



(Photo courtesy of Ministry of Health, Malaysia)

Towards Harmonisation of Traditional Medicine Practices

Malaysia's Health Minister Dato' Sri Liow Tiong Lai launched the 4th Conference on Traditional Medicine in ASEAN Countries on 26-28 November 2012 in Kuala Lumpur, Malaysia. The conference was co-sponsored by the Nippon Foundation and the Ministry of Health Malaysia in cooperation with ASEAN Secretariat, and attended by around 300 participants. It carried the theme "Towards Harmonisation of Traditional Medicine Practices."

Traditional Medicine is an ancient medical practice which has evolved to reflect different philosophical background and cultural origin. About 80% of the rural population in some Asian and African countries depend on traditional medicine for primary health care purposes. In many countries traditional medicine is not included as a part of the healthcare system recognised by

the government due to its non-standardised practise, however, there is now a paradigm shift towards integrated medicine that drives the establishment of strategic framework for Traditional Medicine practices.

Dr. Goh Cheng Soon, Director of the Traditional and Complementary Division of the Ministry of Health Malaysia welcomed the participants of the conference and encouraging messages were provided by H.E. Alicia Dela Rosa Bala, Deputy Secretary-General for the ASEAN Socio-Cultural Community of the ASEAN Secretariat, Tatsuki Nakajima from the Nippon Foundation, and a representative from the World Health Organization – Western Pacific Regional Office. After the opening ceremonies, the ASEAN Member States (AMS) presented their country reports. Japan, South Korea and China also presented research studies on medicinal

plants and outcomes of traditional medicine practices. Moreover, four concept papers from Indonesia, Malaysia, Myanmar and Thailand were discussed in concurrent workshops. On the final day of the conference, the Kuala Lumpur Declaration on Traditional Medicine in ASEAN was unveiled.

The next day, 29 November 2012, the 3rd Meeting of the ASEAN Task Force on Traditional Medicine was held with Malaysia and Myanmar as chair and deputy chair, respectively. The meeting discussed accelerating the implementation of the ASEAN Work Plan on Traditional Medicine.

These two events paved the way forward for ASEAN collaboration on Traditional Medicine in increasing access to health services for ASEAN people as stipulated in the ASEAN Socio-Cultural Blueprint.

Turn to back page for the Kuala Lumpur Declaration...



Establishing ASEAN + 3 FETN Conference in Bangkok, Thailand on 24-25 January 2011. It is composed of field epidemiology training program directors and authorities from ASEAN Member Countries and the Plus Three Countries, namely: Brunei Darussalam, Cambodia, China, Indonesia, Japan, Lao PDR, Malaysia, Myanmar, Republic of Korea, Singapore, Thailand, Philippines and Vietnam. (Photo courtesy of ASEAN+3 FETN Coordinating Office)

ASEAN + 3 FETN: A Step Forward in Regional Outbreak Information Sharing

In 2011, the ASEAN Plus Three Field Epidemiology Training Network (ASEAN + 3 FETN) was established to enhance cooperation among the ASEAN Plus Three Countries through sharing of knowledge, resource, and experience in field epidemiology training, surveillance, and control of threats to public health. Information sharing among ASEAN Member States (AMS) continues to be a challenge in the region for various reasons, including inadequate capacity, technology infrastructure, and privacy regulations, among others.

The ASEAN + 3 FETN made progress in regional information sharing through both formal and informal mechanisms

and promoted the efforts to collaborate in shared public health concerns. Since the endorsed Strategic Workplan (2012-2015) was developed during the first FETN Steering Committee Meeting in Bangkok and Pattaya, Thailand in October 2011, the FETN conducted five regional video/teleconferences to discuss outbreak situations, surveillance and control methods for shared public health concerns, such as the severe form of hand, foot and mouth disease (HFMD).

Two regional videoconferences that shared situations on severe HFMD led to the recently conducted workshop on field epidemiology and surveillance of HFMD among ASEAN + 3 Countries in Ho Chi Minh

City, Vietnam on 29-30 October 2012, and regional capacity building activities were proposed to be launched by clinicians, laboratory professionals and epidemiologists in 2013.

Meanwhile, the outcome of the 2011 severe flood teleconference held in October 2011 was a workshop to examine the surveillance systems and response to natural disasters. Policy recommendations were identified and a manuscript is currently being developed. Over time and with consistent efforts of the AMS, outbreak information sharing may no longer be a challenge in the region.

(Ann Sangthong, ASEAN+3 FETN)

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Note: The articles were contributed by the focal point from each of the ASEAN health subsidiary bodies.

The Association of Southeast Asian Nations was established on 8 August 1967. The Member States of the Association are Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam. The ASEAN Secretariat is based in Jakarta, Indonesia.

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One Vision. One Identity. One Community.

ASEAN+3 FETN Collaboration to Control Hand, Foot and Mouth Disease

On 29-30 October 2012, the ASEAN Plus Three Field Epidemiology Training Network (FETN) held a workshop in Ho Chi Minh City, Vietnam to foster experience and share knowledge as well as explore relevant areas for collaboration in surveillance, clinical management and laboratory.

The workshop evolved from the concept paper on HFMD surveillance system and response developed following the first FETN Steering Committee Meeting in Thailand in October 2011 to the modified Terms of Reference that followed during the 2nd ASEAN + 3 Senior Officials Meeting on Health Development (SOMHD) Plus China in the Philippines in March 2012 where the senior officials expressed their concerns and tasked ASEAN + 3 FETN to address HFMD in an integrated and programmatic manner. Then, during the 2nd FETN Steering Committee Meeting in Thailand in July 2012, Vietnam cordially agreed to lead and host the HFMD workshop.

In attendance were representatives from Brunei Darussalam, Cambodia, Indonesia, Japan, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand, Viet Nam, ASEAN Secretariat, US Centers for Disease Prevention and Control, World Health Organization (WHO), Inviragen, Oxford University Clinical Research Unit, and Saw Swee School of Public Health. The workshop was organized by Vietnam's Ministry of Health (MoH), Field Epidemiology Training Program, Pasteur Institute Ho Chi Minh City, and ASEAN + 3 FETN Secretariat, with support from Australian Assistance for International Development (AusAID), Vietnam's MoH, the MoH and institutes of ASEAN + 3 countries utilizing the ASEAN cost sharing principle, and other participating organizations.



Hand, Foot and Mouth Disease. (Photo courtesy of the National Epidemiology Center, Department of Health, Philippines)

The experts presented their experiences in surveillance, clinical management and laboratory practice in the meeting to illustrate the HFMD situation in the region. Sessions on HFMD/severe enteroviral infection laboratory surveillance system development in Thailand and an update on Inviragen's Enterovirus (EV) 71 vaccine in development were also presented in the meeting.

The representatives from Cambodia, Malaysia, Thailand and Vietnam participated in a panel discussion that emphasized effective strategies to control and manage outbreaks include heightened surveillance, early detection, and coordination of control activities intra-department, inter-agencies, and sectors; subsequent public health actions such as the utilization of molecular techniques, an implemented national surveillance system for pediatric cardiopulmonary failure and fatal HFMD cases, and prompt risk communication in controlling the outbreak in Thailand in 2006; and the current campaign for improved hygiene practices in the community that may help alleviate mass media pressures, clinical management, and overwhelmed health facilities. Other ASEAN + 3 countries also shared their experiences, practices,

and challenges for HFMD through poster presentations and summaries displayed and disseminated, respectively.

Three working groups were convened to discuss surveillance, clinical management and laboratory using the following documents: Thailand's guidelines in HFMD/severe enteroviral infection in surveillance and laboratory, Thailand's HFMD/severe enteroviral infection clinical data collection form, and Management Algorithm in the WHO's Guide to Clinical Management and Public Health Response for HFMD.

The three groups identified gaps and proposed activities to address the issues on HFMD, including a workshop on building capacity of clinicians for severe HFMD case management among ASEAN + 3 countries with Vietnam as lead country; biosafety and biosecurity laboratory training workshop; development of a common HFMD investigation tool with Philippines as lead country; HFMD surveillance system evaluation workshop with Thailand as lead country; among other activities.

By the end of the workshop, the collaboration on HFMD was achieved across various sectors.

(Ann Sangthong, ASEAN+3 FETN)

Yangon Call for Action on the Prevention and Control of Dengue

Dengue remains a serious public health threat with 50–100 million infections and 20,000 deaths occurring annually worldwide, and the Asia Pacific Region

bearing 75% of the current global disease burden.

ASEAN has been coordinating with its member countries in the various

efforts to prevent and control dengue which include vector control, case management, surveillance, community empowerment, among others. However, the results seem

not optimal as dengue cases and deaths are continuously increasing.

In 2010, the ASEAN Health Ministers emphasized the need to address dengue by involving various stakeholders and declared June 15 as ASEAN Dengue Day. The date coincides with the month in which dengue infections in the region typically peak. Every year, the ASEAN Member States (AMS) simultaneously conduct activities to raise awareness on dengue and to mobilize resources for its prevention and control.

This year, the Republic of the Union of Myanmar took the lead in the conduct of the ASEAN Dengue Day at the regional level with activities like essay and poster competitions, health talks, exhibits, and observations of regional activities emphasizing grassroots level initiatives for local authorities' commitment. Myanmar also played host to the 2nd ASEAN Dengue Conference which was participated by the focal points and representatives from AMS, development partners, technical agencies and other stakeholders.

Myanmar took on the theme "ASEAN Unity for Dengue-Free Community" and reiterated ASEAN's call on all sectors

of society to unite in the battle against the disease as well as to find innovative ways to improve regional cooperation.

Dr. Soe Lwin Nyein, Myanmar's focal point of the Expert Group on Communicable Diseases (AEGCD), read the "Yangon Call for Action on the Control and Prevention of Dengue," to continue and further strengthen the actions and activities reflected in last year's Jakarta Call for Action including: implementation of the mechanisms and actions to be operationalized at the national and regional levels; development of key national indicators to measure the achievements and outcomes of dengue control; strengthening regional cooperation among AMS, Plus Three Countries as well as key development partners including WHO, UNICEF, AusAID, CDC, The Gates Foundation and others; and utilizing the ASEAN Dengue Day Conference as well as other mechanisms such as; regional workshops, seminars and exchange visits among AMS as platforms for sharing of information, experiences, good practices, monitoring progress and achievements.

The Yangon Call for Action also emphasized strengthening capacity in an

efficient and sustainable way by: identifying and prioritizing research areas to improve integrated vector management suitable for local epidemiological situation; enhancing core capacities of human resources covering surveillance, vector control and management, social mobilization and research; strengthening national health services to ensure early diagnosis and treatment; and developing and sharing innovative methods of obtaining community participation in dengue prevention and control activities.

Moreover, the Yangon Call for Action outlined the promotion of inter-sectoral collaboration, by: strengthening cooperation and collaboration in dengue prevention and control efforts, sharing experiences and promoting best practices with relevant ministries, city development committees, public and private sectors, academic societies, non-governmental organizations and others; increasing awareness of the community and non-health sectors' roles and responsibilities; collaborating with the school health programmes and involving the educational sectors on ASEAN Dengue Day; and enhancing collaborative activities identified in the "Jakarta Call for Action".

Mental Well-Being and Resilience Programme for Asian Communities Affected by Disasters

Singapore's Institute of Mental Health (IMH), with the support of the Temasek Foundation, Singapore, has partnered with three Asian healthcare organisations in 2012 to develop local capabilities in post-disaster mental health rehabilitation. IMH has signed a Collaboration Agreement with Galya Rajanagarindra Institute in Thailand, the West China Hospital, Sichuan University in China, and Rumah Sakit Dr. Cipto Mangunkusumo (RSCM) – the medical teaching hospital of the Faculty of Medicine, Universitas Indonesia.

Under the agreement, IMH will be providing consultancy and skills sharing to boost recovery and

preparedness of communities affected by disasters such as floods, volcanic eruptions,

typhoons and earthquakes. A total of 120 senior officers from government and healthcare sectors will be trained to develop policies, and to plan and enhance integrated community mental health programmes in their respective communities.

An additional 120 mental health and community-based professionals, consisting of psychiatrists, psychotherapists, nurses, family physicians, social workers and community leaders will also be equipped to be "master trainers". They will then customise programmes that best meet the needs of their local communities and train another 600 mental health



Dr Sirisak Thitidilokrat (2nd from left), director of the Galya Rajanagarindra Institute, and A/Prof Chua Hong Choon (2nd from right), chief executive officer of the Institute of Mental Health (Singapore), at the signing of the agreement of collaboration in Bangkok, Thailand in August 2012. (Photo courtesy of Institute of Mental Health, Singapore)

and community-based professionals through post-training sharing workshops.

The total cost of the programme is S\$2.38 million, largely enabled by a grant of S\$1.96 million from the Temasek Foundation. Benedict Cheong, chief executive officer of the Temasek Foundation said, "This programme is in line with Temasek Foundation's focus on capability building of communities in Asia. We hope that our support will encourage the sharing of knowledge and expertise between mental health professionals in Singapore and China, Indonesia and Thailand to build mental resilience and well-being for communities recovering from disasters, as well as enhance their disaster-preparedness."

Commenting on the initiative, Dr Sirisak Thitidilokrat, director of the Galya Rajanagarindra Institute, said: "Galya Rajanagarindra Institute is pleased to partner with the IMH, Singapore, in this initiative to strengthen community mental health capability in Asia, which is often impacted by disasters. This project will provide opportunities for Thailand and Singapore to exchange their knowledge, ideas, experiences

and technology in mental healthcare. We hope this partnership will enable our countries to support the ASEAN and international community in times of crises in the future."

Professor Shi Yingkang of the West China Hospital, Sichuan University, Chengdu, said, "Through the strength of this international collaboration, we would be able to explore models for post-disaster community mental health and psychosocial rehabilitation that is suitable for our culture. Our partnership also seeks to develop mental health services and build the capability of post-disaster mental health rehabilitation in our Asian communities, so as to contribute towards a harmonious and healthy society."

"Rumah Sakit Dr. Cipto Mangankusumo is pleased to be part of this regional programme as it serves as a platform for sharing and collaboration with our Asian counterparts. This collaboration will increase the shared understanding about disaster mental health among children and adolescents. We look forward to sharing expertise and best practices to enhance the capacity to conduct disaster mental health

training with our community partners related to children and adolescents, a population vulnerable to disaster trauma," said Dr. AAA Agung Kusumawardhani, SpKJ(K), consultant and chief of the Department of Psychiatry, RSCM, FKUI.

To further encourage knowledge sharing among mental health professionals in the region, a leadership forum has been planned to be held in Singapore in 2013. International experts and thought leaders in Asian community mental health will be invited to discuss policy development and planning and implementation of integrated mental health programmes in community settings in support of disaster preparedness in Asia. A/Prof Chua Hong Choon, IMH chief executive officer, said, "It is a great privilege for our hospital to work closely with our partners from Thailand, China and Indonesia. I am certain through these meaningful partnerships, there will be many more opportunities for mutual learning and sharing of best practices among the institutions."

(Christine Tan, Institute of Mental Health, Singapore)

Quality, Safety and Efficacy of Drugs in Indonesia

Indonesia's National Agency of Drug and Food Control (NADFC), in collaboration with the World Health Organization (WHO), conducted a training course on bioequivalence (BE) studies of IR dosage form and alternative dosage form and WHO Prequalification (PQ) programme on May 7-12, 2012 in Jakarta. The participants came from three ASEAN Member States – Malaysia, Singapore and Thailand, 8 BE study centers, 10 manufacturers, NADFC experts and staff, and WHO.

The twin objectives of the training aimed at increasing capacity and competency of regulatory evaluators, BE study centers and drug manufacturers on BE studies of immediate release, modified release, implants, inhaled and transdermal products, depot injections dosage form and alternative dosage form as well as on the importance

of WHO PQ Programme with respect to Bioavailability (BA) and BE requirements.

Among the strategies of the WHO PQ Programme are: apply unified standards of acceptable quality, safety and efficacy; comprehensively evaluate the quality, safety and efficacy of medicinal products, based on information submitted by the manufacturers, and inspection of the corresponding manufacturing and clinical sites; prequalify quality control laboratories of pharmaceuticals; and build the capacity of staff from national regulatory authorities, quality control laboratories, and from manufacturers or other private companies, to ensure medicines quality.

With regard to the regulation on BE study in Indonesia, the BE study centers need to increase compliance

with the global requirements in order for locally-manufactured drugs be acceptable throughout the world. On the other hand, the NADFC evaluators are assured that BE studies are conducted in accordance with the requirements.

With the emerging needs of ATM drugs in public health which is included in WHO PQ requirements, the training is expected to be a trigger for Indonesian products to be known as WHO PQ products as well as to lead the recognition for BE study centers from the WHO. The training is also significant in terms of enhancing the understanding of WHO PQ requirements by providing important inputs to safeguard public health and ensuring that medicines in Indonesia meet statutory requirements and international standards.

Full Term Review of the Malaysian National Medicines Policy

The Pharmaceutical Services Division (PSD) of the Ministry of Health in Malaysia held a workshop on the Full Term Review of the Malaysian National Medicines Policy (MNMP) in Kuala Lumpur on 15-17 October 2012. The objectives of the workshop were to review on the achievements, shortfalls and relevance of the present strategies which were implemented in 2006 – 2012 and to propose new components and strategies for the next five years.

The workshop involved all stakeholders as their inputs and agreements are valuable towards the formulation of the policy and to chart the journey of the pharmaceutical sector in the coming years. The workshop was attended by 150 participants from various professional bodies, relevant industry consumer associations, other government agencies, ministries and universities. Professor Lloyd Sansom from the University of South Australia was invited as consultant for the review and his participation was sponsored by the World Health Organization.



(Photo courtesy of Ministry of Health, Malaysia)

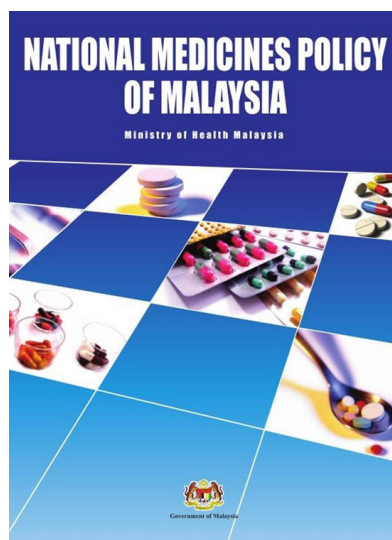
Several issues were discussed, including whether the MNMP was implemented effectively and accomplished its objectives as well as whether any government legislation or national policy has affected the current policy. The participants also deliberated changes to the policy and new strategies that are vital for the pharmaceutical and health sector to move

forward. The output of the workshop was a draft of the revised policy. The essence of the MNMP which emphasizes on quality, safety,

accessibility and affordability is maintained as agreed upon by all the stakeholders. Among the new and pertinent issues included in the revised policy are governance of medicines and the viability and sustainability of the pharmaceutical industry.

Partnership and collaboration for the healthcare industry was viewed in a more macro context whereby it should be realised in areas of human resource, research and development and technical cooperation. Another area that needs focus is the development and implementation of best practices to ensure the provision of quality medicines at all levels of health care.

Experience shows that optimal outcomes from policy initiatives are more likely to be obtained when there is early engagement of stakeholders. The stakeholders also highlighted that systematic consideration of the practical aspects of implementation is pertinent to the successful implementation of the policy. Several follow-up workshops will be conducted to fine tune the policy and formulate the next five-year plan of action.



Controlling Histamine Food Poisoning in Vietnam

Histamine food-borne poisoning has been associated with consumption of scombroid fish from the families Scombridae and Scomberosocidae (mackerels, tunas and kingfish). More recently, non-scombroid fish have also caused identical symptoms. Symptoms are typical allergic reactions caused by histamine – often within a few minutes of consuming the affected food item. High levels of histamine are often found in seafood that has caused the reaction. Histamine poisoning occurs throughout the world and is perhaps the most common form of toxicity caused by the ingestion of fish. The threshold toxic dose for histamine is not precisely known and scombroid poisoning has occurred at

histamine levels as low as 50 milligram/kilogram (mg/kg).

The biogenic amines are produced in fish tissues by bacteria in the family Enterobacteriaceae, e.g. Morganella, Klebsiella. The bacteria produce decarboxylases that convert amino acids in the fish to biogenic amines: Histidine → Histamine; Ornithine → Putrescine; and Lysine → Cadaverine.

The bacteria are naturally occurring in the gills and intestines of the fish and may be spread to other sites in the fish during handling. Recent studies in Denmark and Japan found the psychrotolerant bacteria Morganella psychrotolerans responsible

for the production of histamine toxic concentrations. This new information is important because these psychrotolerant bacteria can produce toxic concentrations of histamine in seafood even when products are stored chilled as requested according to the existing food regulation. Marine mackerels and others species are capable of accumulating histamine in a process of catching, processing, transporting to the market and preparing, cooking, consuming in household. During the process, the prevalence and concentration of bacterial contamination and histamine in fish samples will be increased of reduced depend on the time and temperature of the environment which the product is placed in.

In Vietnam, fish and fish products are mostly sold in open market under inadequate condition without cooling chamber. Inadequate storage condition will effect on the growth and histamine producing of *Morganella psychrotolerans* making a microbiological concern.

In 2011-2012, the Vietnam Food Administration, in cooperation with the National Institute of Nutrition, conducted a pilot survey to investigate effective methods to control histamine contamination in fish products using a quantitative microbiology risk assessment framework. The survey was made by Do Huu Tuan, Nguyen Thi Khanh Tram and Tran Quang Trung of the Vietnam Food Administration; Bui Thi Mai Huong, Le

Danh Tuyen and Le Thi Hop of the National Institute of Nutrition; and Nguyen Cong Khan of the Science, Technology and Training Administration, Ministry of Health.



(Photo courtesy of Viet Nam Food Administration)

Within the survey, the occurrence of histamine producing bacteria, contamination level of histamine and preserved methods during product pathway from catching to consuming have been observed. Our result highline that preserved temperature during retail time period is a key factor to control concentration of histamine in the food. A reducing of preserved temperature from 4°C to 0°C during retail period results a two-fold reduction of the total count of histamine producing *M. psychrotolerans* and histamine concentration.

In conclusion, the public and the trade sector are advised to observe food hygiene to prevent contamination.

Sin Tax Reforms in the Philippines

A big victory for public health was won in the Philippines on 20 December 2012 when President Benigno Aquino III signed the Sin Tax bill into law, which ended the 16 years battle to make the bill out of Congress committee meetings, be voted on and eventually ratified.

In his speech, Aquino said, "Today, we sign, finally, a law that serves as an early Christmas gift to millions of Filipinos who will be covered by the universal health care program, who will benefit from new public clinics and hospitals that will be built, and who will be discouraged from smoking and drinking."

The cigarettes and alcoholic drinks in the Philippines are among the cheapest in the world. Aquino classified urgent a bill that would enact a new sin tax law that would be compliant with the global standards. The original government-endorsed bill sought to raise P60 billion in revenues, but what the House of Representatives approved in June 2012 was the compromised version that would only generate P31 billion in revenues.

However, when it was the Senate's turn to deliberate, its ways and means committee came out with a version that would generate only a measly amount of P15

billion. Health advocates retaliated to this "watered down" version of the bill and heavily criticized the chairman of the committee that caused him to resign from his post.

The final version of the sin tax bill that came out raises an additional P33.96 billion in revenues from tobacco and alcoholic products in 2013 or the first year of implementation. This version removes the price classification freeze that has pegged tobacco products to 1996 prices as the basis for their tax classification. It removes annexes that have unfairly favored brands introduced at an earlier date. It also provides for a unitary tax regime by 2017 for tobacco and fermented liquor, a shift from the current multi-tiered system.

Moreover, the final version indexes the tax rates of tobacco and alcohol by 4% every year so that these products do not become more affordable over time, consequently exposing the poor and the young to the harmful effects of smoking and excessive drinking.

About 80% of the

remainder of incremental revenues after deducting the share for tobacco farmers shall be allocated for universal health care under the National Health Insurance Program, attainment of health-related Millennium Development Goals, and health promotion.

Meanwhile, 20% of the remainder shall be allocated nationwide based on political and district subdivisions for medical assistance and health enhancement facilities program, the annual requirements of both shall be determined by the Department of Health.

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NO TO WATERED-DOWN SIN TAX BILL: Health Secretary Enrique T. Ona (center) and staunch tobacco control advocates rally against the original Senate Committee on Ways and Means' Sin Tax bill version that would generate a measly amount of revenues. (Photo courtesy of the Department of Health, Philippines)

IN THE NEXT ISSUE



e-Health Bulletin Special Edition on ASEAN Health Ministers Meeting and HIV/AIDS

Kuala Lumpur Declaration on Traditional Medicine in ASEAN

The delegates of the 4th Conference on Traditional Medicine in ASEAN Countries with the theme "Towards Harmonisation of Traditional Medicine Practices" held in Kuala Lumpur, Malaysia on 26th – 28th November 2012 are:

MINDFUL that the ASEAN Socio-Cultural Community (ASCC) Blueprint, which was approved by the ASEAN Leaders at the 4th ASEAN Summit held on 1st March 2009 in Hua Hin, Thailand serves as the guiding document for ASEAN regional cooperation in the socio-cultural sector, including matters related to health;

NOTING the endorsement of the ASEAN Strategic Framework on Health Development (2010-2015) by the 10th ASEAN Health Ministers Meeting done in July 2010 in Singapore and a need to accelerate its implementation;

ACKNOWLEDGING the importance of the ASEAN Planning Meeting on Traditional Medicine hosted by Thailand in January 2011 which resulted in the development of a Work Plan on Traditional Medicine/Complementary and Alternative Medicine (TM/CAM) and a proposal to establish an ASEAN Task Force on Traditional Medicine (ATFTM) that was later endorsed by the Senior Officials Meeting on Health Development (SOMHD);

REAFFIRMING the commitment towards fostering the implementation of the Bangkok, Hanoi and Tawangmangu Declarations (1st September 2009, 2nd November 2010 and 2nd November 2011, respectively);

SEEKING to facilitate research and exchange of experiences in promoting the integration of safe, efficacious and quality TM/CAM into the national health care systems, and across other sectors among ASEAN Member States (AMS);

RECOGNISING the need to empower consumers to become active participants in health care and to enable them to make informed choices in order to optimise the benefits and minimise the risks when using TM/CAM;

REITERATING the need to continue to facilitate sharing of information on research in safety, efficacy and quality of TM/CAM practices among AMS;

EMPHASISING the need to strengthen TM/CAM knowledge and expertise of health care personnel through training and education;

ACKNOWLEDGING that the Global Information Hub on Integrated Medicine (GLOBinMED) led by Malaysia, is recognised as one of the platforms to serve the ASEAN region in sharing information on TM/CAM;

RECOGNISING the need to strengthen collaboration with other ASEAN Sectoral Bodies, key Dialogue Partners, and potential development partners;

APPRECIATING the support of the Nippon Foundation in assisting AMS in implementing the ASEAN Work Plan on TM/CAM, such as enabling the Conference on Traditional Medicine in ASEAN Countries since 2009.

HEREBY recommending to put into operation the following actions based on the recommended regional strategies to be implemented by AMS in 2013:

- I. Formulate and facilitate the implementation of TM/CAM and Modern Medicine integration model pertaining to training and education, standardised TM/CAM practices and research as appropriate;
- II. Strengthen the sharing of information on safety, efficacy and quality of TM/CAM through recognised information sharing platforms such as GLOBinMED;
- III. Promote the use of TM/CAM in primary health care;
- IV. Enhance TM/CAM knowledge and skills of health care personnel through training, education, and exchange programmes;
- V. Strengthen the capacity of AMS to conduct research on safety, efficacy and quality of TM/CAM.

DONE in Kuala Lumpur, Malaysia, on this twenty-eighth day of November in the year two thousand twelve.

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ASEAN Health Events

January - June 2013

January

ASEAN+3 Field Epidemiology Training Network
Thailand

9 - 11 January

Multi-sectoral High Level Meeting on
Pandemic Preparedness and Response (PPR)
Manila, Philippines

29 January - 1 February

High Level Meeting on Nutrition
Bangkok, Thailand

7 - 8 February

ASEAN – WHO Meeting
ASEAN Secretariat

26 February - 1 March

Annual Meeting with Japan International

Cooperation System (JICS) on Anti-viral and
Personal Protective Equipment (PPE) Stockpiling
back-to-back with Asia Europe Foundation (ASEF)
Meeting
Japan

3rd or 4th week of February

ASEAN Focal Point on Tobacco Control (AFPTC)
Cambodia

3rd week of March

ASEAN Working Group on PPR (AWGPPR)
Cambodia

4th week of April

ASEAN Regional Forum on Non-Communicable
Diseases (NCD) back-to-back with ASEAN Task
Force on NCD (ATFNCD)
Manila, Philippines

May

ASEAN Task Force on Mental Health (ATFMT)
Brunei Darussalam

May

ASEAN Task Force on Maternal and Child Health
(ATFMCH)
Singapore

June 14 – 15

ASEAN Dengue Day back-to-back with
the 3rd ASEAN Dengue Conference
Vietnam

June

1st Focal Point of Health Impact
Assessment Meeting
Thailand

