Working paper

Regional Consultation on Extended and Expanded SEAHEARTS Milestones 2030

Hypertension and diabetes treatment coverage and control

World Health Organization
South-East Asia Region

SEA HEARTS

Table of Contents

1. Introduction

The Seventy-sixth session of the WHO South-East (SE) Asia Regional Committee endorsed the resolution 'SEAHEARTS: Accelerating Prevention and Control of Cardiovascular Diseases (CVDs) in the South-East Asia Region (SEA/RC76/R5)'[1] to prioritize the mitigation of risk factors and improve treatment coverage of hypertension and diabetes mellitus for reducing preventable mortality from CVDs. SEAHEARTS is the regional adaptation of the WHO technical package HEARTS with a focus on hypertension and diabetes along with risk factor control. SEAHEARTS developed a roadmap for implementation and set-up four milestones to be achieved by 2025 through interventions aligned to WHO's global technical packages HEARTS, MPOWER (for tobacco control), SHAKE (for salt reduction), and REPLACE (for eliminating trans-fatty acids).

The collective progress by Member States on SEAHEARTS milestones till December 2024 that will be presented at the Seventy-eighth Session of the WHO Regional Committee for South-East Asia on 13th -15th October 2025 are [2]:

- 77.5 million people with hypertension and diabetes have been placed on protocol-based management, against a target of 100 million by 2025.
- 2.08 billion people are covered by at least one WHO SHAKE technical package measure, surpassing the 2025 target of 1 billion by 2025.
- 380.2 million people are protected by at least three MPOWER measures with highest level of achievement for tobacco control, against a target of 1 billion by 2025.
- 2.03 billion people are protected from the harmful effects of trans fats through best-practice or complementary policy measures, exceeding target of 2 billion by 2025.

The Second Regional Consultation held virtually on 24th July 2025, provided the participants from the Member States an opportunity to review the progress, reflect on lessons learned, and to discuss and agree on the need to extend and expand SEAHEARTS milestones to 2030[3]. The consultation reaffirmed that while substantial progress has been made in risk reduction policies and improving treatment coverage, vital but addressable gaps remain in coverage, treatment, and control outcomes for hypertension and diabetes, across the Region. The consultation also noted that population growth and ageing, will further widen the gaps in the care cascade in terms of undiagnosed, untreated, and uncontrolled.

At the Second Regional Consultation, the participants discussed the need to build on the momentum and anticipated success of collective efforts to accelerate CVD prevention and control and agreed to design a set of extended and expanded SEAHEARTS milestones to be achieved by 2030. WHO presented a set of propositions for the extended and expanded

[1] World Health Organization Regional Office for South-East Asia (2023). SEAHEARTS: accelerating prevention and control of cardiovascular diseases in the South-East Asia Region. New Delhi: WHO Regional Office for South-East Asia; 2023 (https://www.who.int/southeastasia/publications/i/item/SEA-RC76-R5)

[2] SEAHEARTS progress report

[3] Second Regional Consultation (virtual) on SEAHEARTS Initiatives: Achievements and Lessons learnt. New Delhi: WHO Regional Office for South-East Asia; 2025 (https://www.who.int/southeastasia/publications/i/item/SEA-NCD-115)

SEAHEARTS milestones for 2030 to be discussed and confirmed through further consultations.

The agreement of the Second Regional Consultation for a set of extended and expanded SEAHEARTS milestones 2030 was informed at the High-Level Preparatory (HLP) Meeting for the Seventy-eighth Session of the WHO Regional Committee for South-East Asia held on 11th August 2025, along with the progress of the SEAHEARTS milestones. At the High-Level Preparatory meeting, Member States proposed the following actions to be considered for the forthcoming Seventy-eighth Regional Committee.

Actions by Member States

1. The Member States to refine their plans to overcome challenges faced and accelerate the interventions towards full achievement of the SEAHEARTS milestones by December 2025.
2. Member States to confirm the decision for a set of extended and expanded milestones for another five years until 2030, and to report the progress in 2026, 2028 and 2030 through a Regional Committee Decision.
3. Share the success stories of SEAHEARTS milestones achievements with the global community, including at the fourth High-level Meeting of the UN General Assembly on the prevention and control of NCDs, and the promotion of mental health and well-being in September 2025.

Actions by WHO

1. Continue to provide technical support to Member States for the full achievement of milestones by 2025.
2. Organize Member States' consultation(s) to frame extended and expanded regional milestones for 2030.
3. Support Member States to develop roadmaps for the implementation of WHO technical packages to reach SEAHEARTS milestones 2030 and to monitor and report the progress.

2. Purpose

The aim of the working paper is to outline and describe the basis for the agreed extended and expanded milestones for hypertension and diabetes management to be achieved by 2030. The paper will facilitate discussions of the subsequent consultations to confirm the extended and expanded SEAHEARTS milestones 2030 for hypertension and diabetes management and will serve as the basis to plan the country-level target commitments towards the Regional milestones.

3. SEAHEARTS Milestones 2030

3.1 Burden of hypertension and diabetes in the Region

The burden of hypertension is high in the WHO SE Asia Region. Estimates of WHO in 2019 indicate the prevalence of hypertension to be 32.4% among adults aged 30-79 years with over 298 million affected.[4] The estimates on care cascade shows that in the WHO SE Asia Region only 1 in 3 adults with high blood pressure are on treatment while only 1 in 10 have it under control.[5]

According to the Global Health Estimates 2021, the prevalence of diabetes in the WHO SE Asia Region is ~20% with over 276 million adults aged 18 years and above being affected. Alarmingly, more than 50% of people with diabetes are unaware of their condition, and it is estimated that over 177 million individuals living with diabetes in the Region are not receiving treatment.

Table 1 below indicates the hypertension and diabetes prevalence, in the WHO SE Asia Region countries along with gaps at each stage in the care cascade.

[4] World Health Organization. Noncommunicable Diseases Data Portal. Geneva: World Health Organization; 2025. Available from: https://ncdportal.org/

[5] https://www.who.int/southeastasia/news/events/detail/2024/05/20/default-calendar/seahearts--world-s-largest-expansion-of-hypertension-coverage-through-phc-2024

Table 1: Hypertension and diabetes prevalence and care cascade among adults in WHO SE Asia Region countries

	Hypertension care cascade (2019)				Diabetes care cascade (2022)	
Country	Hypertension, adults aged 30-79 years (in number and %)	Diagnosed hypertension, adults aged 30-79 years with hypertension (in number and %)	Treated hypertension, adults aged 30-79 years with hypertension (in number and %)	Controlled hypertension, adults aged 30-79 years with hypertension (in number and %)	Prevalence of diabetes among adults aged 30+ years (in number and %)	Prevalence of treatment (taking medicine) for diabetes among adults aged 30+ with diabetes (in number and %)
Bangladesh	19,817,000 (28.8)	9,888,683 (49.9)	7,609,728 (38.4)	29,713,099 (14.7)	15,588,780 (22.3)	2,861,745 (18.6)
Bhutan	147,000 (43.4)	67,620 (46.0)	37,926 (25.8)	12,789 (8.7)	69,424.7 (19.6)	10,694.7 (16.4)
DPR Korea	3,984,000 (26.5)	2,131,440 (53.5)	1,713,120 (43.0)	896,400 (22.5)	3,010,383 (17.5)	1,185,090 (37.9)
India	193,948,000 (31.1)	70,791,020 (36.5)	57,990,452 (29.9)	28,704,304 (14.8)	184,304,900 (27.9)	51,401,700 (28.6)
Maldives	79,000 (34.1)	34,207 (43.4)	24,174 (30.6)	11,534 (14.6)	41,827.4 (19.4)	20,840.7 (54.7)
Myanmar	9,662,000 (37.8)	5,555,650 (57.5)	3,314,066 (34.4)	1,449,300 (15.0)	4,765,630 (18.0)	1,825,310 (38.2)
Nepal	3,900,000 (36.1)	1,294,800 (33.2)	729,300 (18.7)	280,800 (7.2)	2,347,208 (19.6)	374,539.4 (16.3)
Sri Lanka	4,220,000 (35.6)	1,966,520 (46.6)	1,510,760 (35.8)	654,100 (15.5)	4,155,517 (31.5)	1,741,291 (40.8)
Thailand	12,446,000 (29.2)	6,633,718 (53.3)	5,526,024 (44.4)	3,248,406 (26.1)	8,265,804 (16.1)	3,713,998 (41.5)
Timor-Leste	151,000 (35.3)	56,474 (37.4)	36,542 (24.2)	16,912 (11.2)	42,611.3 (9.5)	8,400 (20.1)
Region	248,354,000 (32.4)	98,420,132 (39.1)	78,492,092 (29.6)	64,987,644 (13.6)	222,592,085.4 (24.8)	63,143,608.8 (28.3)

3.2 Progress of the SEAHEARTS milestones 2025 and the lessons learnt

At the Second Regional Consultation, the Member States reported the progress of the SEAHEARTS milestones 2025 till June 2025 (Table 2).
As of June 2025, around 90 million people with hypertension and/or diabetes are reported to be placed on protocol-based management in the 10 countries of the WHO SE Asia Region, as shown in Table 2. This number is ensuring that same individual is not counted multiple times. This collective report is from more than 187,997 primary health facilities across the Region which possess health information systems that can longitudinally track registered people with hypertension and diabetes using a unique ID.

Eight countries also reported the additional SEAHEARTS indicator of control rates in June 2025, reporting more than 8.4 million people as having blood pressure under control and 3.63 million people as having achieved good glycaemic control as per the indicator guidance provided in SEAHEARTS Monitoring Framework.

Table 2: Reported SEAHEARTS milestones 2025- hypertension and diabetes coverage and control in the WHO SE Asia Region, June 2025

Country	Coverage		Control	
	Hypertension	Diabetes	Hypertension	Diabetes
Bangladesh	584,371	437,095	219,969	64,499
Bhutan	42,732	12,896	10,426	3,327
DPR Korea#	1,422,711	691,350	NA	NA
India	46,685,787	27,868,397	3,761,482	2,296,157
Maldives	3,285	1,715	1,725	533
Myanmar#	498,677	302,111	NA	NA
Nepal	32,992	8,343	16,400	NA
Sri Lanka	202,675	90,728	74,404	27,314
Thailand	7,585,060	3,759,945	4,312,271	1,239,623
Timor-Leste	55,876	14,302	10,413	2,091
Region	57,114,166	33,186,882	8,407,090	3,633,544

#reflects figure till December 2024, as the process for complication till June 2025 is ongoing
NA-Not available

SEAHEARTS milestones reported by Member States in June 2024, December 2024 and June 2025 are shown in Figure 1 and Figure 2. The annual increase in the number of people placed on protocol-based management was nearly 43% for both hypertension and diabetes.

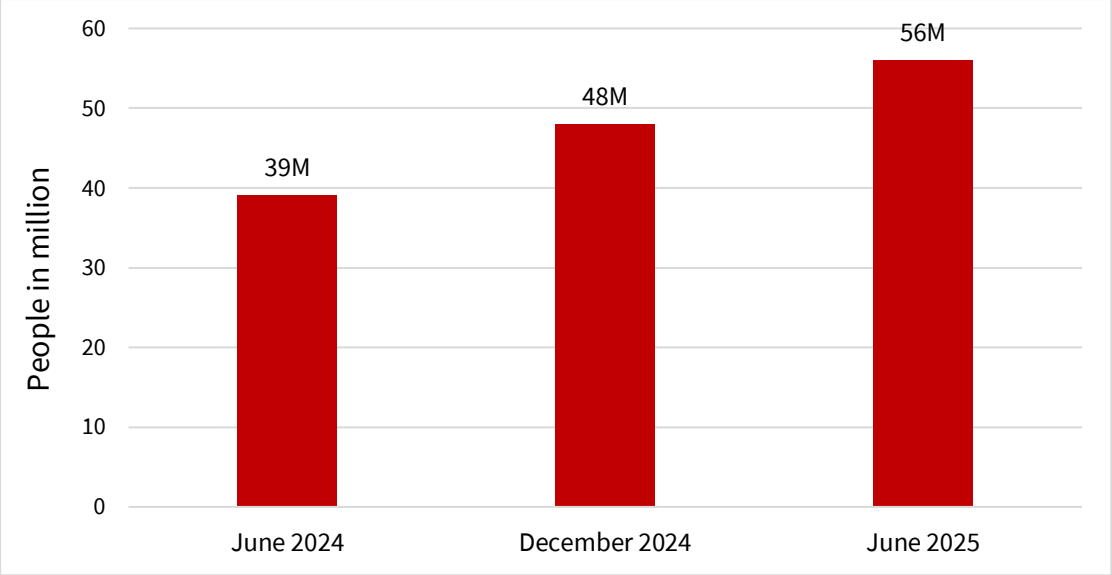

Fig 1: Trends in people with hypertension on protocol-based management in WHO SE Asia Region, June 2024- June 2025

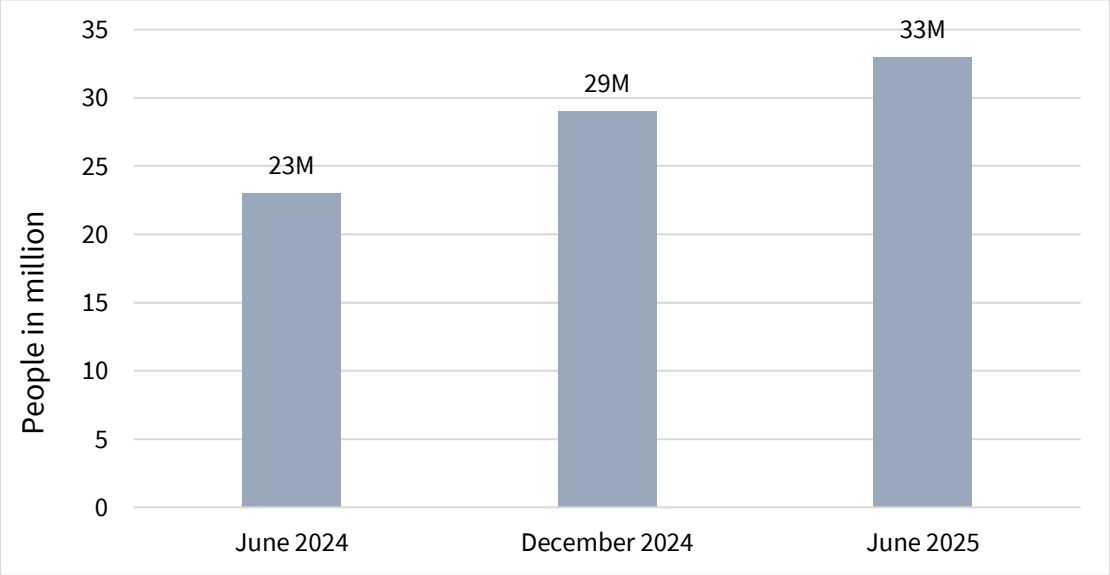

Fig 2: Trends in people with diabetes on protocol-based management in WHO SE Asia Region, June 2024- June 2025

The consultation also provided an opportunity to collectively analyse and understand the programmatic changes that can be considered as enablers of achievements to scale up hypertension and diabetes coverage as well as the challenges faced.

Enablers of achievements

- **more than 187,000 primary health** care facilities implementing **protocol-based management**;
- **scaled up implementation of evidence-based drug-and dose-specific management protocols** for hypertension and diabetes in primary and secondary health care facilities to facilitate standardized care;
- **digitalized information tools** such as the NCD portal, health data centre, DHIS2, Shashakt platform, and e-tracker systems facilitated longitudinal patient tracking, and reporting;
- **practices to enhance availability and access to medicines** such as robust follow-up mechanisms, use of NCD medicines forecasting tool for improving availability of protocols medications at primary health care and dispensing of protocol medications for longer durations (more than 30 days);
- **task shifting to address the gaps of human resource requirements** such as non-physician health professionals playing a more prominent role in screening, early detection;
- practice of **opportunistic screening and population-based screening** to enable early diagnosis and timely initiation of treatment to improve care cascades;
- **healthy lifestyle counselling** to promote control of risk factors along with policy and regulatory measures to control tobacco, trans-fat elimination, front-of-pack nutrition labelling and to reduce population level salt consumption.

Persistent challenges

Health systems

- **limited budget allocation** to NCD programme and competing priorities;
- **insufficient human resources** with the required skill mix and to provide regular refresher training for health care providers;
- **lack of expansion of diabetes care services** to urban health care centres, which caters to more than 30% of population;
- **socio-cultural barriers** leading to poor adherence, resistance to treatment, and low awareness;
- limited focus on the contextualised models to **serve the urban poor**.

Evidence based treatment protocol

- **treatment delay**-there is gap between person confirmed with diabetes and initiation of treatment;
- **treatment inertia** by physicians, limited use of single combination pill to improve drug adherence;
- **limited engagement of private clinic/ hospitals** for implementation of national management protocol, and provision of getting information about treatment coverage.

Access to essential medicines and health technologies

- **gaps in diagnostic services at primary care level**, specifically non-availability of clinical validated blood pressure (BP) devices, HbA1c or fasting plasma glucose testing, and functional glucometers;
- most primary health care facilities have **no provision for storing and distributing insulin.** Management protocols are primarily restricted to metformin and sulfonylureas, although a sizable proportion of patients require additional oral hypoglycaemic drugs at primary health care level to achieve good glycaemic control;
- **stockouts of protocol medicines** at primary care facility level.

Risk based management

- **limited use of statin and aspirin** in people with high CVD risk scores, or with established CVD and in people with diabetes age 40 years and above**.**

Team-based care

- **non-physician health professionals limited to screening**, and having only a limited role in treatment continuation;
- **limited capacity** and skill set of the current health workforce at the primary care level **to screen, detect and follow-up** diabetic people. Most health care workers are not trained to use glucometers;
- **high missed visit rates** due to low awareness, health seeking behaviours, unavailability of medicines and limited efforts through the health systems to follow up the defaulted.

Systems for Monitoring

- **digitalized longitudinal recording and reporting** are not being scaled up at national level;
- **use of indicators** to review programme performance and for advocacy purpose;
- **data information systems are not able to capture information from private clinics/ hospitals,** which in many countries of the Region provide more than 60% of healthcare services, including outpatient consultations and hospital care.

3.3 Extended and expanded SEAHEARTS milestones 2030

3.3.1 Rationale

The SEAHEARTS initiative was conceptualized in 2023 by WHO in response to the high burden of CVDs as the leading cause of mortality and morbidity in the WHO SE Asia Region. The Global Health Estimates and their projections indicate that the CVD burden is likely to continue rising globally and in the SE Asia Region, driven by population growth and population ageing.

The extended and expanded SEAHEARTS milestones for 2030 need to be framed based on the review of current SEAHEARTS milestones progress, enablers and challenges, and to be presented to the forum such as Regional Committee to secure the political commitment

required. Importantly, the SEAHEARTS milestones for 2030 need to be aligned with regional NCD targets, global coverage targets, and the Sustainable Development Goals (SDG 3.4), which call for reducing premature mortality from NCDs by one-third by 2030. The key global targets for hypertension and diabetes include a 25% relative reduction in the prevalence of raised blood pressure and achieving 80–80 targets for diabetes (80% diagnosis, 80% glycaemic control among those diagnosed)[6]. The SEAHEARTS initiative provides a unique opportunity to accelerate these NCD targets at the regional level through milestone approach.

Though the Region reports significant progress on the SEAHEARTS milestones for hypertension and diabetes management as of June 2025 and remains on track to reach the milestones by end of 2025, the need for urgent, concerted and sustained action was highlighted at the Second Regional Consultation.

Against this background and building on the momentum and anticipated success of collective efforts to accelerate CVD prevention and control, the participants of the Member States agreed to design a set of extended and expanded SEAHEARTS milestones to be achieved by 2030. Given the SEAHEARTS milestones for 2025 primarily focused on improving treatment coverage and NCD patient information systems with unique identifiers, the basis for the SEAHEARTS 2030 milestones on hypertension and diabetes management was decided to focus on further improving the treatment coverage and improving the controlled rates. An indicator on disease controlled status reflecting the efforts to improve the quality of services was also considered by the Member States as an important aspect to be included in the SEAHEARTS 2030 milestone settings.

The proposed milestones for tobacco control, reducing salt intake and protecting people from harmful effect of trans-fatty acids are provided in Annex 4.

[6] https://www.who.int/news-room/feature-stories/detail/first-ever-global-coverage-targets-for-diabetes-adopted-at-the-75-th-world-health-assembly

3.3.2 Hypertension treatment coverage and control milestone for 2030

Proposed SEAHEARTS 2030 milestone for hypertension treatment coverage and control

- **100 million people** with hypertension to be put on protocol-based management by 2030;
- **60%** people placed on protocol-based management (60 million) have controlled blood pressure.

Rationale for the extended and expanded milestone

The proposed milestone was based on the NCD target for hypertension in the WHO's Global Monitoring Framework (GMF). In 2013 the 66th World Health Assembly adopted the comprehensive GMF for the prevention and control of noncommunicable diseases. The GMF outlined a set of targets and indicators for global monitoring of progress across regions and country settings. The target on hypertension is defined as 'a 25% relative reduction in raised blood pressure (uncontrolled hypertension) among individuals aged 30–79 years by 2030'. The Member States in the SE Asia Region reaffirmed their commitment to the NCD targets at the 2023 Regional Committee along with the approval to implement the Implementation roadmap for accelerating the prevention and control of NCDs in SE Asia Region and the Resolution Monitoring progress and the acceleration plan for NCDs, including oral health and integrated eye care, in the South-East Asia Region (SEA/RC75/R2).[7]

What it takes for the WHO SE Asia Region to fully achieve NCD target by 2030?

The following estimates are derived from available WHO data and represent the requirements to **fully achieve the NCD target** of 'a 25% relative reduction in raised blood pressure (uncontrolled hypertension) among individuals aged 30–79 years by 2030'. The detailed calculations are provided in Annex 1.

- *159 million to be on protocol-based management for hypertension by 2030 in the SE Asia Region*
- *More than 95 million in the SE Asia Region to have controlled hypertension by 2030.*

Discussions at the Second Regional Consultations included an analysis of the enablers of achievements as well as persistent challenges experienced by the countries, and the feasibility to collectively achieve placing more than 159 million people on protocol-based management over the next 5 years in the Region.

After much deliberations during the consultation, and thereafter, the participants of the Second Regional Consultation agreed to a set of extended and expanded SEAHEARTS

[7] Monitoring progress and the acceleration plan for NCDs, including oral health and integrated eye care, in the South-East Asia Region. https://iris.who.int/handle/10665/363096

milestones for 2030 which was considered both aspiring as well as a more rational and practical basis to be reached through accelerating and scaling up nationwide implementation of the HEARTS technical package in primary health care.

What does proposed milestone (placing 100 million with hypertension on protocol-based management with 60% control rate) mean in numbers?

- An additional 43 million people to be placed on protocol-based management for hypertension in the SE Asia Region during the period of 2025-2030;
- Continue providing protocol-based management services for the 57 million people placed on protocol-based management for hypertension by June 2025 and continued under care until 2030;
- Ensure that at least 60 million people on protocol-based management for hypertension achieve controlled blood pressure by the end of 2030.

What will be the key achievements?

Full achievement of the SEAHEARTS 2030 milestones will ensure that, in the SE Asia Region:

1. An estimated 15,000- 40,000 deaths will be averted in next five years for every 1 million people with hypertension put on protocol-based management.
2. A relative reduction of around 8% in raised blood pressure (uncontrolled hypertension) among individuals aged 30–79 years will be achieved by 2030, which is almost double the current trend.
3. The improvement in control rate from 15% to 60% by 2030 in the public health sector.
4. Reduction in the gap between undiagnosed and untreated individuals in the care cascade.

The proposed country-wise contribution to the extended and expanded SEAHEARTS 2030 milestone on hypertension management are presented in Table 3 . The basis for calculation is provided in Annex 2.

Table 3: Proposed country-wise contribution to the extended and expanded SEAHEARTS 2030 milestone on hypertension management

Country	Additional people to be placed on protocol-based management for hypertension in the SE Asia Region during the period of 2025-2030	Number of people expected to be placed on protocol-based management for hypertension by June 2025 and continued under care until 2030	Number of people on protocol-based management for hypertension expected to have controlled blood pressure by the end of 2030
Bangladesh	3,756,448	584,371	2,604,491
Bhutan	29,569	42,732	43,381
DPR Korea	589,813	1,422,711	1,207,514
India	33,449,343	46,685,787	48,081,078
Maldives	17,384	3,285	12,401
Myanmar	1,671,318	498,677	1,301,997
Nepal	704,470	32,992	442,477
Sri Lanka	710,297	202,675	547,783
Thailand	2,040,306	7,585,060	5,775,220
Timor-Leste	31,052	55,876	52,157
Region	43,000,000	57,114,166	60,068,500

3.3.3 Diabetes treatment coverage and control milestone for 2030

Proposed SEAHEARTS 2030 milestone for diabetes treatment and coverage

- **100 million people** with diabetes to be put on protocol-based management by 2030;
- **50%** good control of glycaemia among people placed on protocol-based management.

Rationale for the extended and expanded milestone
The rationale for proposed milestone for diabetes is to accelerate the clinical interventions at primary health care to progress towards achieving two of five global diabetes coverage targets for 2030 adopted through the World Health Assembly resolution in 2023 (WHA 74.4).

- 80% of people with diabetes diagnosed; and
- 80% of people with diagnosed diabetes achieving good glycaemic control by 2030.

What it takes for the WHO SE Asia region to fully achieve the two-diabetes target by 2030?
The following estimates are based on the WHO global diabetes estimates 2022.

- *A total of 235 million people with diabetes are placed on protocol-based management by 2030;*
- *A total of 188 million (80%) of people place on protocol-based management have good control of glycaemia.*

Discussions at the Second Regional Consultations included an analysis of the enablers of achievements as well as persistent challenges experienced by the countries, and the feasibility to collectively achieve placing more than 235 million people on protocol-based management over the next 5 years in the Region, and to achieve a control rate of 80%.

After much deliberation during the Consultation, and thereafter, the participants of the Second Regional Consultation agreed to a set of extended and expanded SEAHEARTS milestones for 2030 which was considered both aspiring as well as a more rational and practical basis to be reached through accelerating and scaling up nationwide implementation of the HEARTS technical package in primary health care.

What does proposed milestone (placing 100 million with diabetes on protocol-based management with 50% control rate) in numbers?

- An additional 67 million people to be placed on protocol-based management for diabetes in the SE Asia Region during the period of 2025-2030;

- Continue providing protocol-based management services for the 33 million people placed on protocol-based management for diabetes by June 2025 and continued under care until 2030;
- Ensure that at least 50 million people on protocol-based management for diabetes have good control of glycaemic by the end of 2030.

What will be the key achievements?

Full achievement of the SEAHEARTS 2030 milestones will ensure that, in the SE Asia Region:

1. The control rate in the public health sector will improve from 11% to 50% % by 2030.
2. Estimated around 15,000- 18,000 deaths will be averted in next five years for every 1 million people with diabetes put on treatment.
3. Reduction in the gap between undiagnosed and untreated individuals in the diabetes care cascade.

The proposed country-wise contribution to the extended and expanded SEAHEARTS 2030 milestone on diabetes management are presented in Table 4. The basis for calculation is provided in Annex 3.

Table 4: Proposed country-wise contribution to the extended and expanded SEAHEARTS 2030 milestone on diabetes management

Country	Additional people to be placed on protocol-based management for diabetes in the SE Asia Region during the period of 2025-2030	Number of people expected to be placed on protocol-based management for diabetes by June 2025 and continued under care until 2030	Number of people on protocol-based management for diabetes expected to achieve good glycaemic control by the end of 2030 (assuming 50% control rate)
Bangladesh	4,943,496	437,095	2,690,296
Bhutan	22,996	12,896	17,946
DPR Korea	723,584	691,350	707,467
India	56,257,688	27,868,397	42,063,043
Maldives	17,077	1,715	9,396
Myanmar	1,376,628	302,111	839,370
Nepal	699,995	8,343	354,169
Sri Lanka	1,055,922	90,728	573,325
Thailand	1,888,364	3,759,945	2,824,155
Timor-Leste	14,250	14,302	14,276
Region	67,000,000	33,186,882	50,093,441

4.Collective efforts required at policy and programmatic levels to achieve the milestones by 2030

To achieve SEAHEARTS 2030 milestones for hypertension and diabetes, countries in the Region will need to strengthen several core programmatic areas identified as persistent challenges while sustaining the key achievements.

Programmatic approach

- Use country data/estimates and estimations care cascade data for hypertension and diabetes and set up realistic targets aligned to the SEAHEARTS 2030 requirements.
- Scale up nationwide implementation of the HEARTS technical package.
- Integrate private providers into national protocols, reporting systems, and supply chains to capture the large share of patients seeking care outside public facilities.
- Implement catalytic action mentioned in the 'Dhaka Call to action Accelerating the control of cardiovascular diseases in a quarter of the world's population'[8] and 'Colombo Call to Action to strengthen prevention and control of diabetes in WHO SE Asia Region'[9].
- Increase national and subnational budgets for hypertension and diabetes care, ensuring dedicated funds for medicines, diagnostics, workforce expansion, and digital systems.
- Expand services to urban health care centres and design contextualised service delivery models for the urban poor and underserved population.

Strengthen implementation of the WHO HEARTS Technical package

Evidence based treatment protocol

- Ensure uniform use of hypertension and/ diabetes management protocols across all health facilities. Protocols should be reviewed every five years in line with updated guidance.
- Countries that have already institutionalized the protocol in public facilities should also work towards engaging private clinics and hospitals to adopt the national protocol.
- Initiate treatment without undue delays, addressing the challenge of treatment inertia, specifically tackling the gap between diagnosis and treatment initiation.

Access to essential medicines and health technologies

- Gradually transition from consumption-based drug forecasting to morbidity-based forecasting, depending on available resources. It is essential to establish mechanisms for monitoring medicine stock-outs at each health facility.

[8] SEAHEARTS: Accelerating prevention and control of cardiovascular diseases in the South-East Asia Region-Dhaka Call to Action. https://iris.who.int/handle/10665/373051

[9] Colombo Call to Action: Strengthening prevention and control of diabetes in the WHO South-East Asia Region. https://cdn.who.int/media/docs/default-source/diabetes/colombo-declaration-call-to-action.pdf?sfvrsn=62d54183_3

- Promote standardized diagnosis using automated and clinically validated blood pressure monitoring devices.
- Improve the availability of glucometers and testing strips, while progressively expanding access to HbA1c testing at primary health care level. Provision of providing laboratory testing during the same visit.
- Strengthen capacity of PHC facilities for safe storage and distribution of insulin and expand the range of oral hypoglycemic drugs available at primary care level.

Risk based approach

- Use statins and aspirin appropriately, based on cardiovascular risk level and history of CVDs.

Team-based care

- Strengthen team-based care, giving non-physician health professionals a more prominent role in screening, early detection, and management of hypertension and/diabetes.
- Implement a standardized training and education strategy to improve early detection and management practices. Ensure a well-trained workforce through regular refresher training of health care providers.
- Establish a robust follow-up mechanism to track missed visits.

Systems for monitoring

- Establish or expand digital platforms with unique patient identifiers to enable longitudinal tracking of treatment and to accurately measure control rates at facility and population levels.
- Apply core indicators for performance evaluation of health facilities and provide necessary support to improve quality of care.
- Develop robust information systems with unique patient identifiers to track enrolment, adherence, and control rates, enabling accurate monitoring and feedback.
- Introduce quality auditing practices within the HEARTS framework to validate program results and identify possible gaps that may not be visible at the health facility level.
- Position hypertension and/ diabetes control as core health system performance indicators to enhance accountability at facility, district, and national levels.

Community and behavioural intervention

- Implement large scale health literacy and behaviour change campaigns to improve awareness, adherence, and timely care-seeking.
- Design culturally sensitive interventions to overcome socio-cultural barriers and resistance to treatment.
- Promote healthy lifestyle counselling and scale up policy and regulatory measures to reduce NCD risk factors, including tobacco control, trans-fat elimination, front-of-pack nutrition labelling, and salt reduction.

5.Proposed monitoring framework to track the progress of milestones at country and regional level

Progress toward achieving the 2030 milestones for hypertension and diabetes will be measured using a set of core indicators related to treatment coverage and control status of hypertension and diabetes, as well as a set of core indicators to monitor progress in strengthening the health system.

An updated SEAHEARTS Monitoring Framework 2030 will be designed aligned with WHO NCD facility-based monitoring guidance for primary health care facilities. This will ensure consistency across countries in the Region and enable comparability of results over time. The Member States will be officially required to provide the responses periodically and the verified responses will be collated and regional progress will be published in the digital SEAHEARTS Monitoring Platform.[10]

Key indicators include:

Hypertension treatment coverage and control

- The number of people placed on protocol-based management for hypertension in a health facility/clinic with a unique identifier;
- Proportion of people registered for hypertension treatment in the facility with controlled blood pressure at the last clinical visit in the reporting period.

Diabetes treatment coverage and control

- The number of people placed on protocol-based management for diabetes in a health facility/clinic with a unique identifier;
- Proportion of people registered for diabetes treatment in the facility with glycaemic control at the last clinical visit in the reporting period.

Additional indicators to monitor the progress in strengthening the health system

- National commitment announced;
- Subnational targets worked out with targets assigned for primary health care level.

Evidence based treatment protocol

- Number of primary care facilities implementing hypertension treatment protocols;
- Number of primary care facilities implementing diabetes treatment protocols;
- Proportion of health facilities with the provision to provide insulin treatment.

Access to essential medicines and health technologies

- Number of health facilities providing diabetes service and performing plasma glucose measurement and/or HbA1c through laboratory-based method or point-of care testing;

[10] SEAHEARTS Monitoring Platform https://apps.searo.who.int/seahearts/

- Number of health facilities reporting availability of at least one functional (validated and if applicable, calibrated) blood pressure measuring device;
- Number of health facilities reporting “no stock-out” of protocol medicines.

Risk based approach

- Number of health facilities providing statins to high-risk individuals.

Team-based care

- Number of health facilities in which all related staff have been trained in national guidelines for hypertension and diabetes management;
- Proportion of primary health care facilities providing medicines for 30 days or more for patients with controlled hypertension and diabetes;
- Proportion of primary health care facilities having methods to follow up the patients’ missing visits.

Systems for monitoring

- Number of health facilities with the provision to longitudinally track people placed on protocol-based management (paper/ digital);
- Proportion of primary health care facilities with a system to visualise facility-based data on the progress of the indicators being monitored.

The countries are encouraged to make provision of manual or digital dashboards at the facility level to track the performance of the above core indicators for hypertension and diabetes service delivery.
Annex 5 provides a template that can be used to update the progress on milestones to the SEAHEARTS monitoring platform biannually.

6.Next steps

To sustain momentum and ensure steady progress towards achieving the SEAHEARTS milestones for 2030, follow-up actions are needed at both national and regional levels. The proposed actions outlined below are to guide both Member States and the WHO Secretariat in accelerating progress.

Proposed actions for nominated officials

- Discussions with relevant divisions and authority in Ministry of Health to confirm the commitment to SEAHEARTS milestone 2030 by December 2025.
- Based on the national commitments, refine national plans to overcome challenges, and accelerate and scale up the implementation of the HEARTS technical package in primary health care.
- Design national facility-based information systems aligned with the SEAHEARTS Monitoring Framework for regular monitoring of progress at national and subnational levels.

Proposed actions for WHO Secretariat

- Develop technical briefs to support countries to establish country level targets for 2030.
- Support Member States in developing national and subnational roadmaps with targets for the implementation of WHO technical packages, including HEARTS.
- Provide technical support for monitoring and evaluation, and for documenting good practices and lessons learnt in implementing SEAHEARTS.
- Organize consultations to enable countries to share experiences and discuss solutions to overcome implementation challenges.
- Report progress, achievements, and challenges in the implementation of this decision to the Regional Committee sessions in 2026, 2028 and 2030.

Annexures

Annex 1: Unpacking the 25% relative reduction target for raised blood pressure (uncontrolled hypertension) in the WHO South-East Asia Region by 2030

The target of achieving a 25% relative reduction in raised blood pressure (uncontrolled hypertension) among individuals aged 30-79 years requires unpacking into measurable components.

It focuses on adults with raised blood pressure (systolic blood pressure ≥140 mmHg OR diastolic blood pressure ≥90 mmHg). This group includes:

1. Individuals who have not been diagnosed with hypertension; and
2. Those who have been diagnosed but are not on treatment; and
3. Those whose blood pressure remains uncontrolled despite being on treatment.

The indicator captures gaps at every stage of the care cascade. The measurement of this indicator is based on population-based surveys, such as WHO STEPs survey.

From a public health perspective, this indicator serves as a proxy for the overall performance of the health system and program. It reflects the system's capacity to provide access to care, ensure quality treatment, eventually achieving effective blood pressure control across the population.

As per WHO estimates 2019, around 298.8 million adults aged 30-79 years in the WHO South-East Asia Region were living with hypertension. The hypertension care cascade illustrates the gaps across the continuum of care, which is, awareness, treatment and control.

More than half of those with hypertension (51%) remained undiagnosed. Among those who were diagnosed, 9% did not initiate treatment, while 30% were on treatment but did not achieve adequate blood pressure control. Only a small fraction (14%) of all individuals with hypertension had their blood pressure controlled (Figure 3).

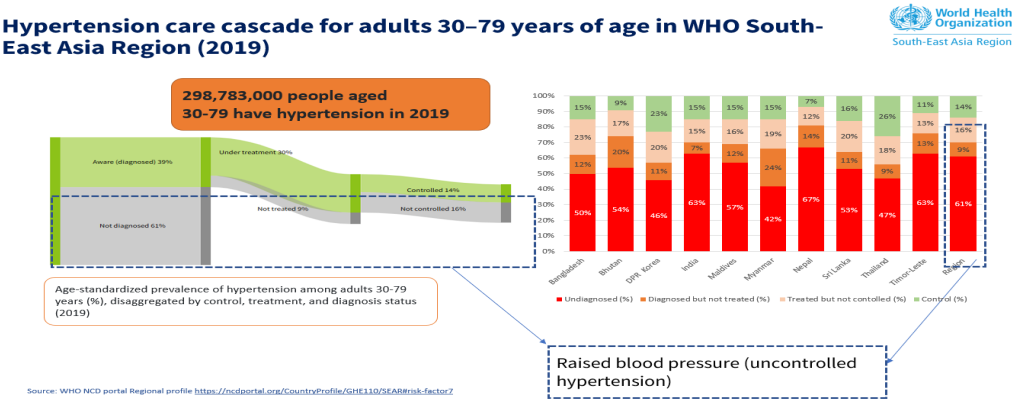

*Fig 3: Hypertension prevalence, diagnosis, treatment, and control among adults aged 30-79 years in WHO South-East Asia Region**

**includes data from Indonesia*

When disaggregated by country, there were significant variations. The proportion of individuals with uncontrolled hypertension remains high across all countries in the Region, though levels of awareness, treatment initiation and control vary.

What it means to achieve the target of a 25% relative reduction of raised blood pressure (uncontrolled hypertension) by 2030 in WHO SE Asia Region?

In 2010, the baseline prevalence of raised blood pressure (uncontrolled hypertension) among adults aged 30-79 years in the Region was 29.17%. Applying the 25% relative reduction, the target prevalence by 2030 is 21.87%.

By 2030, the total population of adults (30-79 years) across the 10 countries in the Region is projected to reach 993.2 million. Within this age group, approximately 307.3 million people are expected to have hypertension. To meet the target, the number of people with uncontrolled hypertension would need to be reduced from this projected level to 212 million (21.87% of the population).

The calculation below is based on countries' total

- ⇒ Total hypertensive population by 2030 would be 307 million
- ⇒ Estimated total population in 2030: 993 million
- ⇒ People with controlled blood pressure (BP)required: 95 million
- ⇒ People with uncontrolled BP = 307-95 million= 212 million
- ⇒ Raised blood pressure in 2030 = 212/993 = 21.35 (25% relative reduction from 2010 baseline)

Using the estimated adult population (30–79 years) of 993.2 million, the Region will have ~307 million people with hypertension in 2030. A 25% relative reduction in population prevalence of raised BP from the 2010 baseline (29.17%) implies ~212 million people with uncontrolled BP in 2030 and therefore ~95 million people with controlled BP.

Annex 2: Methodological basis for calculating proposed country-wise contributions to the SEAHEARTS 2030 milestones on hypertension management

Country	Total adult population 30-79 years (in 2030)	Estimated prevalence of hypertension 30-79 years (%) (in 2030)	Estimated number of people with hypertension 30-79 years (in 2030)	Proportionate to estimated number of people with hypertension	People on protocol based management (June 2025)	Total people put on protocol-based management (2030)	People on treatment with controlled blood pressure (assuming 60% control rate) (2030)	Number of deaths that will be averted in next 5 years*
Bangladesh	86,344,834	31.10	26,848,926	3,756,448	584,371	4,340,819	2,604,491	104,180
Bhutan	457,771	46.17	211,339	29,569	42,732	72,301	43,381	1,735
DPR Korea	16,132,734	26.13	4,215,645	589,813	1,422,711	2,012,524	1,207,514	48,301
India	786,746,804	30.39	239,076,619	33,449,343	46,685,787	80,135,130	48,081,078	1,923,243
Maldives	343,445	36.18	124,251	17,384	3,285	20,669	12,401	496
Myanmar	29,840,173	40.03	11,945,618	1,671,318	498,677	2,169,995	1,301,997	52,080
Nepal	13,934,651	36.13	5,035,147	704,470	32,992	737,462	442,477	17,699
Sri Lanka	13,079,125	38.82	5,076,793	710,297	202,675	912,972	547,783	21,911
Thailand	45,763,286	31.87	14,582,929	20,40,306	7,585,060	9,625,366	5,775,220	231,009
Timor-Leste	585,277	37.92	221,943	31,052	55,876	86,928	52,157	2,086
Region	993,228,097	32.98	307,339,209	43,000,000	5,711,4166	100,114,166	60,068,500	2,402,740

Annex 3: Methodological basis for calculating proposed country-wise contributions to the SEAHEARTS 2030 milestone on diabetes management

Country	Total adult population 30-79 years (in 2030)	Prevalence of diabetes 30 years above (%) (in 2022)	Estimated number of people with diabetes 30 years above (in 2030)	Proportionate to estimated number of people with diabetes	People on protocol-based management (June 2025)	Total people put on protocol-based management (2030)	People on treatment with controlled glycaemia (assuming 50% control rate) (2030)
Bangladesh	86,344,834	22.3	19,288,193	4,943,496	437,095	5,380,591	2,690,296
Bhutan	457,771	19.6	89,723	22,996	12,896	35,892	17,946
DPR Korea	16,132,734	17.5	2,823,228	723,584	691,350	1,414,934	707,467
India	786,746,804	27.9	219,502,358	56,257,688	27,868,397	84,126,085	42,063,043
Maldives	343,445	19.4	66,628	17,077	1,715	18,792	9,396
Myanmar	29,840,173	18.0	5,371,231	1,376,628	302,111	1,678,739	839,370
Nepal	13,934,651	19.6	2,731,191	699,995	8,343	708,338	354,169
Sri Lanka	13,079,125	31.5	4,119,924	1,055,922	90,728	1,146,650	573,325
Thailand	45,763,286	16.1	7,367,889	1,888,364	3,759,945	5,648,309	2,824,155
Timor-Leste	585,277	9.5	55,601	14,250	14,302	28,552	14,276
Region	993,228,097	24.82	261,415,968	67,000,000	33,186,882	100,186,882	50,093,441

Annex 4: Proposed milestones for tobacco control, salt intake reduction, and trans fatty acid elimination

Tobacco Control

Proposed SEAHEARTS Milestone for 2030

- **One billion people are covered by at least three WHO MPOWER measures for tobacco control**

Reducing salt intake

Proposed SEAHEARTS Milestone for 2030

1 billion people covered with at least two additional evidence-based interventions to reduce mean population salt/sodium intake.

Evidence based intervention	Criteria for Member States	Source/ evidence
Food reformulation policies	National/subnational policies that set scope and criteria for maximum limits or targets for sodium content in prepackaged food	NCD CCS National policy and regulatory documents
Food and nutrition labelling policies	Regulatory /voluntary criteria that - list and declare sodium on packaged food, - regulate use of sodium-related claims on packaged food - use front-of-pack labelling (FOPL)	
Food procurement and service policies	Scope and criteria set for sodium content in food served or sold in public settings and/or procured for food programmes.	
Food marketing restriction policies	Scope and criteria set for restricting food marketing (including high-sodium food).	
Taxation on unhealthy food	Scope and criteria set for taxes on unhealthy food including high sodium foods	

Trans-fatty acids elimination

Proposed SEAHEARTS Milestone for 2030

A billion people are protected from harmful effects of trans fatty acids through enactment of best practice, less restrictive or complementary policies **and their implementation/enforcement**

Policy implementation/enforcement	Criteria	validation
Monitoring system in place	a) Laboratory testing or label assessment of food items sampled at food outlets; (could include label assessment too) OR b) Inspection of manufacturing facilities and at ports of entry.	WHO certification or relevant documents (Monitoring/enforcement protocols, monitoring enforcement reports
Effective enforcement system implemented	Systematic tracking of inspections and offences (ideally in a database); penalties on violators (as appropriate for local legal system)	

Annex 5: Template for reporting indicators on hypertension and diabetes management under SEAHEARTS through the monitoring platform

Country: _____
Total population (20XX): _____

Baseline data	Age group (in years)	Prevalence (Number and %)	Aware / diagnosed among those with disease (Number and %)	On treatment among those with disease (Number and %)	Controlled status among those with disease (Number and %)	Source with the year
Hypertension						
Diabetes						

Theme	**Indicator**	**Response (Yes/ No, Number, Proportion, as applicable)**	**Source**
Hypertension treatment coverage and control	Number of people placed on protocol-based management for hypertension in a health facility/ clinic with a unique identified		
	Proportion of people registered for hypertension treatment in the facility with controlled blood pressure at the last clinical visit in the reporting period		
Diabetes treatment coverage and control	Number of people placed on protocol-based management for diabetes in a health facility/ clinic with a unique identified		
	Proportion of people registered for diabetes treatment in the facility with glycaemic control at the last clinical visit in the reporting period		
Governance and leadership	National commitment announced		
	Subnational targets worked out with targets assigned for primary health care level		
Evidence-based protocols	Number of primary care facilities implementing hypertension treatment protocols		
	Number of primary care facilities implementing diabetes treatment protocols		

	Number of secondary/tertiary care facilities implementing hypertension treatment protocols		
	Number of secondary/tertiary care facilities implementing diabetes treatment protocols		
	Proportion of health facilities with the provision to provide insulin treatment		
Access to essential medicines and health technologies	Number of health facilities providing diabetes service and performing plasma glucose measurement and/or HbA1c (lab-based or point-of-care testing)		
	Number of health facilities reporting availability of at least one functional (validated and if applicable, calibrated) blood pressure measuring device		
	Number of health facilities reporting “no stock-out” of protocol medicines		
Risk-based approach	Number of health facilities providing statins to high-risk individuals		
Team-based care	Number of health facilities in which all related staff have been trained in national guidelines for hypertension and diabetes management		
	Proportion of primary health care facilities providing medicines for 30 days or more for patients with controlled hypertension and diabetes		
	Proportion of primary health care facilities having methods to follow-up patients missing visits		
Systems for monitoring	Number of health facilities with the provision to longitudinally track people placed on protocol-based management (paper/digital)		
	Proportion of primary health care facilities with a system to visualise facility-based data on the progress of indicators being monitored		

********** End of document**********