

Rooted in partnership, growing through challenge:

The Banyan Framework for Health and Well-Being in the WHO South-East Asia Region (2026–2028)



Hamosu Saude Mental
no Moris Diak ba Fa
Sai Prioridade

World Mental Health Day 2022
"Make mental health & well-being
for all a global priority"

LOREN MUNDIAL
MALARIA



"Adiantamentu kapital
hodi kria sistema
reziliensia hodi
hapara moras Malaria"

Hamosu Saude Mental
no Moris Diak ba Fa
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"Make mental health & well-being
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World Health
Organization

South-East Asia Region

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Executive summary

A decisive period for health in South-East Asia

The WHO South-East Asia Region enters 2026–2028 at a pivotal moment. Over the past decade, countries of the Region have achieved measurable progress. The average UHC Service Coverage Index increased from 53 to 68. Financial hardship in health declined. The Region has achieved more than 20 disease eliminations since 2014. It recorded the largest decline in malaria incidence and mortality among endemic regions globally. Tobacco use has fallen significantly, reaching global NCD targets ahead of schedule.

These achievements reflect sustained political leadership, national investment and collective action.

Yet the foundations remain under strain.

More than 30% of the population continues to experience financial hardship due to health spending. The Region accounts for 34% of global tuberculosis (TB) cases and 40% of TB deaths. The probability of premature mortality from major noncommunicable diseases (NCDs) remains 22.3%, the highest among WHO regions. Climate shocks are intensifying. Emergency risks are converging. Concessional financing is tightening as countries transition economically. The lack of sex- and gender-disaggregated data further deepens the gaps in health outcomes, especially for vulnerable populations, including women and girls. The Region's uniquely large population of young people – representing 26% of its population – presents both a significant opportunity and a critical risk for its future health trajectory

This moment requires clarity of purpose, disciplined prioritization and stronger integration of effort.

Progress
and
vulnerability
now
coexist

The Banyan Framework

Inspired by the banyan tree – a symbol of protection, resilience and shared strength across the Region – the Banyan Framework aligns WHO, Member States and partners around a focused set of measurable outcomes.

It defines how collective effort will protect hard-won gains, strengthen resilience and accelerate progress toward universal health coverage (UHC), health security and the health-related Sustainable Development Goals (SDGs). It is well aligned with ongoing discussions on global health architecture and the ambitions of the UN80 Initiative, particularly its emphasis on greater efficiency, integration and impact across the UN system. By sharpening priorities, promoting integrated health system approaches, and leveraging WHO's convening power and regional partnerships, the Framework supports more coherent and results-oriented action at country level.

Four priority health outcomes guide action:

People access essential health services across the life course, with primary health care (PHC) as the backbone of care.

PHC systems are strengthened to deliver equitable, quality and financially protective services across maternal, newborn, child, adolescent, adult and older-age health.

Investment focuses on workforce, essential medicines and diagnostics, digital support systems and climate-resilient infrastructure. Service continuity during emergencies is safeguarded, and inequities within and between countries are systematically addressed to ensure that no population group is left behind.

Fewer people fall ill and die from TB and other priority infections, and elimination gains are protected.

Integrated, multi-disease approaches accelerate progress toward elimination while sustaining hard-won gains. Immunization coverage is strengthened, zero-dose communities are prioritized and antimicrobial resistance (AMR) is contained through improved surveillance and stewardship. Disease programmes are increasingly connected through shared data and delivery platforms, enabling faster detection, coordinated response and more efficient use of resources across conditions.

Communities are protected from outbreaks and health emergencies, which are detected earlier and contained faster, across borders.

Emergency preparedness, surveillance and response capacities are reinforced to reduce the scale and duration of health shocks. National systems are better integrated across risk assessment, laboratory networks, field epidemiology, logistics and service continuity. Climate resilience is embedded in health planning, and cross-border coordination mechanisms enable earlier detection and faster containment of emerging threats.

People live healthier lives, with fewer deaths and disabilities from NCDs, mental health conditions and injuries, through multisectoral action.

Prevention, risk reduction and integrated service delivery reduce premature mortality and long-term disability. Evidence-based policies address tobacco use, unhealthy diets, physical inactivity, harmful alcohol use and air pollution, while expanding access to hypertension, diabetes, cancer and mental health services. Multisectoral collaboration strengthens healthier environments and supports individuals and communities to make informed health decisions.



The strategic differentiator: the accelerators

How impact will be generated differently

In a constrained and risk-prone environment, success depends not on expanding activity, but on changing how impact is produced.

The Banyan Framework introduces four accelerators for growth.

These accelerators shift the Region from intention to implementation, from fragmentation to coherence, and from isolated effort to scalable impact.

1. Regional partnership platforms

From fragmented initiatives to shared regional public goods.

WHO will convene Member States, regional bodies, development banks, the UN system, civil society and the private sector into delivery-oriented platforms aligned to each priority outcome – reducing duplication, aligning investment and strengthening collective capacity.

2. Integrated health system delivery

From programme silos to connected systems.

Technical cooperation will focus on system problems – linking surveillance, laboratories, service delivery, supply chains and emergency response to ensure continuity and resilience across conditions and crises.

3. Focused priorities, tailored support

From spreading effort thin to directing it where it matters most.

Data-driven stratification will guide resources and technical support toward areas of highest burden and vulnerability, including at subnational level, informed by robust sex- and gender-disaggregated data. Activities that do not deliver scalable impact will be reduced or redesigned.

4. Access at scale: medical countermeasures, digital and AI

From bottlenecks and pilots to reliable, system-wide access.

The Region will strengthen regulatory systems, supply chains and digital public infrastructure, enabling interoperable systems and responsible AI that support service delivery, surveillance and workforce planning at scale.



Countries, accountability and forward confidence

Countries first, for country impact

National priorities guide engagement. The majority of regional resources are directed to country offices, sustaining essential programmes and technical support close to decision-making and implementation.

WHO acts as a focused and enabling partner – aligning global expertise, regional coherence and country-level delivery.

Renewal and accountability

The Framework embeds three operating commitments:

- (1) See risks earlier.**
- (2) Know what works and adapt.**
- (3) Target the response in real time.**

High-quality, disaggregated data, structured review processes and performance monitoring ensure continuous course correction and disciplined allocation of resources.

The Banyan Framework provides a clear and confident path forward – protecting gains, strengthening resilience and advancing health and well-being for the people and communities of the South-East Asia Region.



PART 1

Why we must act

Health and well-being stand at a decisive moment. Across the world, long-standing assumptions about steady progress are being tested by a convergence of risks: more frequent disease outbreaks, intensifying climate shocks, economic volatility and growing geopolitical uncertainty. Multilateralism itself is under strain, even as collective action has never been more necessary.

This moment also comes at a critical point in the global development timeline. Just a few years after the end of the COVID-19 emergency, and with only four years remaining in the era of the SDGs, development assistance for health and well-being is tightening and funding landscapes are shifting. As countries in the South-East Asia Region grow economically, concessional financing is declining, even as needs persist and expectations rise. A US\$ 1.1 billion reduction in the global Programme Budget of WHO for 2026–2027 – including a 14% reduction in the Region’s Programme Budget – further underscores the importance of clarity, focus and efficiency in how collective effort is delivered.

Yet this is not a moment of retreat. It is a moment of responsibility and opportunity: to protect hard-won gains, focus effort where it matters most, and build resilient, equitable health systems.

The Banyan Framework sets four priority outcomes for the Region:

- (1) **Advance PHC and essential health system capacities** to accelerate progress towards UHC across the life course.
- (2) **Reduce the burden of key communicable diseases, including vaccine-preventable diseases, and AMR**, accelerating towards elimination while sustaining elimination gains through an integrated multidisease approach.
- (3) **Strengthen health security** through effective emergency preparedness, early detection and response, including for climate-related emergencies.
- (4) **Reduce the burden of NCDs, mental health conditions and injuries** through coordinated multisectoral action and health promotion.

These outcomes reflect strategic choices made by Member States, guided by evidence and experience:

- ◉ **They protect the Region’s health foundations** – the essential health services, disease elimination gains and community systems that underpin progress.
- ◉ **They respond to today’s realities** – climate vulnerability, epidemiological, socio-economic and demographic transition, , including the Region’s large population of young people, as well as rapid urbanization, increasing migration, emergency risk and persistent inequities.

- ◉ **They focus on the greatest avoidable disease and economic burden** – where coordinated action can save lives and reduce suffering and costs at scale.
- ◉ **They strengthen resilience for the future** – embedding risk management, preparedness, surveillance and adaptive response as permanent system functions.

Achieving each of the outcomes is critical to realizing our overall mission: *a South-East Asia Region where all countries achieve UHC and build sustainable, resilient and safe health systems to ensure health security.*

How WHO, Member States and partners act now will determine not only whether past gains are protected but also whether the health-related SDGs and the promise of GPW14 – to promote, provide and protect health and save 40 million lives globally – can be realized.

Progress, challenges and the imperative to invest

The WHO South-East Asia Region has achieved major health gains over the past decade, demonstrating what is possible when high-level commitment to health and well-being is mobilized. But progress is uneven, incomplete and increasingly at risk, underscoring the need for rapid, adequate and sustained investment, alongside new ways of working and more efficient, integrated use of resources.

1. Advancing PHC and essential health system capacities to accelerate progress towards UHC across the life course

- ◉ Between 2010 and 2023, the average UHC Service Coverage Index in the Region increased from 53 to 68 – a strong achievement, but at a pace that will fail to meet the 2030 SDG target of 80.
- ◉ Between 2010 and 2022, the population in the Region facing financial hardship in health declined from 38.4% to 30.9%, yet that leaves 557 million people facing financial hardship on account of OOP health expenditure, among the highest of all WHO regions.
- ◉ In six reporting countries, PHC expenditure ranges from 29.3% to 75.2% of current health expenditure, with governments financing less than 40% of PHC expenditure in five.
- ◉ Despite the Region being hailed as the “world’s pharmacy”, medicines account for a disproportionate share of OOP expenditure in the Region, with five countries reporting more than 40% OOP spending on pharmaceuticals. And yet, in most countries, public spending and insurance coverage remain critically inadequate.
- ◉ Between 2014 and 2023, countries in the Region made substantial progress in increasing health workforce production, with the density of doctors, nurses and midwives rising to 36.4 per 10 000 population – a 69.3% increase since 2015. However, the Region continues to face key challenges, including inadequate workforce distribution, quality, skill-mix and performance.
- ◉ Patient safety remains a critical challenge in the Region and globally, where one in 10 patients is harmed in care, with nearly 50% of harm preventable. Strengthening safety



and infection prevention and control (IPC) in PHC delivers high returns, with effective IPC programmes reducing health-care-associated infections by up to 70%.

- ◉ While diagnostics inform about 70% of health-care decisions, only 2%–5% of health-care budgets in the Region are allocated to diagnostic services.
- ◉ Though eight out of 10 Member States have strengthened regulatory systems for medical products using the WHO Global Benchmarking Tool, only two countries have reached the targeted maturity level 3, indicating a stable, well-functioning and integrated regulatory system for vaccines. Incidents involving substandard and falsified medical products highlight the need for continued national and regional efforts for all medical products.

- ◉ Six countries have developed national essential diagnostic and national priority medical devices lists; however, others are yet to initiate or complete this process. This leaves persistent gaps in policy alignment, test availability at the PHC level and systemic prioritization of laboratory investment.
- ◉ Equity remains a major challenge. While seven countries have achieved SDG targets for maternal mortality; six for under-five mortality; five for neonatal mortality; and six for stillbirth reduction, significant disparities remain within and between countries, leading to 1.9 million deaths annually.





Why invest: Investments in quality, equitable and rights-based PHC and essential health system capacities deliver the fastest and most equitable reductions in morbidity and mortality across the life course. Quality PHC prevents millions of avoidable deaths across the life course, reduces financial hardship and improves health and well-being, especially during health, climate and economic shocks. PHC can deliver more than 90% of essential UHC interventions and 75% of projected health gains related to SDG 3, while generating employment – particularly for women – addressing climate impact, enhancing emergency preparedness and building trust in government.

For every US\$ 1 invested in PHC, estimates suggest up to US\$ 16 are returned in economic benefits. Investments in comprehensive adolescent health services are estimated to yield returns of up to 10 times the initial investment, while closing the women’s health gap could unlock an estimated US\$ 400 billion in global GDP annually by 2040.

2. Reducing the burden of key communicable diseases, including vaccine-preventable diseases, and AMR, accelerating towards elimination while sustaining elimination gains through an integrated multidisease approach

- ◉ Since 2014, the Region has achieved more than 20 disease eliminations, with all Member States eliminating at least one disease.
- ◉ The Region has sustained its polio-free status and maintained maternal and neonatal tetanus elimination.
- ◉ Measles has been eliminated in four countries and rubella in six countries. However, in 2025, countries in the Region reported over 11 000 laboratory-confirmed measles cases, with the risk of outbreaks high, especially among un- or under-vaccinated populations.

- ◉ Six countries in the Region have attained the hepatitis B virus (HBV) control goals, with regional coverage of hepatitis B (pentavalent vaccine) at 92%, reducing new HBV infection among infants. However, coverage of the hepatitis B birth-dose remains suboptimal, at 58%.
- ◉ While immunization prevents more than 800 000 deaths annually in the Region, approximately 1.9 million zero-dose children remain, indicating persistent gaps in immunization coverage and highlighting underserved populations. Amid declines in multilateral and concessional financing, and constrained domestic funding, the risk of backsliding is real.
- ◉ In 2024, the Region notified 85% of people with TB and achieved 90% treatment success rates, outperforming the global average. However, it remains the most TB-affected Region globally, accounting for 34% of global TB cases in 2024 and nearly 40% of global TB deaths. Close to 45% of TB-affected households in the Region also experienced catastrophic costs due to the disease.
- ◉ Between 2015 and 2024, the Region achieved a 62% reduction in HIV mortality due to the expansion of antiretroviral treatment coverage. However, up to one in three new HIV cases in the Region are diagnosed late, resulting in higher morbidity and mortality. Moreover, HIV and STI incidence is rising among people under 25 years of age, especially key populations.



- Two countries have achieved the double elimination of mother-to-child transmission of HIV and syphilis, while one country has achieved triple elimination of mother-to-child transmission of HIV, syphilis and hepatitis B. But critical challenges remain, including inequities in access to services, stigma and discrimination, STI and HIV drug resistance, and low coverage of testing and treatment for chronic hepatitis B and C, leading to rising incidence of liver cirrhosis and cancer.
- Since 2010, the Region has recorded a 33% reduction in the number of people requiring interventions for NTDs, with eight countries eliminating at least one NTD since 2016. However, the Region remains endemic for 16 NTDs, accounts for approximately 53% of the global population requiring interventions against NTDs, equivalent to 788 million people, mostly among underserved populations. It faces a range of key challenges, including declining financing, workforce attrition, climate change, as well as gaps in data, supply of therapeutics, vaccines and diagnostics.
- The Region has demonstrated the largest decline in cases and deaths among all malaria-endemic regions globally and is on track to meet the Global Technical Strategy targets. Four countries have eliminated indigenous malaria since 2015. However, cross-border transmission remains a major challenge, as does the threat of antimalarial resistance, pfrp2/3 gene deletions and zoonotic malaria. This is alongside a sharp 64% contraction in total malaria financing since 2015, jeopardizing the Region's onward progress.
- AMR is a major public health threat, contributing to an estimated 389 000 deaths in the Region annually. While all Member States have developed national action plans on AMR, and nine countries are submitting data to the Global Antimicrobial Resistance and Use Surveillance System, implementation remains uneven due to fragmented coordination, lack of integration of AMR priorities in national health and development plans, limited domestic financing and weak collaboration across sectors. Antibiotic use remains high, over-the-counter antibiotic sales persist despite prescription regulations, and access to essential reserve antibiotics is inadequate.

Why invest: South-East Asia remains one of the few WHO regions where communicable diseases and vaccine-preventable illnesses continue to drive mortality at scale, making sustained investment in integrated, multidisease approaches imperative. Immunization alone delivers exceptional returns estimated at US\$ 44 for every US\$ 1 invested, while protecting elimination gains, preventing resurgence and reducing long-term costs.

Targeted investment in zero-dose communities, HPV and dengue vaccination, TB and HIV services, and AMR surveillance will not only avert outbreaks and deaths but also protect decades of progress. In the absence of adequate investment, financing gaps and system fragilities risk rapid backsliding, with immense human and economic costs.



3 Strengthening health security through effective emergency preparedness, early detection and response, including for climate-related emergencies

- ◉ The Region faces protracted humanitarian crisis in two countries and remains vulnerable to natural disasters and climate shocks, displacement, conflict, high threat pathogens, and emerging and re-emerging infections of epidemic and pandemic potential, among other hazards.
- ◉ Across the Region, extreme weather conditions have increased in frequency and intensity, driven by climate change. Record-breaking heatwaves, severe floods and droughts are causing significant mortality, heat-related illnesses and population displacement. According to the 2024 WHO SEARO Climate Change and Health Survey, floods and extreme heat are identified by 72% and 45% of Member States, respectively, as the primary climate hazards.
- ◉ The average IHR Core Capacities score in the Region is 67%, consistently above the global average. However, there is significant variability, from as low as 49% to as high as 89%. The regional average Core Capacities score for zoonoses, food safety, chemical and radiation emergencies range from 53-59%.
- ◉ Eight countries have completed a joint external evaluation (JEE) of IHR (2005), and seven countries have undertaken a Strategic Assessment of Risks (STAR) for emergencies in the post-COVID period.



- ◉ All countries have established core health emergency system components, such as health emergency operations centres, national IHR focal points, event-based and indicator-based surveillance, a field epidemiology training programme and national public health laboratories, and risk communication and community engagement systems.
- ◉ In 2025, the Region expanded the South-East Asia Regional Health Emergency Fund (SEARHEF), which since 2008 has disbursed almost US\$ 8.15 million for 50 emergencies in the Region, as well as for preparedness efforts. Under the revised SEARHEF business rules for the 2026–2027 biennium, the Fund's corpus has been increased from US\$ 1 million to US\$ 3 million through the approved Programme Budget, with additional resources to be mobilized from donors and partners in cash or in kind.



- Progress in the detection and reporting of acute public health events remains limited. The proportion of identified events in the Region that have been initially detected and reported by Member States ranges from 7%-22% between 2020 and 2024, compared to 45%-55% globally. This highlights the need to strengthen regional public health intelligence systems, including improved IHR event communication.
- Most countries are yet to reach the IHR/JEE benchmark of having trained one field epidemiologist for every 200 000 population. Only two countries have introduced the Competency for One Health Field Epidemiology Framework.
- Countries have been supported to develop, update and implement systematic multi-hazard risk-based mitigation, preparedness, operational readiness, response and recovery plans such as National Action Plans on Health Security (NAPHS) and National Health Emergency Response Operation Plans (NHEROP). However, funding for and systematic implementation and monitoring of NAPHS is suboptimal in many countries as is the regular review and testing of response and recovery plans such as NHEROP.
- Across the Region, emergency-related mental health and psychosocial support, and mechanisms and capacities for continuity of essential health services for communicable and NCDs during emergencies, has improved. However, these remain inadequate, requiring additional resources for systematic response readiness.
- The Region has successfully piloted interventions and innovations to assess and address safety and resilience of health facilities for multi-hazard emergency risks in some countries, but these require systematic scaling up across the Region.
- The Region has expanded molecular diagnostics, genomic sequencing and leadership capacity through the Global Laboratory Leadership Programme and collaborative surveillance initiatives. However, access to advanced diagnostics remains uneven, laboratory–epidemiological data integration is suboptimal, and sustainable financing for reagents, maintenance and workforce retention is limited.



Why invest: Investments in emergency risk reduction, preparedness, early detection and rapid response are among the most cost-effective in health, and are especially critical in the South-East Asia Region, one of the world’s most disaster-prone regions. Every dollar invested in preparedness is estimated to generate up to US\$ 10 in health and economic returns. In the absence of adequate preparedness, the world faces expected annual pandemic losses of around US\$ 500 billion and more than 70 000 deaths.

Given the Region’s multi-dimensional and convergent emergency risks, and the well-documented erosion of hard-earned health gains due to emergencies and disasters, it is imperative to strengthen emergency risk management for communities, health facilities and health systems across the full emergency risk management cycle. This is especially critical in the most vulnerable geographic, population and socio-economic settings to safeguard sustainability and resilience.

4. Reducing the burden of NCDs, mental health conditions and injuries through coordinated multisectoral action and health promotion

- In 2021, an estimated 9.5 million deaths in the Region were attributed to NCDs, with 53% of these deaths occurring prematurely.
- Despite progress in reducing avoidable NCD risk factors, and improving detection, management and treatment, the probability of dying in the Region between 30 and 70 years from major NCDs remains 22.3%, the highest among all WHO regions.
- Since 2023, the SEA-HEARTS Initiative has helped over 94 million people in the Region access protocol-based management for hypertension and diabetes, with more than 2 billion people covered by measures to reduce salt intake and protect against trans-fatty acids. However, the prevalence of cardiovascular diseases remains high, with one in every four adults affected by hypertension and one in every five adults affected by diabetes. Less than one third of adults with hypertension and diabetes in the Region receive treatment, and fewer than 15% have their conditions under control.
- Across the Region, access to cancer detection and treatment has in recent years improved. However, in 2022, the Region had an estimated 2.4 million new cases and 1.5 million deaths due to cancer, an increase by about a third over 10 years. The Region’s mortality-to-incidence ratio remains about 65%, double that of high-income countries. By 2050, the cancer burden is projected to double, primarily due to changes in demography.
- Between 2010 and 2024, tobacco use declined from 37.7% to 23.4%, yet the Region remains home to 322 million adult tobacco users and over 288 million smokeless tobacco users, highlighting the need to fully implement and enforce WHO MPOWER measures.
- Unhealthy lifestyles are a major challenge, with about one in five adults estimated to be overweight. Recent data indicate that insufficient physical activity in the Region is the highest among all WHO regions, with 40% of adults insufficiently physically active. An estimated two thirds of adolescents do not meet physical activity standards.

- ◉ Since 2020, alcohol consumption has stagnated at 3.6 litres per capita, highlighting the need to strengthen restrictions on alcohol availability; advance and enforce drink-driving countermeasures; facilitate access to screening, brief interventions and treatment; enforce bans or comprehensive restrictions on alcohol advertising, sponsorship and promotion; and raise prices on alcohol through excise taxes and pricing policies.
- ◉ Globally, mental health conditions contribute the most to years of healthy life lost to disability, with depression being the largest contributor and schizophrenia the single-most disabling condition. In the Region, 13.7% of the population lives with a mental, neurological or substance-use condition, with a treatment gap of up to 95%. This highlights the need to invest in cost-effective care and prevention in community-based settings, which returns an estimated US\$ 3–4 per capita for every dollar invested.
- ◉ In 2021, there were an estimated 330 220 deaths from road crashes in the Region, accounting for about 28% of the estimated global deaths, a 2% decline since 2010. But progress must dramatically accelerate to achieve the 2030 target of reducing road crash deaths and injuries by 50% by 2030.
- ◉ About 16% of the Region’s population lives with significant disability but often do not receive the care required to prevent and manage their disability. Investments in health equity for persons with disabilities are estimated to return US\$10 for every US\$ 1 spent.

Why invest: NCDs, mental health conditions and injuries account for the largest share of preventable deaths, disability and productivity losses in the Region. Prevention and multisectoral action, as well as effective management services, deliver long-term mortality reductions and major cost savings.

The WHO “best buys” to address NCDs offer a powerful value proposition: 28 highly cost-effective interventions, each costing ≤1\$ 100 per healthy life year gained in low- and lower-middle-income settings, making them affordable, feasible and capable of generating significant health and economic returns

Bottom line

Together, the Region’s four priorities concentrate investment where burden is highest, risks are greatest and lives saved per dollar are maximized. They protect hard-won gains, prevent costly reversals and translate economic efficiency into human outcomes: fewer outbreaks, fewer preventable deaths, stronger resilience, greater equity and millions of lives saved.



Our commitment: countries first, for country impact

In a period of fiscal constraint and heightened demand, clarity of purpose matters more than ever. For the WHO South-East Asia Region, that purpose is unequivocal: countries come first, and impact in countries defines success.

This commitment is reflected in three clear choices.

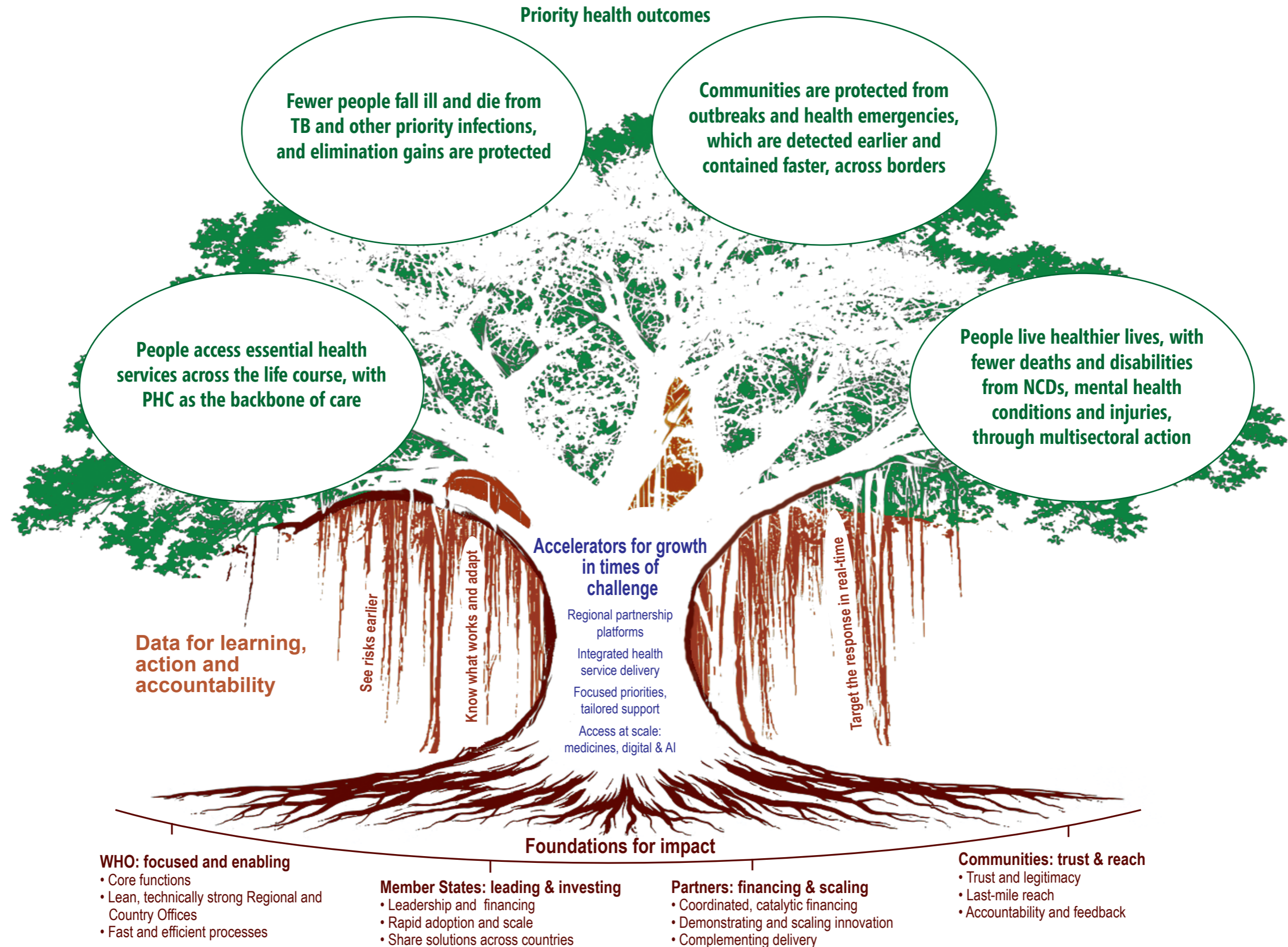
First, resources are directed where they make the greatest difference. The Region prioritizes interventions that strengthen national systems, protect essential services and deliver measurable results for populations most in need. Programmatic fragmentation is reduced in favour of integrated approaches that reinforce PHC, health security and equity.

Second, Member States remain firmly in the driver's seat. National priorities, articulated through country cooperation strategies (CCSs) and national plans, guide WHO's engagement. Regional action exists to support, amplify and connect country efforts, not to substitute for them.

Third, the majority of resources are deployed to countries. Approximately 80% of regional funds are channeled directly to WHO country offices, sustaining essential programmes and technical support despite financial pressure. This ensures proximity to national decision-making, responsiveness to local realities and continuity of support where it matters most.



Banyan Framework





PART 2

The Region's roots: foundations for impact

The WHO South-East Asia Region enters 2026–2028 with deep and resilient roots that underpin health service delivery and overall population health and well-being. Realizing the Region's ambitions requires WHO, Member States, partners and communities to act in ways that leverage their roles and comparative advantages, linking strategy and operations to action and impact.

WHO: focused and enabling

WHO provides unique, authoritative and catalytic leadership globally and in the Region. It has six core functions: 1) providing leadership on global health matters; 2) shaping the health research agenda; 3) setting norms and standards; 4) articulating evidence-based policy options; 5) providing technical support to countries; and 6) monitoring and assessing health trends.

Across the South-East Asia Region, WHO convenes and stewards public goods, including platforms for PHC, regulation of medical products, health security, surveillance and digital health. WHO enables system integration and coherence by helping to align policies, tools and partners around shared outcomes, while strengthening national capacity and leadership through policy dialogue, technical assistance, workforce development and surge support. It supports quality assurance, accountability and course correction through monitoring, joint reviews and adaptive support, while brokering partnerships and mobilizing collective action based on comparative advantage.

WHO alone has the credibility, technical authority and reach to perform these functions, aligning countries, partners and resources, and turning collective ambition into measurable impact.

The distinct value of WHO in South-East Asia

WHO in South-East Asia delivers impact through aligned action across the three levels of the Organization – headquarters, the Regional Office and country offices – working as “one WHO” to support Member State-led priorities. This alignment is strengthened through the Banyan Framework, which enables outcome-driven stewardship, strategic coherence and integrated delivery across levels.

WHO headquarters provides global normative leadership, setting standards, frameworks and policies, and mobilizing specialized global expertise and public goods that guide health action worldwide. The Regional Office drives regional priorities and ensures coherence across the three levels, translating global guidance into Region-specific strategies, tools and technical support tailored to the diverse needs of countries in the Region.

The Regional Office also plays a central role in fostering cross-border learning, South–South collaboration and regional public goods and platforms, while providing performance oversight and integrated technical support to country offices. WHO country offices work directly with national authorities and partners to deliver coordinated, context-specific implementation, bringing together expertise from the Regional Office and headquarters to support policy development, programme delivery and health system strengthening.

Together, this three-level model enables WHO to combine global knowledge with regional contextualization and country implementation, ensuring that support is responsive, coherent and aligned with national priorities. At all levels, WHO supports countries to identify who is left behind and why, and to shape policies that reduce inequities and strengthen resilience.

Member States consistently identify five key roles where the Regional Office, working closely with headquarters and supporting country offices, brings unique value:

- (1) **As a knowledge hub for public health** – providing evidence, guidance and best practices, both for long-term health system strengthening and rapid response to emerging challenges.
 - (2) **As an impartial convenor** – bringing together countries, partners and stakeholders to align strategies, coordinate action and deliver collective solutions.
 - (3) **As an enabler of health security** – supporting surveillance, capacity-building and coordinated responses to cross-border health threats and emergencies.
 - (4) **As a driver of health system transformation** – advising on tailored, evidence-informed policies that strengthen health systems, improve resource use and deliver tangible results.
 - (5) **As a voice for equity** – helping countries identify and reach populations at risk of being left behind, ensuring that interventions reduce health inequities and improve inclusivity and health outcomes for the most vulnerable.
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Member States: leading and investing

Member States anchor the Region's foundations, providing political mandate, governance and accountability that sustain health systems and drive results for their populations. Member States set national priorities for health impact, integrate action across PHC, communicable diseases, health security, NCDs and digital health, among other areas; conduct continued monitoring, evaluation and learning; and safeguard equity and continuity of essential services during shocks. They determine how much domestic resources are spent on health, how those resources are allocated, and who benefits most.

Beyond national borders, Member States actively contribute to regional and global cooperation, South-South learning and knowledge sharing, ensuring that successful practices are scaled and adapted across countries. They help coordinate collective action, disseminate best practices and strengthen regional networks, creating mutual reinforcement between national and regional efforts.

No other actor combines this level of legitimacy, sustained mandate and operational authority. Member States are the linchpins of the Region: they translate strategy into health impact at home while embedding national leadership into regional action, keeping the Region's roots strong, resilient and capable of delivering equitable, long-term results.

Partners: financing and scaling

Partners align financial and technical support with national and regional priorities, finance



and scale proven solutions that demonstrate impact and readiness for expansion, and drive responsible innovation, including for community engagement, digital health and service delivery, as well as financing models that can be adapted and scaled.

Across the Region, partners help strengthen implementation capacity across laboratories, supply chains, surveillance, workforce and service delivery; and advance multisectoral action for health, integrating health into climate, nutrition, urban development, education and social protection agendas. They also contribute to shared learning and accountability through data, evidence and transparent reporting.

In all countries of the Region, partners are essential: they amplify national and regional

leadership, provide resources and help catalyse their effective use, ensuring that collective ambition translates into measurable health impact at scale.

Communities: trust and reach

Communities play a central role in shaping health outcomes through participation, ownership and collective action. Individuals, families and community networks, including young people, influence health behaviours, service uptake and social norms, while community-based organizations, civil society groups, frontline workers, volunteers and local leaders help translate policies into action. Communities organize themselves through both formal and informal mechanisms for health promotion, risk communication, disease prevention, protection and care, strengthening trust, responsiveness and continuity of services, particularly for vulnerable and hard-to-reach populations.

Across the Region, communities also form communities of practice and collaborative platforms – including patient networks, professional associations, volunteer groups and digital forums – that enable peer learning, knowledge exchange, health literacy and locally driven innovation. These mechanisms support accountability by amplifying community perspectives, generating feedback on service quality and barriers to access, and fostering co-creation of solutions with governments and partners.

No other actors combine this level of proximity to people's lived realities, social influence and capacity to mobilize collective action. Communities sustain demand for health, reinforce trust in institutions and help ensure that interventions are relevant, acceptable and equitable.

What this means

The Region's roots provide a strong foundation, but these roots alone do not guarantee growth. To translate them into impact, WHO, Member States, partners and communities must act as one living system, leveraging their comparative strengths and advantages, and creating the conditions for coordinated, disciplined, adaptive and scalable growth.

How we grow: four accelerators in times of challenge

To deliver results at scale in a more constrained and risk-prone environment, the Region will focus not on expanding activity, but on changing how impact is generated. Four accelerators will guide this shift.

1. Regional partnership platforms

from fragmented initiatives to shared regional public goods

The first accelerator is the shift from ad hoc and fragmented initiatives to structured regional partnership platforms that enable alignment and collective action at scale. WHO will act as a platform architect and steward, bringing together Member States, regional forums, development banks, UN agencies, the private sector, women's and youth organizations, civil society, WHO collaborating centres and academic networks around shared priorities and delivery mechanisms.

This includes strengthening cooperation with multiregional intergovernmental organizations such as ASEAN and BIMSTEC, expanding South-South and triangular collaboration, and working more systematically with technical and strategic advisory networks. The focus is on reducing duplication, aligning investment and turning regional and global cooperation into practical delivery platforms that countries can use and benefit from.



Priority initiatives include:

◉ The SEARO partnership platform architecture for delivery and innovation

WHO will strengthen and expand its common regional partnership architecture, with dedicated delivery and innovation platforms for each priority outcome – PHC/UHC, TB and disease elimination, health security, and NCDs and mental health. In the PHC/UHC area, for example, WHO will convene partners to establish a Sexual, Reproductive, Maternal, Newborn, Child and Adolescent Health Delivery & Innovation Platform focused on addressing specific “last-mile” bottlenecks and serving as a regional clearing house for evidence-based interventions, implementation research and context-specific knowledge synthesis.

◉ Multiregional and multipartner action and investment

As catalytic partner that aligns global health policy with large-scale financing to meet country-specific needs, WHO will work with multiregional intergovernmental organizations and mechanisms, development banks, international financial institutions, philanthropies and the private sector to align and catalyse action and investment in priority system areas. This includes, for example, intensified One Health collaboration with Quadripartite partners to advance multisectoral action to address zoonoses, AMR, food safety and environmental hazards.

What changes in practice:

The Region moves from parallel projects to a systematic partnership platform approach that leverages the complementary strengths of each partner, reduces duplication and accelerates impact at scale.

2. Integrated health system delivery

from programme silos to connected systems

The second accelerator is the shift from vertical, programme-based approaches to integrated delivery and care continuity across the life course, levels of care and emergencies. This requires priorities like gender equality and health equity to be embedded across all technical domains rather than remain peripheral considerations.

The objective is to ensure that countries receive coherent, comprehensive and people-centred support efficiently and that essential services are maintained before, during and after shocks.

WHO will reorient technical cooperation around system problems rather than individual programme challenges, supporting countries to connect national and cross-border

surveillance, service delivery, laboratories, supply chains and emergency preparedness and response into more resilient and adaptive systems.

Priority initiatives include:

Collaborative surveillance, disease control and infodemic management platforms

WHO will support countries to build collaborative and integrated surveillance platforms that link public health intelligence, routine health information systems, laboratory networks and infodemic and emergency response, and connect these with priority disease programmes. These systems, active at the subnational level, will also strengthen the routine collection and use of sex- and gender-disaggregated data to better identify disparities in risks, service access and health outcomes. This will enable faster detection and coordinated response for epidemics and infodemics, and more efficient multidisease control and elimination efforts, including for TB and other high-burden conditions.

SEARHEF 2.0: A regional health and climate resilience response mechanism

WHO will expand the South-East Asia Regional Health Emergency Fund into a broader regional health and climate resilience response mechanism, supporting anticipatory financing, climate-triggered health response and cross-border surge coordination. This will include common protocols, pre-agreed deployment mechanisms and regional standby capacities to protect essential services during crises.

South-East Asia Regional Forum for PHC-oriented Health Systems

WHO will build upon and leverage the PHC Forum through intensified engagement with Member States, WHO collaborating centres, academia and partners, focusing on suitable service delivery models, shared approaches, tools and peer implementation support. Specific areas of focus will include practical problem-solving, rapid uptake of proven approaches and strengthening service delivery and emergency readiness at scale across diverse national and subnational contexts.

What changes in practice:

Countries receive problem-focused support, and people experience services centred around them as a continuum rather than as disconnected programmes.

3. Focused priorities, tailored support

from spreading effort thin to directing it where it matters most

The third accelerator is the shift from diffuse effort to focused priorities and differentiated support. In a constrained environment, impact requires explicit choices: stopping what does not work, scaling what does, and tailoring support to different country and subnational contexts, including by facilitating rapid access for countries to global expertise.

WHO will adopt a more deliberate, data-driven approach to prioritization and differentiation, directing leadership attention, technical assistance and financing to where burden, vulnerability and potential impact are greatest.





Priority initiatives include:

- ◉ **Subnational risk and impact stratification models**

WHO will support countries to apply subnational stratification of disease burden, risks, vulnerabilities and system capacity to focus leadership attention, technical support and investment where gains are greatest. For example, for cardiovascular diseases, SEA-HEARTS will operationalize this approach by identifying high-burden districts and implementing targeted quality improvement at the primary care level, differentiated service delivery for vulnerable groups in urban settings, and hub-and-spoke referral networks for acute events.

- ◉ **Agile regional capacity support for differentiated country needs**

The Regional Office will continue to complement the technical expertise of country offices, while engaging more intensively when surge or cross-border support is required or emerging priorities demand rapid capability-building. To do this, it will provide and broker capacity through a standing regional roster of high-calibre global health experts strategically deployed through time-bound, demand-driven engagements aligned to country priorities.

What changes in practice:

Support becomes faster, more selective, targeted and differentiated – some activities are deliberately stopped or scaled down, priorities are sharpened and resources are redirected to where needs, risks and potential impact are highest, especially at subnational level.

4. Access at scale: medical countermeasures, digital and AI

from bottlenecks and pilots to reliable, system-wide access

The fourth accelerator is the shift from fragmented access and small-scale pilots to reliable, system-wide access to essential medical products and countermeasures, digital public infrastructure and responsible AI-enabled solutions. This accelerator focuses on policy, people and practice: strengthening governance and regulation, building skills and institutions, and supporting countries to leverage their market-shaping power for the benefit of their populations.

WHO will leverage the Region's manufacturing strength and growing digital capacity to strengthen supply chains, improve regulatory systems and accelerate the adoption of interoperable digital and AI solutions that improve service delivery, surveillance and workforce planning.

Priority initiatives include:

- ◉ **Regulatory strengthening, market shaping for access to medical products**

Leveraging the South-East Asia Regulatory Network (SEARN) and other innovative



mechanisms, WHO will support countries to strengthen regulatory systems, promote regulatory reliance and convergence, reinforce regional manufacturing and supply ecosystems, and improve national public procurement systems. This will be coupled with action to promote price transparency, market intelligence and supplier performance monitoring to drive market-shaping results. WHO will also explore regional stockpiling and procurement, broker bilateral donations for small-volume, difficult-to-source products to ensure affordability, security of supply and resilience against future shocks

- ◉ **Delivering better care through digital and AI-enabled health systems**

WHO will place AI at the core of digital public infrastructure for health, integrating it into interoperable data systems rather than treating it as a stand-alone innovation. The focus will be on shared digital public goods, common standards for data exchange, privacy, ethics and governance, alongside systematic skilling of the health and public health workforce to design, deploy and govern AI responsibly.

To accelerate impact, the Regional Office will mobilize a regional network of WHO collaborating centres, complemented by a standing roster of AI and digital health experts, to provide rapid technical assistance, hands-on mentoring and workforce upskilling. This will support countries to move from fragmented pilots to AI-enabled national platforms that strengthen service delivery, surveillance, supply chains, health financing and performance management at scale.

What changes in practice:

Countries move from fragmented access and isolated pilots to reliable, system-wide access to essential medical products and countermeasures, digital platforms and AI-enabled tools – strengthening resilience, improving efficiency and enabling faster, more equitable delivery of health services at scale

Where we reach, what we achieve

Between 2026 and 2028, the Region translates shared intent into tangible results for more people and communities – the banyan’s branches and canopy. Success is defined by stronger, more resilient, more equitable and better-quality health systems, and by whether people experience real improvements in their health and well-being.

What success looks like

Priority 1: Essential health services strengthened across the life course, with PHC as the backbone

PHC systems are better resourced, more resilient, inclusive, gender-responsive and rights-based, and more trusted and accessible for vulnerable and underserved populations. Services across the life course – including sexual, reproductive, maternal, newborn, child and adolescent health, chronic care and healthy ageing – are more consistently delivered through stronger PHC. Emergency and climate risk are increasingly embedded in service design and infrastructure, reducing disruptions from floods, heatwaves and other multi-hazard shocks.

Digital and AI-enabled tools begin to support diagnosis, clinical decision-making, surveillance and frontline service delivery, helping health workers provide safer and more consistent care. Financial protection improves, and essential services are brought closer to communities most exposed to social, economic and climate vulnerability.



Illustrative signals: Faster progress in UHC service coverage and financial protection; updated national health strategies aligned with the life course, gender equality, human rights and equity with focused attention to PHC orientation. PHC facilities in priority districts deliver agreed essential service packages with basic quality assurance and digital reporting; more reliable availability of oxygen and essential medicines; fewer service disruptions during climate and other multi-hazard shocks.

Priority 2: Communicable diseases controlled, elimination gains sustained and AMR contained

Prevention, surveillance, diagnosis and treatment are strengthened across priority diseases, including TB and other high-burden infections, using more integrated and data-driven approaches. Disease programmes and surveillance systems are increasingly connected, enabling faster detection, more targeted responses and better use of limited resources across multiple conditions. Countries move closer to elimination where it remains unfinished and sustain elimination where it has been achieved, reducing the risk of resurgence. Immunization coverage improves, including among zero-dose children. AMR is more effectively contained through stronger surveillance, stewardship and access to quality-assured medicines.

Illustrative signals: Sustained elimination status for priority diseases supported by integrated, higher-quality surveillance; expanded HPV immunization coverage among adolescent girls; reductions in incidence and mortality for selected high-burden communicable diseases; stabilized or reduced AMR-related mortality; faster detection and response to priority outbreaks.



Priority 3: Health security strengthened and essential services better protected during emergencies

Emergency risk reduction, preparedness, surveillance and response capacities are strengthened, enabling earlier detection, faster response and better mitigation of health threats. Preparedness and response functions are more fully integrated into routine health system operations, including logistics, service continuity and coordination mechanisms. Data, digital tools and shared protocols are increasingly used to support situational awareness, decision-making and cross-border coordination. Countries reduce the scale and duration of disruptions to essential health services during outbreaks, climate shocks and other emergencies. Regional cooperation enables timelier mutual assistance, shared resources and coordinated action when threats arise.

Illustrative signals: Maintained or improved IHR Core Capacities; faster detection and response to outbreaks and other health emergencies; fewer and shorter disruptions to essential services; more facilities meeting emergency safety and resilience standards; regular testing and updating of preparedness and response plans.

Priority 4: Healthier populations through stronger prevention, health promotion and better control of NCDs, mental health conditions and injuries

Policies and coordinated multisectoral action increasingly reduce major risk factors for NCDs, improve mental health and strengthen injury prevention. Prevention and health promotion are reinforced alongside more accessible and better-integrated NCD and mental health services, contributing to longer, healthier lives and reduced premature mortality.

Countries make better use of data and digital tools to identify high-risk populations, improve service continuity and monitor results. Partnerships across sectors support healthier environments, reduce exposure to harmful products and conditions, and help communities make healthier choices across the life course.

Illustrative signals: Reduced prevalence of selected NCD risk factors; improved coverage and continuity of essential NCD and mental health services; progress in reducing premature NCD mortality; stronger implementation of multisectoral policies for tobacco control, nutrition, physical activity, air quality and road safety.





Real-time responsiveness and renewal: data for learning action and accountability

The Region's ability to learn, adapt and stay effective is constrained by a simple reality: data systems are still not strong enough, are largely gender-agnostic, and data collection and use are at real risk of backsliding in a tighter resource environment and amid a global pushback on gender equity and rights. Gaps in timeliness, quality, interoperability and analytical capacity already limit decision-making in many settings. Without a conscious, disciplined effort, these weaknesses will deepen – just as risks, shocks and complexity, including from climate change, increase. For this reason, renewal under the Framework is not optional. It is a core operating requirement.

Like the banyan's aerial roots, the Framework is self-reinforcing – anchored in three hard commitments, each reliant on high-quality, timely data:

- (1) **See risks earlier;**
- (2) **Know what works and adapt;** and
- (3) **Target the response in real-time.**

These are operating rules, not aspirations. They shape how priorities, resources and ways of working are reviewed, adjusted and rebalanced over time.

Signals in motion

The Framework progressively strengthens the integration and use of disaggregated data – including by sex, age and vulnerability – and of climate and environmental data, to better anticipate, target and respond to health risks. Data from country programmes, communities, climate and environmental monitoring systems, digital platforms, laboratory networks and cross-border monitoring feed into standardized reporting systems, ensuring that emerging threats are identified quickly and acted upon. Analytical capacity, interoperability of systems and real-time dashboards allow signals to flow seamlessly from local to regional levels, creating an early warning network that is continuous and actionable. Execution is structured through coordinated governance and operational processes. WHO, in partnership with Member States – and through key regional platforms – provides monitoring and technical support, ensuring that risk signals are systematically assessed and prioritized. Cross-country collaboration and knowledge and data exchange embed a culture of vigilance, ensuring that the Framework responds to risks before they escalate.

Learning in action

Evidence is turned into action by systematically assessing what works and enabling adaptation based on country needs and context. Monitoring, evaluation and feedback loops capture insights from country programmes, regional initiatives and operational experience, facilitating

timely course correction, continuous improvement and more effective delivery. Learning is deliberate and consequential: evidence feeds directly into operational decisions, and reprogramming and shifts in technical and financial support.

Structured governance and reporting – including through the Regional Committee, regional platforms, and joint monitoring and progress reviews – identify best practices and guide adjustments in priorities, resources and delivery approaches, while promoting a culture of accountability. Lessons feed directly into operational decisions, reinforcing effective interventions, discontinuing low-impact activities and ensuring programmes remain aligned with evolving needs. Engagement with academia, civil society and communities strengthens relevance, equity and trust, grounding adaptation in lived experience.

Learning is both a product and a driver of the Framework: shifts in priorities and resources focus attention where it matters most, generating insights that guide further adjustments and improve future allocation and impact.

Targeted efforts for increased efficiency and equity

High-quality, timely data informs actions that are precisely targeted, efficiently allocated and tailored to the right people, places and programmes. By integrating insights from surveillance, programme performance metrics, community feedback, digital platforms and operational reporting, the Framework identifies gaps, anticipates emerging needs and aligns resources to maximize impact and promote equity. WHO and Member States direct this targeting through structured oversight, concentrating on high-impact areas and populations, and scaling proven approaches.

Together, these commitments ensure that renewal under the Framework is not episodic, but continuous – driven by evidence, disciplined by priorities and anchored in accountability. They provide the operating logic for translating data into decisions, and decisions into results, in real time. The Results Framework that follows sets out how this will be measured, reviewed and used to guide course correction across the Region.

PART 3

Evaluating impact: the ‘Banyan Results Measurement Framework’

No	Outcomes	Indicators	SE Asia baseline	Target (2030)	
1	Advancing PHC and essential health system capacities to accelerate progress towards UHC across the life course	SDG 3.8.1 UHC: Service Coverage Index	68 (2023)	80	
		SDG 3.8.2 Financial hardship in health	30.95% (2022)	TBD	
		Intermediate outcomes	SDG 3.c Number of medical doctors, nurses and midwives per 1000 population	36.4 (2024)	2028: 15% increase since baseline (2024) 2030: 44.5 per 1000 population
		1. Health and care workforce strengthened			
		2. Health financing and financial protection improved			
		3. Improved access to quality-assured and affordable medicines and health products	SDG 3.1.1 Maternal mortality ratio (per 100 000 live births)	96 (2023)	70 per 100 000 live births or <140 per 100 000 live births (for high burden countries)
		4. Improved, inclusive, and accessible quality care and services delivered across population groups for SRMNCAH	SDG 3.2.1 Under-5 mortality rate (per 1000 live births)	26.8 (2023)	25
		5. Expanded access to comprehensive geriatric and community-based services ensured for older persons	SDG 3.2.2 Neonatal mortality rate (per 1000 live births)	16.1 (2023)	12
			SDG 3.7.2 Adolescent birth rate (aged 15–19 years) per 1000 women in that age group	21.8 (2024)	TBD
			SDG 3.7.1. Women of reproductive age (aged 15–49 years) who have their need for family planning satisfied with modern methods (%)	77.3% (2024)	100%

No	Outcomes	Indicators	SE Asia baseline	Target (2030)
2	Reducing the burden of key communicable diseases, including vaccine-preventable diseases, and AMR, accelerating towards elimination while sustaining elimination gains through an integrated multi-disease approach	SDG 3.b.1 HPV immunization coverage estimates among primary target cohort (9-14 years old girls) (%)	22% (2024)	90%
		SDG 3.3.1 Number of new HIV infections per 1000 uninfected population, by sex, age and key populations	<0.01 (2024)	90% reduction from 2010
	Intermediate outcomes	SDG 3.3.2 Tuberculosis incidence per 100 000 population	201 (2024)	80% reduction from 2015
1.	Immunization coverage scaled up and sustained	SDG 3.3.3 Malaria incidence per 1000 population	1.87 (2024)	90% reduction from 2015
2.	Disease control and elimination milestones achieved and sustained	SDG 3.3.5 Number of people requiring interventions against neglected tropical diseases	1175 million (2010) 788 million (2023)	90% reduction from 2010
3.	AMR awareness and interventions integrated into PHC	Number of countries allocating AMR financing in national budgets	2	6
		Number of countries with national systems in place to monitor antimicrobial use (AMU) in human health and reporting data to GLASS, based on WHO guidance and protocols.	6	10

No	Outcomes	Indicators	SE Asia baseline	Target (2030)
3	Strengthening health security through effective emergency preparedness, early detection and response, including climate-related emergencies	SDG 3.d.1 IHR (2005) capacity and health emergency preparedness	67% (SPAR, 2024)	
	Intermediate outcomes			
1.	Climate-resilience in health systems established			
2.	Risks of health emergencies reduced, and response coordinated			
3.	Rapid detection and response to acute threats			
4.	Access to medical countermeasures for epidemic/pandemic containment improved	Average annual WHO SEA regional Dynamic Preparedness Metrics (DPM) Risk index	5.8 in 2025 Moderate risk (4.1–6.0)	6.1–8.0 (Low risk) in 2030
5.	Communities engaged and community resilience built	Number of Member States (MS) with updated PRET framework Pandemic Preparedness Plan with Medical counter-measure deployment readiness	2 MS in 2025	10 MS in 2030
		IHR (2005) core capacity for RCCE technical area (average SEA regional annual SPAR score)	73% SPAR (2024) "Demonstrated" capacity level (61-80%)	>80% SPAR (2030) – sustainable "Sustainable" capacity level

No	Outcomes	Indicators	SE Asia baseline	Target (2030)
4	Reducing the burden of NCDs, mental health conditions and injuries through coordinated multisectoral action and health promotion	SDG 3.4.1 Probability of dying between the ages of 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases (%)	22.30% (2021)	One-third reduction from 2015
	Intermediate outcomes			
1.	Health inequities reduced by acting on social and commercial determinants	SDG 3.4.2 suicide mortality rate (per 100 000 population)	10.1 (2021)	One-third reduction from 2015
2.	Integrated NCD and mental health services	SDG 3.6.1 Road traffic mortality rate (per 100 000 population)	16 deaths (2021)	50% reduction from 2010
3.	Populations empowered through prevention, health literacy and community engagement	SDG 2.2.2 Prevalence of wasting among children under 5 years of age (%)	13.90% (2024)	Less than 5%
		SDG 2.2.1 Prevalence of stunting among children under 5 years of age (%)	29.70% (2024)	40% reduction from baseline (2015)
4.	Enabling healthier behaviours	SDG 3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	23.4% (2024)	FCTC target: 30% reduction between 2010 and 2025

Financing the impact: resource requirements

Banyan Framework outcomes	Financial gap 2026–2027 (US\$ million)
Advancing PHC and essential health system capacities to accelerate progress towards UHC across the life course	10
Reducing the burden of key communicable diseases, including vaccine-preventable diseases, and AMR, accelerating towards elimination while sustaining elimination gains through an integrated multidisease approach	35
Strengthening health security through effective emergency preparedness and response, including for climate-related emergencies	20
Reducing the burden of NCDs, mental health conditions and injuries through coordinated multisectoral action and health promotion	10
TOTAL estimated financial deficit	75

