

Bandar Seri Begawan Declaration on Noncommunicable Diseases in ASEAN



one vision
one identity
one community



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The ASEAN Secretariat
Jakarta

The Association of Southeast Asian Nations (ASEAN) 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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WE, the Heads of State/Government of the Member States of the Association of Southeast Asian Nations (hereinafter referred to as ASEAN), namely Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People's Democratic Republic, Malaysia, the Republic of the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand and the Socialist Republic of Viet Nam:

HAVING gathered in Bandar Seri Begawan on October 9, 2013, for the 23rd ASEAN Summit;

DEEPLY CONCERNED that noncommunicable diseases, namely, cardiovascular diseases, cancers, diabetes and chronic respiratory diseases, are the leading causes of deaths in ASEAN Member States and that increasingly younger people in low and middle-income members are affected by premature mortality from noncommunicable diseases leading to loss of productivity and social and economic consequences;

EQUALLY CONCERNED on the increasing trends of intermediate risk factors for noncommunicable diseases such as high blood pressure, high blood sugar levels, high blood cholesterol levels, and overweight and obesity in ASEAN Member States as well as behavioural risk factors such as smoking, unhealthy diet, the harmful use of alcohol and physical inactivity, and that these factors are the

NOTING that noncommunicable diseases are often associated with mental disorders;

RECALLING the commitment stated in the ASEAN Charter, in which ASEAN is resolved to ensure sustainable development for the benefit of present and future generations and to place the well-being, livelihood and welfare of the peoples at the centre of ASEAN Community building process.

GUIDED by the *ASEAN Socio-Cultural Community Blueprint* adopted in 2009, part of the Roadmap for an ASEAN Community 2009-2015 which calls for programmes, surveillance and access to primary health care for people at risk or vulnerable to diabetes, cardiovascular diseases and cancers;

ENCOURAGED by other provisions in the *ASEAN Socio-Cultural Community Blueprint* such as promoting information, education and advocacy activities for healthy lifestyles and behaviour change intervention including diet and physical activity, developing a framework for unhealthy food and beverages, establishing an ASEAN Nutrition Surveillance System, promoting research into traditional/complementary and alternative medicine as well as risk factors for noncommunicable diseases, and the strengthening of regional networking in the health sector;

RECALLING that ASEAN Health Ministers have identified nutrition, physical activity, tobacco control and the prevention of noncommunicable diseases as priorities in the *Declaration of the 6th ASEAN Health Ministers' Meeting on Healthy ASEAN Lifestyles* adopted in Vientiane in 2002, the ASEAN Strategic Framework on Health Development (2010-2015) endorsed at the 10th ASEAN Health Ministers Meeting in 2010, and the Joint Statement of the 11th ASEAN Health Ministers Meeting in 2012, outlined two levels of actions to intensify strategies to prevent noncommunicable diseases;

FURTHER NOTING that Health Ministers from ASEAN, China, Japan and Korea emphasised during the 5th ASEAN Plus Three Health Ministers Meeting in Phuket in 2012, the need to adopt a Health in All Policies (HiAP) approach to tackle unhealthy lifestyles and risk behaviours as well as the social determinants of health to address unhealthy diets and sedentary lifestyles;

WELCOMING the outcome document of the United Nations Conference on Sustainable Development in 2012, Rio de Janeiro entitled *The Future We Want*, which commits to strengthen health systems towards the provision of equitable, universal health coverage and promote affordable access to prevention, treatment, care and support related to noncommunicable diseases, and commit to establish or strengthen multi-sectoral national policies for the prevention and control of noncommunicable diseases;

RECALLING the *Helsinki Statement on Health in All Policies* adopted in Helsinki, in 2013 for governments to commit to health and health equity; ensure effective structures, processes and resources as well as build capacity on Health in All Policies for people's health and well-being;

CONFIRMING our commitment to the *Global Action Plan for the Prevention and Control of NCDs 2013-2020* endorsed by the 66th World Health Assembly in 2013; *the Global Strategy on Diet, Physical Activity and Health* endorsed by the 57th World Health Assembly in 2007 and the *Set of Recommendations on the Marketing of Foods and Non-Alcoholic Beverages to Children* as well as the *Global Strategy to Reduce the Harmful Use of Alcohol* endorsed by the 63rd World Health Assembly in 2010;

REAFFIRMING the importance of the *Moscow Declaration of the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control* and the *Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases in 2011*;

RECALLING the ASEAN statement on noncommunicable diseases at the United Nations High Level Meeting on the Prevention and Control of Noncommunicable Diseases in New York in 2011 to strengthen health systems, infrastructure and national policies, to accelerate tobacco control programmes as well as strengthen partnerships and involve all stakeholders for health;

WELCOMING the recent establishment of the ASEAN Task Force on Noncommunicable Diseases (ATFNCD) and the subsequent agreement of Member States to monitor a set of noncommunicable diseases indicators in line with the comprehensive global monitoring framework for the prevention and control of noncommunicable diseases adopted at the 66th World Health Assembly in 2013 ; and

COMMENDING the work done by the ASEAN Focal Points on Tobacco Control to accelerate and support progress among Member States towards the full implementation of WHO's Framework Convention on Tobacco Control;

DO HEREBY DECLARE THAT WE:

AGREE on the urgent need to accelerate actions to reduce risk factors for noncommunicable diseases taking into consideration cost-effective interventions as recommended by WHO;

REQUEST ASEAN Ministers responsible for health, food industry development and trade to work together with other stakeholders, including NGOs and the private sector, for a common understanding on healthier food choices emphasising the roles and responsibilities of the food and beverage industries in providing food choices so as to increase the availability, accessibility and uptake of healthier food options in our communities;

ENCOURAGE intensified efforts to promote the screening of people at risk of noncommunicable diseases to facilitate early detection and primary prevention;

EXPAND EFFORTS to strengthen the capacity of health systems incorporating the principles of Universal Health Coverage to improve early management of noncommunicable diseases as well as prevent and manage complications;

CALL FOR the effective implementation of action lines related to non-communicable diseases in the ASEAN Strategic Framework on Health Development (2010-2015)

URGE ASEAN Health Ministers to enhance efforts towards achieving the set of 9 voluntary global targets for the prevention and control of noncommunicable disease by 2025, which was adopted during the 66th World Health Assembly in, Geneva, in 2013;

CALL ON ASEAN Ministers responsible for health and other relevant sectoral bodies to accelerate the adoption of Health in All Policies (HiAP) in tackling unhealthy lifestyles including risk behaviours for noncommunicable diseases; and

COMMIT to ensuring that reducing the burden of noncommunicable diseases and achieving universal health coverage are featured prominently in the post-2015 development agenda.

ADOPTED in Bandar Seri Begawan, Brunei Darussalam, this Ninth Day of October in the Year Two Thousand and Thirteen in a single original copy in the English language.

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