

WHO South-East Asia Regional Roadmap for Results and Resilience (ROADMAP): the shared strategic framework towards a healthier Region



REGIONAL OFFICE FOR

World Health
Organization
South-East Asia

WHO South-East Asia Regional Roadmap for Results and Resilience (ROADMAP): the shared strategic framework towards a healthier Region.

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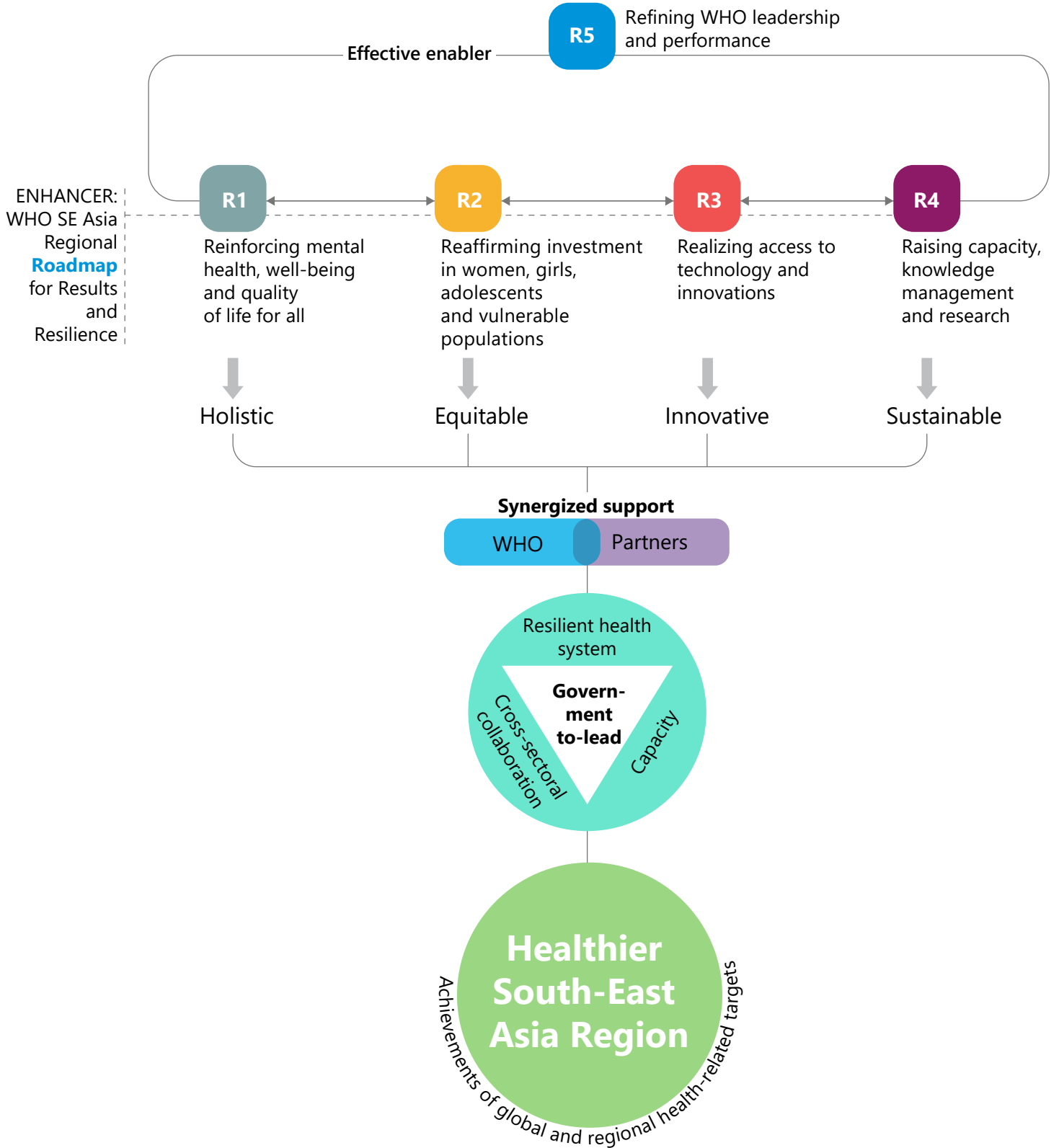
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Executive summary



1. Where are we? And where do we want to go?

1.1 SDG progress in the Region is off-track

The UN Sustainable Development Agenda represents a global commitment towards promoting comprehensive and balanced social, economic and environmental development. Through the clearly defined Sustainable Development Goals, it provides a crucial framework for actions to “leave no one behind” and operate through the interdependence across goals and targets in the quest for sustainable development across Member States. The UN Sustainable Development Goal 3 (SDG3) aims that everyone, at all ages, should enjoy the highest possible level of health and well-being.

However, current evidence indicates a delay and deviation from the targets, particularly related to health and the health-related SDGs. Factors such as demographic shifts, climate change and environmental degradation, conflicts and humanitarian crises have compounded the complexity of the health agenda. Progress on SDG3 in the WHO South-East Asia Region is not different from this global trend.¹

Fragile health systems are struggling to provide essential health services, especially in conflict-affected areas, exacerbated by chronic underinvestment, resource inadequacies, workforce shortages, and limited capacities. More than 70% of disease outbreaks worldwide occur in fragile and conflict-affected settings.² Many major health system gaps were severely exposed and exacerbated during the COVID-19 pandemic.

Addressing these challenges and advancing SDG3 necessitates coordinated efforts across governments, international organizations, civil society, the private sector and communities. It demands multipronged investments in health infrastructure, workforce development, disease prevention and control, health promotion, collaboration and innovation, and renewed commitment to addressing the social determinants of health in tandem with health system priorities.

1 Evidence of off-track progress status is described in the publication *Progress on health-related SDGs in the South-East Asia Region: where are we now and what is next?*

2 WHO's work in emergencies: prepare, prevent, detect and respond. Annual report 2018. Geneva: WHO; 2019 (<https://www.who.int/publications/i/item/who-s-work-in-emergencies-prepare-prevent-detect-and-respond>, accessed 16 May 2024).

1.2 Vision for a healthier Region

“I would like to see a Region where people have access to quality health care regardless of where they live and regardless of their income or social status – a Region where people will live longer, healthier, happier and more productive lives. We’ll need to identify the concrete steps towards achieving this vision.”

Saima Wazed, Regional Director, South-East Asia

The incumbent Regional Director, Ms Saima Wazed, is committed to driving the WHO South-East (SE) Asia Region towards a healthier, more equitable and sustainable Region. Her vision encompasses empowering individuals and communities, both physically and mentally, to adopt a holistic approach to health and well-being, allowing them to reach their full potential through local solutions that address local realities. Central to this vision is the establishment of effective and people-centred health systems.

The new Regional Director received unprecedented support from Member States of the SE Asia Region during her election campaign in 2023. Her overarching manifesto outlines nine priority areas, as well as three strategic mandates under the collaborative “Ground-Up” concept, as shown in Diagram 1.

Diagram 1: Proposed technical programme and tactical approach priorities of Ms Saima Wazed as RD candidate



These nine priorities consist of both “technical programmatic priorities” such as universal health coverage and health emergencies, as well as “tactical approaches” such as promoting collaboration and innovation.

To simplify, achieving the vision of a “healthier South-East Asia Region” requires four approaches – Holistic, Equitable, Innovative, and Sustainable approaches – led by countries, with effective enabling functions from WHO.

2. Regional programmatic priorities

Success in the SE Asia Region is key to global public health achievements. South-East Asia has a high demand and potential for benefiting from global health. Firstly, the Region has a disproportionately high absolute burden of diseases, indicating a pressing need for the improvement of health and well-being.³ This demand is underscored by statistics highlighting malnutrition, disability prevalence, and limited access to essential health services as examples. Secondly, with its relatively young population and sustained economic growth, the Region holds the potential to serve as a cornerstone for a sustainable global socioeconomic future.

2.1 The legacy of the SE Asia Regional Flagships (2014–2023)

The Regional Office developed eight Flagship Priority Programmes, aligned to WHO's global Triple Billion goals (in GPW13) and the UN Sustainable Development Goals in 2014, strategically focused on selected priority areas that could shape reforms in the Region and hasten progress towards the SDGs. These Flagship Priorities provide direction to Member States and WHO to invest resources effectively to achieve optimal health.

In the development of the Flagships, WHO and Member States conducted an extensive consultation and comprehensive assessment that involved situational analyses of disease burden and review of national health policies, global priorities, health resolutions, as well as recommendations from committees and task forces. Top priorities were chosen with due consideration of the epidemiological situation, availability of cost-effective interventions, and the feasibility of producing results.⁴

The Flagships consist of both broad focus and disease-specific topics; these are maternal and child health, measles and rubella, universal health coverage, neglected tropical diseases, noncommunicable diseases, antimicrobial resistance, health emergencies

³ Evidence of demand and opportunities in WHO SE Asia Region in the publication *Progress on health-related SDGs in the South-East Asia Region: where are we now and what is next?*

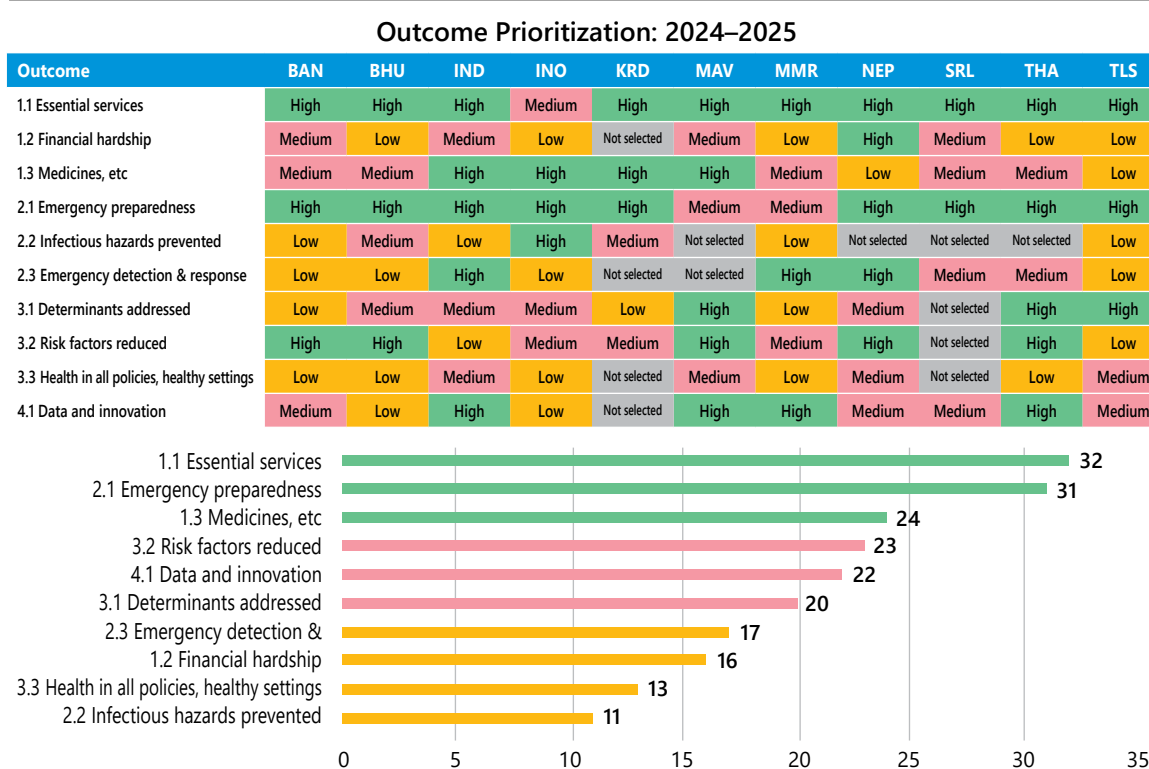
⁴ Singh PK. Regional Flagship Priorities of WHO South-East Asia: fostering efficiency in public health. *Lancet Reg Health Southeast Asia*. 2023;18:100311.

and tuberculosis. Successes of the Flagship Programmes have demonstrated that prioritization works. Lessons learned from the Flagship Programmes form a solid foundation for the road ahead, such as regional and national adaptation and ownership, dynamic policy adjustment, costing and administrative interventions, focusing on vulnerable populations, whole-of-society approach, resilient primary health care and health system, and use of digital technology.

2.2 Results from the programmatic prioritization exercise 2022

The Regional Office conducted a regional consultation with Member States on Regional Priorities for Programme Budget 2024–2025 on 31 October–2 November 2022 in New Delhi. This recent consultation identified key regional technical priorities relevant to national demand and aligned with national health policies and programmes. The Consultation further defined the demand for WHO contribution through country cooperation strategies on these priority areas, as well as areas for cross-collaboration. The results of the exercise are depicted in Diagram 2.

Diagram 2: Prioritized WHO programmatic outcomes at the national and regional level by SE Asia Region Member States



The prioritized agenda from this consultation in 2022 and the Regional Flagship Programmes are still highly relevant to the current national and regional demand and priorities and provide valuable inputs to design the way forward.

2.3 WHO Fourteenth General Programme of Work (2025–2028)

As we enter 2024, the global health landscape stands at a critical juncture, particularly with the introduction of the WHO Fourteenth General Programme of Work (GPW14) 2025–2028, due to be endorsed by the Seventy-seventh World Health Assembly in May 2024. GPW14 aims to accelerate progress towards achievement of the SDGs through implementation of the five key actions that have been termed the “5Ps”: “Promote, Provide, Protect, Power and Perform”. Similarly, the WHO Regional Office for SE Asia has a pivotal role in promoting, protecting and providing services for the health and well-being of the quarter of the global population residing in the Region. The work programmes on Promote health, Provide health and Protect health would lead to “joint outcomes” shared between Member States, WHO and partners; meanwhile, results of the Power and Perform domains are more of WHO internal “corporate outcome”. Six Strategic priorities and 15 Outcomes of GPW14 are depicted in the Diagram 3.

As part of the WHO’s Transformation Agenda since 2017, key strategic directions, including strengthening core capacities of the WHO country offices (WCOs), empowering WCOs, securing predictable and sustainable financing through investment rounds, digitalizing WHO’s core processes, fostering shared goals and contributions among stakeholders, and enhancing organizational efficiency and accountability are being implemented. Notably, the drive toward a sustainably resourced and efficiently managed WHO, with strengthened regional and country capacities, is identified as a priority, aligning with the country-first concept.

GPW14 and WHO Transformation movements pave the way for the design of the way ahead for the SE Asia Region.

Diagram 3: Results, strategic objectives, shared outcomes, and corporate outcomes in GPW14

IMPACT: More people, everywhere, attain the highest possible standard of health and well-being.					
DRAFT GPW14 OVERARCHING GOAL: To promote, provide and protect health and well-being for all people, everywhere.					
STRATEGIC OBJECTIVES AND JOINT OUTCOMES:					
Promote		Provide		Protect	
Respond to climate change , an escalating health threat in the 21st century.	Address health determinants and root causes of ill-health in key policies across sectors.	Advance the PHC approach and essential health system capacities for universal health coverage.	Improve health service coverage and financial protection to address inequity and gender inequalities.	Prevent, mitigate and prepare for risks to health from all hazards.	Rapidly detect and sustain an effective response to all health emergencies.
1.1. More climate-resilient health systems are addressing health risks and impacts. 1.2. Lower-carbon health systems and societies are contributing to health and well-being.	2.1. Health inequities reduced by acting on social, economic, environmental, commercial and cultural determinants of health . 2.2. Priority risk factors for noncommunicable and communicable diseases, violence and injury, and nutrition, reduced through intersectoral approaches. 2.3 Populations empowered to control their health through health promotion programmes and community involvement in decision-making.	3.1 The primary health care approach renewed and strengthened to accelerate universal health coverage. 3.2 Health and care workforce, financing and access to quality-assured products substantially improved. 3.3 Health information systems strengthened, and digital transformation implemented.	4.1 Equity in access to quality services improved for noncommunicable diseases, mental health conditions, and communicable diseases , while addressing antimicrobial resistance . 4.2 Equity in access to sexual, reproductive, maternal, newborn, child, adolescent, older and other population-specific health and nutrition services and immunization coverage improved. 4.3 Financial protection improved by reducing out-of-pocket health expenditures , especially for the most vulnerable.	5.1. Risks of health emergencies from all hazards reduced and impact mitigated. 5.2. Preparedness, readiness and resilience for health emergencies enhanced.	6.1. Detection of and response to acute public health threats is rapid and effective. 6.2. Access to essential health services during emergencies is sustained and equitable.
WHO CORPORATE OUTCOMES (CROSS-CUTTING):					
Power	<ol style="list-style-type: none"> 1. Effective WHO health leadership through convening, agenda-setting, partnerships and communication advances GPW14 outcomes. 2. Timely delivery and uptake of high-quality WHO normative, technical and data products enables impact at country level. 3. WHO tailored country support and cooperation accelerates progress on health. 				
Performance	<ol style="list-style-type: none"> 1. A sustainably financed and efficiently managed WHO, with stronger oversight and accountability and regional and country capacities better enables its workforce, partners and Member States. 				

3. Why is change necessary?

3.1 A healthier Region requires new ways of working for better results

Health systems need major reform to effectively address current and future demands. While historical successes have been notable, today's health systems are grappling to effectively address numerous challenges. These challenges include demographical shifts, epidemiological transitions, climate change impacts, the rise of emerging and re-emerging diseases and other health emergencies. Additionally, factors such as the evolving global geopolitical landscape and growing health and social inequities further strain collective effort to improve health and well-being.

Since the adoption of the SDGs in 2015, the global landscape has undergone substantial changes, with profound implications for human health and well-being in every country and community. Reaffirming commitments at all levels is urgently needed to revitalize the original ambition of the Sustainable Development Agenda, as well as to "future-proof" health systems to respond to the evolving challenges of a post-SDGs world.

In the wake of COVID-19, the changing goalposts in health and well-being are obvious: there is renewed understanding from political leaders to the people they serve of the centrality of health and well-being in social and economic development ecosystems. Health has been regarded as an irreplaceable foundation for human capital and social development and prosperity. The concept that no one is safe until everyone is safe has gained prominence, emphasizing the interconnectedness of global health.

Meanwhile, it is essential to acknowledge that the determinants of health and well-being extend beyond the confines of the health system. Factors such as economic conditions, demographic trends, environmental degradation, and technology disruptions exert a significant influence. A broader paradigm can promote comprehensive health and well-being and sustainable human capital, social and economic development.

Embracing a holistic approach requires a deeper understanding of determinants beyond the health sector and dynamic social structures. Addressing fragmentation within health

systems, characterized by isolated programmes and imbalances in service delivery with a focus on curative care, necessitates robust leadership and governance across sectors. “Future-ready” health systems must demonstrate resilience in addressing multiple and simultaneous challenges, encompassing economic, epidemiological, demographic, climate change and environmental dimensions, alongside technology advancements and infrastructure imperatives.

3.2 A healthier Region in an evolving global health landscape

Governments can no longer operate in isolation. There is a pressing need for a more equitable and robust global health ecosystem. Global health is defined as a gamut of multidisciplinary, comprehensive and collaborative actions to address complex health challenges and to improve the health and well-being of the global population. Over the past two decades, various actors, including academia, overseas development organizations, and private sectors, have proliferated in the global health domain. Private sectors and philanthropic organizations have an increasing role to play in shaping the global health agenda, both upstream and downstream. This evolving landscape underscores the need for enhanced coordination and collaboration, particularly with intergovernmental structures, such as the Association of Southeast Asian Nations (ASEAN) and South Asian Association for Regional Cooperation (SAARC); and groups of countries such as BRICS, BIMSTEC and G20, which hold the potential to improve the health and well-being of the population in the Region.

Meanwhile, the COVID-19 pandemic and other recent humanitarian crises have re-patterned the demand for a better global health response. The global community has been reshaping modalities, resources and efforts in addressing health emergency preparedness and response in the long term. Addressing the rise in health inequities, across and within societies, has been identified as a key approach to promoting health for all, for everyone everywhere.

As the only Member States-led UN agency for health, the World Health Organization retains the precise potential to advance health and well-being outcomes through strategic leadership, leveraging multisectoral collaboration and evidence-based interventions for tracking health determinants. As the global guardian for health and well-being, WHO is called upon to better coordinate, collaborate and engage with these entities to improve health outcomes in the SE Asia Region.

3.3 A healthier Region requires more than targets and guidelines; it needs Action, Accountability and Capacity

Establishing technical goals and targets serves as a crucial initial step, but sustainable impact requires actionable steps and robust accountability measures. It is imperative that

commitments are followed by concrete actions and robust accountability mechanisms to drive progress, identify gaps, address root causes, allocate resources, foster collaboration, monitor progress, and achieve sustainable impact in improving health and well-being outcomes. In addition, effective knowledge management, including drawing insights from the lessons learned and promoting evidence-guided actions, can significantly enhance and sustain public health advancements.

Given the halfway point of the SDGs era and the abundance of already-agreed technical targets and indicators, merely adding new programmatic targets may yield minimal impact on the ground. Instead, strategic tactical enablers and concerted efforts from stakeholders are essential to bring the Region back on track towards achieving its goals. This approach emphasizes the importance of leveraging existing frameworks and partnerships, prioritizing strategic high-impact actions, and ensuring effective implementation to bring about meaningful and sustainable change.

WHO's normative and technical functions are and will be pivotal in the global health ecosystem. WHO produces hundreds of evidence-based quality-assured technical and other normative products every year. These "WHO technical products" serve as global public goods, and include situation reports, technical guidelines, policy recommendations, standards, and nomenclatures, all of which are benchmarks for the pursuit of holistic health and instrumental in guiding the work of Member States and partners. WHO, however, needs to further strengthen its normative functions to ensure quality, timeliness and alignment of WHO technical products, promote coordination within WHO entities and with government technical institutions, WHO collaborating centres, and other external partners.

In reality, ineffective implementation, including implementation deficits, results in a disparity between policy intentions and impact on the ground. Overcoming these challenges requires not just knowing what to do but also possessing the "implementation knowhow" to effectively execute policies, programmes and interventions that will achieve the desired outcomes/impact. These actions include effective adoption and adaptation of global and regional guidelines and standards into national and subnational levels.

Addressing implementation deficits requires building capacities at all stages; from planning, monitoring and evaluation, fostering adaptive management, and cultivating learning organization cultures; as well as strengthening capacity to deliver effective health and social care on the ground. It is imperative for WHO to collaborate with governments, international organizations, educational institutions, and other stakeholders to bridge the knowledge translation gaps, including through capitalizing digital technologies, aligning with country needs, and maintaining credibility while incorporating key perspectives such as equity, quality of life and well-being, and behavioural science approaches. Local stakeholder engagement and empowerment are particularly vital for ensuring the context relevancy of policies and programmes.

4. Tactical approaches to enhancing results and resilience

In enhancing actions, capacity and accountability to realize the vision of a Healthier South-East Asia Region, through holistic, equitable, innovative, and sustainable country-led approaches with WHO as enabler, and address the identified systems gaps, a strategic framework known as the **WHO SE Asia Regional Roadmap for Results and Resilience 2024–2029** (hereafter referred to as the “Roadmap”) has been developed in consultation with Member States. This strategic framework aims to harness the synergistic contributions of WHO to support governments and partners in addressing key public health priorities and achieving sustainable health impact at subnational, national and regional levels. Through the Roadmap, WHO will prioritize initiatives that drive results, foster collaboration across sectors to improve health outcomes, promote resilience, and enhance the health and well-being of people and communities across the Region in the next five years.

Numerous health and health-related targets, agreed upon at a high level, such as the SDGs, GPW, World Health Assembly and regional committees, allow us to track progress in an effort to improve health and well-being in the Region. The realization of this Healthier Region vision could be monitored through those agreed targets and monitoring frameworks (e.g. SDGs), rather than creating a new set of targets and indicators.

This Roadmap is a/an

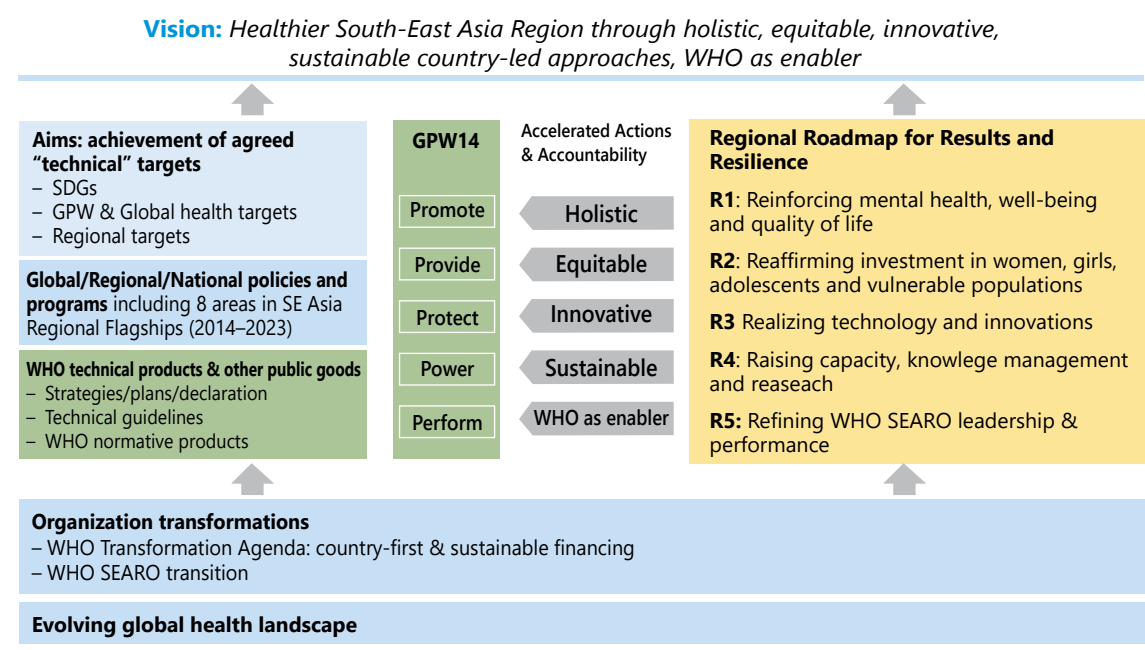
- **“tactical approach”**, not the selected technical/programmatic priorities. The Roadmap does not change “what”, but “how” WHO, governments and partners will do;
- **“catalyser”** for sustainable changes, especially in the achievement of the agreed health-related SDG and other targets, and better and fairer people-centred health systems;
- **“enhancer”** for the values and contribution of WHO, with a focus on WHO’s comparative advantages, including being the only intergovernmental UN agency for health, having the convening and collaboration mandate with its social and intellectual assets;
- **“shared framework”**, agreed upon and jointly owned by Member States, partners and WHO, and developed through a participatory consultative process;

- set of **ideological principles**, designed to enhance, accelerate and sustain the achievements of global/regional/national targets and expected to provide guidance for the implementation of strategies/plans in the SE Asia Region;
- a **“mainstreaming approach”** to hasten the meaningful implementation of GPW13 and GPW14, through better contextualization of these global policy initiatives with regional demand, system, actors, capacity and resources; as well as the implementation of country cooperation strategies.

The Roadmap does not replace technical/programmatic commitment, priority, strategy or plan set up at the national/regional/global level, but will work as a catalyser and enhancer.

The Roadmap is applicable to all technical programme areas. However, the Roadmap cannot be implemented as it is but requires **contextualization** efforts, so that each component can be applied to specific programmes and settings, especially in the planning of policy, programme and activity.

Diagram 4: Position of the Roadmap in relation to the WHO technical programmes of work, technical products, GPW14, transformation and a regional vision



The Regional Roadmap consists of five interconnected components designed to be universally applicable across all technical programmatic areas, the SE Asia Region at the country and Regional Office levels, and in all regional geographical settings. These components also extend support across all stages of the policy process, spanning from planning to implementation and resource allocation to monitoring. While each

component can be implemented independently, they are designed to complement one another for maximum impact. The first four components are focused on technical/ programmatic areas of health, through four mechanisms, including the following:

- **HOLISTIC**: broadening the scope of health and well-being through promotion of comprehensive approaches that address the social, economic, and environmental determinants of health and well-being, through a broad span of health services; from health promotion, prevention, curative treatment to rehabilitation;
- **EQUITABLE**: focusing on equity and disadvantaged groups to reduce health disparities and ensure that vulnerable and marginalized populations have equitable access to quality health services and opportunities for well-being;
- **INNOVATIVE**: capitalizing on innovations in leveraging advancements in technology, research, and best practices to enhance the effectiveness and efficiency of health interventions;
- **SUSTAINABLE**: building a stronger foundation to achieve results and resilience through strengthening health system capacity, including infrastructure, and workforce, people and community; especially through knowledge management.

Meanwhile, the fifth component: WHO as **ENABLER**, pertains to WHO's internal operations, aiming to enhance organizational efficiency and effectiveness in supporting the implementation of the Roadmap and achieving its objectives.

5. Roadmap components

Make our approaches more **HOLISTIC**, through

R1: Reinforcing mental health, well-being and quality of life for all

This component aims to promote a holistic/comprehensive approach to all public health and health-care programmes; from health promotion to rehabilitation; and across the life-course. It ensures that mental health is integral to the overall health, well-being and quality of life of the population.

WHY?

Notwithstanding its significance in WHO's definition of health, well-being is a lost-in-translation concept. Prevailing disease prevention paradigms, the dominance of the medical model of health, and social stigma contribute to the perception of well-being as an abstract, unimplementable notion. Health policy-makers and implementing partners often prioritize mortality and morbidity data over the quality of life of people living with diseases, as well as their families and caregivers, and the broader health workforce.

Despite this clear coexistence, mental health and well-being often receive less priority in public health programmes. Severe chronic underfunding for mental health programmes has led to limited capacity, especially in the mental health workforce. It is crucial to acknowledge the interconnectedness between mental health issues and other health problems, such as communicable diseases, noncommunicable diseases (NCDs) and health emergency situations.

HOW?

The first component (R1) emphasizes the importance of adopting a mental health, well-being, and quality-of-life lens across all public health endeavours, including addressing the social determinants of health. By integrating this lens into public health efforts, we can develop more holistic approaches that promote overall well-being and improve health and quality-of-life outcomes for individuals and communities, not only limited to

patients. It starts with a paradigm shift within public health programmes in the SE Asia Region to recognize the importance of mental health, well-being and quality of life, and view them as essential components of sustainable health, well-being and socioeconomic development.

Increased investment in infrastructure of mental health systems, including financial investment and human resources, is the entry step for this component. This component, however, does not aim to spread limited resources across separate domains of physical and mental health. This tactical approach also encourages multisectoral actions in addressing the social determinants of mental health, well-being and quality of life, such as detection of and early interventions for mental health risks in the health emergency response of both affected populations and responders.

Design of public health programmes can benefit from adding views of other disciplines such as social sciences, anthropology, and humanity. Public awareness is crucial in promoting mental health, well-being and quality of life; including to promote social support. Mental health, well-being and quality of life are subjective conditions; Bhutan's experience in promoting Gross National Happiness provides a great example of bringing a subjective agenda into action.

What success of R1 may look like:

- Adequate consideration of the implications of mental health, well-being and quality of life in all health policy planning
- Strengthened mental health infrastructure that can be integrated into health system components and programmes.

Examples of how the application of R1 can make a difference:

Promote

- *Enhance the quality of life for patients and families in the field of rehabilitative and palliative care.*
- *Establish a strong referral and counselling system with the Ministry of Education, municipalities, and other agencies on child abuse, bullying and children with learning disabilities.*

Provide

- *Conduct opportunistic screening for and treatment of NCDs among people with mental health disorders at the primary health-care level.*
- *Strengthen community-based mental health services within PHC and engage people with lived experiences in policies and programme implementation.*

Protect

- *Set up and train a roster of mental health personnel for detection and early treatment of mental health risks in the health emergency response.*
- *Mental health intervention/programme plans must be included throughout the emergency risk cycle, from preparedness to response and recovery.*

Power & Perform

- *Advocate for a budget increase for mental health programmes.*
- *Advance efforts to measure well-being and quality of life.*

Make our approaches more **EQUITABLE**, through

R2: Reaffirming investment in women, girls, adolescents and vulnerable populations

Those who traditionally suffer from health inequity, such as girls and women, adolescents and vulnerable populations⁵ are the drivers of sustainable development, and powerful agents of change. Healthy and empowered women, girls and vulnerable populations are a social asset for sustainable and equitable socioeconomic development.

WHY?

The second component aims to promote fairer health systems, by addressing health inequity, treating the ones who need the most first. Around the world, women face greater individual and societal challenges, often stemming from historical discrimination embedded across many societies and cultures, which impedes their ability to maintain good health. Addressing gender inequities in health can both improve access to care and health outcomes for women and drive positive societal impact overall. Strategic investments in the health of women, girls and vulnerable population groups yield multiplicative and multigenerational effects, beyond health. Meanwhile, strategic investment in adolescent health is essential for promoting healthy socioeconomic development, preventing health risks and health problems before their onset, and supporting the well-being of young people, who are the human capital of tomorrow.

⁵ Vulnerable populations in this document refer to those at greater risk for a poor health status, experiencing significant disparities in the right to health, and having poorer health outcomes; including, but not limited to, economically disadvantaged persons, racial and ethnic minorities, those with disabilities and undesirable conditions. Vulnerability statuses are different across societies, systems and for health programmes; therefore, it requires effort to specify in a particular context.

HOW?

This health equity and life-course approach can channelize better resource mobilization and allocation to address the needs of vulnerable populations in realizing the vision of universal health care (UHC) on leaving no one behind; as well as in empowering people and communities. Implementation of this component can be built upon experiences in the work of the Gender, Equity, and Human Rights (WHO GER) programme. It can also promote community health models and grassroots-level learning through a change in health-seeking behaviour based on best community practices.

Meanwhile, improving the health and well-being of women, girls, adolescents and vulnerable populations requires investment in, and working across, health-affecting sectors, such as education, water and sanitation, and pollution. Vulnerable populations may face multiple barriers to health; designing the programme to “reach out” to them is therefore significant.

Availability of accurate disaggregated data for health conditions and social determinants is the most important requirement in the effort to address health inequity, from policy formulation, implementation and tracking progress. Investment in targeted and tailored interventions for vulnerable populations is essential for enhancing the outcomes of health programmes and promoting health equity for all. It can significantly boost effectiveness and efficiency of the health system, including through prevention and early detection of high-risk groups; addressing barriers, stigma and discrimination, promoting community engagement and trust in people-centred health systems; and strengthening social protection mechanisms.

What success of R2 may look like:

- Thoughtful deliberation on the potential roles of and impact on women, children and vulnerable population groups in the design of health programmes
- Disaggregated health data available to trace health inequities
- Meaningful collaboration with health-affecting sectors to address the social determinants of health, with a focus on vulnerable populations.

Examples of how the application of R2 can make a difference:

Promote

- *Advocate for investment in women and girls in other sectors such as education, access to water and sanitation.*
- *Promote and empower communities to undertake self-care, family and community care to take the burden off primary care services.*

Provide

- *Prioritize unmet needs and foregone care in upscaling UHC resource mobilization.*
- *Address physical, social, transportation, language and cultural barriers, as well as stigma to improve access to care among hard-to-reach populations and persons with disabilities.*
- *Employ local female volunteers to increase immunization coverage, antenatal care (ANC), postnatal care (PNC) and care for safe comprehensive abortion.*

Protect

- *Strengthen the disease surveillance mechanism with a focus on high-risk and marginalized populations.*
- *Ensure inclusive planning and decision-making in health emergency response and preparedness, with meaningful involvement of most affected populations.*

Power & Perform

- *Prioritize resource allocation to high-burden settings where interventions will have a clear health impact, such as areas and population groups with high tobacco use.*
- *Ensure the availability of disaggregated data as the foundation for a fairer health system.*

Make our approaches more **INNOVATIVE**, through

R3: Realizing access to technology and innovations

Innovation is about the practical implementation of “new” approach(es); new ideas, methods, devices or services. Apart from technology advancements, other types of innovations, such as policy, management and social innovations, all have the potential to be game-changers when effectively leveraged.

WHY?

One key demand in the Region is to devise technology and other innovations in promoting health system resilience, including to climate change and capacity shortage. Implementation of this component is closely related to the next component (R4) on capacity-building and knowledge management, while social acceptance and public literacy are key factors.

The impact of the digital revolution on health care holds immense promise, ranging from telemedicine and remote patient monitoring to data-driven creatives, and precision and personalized approaches, as well as integration and interoperability of various data sources. Integrating technological innovations into health systems stands to significantly

enhance efficiency, accessibility, affordability and quality of care. This ultimately leads to improved health outcomes, patient empowerment and experiences and, finally, overall health systems strengthening.

Social innovations play a crucial role in driving positive social change, sometimes at lower cost, by challenging existing norms, fostering collaboration and creativity, and empowering communities in innovative and effective ways. For health, policy innovation refers to the formulation and implementation of new or revised policies to address emerging public health challenges for the betterment of health and well-being at a collective level.

HOW?

Technology and innovation will continue to evolve. With the quick growth of hard-to-control technology, a comprehensive ecosystem approach is a must. Problems arise when access to technology, or the capacity of and affordability for people who need them the most is not realized. In such cases, inequities will continue. WHO has a potential role to play in working with and strengthening governance mechanisms and capacities to regulate and promote optimal and ethical use of technology in health. Big data collection and management can provide valuable insights into epidemiological and medical patterns, risk factors and determinants, health behaviours, and outcomes at both the individual and population levels. Artificial intelligence (AI) has emerged as a transformative force in health-care delivery and public health programmes, with beneficiaries ranging from individuals to the whole of society. Ethically developed and implemented AI applications can revolutionize disease detection, coverage and response, optimize resource allocation, and address health disparities more effectively.

By addressing the root causes of health disparities and promoting community engagement, social innovations have the potential to transform health systems and improve health outcomes. Context-specific social innovations tailored to the unique needs and preferences of communities through local solutions, such as community actions and social volunteers, mobilize local resources and expertise to address specific social challenges.

Policy innovation needs to adapt to evolving social and technological contexts and address grassroots-level problems, as well as advance evidence-based approaches. Innovative financing for health and public-private partnership projects are examples. A cohesive approach with targeted investment is needed in this area while capitalizing on the available human and social resources in the Region to become a trailblazer in this area of work.

What success of R3 may look like:

- Exploring and addressing the potential of digital technology and other innovations
- Ensuring an enabling ecosystem for innovations in health programmes, including innovation sandbox model*.

[* innovation sandbox is a safe environment that encourages stakeholders to collectively build creative, innovative concepts and solutions, without risks associated with barriers]

A few examples of how the application of R3 can make a difference:

Promote

- *Apply behavioural science and an ecosystem approach in designing health promotion campaigns.*
- *Collaborate with urban planners, law makers, communities and youth groups to design health-promoting cities and neighbourhoods.*

Provide

- *Develop standards for telehealth systems and adjust telehealth platforms to compliment and expand the reach of existing health-care provision and programmes.*
- *Introduce innovative provider payment mechanisms to incentivize providers to improve the quality of treatment.*

Protect

- *Implement innovative health information systems that integrate data and intelligence from various sources to enhance disease surveillance and early detection of health threats.*
- *Innovative supply chain management practices can ensure the availability and distribution of essential medical supplies, vaccines, and pharmaceuticals during health emergencies.*

Power & Perform

- *Convene multisectoral collaboration in promoting ethical standards for the application of AI for health.*
- *Facilitate country exchange in using digital applications for health systems management, including a real-time dashboard to support better resource allocation, planning, and implementation.*

Make our approaches more **SUSTAINABLE**, through

R4: Raising capacity, knowledge management and research

Capacity-building is not a “disposable” expense, but an investment in the bedrock of health systems. Despite advances in technology, human resources for health remain the backbone of the system.

WHY?

Capacity-building goes beyond just training of individual health and care workers. Collective “system capacity-building” can enhance the skills, knowledge, resources, and infrastructure of the whole health system. Competency deficits in health and care workers might be the result of insufficient preparation via preservice education as well as ineffective in-service training and supervision. Capacity, especially, at grassroots level, is essential in delivering public health programmes to the population. The Region, therefore, should strategize and facilitate efforts to strengthen health workforce capacity to achieve the expected impact at country level.

In the health system context, knowledge management is the process of gathering, storing, and leveraging knowledge and wisdom for the betterment of health and well-being. It includes knowledge creation, especially research, knowledge storage, knowledge-sharing, knowledge application for policy and practice, and knowledge governance.

HOW?

Collaboration across institutions, South–South collaboration, networks of experts and change makers, communities of practice, and knowledge hubs are some supreme forms of capacity-building. While capacity-building begins with a growth mindset, technology allows such executions on a grand scale and at low cost, such as e-learning courses and other web-based training modalities. Capacity-building involves and can strengthen every component of the health system, which is necessary to deliver people-centred, quality, accessible, and equitable health services.

Normative function is a privilege of WHO, the quality and timeliness of research outputs and technical products play a pivotal role in facilitating evidence-informed policy decisions. However, it is also important for WHO to ensure knowledge utilization, including in promoting simplified user-friendly products such as in local languages and the appropriate use of technology, such as AI, mobile apps, and Chatbot. WHO Academy is a new initiative to promote health as a learning system. In the evolving global health landscape, global health diplomacy skills and capacity to adapt and adopt public health goods (guidelines) are in high demand.

Implementation research can facilitate the scale up and sustenance of evidence-based interventions and policies, as well as promote implementation effectiveness and efficiency. WHO should also enhance its research guidance and research translation capacity, by supporting research institutions, facilitating and promoting knowledge-sharing, and fostering partnerships between academic institutions, governments, and the private sector. Additionally, the sharing of country best practices and expertise through international centres of excellence, knowledge hubs, and linkage between WHO collaborating centres and other academic institutions, including twinning programmes between South–South institutions, have been identified as “low-hanging fruit” in the Region.

What success of R4 may look like:

- Providing enough consideration to sustainable capacity-building
- Meaningfully engaging WHO collaborating centres and academic sectors in addressing implementation know-how.

A few examples of how the application of R4 can make a difference:

Promote

- *Monitor and evaluate the impact of health promotion interventions using both quantitative and qualitative data.*
- *Establish networks of academic institutions and WHO centres on climate change and health.*

Provide

- *Conduct marketplace “demand-meets-supply” mechanisms for researchers, funders, brokers and users under the SE Asia Region PHC forum.*
- *Build capacity in financial management for UHC, including national health accounts, budgeting, revenue generation, and resource allocation.*

Protect

- *Conduct training for health emergency workforces, including the Field Epidemiology Training Program, and emergency medical teams.*
- *Map expertise and develop regional networks of poison centres.*

Power & Perform

- *Conduct global health diplomacy courses to strengthen Member States.*
- *Ensure that WHO technical products are user-friendly and available in multiple formats for better outreach.*

Make WHO an **ENABLER**, through

R5: Refining WHO leadership and performance

WHO's performance must be efficient and fit-for-purpose for it to fulfil its mandate of fostering a healthier Region.

WHY?

Given the complexities of the global health landscape and the imperatives outlined in the GPW14 and the WHO Transformation Agenda, there is a pressing need for WHO to enhance its agility, accountability, operational efficiency, and value for money in supporting its Member States. WHO has unique strengths, including a robust presence in all countries of the Region and strong relationships with national health authorities. Leveraging these strengths, WHO should enhance its advocacy to champion key policy developments and system-strengthening initiatives. While WHO possesses significant potential to address current and future health challenges in the Region, this remains largely untapped.

HOW?

The Regional Director's vision clearly identifies key actions:

- Partnership and collaboration
- Strategic resource mobilization
- Applying delivery strategies for country support (technical and operational)
- Participatory engagement in progress monitoring and reporting.

WHO should also harness its convening power to foster partnerships and multisectoral collaboration with diverse stakeholders beyond the health sector, at all levels, including grassroots communities. By promoting whole-of-society and whole-of-government approaches through health in all policies, WHO can foster closer collaboration with diverse stakeholders beyond the health sector, such as governments, civil society organizations, academia, and the private sector.

WHO should mobilize partnerships with not only development philanthropic partners, but also with academic partners and implementation partners, including civil society, patient groups and communities. As the specialized agency for health, WHO must take the lead in promoting synergy across UN agencies, international partners, and stakeholders to advance health and well-being.

In this time of information overload, there is a need to simplify technical evidence to promote its uptake. WHO should lead by example of being a learning organization

through a robust assessment process, as well as linking evaluation results and operation practices, to ensure its fit-for-purpose status. By leveraging these functions, WHO can formulate strategic support tailored to the needs of Member States to enhance the effectiveness of its interventions and achieve the desired health outcomes and impacts. These changes require WHO to work more “end-to-end”, rather than being merely a technical and non-implementing agency. Strengthening WHO capacity in communication, especially at country office level, and in supply chain management have been identified as key requirements.

Resource mobilization for health and well-being goes beyond just financial resources. It also entails harnessing social resources, technical resources (such as data, expertise, and implementation know-how), human resources, institutional and network resources, and cultural resources such as social influencers (champions/ambassadors). Normative functions play a crucial role in situation monitoring, reporting, and providing intellectual influences to drive policy changes at the country level.

What success of R5 may look like:

- WHO able to mobilize human/technical/financial resources and partnerships with academic/development/implementation agencies to support Member States.

A few examples of how the application of R5 can make a difference:

Power & Perform

- *Ensure that all WHO documents have a linked advocacy package.*
- *Design more end-to-end support with robust monitoring, including clear deliverables and contributions.*
- *Advocate for the availability and accessibility of medicines and products, including technology transfer and supply chain management.*
- *Set common goals/targets and common contributions, and conduct comprehensive assessment for quadripartite One Health support to the Region on antimicrobial resistance (with WOAHA, FAO and UNEP).*
- *Designate and give recognition to change-making champions in health campaigns.*
- *Ensure the presence of partners and meaningful engagement in regional technical meetings.*
- *Convene regular high-level policy dialogue with governments and partners.*

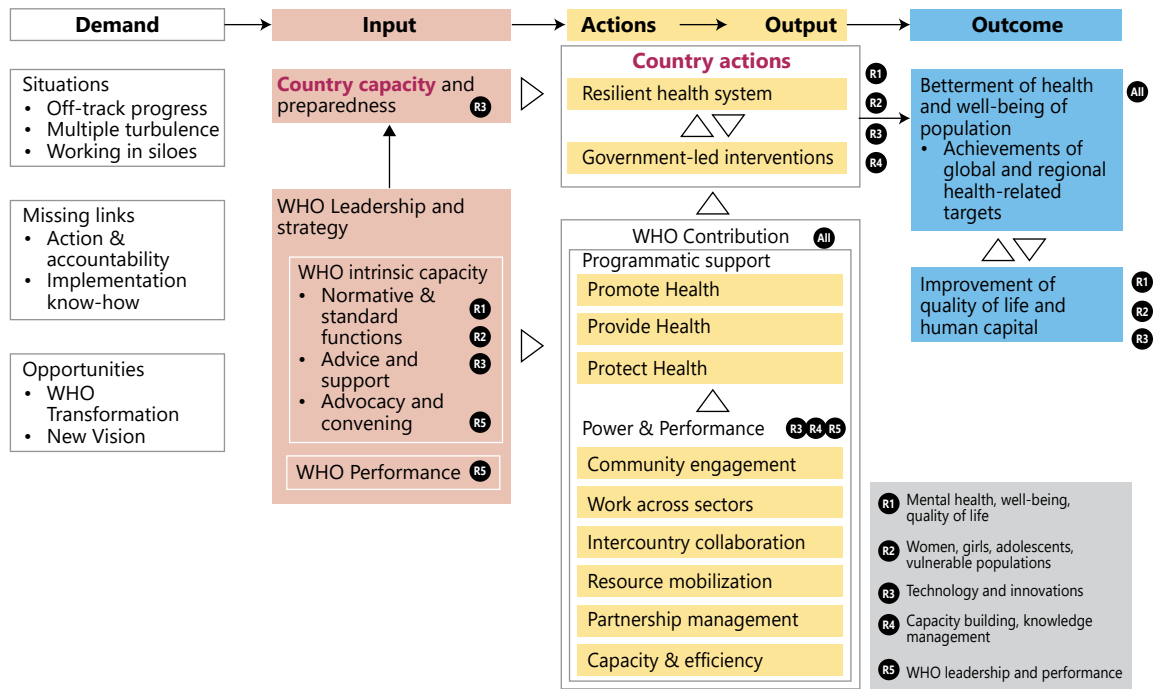
6. How the Roadmap could lead to results and resilience: Theory of Change

In realizing the vision of a Healthier South-East Asia Region, the implementation of the Roadmap requires two key intermediate mechanisms: (1) country system capacity; and (2) country actions. The Roadmap serves as a strategic tool to facilitate the achievement of the health-related SDGs and other global/regional/national targets; including through strengthened health system capacity and preparedness; strategized evidence-based and targeted public health interventions; enhanced health system resilience, monitoring accountability, collaboration, sustainability and efficiency.

Under a unified direction, the Roadmap can strengthen WHO's internal capacity to provide better support to Member States, in line with the WHO GPW14 five Ps (Promote, Provide, Protect, Power and Performance). Notably, the fifth component of the Roadmap aims to empower WHO, governments and other stakeholders through strategic improvement of WHO's performance, ultimately enhancing the effectiveness of health interventions in the Region.

Moreover, the Roadmap will promote the interconnectedness between health and other sectors, especially in promoting human capital in the form of healthier populations and workforces as a foundation for development of a sustainable socioeconomic environment.

Diagram 5: The Roadmap and Theory of Change



Roadmap implementation: measurement by SDG3 indicators. GPW, case studies and narratives

7. Implementation and monitoring framework of the Roadmap

As a shared strategic framework, ownership and engagement from Member States and partners is a key success factor in the implementation of this Roadmap. While the Roadmap presents a strategic framework for action, it has a few significant shortcomings that must be addressed to ensure its effective implementation.

- Implementation of the Roadmap requires further effort in contextualizing the concept to each public health programme and setting. The Roadmap is not a “ready-to-use” product or stand-alone framework. Its successful implementation requires scoping and mapping exercises to ensure its alignment with national strategies/policies/plans as well as with other global/regional policy frameworks/modalities, such as GPW14 and the SDGs.
- The Roadmap serves primarily as a conceptual framework rather than prescribing specific activities or programmes. Each component of the Roadmap is a “generic” concept; its implementation relies on resources, budget allocation and prioritization from programmatic areas that are developed based on national, regional and global priorities.
- The Roadmap is a tactical approach; measuring the implementation of the Roadmap concepts, particularly quantitative targets and indicators, can be challenging.

To assess its ultimate impact, it is essential to link the Roadmap’s implementation with the achievement of the health-related SDGs and other agreed global and regional targets. The limited availability of data in the Region, for example, disaggregated data, can become a bottleneck in tackling the progress of implementation.

Additionally, qualitative assessments, including case study narratives, or story-telling anecdotes from the countries of the SE Asia Region can provide valuable insights into the Roadmap’s significance and relevance in real-world contexts.

To overcome these limitations and promote effective implementation, several measures can be undertaken. These are, for example;

- regular policy discourse between WHO, governments, partners;
- clear and coherent policy direction from WHO senior management with support from Member States and partners;

- checklists for planning and executing activities;
- learning mechanisms to share good practices across units and departments;
- aligning the Roadmap's principles and strategies with WHO's country cooperation strategies;
- regular feedback from Member States and partners, including progress reports through WHO governing bodies.

Annex

Examples of comprehensive use of the Roadmap at the programmatic level (using TB prevention and control as model)

Actions	
R1 Mental health, well-being and quality of life	<ul style="list-style-type: none">• Holistic concerns for people living with TB, caregivers and families• Understanding the determinants of TB, and adhering to treatment and addressing these factors• Addressing stigma and discrimination towards TB patients and their families• Disability prevention and rehabilitation among TB patients• Reducing human suffering through social protection of TB patients and their families
R2 Investment in women, girls, adolescents and vulnerable populations	<ul style="list-style-type: none">• Enhanced case-finding among high-risk and marginalized populations• Improved coverage with equitable access to TB preventive, diagnostic, treatment and care services• Addressing barriers to diagnosis and treatment among hard-to-reach populations• Female community volunteers to increase treatment adherence• Empowering women to tackle malnutrition among TB cases
R3 Technology and innovations	<ul style="list-style-type: none">• Scale up of innovative screening and diagnostic methods and technologies, and roll-out of newer regimens for TB• Enhanced use of AI in diagnosis and telemedicine for treatment access and adherence• Advocating investments, South–South collaboration and technology transfer for development of a better TB vaccine• Innovation in the delivery of social protection, including financial incentives/nutrition package for TB patients, their families, and health workforce• Data-driven/evidence-based resource allocation and planning

Actions

R4 Capacity-building, knowledge management and research

- Regional knowledge hub and communities of practice for TB
- Step-wise e-training courses for the health workforce and system manager
- Mapping of TB control capacity on the ground
- Earmarking research funding and prioritizing national research plans for people-oriented research

R5 Refining WHO SEARO leadership and performance

- Community empowerment and engagement
- Advocacy for system strengthening investments
- Collaboration with philanthropic, implementation and academic partners
- Evaluation of the WHO TB programme with a focus on country impact
- Accountability framework for multisectoral collaborative actions



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