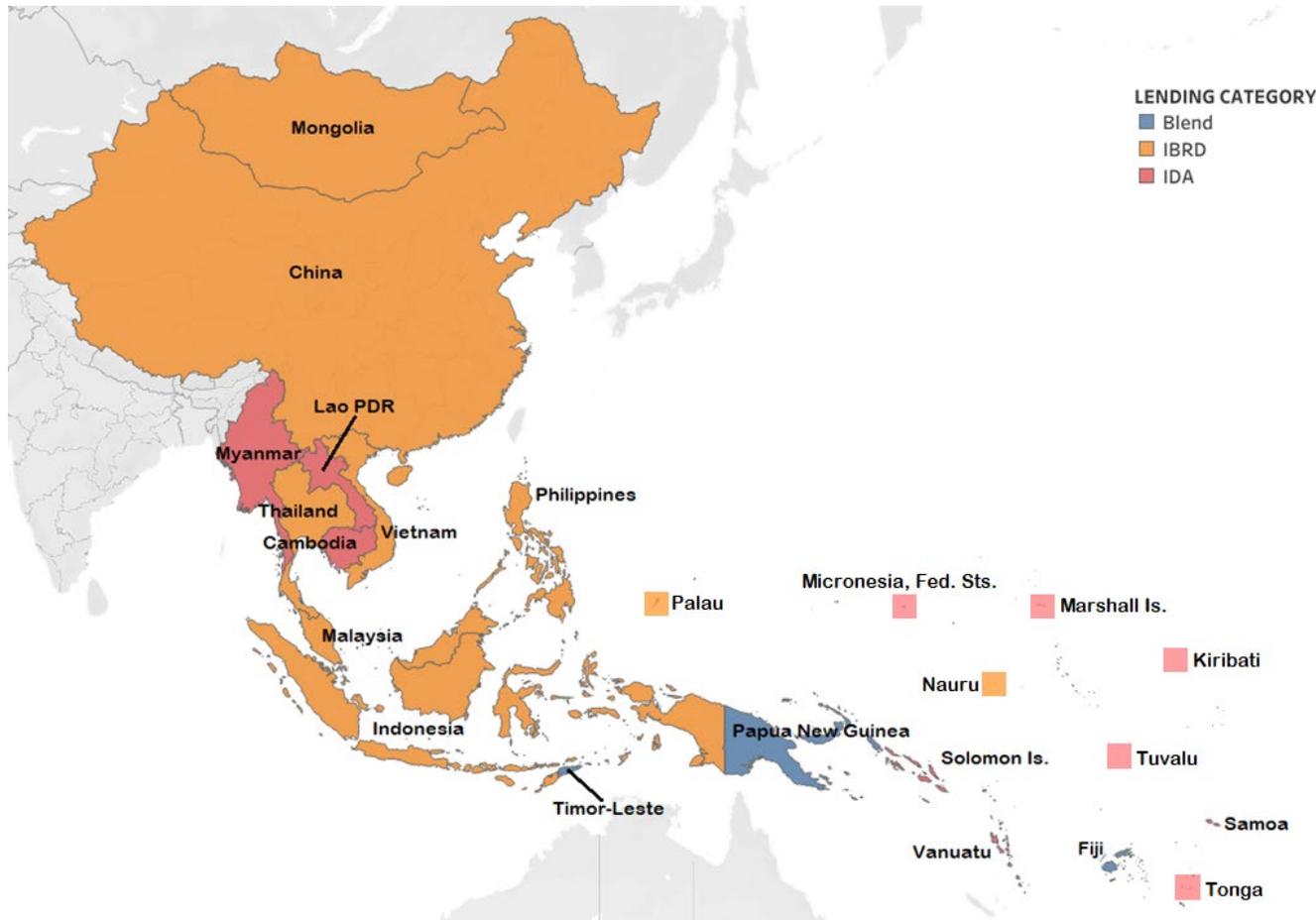
A woman in profile, facing left, wearing a large, wide-brimmed hat made of woven straw with a colorful, patchwork pattern of blue, yellow, green, and red. She is wearing a traditional, intricately embroidered garment. A baby is visible in a colorful sling on her back, looking towards the camera. The background is blurred, showing what appears to be a wooden structure.

HEALTH, NUTRITION AND
POPULATION IN
EAST ASIA & PACIFIC:

Strategic Directions in a Post-Pandemic Era

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World Bank

EAP is diverse, dynamic, and disaster-prone



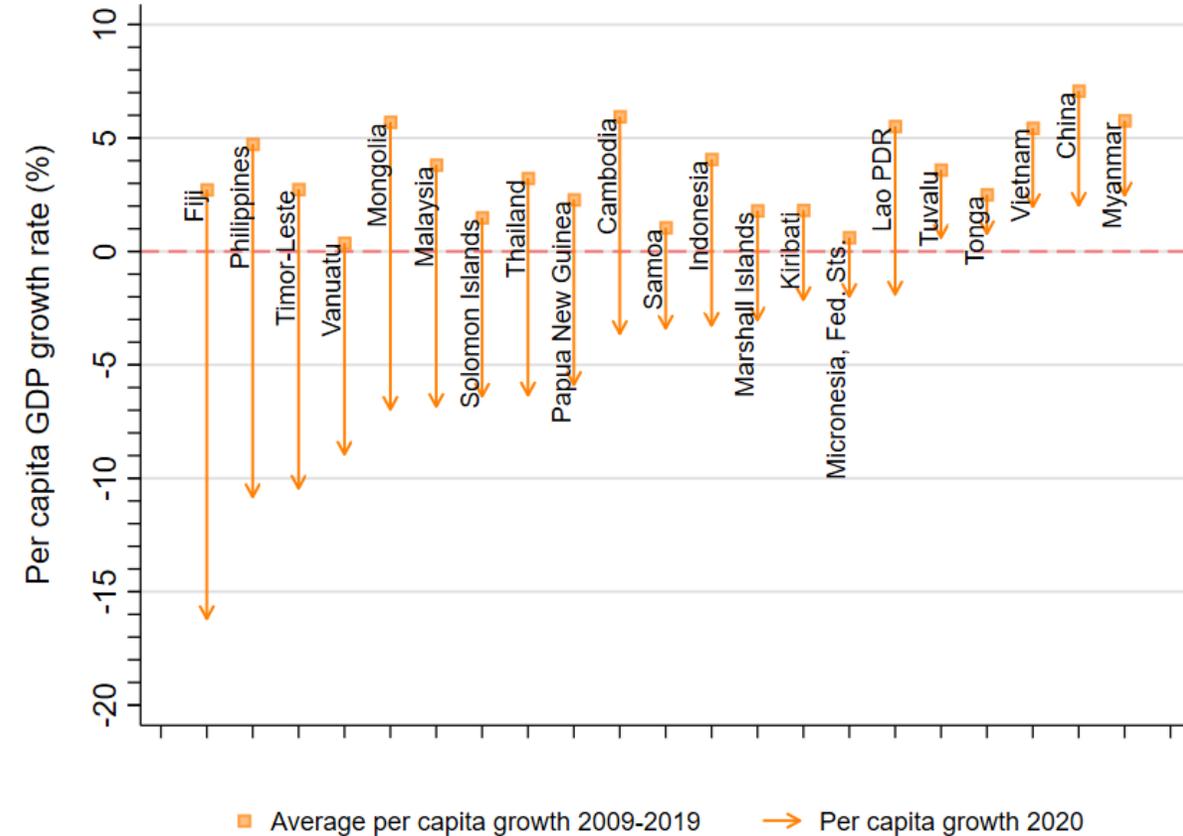
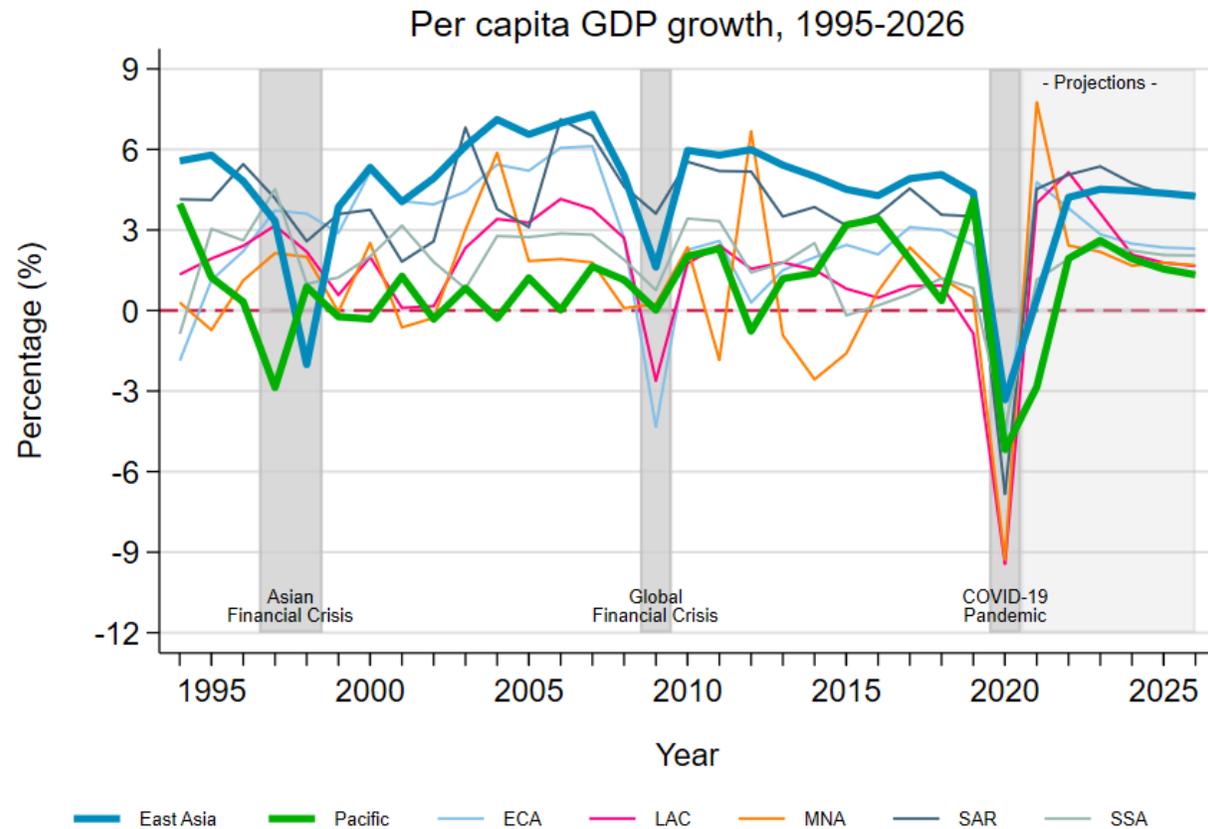
- Diverse : China, MICs, LMICs Pacific Islands. Fragility in Lao PDR, Myanmar, PNG, Pacific
- 30% of World's population; Quarter of Earth's surface
- 9 IBRD, 3 Blend countries , 11 IDA countries (incl. 8 Pacific Islands)
- Powerhouse of economic growth and poverty reduction – 1.1B people lifted out of poverty between 1990 and 2019
- Largest contributor to total greenhouse gas emissions, more than 40% of the World's CO₂; more than 65% of global coal consumption
- Home to 70% of the World's natural disasters, affecting >1.6 billion people since 2000
- 13 of the 30 countries globally most vulnerable to climate change



COVID-19 had massive economic impact on GDP

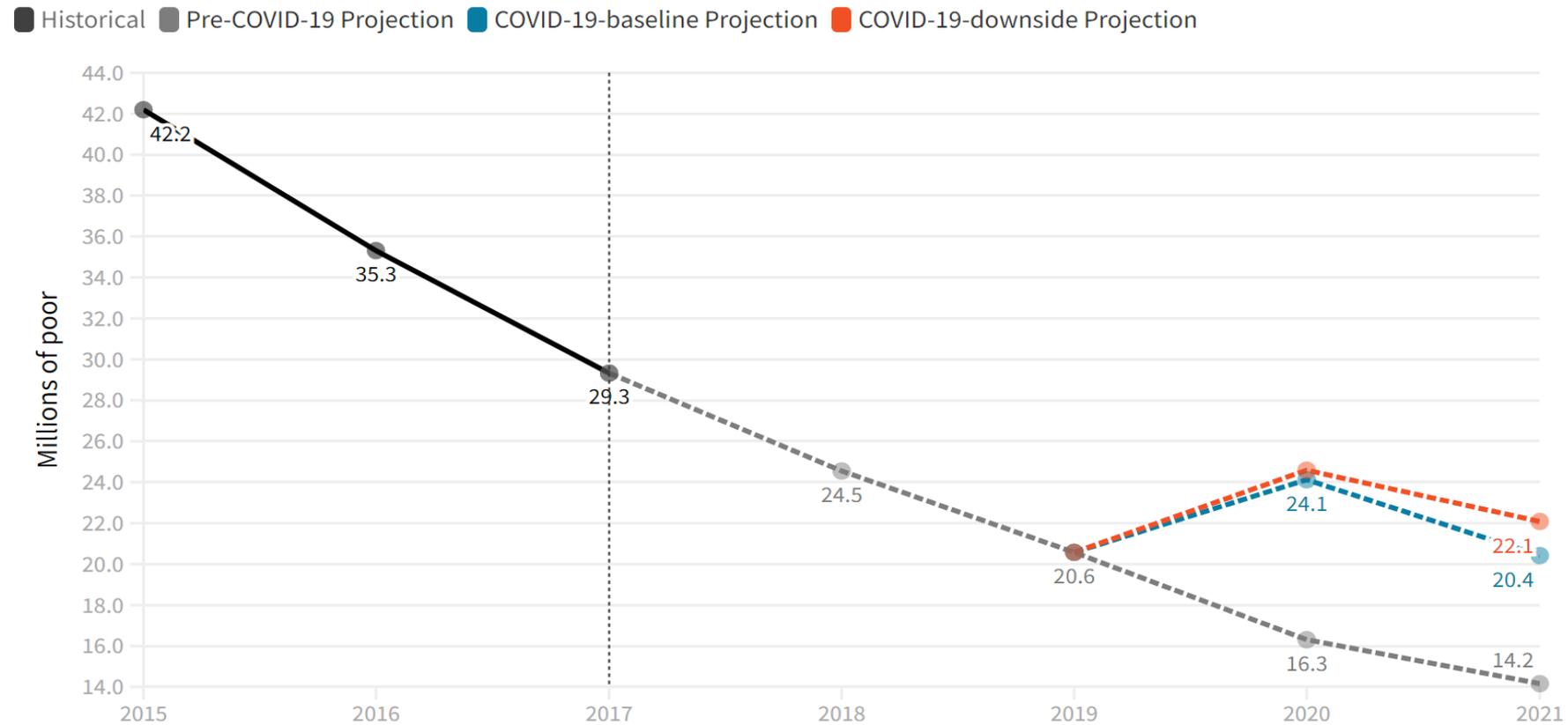
Much worse, more widespread than previous crises

Variable economic impact across countries: overwhelming majority saw a **contraction** in 2020; even the few that did not contract did see an economic **slowdown**



Financial hardship worsening significantly in EAP

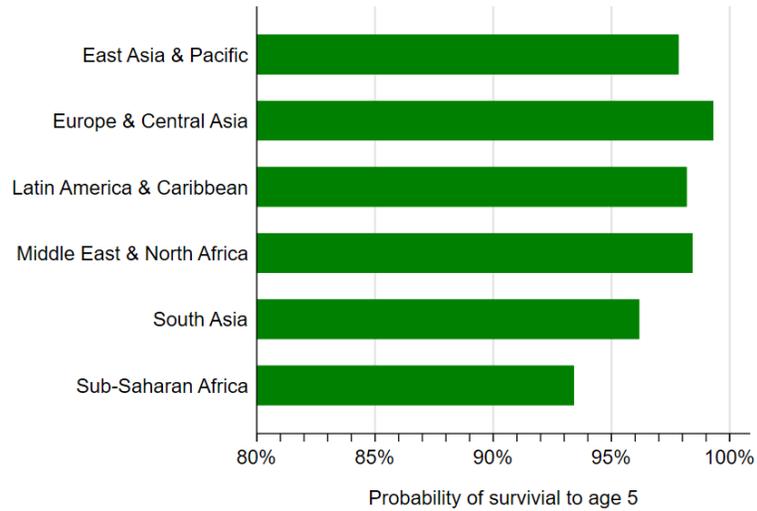
Extreme Poverty in the EAP region 2015-2021



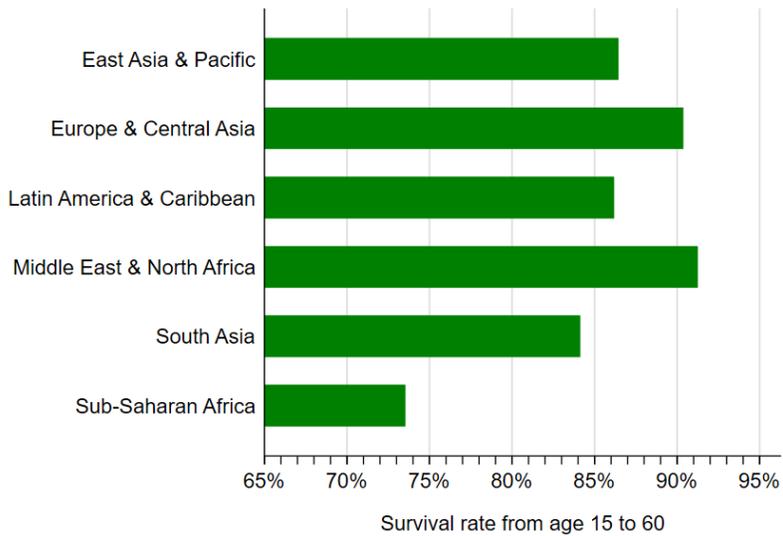
Source: [Lakner et al \(2020\) \(updated\)](#), PovcalNet, [Global Economic Prospects](#).

Note: Extreme poverty is measured as the number of people living on less than \$1.90 per day. 2017 is the last year with official global poverty estimates. Regions are categorized using PovcalNet definition.

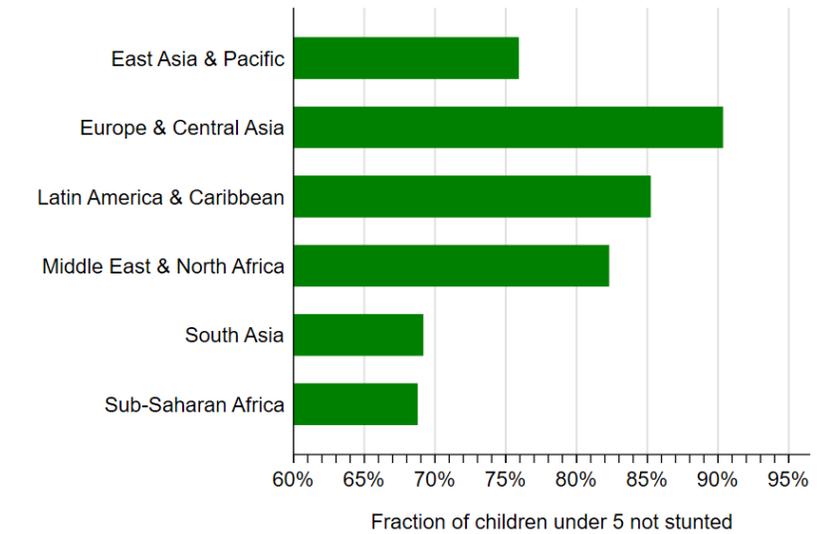
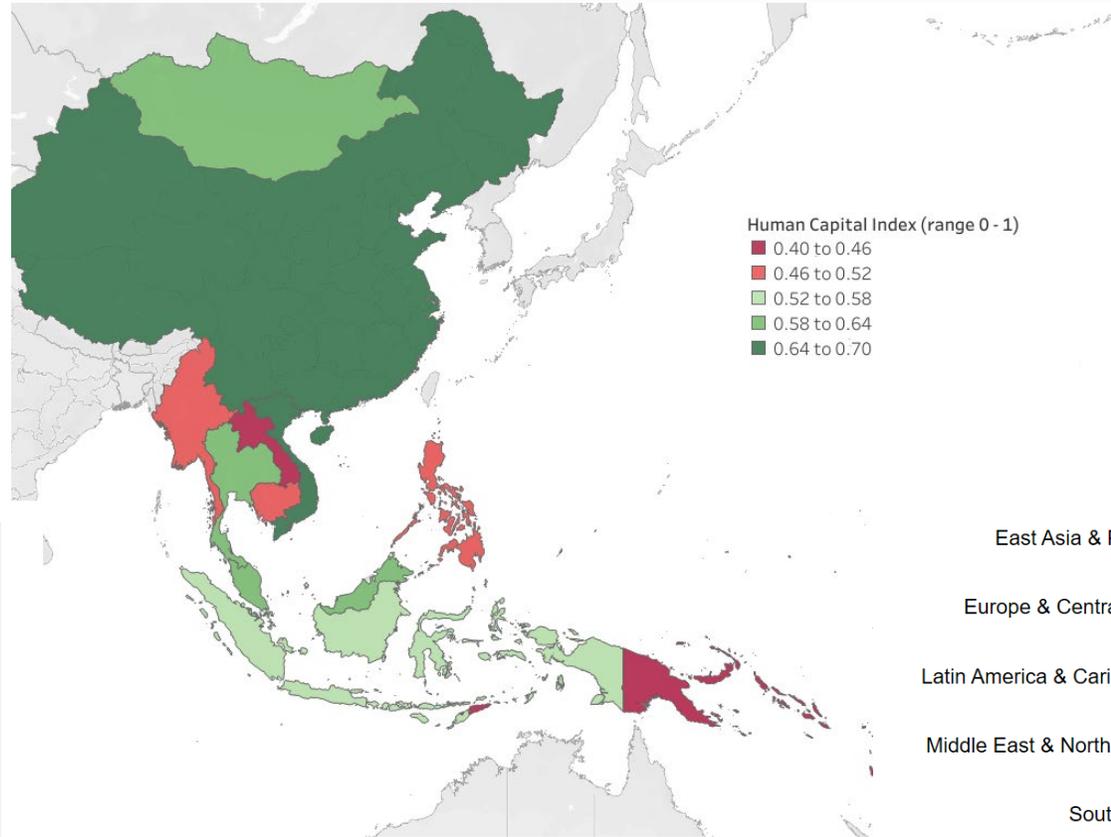
Human Capital Index – Status of Health-Related Indicators in EAP



Source: World Development Indicators.



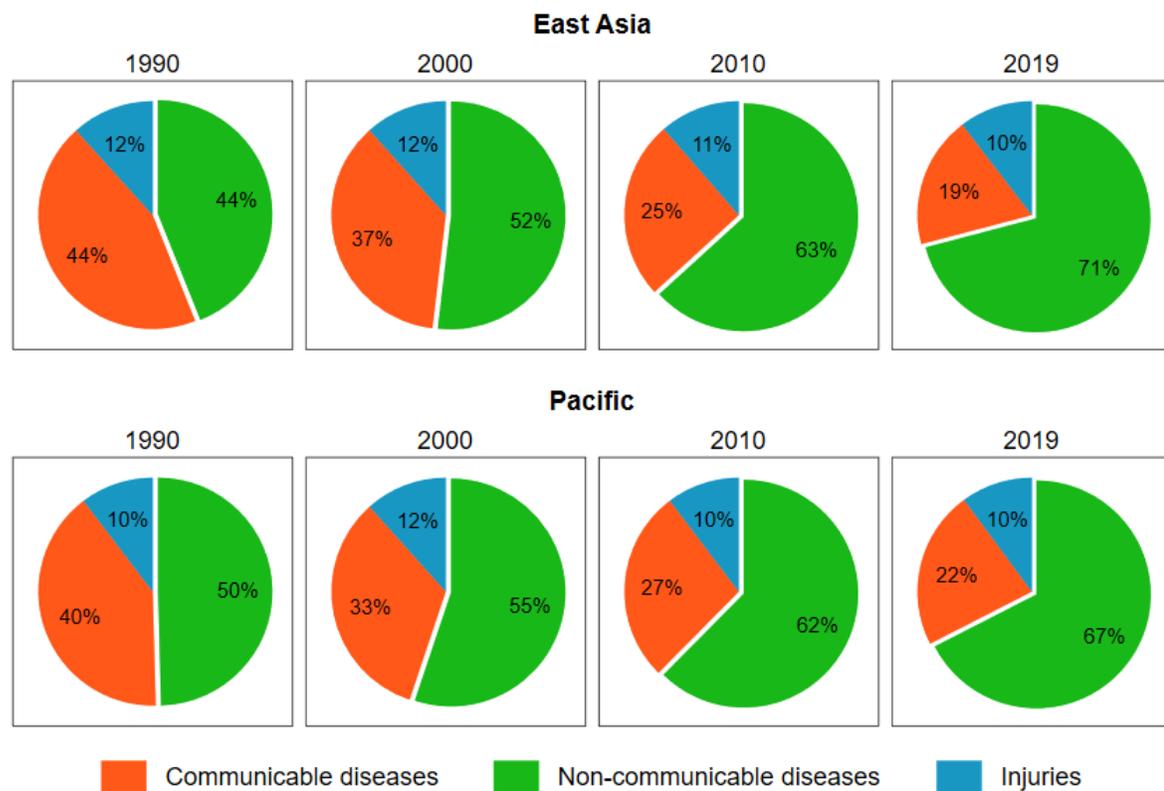
Source: World Development Indicators.



Source: World Development Indicators.

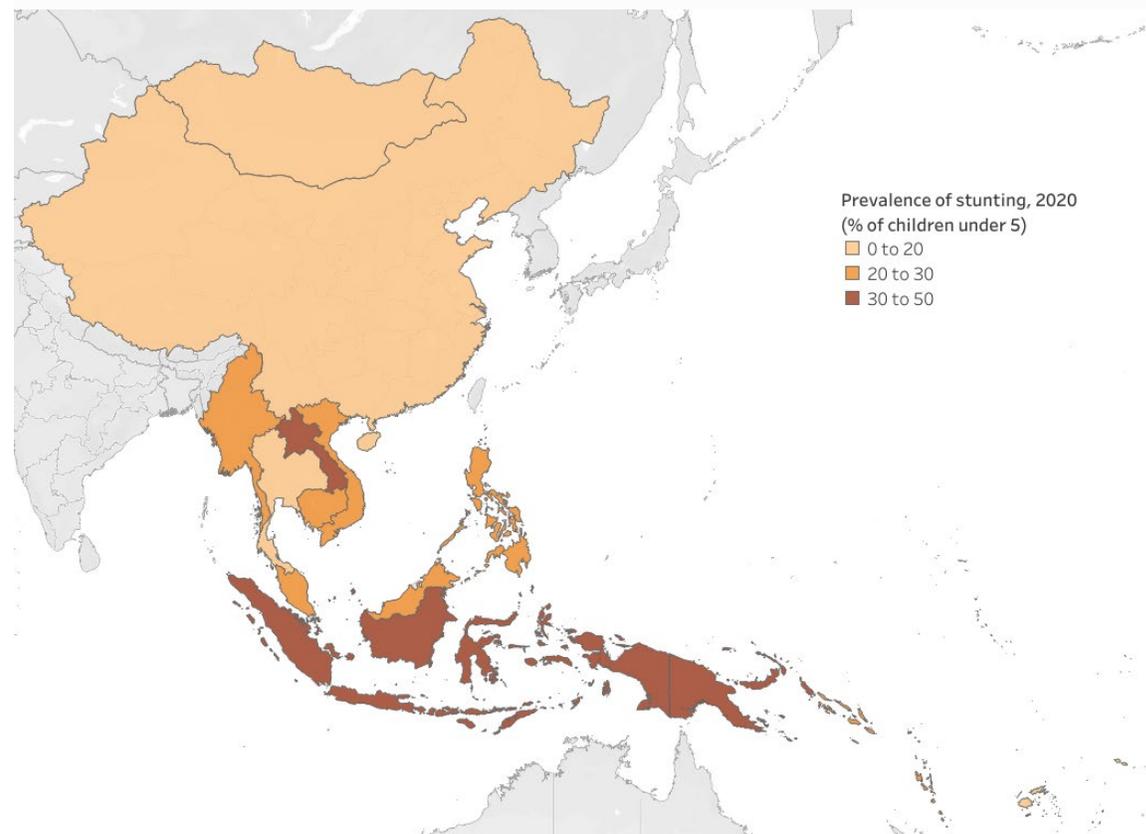
The epidemiological transition is underway, though 'first generation' challenges remain an issue in low- and middle-income EAP countries

Disease burden by type, EAP, 1990-2019 (% DALYs)



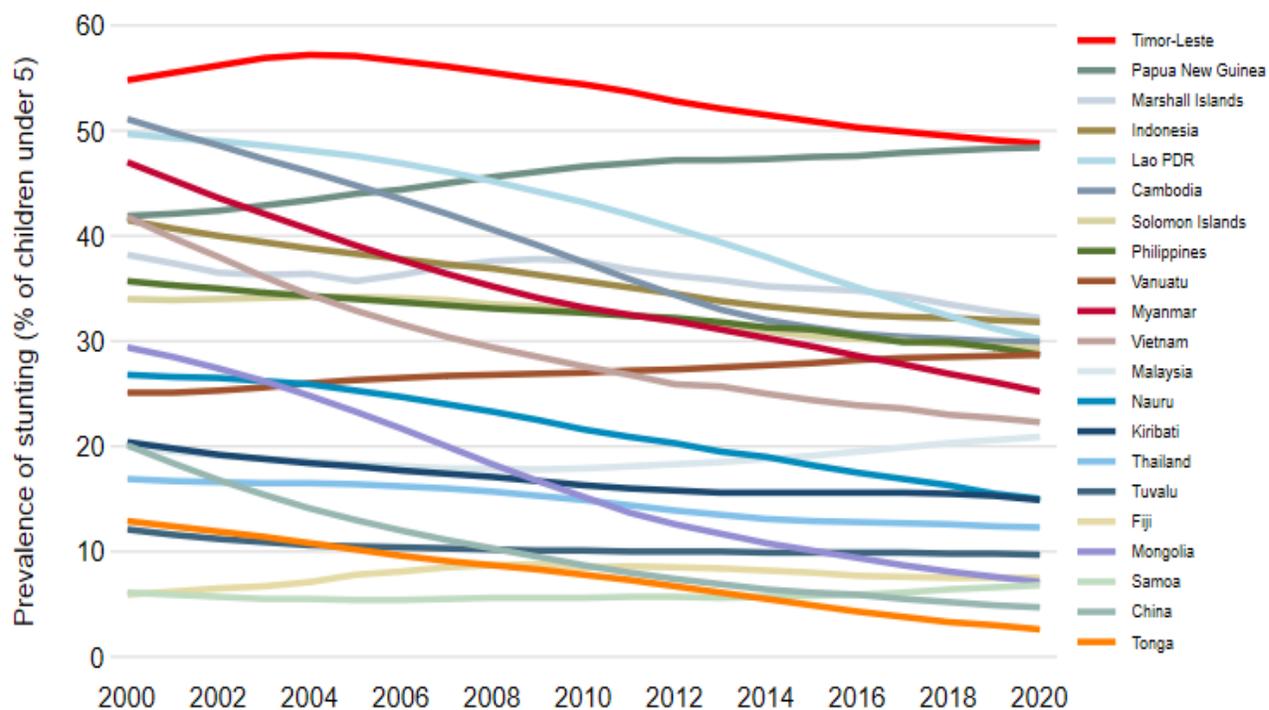
Source: Institute of Health Metrics and Evaluation. Excludes high income countries.

Stunting in EAP countries



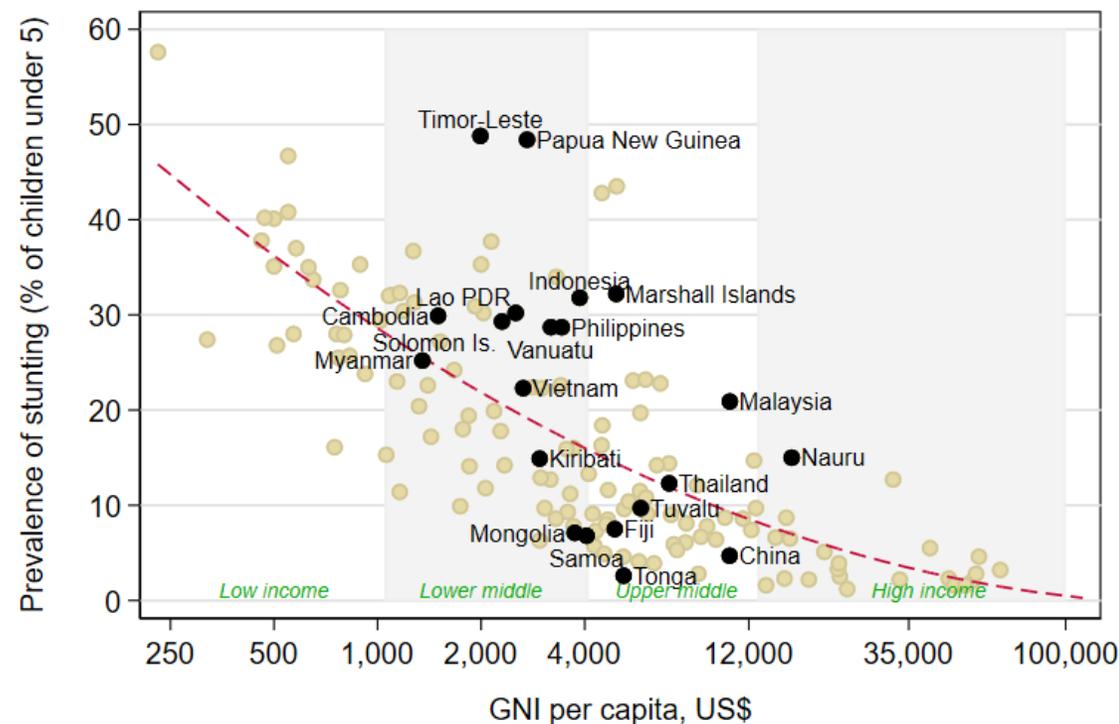
Unequal progress on stunting in EAP countries with COVID-19 and recent crises likely to further derail progress

Regional improvements in stunting have been largely driven by China, slower progress elsewhere



Source: World Development Indicators.

Several countries have 'high' stunting prevalence according to WHO (>30%) and higher than expected based upon macroeconomic growth

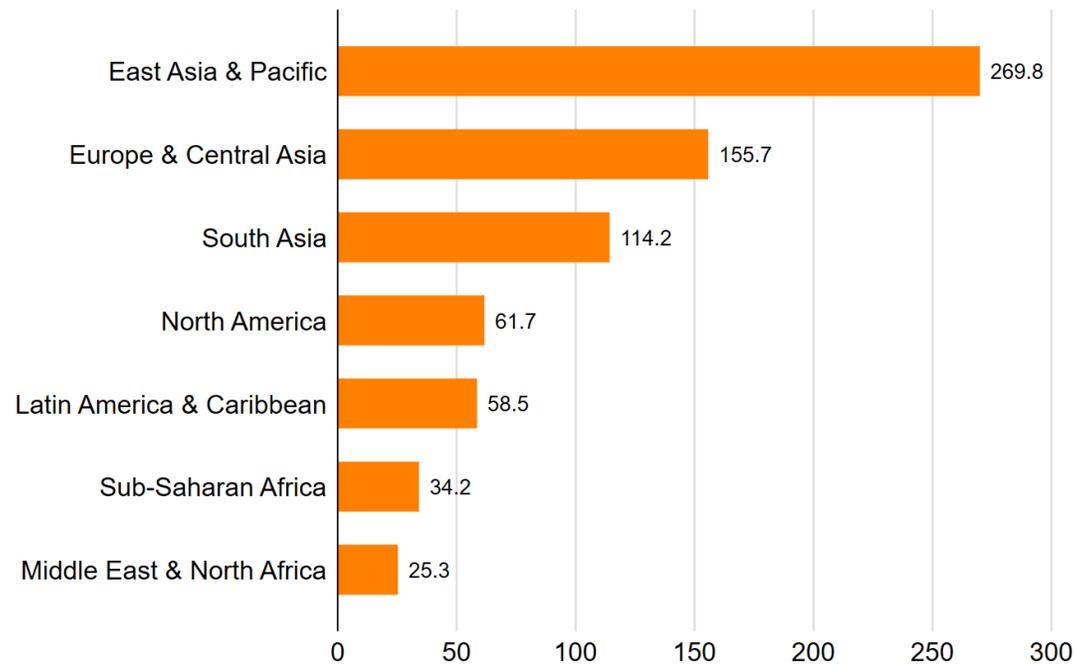


Source: World Development Indicators.

Rapid ageing places increasing pressure on EAP's middle income countries

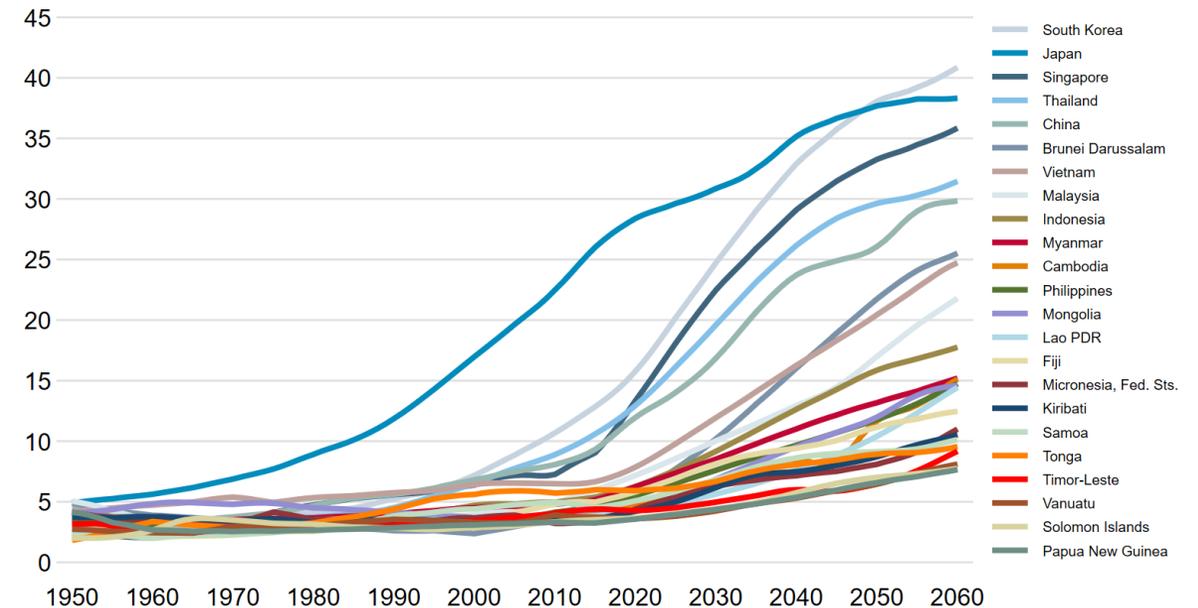
EAP has more older people and is aging faster than any other region.
Countries increasingly *getting old before getting rich*

Population aged 65+, in millions in 2020



Source: World Development Indicators.

Percent of population 65+, 1950-2060 in EAP



Source: United Nations Population Division.

Pre-pandemic: divergent trends on UHC Service Coverage Indicators in EAP

Service Coverage Index (SCI), range 0-100, geometric mean of 14 equally weighted components

Reproductive, maternal, newborn and child health (RMNCH)

1. Family planning (FP)
2. Antenatal care, 4+ visits (ANC)
3. DTP3 immunization (DTP3)
4. Care seeking for suspected pneumonia (Pneumonia)

Infectious diseases (ID)

1. TB treatment (TB)
2. HIV therapy (ART)
3. Insecticide-treated nets (ITN)
4. Basic sanitation (WASH)

Noncommunicable diseases (NCD)

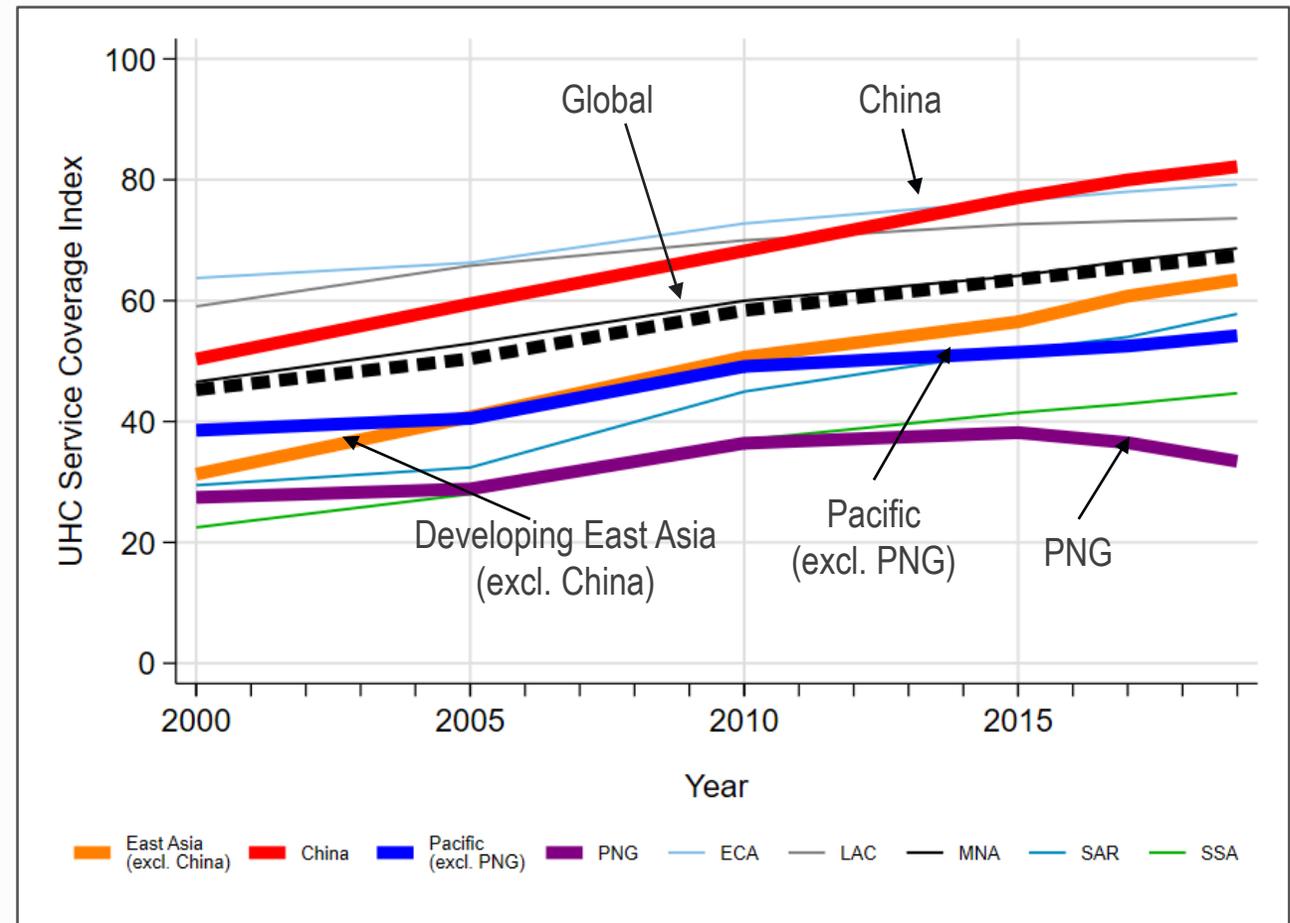
1. Non-elevated blood pressure (BP)
2. Mean fasting plasma glucose (FPG)
3. Tobacco non-use (Tobacco)

Service capacity and access (Capacity)

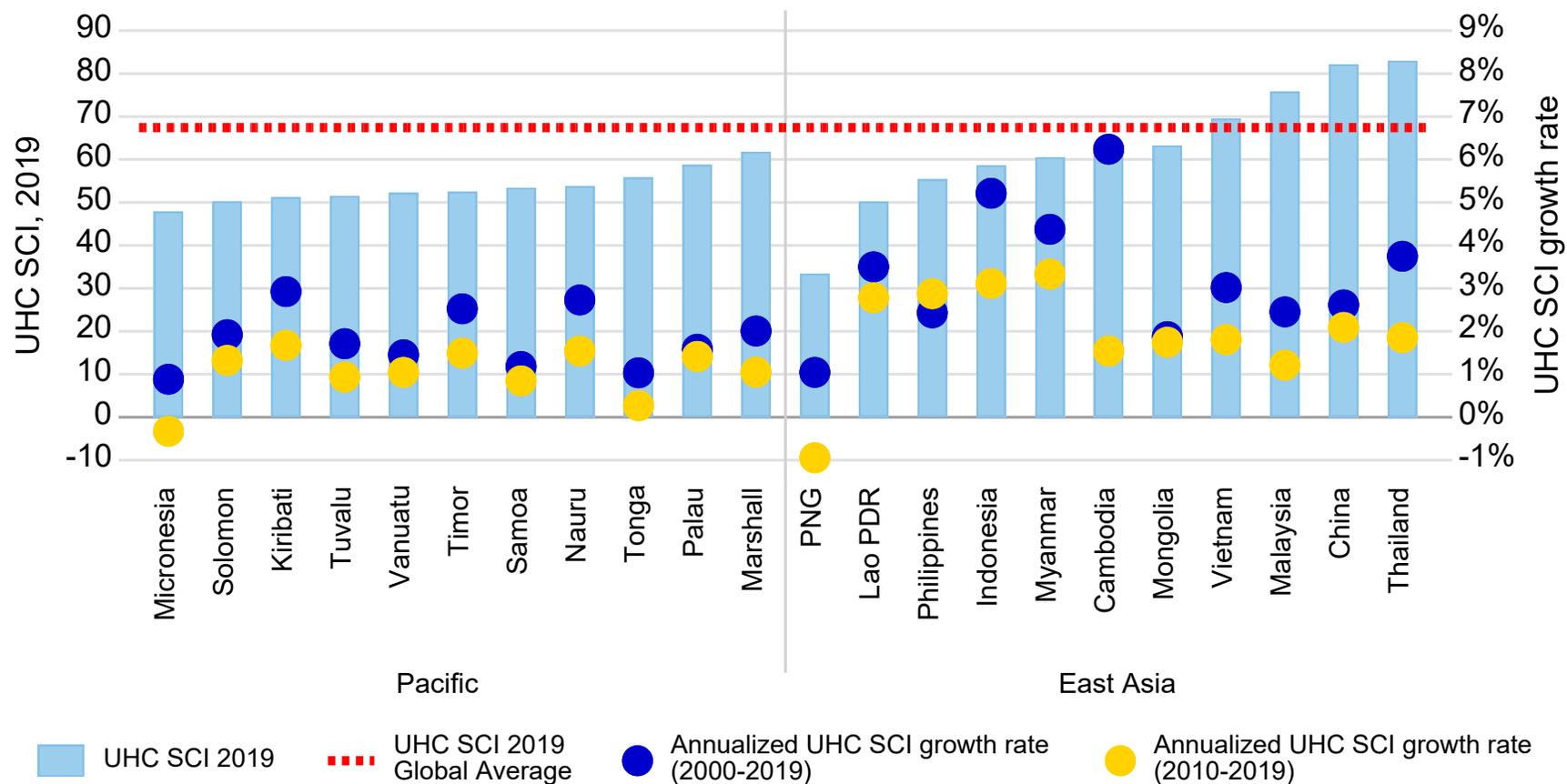
1. Hospital bed density (Hospital)
2. Health worker density (HWF)
3. IHR core capacity index (IHR)

Computed for all countries, modelling if data gaps

Trends in UHC SCI by World Bank region, 2000–2019



Rate of improvement in service coverage slowed or stagnated in the last ten years... with declines in PNG and FSM



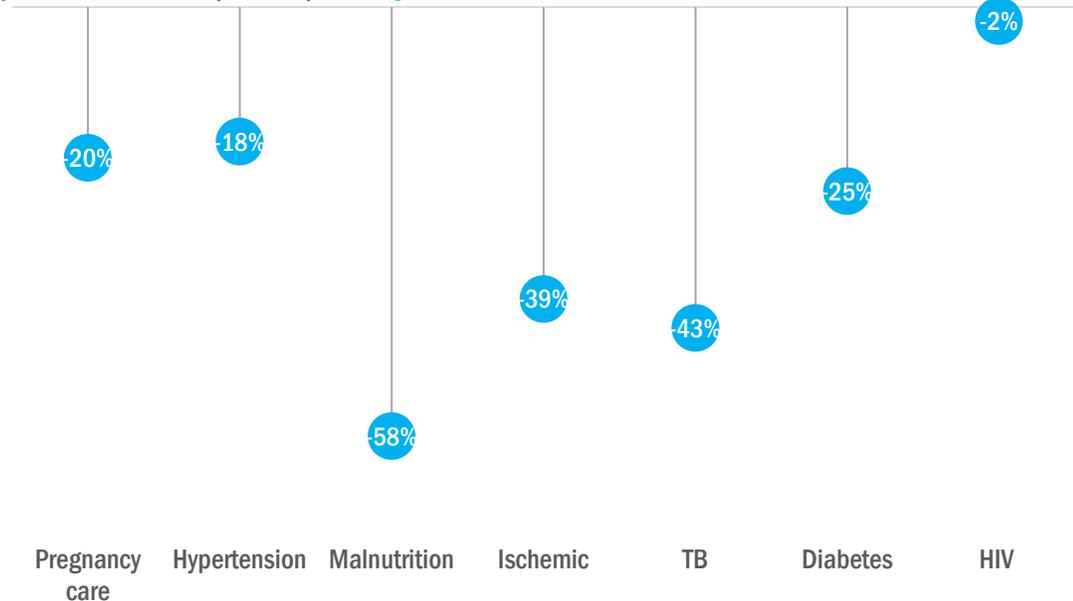
Source: Authors' calculations using data from WHO/World Bank UHC Global Monitoring Report 2021.

Pandemic has had a negative impact on service use: E.g. Philippines

Reduction in malnutrition and pregnancy care insurance claims at both the hospital and primary care level could have a substantial impact on the health of children in utero, including long-lasting impacts on chronic health conditions and cognitive attainment in adulthood

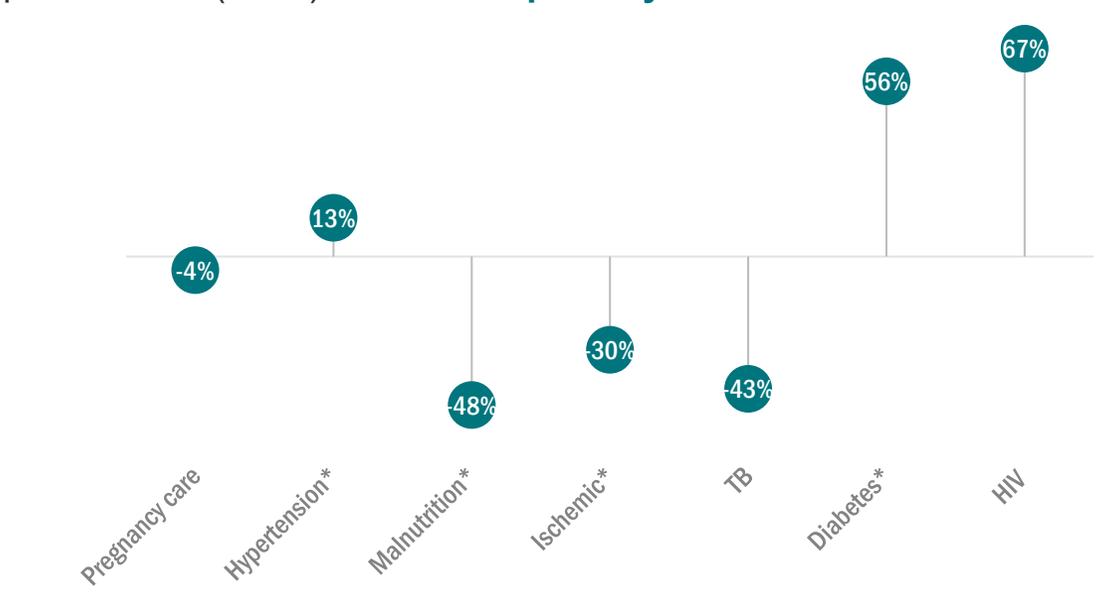
The risk of adverse health effects from COVID-19 increases significantly with age and comorbidities. The reduction in pregnancy care, TB, and ischemic heart conditions put the health of working age adults at higher risk for poorer health outcomes and absenteeism from work

Percentage change between pre-COVID (2018-2019 average) and post-COVID (2020) **hospital admissions**.



Source: PhilHealth claims, 2021

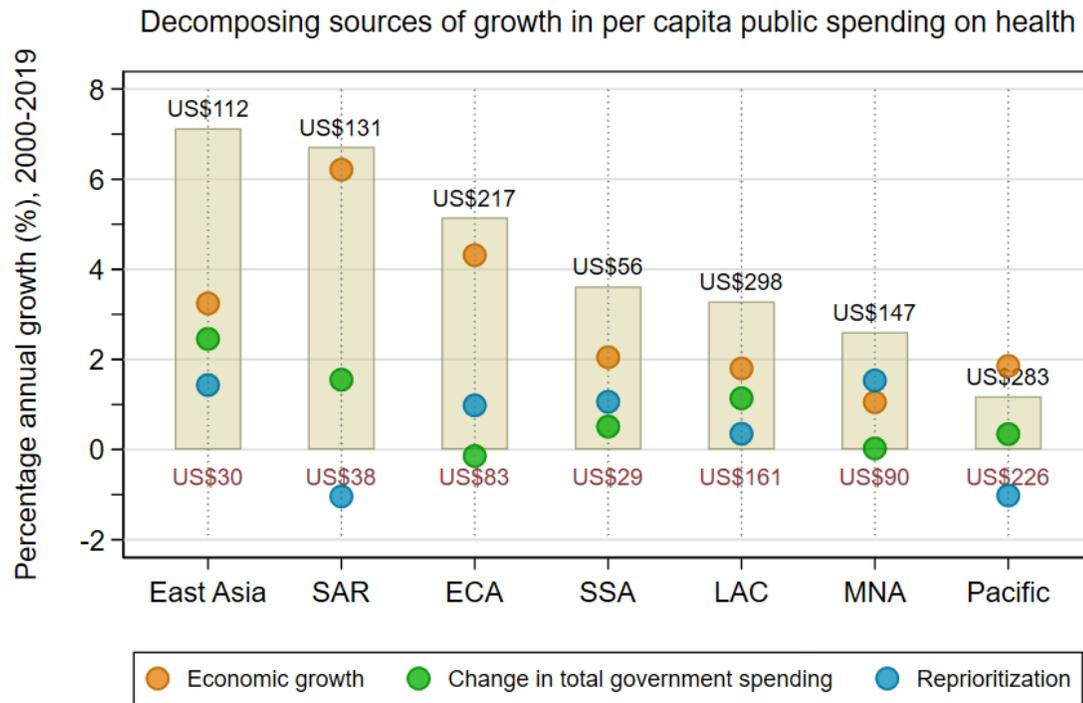
Percentage change between pre-COVID (2018-2019 average) and post-COVID (2020) visits at the **primary care level**.



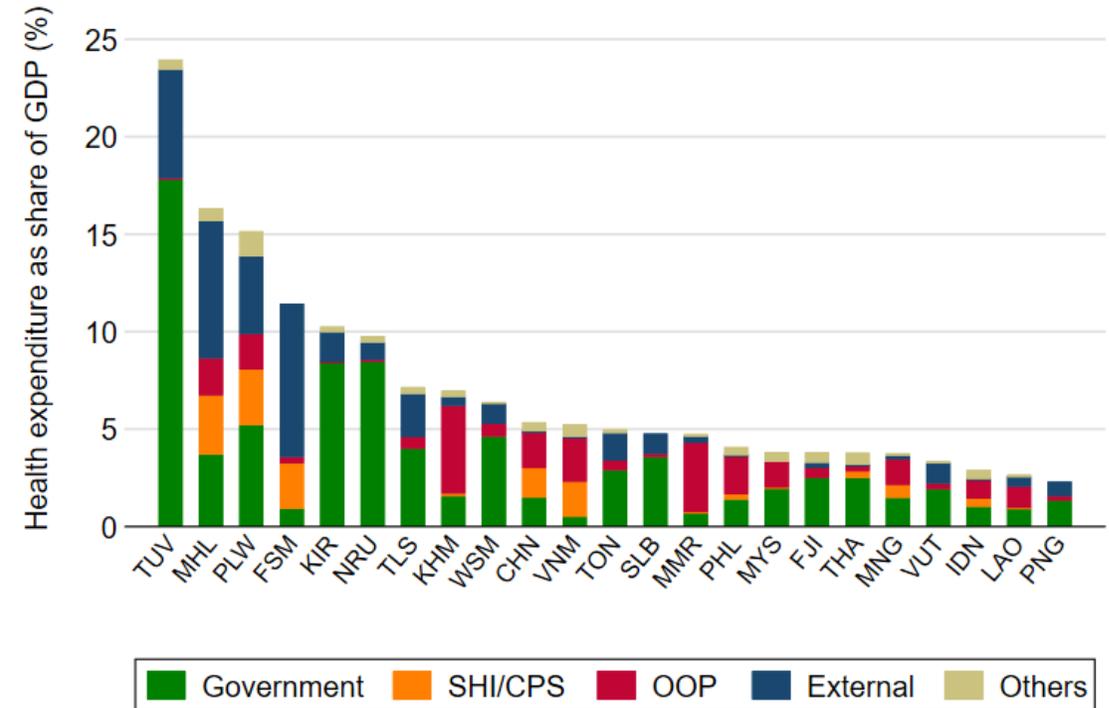
* Does not include visits paid under the primary care benefit package.
Source: PhilHealth claims, 2021

Pre-pandemic: Public spending on health growing, though remained low

Average per capita public health expenditure grew but out-of-pocket payments are stagnating at high levels



Note: Excludes high income countries.

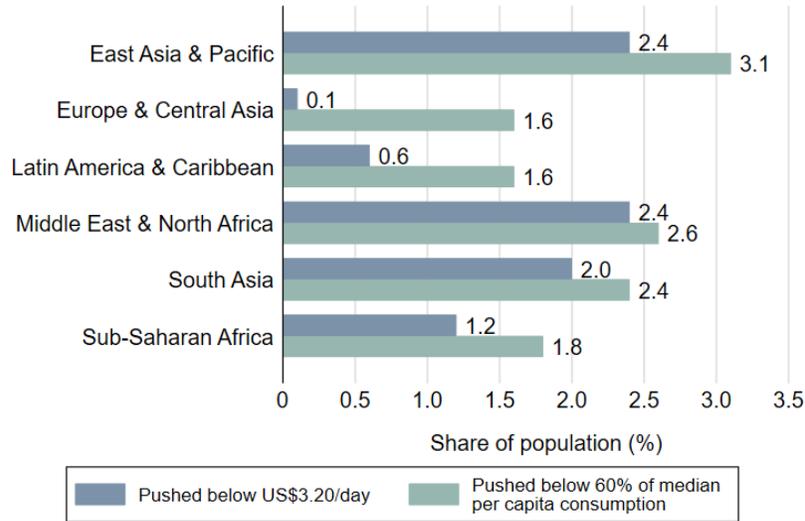


Source: WHO Global Health Expenditure Database.

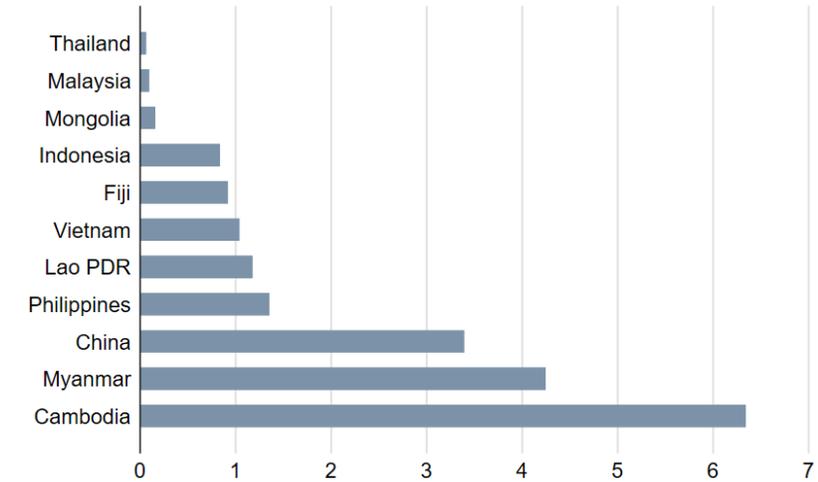
Pre-pandemic:

Impoverishing OOP health expenditures high in EAP with variation

Impoverishing health spending

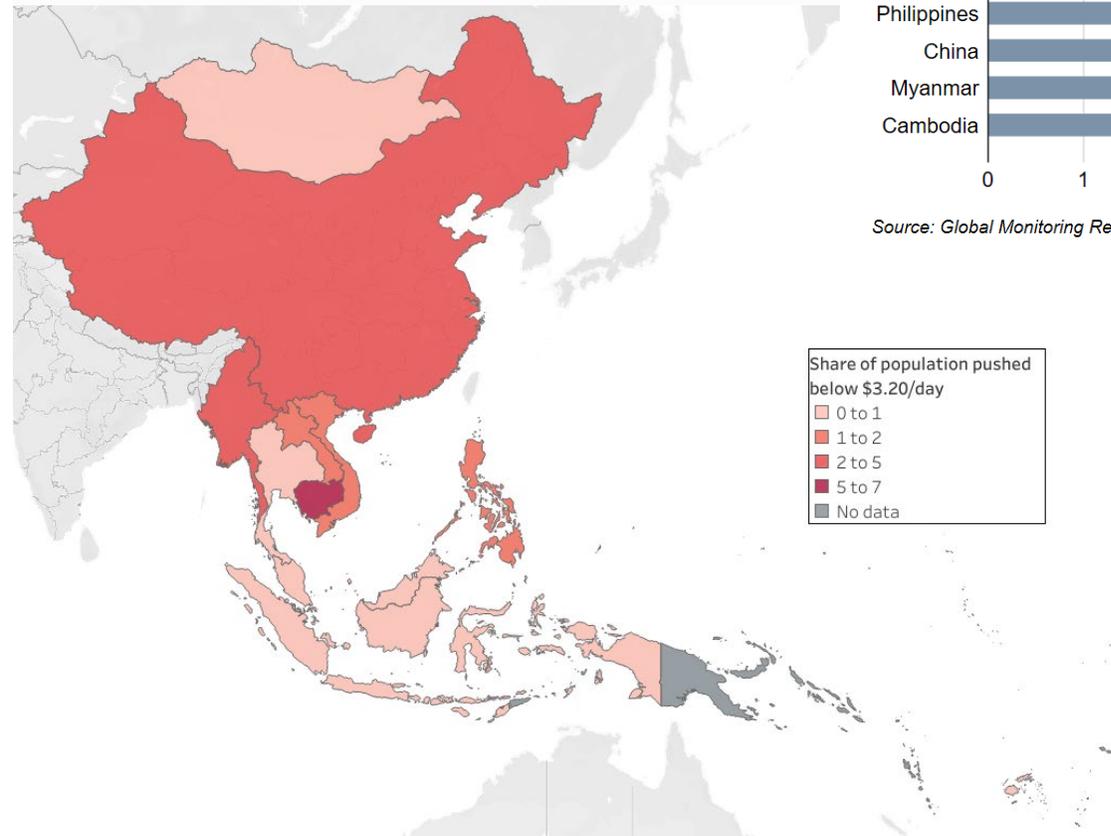
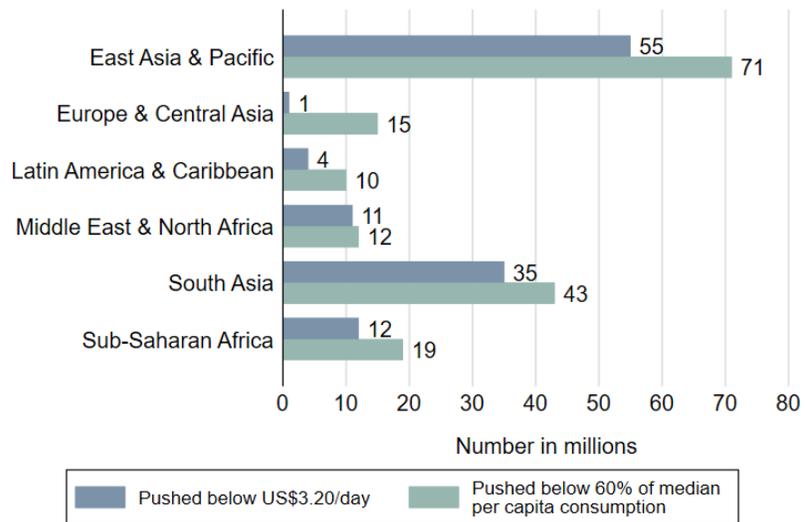


Share of population pushed below US\$3.20/day



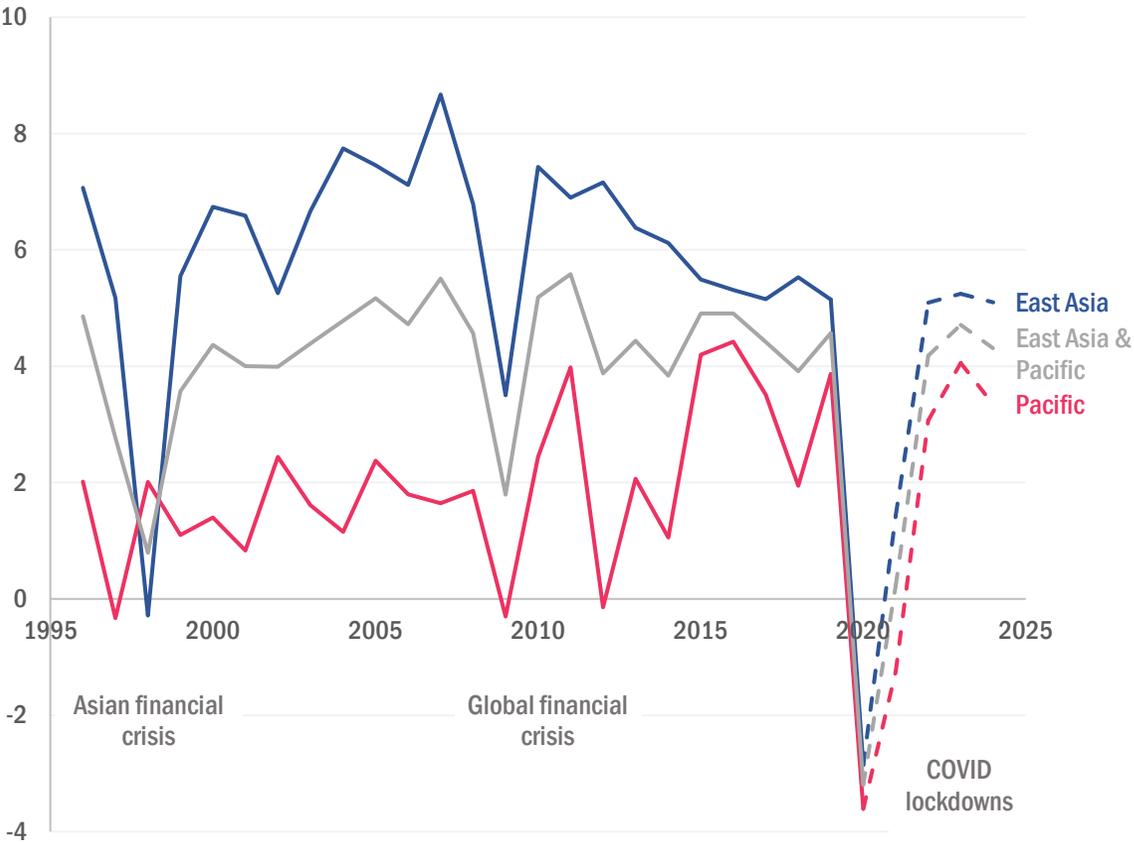
Source: Global Monitoring Report on Financial Protection in Health.

Impoverishing health spending



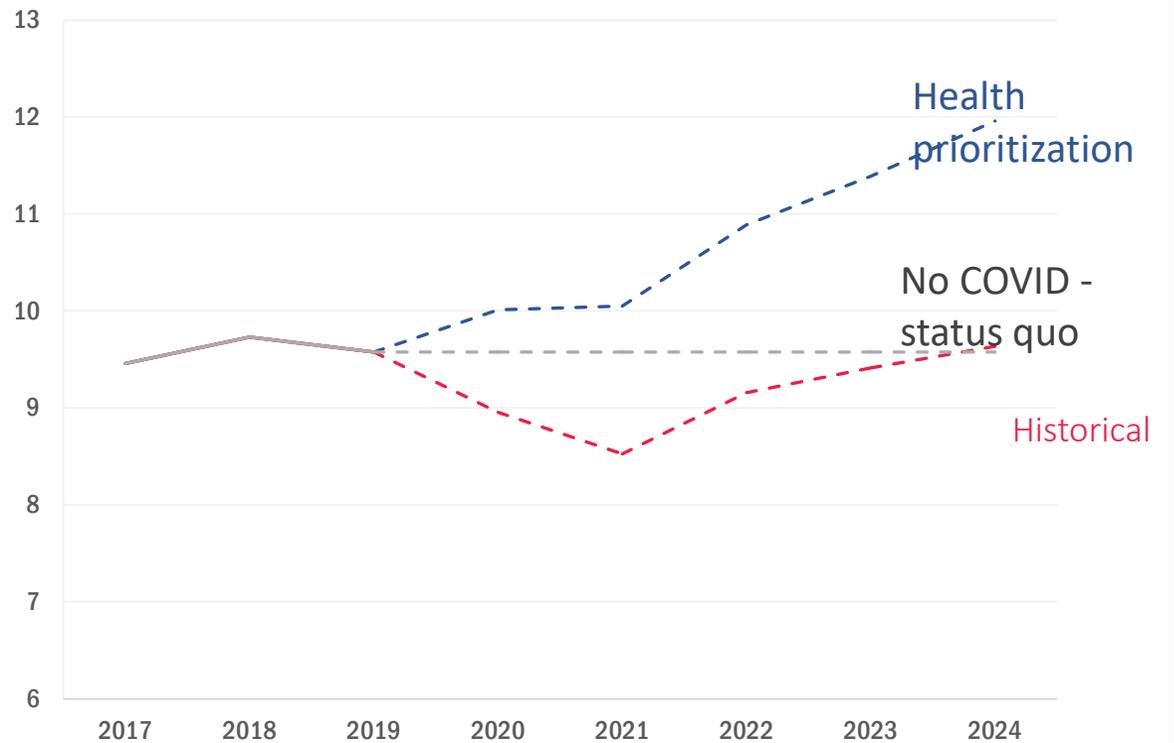
If public spending on health responds to the current economic shock the same way it has in previous years, per capita public health spending can be expected to decline.

Per capita GDP growth (%), 1996-2024. Projections from



Source: World Bank (2020). Note: Excludes high income EAP countries.

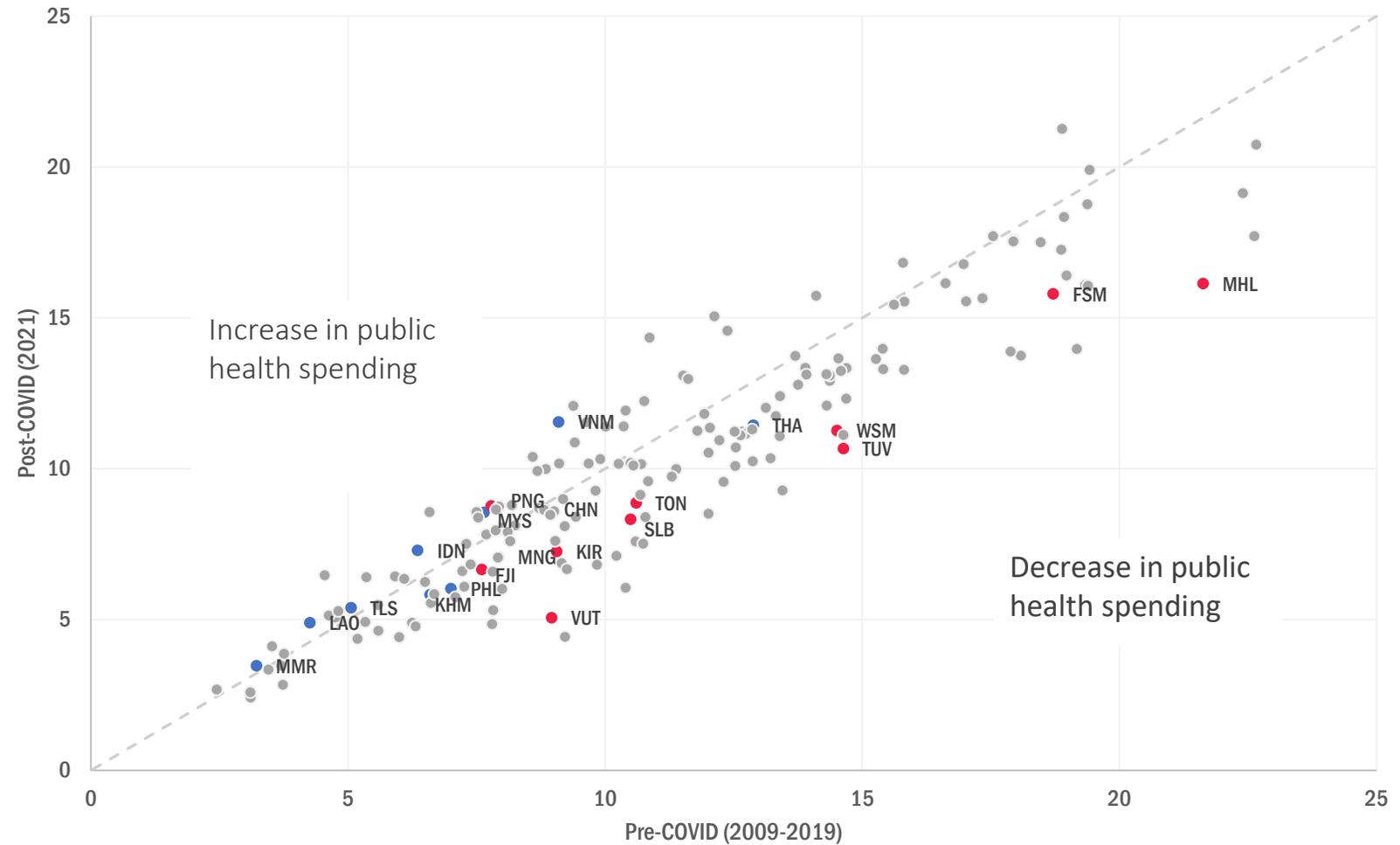
Public health expenditure as a % of general government expenditure for **East Asia and Pacific region**. Projections from 2020, various scenarios.



Source: WHO-GHED (2021). Excludes high income countries

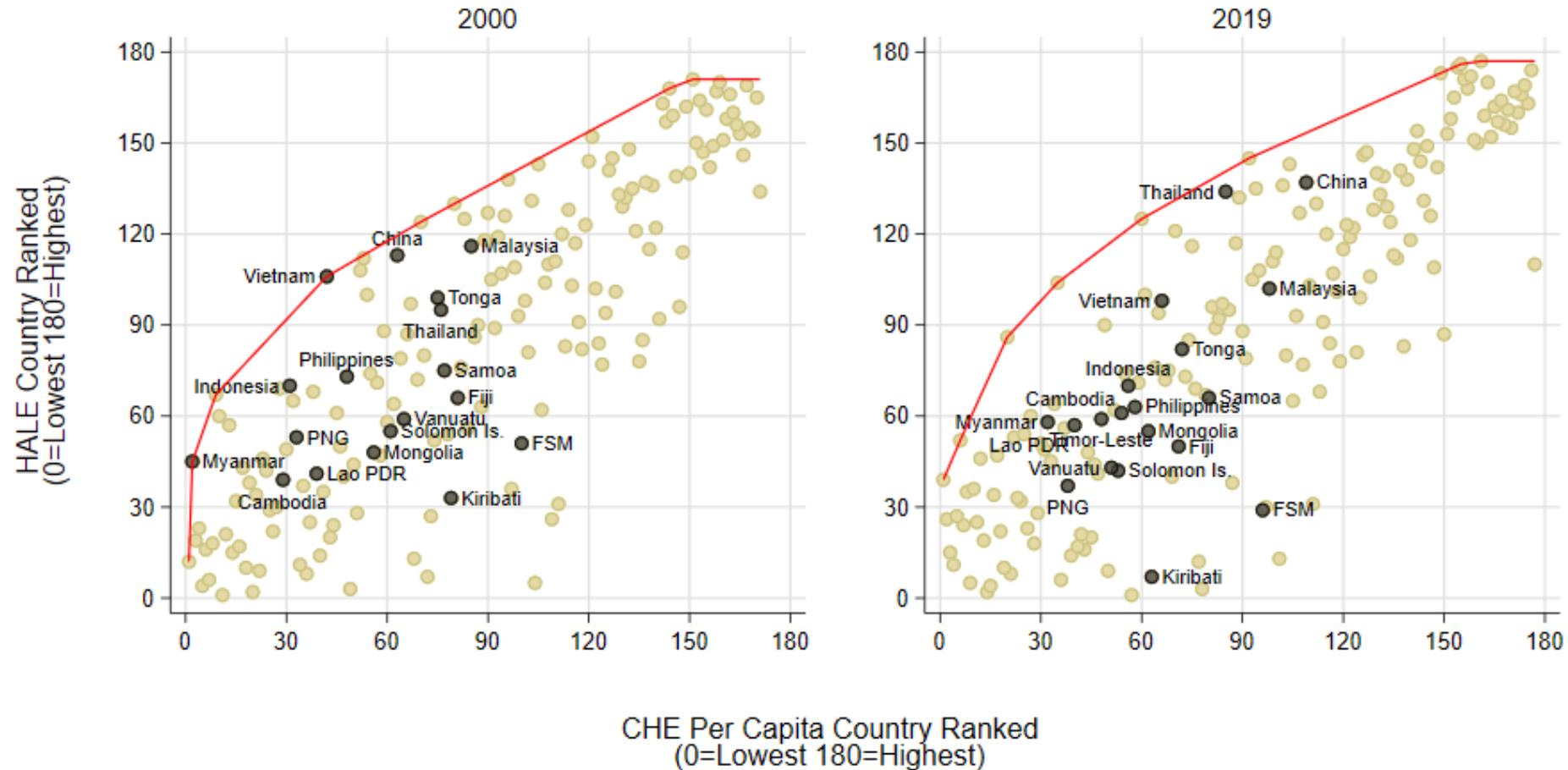
Based on historical trends, Pacific Island countries are likely to see larger drops in public health spending.

Public health expenditure as a % of general government expenditure for **East Asia**, **Pacific** before (2009-2019 average) and after (2021 projection based on historical scenario) COVID.



Source: WHO-GHED (2021).

Efficiency trends in EAP indicate need to “spend better”



Source: World Health Organization.

Note: HEALE - Healthy life expectancy at birth (years); CHE - Current health expenditure; Red line = DEA line.

Portfolio Priorities and Trends

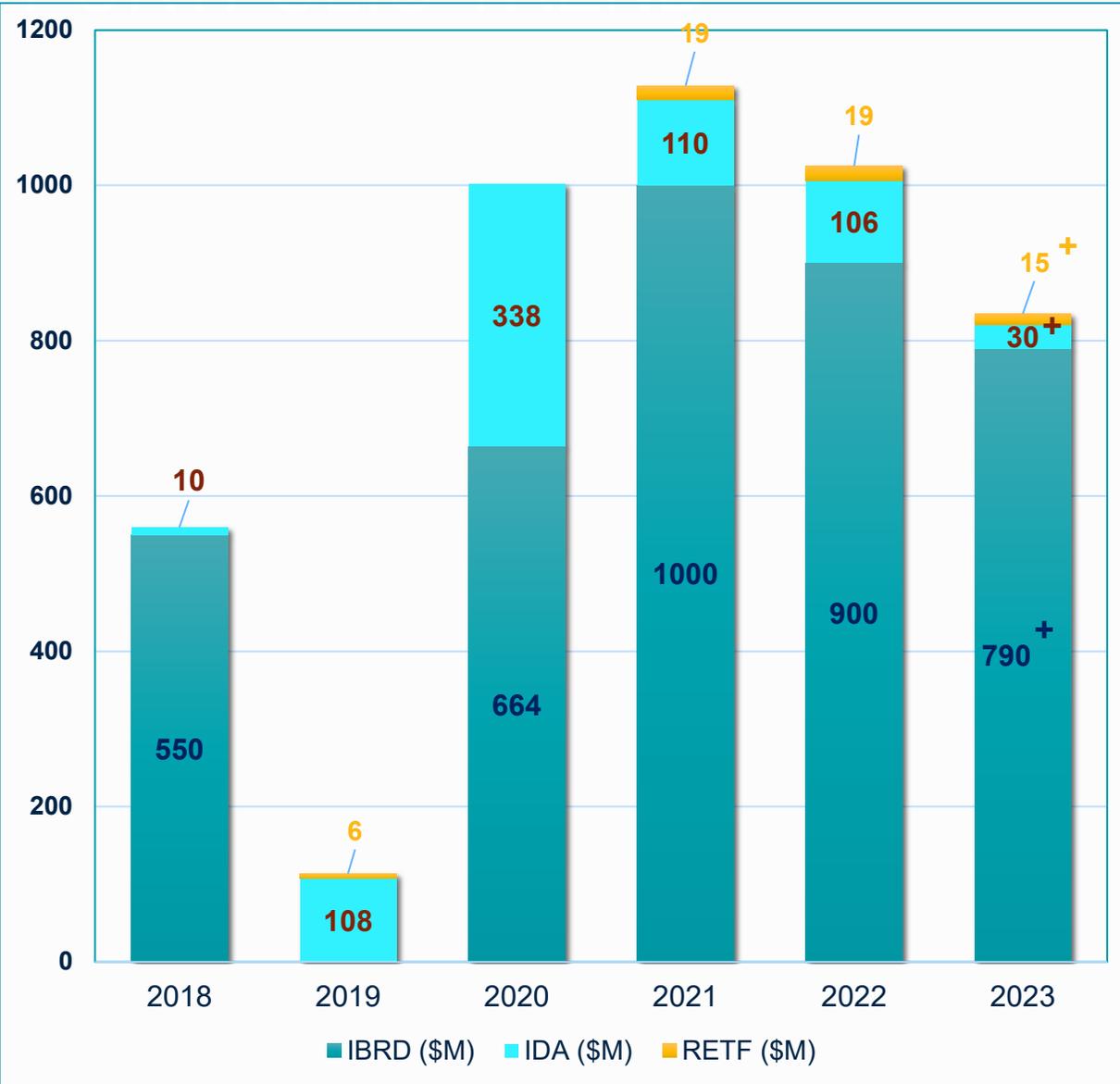


Greater portfolio focus on results and innovations has leveraged additional resources from partners

- Moving **from infrastructure to systems and service delivery issues**, enabling progress towards UHC
 - Improving Efficiency and Effectiveness: Operations focused on Primary healthcare (Indonesia, Vietnam, Lao PDR, PNG) and Quality of Healthcare (Cambodia, Lao, Vietnam, PNG, Myanmar, Indonesia)
 - In ageing economies, increasing focus on the interface between healthcare and social care for the elderly
- **High results focus and linkages to performance**: Widespread use of Disbursement Linked Indicators (in P4Rs as well as in IPFs) and other results-based instruments- shifting the dialogue from fiduciary processes to systems strengthening.
 - Also **attracting investments from partners such as AIIB, DFAT, Global Fund, Germany, Korea and Global Financing Facility**
 - DLIs have been used both for health systems as well as for service delivery levels
 - DLI verification processes have yielded benefits that go beyond just proving DLIs- improved data quality, management attention to good quality data, strengthening data analytical capabilities.
- **Working in FCV and difficult contexts**, focusing on rebuilding and strengthening systems, improving access and quality of care (PNG, Lao PDR, Timor Leste, Myanmar)

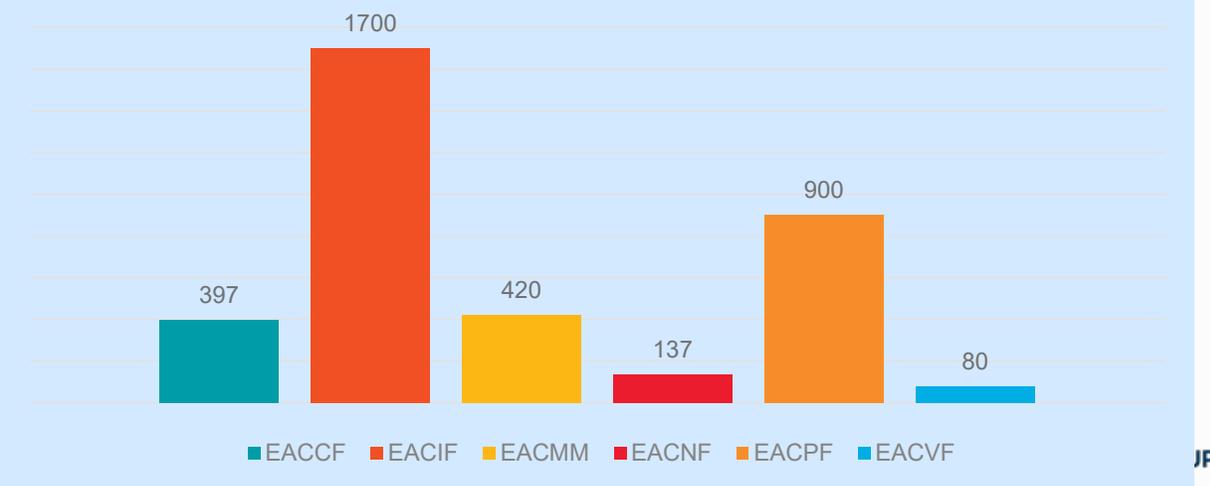
Portfolio dominated by COVID in 2020-2021 now returning to normal

PORTFOLIO TREND



- Huge growth in numbers in 2020 due to COVID
- Increase in volume after 2021 – mostly due to vaccine AFs in Indonesia and Philippines
- However, COVID portfolio is scheduled to phase out after December 2023

Current portfolio by Country Unit (\$M), IBRD and IDA



Walking the talk on Cross-GP collaboration

Nutrition Convergence is increasingly a reality across sectors and GPs in EAP

- Lao PDR has five projects converging in four lagging provinces in northern Lao
- Cambodia, Indonesia, PNG also have close collaboration across GPs on nutrition investments, proposed in Philippines

Our investment projects are increasingly tagged as multisectoral

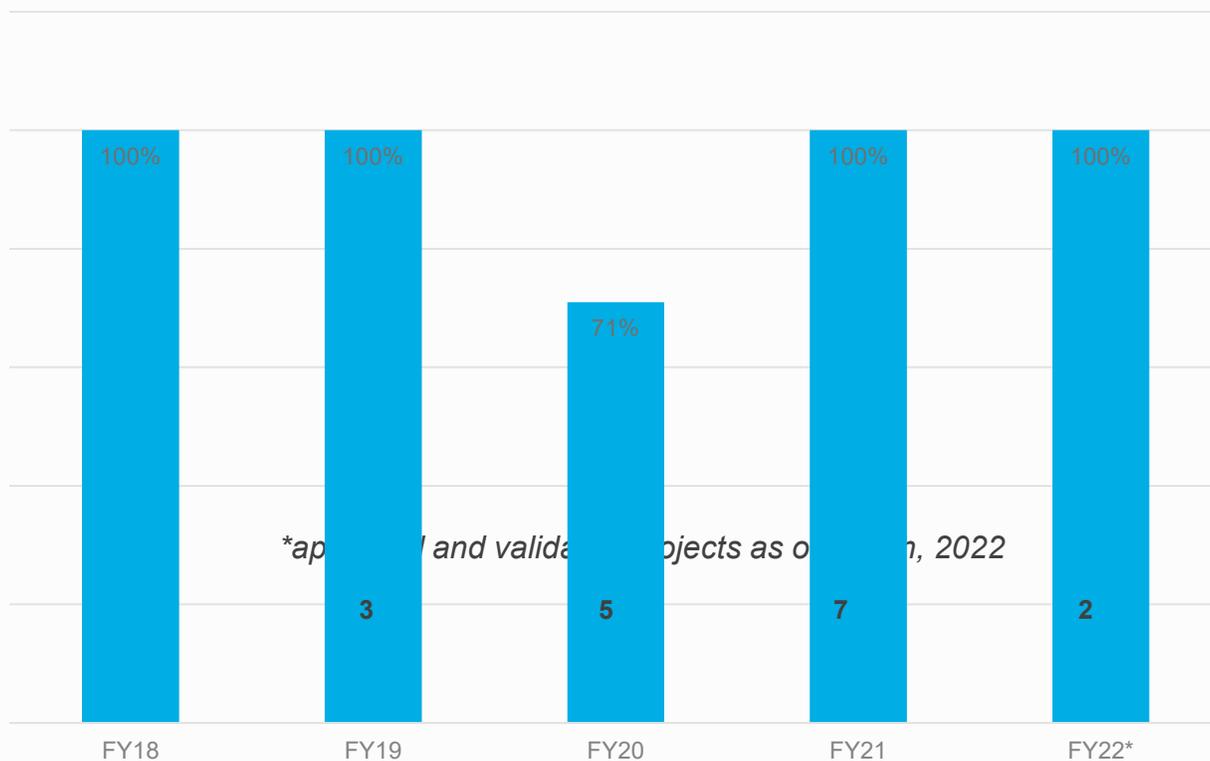
- Indonesia I-SPHERE is co-led with Governance
- Lao PDR, PNG and Myanmar have nutrition-focused projects co-led with SP
- Indonesia INEY and Philippines Multisectoral Nutrition is co-led with SURR
- One Health projects in China, ASEAN co-led with Agriculture and Environment

We partner with other GPs to provide our unique strength in cross sectoral solutions

- Working closely with MTI on Tobacco Taxes; Private sector
- Working with Governance on PFM, decentralization
- Working with Poverty on HiFy surveys
- Working with Energy on Clean Cookstoves

HNP continues to lead the EAP region in Gender tagging of our investments

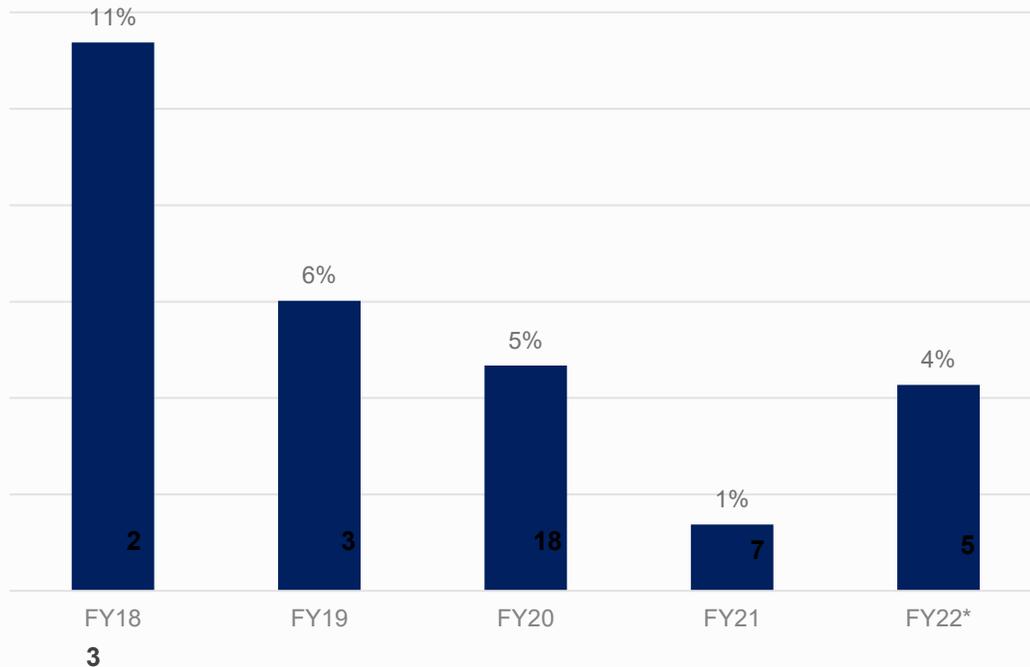
Validated gender tag for HNP projects, % and #



Gender Tag: 11 MPA COVID-19 projects, approved in FY20, were not assessed for gender tag. Still, from 7 assessed projects only 5 were validated as gender tagged

With the changed methodology, climate co-benefits have tended to decline

Climate co-benefits



**assessed projects as of March, 2022*

Share of CCBs has been on a decline since FY2020 due to emergency COVID-19 projects that did not include climate considerations, as well as consequent additional financing operations for vaccine purchase, that did not qualify for a large portion of CCBs.

Emerging Directions



COVID has shown that making progress on UHC is intrinsic to achieving sound pandemic preparedness.

Two key priorities have emerged:

Transform health service delivery to address COVID + other needs:

Goal: Make progress towards UHC and prepare the health system to manage endemicity (“live with COVID”)

Strengthen public health

Goal: Control transmission of COVID, vaccinate and prepare for the next pandemic

Transform health service delivery to address COVID + other needs in ways that foster resilience and efficiency

Macroeconomic context limits health spending. COVID has put UHC goals at risk. Living with COVID requires high cost acute/critical care but with surges in demand. What are smart investments that can help maximize UHC outcomes subject to these constraints?

Smart investments to manage COVID and promote UHC

- Scale-up, redistribute, re-purposes existing capacity ensuring resilience and efficiency:
 - Modular hospitals
 - Oxygen generation capacity at hospitals
- Increase infrastructure in tandem with enhanced health workforce capacity
- Strengthen critical care capacity in-country

Re-imagine primary health care (PHC)

- Prioritize investments in making quality essential health and nutrition services accessible to all
 - COVID: PHC key for managing COVID-19 outside hospitals, providing essential care, and sustaining public health services
 - OTHER NEEDS: PHC central for addressing malnutrition through health sector, meeting needs of older populations, managing care for NCDs

Digital health investments
Climate Smart health investments

Strengthen public health

COVID has shown that strong (pre-existing) public health and primary care systems were an advantage particularly where there was a tradition of public health–primary care– community linkages. What are priority investments?

Control transmission and vaccinate

- Implement appropriate non-pharmaceutical interventions and testing and tracing to control or mitigate transmission
- Vaccinate

Strengthen routine public health and surveillance

- Institutional strengthening and coordination for pandemic preparedness and response
- Strengthen networks of public health laboratories at all levels and enhance coordinate investigations
- Operationalize One Health In Practice
- Scale-up capacity for pandemic and infectious disease research (real-time monitoring and response)

Digital health investments
Climate Smart health investments

COVID has highlighted the need to invest in health management information systems and pandemic preparedness.

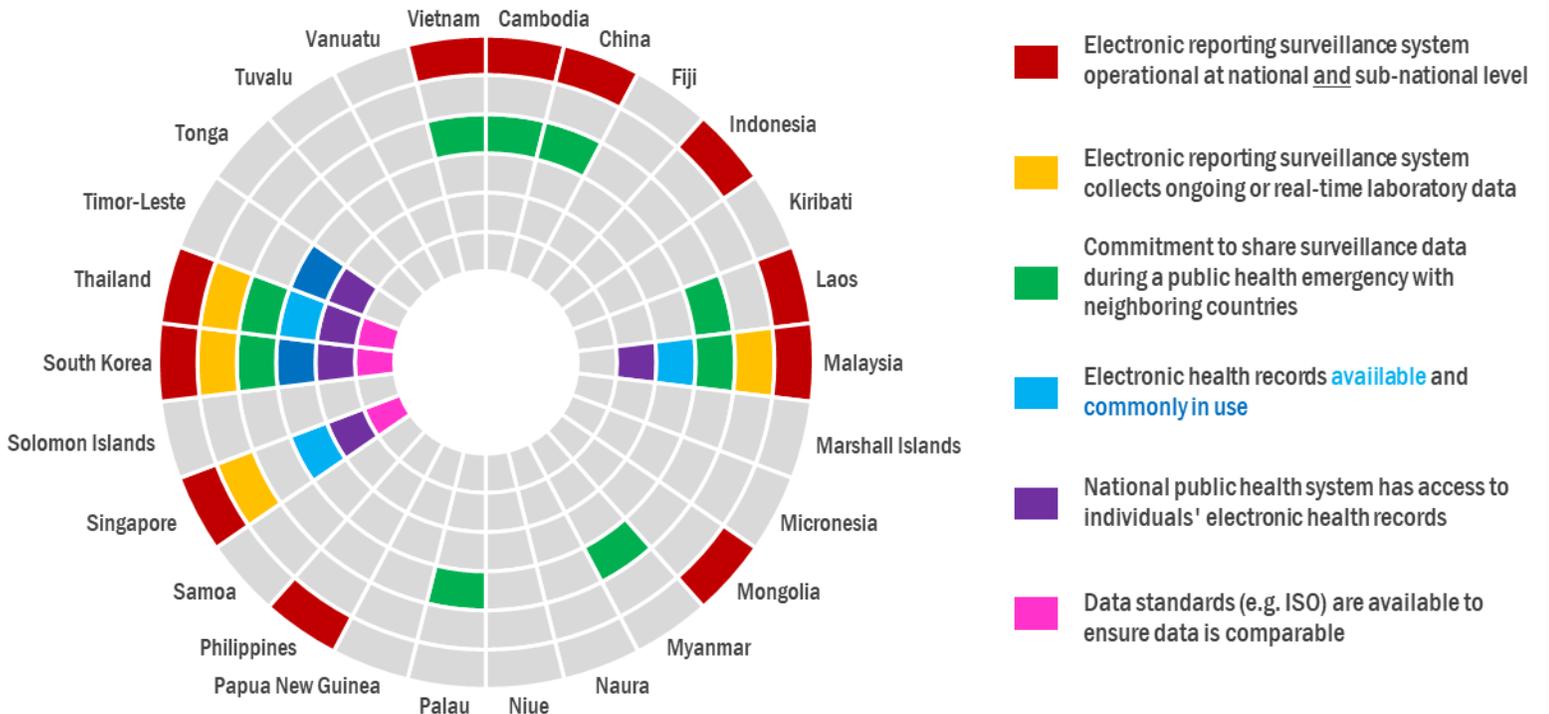
Managing the spread of COVID will likely remain the focus in the short-term as the virus evolves and new strains result in periodic surges in the demand for health care. Efforts will focus on ensuring the roll-out of vaccines and strengthening cold chain readiness.

As countries turn towards strengthening core public health functions such as surveillance – they will require significant investments to digitize health management and information systems and increase laboratory networks.

COVID has also spurred discussion on how to accelerate progress towards UHC – extending access to affordable quality health care for all.

Most East Asia and Pacific countries are ill-prepared to carry out real-time surveillance and reporting.

Selected indicators from the 2019 Global Health Security Index surveillance sub-indicator



Source: Global Health Security Index , 2019 <https://www.ghsindex.org/>



Thank You

