

# Navigating the Health and Wellbeing Landscape in South Asia: Assessing Progress, Addressing Challenges, and Charting a Path Forward

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## Abstract

This article aims to assess the current state of health and wellbeing in South Asia, identify the major challenges that are currently facing the region, and propose solutions for addressing these challenges and charting a path forward. The article begins by providing an overview of the current state of health and wellbeing in South Asia, highlighting the progress that has been made in recent years as well as the areas where progress has been slow. It then goes on to discuss the major challenges that are facing the region, such as inadequate healthcare infrastructure, lack of access to quality healthcare services, and high rates of maternal and child mortality. The article then proposes solutions for addressing these challenges, including increasing access to healthcare, improving maternal and child health, addressing non-communicable diseases, promoting universal access to sexual and reproductive health services and rights, strengthening health systems, increasing domestic resource allocation to health, and enhancing regional cooperation and coordination. Ultimately, this article serves as a call to action for policymakers, healthcare providers, and other stakeholders to work together to improve the health and wellbeing of the people of South Asia.

**Keywords:** South Asia, Health and Wellbeing, Poverty, Culture, Health system, Health Management.

## 1. INTRODUCTION

South Asia is a region that includes Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka. As of 2021, the population of South Asia is estimated to be over 1.7 billion people. India is the most populous country in the region, with over 1.3 billion people, followed by Pakistan with over 220 million people and Bangladesh with over 160 million people (United Nations, 2022).

The region is characterized by a large youth population, with around 60% of the population under the age of 30. The region is also characterized by high levels of poverty and income inequality. According to the World Bank, about 21% of the population in South

Asia lives in extreme poverty, defined as living on less than \$1.90 per day (Mahembe & Odhiambo, 2018).

The United Nations (2022) ESCAP analysis of data from Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) provide a comparative statistic on some selected indicators (see Table 1). The region also has a high level of gender inequality, with women facing significant challenges in terms of access to education, healthcare, and employment. In terms of education, literacy rates in South Asia vary widely, with some countries having high literacy rates, such as Sri Lanka, while others have lower literacy rates, such as Afghanistan.

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The South Asian region is projected to have an average annual growth rate of 3.4% from 2020 to 2023, which is 3% lower than the four years before the COVID-19 pandemic (Countdown, 2022). Some economies in the region are expected to begin recovering in 2021-2022. India, the largest economy in South Asia, is predicted to grow by 8.3% in the 2021-2022 fiscal year, while Bangladesh's growth rate is expected to reach 6.4% in the same period, driven by an increase in exports and consumption.

In terms of the SDGs, South Asia has an average score of 63.58% in 2021, indicating that the region is 63.58% on the way to achieving the best possible outcome across all 17 goals. This score is 2.64% higher than the region's baseline score in 2015, the year the SDGs were launched (Sadiq et al., 2022). With the ongoing decline in COVID-19 cases and the start of economic recovery, the region is expected to show better performance in achieving the SDGs in the coming years.

In terms of individual countries, Bhutan, Maldives, and Sri Lanka are the top performers in the region, while Afghanistan, Pakistan, and India are the lowest performers. Nepal, Myanmar, and Bangladesh fall in the middle range of performers. Among the 17 SDGs, the countries in the region face major challenges in achieving SDG 2 (Zero Hunger), SDG 3 (Good Health and Well-being), SDG 6 (Clean Water and Sanitation), SDG

9 (Industry, Innovation and Infrastructure), and SDG 15 (Life on Land). In particular, all the South Asian countries are not on track to achieve SDG 15 (Life on Land), which relates to protecting biodiversity (Cheema, 2022).

In terms of healthcare, South Asia has some of the highest rates of maternal and child mortality in the world (Fatema & Lariscy, 2020). Many people in the region lack access to basic healthcare services, and there are significant disparities in healthcare access and quality between urban and rural areas (Gudlavalleti, 2018).

In terms of employment, the majority of people in South Asia work in the informal sector, and many people are engaged in low-skilled, low-paying jobs (Yeung & Yang, 2020; Hamiduzzaman & Islam, 2020). The region also faces significant challenges in terms of job creation and economic growth, especially in light of the COVID-19 pandemic.

Overall, South Asia is a diverse and complex region with a wide range of demographic and socioeconomic challenges. Improving access to education, healthcare, and economic opportunities will be crucial for the development of the region and the well-being of its people.

Over the past 50 years, all countries in South Asia have seen an improvement in health outcomes. Sri Lanka and the Maldives have particularly strong health

Indicators	Afghanistan 2015	Bangladesh 2019	Bhutan 2010	India 2016	Maldives 2017	Nepal 2019	Pakistan 2017	Sri Lanka
<b>WASH</b>								
Basic sanitation	0.28	0.11	0.13	0.28	0.01	0.04	0.17	-
Basic drinking water	0.15	0.01	0.01	0.03	0.00	0.02	0.03	-
<b>Children</b>								
Overweight	0.01	-	0.01	0.00	0.02	0.01	0.01	-
Stunting	0.05	-	0.05	0.08	0.03	0.06	0.11	-
Wasting	0.01	-	0.01	0.01	0.03	0.02	0.02	-
<b>Women</b>								
Demand for contraception	0.14	0.03	0.03	0.09	0.24	0.14	0.12	-
Physical or sexual violence	0.10	-	-	0.06	0.04		0.08	-
Skilled birth attendance	0.16	0.15	0.18	0.06	0.00	0.10	0.12	-
<b>Education</b>								
Early childhood education	-	0.11	0.40	-	-	0.11	-	-
Secondary education	0.29	0.21	0.31	0.23	0.19	0.20	0.24	-
Tertiary education	0.36	0.30	0.37	0.32	0.22	0.29	0.28	-
Simple average (available D-Indexes)	0.22	0.15	0.17	0.13	0.07	0.13	0.18	-

Source: United Nations (2022) ESCAP analysis of data from Demographic and Health Surveys and Multiple Indicator Cluster Surveys (MICS), latest available year 2010–2019. Note: A lower D-Index score indicates low inequality of opportunity and low barriers compared with other countries. A star (\*) indicates a barrier (e.g. stunting). Financial services (SDG 8) include ownership of a bank account or the use of mobile devices for financial

outcomes, surpassing both other South Asian countries and the global average (Akseer et al., 2020). Sri Lanka has had the lowest infant mortality rate in South Asia since the 1970s and the Maldives has recently been catching up. However, other countries, particularly Pakistan and Afghanistan, have lagged behind and have infant mortality rates that are double the current global average despite showing improvement over time.

India has made significant progress in health outcomes, with infant mortality rates dropping from 140 deaths per 1,000 live births in the 1970s to around 30 deaths per 1,000 live births, similar to the global average. The mortality rate for children under five years old has also decreased from 95 to 37 deaths per 1,000 live births between 2000 and 2018. Additionally, maternal mortality has decreased by 77% from 1990 to 2016 (García-Escribano et al., 2021).

## 2. RESEARCH METHODOLOGY

The purpose of this article is to evaluate the overall health and well-being situation in South Asia, recognize the significant obstacles the region is currently facing and suggest methods for addressing these obstacles, and outline a plan for progress.

Three specific objectives are addressed: Good Health and Wellbeing (SDG3) in South Asia including the targets of Sustainable Development Goal 3 (SDG 3), Goal 3: Means of implementation for the targets and current initiatives of SDG3 in South Asia; ii) major challenges of SDG3 in South Asia; and iii) way forward to achieve SDG3 targets in South Asia. The research is conducted using content analysis of existing literature, following the methodologies of Islam and Hossain (2014) and Islam and Ndungi (2016). The literature search was conducted in two phases to minimize researcher bias.

The research for this article began by searching through various electronic databases, including Academic Search Premier, Academic Common, Aseline, Informit, Ingenconnect, ScienceDirect, Scopus, Social Science Citation Index and Social Science Research Network (SSRN), and PsycARTICLES, using keywords such as "health and wellbeing (SDG3)", "health and wellbeing (SDG3) in South Asia", and "challenges of health and wellbeing (SDG3) in South Asia".

Additionally, the researchers used the "snowball" method, which involved searching for journal articles and reports, as well as articles presented in peer-reviewed conferences, cited in some of the articles that they had already read. By January 31, 2023, the researcher had read 85 publications and discarded 43 of them, because of irrelevancy out of the objective ranges. The final selection

consisted of 25 articles, 10 reports, and 7 other sources which were deemed most relevant for this article. The researchers also reviewed relevant published and unpublished national and international reports and documents, including reports published by the United Nations (UN), World Health Organization (WHO), ESACP report, International Labour Organization (ILO), and the World Bank, as well as research reports. These significant articles and reports are listed in the reference section. The researchers did not simply summarize the findings of previous research, but critically analyzed the selected articles and documents.

## 3. GOOD HEALTH AND WELLBEING (SDG3) IN SOUTH ASIA

Targets of Sustainable Development Goal 3 to ensure healthy lives and promote well-being for all at all ages (ESCAP, U., & World Health Organization, 2021):

### *Maternal mortality*

By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births.

### *Neonatal and child mortality*

By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under-5 mortality to at least as low as 25 per 1000 live births.

### *Infectious diseases*

By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases, and combat hepatitis, waterborne diseases and other communicable diseases.

### *Noncommunicable diseases*

By 2030, reduce by one third premature mortality from noncommunicable diseases through prevention and treatment, and promote mental health and well-being.

### *Substance abuse*

Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol.

### *Road traffic accidents*

By 2020, halve the number of global deaths and injuries from road traffic accidents.

### *Sexual and reproductive health*

By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning,

information and education, and the integration of reproductive health into national strategies and programmes.

#### *Universal health coverage*

Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, and access to safe, effective, quality and affordable essential medicines and vaccines for all.

#### *Environmental health*

By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination.

### **4. GOAL 3: MEANS OF IMPLEMENTATION FOR THE TARGETS**

#### *Tobacco control*

Strengthen the implementation of the WHO Framework Convention on Tobacco Control in all countries, as appropriate.

#### *Medicines and vaccines*

Support the research and development of vaccines and medicines for the communicable and noncommunicable diseases that primarily affect developing countries. Provide access to affordable essential medicines and vaccines in accordance with the Doha Declaration on TRIPS and Public Health, which affirms the right of developing countries to the fullest use of the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS agreement) regarding flexibilities to protect public health and, in particular, provide access to medicines for all.

#### *Health financing and workforce*

Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

#### *Emergency preparedness*

Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

#### *Universal health coverage*

This target can be seen as an overarching one that supports the achievement of the other targets. It is derived from the Millennium Development Goals, the new targets and the means of implementation.

### **5. CURRENT INITIATIVES OF SDG3 IN SOUTH ASIA**

There are several initiatives currently being implemented in South Asia to achieve the targets of SDG 3. Some examples include (Asadullah et al., 2020):

The South Asian Association for Regional Cooperation (SAARC) has launched a regional initiative to improve maternal and child health, which aims to reduce maternal and neonatal mortality and improve the health of mothers and children in the region.

The World Health Organization (WHO) is working with countries in the region to improve access to essential medicines and vaccines, as well as to strengthen healthcare systems and improve the quality of care.

The United Nations Children's Fund (UNICEF) is working to improve maternal and child health in the region by providing support for maternal and child health services and working to improve access to clean water and sanitation.

The World Bank is providing financial support and technical assistance to countries in the region to improve healthcare infrastructure and services, with a focus on maternal and child health, and to address the burden of non-communicable diseases.

The Bill and Melinda Gates Foundation is supporting several initiatives in the region to improve maternal and child health, including efforts to increase access to contraceptives and maternal and child health services, as well as to reduce neonatal and maternal mortality.

The Global Alliance for Vaccines and Immunization (GAVI) is working with countries in the region to improve access to vaccines and to strengthen healthcare systems to ensure that all children have access to life-saving vaccines.

The South Asian Initiative to End Violence Against Children (SAIEVAC) is a regional initiative working to end violence against children in the region by raising awareness, improving laws and policies, and supporting grassroots organizations.

The South Asian Regional Initiative for Energy (SARI/Energy) aims to increase access to modern energy services in the region, especially for the poor, and to promote sustainable energy development.

These are some of the examples of the current initiatives being implemented in the region, but it's worth noting that the actual initiatives might vary among countries and are subject to change over time.



According to the SDG Index and Dashboards report of 2021, country wise detail information regarding latest year available data has been provided in Figure 1 and the supplementary Table 2 a and b. All of the South Asian countries have major challenges except Maldives that has significant challenges (Sachs, 2022). Most of the countries in the region have a score lower than 60% for the SDG3.

The report also highlights that the region has a high burden of communicable diseases, including tuberculosis, malaria, and HIV/AIDS. The maternal mortality rate is also high, with many countries in the region not on track to achieve the targets set under SDG3. Additionally, access to essential health services, including reproductive and maternal health services, is limited, especially in rural and remote areas. Low levels of public spending on health and education, inadequate service delivery and quality, and lack of access to healthcare, especially for vulnerable groups such as women, children, and the elderly, are some of the major challenges facing the region in achieving SDG3.

It is worth noting that, the region's performance on SDG3 is affected by the ongoing COVID-19 pandemic, which has put additional strain on health systems in the region.

2021	Afghanistan	Bangladesh	Bhutan	India	Maldives	Nepal	Pakistan	Sri Lanka	Myanmar
SDG3: Good Health and Wellbeing									

Major challenges	
Significant challenges	

Figure 1. SDG Levels Per Goal, by Country. Source: Cheema (2022)

### 6. MAJOR CHALLENGES OF SDG3 IN SOUTH ASIA

Most countries in the South Asia region still have a long way to go in achieving the health-related SDGs. This can be seen by looking at an index published in the annual Sustainable Development Report, which measures the performance of each of the 17 goals on a scale of 0-100, with 0 indicating the worst possible performance and 100 indicating the best possible performance. When comparing India's health outcomes to those of other emerging markets, and specifically to other BRICS countries (Brazil, Russia, India, China, South Africa), India still has a way to go.

As shown in Figure 2, only the Maldives and Sri Lanka have a SDG3 index above the world average and above the median of emerging market economies (Sachs et al., 2022). India's health outcomes, as measured by the SDG3 index and other indicators, are below the median of emerging economies and behind the country's own targets. For example, the current under-five mortality

rate of 37 per 1,000 live births is more than three times the country's goal of 11 by 2030 (Sachs et al., 2019).

Providing adequate health care to lower income groups in South Asia is still a significant obstacle (UNESCAP South and South-West Asia Office, 2021). The COVID-19 pandemic highlighted the importance of having health insurance as those without it, particularly those from poor backgrounds, were disproportionately affected by job loss and financial hardship.

The amount of money South Asian households spend out-of-pocket on healthcare is among the highest in the world (Figure 3). This is two times more than in other developing countries. The availability of healthcare resources in the region is also low compared to other countries and regions with similar levels of socio-economic development (UNESCAP South and South-West Asia Office, 2021)

There is still a significant lack of investment in health and education in South Asia, which puts the achievement of SDG 3 and 4 at risk. Low levels of public spending in these areas in the subregion is a major contributor to the

suboptimal outcomes in both sectors (ESCAP, U., 2020). Together, spending on health and education in South Asia is less than 5% of the budget, while the global average is around 11% (Fig. 5 and 6). While Maldives and Bhutan allocate a larger portion of their budgets to these areas, and as a result have better outcomes, it is important to note that spending alone does not determine the outcomes.

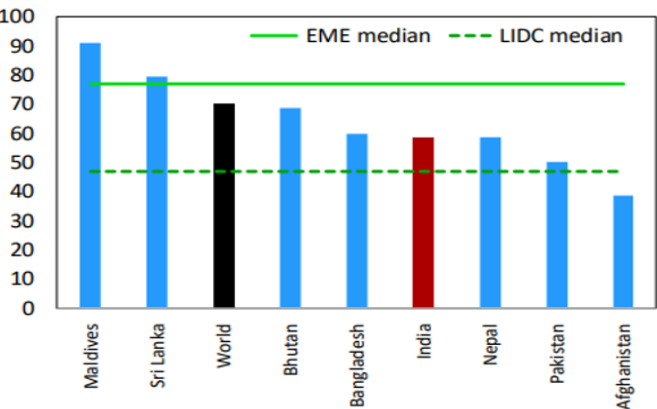


Figure 2: South Asia: SDG3 (Health) Index (100=highest). Source: García-Escribano et al. (2021)

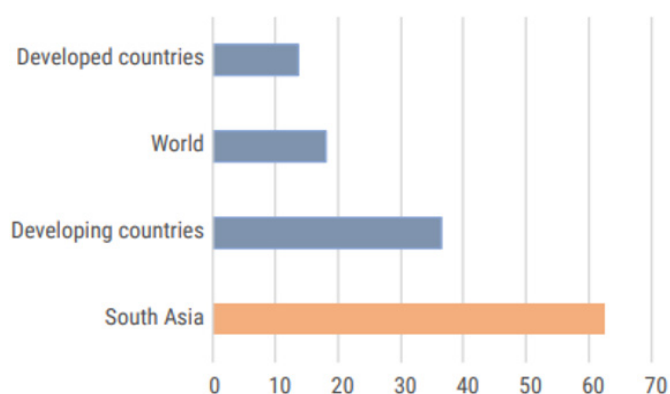


Figure 3 Out-of-pocket expenditure (per cent of current health expenditure). Source: World Development Indicators (Accessed on 15 September 2021)

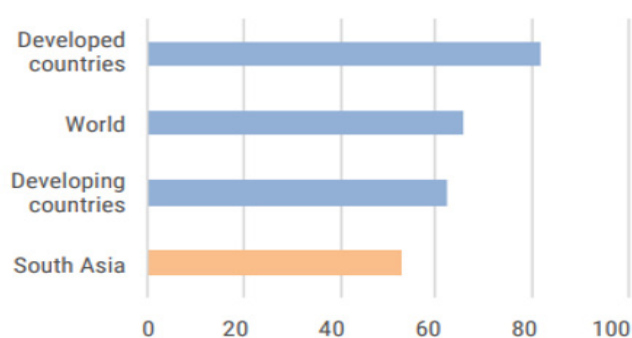


Figure 4 Universal Health Coverage Index. Source: World Development Indicators. (Accessed on 15 September 2021)

Factors such as the quality-of-service delivery and personal and household spending also play a role. Therefore, it is crucial to not only increase the amount of spending, but also to improve the quality of programs in these areas (UNESCAP South and South-West Asia Office, 2021).

Achieving the health-related SDGs in India will require a significant increase in health spending. Currently, India's health spending is only 3.7% of GDP, which is less than what is spent in other BRICs and emerging market economies (EMEs) (García-Escribano et al., 2021). This level of spending is reflected in the shortage of doctors and hospital beds per 1,000 inhabitants. To make substantial progress towards the SDGs by 2030, India will need to more than

double its health sector spending as a percentage of GDP. This additional spending of 3.8% of GDP would allow for the expansion of medical staff and a moderate slowing of growth in personnel compensation. It would also help in containing the ratio of doctor salaries to GDP per capita from 7.8 to 6.6, which is currently higher than for economies in the same income group that have strong health outcomes.

Capital and recurrent spending other than on health-workers' wage bill should also increase as a percentage of total health spending. The increase in spending should be primarily by the public sector, as the country currently relies heavily on private outlays (67% of total health spending). The spending increase could also help cover an expansion of India's health protection scheme, PMJAY, to prevent vulnerable individuals who are not currently included from falling into poverty due to illness and private health costs (García-Escribano et al., 2021).

Achieving SDG3 (ensuring healthy lives and promoting well-being for all at all ages) in South Asia is a major challenge due to several factors.

One major limitation is lack of access to healthcare. According to a study by the World Health Organization (WHO), only about 30% of the population in South Asia has access to essential health services. This is due to a shortage of healthcare facilities, particularly in rural areas, as well as a shortage of healthcare workers (Islam et al., 2021). Additionally, the quality of healthcare in South Asia is often poor, with a lack of basic medical equipment and medicines.

Another major limitation is poverty, which affects a significant portion of the population in South Asia. According to the World Bank, over 25% of the population in South Asia lives in poverty. This makes it difficult for people to afford healthcare and can lead to poor health outcomes (Rasul et al., 2021).

A third limitation is lack of information and awareness

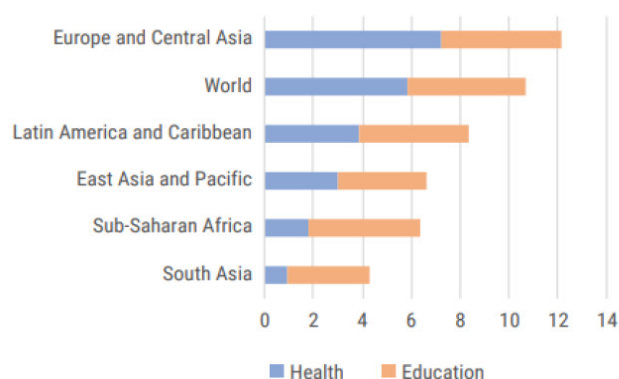


Figure 5 Public expenditure on health and education in select regions (per cent of GDP). Source: International Policy Centre for Inclusive Growth, UNDP and UNICEF (2020)

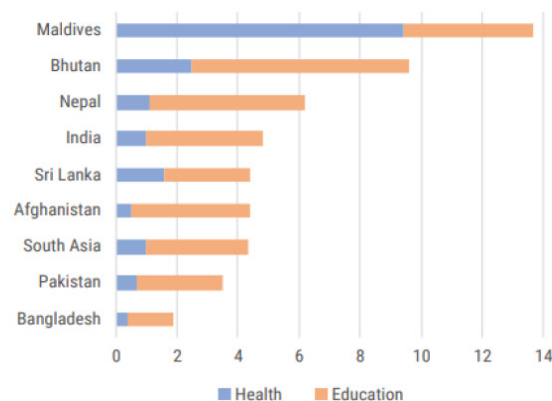


Figure 6 Public expenditure on health and education in South Asian countries (per cent of GDP). Source: International Policy Centre for Inclusive Growth, UNDP and UNICEF (2020)

about health issues. According to a study by the WHO, many people in South Asia do not have access to accurate and reliable information about health, which can lead to misconceptions and poor health decisions (Choo et al., 2020).

Other challenges include limited government funding for healthcare, lack of political will to address health issues, and cultural and societal barriers that prevent people from seeking healthcare (Stephens & Surjan, 2022).

To consider the socioeconomic, political and cultural context of the South Asian countries, we can show the challenges in some broader headings with some specific sub-points as follows:

### Political challenges

Achieving SDG3 (ensuring healthy lives and promoting well-being for all at all ages) in South Asia is also challenged by political factors. Some of the major political challenges include:

#### *Limited government funding for healthcare*

According to a study by the World Health Organization (WHO), South Asian countries often allocate a low percentage of their budgets to healthcare, which limits the ability to provide essential health services to the population (Andres et al., 2014).

#### *Corruption*

Corruption in the healthcare system is a major problem in South Asia, which can lead to misallocation of resources and poor quality of care (Suhail & Azhar, 2016).. A study by Transparency International found that healthcare is one of the most corrupt sectors in some South Asian countries (Garcia, 2019).

#### *Political instability*

Political instability in some South Asian countries can make it difficult to implement and sustain healthcare policies and programs (Khan et al., 2019).

#### *Lack of political will*

Some governments in South Asia may lack the political will to address healthcare issues, especially in remote, rural areas. This may be due to a lack of understanding of the issues or a lack of political incentives to prioritize healthcare (Legido-Quigley et al., 2020).

#### *Conflicting priorities*

Some governments in South Asia may have conflicting priorities such as economic growth, security, and political stability, that can take

precedence over healthcare (Davies, 2013)..

### Economic challenges

There are several economic challenges that countries in South Asia may face in trying to achieve SDG 3, which is to ensure healthy lives and promote well-being for all at all ages. Some of these challenges include:

#### *Limited access to healthcare*

Many people in South Asia do not have access to basic healthcare services, due to factors such as poverty, lack of infrastructure, and inadequate healthcare workforce (Scammell et al., 2016).

#### *High levels of poverty*

Countries in South Asia have high poverty rates, which can limit people's ability to access healthcare services and afford necessary medical treatments (Tangcharoensathien et al., 2011).

#### *Inadequate health infrastructure*

Many countries in South Asia lack sufficient health infrastructure, including hospitals, clinics, and community health centers.

#### *Limited funding for healthcare*

Government funding for healthcare is often limited in South Asian countries, which can make it difficult to improve healthcare systems and provide necessary services.

#### *Limited access to information*

Many people in South Asia have limited access to information about healthcare, which can make it difficult for them to make informed decisions about their health (Tsai & Lee, 2016).

Lack of government prioritization: In some cases, healthcare may not be a high priority for governments in South Asia, which can limit the resources and attention devoted to improving healthcare (Hamiduzzaman & Islam, 2020).

### Social challenges

Achieving SDG3 (ensuring healthy lives and promoting well-being for all at all ages) in South Asia is also challenged by social factors. Some of the major social challenges include:

#### *Socio-economic disparities*

Inequalities in income, education, and occupation can lead to disparities in health outcomes. According to a study by the World Health Organization (WHO),

people living in poverty or from marginalized communities in South Asia are more likely to have poor health outcomes (Hamiduzzaman & Islam, 2020).

### *Gender inequalities*

In many South Asian countries, women and girls face significant barriers to accessing healthcare, which can lead to poor health outcomes. According to a study by the World Bank, gender disparities in health outcomes are particularly pronounced in maternal and child health (Hamiduzzaman et al., 2022; Jafree, 2020).

### *Cultural and societal barriers*

Societal norms and beliefs can also act as barriers to healthcare access in South Asia (Jahangir & Meyer, 2020). For example, in some cultures, there are taboos surrounding certain health issues, such as mental health, which can prevent people from seeking help.

### *Limited information and awareness*

Many people in South Asia do not have access to accurate and reliable information about health, which can lead to misconceptions and poor health decisions (Choo et al., 2020).

### *Limited community participation*

Community participation in health decision-making, planning and implementation is limited in many parts of South Asia, and this can limit the effectiveness of health interventions (Sarkar et al., 2020).

## **7. WAY FORWARD TO ACHIEVE SDG3 TARGETS IN SOUTH ASIA**

### *Increase access to healthcare*

This can be achieved through investments in primary healthcare infrastructure, training of healthcare workers, and expanding health insurance coverage.

### *Improve maternal and child health*

This can be achieved through increasing access to family planning services, improving access to skilled birth attendants, and implementing programs to address malnutrition.

### *Address non-communicable diseases (NCDs)*

This can be achieved through implementing policies to reduce the risk factors for NCDs, such as tobacco control and promoting healthy diets, as well as increasing access to NCD treatment and care.

### *Promote universal access to sexual and reproductive health services and rights*

This can be achieved through increasing funding for family planning programs, increasing access to contraceptives, and removing barriers to accessing sexual and reproductive health services.

### *Strengthen health systems*

This can be achieved through investing in health system infrastructure, improving the quality of care, and increasing the availability of health workers.

### *Increase domestic resource allocation to health*

This can be achieved through increasing government funding for health and implementing policies to increase private sector investment in health.

### *Enhance regional cooperation and coordination*

This can be achieved through increasing collaboration among South Asian countries on issues related to health, including sharing best practices and coordinating efforts to address common health challenges.

### *Address inequalities and marginalized populations*

It is important to target specific populations that are disproportionately affected by poor health outcomes, such as rural communities, low-income families, and marginalized groups, in order to achieve the SDG3 targets. This can be done through targeted health programs and policies, as well as by working with community-based organizations to ensure that health services are culturally appropriate and accessible to all.

### *Invest in preventative measures*

Preventing diseases and promoting healthy lifestyles is crucial for achieving SDG3 targets. This can be achieved through increasing access to clean water and sanitation, promoting physical activity, and implementing policies to reduce the use of tobacco and alcohol.

### *Leverage technology and innovation*

The use of technology and digital health solutions can help to improve the efficiency and effectiveness of health systems, as well as increase access to health services in remote areas. This can include the use of telemedicine, electronic health records, and digital health platforms.

### *Empower individuals and communities*

Empowering individuals and communities to take charge of their own health is essential for achieving the SDG3 targets. This can be done through education and awareness campaigns, as well as by providing individuals with the tools and resources they need to make informed health decisions.



### *Foster public-private partnership*

Achieving the SDG3 targets requires the engagement of multiple stakeholders, including government, the private sector, and civil society. Public-private partnerships can help to leverage the strengths and resources of each sector to improve the delivery of health services, and to scale up successful health interventions.

## 8. CONCLUDING REMARKS

In conclusion, the health and wellbeing landscape in South Asia is complex and multifaceted, with a wide range of progress and challenges (Rahman et al., 2019). Despite some notable successes, such as progress in reducing maternal and child mortality, there are still significant disparities and obstacles to overcome, particularly in areas such as non-communicable diseases, mental health, and access to healthcare (ESCAP, U. & WHO, 2021). To navigate this landscape and achieve better health outcomes for all citizens in South Asia, it is crucial to address the underlying social and economic determinants of health, as well as to implement targeted and evidence-based interventions (Akseer et al., 2020). Additionally, it is important to strengthen health systems, promote inter-sectoral collaboration, and engage with communities and civil society to ensure that the needs and perspectives of all stakeholders are considered. By working together, governments, international organizations, and other partners can chart a path forward to improve the health and wellbeing of the people of South Asia (Labadi et al., 2021).

To improve the health and wellbeing of citizens in South Asia, it is important for governments and policy makers to take a comprehensive and integrated approach. Key policy implications include:

- Addressing the underlying social and economic determinants of health, such as poverty, education, and nutrition.
- Implementing targeted and evidence-based interventions to address specific health issues such as non-communicable diseases, mental health, and maternal and child health.
- Strengthening healthcare systems by increasing funding and resources, and by implementing reforms to improve efficiency, accessibility and quality of care.
- Promoting inter-sectoral collaboration and engaging with communities and civil society to ensure that the needs and perspectives of all stakeholders are taken into account.
- Investing in research and data collection to better understand the health challenges facing the region,

and to inform the development of effective policies and interventions.

- Building capacity and human resources within the healthcare system
- Increase in government funding to the health-care sector and to ensure that the health system is accessible to all citizens, regardless of their socio-economic status.
- By taking these steps, governments and other partners can work together to chart a path forward to improve the health and wellbeing of the people of South Asia.

## 9. REFERENCES

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