



**DECLARATION OF
THE 8TH ASEAN HEALTH MINISTERS MEETING**

ASEAN Unity in Health Emergencies

21 June 2006, Yangon

WE, the Ministers of Health of ASEAN Member Countries, representing Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People's Democratic Republic, Malaysia, the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, the Socialist Republic of Viet Nam;

GUIDED by the ASEAN Vision 2020 of a concert of Southeast Asian nations, outward looking, living in peace, stability and prosperity, bonded together in partnership in dynamic development and in a community of caring societies;

WELCOMING the adoption of the Vientiane Action Programme (VAP) by our Leaders at their 10th ASEAN Summit in December 2004, to chart the course of action in achieving ASEAN Vision 2020, especially in addressing health development concerns as a prerequisite for the ASEAN Socio-Cultural Community, in support of and linked to the ASEAN Economic and Security Communities;

AWARE that the vision of a stable and secure ASEAN Community can be realised only when our peoples enjoy optimum health, are ensured of treatment, care and support for their diseases, and fully equipped with necessary prevention tools, including timely and accurate information, to be prepared against health emergencies of all sorts;

REAFFIRMING that ASEAN health ministries will continue to be the central driving force in preventing the spread and reducing the harm of HIV and other infectious diseases in the

region; enhancing competitiveness in health-related products and services; strengthening capacity for good clinical practice and clinical trials; addressing priority issues for healthy lifestyles in ASEAN;

COMMITTING to ensure that regional cooperation in health shall be focused on addressing the urgent health needs of ASEAN's peoples, particularly in scaling up individual and collective responses to attain health-related Millennium Development Goals (MDGs); tackling health emergency challenges posed by disaster and disease outbreaks in the region; and adopting a patient-centred approach in building up health human resources to reach out to and service communities in need;

WELCOMING the commitment of ASEAN Leaders to ensure the security of the ASEAN Community through enhanced work in addressing poverty and diseases, and ensuring that the peoples of ASEAN are assured of adequate health care;

ENCOURAGED by the strong support of the ASEAN Leaders who have continued to champion our work, especially in addressing public health emergencies and in tackling AIDS, and their agreement to convene a second Special Session on HIV and AIDS at their next Summit in 2006;

ENCOURAGED ALSO by the success of close collaboration among ASEAN and her partners in implementing a first phase of the ASEAN Plus Three Emerging Infectious Diseases Programme, the second ASEAN Work Programme on HIV and AIDS, and in developing the ASEAN Food Safety Improvement Plan and a sixth phase of technical cooperation in pharmaceuticals;

COMMENDING the work of the Senior Officials on Health Development, the ASEAN Expert Group on Communicable Diseases (AEGCD) and the ASEAN Task Force on AIDS (ATFOA) in leading priority regional activities that address

our aspiration to protect and prepare our peoples against health emergencies;

THANKING the constant support of ASEAN's Dialogue Partners, especially Australia, China, Japan, the Republic of Korea, and the United States who have assisted our efforts against transboundary and infectious diseases, and thanking also the Joint United Nations Programme on HIV/AIDS (UNAIDS), the World Health Organisation (WHO), the United Nations Development Programme (UNDP) who helped us with much of our priority work against AIDS;

CONSCIOUS of our central role in continuing to strengthen and expand joint initiatives among ASEAN and like-minded partners in the wider Asia-Pacific and international community to prepare for challenges caused by recent outbreaks of avian influenza with human health impacts, including a potential pandemic of human influenza;

DO HEREBY COMMIT OURSELVES TO:

ASEAN Unity in Health Emergencies

1. We undertake to lead all necessary efforts in making sure that our communities understand and are prepared for potential public health emergencies such as natural disasters, bioterrorism or outbreaks of communicable diseases, including potential influenza pandemics.

2. We shall strengthen existing capabilities in each of our countries to prepare for these emergencies, by allocating necessary resources for early warning and rapid response to disease outbreaks. We realise that any effort to combat transboundary health emergencies must involve close cooperation among countries.

3. We shall lead national and regional responses in building capacity for disease control. To this end, we shall build up strong national and regional multi-level, multi-sectoral response teams and establish early warning and

reporting mechanisms against potential epidemics. This includes information gathering and sharing, investigation, verification and appropriate response.

4. We shall ensure that our national focal points for disease control are given the needed resources and institutional support to implement the ASEAN Plus Three Emerging Infectious Diseases (EID) Programme.

5. We will continue to support the ASEAN Experts Group on Communicable Diseases (AEGCD) in implementing the ASEAN Plus Three Emerging Infectious Diseases (EID) Programme, which we had adopted in April 2004. The ASEAN Plus Three EID Programme serves as an integrated action strategy for effective regional surveillance, early warning and response, thus helping all ASEAN Member Countries to be personally prepared for health emergencies that threaten our region. We thank Australia who helped ASEAN implement the first phase activities, and for supporting the development and implementation of a second phase over 2006-2009.

6. We adopt the second phase of the ASEAN Plus Three EID Programme, and call on the AEGCD to work closely with the WHO, and animal health stakeholders in addressing multiple aspects of potential health emergencies arising from avian influenza in poultry. The second phase of the ASEAN Plus Three EID Programme will help us better cope with the health effects of large-scale influenza outbreaks. We will be able to communicate even more rapidly with our partners to identify the pattern of how diseases spread, and share among ourselves the expertise and knowledge of prevention and preparedness issues.

7. We shall ensure that Japan's timely assistance to ASEAN in providing us with a regional stockpile of Oseltamivir and personal protective equipment, is deployed and used by ASEAN Member Countries to contain any influenza pandemic should it occur in the region. We

congratulate Singapore for taking a coordinating role to house and deploy the regional stockpile.

8. We will ensure that the ASEAN Plus Three EID Programme activities reflect the relevant priorities identified by the revised International Health Guidelines (IHR) adopted by the 58th World Health Assembly, in addressing threats to public health in our region and the international community, including that of a potential influenza-related pandemic. The IHR provide the framework for global response to public health emergencies of international concern. Our responses shall include rapid and transparent disease notification, sharing epidemiological data and samples, and providing essential information and recommendations for control measures.

9. We undertake to develop and implement a regional agreement that institutionalises regional monitoring, reporting and response to outbreaks of communicable diseases, and facilitates the deployment of multinational ASEAN outbreak response teams to assist each other in times of emergencies. The regional agreement shall help us standardize our procedures, protocols and institutional arrangements for this purpose.

10. We shall continue to address the consequences of the HIV epidemic, especially to reduce the numbers of new infections, provide treatment to people living with AIDS, and assist individuals and countries to overcome adverse social and economic impacts. We welcome the preparation of a strategic framework for a Third ASEAN Work Programme on HIV and AIDS (AWPIII), and the efforts made by the ATFOA to develop an operational work plan.

11. We encourage the ATFOA to continue its excellent work in strengthening collaboration to increase access to affordable drugs; reduce HIV vulnerability of mobile populations; reduce mother-to-child HIV transmission; creating positive environments and reduce stigma and

discrimination; and provide treatment, care and support. Innovative strategies have been devised for targeted and effective prevention programmes for populations at high risk of HIV infection. Community capacity has also grown steadily in addressing the social impact of HIV transmission and infection. With the advent of new drug combinations to treat HIV infection and delay the onset of AIDS, there is renewed hope and optimism on further reducing transmission.

12. We shall further invigorate the present momentum of close collaboration among public and private sectors, and civil society in addressing issues of governance; enhancing ASEAN's role in the global policy dialogue; and sharing successful strategies in regional collaboration and problem-solving through the AWPIII. We look forward to working with all partners in continuing ASEAN's fight against HIV and AIDS.

13. We call for our efforts against tuberculosis, malaria and dengue fever not to be neglected, as these still continue to be leading communicable diseases in some of our countries. We commit ourselves to strengthen efforts to prevent and control these diseases, in collaboration with ASEAN Dialogue Partners, WHO and other international and/or regional organisations.

14. We shall also undertake joint efforts in close collaboration with our partners to eliminate and eradicate vaccine-preventable diseases, such as poliomyelitis, measles and neonatal tetanus in our region.

Progressive Measures to Enhance Competitiveness

15. We shall ensure to proactively engage with ministries of trade, finance and labour, and other key stakeholders in the public and private sectors, to continue dialogue on challenges that international trade negotiations and agreements present for public health. We note that the ASEAN Economic Community's roadmap for accelerated

integration of eleven priority sectors, including health care services, presents both opportunities and challenges for the health sector. We shall work with relevant partners such as the WHO in ensuring coherence and coordination in our health and trade policies, and in stimulating and sharing evidence on the links between trade and health.

16. We will ensure that our efforts to address health and development issues arising from trade liberalisation are consistent with the Vientiane Action Programme (VAP), especially the priority measures to be addressed under both the ASEAN Economic Community and the ASEAN Socio-Cultural Community. We shall develop strategies to strengthen capacity and competitiveness in health-related products and services. Through joint efforts, we undertake to ensure coordination between policy-makers, practitioners and users in rationalising health delivery; and enhance human resources for health in the area of globalisation and trade regulation.

The Health Factor in ASEAN Community-building

17. We shall take a lead role in providing health-related relief assistance for those traumatised and rendered vulnerable by natural and human-induced disasters in our region. We shall offer our helping hands to our affected neighbours in post-disaster communicable disease prevention and control.

18. We undertake to develop joint activities that address our commitments to the vision of our Leaders, through continuing our efforts to achieve the health-related MDGs in collaboration with WHO and other related UN bodies.

19. We shall also move forward our regional work in nutrition promotion, which is integral to attaining the MDG targets for health especially in HIV prevention, treatment and care. We note that all ASEAN Member Countries have accepted the challenge of meeting the MDG goals to halve

hunger, improve maternal and child health, substantially reduce mortality, and ensure that every child starts and completes basic education. We are aware that progress on achievement of MDGs would leap forward by eliminating nutrition deficiencies through closer coordination and integration of health, industrial and agricultural policies and programmes.

ASEAN-WHO Cooperation

20. We note with interest the WHO's briefing to ASEAN Senior Officials on Health Development on relevant World Health Assembly outcomes, and WHO's work in assisting ASEAN Member Countries address human health effects of avian influenza and pandemic influenza preparedness.

21. We also note that our Senior Officials had a constructive exchange of views with WHO on the progress in addressing priorities identified for ASEAN-WHO cooperation under our Memorandum of Understanding with WHO. We are encouraged that joint work planned for the next two years will bring to bear the comparative advantage of both, with a view to develop a stronger regional platform for health and move forward our strategic agenda for health.

ASEAN-UNAIDS Cooperation

22. We note with satisfaction the progress of ASEAN-UNAIDS cooperation since 2001, and the potential for longer-term activities in future years with the signing of a Cooperation Agreement between ASEAN and UNAIDS in March 2006. This provides the impetus for continued close collaboration and consultation between UNAIDS and the ASEAN Task Force on AIDS in progressing work under the AWPIII framework especially in integrating HIV concerns into national and regional policy agendas; advocacy for sustained commitment on HIV issues; creating enabling environments for improved responses; and adoption of strategic

approaches with greater emphasis on macro-level issues and multi-sectoral collaboration.

23. **We undertake** to lead the charge in developing integrated approaches in consultation with all relevant ASEAN committees and partners in health development cooperation, for the benefit of all. We task our Senior Officials to continue efforts on health human resource development and planning in support of our commitments, and to address priority activities we have identified for a united ASEAN response to health emergencies in our region.

24. **We shall** review the progress of our commitments made in Yangon when we next meet in 2008 in the Philippines. We express our gratitude to Myanmar for the excellent arrangements made for the 8th ASEAN Health Ministers Meeting, and also thank the Philippines for her gracious invitation to the 9th ASEAN Health Ministers Meeting.

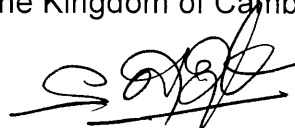
DONE at Yangon, Myanmar, this Twenty-First day of June in the Year Two Thousand and Six, in a single original copy in the English Language.

For Brunei Darussalam:



PEHIN DATO SUYOI OSMAN
Minister of Health

For the Kingdom of Cambodia:



DR. NUTH SOKHOM
Minister of Health

For the Republic of Indonesia:



DR. I NYOMAN KANDUN

Director General of Disease Control and Environmental Health
Ministry of Health

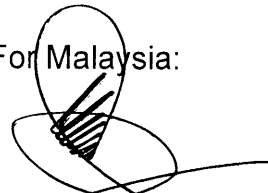
For the Lao People's Democratic Republic:



DR. PONMEK DALALOY

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DATO' DR. CHUA SOI LEK

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For the Union of Myanmar:



PROF. KYAW MYINT


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For the Republic of the Philippines:




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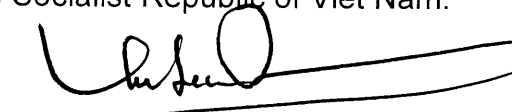
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DR. TRAN CHI LIEM
Vice-Minister of Health

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