Health outlook for South and Southeast Asia

While public health spending increased in response to the pandemic, it remains less than half of the international benchmarks needed to achieve universal health coverage. Low- and middle-income countries need to spend between 5 and 7.5 per cent of GDP to provide universal health coverage, but regional spending is just 1.2 per cent of GDP in many South Asian countries.

Pandemic-related spending limited investment flows into vital primary healthcare services, and failed to prevent major disruptions to immunization and other essential health services. As a result, immunization rates continue to decline, leaving children vulnerable to preventable harms.

The alarming rates of stunting and wasting, which are among the highest in the world, show the urgency of public funding to prevent losses to children’s physical and mental development. Families are having to pay more out-of-pocket for healthcare, increasing inequities as poor families struggle to afford essential expenses. This risks further disenfranchising already-marginalized groups, as they are at risk of destitution if a family member faces a medical emergency.

There is an urgent need for more equitable and overall spending, focusing on primary health care to achieve universal health care and reducing out of pocket payments. This should be accompanied by better transparency and accountability to address governance, financial performance, and budget execution issues.

Health care spending as a percentage of GDP (int’l benchmark 5-7.5%)

- Bangladesh
- Cambodia
- Lao PDR
- Myanmar
- Nepal
- Pakistan
- Sri Lanka

Find out more from the EU and UNICEF’s Where is the fiscal space for children? Review of social sector budgets in selected countries in South Asia, East Asia and the Pacific Islands: https://www.unicef.org/eap/media/13231/file
Find out more about the EU-UNICEF Public Finance Facility for South and Southeast Asia: https://www.unicef.org/eap/eu-unicef-public-finance-facility-south-and-southeast-asia