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ASEAN Health Profile

Regional Priorities and Programmes for 2011-2015 (Updated Version)

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one vision
one identity
one community

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.
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General information on ASEAN appears online at
the ASEAN Website: www.asean.org

Catalogue-in-Publication Data

ASEAN Health Profile – Regional Priorities and Programmes for 2011-2015 (Updated Version)
Jakarta: ASEAN Secretariat, September 2014

610.659
1. ASEAN – Health Program
2. Organizations – Cooperation

ISBN 978-602-7643-97-0

List of Cover Photos
Clock wise from left above: Ministry of Health Singapore, Ministry of Health Singapore, Ministry of Health Viet Nam, Department of Health Philippines, Ministry of Health Malaysia, ASEAN Secretariat, Ministry of Health Indonesia.

ASEAN Health Profile: Regional Priorities and Programmes for 2011-2015 (Updated Version)

The ASEAN Secretariat
Jakarta

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FOREWORD

The ASEAN Strategic Framework on Health Development from 2010 to 2015, endorsed by ASEAN Health Ministers, operationalizes the health action lines of the Roadmap for an ASEAN Community (2009-2015). The various plans of action in health emanating from this Framework, including the engagement with relevant stakeholders, are aimed at ensuring a healthy ASEAN Community.

This signifies a community that is politically stable, economically vibrant and with a well-balanced socio-cultural dimension and healthy ASEAN people free, safe and able to respond appropriately to the impacts of communicable and noncommunicable diseases (NCDs).

This publication on the ASEAN Health Profile: Regional Priorities and Programmes for 2011-2015 (Updated Version) highlights ASEAN's health priorities implemented through various work plans and under the purview of relevant ASEAN Health Subsidiary Bodies. It also provides information regarding existing mandates in health that rationalize the current initiatives on emerging infectious diseases including pandemics, food safety, increasing access to health care and promotion of healthy lifestyles.

It is hoped that this publication will be used as a reliable reference to orient and share valuable information about ASEAN health cooperation.

Le Luong Minh
Secretary-General of ASEAN

MESSAGE

The ASEAN Socio-Cultural Community (ASCC) pillar plays a significant role in realising a people-centred and socially responsible ASEAN Community. The achievement of this ASCC Goal is supported by the current efforts of the ASEAN Health Sector in ensuring a healthy community of ASEAN people.

These efforts are made possible through the operationalization of the ASEAN Strategic Framework on Health Development for 2010-2015 endorsed by the 10th ASEAN Health Ministers Meeting in 2010 in Singapore. This Framework provides the direction for relevant ASEAN Health Subsidiary Bodies to develop and implement their respective work plans under the purview of Senior Officials Meeting on Health Development (SOMHD).

The ASEAN Health Profile: Regional Priorities and Programmes for 2011-2015 (Updated Version) highlights the focus areas of ASEAN in health as it contributes towards an ASEAN Community 2015. This publication shares the collective efforts of ASEAN Member States through the various ASEAN Health Subsidiary Bodies in advocating and implementing their respective work plans through programmes, projects and activities related to food safety, access to healthcare and promotion of healthy lifestyles, improving capability to control communicable diseases and noncommunicable diseases, and building disaster-resilient nations and safer communities.

From this perspective, I congratulate the various stakeholders in the ASEAN Health Cooperation for this successful endeavor. It is hoped that the visibility of regional health efforts in ASEAN will inspire more collective efforts from the health and non-health sectors in ensuring that the ASEAN Community 2015 is a Healthy Community.

H.E. Alicia dela Rosa Bala
Deputy Secretary General
ASEAN Socio-Cultural Community (ASCC)

Chapter 1

Overview of ASEAN

OVERVIEW OF ASEAN

Establishment

The Association of Southeast Asian Nations, or ASEAN, was established on 8 August 1967 in Bangkok, Thailand, with the signing of the ASEAN Declaration (Bangkok Declaration) by the Founding Fathers of ASEAN, namely Indonesia, Malaysia, Philippines, Singapore, and Thailand.

Brunei Darussalam then joined on 7 January 1984, Viet Nam on 28 July 1995, Lao PDR and Myanmar on 23 July 1997, and Cambodia on 30 April 1999, making up what is today the ten Member States of ASEAN.

Aims and Purposes

As set out in the ASEAN Declaration, the aims and purposes of ASEAN are:

a. To accelerate the economic growth, social progress and cultural development in the region through joint endeavours in the spirit of equality and partnership in order to strengthen the foundation for a prosperous and peaceful community of Southeast Asian Nations;
b. To promote regional peace and stability through abiding respect for justice and the rule of law in the relationship among countries of the region and adherence to the principles of the United Nations Charter;
c. To promote active collaboration and mutual assistance on matters of common interest in the economic, social, cultural, technical, scientific and administrative fields;
d. To provide assistance to each other in the form of training and research facilities in the educational, professional, technical and administrative spheres;
e. To collaborate more effectively for the greater utilisation of their agriculture and industries, the expansion of their trade, including the study of the problems of international commodity trade, the improvement of their transportation and communications facilities and the raising of the living standards of their peoples;
f. To promote Southeast Asian studies; and
g. To maintain close and beneficial cooperation with existing international and regional organisations with similar aims and purposes, and explore all avenues for even closer cooperation among themselves.

Fundamental Principles

In their relations with one another, the ASEAN Member States have adopted the following fundamental principles, as contained in the Treaty of Amity and Cooperation in Southeast Asia (TAC) of 1976:

a. Mutual respect for the independence, sovereignty, equality, territorial integrity, and national identity of all nations;
b. The right of every State to lead its national existence free from external interference, subversion or coercion;
c. Non-interference in the internal affairs of one another;
d. Settlement of differences or disputes by peaceful manner;
e. Renunciation of the threat or use of force; and
f. Effective cooperation among themselves.

ASEAN Community

The ASEAN Vision 2020, adopted by the ASEAN Leaders on the 30th Anniversary of ASEAN, agreed on a shared vision of ASEAN as 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.

At the 9th ASEAN Summit in 2003, the ASEAN Leaders resolved that an ASEAN Community shall be established.

At the 12th ASEAN Summit in January 2007, the Leaders affirmed their strong commitment to accelerate the establishment of an ASEAN Community by 2015 and signed the Cebu Declaration on the Acceleration of the Establishment of an ASEAN Community by 2015.

The ASEAN Community is comprised of three pillars, namely the ASEAN Political-Security Community, ASEAN Economic Community and ASEAN Socio-Cultural Community. Each pillar has its own Blueprint, and, together with the Initiative for ASEAN Integration (IAI) Strategic Framework and IAI Work Plan Phase II (2009-2015), they form the Roadmap for and ASEAN Community 2009-2015.

ASEAN Charter

The ASEAN Charter serves as a firm foundation in achieving the ASEAN Community by providing legal status and institutional framework for ASEAN. It also codifies ASEAN norms, rules and values; sets clear targets for ASEAN; and presents accountability and compliance. The ASEAN Charter entered into force on 15 December 2008. A gathering of the ASEAN Foreign Ministers was held at the ASEAN Secretariat in Jakarta to mark this very historic occasion for ASEAN.

With the entry into force of the ASEAN Charter, ASEAN will henceforth operate under a new legal framework and establish a number of new organs to boost its community-building process.

In effect, the ASEAN Charter has become a legally binding agreement among the 10 ASEAN Member States.

(source: www.asean.org)

Chapter 2

Health Profiles of ASEAN Member States

HEALTH PROFILE
BRUNEI DARUSSALAM

I. Description of the Country

Brunei Darussalam lies on the northeast coast of Borneo island facing the South China Sea and about 443 km north of the equator. With a land area of 5,765 square kilometres, Brunei Darussalam shares a common border with Sarawak, an East Malaysia State, which splits Brunei into two parts the western part consisting of 3 districts namely Brunei Muara, Belait and Tutong while the eastern part is the Temburong district. The largest district is Belait district whilst the capital, Bandar Seri Begawan is in the smallest district of Brunei Muara.

The population of Brunei Darussalam is estimated to have been 414,400 in 2010 with an average growth rate of below 2.0% per annum. Despite the slowing growth rate since 2001, the total population is still increasing with statistics in 2010 showing a thicker distribution of temporary residents and others in the working age range of 20-55 years old. The population comprises 53.0% males and 47.0% females, giving a gender ratio of 112 males per 100 females. The demographic structure is essentially that of a young population; about 8.5% are under five years of age, 25.7% are under 15 years, and only 3.5% are 65 years or over. Brunei Darussalam has a multi-ethnic population, with Malays, comprising 66.0%, the predominant ethnic community, and Chinese, with 11.0%, the next major group. Other races and expatriates make up the rest of the population.

Brunei's economy is dominated by the oil and gas sector, which contributes nearly two thirds of the nominal income. Oil and gas exports made up about 95 percent of Brunei's export revenues, and generated about 90 percent of government revenue. Per capita GDP is one of the highest in the world, estimated at US$32,000 in 2010. The economy has remained stable

over the past 20 years with an average inflation rate of 1.5%. The Government's flexible and prudent fiscal policy has also enabled fiscal and economic sustainability over the years.

Economic diversification is a major agenda in the Government's drive for economic sustainability and reducing reliance on hydrocarbon resources. Government policies increasingly emphasize economic and commercial viability in supporting development spending. Accelerated structural reforms and successful implementation of the various economic diversification initiatives could increase growth further.

II. Health Status

Brunei Darussalam has achieved most of the health related targets set in the Millennium Development Goals. These include significant reductions in under 5 mortality rate (U5MR) and infant mortality rate (IMR). IMR has declined from 42.3 per 1000 live births in 1966 to 6.1 per 1000 live births in 2010. Figures from the last two decades have shown only slight fluctuations to the current level, which is on par with the standard set in developed nations. The U5MR has also declined from 22.7 per 1000 live births in 1980 to 7.3 per 1000 live births in 2010. Data analysis from 2004-2010 showed over two thirds of deaths occurred during early and late neonatal periods, mainly due to perinatal conditions and congenital abnormalities. Deaths occurring at infant period (less than 1 year) account for 83% of total deaths in U5MR.

Brunei Darussalam has a consistently very low maternal mortality ratio (MMR). In 2010, the MMR was calculated at 15.6 per 100,000 live births which is equivalent to 2 maternal deaths. It must be noted that Brunei's small population and relatively low live births (around 7,000 annually) makes calculation of MMR sensitive to small changes and any small fluctuations will result in significant jump in MMR. The very low in MMR can be attributed to the high access to reproductive health care, immunization programmes as well as high percentage deliveries in hospitals by skilled health personnel.

The prevalence of HIV/AIDS in Brunei Darussalam remains at a very low level despite an increase in the number of cases since 2006. Brunei Darussalam attained the status of 'Malaria Free' in 1987 by World Health Organisation and since then has continued its surveillance through the Malaria Vigilance and Vector Control Unit in the Ministry of Health. In 2000, Brunei was also declared Polio Free.

III. Healthcare Delivery System

The Ministry of Health is the main agency responsible for the provision, management, delivery and regulatory functions health in Brunei Darussalam. The delivery of health care services is mainly distributed through two main areas. The Department of Medical Services is responsible for hospital, nursing, medical state laboratory, pharmaceutical, dental and renal services, while the Department of Health Services oversees community health, environmental health and scientific services.

The Government of Brunei Darussalam provides free medical and health care to the citizens via government hospitals, health centres and health clinics. A large network of health centres and clinics, located throughout the country, provides primary health care services, including those for mothers and children. In remote areas that are not accessible or are difficult to access by land or water, primary health care is provided by Flying Medical Services. The decentralization of primary health care services in 2000 was initiated to ensure health care is accessible to all in the country. To date, there are four government general hospitals, 16 health centres, 15 health and maternal and child health clinics, six travelling health clinics and four Flying Medical Services teams for remote areas.

The main referral government hospital in the country is Raja Isteri Pengiran Anak Saleha (RIPAS) Hospital; located at the capital city. The establishments of private and corporate specialist centres such as Heart Centre, Cancer Centre as well as Stroke Centre reflect the need for care in view of the consistently high number of mortality and morbidity of such diseases.

Public Health Services is the main division in the Ministry of Health responsible for providing community-based preventive and promotive primary health care services in the country. As a result of its monitoring and surveillance activities and preventive programmes, such as immunization, the country is free from major communicable diseases.

HEALTH PROFILE
CAMBODIA

CAMBODIA

I. Description of the Country

Cambodia is an agricultural country located in Southeast Asia. It borders with Thailand to the west, Lao PDR and Thailand to the north, the Gulf of Thailand to the southwest, and Viet Nam to the east and the south. It has a total land area of 181,035 square kilometers. Cambodia has a tropical climate with two distinct monsoon seasons that set the rhythm of rural life. The mean annual temperature for Phnom Penh, the capital city, is 27°C.

The 2008 General Population Census (GPC) showed a further decrease in the annual growth rate to 1.54, with a total population of 13.4 million (National Institute of Statistics, 2009). The proportion of the population living in rural areas is 80.5 percent; only 19.5 percent of the country's residents live in urban areas. The population density in the country as a whole is 75 per square kilometer.

The country's most important political event was the free elections held in May 1993 under the close supervision of the United Nations Transitional Authority in Cambodia (UNTAC). At that time Cambodia was proclaimed the Kingdom of Cambodia, and is a constitutional monarchy. Three additional free and fair elections took place in 1998, 2003, and 2008. Now Cambodia is stable and well on its way to democracy and a promising future.

Since the 1991 Paris Peace Accord, Cambodia's economy has made significant progress after more than two decades of political unrest. However, Cambodia still remains one of the poorest and least developed countries in Asia, with the gross domestic product per capita estimated at approximately 4.5 million Riel or $1.118 in 2013 (Medium Term Expenditure Framework 2012-2014, Ministry of Economy and Finance). Agriculture, mainly rice production, is still the

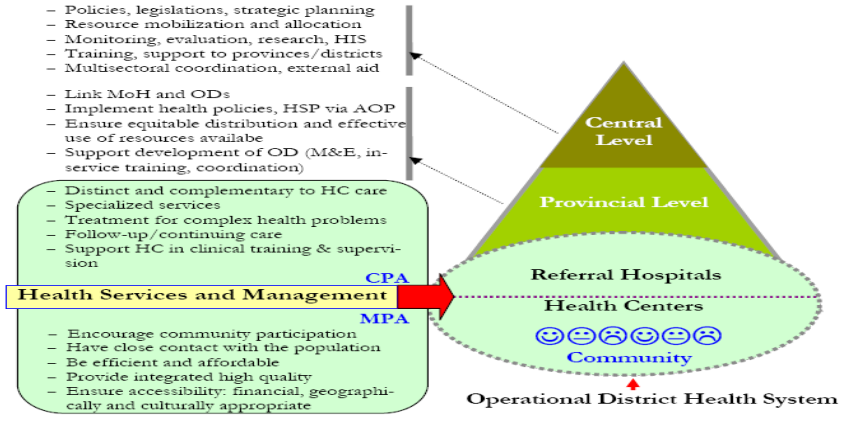
main economic activity in Cambodia. Small scale subsistence agriculture, such as fisheries, forestry, and livestock, is another important sector. Garment factories and tourism services are also important components of foreign direct investments.

II. Health Status

CDHS 2010 showed that the total fertility rate has declined, from 3.4 births per woman in 2005 to 3.0 births per woman in 2010. New born mortality (0-1 years old) has shown a remarkable decrease to 45 baby in 1000 life birth in compare to 2005 which has 66 babies in 1000 life birth and Infant mortality under 5 years old also show a decrease value to 54 child if compare to the year 2005 which has 83 child in 1000 life birth. Deliver under trained health workers has increase to 71% which compare to the year 2005 has only 44%. Antenatal care under health officer has increase to 89% if compare to the year 2005 has only 69%. Maternal mortality is 206 among 100.000 life birth which is decrease more than a half if compare to the year 2005 which has 472 among 100.000 life birth.

Cambodia has achieved internationally recognized success in combating HIV/AIDS, with noteworthy reduction of communicable diseases (HIV/AIDS, malaria, dengue fever and TB). HIV prevalence decreased from 1.6% in 2000 to 0.9% in 2006 and is now estimated at 0.8 percent for 2010). Malaria case fatality rate decreased from 0.4% in 2000 to 0.35% in 2008 (MOH/HIS). TB death rate decreased from 95 per 100,000 population in 2005 to 75 in 2008 (MOH).

III. Healthcare Delivery System



In the 1990s, the government introduced health system reforms to improve and extend primary healthcare through the implementation of a district health system, which focuses on the distribution of facilities in accordance with a health coverage plan and the allocation of financial resources to provinces. Operational districts are composed of 100,000 to 200,000

people with a referral hospital providing a Comprehensive Package of Activities and health centers delivering primary healthcare to a target population of 10,000 through a Minimum Package of Activities. In order to achieve these goals the Ministry of Health developed the Health Sector Strategic Plan for 2003-2007, then Health Strategic Plan 2008-2015. Its policy direction is as follows:

- Make services more responsive and closer to the public through implementation of a decentralized service delivery function and a management function guided by the national "Policy on Service Delivery" and the policy on "Decentralisation and De-concentration."
- Strengthen sector-wide governance through implementation of a sector wide approach, focusing on increased national ownership and accountability to improved health outcomes, harmonisation and alignment, greater coordination and effective partnerships among all stakeholders.
- Scale up access to and coverage of health services, especially comprehensive reproductive, maternal, newborn and child health services.
- Implement pro-poor health financing systems, including exemptions for the poor and expansion of health equity funds, in combination with other forms of social assistance mechanisms.
- Improve quality in service delivery and management through establishment of and compliance with the national protocols, clinical practice guidelines and quality standards, in particular establishment of accreditation systems.
- Increase investment in physical infrastructures and medical care equipment and advanced technology, as well as in improvement of non-medical support services including management, maintenance, blood safety, and supply systems for drugs and commodities.
- Promote quality of life and healthy lifestyles of the population by raising health awareness and creating supportive environments, including through strengthening institutional structures, financial and human resources, and IEC materials for health promotion, behavior change communication and appropriate health-seeking practices.
- Encourage community engagement in health service delivery activities, management of health facilities and continuous quality improvement.

IV. Health Sector Challenges which Can be Addressed Collectively as an ASEAN Community

Health service delivery in Cambodia is currently characterized by slow increase of utilisation of the public health services; low level of quality of care in both public and privates sectors; fragmentation of activities, funding, monitoring and supervision; difficult geographical access to health services and lack of information. This challenge will be addressed through consolidated service delivery strategies by strengthening and building upon the Minimum Package of Activities at Health Centers and the Comprehensive Package of Activities at Referral Hospitals.

Demand for public child and maternal health services has not increased as expected. There are large disparities in maternal and child health outcomes between richest and poorest quintiles and inequities in health service utilisation and access to care is increasing. In response to these challenges, the Ministry of Health has introduced Fast Track Initiative Road Map for Reducing Maternal & Newborn Mortality which is composed of 7 components- 1) Emergency Obstetric and Newborn Care (EmONC), 2) Skilled Birth Attendance (SBA), 3) Family Planning (FP), 4) Safe Abortions, 5) Behaviour Change Communication (BCC), 6) Removing Financial Barriers and 7) Maternal Death Surveillance & Response (MDSR).

Burden of Communicable Disease in the Cambodian has declined, but it still plays a major role and requires sustained and even increased attention and the level of preparedness still needs to be high. So key efforts should be included: multi-drug resistance, especially in TB and Malaria; widespread distribution of counterfeit anti-malarial; continuing threat of re-emerging diseases, including those successfully eradicated in Cambodia; cross-border transmission, regional and global CD threats, and maintaining vigilance against reversals in declining incidence, particularly in view of the international evidence of HIV incidence rising again.

A mounting problem for Cambodian health services is the growing likelihood of population morbidity and mortality from non-communicable disease. The increase in registered non-communicable disease is: changing life style factors and the adoption of 'risk behavior' – smoking, changed nutritional habits, alcohol consumption, illicit drugs; improved diagnosis and access to healthcare and rapid economic growth and industrialisation pose increasing environmental health threats. Many of the non-communicable diseases can be controlled by preventive measures. Such measures call for a very high level of cooperation between ministries and sec-tor in multi-sectoral approaches.

References:

1. *Cambodia Demographic Health Survey 2010 (CDHS 2010)*
2. *Health Strategic Plan 2008-2015*
3. *Fast Track Initiative Road Map for Reducing Maternal & Newborn Mortality.*
4. *(Medium Term Expenditure Framework 2012-2014, Ministry of Economy and Finance).*

I. Description of the Country

Geography: Indonesia is the largest archipelago in the world. It consists of five major islands and about 30 smaller groups. The figure for the total number of islands is 17,504. The archipelago is on a crossroads between two oceans, the Pacific and the Indian Ocean, and bridges two continents, Asia and Australia. This strategic position has always influenced the cultural, social, political and economic life of the country.

Demography: Indonesia conducted the Population Census from 1 May 2010 to 15 June 2010. Population Census data show the number of population is 237.5 million consist of 119.5 million males (50.31 percent) and women 118 million (49.69 percent). The rate of population growth from the year 2000-2010 amounted to 1.49 percent per year.

Socio-cultural: Across its many islands, Indonesia consists of distinct ethnic, linguistic, and religious groups. The Javanese are the largest and most politically dominant ethnic group. As a unitary state and a nation, Indonesia has developed a shared identify defined by a national language, ethnic diversity, religious pluralism within a majority Muslim population, and a history of colonialism and rebellion against it.

Economic: Indonesia is the largest economy in South East Asia and is one of the emerging market economies of the world. In 2009, Gross National Income (GNI) per capita figure is estimated at Rp 24,3 million (U.S. $ 2,543.3) a rate increase of 11.98 percent compared with GNI per capita in 2008 amounted to Rp 21,7 million (U.S. $ 2,271.2).

Government and Political System : Indonesia is a republic with a presidential system. The president of Indonesia is the head of state, commander-in-chief of the Indonesian National Armed Forces, and the director of domestic governance, policy-making, and foreign affairs. The president appoints a council of ministers, who is not required to be elected members of the legislature. The 2004 presidential election was the first in which the people directly elected the president and vice president. The president may serve a maximum of two consecutive five-year terms. Administratively, Indonesia region has been divided into 33 provinces. It consists of 399 districts and 98 municipalities; 6,747 sub districts and 78,198 villages/hamlets.

II. Health Status

4 of 8 goals of Millennium Development Goals (MDGs) are related to health, which are: (1) Goal 1: Combating Poverty and Hunger; (2) Goal 4: Reducing the Infant Mortality Rate; (3) Goal 5: Improving Maternal Health; and (4) Goal 6. Combating HIV/AIDS, Malaria, and Other Infectious Diseases.

The status of MDGs related to health in Indonesia can be seen in table below:

NO	INDICATOR	START	PRESENT	TARGET	SOURCE
TARGET 1C: HALVE, BETWEEN 1990 AND 2015, THE PROPORTION OF PEOPLE WHO SUFFER FROM HUNGER					
1	Prevalence of under-five malnourished (under nutrition & malnutrition):	31% (1989)	17.90% (2010)	15.50%	Basic Health Survey (Riskedas), 2010
2	Prevalence of Under-five malnutrition	7,2% (1989)	4.90% (2010)	3,60%	
TARGET 4A: REDUCE BY TWO-THIRDS, BETWEEN 1990 AND 2015, THE UNDER-5 MORTALITY RATE					
1	Infant Mortality Rate (per 1,000 live births)	69 (1991)	34 (2007)	23	Indonesia Demography and Health Survey (IDHS), 2007
2	Under-five mortality rate (per 1,000 live births)	97 (1991)	44 (2007)	32	
3	Neonatal Mortality Rate (per 1,000 live births)	32 (1991)	19 (2007)	14	
4	Proportion of one-year-old children immunized against Measles	44.5% (1991)	74.5% (2010)	92%	Basic Health Survey, 2010
TARGET 5A: REDUCE BY THREE-QUARTERS, BETWEEN 1990 AND 2015, MATERNAL MORTALITY RATIO					
1	Maternal mortality ratio (per 100,000 live births)	390 (1991)	228 (2007)	102	IDHS 2007, Basic Health Survey 2010
2	Proportion of births attended by skilled health personnel	69 (1991)	82.2% (2010)	Increase	
3	Current contraceptive use among married women 15-49 years old, any method	49.7% (1991)	61.4% (2007)	Increase	IDHS, 2007

TARGET 6A: HAVE HALTED BY 2015 AND BEGUN TO REVERSE THE SPREAD OF HIV/AIDS					
1	HIV/ AIDS prevalence	-	0.2% (2009)	Control the spreading of HIV/AIDS	MOH estimated 2006
2	Condom use at last high-risk sex	12.8% (2002)	Male: 14% (2011) Female: 35% (2011)	Increase	Integrated Biological & Behavioral Survey (DG of DC&EH), 2011
3	Percentage of 15 to 24 years old with comprehensive correct knowledge of HIV / AIDS	-	16.8% (2010)	Increase	Basic Health Survey, 2010
TARGET 6B: ACHIEVE BY 2010, UNIVERSAL ACCESS TO TREATMENT FOR HIV/AIDS FOR ALL THOSE WHO NEED IT					
4	Proportion of populationon with advanced HIV infection with access to and retroviral drugs	-	38.4% (2009)	Increase	MOH, 2010 as per 30 November 2009
TARGET 6C: HAVE HALTED BY 2015 AND BEGUN TO REVERSE THE INCIDENCE OF MALARIA AND OTHER MAJOR DISEASES					
5	Incidence rate associated with Malaria (per 1,000):	4.68 (1990)	1.75 (2011)	Decrease	MOH, 2011
6	Proportion of children under 5 sleeping under insecticide-treated bednets	7.7% (2007)	16.0% (2010)	Increase	Basic Health Survey, 2010
7	Prevalence of tuberculosis per 100,000	443 cases (1990)	244 cases (2009)	221	WHO Global Report, 2010
8	Proportion of tuberculosis cases cured under DOTS	87.0% (2000)	91% (2009)	85.0%	MOH Report-2009
9	Death rate of Tuberculosis (per 100,000)	92 (1990)	39 (2009)	46	TB Global WHO Report, 2009
10	Proportion of Tuberculosis cases detected under directly observed treatment short course (DOTS)	19.7% (2000)	73.1% (2009)	70.0%	MOH Report, 2009

III. Healthcare Delivery System

The priority theme of the 2010-2014 Health Development is “Increasing in access and good quality of health services”. In relation to MDG achievement, it is carried out through:

1. **Health Facilities**: (a) by strengthening health systems and improve access to health services especially for the poor and remote areas; (b) by improving maternal health that will focus on expanding better quality health care and comprehensive obstetric care, improving family planning services and provision of information, education and communication message to community; and (c) intervention during the first 1000 days of child’s life (behavioral change to improve the nutritional status of the people (nutrition supplementation, control of under-weight and malnutrition, establishment of Therapeutic Feeding Center), and (d) by focusing on preventive measures, strengthen health promotion activities and mainstreaming into the National Health System, particularly for Communicable Diseases.

2. **Human resources**: by fulfilling the demand of human health resources in sufficient number, types, qualities, and effectively-distribution, especially in the remote areas.
3. **Pharmaceuticals**: (a) by ensuring rational use of drugs with high quality of pharmaceutical services; (b) by setting the Highest Retail Prices (HET), especially for Generic Essential Drugs; and (c) by developing Indonesia's herbal medicine industries. The National Essential Drugs List (DOEN) comes into effect as a basis for the procurement of drugs throughout Indonesia and the limitation to prices of Branded Generic Drugs (OGB) in 2010.
4. **National Health Insurance (NHI)**: (a) under Law No. 40/2004 regarding the National Social Insurance System (SJSN), Indonesia health insurance organized by the National Health Insurance is based on the principle of social insurance (cooperativeness, mandatory membership, contribution based on a percentage of wages/income, non-profit) and equity in accordance with medical needs. It covers all residents, including foreigners who work more than 6 months. Health Insurance is managed and developed by Health Insurance Administering Bodies which called BPJS under Law No. 24/2011. Employers enroll their workers to BPJS to become a participant. Contributors (premium payers) are employers and workers, while the Government do registration and subsidize the premium for the poor. The benefits of health insurance is a health care services that include promotive, preventive, curative, and rehabilitative cares, including drugs and medical consumable materials are required; (b) free services for antenatal care, childbirth, post natal care including care for newborn and post partum family planning covers around 2.5 million pregnant mothers (60% of the total number of pregnant mothers).

IV. Health Sector Challenges which Can be Addressed Collectively as an ASEAN Community

Indonesia has facing many challenges amidst global/regional development. Some challenges which could be addressed collectively as ASEAN Community is as follows:

1. Enhance capacity to control issues on public health of emergency international concern (PHEIC), including pandemic influenza preparedness response, through training, simulation, and table top exercise
2. Regular Joint Monitoring on the implementing of International Health Regulation 2005, especially in prevention, control, and preparedness for Emerging infectious Diseases (EID) at cross border areas
3. Conducting series of workshop towards ASEAN EID Mechanism for surveillance, prevention, preparedness and responses to EIDs including the following components, laboratory, risk communication, animal health and human health (in view of the functions of the other regional/global organizations)
4. Develop regional framework to increase access to safety, quality, and affordability of vaccines
5. Promote the development of herbal medicine to prevent non communicable disease (NCD) and to enhance mother and child health

6. Integrate traditional medicine/complementary alternative medicine (TM/CAM) in health care services
7. Develop regional mechanism to prevent counterfeit medical product through establishing working group, defining the criteria of counterfeit, and network developing
8. Develop regional mechanism to promote equitable access to health promotion, disease prevention, and care for migrants
9. Develop regional framework to ensure the implementation of global code of practice on international recruitment of health personal.

HEALTH PROFILE
LAO PDR

I. Description of the Country

Lao People's Democratic Republic (Lao PDR) is a land-locked country surrounded by five other countries in the Greater Mekong Region namely Cambodia, Republic of China, Myanmar, Thailand, and Viet Nam. The country is largely mountainous. The most fertile land is found in the valley of the Mekong, which flows from the north of Lao PDR to the south and which forms the frontier with Thailand for over 60% of its length.

The population of Lao PDR is 6.2 million, 32% of which lives in urban areas. The Lao population is a young population with 55% under 20 years of age. The total fertility rate is 3.5 births per woman, the estimated population growth is 2.2, and life expectancy at birth is 65 years on average. While Lao PDR is a low income country, the economy has been growing steadily with gross domestic production (GDP) growing at around 8% over the last five years.

Since the liberation of the country in 1975, the Government of the Lao PDR has aimed to heal the wounds of war and steadily improve people's living conditions. In 1986 the Government adopted New Economic Mechanism, moving economic activity away from a central command system towards a market-based approach. In 2011, Lao PDR achieved a GNI per capita of US$1,004 and, as such, graduated from its lower economy income categorization to a lower-middle income economy. At this pace, Lao PDR is on track to achieve its long term vision: to graduate from Least Developed Country status by 2020.

II. Health Status

MDG 1: Malnutrition still remains a significant concern for Lao PDR. Estimates suggest that despite considerable efforts, 37% of children younger than age 5 years of age are

underweight. Chronic malnutrition, or stunting, is a major issue, affecting 40% of children under 5, and requires urgent attention, particularly in development of policies across all sectors to address both malnutrition and poverty.

MDG 4: Nationally, Lao PDR's child mortality indicators are improving satisfactorily. The under-5 mortality rate declined from 170 to 61 per 1,000 live births, and the infant mortality rate fell from 104 to 48 between 1995 and 2011 respectively. At this rate, the 2015 MDG child mortality targets seem within reach, although death rates are much higher in rural areas, particularly in the most remote districts.

MDG 5: The Maternal Mortality Ratio is as difficult to estimate accurately, without a strong vital registration system for births and deaths, as it is to reduce in a short span of time. Lao PDR appears to have progressed in reducing maternal mortality, from 650 deaths per 100,000 live births in 1995 to 339 in 2010.

MDG 6: HIV prevalence in the general population in Lao PDR remains low, at 0.2 percent, but varies considerably between risk groups and locations. Death rates from malaria fell from 9 per 100,000 in 1990 to 0.4 in 2006. The target for tuberculosis case detection and cure appears to have been achieved, although overall tuberculosis prevalence rates are still a challenge.

MDG 7: The latest joint monitoring survey estimates that total water and sanitation coverage increased to around 67 per cent and 63 per cent respectively in 2010. Access to water supply in rural areas is determined by location. More remote provinces and those with fewer roads have lower coverage. Improved water access is stretched during the dry season and access for poor households is about 10 to 15 percentage points below access for non-poor households.

III. Healthcare Delivery System

The health care delivery system in Lao PDR is essentially a public system, with government-owned and operated health centres, district and provincial hospitals. Administratively, the health system is divided into three levels: central (Ministry of Health); provincial (provincial health department); and district level (district health offices). The most common issue facing the service delivery system’s organization is an excessive patient load at the provincial and central levels, and small patient loads at district and community level.

The health sector organization include the Ministry of Health, 4 central hospitals and 3 tertiary centres, University of Health Sciences and 7 provincial colleges, 17 provincial health departments, 4 regional and 12 provincial hospitals, 127 district hospitals, 869 health centres, and 5,764 village drug kits. There are around 5,000 hospital beds in the country. Conditions of property including basic medical equipment are better at tertiary and intermediate but poorer at social, secondary and primary care level due to limited investment. Service utilization is low at district and health centre.

During the past 13 years the total number of health workers remained unchanged due to very limited recruitment allowed. Only 0.5 health worker per 1000 population (WHO: 2.5). Trend of core health workers such as doctors, nurses, midwives remain unchanged while ten times doctors likely stay at urban than rural settings while double number happens for nurses and midwives. Policy and regulation on retention with financial incentives begins the implementation. Training programs are implemented by one University of Health Sciences and 8 provincial schools with focus to maternal, neonatal and child health (MNCH) and primary health care. Licensing and accreditation are still discussed. The Health Personnel Strategy with double recruitment posts approved by the government gives hope to solve the shortage and improve the quality of health work force in the country.

Health sector in Lao PDR is financed by four main sources: (i) out of pocket payments by households account for 55.5% of total health expenditure; (ii) the government budgetfor 25.5 %; (iii) external donor resources for 16.4 %; and (iv) health insurance schemes account for 1.2%. The reliance of out of pocket in financing healthcare, up to 60% of total health expenditure, results in either limited access to necessary health service by the poor or catastrophic health spending and health impoverishment.The provinces took over all responsibilities such as planning, financing and provision of health services, only informing the Ministry of Health about their activities.

IV. Health Sector Challenges which Can be Addressed Collectively as an ASEAN Community

Lao PDR is facing with fast development growth bringing a lot of health threats and challenges. Gaps continue to exist between and within the countries, and poverty remains the most important determinant for health status, mainly for marginalised and vulnerable groups, including those living in rural, remote and mountainous areas.

Environmental problems caused by rapid urbanization, overpopulation, air population, and industrialisation cause significant change in disease pattern in the country and the region. Non-communicable diseases, such as cardiovascular diseases, cancer are more seen in Lao PDR. Communicable diseases, such as malaria, dengue fever, tuberculosis, some vaccine preventable diseases still remain endemic in the country.

Globalization, international migration, modern transportation, and international trade all contribute the rise and spread of communicable diseases. Every year, millions of peoples and workers come to visit and work in Lao PDR, and Lao peoples migrate to other countries to work. This international migration is a major risk in large-scale pandemics, such as influenza.

To address these challenges the Member States need to have joint effort and are encouraging to work together. The Chairs of the sectors or the ASEAN bodies need to take an active role in guiding the sectors in implementing the action lines in the Blueprint that are regional and cross-border, such as communicable diseases, climate change, food safety and counterfeit drugs.

Member States should have political commitment to avail national resources in implementing the various regional activities. Apart from regular ASEAN meetings, ASEAN Member States (AMS) are reluctant to implement projects on cost-sharing basis. One effort to address the limited resources would be to encourage the adoption of the so-called ASEAN-help-ASEAN approach allowing a AMS to lead and avail its resources to implement more activities in support of the Blueprint.Sense of ownership from AMS needs to be strengthened. There is a need to focus on priority activities and implement flag ship projects or activities, multi-sectoral collaboration, information sharing and multi-country approaches.

HEALTH PROFILE
MALAYSIA

I. Country's Geographic, Demographic, Socio-Economic, Government and Political System

Country's Geographic:

Malaysia is an upper-middle-income country with dynamic economic growth since its independence in 1957. It is located centrally within Southeast Asia and comprises of two land masses separated by the South China Sea with a total land area of 330, 803, square kilometers. Peninsular Malaysia, comprising 11 states and 2 Federal Territories, forms the southern tip of the Asian mainland while Sabah and Sarawak are on Borneo Island north of Indonesia.

Demographic & Socio-economic:

The population of Malaysia in 2012 was 29.5 million. The estimated population in 2013 is 29.9 million and it is projected that Malaysia will have a population of 35 million by the year 2020. Malaysia has a relatively young population with 69.3% of the total population aged between 15 – 64 years while 26.4% are aged between 2 – 14 years and 5.3% are aged 65 years and above (2012).

Real growth of Gross Domestic Product (GDP) in 2012 was 5.6% and estimated at 5.0- 6.0% in 2013. The per capita Gross National Income (GNI) in 2011 was MYR 29,783 (USD 9,249). Labor force for 2011 was 12.6 million of the total population. Life expectancy at birth for both male and female have increased over the years, rising from 56 years in 1957 to 72 years and 77 years respectively in 2012.

Political system:

Malaysia practices Parliamentary Democracy with a constitutional monarch. His Majesty the Yang di-Pertuan Agong is the Supreme Head of the country. In keeping with the concept of Parliamentary Democracy which forms the basis of government administration in Malaysia, the Federal Constitution specifies the separation of powers between the Executive, Judicial and Legislative Branch with the Prime Minister as Head of the Executive branch of Government. The separation of power occurs both at the Federal and State level.

II. Key Health Status Indicators

Malaysia has made good progress towards achieving the targets set under the Millennium Development Goals (MDGs).

MDG 4 & 5:

Achievement in MDGs include a marked declined in mortality of under-5 years old reducing from 16.8 per 1000 live births in 1990 to 7.7 in 2012 in line with the MDG 4 (*Reduce Child Mortality*). The infant mortality rate (IMR) decreased from 13.1 to 6.3 per 1000 live births during the same period. The proportion of 1 year-old-children immunized against measles increased from 70.1% in 1990 to 95.5% in 2012. The maternal mortality ratio (MMR) has declined from 44 maternal deaths per 100,000 live births in 1991 to 25.6 in 2012 in line with MDG 5 (*Improve Maternal Health*). Malaysia is striving to achieve its MMR target of 20 by 2015. As such, the deliveries conducted by trained personnel in the MOH have increased from 92.9 % in 1990 to 98.7% in 2012.

MDG 6:

Under MDG 6 (*Combat HIV/AIDS, Malaria and other diseases*), Malaysia has made significant progress by reversing the trend of HIV/AIDs. The number of new HIV cases has decreased from 6,978 cases in 2002 to 4,549 in 2007 and to 3,393 in 2013. The number of new AIDS cases has also decreased from 1,842 cases in 2006 to 1,188 in 2013. The number of people living with HIV who received antiretroviral treatment has increased from 3,880 cases in 2005 to 9,962 in 2009 and to 17,369 in 2013. Malaysia is determined to achieve its target to halt the spread of HIV/AIDS by 2015.

Malaysia has achieved the MDG target for malaria by halting and reversing the malaria incidence from 54.6 per 100,000 population in 2000 to 26.7 in 2008 and to 12.9 in 2013; and currently moving towards MDG-plus target of completely eliminating malaria infection by 2020. However, under other diseases, Malaysia has not achieved the target of halting and reversing the incidence of tuberculosis. Nevertheless, Malaysia is committed to the World Health Organisation (WHO) *Strategic Plan to Stop Tuberculosis* in the Western Pacific Region by 2015.

III. Healthcare Delivery System

Healthcare system:

Malaysia has a dichotomous healthcare system comprising public and private sectors. The Ministry of Health (MOH) is the main provider of healthcare services providing all level of care i.e. primary, secondary and tertiary care. The public sector healthcare services are highly subsidised by the government. In the MOH, Primary Healthcare remains the thrust of the health system.

Healthcare facilities

The number of health facilities has increased in line with continuous effort to improve healthcare accessibility and equity to the population. The primary healthcare facilities had grown from 42 in 1956 to 2860 in 2013 comprising health clinics, maternal & child health clinics and community clinics. At the end of 2013, there were 6801 private clinics and 1686 private dental clinics that complement the primary healthcare delivery system. There were also 239 mobile health clinics and 27 mobile dental clinics to cater for the remote population. In addition, since 2013, 2541 Malaysia clinics staffed by paramedics were established to cater for the needs of the urban poor.

As of 2012, there were 132 public hospitals with total beds numbering 34,078, 7 non MOH hospitals with total beds of 3,729 and 209 private hospitals with total beds of 13,667. Of the 131 public hospitals, 14 were state referral hospitals, 42 were specialist hospitals and 75 were non-specialist hospitals. In addition, Malaysia has 8 special medical institutions (Health Facts 2013). There were also 16 private maternity homes, 14 private nursing homes, 54 private ambulatory care centers and 343 private haemodialysis centers licensed under the Ministry of Health.

Human resource:

In 2012, Malaysia had a doctor: population ratio of 1:758, dentist: population ratio of 1:6436, pharmacist: population ratio of 1:3039 and nurse population ratio of 1:345.

Financing:

The total expenditure for health as a percentage of GDP has been increasing from 2.91% in 1997 to 4.30% in 2011. Public sector health expenditure was 52% in 2011 mostly from general taxation. Private sector health expenditure was 48% in 2011 out of which 78.30% was out of pocket spending. The general government expenditure on health as % of total government expenditure was 6.6% in 2011.

IV. Health Sector Challenges which Can be Addressed Collectively as ASEAN Countries

Countries in Asia, including Malaysia have become more interdependent as a result of globalisation. As such, problems and challenges including health issues faced by one country often affect the neighboring country. Some of the health challenges that need to be addressed collectively as ASEAN countries include areas under disease control (communicable and non-communicable diseases), pharmaceutical and others.

Disease control:

Both communicable and non-communicable diseases (NCD) remain a burden to Malaysia. The top five contributors to the burden of disease are categorized as NCDs, similar to the disease burden of a developed nation. A study on the burden of disease using disability adjusted life years (DALY) in 2008 showed the top five highest burden was due to ischaemic heart disease, followed by cerebrovascular disease, Diabetes Mellitus, road traffic injuries and mental illness. Some communicable diseases still persist. Dengue, HIV/AIDS, respiratory infections, food-borne diseases and tuberculosis are among the leading contributors to the communicable diseases burden in Malaysia.

Several underlying determinants of unhealthy lifestyles can be addressed collectively by ASEAN. In line with the Global Action Plan for the Prevention and Control of Non-Communicable Diseases 2013-2020, ASEAN can prioritise a regional response based on the list of cost-effective interventions. This includes implementing a “Healthier Choice logo” program across the region will incentivize food and beverage industries to produce healthier choices due to the bigger market for healthier options.

Secondly, developing a standardized guideline on marketing of food and non-alcoholic beverages to children in the ASEAN region since marketing activities cuts across borders. Also with reference to the list of cost effective interventions for NCDs as recommended by the WHO, many of these interventions rely on legislation and regulatory changes for implementation. Malaysia would like to highlight a potential threat to effective implementation of policy and regulatory interventions to prevent NCD due to regional and bilateral trade agreements. There are potential risks to diet-related health of such trade agreements by firstly opening of domestic markets towards international food trade and foreign direct investment, subsequent increased entry of transnational food companies and their global market and global food advertising (i.e. cultural hybridisation). These three changes affect population diets and raise concerns about obesity and NCDs by altering the local availability, nutritional quality, price and desirability of foods. As these trade agreements are usually negotiated through the international trade ministries of the countries involved, ministries of health of Member States must pro-actively advocate to their counterparts in the international trade ministries on the importance of adopting a health-in-all policies approach. There is a need to align profit-oriented activities more closely with public health goals.

With regards to tobacco control, ASEAN Member States must also strive to meet the commitments of the WHO Framework Convention for Tobacco Control (FCTC). Consolidation of co-operation within the ASEAN Member States with regards to monitoring and tracking of goods movement within this region will enhance the effectiveness of implementation of relevant articles of FCTC within each Member States.

Pharmaceutical:

A major challenge under pharmaceutical is the price of drugs/medicines. Currently the medicine prices in most ASEAN countries are not controlled by any mechanism and continue to be determined by market forces. At present, Malaysia depends mainly on historical and the drug price information/database available online from countries recommended by World Health Organisation (WHO) for external referencing of new and expensive innovator medicines. Unfortunately, none of the price information databases from any of the ASEAN countries are available or accessible.

There are major differences in pricing of medicines across countries in the region. Price sharing among countries could provide comparative information on procurement prices that can be used to influence actions to make medicines more affordable and in negotiations with suppliers. Therefore, there should be an initiative by all ASEAN countries to build international cooperation in price information exchange to achieve competitive medicine prices under public funding. The list of medicines for price information exchange should not be limited to the essential drugs list of the WHO and the MSH/International Reference Price Guide but also covering all single source of innovative medicines that has the monopoly right to charge higher price. Technical assistance from World Bank/WHO should be easily obtained to facilitate the activity.

Others:

There could be an initiative by all ASEAN countries to build international cooperation in terms of data sharing, development of Information Communication Technology (ICT), human resource and training, experience and expertise in the relevant field as well as in health sector reforms. A framework of more cost–effective healthcare delivery system could be developed and shared between ASEAN countries as part of collaborative effort to deal with rising healthcare costs. In relation to increasing cases and reemerging of communicable disease, a joint effort to halt and combat the diseases should also be implemented as to make and promote ASEAN as a healthy, safe and productive region in the future.

HEALTH PROFILE
THE REPUBLIC OF THE UNION OF MYANMAR

MYANMAR

I. Country Profile

The population of Myanmar in 2011-2012 is estimated at 60.38 million with the growth rate of 1.01 percent. About 70 percent of the population resides in the rural areas, whereas the remaining are urban dwellers. The population density for the whole country is 89 per square kilometers and ranges. It is a Union of 14 States and Regions and 1 Union territory.

Estimated population in million

Population Structure	1990-91		2000-01		2009-10		2010-11		2011-12	
	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%
0-14 years	14.70	36.05	16.43	32.77	18.84	31.86	17.60	29.44	17.62	29.19
15-59 years	23.47	57.55	29.72	59.29	35.06	59.29	36.94	61.79	37.45	62.01
60 years & above	2.61	6.4	3.98	7.94	5.23	8.85	5.24	8.77	5.31	8.80
Total	40.78	100	50.13	100	59.13	100	59.78	100	60.38	100
Female	20.57	50.2	25.22	50.3	29.73	50.2	30.06	50.28	30.53	50.56
Male	20.21	49.7	24.91	49.6	29.40	49.7	29.72	49.72	29.85	49.44
Sex Ratio (M /100F)	98.25		98.77		98.91		98.87		97.77	

Gross Domestic Product (Kyats in million)

GDP	2005-06	2006-07	2007-08	2008-09	2009-10	2010-11▲	
Current	12,286,765	16,852,758	23,336,113	29,165,117	33,894,039	39,846,694	
Constant Producers' Prices	4,675,220▲	13,893,395▲	15,559,413▲	17,136,590▲	18,964,940▲	20,891,324▲	
Growth %	13.6	13.1	12.0	10.1	10.6	10.2	

Source: Statistical Year Book 2011, Central Statistical Organization, Ministry of National Planning and Economic Development
▲ 2000-01 Constant Producers' Prices ▲ 2005-06 Constant Producers' Prices ▲ Provisional actual

II. Health Status

s/n	Indicators		Source/year
1	Life expectancy at birth	65.1 (male) 70.5(female)	(Statistical Year Book 2009) 2008
2	Infant Mortality Rate (per 1000 live births)	37.5	Multiple Indicator Cluster Survey 2009-2010
3	Under 5 Mortality Rate (per 1000 live births)	46.1	Multiple Indicator Cluster Survey 2009-2010
4	Maternal Mortality Ratio (per 100,000 live births)	240	UN Interagency 2010
5	Delivery by Skilled Birth Attendants	64.8	HMIS
6	HIV/AIDS prevalence rate	0.61	Estimated by NAP and partners, 2010
7	TB Prevalence (per 100,000 population)	525	Nationwide TB Prevalence survey 2010
8	Malaria Prevalence (per 1000 population)	11.7	VBDC Report , 2010

III. Healthcare Delivery System

Healthcare delivery system in Myanmar is taken care of mainly by the Ministry of Health, where it has seven Departments: the Departments of Health, Medical Sciences, Medical Research (Upper and Lower Myanmar), Health Planning, Traditional Medicine and Food and Drug Administration. Food and Drug Administration division under the Department of Health has been upgraded to a separate Department in April 2013.

As of March,2014, Myanmar is networked by 1056 public hospitals including station hospitals, 1684 rural health centers under the administration of the Township Medical Officer (TMO) and Township Health Team.

HEALTH PROFILE
PHILIPPINES

PHILIPPINES

I. Description of the Country

Geographic Characteristics

The Philippines is an archipelago of 7,107 islands situated in Southeast Asia. The country has a total land area of around 300,000 square kilometers. Luzon, Visayas, and Mindanao are the three largest groups of islands. These groups of islands are further subdivided into regions, the regions into provinces, and the provinces into Cities and Municipalities. The cities and the municipalities are further subdivided into barangays. As of March 31, 2014, the country has 17 regions, 81 provinces, 144 cities, 1,490 municipalities, and 42,028 barangays.

Demographic Characteristics

The Philippines is the 12th most populated country in the world, with a projected population of 97.35 million in 2013 *(National Statistics Office, 2010)*. Forty-five percent of the population is in the urban areas with the National Capital Region being the most populated. The projected average annual growth rate in 2010-2015 is 1.82%.

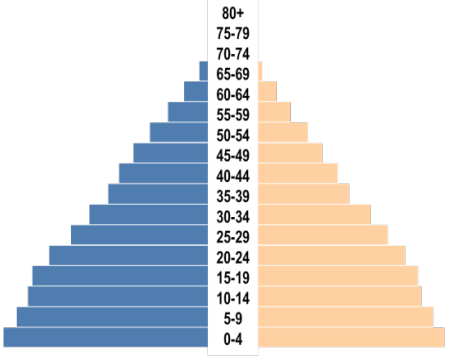


Figure 1: the Philippine Population

The Philippine population is a relatively young population. More than half of the population is below 30 years old and this number decreases as one goes up the age groups *(Figure 1)*.

This demographic distribution puts pressure on the working population to provide for the part of the population that is dependent on it. At the same time, it puts pressure on government to provide more opportunities for the young who will soon enter the workforce.

Socio-cultural Characteristics

Philippine culture blends both Asian traditions with Western influences largely inherited from Spanish and American colonial experiences. Since its independence in 1898, the country has welcomed western ideologies and technologies, while retaining its Asian roots, such as strong family ties even with relatives beyond the main or nuclear family. Like most Asian societies, the family support system is the primary network the Filipino individual depends on.

The country is predominantly Christian. The three most prominent religious groups are Roman Catholics (80.6%), other Christians (9.5%), and Muslims (5.6%) *(Philippines in Figures, 2014)*.

Filipino and English are the two official languages. Filipino is the national language. English is widely used and is the medium of instruction in higher education and the language used in government.

With regard education and literacy, based on the 2010 Census, the vast majority of Filipinos have some form of education (95.6%) with more females than males having completed higher levels of education (completed high school/secondary or college/tertiary).

Government and Political System

The Philippine government follows the 1987 Constitution to guide its political and governmental affairs while at the same time safeguarding civil rights and liberties of the citizens. The Philippines is a democratic and republican state with three branches of government which are as follows: Executive, Legislative and Judicial. The Philippines has a unitary form of government and a multi-party political system. The executive power is vested in the President, who is the Head of State and the Commander-in-Chief of the Armed Forces.

The Local Government Units (LGUs) make up the political subdivisions of the Philippines. LGUs are guaranteed local autonomy under the 1987 Constitution and the Local Government Code of 1991. The Philippines is divided into 81 provinces headed by Governors, 144 cities and 1,490 municipalities headed by Mayors, and 42,028 barangays headed by Barangay Chairpersons *(National Statistical Coordination Board (NCSB), March 2014)*. Legislative power at local levels is vested in their respective Sanggunian or local legislative councils.

Economic Characteristics

The Philippines is one of the most promising economies in Asia in terms of growth potential. Despite the devastation in the country in 2013 due to natural disasters, the domestic economy achieved the highest annual GDP growth rate of 7.2 percent in 2013 from 3.7 percent in 2011. The growth is brought about by the services sector, particularly, trade and real estate,

renting and business activities, and by the accelerated performance of the Manufacturing sector *(NSCB, January 2014)*.

II. Health Status

The projected life expectancy for both sexes between 2010-2015 is 70 years; 68 years for males and 73 years for females *(NSCB 2010)*. The reported Crude Birth Rate in 2010 is 19 per 1,000 and has continued on a steady decrease since the 1980s with minimal increase in 2010. For several years, the Philippines experienced a slow albeit steady decline of the Crude Death Rate with minimal increase for the past five years.

The annual fertility rate of 2.96 children per woman for the period of 2010-2015 was reported by the Philippine Statistical Authority in 2014.

The Infant Mortality Rate was reduced from 25 per 1,000 live births in 2008 to 23 per 1,000 live births in 2013 *(National Demographic Health Survey, 2013)*. The country's Maternal Mortality Ratio has been decreasing from 209 per 100,000 live births in 1990 to 172 per 100,000 in 1998 and 162 per 100,000 in 2006 *(Family Health Survey (FHS), 2006)*. However, the FHS conducted in 2011 reported a higher MMR of 221 per 100,000 live births.

Infectious disease continues to be a major cause of morbidity in 2010 with eight (8) out of the ten (10) leading causes attributable to infectious pathogens. Hypertension remains a public health issue from lifestyle related risks with 22% of the adult population being hypertensive *(Food and Nutrition Research Institute, 2013)*. Non-Communicable Diseases (NCDs) are the leading causes of death in the country. Noteworthy is the high prevalence of injuries and accidents which are related to occupational hazards or vehicular accidents.

III. Healthcare Delivery System

The Philippines has a dual health system consisting of the public sector which is largely financed through a tax-based budgeting system at the national and local levels and where healthcare is generally given free at the point of service and the private sector which is largely market-oriented and where healthcare is paid through user fees at the point of service.

Under this health system, the public sector consists of the Department of Health (DOH), Local Government Units (LGUs) and other national government agencies providing health services. The DOH is the lead agency in health. Its major mandate is to provide national policy direction and develop national plans, technical standards and guidelines on health.

With the devolution of health services under the 1991 Local Government Code, provision of direct health services, particularly at the primary and secondary levels of healthcare, became the mandate of LGUs.

Healthcare financing

The National Health Insurance Program (NHIP) covers the formal, informal and indigent sectors of the population. The Philippine Insurance Health Corporation (PhilHealth), a

government-owned and controlled corporation attached to the DOH, is the agency mandated to administer the NHIP and ensure that Filipinos will have financial access to health services. The passage of the National Health Insurance Act of 2013 amends the outdated 1995 version to provide full national subsidy of premiums for the poor.

Healthcare regulation

Healthcare regulation seeks to assure access to quality and affordable health goods and services, especially those commonly used by the poor. The approaches to achieve this is through the following: 1) harmonisation of systems and processes for licensing, accreditation or certification of health products, devices, facilities and services; and; 2) development of mechanisms to ensure availability of low-priced and high quality essential medicines.

Following the devolution of 1991, the DOH expanded and strengthened its regulatory offices that would include regulation of food, drugs, cosmetics, household hazardous substances, medical devices including radiation-emitting devices under the Food and Drug Administration; regulation of health facilities and services (hospitals, clinics, laboratories and other health service establishments) under the Health Facilities and Services Regulatory Bureau; international health surveillance and security against the introduction and spread of infectious diseases including other emerging diseases and public health emergencies of international concern under the Bureau of Quarantine.

Universal Healthcare (UHC) or Kalusugan Pangkalahatan (KP)

The current administration's strategic thrust has a vision of Universal Healthcare (UHC) or *Kalusugan Pangkalahatan (KP)* for all Filipinos. It aims to achieve the three health system goals of better health outcomes, sustained health financing, and responsive health system. This is described in Figure 4 below.

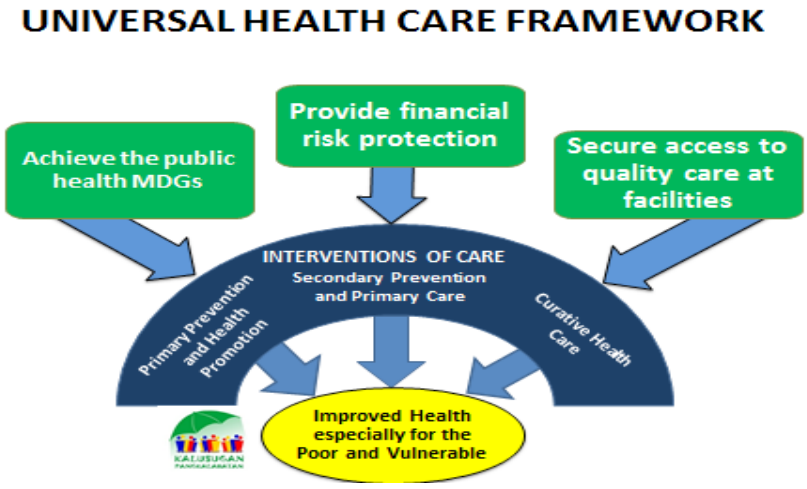


Figure 4: Universal Healthcare Framework

Source: Kalusugan Pangkalahatan Roadmap 2014-2016

UHC or KP is an approach that seeks to improve, streamline, and scale up previous reform strategies in the health sector in order to address inequities in health outcomes by ensuring that all Filipinos, especially the poor, have equitable access to quality healthcare. This approach shall strengthen the NHIP as the prime mover in improving financial risk protection; generating resources to modernize and sustain health facilities, and improving the provision of public health services to achieve the Millennium Development Goals (MDGs).

The KP shall be attained by pursuing three strategic thrusts:

1) Financial risk protection through expansion in the NHIP enrollment and benefit delivery- the poor will be protected from the financial impacts of healthcare use by improving the benefit delivery ratio of the NHIP;
2) Improved access to quality hospitals and healthcare facilities – government owned and operated hospitals and healthcare facilities will be upgraded to expand capacity and continue to provide quality services to help attain the MDGs; attend to traumatic injuries and other types of emergencies; and manage NCDs and their complications; and
3) Attainment of the health-related MDGs-public health programs will be focused on reducing maternal and child mortality, morbidities and mortalities, TB and malaria mortalities, and the prevalence of HIV-AIDS, in addition to being prepared for emerging infectious disease trends, and prevention and control of NCDs.

These three thrusts are being implemented in a continuum of interventions of primary prevention and health promotion; secondary prevention and primary care and curative healthcare.

Interventions for primary prevention and secondary prevention comprise Public Healthcare. Curative Healthcare is focused on individual care in hospitals and rehabilitation centers.

IV. Health Sector Challenges and Regional Developments

Amid the reforms in the Philippine healthcare system which has yielded promising results, regional differences in health status in the country remain. The country today still wrestles with the double burden of disease, which further stretches the limited resources of the country. Although infant and maternal mortality rates have improved over the years, the rate of decline is slow, thus the Philippines still lags behind its close neighbours in the ASEAN. The following challenges still face the health sector in the Philippines which some ASEAN Member States are also faced with and in which could also be addressed collectively as an ASEAN community:

1) the migration of health workers affects the health system of all countries, whether they go abroad or they leave rural areas for urban ones. This phenomenon has been increasing worldwide, especially from lower income countries with already fragile health systems;

2) the mobility of emerging and re-emerging diseases due to the interconnectedness of transportation system, communication and technologies around the world;

3) the management of NCDs is more complex and expensive, which our current health system is trying to address;

4) Counterfeit drugs proliferate the market and the procurement and supply of some medical products are still of poor quality resulting in the irrational use of drugs and technology; and

5) In terms of Leadership and Governance, there are still weak accountability and regulatory capacities, limited planning and management capacity, lack of data for managing performance and inefficient aid coordination leading to inefficient and fragmented assistance at all levels of governance.

HEALTH PROFILE
SINGAPORE

I. Description of the Country

Singapore is a city-state with a total land area of 716 sq km. A parliamentary republic, Singapore is governed by Executive, Legislative and Judicial branches of government.

Singapore has a total population of about 5.4 million. About 74% of the resident population is Chinese by race, followed by 13% Malays, 9% Indians, and 4% comprising other races such as Eurasians and Caucasians. In terms of age profile, Singapore is relatively young, with about 66.8% of the resident population between 20 and 64 years of age. The elderly aged 65 and above make up 10.5% of the current population. However, this figure is projected to grow steadily to greater than 20% by 2030.

Singapore's economy operates on free-market principles. Real GDP growth in 2011 was 4.9%. The economy depends heavily on exports, particularly in consumer electronics, information technology products, pharmaceuticals, and on a growing financial services sector. The total annual health expenditure as a proportion of GDP is 4%.

II. Health Status

Despite spending less than many other developed countries when measured as a percentage of GDP, Singapore is internationally regarded as having achieved comparable, if not better, healthcare outcomes such as life expectancies and mortality rates. Singapore's infant mortality rate in 2012 was 1.8 per 1000 and life expectancy at birth in 2012 was 82.3 years. The WHO has also ranked Singapore sixth out of 191 countries (1st in Asia) for overall healthcare system performance in 2000. In 2013, the IMD World Competitiveness Yearbook ranked Singapore's healthcare infrastructure fourth out of 60 countries.

III. Healthcare Delivery System

The Singapore Government has traditionally had much greater involvement in acute care, where public sector providers supply the vast majority of services and account for over 80% of all hospital beds. In contrast, the intermediate and long-term care (ILTC) sectors comprise mostly organisations run by private or voluntary-welfare organisation (VWO) players.

1. **Primary Care;** In Singapore, primary healthcare is provided through an island-wide network of government-subsidised outpatient polyclinics and private medical clinics. About 20% of primary healthcare is provided through the 18 polyclinics, which are located in residential town centres. Each polyclinic is a one-stop health centre, providing outpatient medical care, follow-up of patients discharged from hospitals, dental services, immunisation, health screening, investigative facilities and pharmacy services. The remaining 80% is provided through some 1,400 General Practitioners (GP) clinics located at the doorstep of the population in the city, housing estates and satellite towns. The GP clinics are mostly operating as small private clinics run by solo practitioners, with a number of group practices and a few larger chains. These clinics provide non-subsidised outpatient medical care, dental services, immunisation, health screening and pharmacy services. However, for the needy elderly aged 65 and above and the disabled, portable subsidies have meant that these patients can access subsidised treatment at GP clinics and dental clinics near their homes. Since early 2012, the scheme has expanded and been made available to the low and middle-income Singaporeans aged 40 and above.

2. **Hospitals and Specialty Centres;** Public hospitals receive government funding to offer subsidised medical services and provide about 80% of the tertiary care in Singapore, with the remaining 20% provided by private hospitals. As at the end of 2011, there were 8,119 acute care hospital beds in Singapore, of which 6,740 (83%) were in the public hospitals. The eight public hospitals comprise two designated Academic Medical Centres (AMCs), four regional general hospitals, a hospital dedicated to women and children, and a psychiatry hospital. The new Ng Teng Fong General Hospital is slated to open in end 2014. Another general hospital in Seng Kang will be completed in 2018. All Singapore public hospitals have also been accredited by the Joint Commission International (JCI).

3. **Intermediate and Long-Term Care;** the rising prevalence of chronic diseases in Singapore, and the rapidly ageing population has spurred the growth of the ILTC sector in recent years.

   The Singapore Government has been investing heavily in the development of this sector and some of the major initiatives put in place include the building of new community hospitals and nursing homes to meet growing demand, helping providers acquire adequate manpower with the right capabilities, strengthening the corporate governance in charity and non-profit sectors, extending information technology (IT) beyond the hospitals as well as designing financial incentives to support the right-siting and integration of care. There are also a number of pilot projects exploring new care delivery models involving partnerships across providers.

4. **Integrating Care;** Over the last decade, Singapore's healthcare landscape has been gradually reshaped to meet new challenges. Currently, the healthcare system is undergoing a restructuring, to move to a more integrated approach by forming Regional Health Systems (RHS). Under the RHS framework, an acute general hospital is linked to one or more community rehabilitation hospitals supported by a network of primary care providers, community home care teams and day rehabilitation centres as partners. Ensuring that patients are treated in the right place by the right caregivers after an acute episode requires care to be well-coordinated across these multiple healthcare providers.

5. **Healthcare Financing;** Singapore believes in striking a balance in financing healthcare, with the twin objectives of ensuring affordability of healthcare services and protecting individuals against financial risk, as well as ensuring financial sustainability for society. To achieve these objectives, the Ministry has designed the healthcare financing system based on the philosophy of collective responsibility and universal coverage through multiple layers of protection incorporating government subsidies, compulsory individual savings, medical insurance and a safety net for the poor and needy.

   Subsidies form the first tier of protection, and is provided through heavy government subsidies in the acute hospitals and polyclinics which all Singaporeans can access. There are also considerable subsidies for long-term care services and at private GP and dental clinics. Regular improvements are made to expand coverage of the financing framework – for example, in 2012, significant additional subsidies were given for long-term care services, and for selected high-cost standard drugs required for chronic disease management and other expensive drugs for specific medical conditions, for the lower- and middle-income. Subsidies at private GP and dental clinics have also been expanded rapidly.

   Medisave, a compulsory health savings account scheme which helps individuals save for their share of medical treatment, offers the second tier of protection. All employees are required to set aside 7-9.5% of their income in their individual Medisave accounts which can be used for the payment of their healthcare bills including those of their immediate family members. In addition to hospitalisation and treatment costs, Medisave can also be used to pay for health insurance premiums. Medisave use has been gradually extended to include more treatments in outpatient care and for preventive services such as vaccinations and health screening.

   The third tier of protection comes from national basic insurance schemes-*MediShield and ElderShield*-which seek to provide cover from large hospital bills or severe disability. Private insurance providers are allowed to provide Medisave-approved private insurance policies to meet additional demand for higher coverage or benefits, for example, to provide higher benefits in private hospitals (through Integrated Shield Plans) and higher payouts in case of severe disability (through ElderShield Supplements). To prevent cherry-picking, policyholders are required to have at least basic MediShield and ElderShield before purchasing these private insurance policies. As at end of 2012, MediShield's coverage of the resident population stood at 92%. Recent changes to MediShield saw its coverage extend to the inpatient treatment of congenital and neonatal conditions, as

well as psychiatric conditions. The MediShield scheme is currently being reviewed to provide universal, lifetime coverage for all Singaporeans, as well as to provide better coverage for large hospital bills. The outcome of the review and recommendations from the independent MediShield Life Review Committee, are expected to be submitted to the Ministry of Health in the middle of 2014.

Finally, there is *Medifund*, which was set up in 1993 as an endowment fund with an initial capital of $200 million from the Government, to serve as a public safety net to help the poor who are unable to pay for their medical expenses even after utilising Medisave and MediShield. The interest income from the capital sum (which currently stands at $3 billion) is used to ensure that no Singaporean is denied basic healthcare due to the inability to meet medical expenses. Since 2012, Medifund coverage has been steadily expanded to include more types of long-term care services such as day rehabilitation, home medical and home nursing services, as well as the government polyclinics.

IV. Health Sector Challenges which Can be Addressed Collectively as an ASEAN Community

Improving the health status of the people of ASEAN is integral to the socio-economic development of the region. With globalisation, public health threats and challenges, like communicable and non-communicable diseases, pandemic outbreaks, civil emergencies and bio-terrorism as well as new emerging diseases and antimicrobial-resistant infections, are crossing national boundaries, and therefore require a collective response. Recognising the importance of international cooperation in healthcare, Singapore has been working closely with its ASEAN neighbours to share and exchange experiences, technical know-how and professional expertise. Singapore will continue to contribute to regional health capability-building by sharing experiences and expertise as well as by providing technical assistance and training to ASEAN member states.

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HEALTH PROFILE
THAILAND

I. Description of the Country

The Kingdom of Thailand is situated in the continental Southeast Asian region, just north of the equator and is part of the Indochina Peninsula. It is the third largest country among the Southeast Asian nations, after Indonesia and Myanmar. With an area of 514,000 km^2 (198,000 sq. mi), Thailand shares common borders of approximately 5,326 kilometres with the Republic of the Union of Myanmar, Lao People's Democratic Republic, Kingdom of Cambodia and Malaysia, and 2,765 kilometres are coastlines bordered by the Gulf of Thailand and the Andaman Sea. Thailand is a parliamentary democracy with a constitutional monarchy. The population, as of2012, was 64,456,695 comprising of Thai (98 percent) and the rest are of other races such as Chinese, Burmese, and Laotian. The majority of the population are Buddhist (93.6%), followed by Muslims, Christians, and others. Thai language is the official language, while English plays a significant role, particularly in the business sector. Thailand is an upper-middle income country and is considered a newly industrialized country. Substantial industries include electrical appliances, computer hardware, and automotive industry. Thailand was ranked as a country with medium human development in 2012 with the human development index of 0.69. The GDP per capita in 2012 was 9,660 (PPP$).

II. Health Status

Thailand has a long and successful history of health development including the introduction of universal healthcare for Thai citizens in 2002. It has vibrant primary healthcare, an innovative health system development and progressive health promotion programs, leveraging alcohol and tobacco tax to finance health promotion activities, controlling and eradicating emerging and re-emerging diseases.

One of the main goals of the Eleventh 5-Year National Development Plan for 2012-2016 focuses on the quality of healthcare services, universal security for all Thais, and disease prevention and health promotion for each age-specific group. Almost all health–related Millennium Development Goals have been achieved at the national level, but disparities remain in remote areas. Low maternal mortality rates and infant mortality rates, for example,

have not been achieved in mountainous areas in the North and in three civil-unrest provinces in the South. Thailand's rapid ageing population also creates new public health and social challenges. Furthermore, there are now concerns about the rates of obesity especially in the adolescent age group. Selected key health indicators are highlighted in Table 1.

Table 1 Key Health Indicators for Thailand

No	Indicators	Ratios
1	Life expectancy at birth (years) (2011)	Male =71, Female=77, Both sexes=74
2	Infant mortality rate (per 1,000 live births) (2011)	11
3	Under-five mortality rate (per 1,000 live births) (2011)	12
4	Adult mortality rate (per 100,000 population) (2009)	Male=207, Female=102
5	Maternal mortality ratio (per 100,000 live births) (2010)	48
6	Antenatal care coverage (%) (2005-2012) ³ 1 time ³ 4 times	 (99%) (80%)
7	Birth attended by skilled health personnel (2005-2012)	99%
8	Vaccination (DTP3 coverage) (2011)	99%
9	Population using improved drinking water sources (2011)	96%

Source: World Health Statistics 2011, WHO

III. Healthcare Delivery System

Healthcare services

Healthcare services in Thailand are provided by both public and private sectors, with the public sector contributes to a higher proportion. After achieving universal health coverage in 2002, Thai citizens have been covered by one of the three public health insurance schemes. Approximately 8 percent of the population (government employees, pensioners and their dependents) are under the Civil Servant Medical Benefit Schemes which is financed by general government revenue. The Social Security Scheme, a compulsory insurance financed by a tripartite coalition composed of the employee, employer, and government, covers private employees in the formal sector which accounts for 10 percent of the population. The Universal Coverage Scheme, financed by general government revenue, covers almost 75 percent of the Thai population.

Human resources for health

Based on the WHO benchmark, the health personnel to population ratio is not low (25 health personnel per 100,000 population). There is still inequity in distribution of healthcare personal in each part of Thailand as illustrated in Table 2.

Table 2. Distribution of health personals in each region of Thailand in 2013

Health Personnel	Bangkok	Central	North	South	Northern East	Whole Country
Physician	1:886	1:2,317	1:2,993	1:3,104	1:4,176	1:2,533
Dentist	1:6,477	1:10,278	1:10,856	1:10,708	1:16,055	1:11,233
Pharmacist	1:3,206	1:5,406	1:6,797	1:6,764	1:10,165	1:6,465
Professional Nurse	1:239	1:453	1:501	1:485	1:761	1:495

Healthcare facilities

There are both public and private healthcare facilities distributed throughout the country. At a primary level, community primary healthcare centres and health centres are located in villages and sub-districts, respectively. Community hospitals are located at the district level, providing both primary and secondary care. In addition, there are general hospitals in each province, as well as regional hospitals, university hospitals and specialised hospitals providing tertiary and super-tertiary care. As of 2013, there are 11,288 health service facilities with 146,994 beds in public sectors ranking from district health promotion hospitals, community hospitals, provincial hospitals, general hospitals and specialized hospitals. There are 323 private hospitals with 33,608 beds mostly located in Bangkok and urban areas.

Health expenditure

During the past decades, health expenditure in Thailand was on a rapidly upward trend, rising from US$844 million in 1980 to US$19,605 million in 2008, a more than 20 fold increase. Per capita health spending rose from US$18 in 1980 to US$310 in 2008, almost 17-fold increase in current prices. The national health expenditure rose from 3.8% of GDP in 1980 to 6.4% in 2008, rising at the rate faster than that for the GDP, i.e. an average of 7.6% in actual terms while the average GDP growth was only 5.6% annually.

The major source of public expenditure on health is the government budget, managed by the National Health Security Office (NHSO). The national government budget allocated to the NHSO rose from 40 USD per capita in 2001 to almost 90 USD per capita in 2011 reflecting the continuous importance accorded by the government to the Thai healthcare system.

Universal Health Coverage (UHC) has improved financial risk protection in Thailand. Out-of-pocket payments for healthcare have dropped substantially, from 33% of total health expenditure in 2001 (before UHC) to 14% in 2010. The high level of financial risk protection is reflected in the low rates of catastrophic household health expenditure and health-related impoverishment.

4. Health Sector Challenges which Can be Addressed Collectively as an ASEAN Community

Several key challenges of the health systems that are of concern in Thailand can be listed as follows:

Health after 2015-Millennium Development Goals

Although Thailand has met several MDGs targets in health, i.e. poverty and hunger, fight against HIV/AIDS, access to clean drinking water and sanitation, a more strenuous effort is needed to achieve sustainable development and to address the country's ambitious MDG+ targets on child mortality and maternal health in remote areas, all of which requires relentless engagement from all parties.

Migrant Health and border health

An estimated 3-4 million non-Thai migrants are living in Thailand, mostly from the Mekong countries. Due to high bureaucratic and onerous registration policies as well as overt discrimination, less than half of these migrants are legally registered. The role of migrants in general, particularly the un-registered migrants, has generated an inter-related mix of economic, national security, and human rights concerns which have precluded easy solutions. The prospect of more open borders with the advent of the ASEAN Economic Community in 2015 adds further urgency to addressing migrant issues in Thailand.

Sparse epidemiologic data of migrants suggests that the health concerns of this comparatively new latest population are primarily communicable diseases. Migrants have been reported to contribute to over half of the confirmed malaria cases in Thailand, and periodic surveys consistently demonstrate high rates of HIV and TB.

In spite of very high coverage through the UC system, approximately over 3 million migrants and non-Thai populations living in Thailand are not covered by anyhealth insurance. In addition, thousands of cross border population seeking medical care in Thailand further increases, stress on border and rural health infrastructures.

Malaria

Thailand has achieved a steady and significant decrease in malaria incidence over the past 30 years, from almost 500,000 cases and 4,000 deaths in 1981 to less than 50,000 cases and 80 deaths in 2011. However, malaria remains a significant public health problem in the Thai provinces bordering Myanmar, Cambodia, and Malaysia. Along the western border with Myanmar where incidence is the highest, the past 3 years have not seen a decline in incidence rates.

Thailand's commitment to the elimination of malaria is threatened by increasing evidence of the development of artemisinin-resistant falciparum malaria. The Thailand-Cambodia borders have long been associated with the development of antimalarial drug resistance, first to chloroquine, sulphadoxine-pyrimethamine and mefloquine, and later to artemisinin in 2006.

Road Safety

Road traffic accidents are one of the main causes of mortality in Thailand. It is one of the leading causes of death especially among the young population (15-40 years) in both gender groups. Without any measures to curb this trend, by 2030 it is expected to be one of the 4 leading causes of death according to WHO estimations. Much work has been done to address the issues in this area, especially in terms of promotion of various behavioral aspects in reducing the risk of road traffic accidents (helmet wearing campaigns, etc) through community led approaches. One of the key areas of focus currently is the need to strengthen the management system for road traffic accidents through strengthening the national road safety center and ensuring its role in coordinating the various activities ongoing in this area through a strong information management system. Efforts are ongoing to raise this issue to the highest level of the government.

VIET NAM

Viet Nam is an ASEAN Member State located in Southest Asia with a surface area of 332,600 sq.km, stretching along the 3,260 km eastern coasting of the Indochinese Peninsula. The country, in the shape of the letter S, borders Lao PDR and Cambodia to the West, and China to the North. Its territory also covers a vast sea area that encompasses a large continental shelf and a string of thousands of scattered island. Approximately 80% of Viet Nam's land is mountainous, highland and jungles; only 20% is flat land.

Viet Nam has 63 provinces and centrally-administered cities, 659 districts and 10,732 communes.

There are distinct climatic variations between different regions of Viet Nam. In the North, the climate is tropical and subtropical with four distinctive seasons. In the Central and the South, there are two seasons: the rainy season (from April to October), and the dry season (from November to March of the following year). Such climatic and weather conditions greatly influence the country's morbidity and diseases epidemiological patterns.

Viet Nam is the second most populous nation in Southest Asia. According to the 2012 Census, Viet Nam had a population of over 88,772 million, of whom males account for 49.46% and females 50.54%, the population growth rate is 1,06% per annum. The country has 54 different ethnic groups of which the Kinh represents 87% of the total; the rest ethnic minorities living scattered all over the country.

After 20 years of innovation and development, Viet Nam has gained many achievements in political stability and socio-economic development. People's living standards have been improved remarkably, the poverty rate has decreased significantly, per capita income has risen quickly to help Viet Nam become a middle income country in the world. The average GDP per capital in 2012 was approximately US Dollars 1,749.00. The Government of Viet Nam always considers healthcare for people as a key area of primary concern, contributing to ensuring the sustainable development of the country.

Generally, the people's health status has been considerably improving. The Viet Namese people's health indicators are even better than those of other countries with the same level of income.

Table 1. Some Basic Health Indicators of the Viet Namese People in 2012

Indicators	2012
Population	88, 772 millions
Life expectancy	73 yrs
Maternal mortality rate	69 per 100,000 live births
Infant mortality rate	15,4 per 1,000 live births
Under-five mortality rate	23,3 per 1,000 live births
Rate of newborns weighing less than 2500g	5.1%
Underweight malnutrition children under five	16,2 %
Fully vaccinated children under 1 year	95,9 %
Number of doctors/10,000 population	7,20 per 10,000 pop
Number of pharmacists/10,000 population	1,76 per 10,000 pop
Number of hospital beds	23,0 per 10,000 pop
% of Commune reached national criteria for commune health	73 %

(Source: Health Statistics Year Book 2012)

Chart 1. Organisation of the Health System in Viet Nam

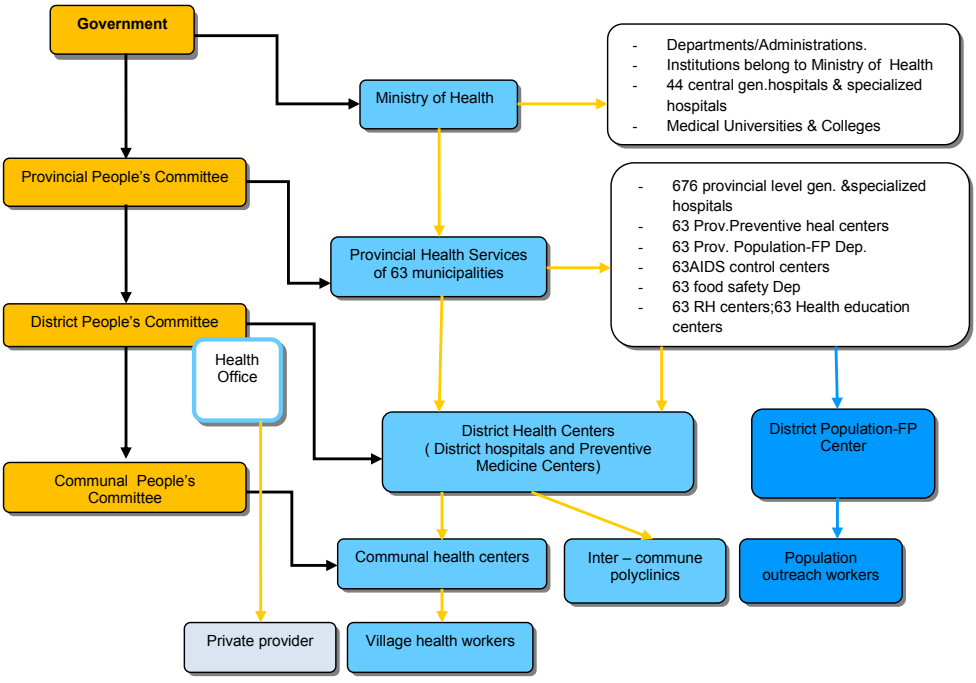
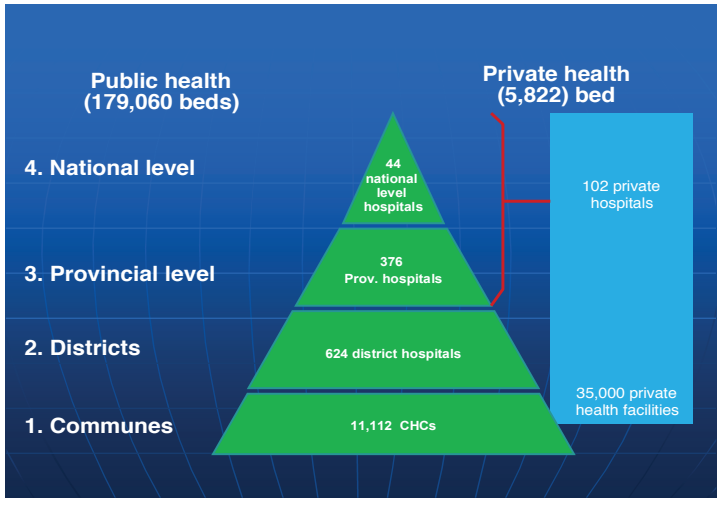


Table 2. Health Service Delivery System



Despite the important achievements recorded in healthcare, Viet Nam is still beset with 4 main difficulties and challenges as follows:

(1) Increasing public needs for medical care and change of disease pattern: growing non-communicable diseases, injuries, several infectious diseases outbreak likely to return

(2) Health financing obstacles:
- Public health expenditure remains low. The budget allocation is imbalance.
- the growth rate state budget expenditure on health has fallen markedly in the last three years. The share of budget spending on health in state budget estimates for 2013 has fallen slightly to 8.1 percent, much lower than the planned target of 10 percent.
- Legislation to ensure compliance with regulations on compulsory health insurance remains inadequate. Provider payment methods remain inappropriate. Management of the health insurance fund in medical facilities has been ineffective. Health insurance coverage for some groups including the near poor, the voluntarily insured and workers in enterprises is relatively low.
- Provincial disparities in medical service prices at state facilities are large. Efficiency use of availability resources remains limited.
- there are not yet specific and consistent strategies and roadmaps for reform of provider payments in the context of health system reform.

(3) Human resources for health:
- Training quality is incommensurate with advanced technology and people's demand for healthcare.
- Shortage of health workers and qualified doctors at the grassroots level is still widespread; many health facilities at the commune and district level do not have doctors.
- the proportion of health workers with adequate knowledge and skills in first aid, diagnosis, treatment, and response to disease outbreak is low.

(4) Health Information System:
- the plan for development of the health information system by 2020 with a vision to 2030 is incomplete.
- Most statistical indicators are collected through periodic reports, thus data is inaccurate and often unavailable.
- Lack of fund for investment in infrastructure and capacity building for health information staff cause difficulty for implementation for policies and plans.
- Long delays in disseminating annual health statistics lead to difficulties in utilizing up-to-date health information for planning and monitoring purposes.
- Software packages that are not interoperable are applied in the same unit, causing difficulty in synthesizing information and waste of available resources.

Chapter 3

ASEAN Cooperation on Health Development

ASEAN COOPERATION ON HEALTH DEVELOPMENT

Overview of Complex Challenges Affecting Health

ASEAN comprises of ten Member States which form a diverse and dynamic region with fast development growth bringing a lot of health threats and challenges. Gaps continue to exist between and within the countries. In some of the countries, poverty remains the most important determinant for health status, mainly for marginalized and vulnerable groups, including those living in rural, remote and mountainous areas.

Environmental problems caused by rapid urbanization, overpopulation, air population, and industrialization cause significant change in disease pattern in the region. Non-communicable diseases, such as cardiovascular diseases and cancer are more seen in most of the countries. Communicable diseases such as malaria, dengue fever, tuberculosis, vaccine preventable diseases remain endemic and a burden for some ASEAN Member States.

Globalization, international migration, modern transportation, and international trade all contribute to the rise and spread of infectious diseases. Every year, millions of people from ASEAN region migrate to other countries either permanently or temporarily. International migration is one of the risks in large-scale pandemics.

Vision and Goals of ASEAN

ASEAN Vision 2020 aims to build a community of caring societies which is secure from threats of diseases and poverty and social ills. People are at the core of this vision, and people are core to its realisation. ASEAN regional cooperation in health development aims to achieve the Vision 2020 goals, by building communities for people-to-people interaction. The ASEAN Health Cooperation's current strategic thrusts bear in mind the importance of supporting and harmonizing with the other ASEAN Community goals.

ASEAN Mechanism in Health Cooperation

The first Health Ministers Meeting of ASEAN was conducted in 1980. The current structure of the ASEAN Health Ministers Meeting (AHMM) is convened once every two years. The AHMM oversees the mandated functions of the Senior Officials on Health Development (SOMHD) and other subsidiary bodies in the public health sector.

ASEAN Secretariat* Structure for Health Cooperation

Under the new ASEAN Secretariat organisational structure which has been taken into effect since 15 April 2009, the ASEAN Cooperation in Health Development is overseen by the Health and Communicable Diseases Division (HCDD). This division reports to the Cross-

Sectoral Cooperation Directorate of ASEAN Socio-Cultural Community (ASCC) Department. The HCDD is currently managed by an Assistant Director or Head of HCDD, one Senior Officer, two Technical Officers and 1 secretary.

***The ASEAN Secretariat**

The ASEAN Secretariat was set up in February 1976 by the Foreign Ministers of ASEAN. It was then housed at the Department of Foreign Affairs of Indonesia in Jakarta. The existing ASEAN Secretariat at 70A JalanSisingamangaraja, Jakarta was established and officiated in 1981 by the then President of Indonesia, H.E. Soeharto.

The ASEAN Secretariat's basic function is to provide for greater efficiency in the coordination of ASEAN organs and for more effective implementation of ASEAN projects and activities

The ASEAN Secretariat's vision is that by 2015, it will be the nerve centre of a strong and confident ASEAN Community that is globally respected for acting in full compliance with its Charter and in the best interest of its people.

The ASEAN Secretariat's mission is to initiate, facilitate and coordinate ASEAN stakeholder collaboration in realising the purposes and principles of ASEAN as reflected in the ASEAN Charter.

(source : www.asean.org)

OPERATIONALISATION OF ASEAN STRATEGIC FRAMEWORK ON HEALTH DEVELOPMENT (2010-2015)

Introduction

The ASEAN Socio-cultural Community (ASCC) Blueprint which was approved by the ASEAN Leaders at the 4th ASEAN Summit held on 1 March 2009 in Hua Hin, Thailand is now the main guiding document for ASEAN regional cooperation in the socio-cultural sector, including health.

The 5th Meeting of SOMHD held on 7-9 December 2009 in Kuala Lumpur discussed the mechanism for the implementation of the ASCC Blueprint; and observed that there are 54 actions under the following sections, namely:

- B.3: Enhancing Food Security and Safety
- B.4: Access to Healthcare and Promotion of Healthy Lifestyles
- B.5: Improving capabilities to Control Communicable Diseases
- B.7: Building disaster-resilient nations and safer communities (only action line xii)

There are now 55 health action lines under the purview of the health cooperation based from the concurrence made at the 6th SOMHD, July 2011 in Nay Pyi Taw, Myanmar. Additional action line from B.6 Ensuring a drug-free ASEAN – which is, action line *iv. Sharing of drug research data among ASEAN Member States* – has been made a responsibility of the ASEAN Mental Health Task Force (AMT). This action line will be accomplished together with the working group under the Security Cooperation Division of ASEAN Political-Security Community Pillar or APSC.

ASEAN Strategic Framework on Health Development (2010-2015)

The SOMHD Planning Meeting was conducted on 17-19 March 2010 in Chiang Mai, Thailand to draft an implementation plan of Health Cooperation activities under the ASCC Blueprint. Some of the main decisions were:

a. Classification of proposed actions that fall under the purview of SOMHD and of other sectoral bodies
b. Classification of proposed actions under section B.4 into two levels: regional and national actions
c. Some un-implemented areas need to be focused including Increase Access to Health Services for ASEAN people, Maternal and Child Health, Migrants health, Healthy lifestyle and Non – Communicable Diseases, and Mental Health. As such, there was a need for an additional meeting to fully develop the work plan for those mentioned areas

The 2nd Planning Meeting to finalise the Work Plan was held on 25-27 May 2010 in Manila, Philippines. The drafting team comprised the following four volunteer countries: Indonesia, Malaysia, Philippines, and Thailand. The Meeting was of the view that due to some similarity of proposed actions under the Blueprint, it was suggested to group activities according to the focus areas in each section, as described below.

- B3. Enhancing food security and safety

  i. Strategic objective: to ensure adequate access to food at all times for all ASEAN people and ensure food safety in ASEAN Member States
  ii. Five focus areas: regional standard and procedure, laboratory, capacity building on risk analysis, emergency response to food-borne diseases and food outbreaks, overall coordination

- B4. Access to healthcare and promotion of healthy lifestyles

  i. Strategic objective: to ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN
  ii. Six focus areas: maternal and child health, increase access to healthcare services, migrants' health, promotes ASEAN healthy lifestyle (non-communicable diseases, tobacco control, and mental health), traditional medicine, and pharmaceutical development

- B5. Improving capability to control communicable diseases

  i. Strategic objective: to enhance regional preparedness and capacity through integrated approaches to prevention, surveillance and timely response to communicable and emerging infectious diseases
  ii. Three focus areas: prevention and control of emerging infectious diseases, HIV and AIDS, and enhancing regional supportive environment

- B7. Building disaster – resilient nations and safer communities

  i. Strategic objective: to strengthen effective mechanisms and capabilities to prevent and reduce disaster losses in lives, and in social, economic, and environmental assets of ASEAN Member States and to jointly respond to disaster emergencies through concerted national efforts and intensified regional and international cooperation
  ii. One focus area: multi-sectoral Pandemic Preparedness and Response

The ASEAN Strategic Framework on Health Development (2010-2015) was endorsed at the 10th ASEAN Health Ministers Meeting, held during 19-23 July 2010 in Singapore. This document will serve as a operational framework on the implementation of ASCC Blueprint on health development. It will provide direction for relevant technical working groups to further develop their respective work plans. This will allow existing health subsidiary bodies to maintain their ownership by developing their respective work plans. In addition, elaboration of each of the focus areas requires specific expertise to come up with comprehensive work plans. The 10th AHMM tasked SOMHD and relevant subsidiary bodies on health to develop their specific work plan for further endorsement by SOMHD.

Health Subsidiary Bodies (Technical Working Groups/Task Forces)

As tasked by the SOMHD, health subsidiary bodies have organized planning sessions/ workshop to develop their work plans in alignment with the ASEAN Strategic Framework on Health Development (2010-2015). The working groups/task forces also considered in their work planning the following criteria:

a. plans should be focused and doable
b. address regional concerns
c. strengthen partnership with potential partners
d. enhance ASEAN value.

Ten existing health subsidiary bodies have formulated their respective work plans as follows.

a. ASEAN Task Force on AIDS (ATFOA) developed the 4th ASEAN Work Programme on AIDS (2011-2015) and updated it last November 2011 to allow implementation of some deliverables from the ASEAN Declaration on HIV/AIDS (adopted at the 19th ASEAN Summit, 17 Nov 2011). The original Work Plan was approved by the SOMHD on 25 March 2011. The updated/revised Work Plan was endorsed by the 7th SOMHD.

b. ASEAN Focal Points on Tobacco Control (AFPTC) developed the ASEAN Bi-annual Work Plan for tobacco control (2011-2012). The Work Plan was approved by SOMHD on 2 May 2011. Updated version of the Work Plan activities with extended period of accomplishment to 2015 was agreed by the group last November 2011. The Work Plan was endorsed by the SOMHD.

c. ASEAN Expert Group on Food Safety (AEGFS) developed the 2nd ASEAN Food Safety Improvement Plan (AFSIP II; 2011-2015). AFSIP II was endorsed last 6th SOMHD, July 2010.

d. ASEAN Expert Group on Communicable Diseases (AEGCD) finalized the ASEAN Medium Term Plan on Emerging Infectious Diseases (EID) (2011-2015). It has 9 components comprised of:

i. ASEAN Partnership Laboratories
ii. Risk Communication
iii. ASEAN Emerging Infectious Diseases (EID) Mechanism and EID Website
iv. Human and Animal Health Collaboration
v. Operationalization of the Minimum Standards of Joint Multi-sectoral Outbreak Investigation and Response (MSJMOIR)
vi. Stockpiling of Anti-viral and Personal Protective Equipment
vii. Field Epidemiology Training Network (FETN)
viii. WHO-EC Project on Highly Pathogenic Re-/Emerging Diseases particularly on cross-border collaboration
ix. Specific Diseases including Rabies, Dengue and Malaria

e. ASEAN Expert Group on Pharmaceutical Development (AWGPD) updated its Work Plan (2010-2015). The Work Plan was endorsed by the 7th SOMHD.

f. ASEAN Working Group on Pandemic Preparedness and Response (AWGPPR) has updated its Work Plan and included recommendations of the High Level Consultative Meeting (Singapore, February 2012) on Responding to Impacts of Pandemics. Work Plan was endorsed by 7th SOMHD

New Health Subsidiary Bodies: (recently formed last semester of 2011)

g. ASEAN Task Force on Traditional Medicine (ATFTM) formulated the ASEAN Work Plan on Traditional Medicine (2010-2015). Term of References of this Task Force and its Work Plan were approved by SOMHD on 15 May 2011.

h. ASEAN Task Force on Maternal and Child Health (ATFMCH) developed the Term of References and ASEAN Work Plan on Maternal and Child Health (2011-2015). An ASEAN Framework of Care for MCH has just been developed last January 2012 that guided the core activities of the MCH task force. The 7th SOMHD endorsed its Work Plan and Terms of Reference.

i. ASEAN Task Force on Non – Communicable Diseases (ATFNCD) formulated the Term of References and ASEAN Work Plan on Non – Communicable Diseases (2011-2015). The critical points of the ASEAN Position Paper on NCD (presented at the UN High Level Meeting on NCD last September 2011) were incorporated in the Work Plan. The 7th SOMHD endorsed its TOR and Work Plan.

j. ASEAN Task Force on Mental Health finalized its Term of References and ASEAN Work Plan on Mental Health (2011-2015). These documents were endorsed by SOMHD.

Chapter 4

ASEAN Strategic Framework on Health Development 2010-2015

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECT/ACTIVITIES	EXPECTED OUTPUTS	RESPONSIBLE BODIES
B3. ENHANCING FOOD SECURITY AND SAFETY **STRATEGIC OBJECTIVE** : To ensure adequate access to food at all times for all ASEAN peoples and ensure food safety in ASEAN Member States. **EXPECTED OUTCOME** : Ensured adequate access to food at all times for all ASEAN peoples and ensured food safety			
FOCUS AREA: I. REGIONAL STANDARD AND PROCEDURES			
Harmonisation of policies and standards on food safety regulation *B.3.i Harmonise national food safety regulations with internationally-accepted standard, including quarantine and inspection procedures for the movement of plants, animals, and their products;* *B.3.iii Promote production of safe and healthy food by producers at all level* *B.3.iv Develop model food legislative framework and guidelines and strengthen food inspection and certification system from farm to table in ASEAN Member States;*	1.1.1 Development of legislative framework for food security from farm to table in ASEAN Member States	Legislative Framework for Food Security and Safety developed and adopted by AMS	AEGFS Lead country: Philippines
	1.1.2 Development of Guidelines on food safety and food security	ASEAN Guidelines on food Inspection and food certification developed and adopted	AEGFS Lead country: Malaysia
	1.1.3 Development of guidelines on Food Laboratories	Development of Guidelines on food laboratories developed and adopted	AEGFS Lead country: Malaysia
Advocacy and Promotion of Harmonized Standards and Policy guides *B.3.iii Promote production of safe and healthy food by producers at all level;* *B.3 xiv Enhance advocacy to promote production of safe and healthy food by producers and education and communication to communities for empowerment in food safety;* *B.3.vii Enhance consumer participation and empowerment in food safety;*	1.2.1 Development of Advocacy Template materials	ASEAN advocacy template materials for consumer education developed	AEGFS Lead country Indonesia
	1.2.2 Development of ASEAN Good Hygiene Practice	Publication of ASEAN Good Hygiene Practice developed and disseminated	Lead country: Thailand
Regional review and mapping of status of harmonisation implementation *B.3.i Harmonise national food safety regulations with internationally-accepted standard, including quarantine and inspection procedures for the movement of plants, animals, and their products;*	3.1.1 Conduct of mapping of status of harmonisation implementation	Report of status of harmonisation implementation	AEGFS

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECT/ACTIVITIES	EXPECTED OUTPUTS	RESPONSIBLE BODIES
B3. ENHANCING FOOD SECURITY AND SAFETY **STRATEGIC OBJECTIVE** : To ensure adequate access to food at all times for all ASEAN peoples and ensure food safety in ASEAN Member States. **EXPECTED OUTCOME** : Ensured adequate access to food at all times for all ASEAN peoples and ensured food safety			
FOCUS AREA: II. LABORATORY			
Increase competency and specialisation of ASEAN food laboratories *B.3.v Develop further the competency of existing network of food laboratories in ASEAN to facilitate the exchange of information, findings, experiences, and best practices relating food laboratories works and new technology;*	2.1.1 Regional Capacity Building of Food Laboratories on Laboratory Methodology	Training module harmonized	AEGFS Lead country: Singapore
		AMS Training centers identified	
		Training of focal points conducted	
	2.1.2 Training the Trainers Programme for food Inspection	Food inspector training manual developed	AEGFS
		Training the trainers conducted	
FOCUS AREA III: CAPACITY BUILDING ON RISK ANALYSIS			
Regional Capacity Building on Risk Assessment *B.3.vi. Strengthen the capability of ASEAN Member States to conduct risk analysis*	3.1.1 Development of inventory of regional competent Risk Assessors	list of competent risk assessors/experts in ASEAN generated	AEGFS Lead Country: Thailand
		ASEAN Risk Assessment Protocol developed and adopted	
	1.1.2 Study on food consumption and dietary intake	Study conducted	AEGFS
	3.1.3 Inventory of risk assessment studies applicable to ASEAN	List of Risk assessment studies shared with AMS	AEGFS Lead Country: Malaysia
FOCUS AREA: IV: EMERGENCY RESPONSE TO FOODBORNE DISEASES AND FOOD OUTBREAKS			
Improvement of national emergency response systems to foodborne diseases and food outbreak *B.3.xiii Improve the quality of surveillance and the effectiveness of responses to food-borne diseases and food poisoning outbreaks through, among others, information sharing and exchange of expertise;*	4.1.1 Information Sharing System under AFSN (INFOSAN)	ASEAN Information Network under AFSN utilized by AMS	AEGFS

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECT/ACTIVITIES	EXPECTED OUTPUTS	RESPONSIBLE BODIES
B3. ENHANCING FOOD SECURITY AND SAFETY **STRATEGIC OBJECTIVE** : To ensure adequate access to food at all times for all ASEAN peoples and ensure food safety in ASEAN Member States. **EXPECTED OUTCOME** : Ensured adequate access to food at all times for all ASEAN peoples and ensured food safety			
B.3.xv Provide opportunities such as forums, meetings to facilitate coordinated actions among stakeholders geared for promotion of food security and safety;		Directory of emergency contact points (regional/national) developed and utilized	AEGFS
	4.1.2 Training of AMS on National Response to Emergencies	AMS trained	AEGFS
	4.1.3 Development of framework for food recall	Framework for food recall developed and implemented	AEGFS
FOCUS AREA V: OVERALL COORDINATION			
Strengthening coordinating on Food Safety to better coordinate all ASEAN Food bodies/ subsidiaries, and the implementation of their work programmes *B.3.ii Strengthen the work of ASEAN Coordinating Committee on Food Safety to better coordinate all ASEAN Food bodies/subsidiaries, and the implementation of their work programmes;* *B.3.xv Provide opportunities such as forums, meetings to facilitate coordinated actions among stakeholders geared for promotion of food security and safety;* *B.3.xvi Integrate these actions into a comprehensive plan of action with the ultimate goal of improving health outcomes.*	5.1.1 Development of ASEAN Food Safety Improvement Plan (AFSIP II plan)	AFSIP II developed and implemented	AEGFS Lead country: Malaysia
	5.1.2 Strengthening Collaboration Mechanism (with WHO, other bodies)	Identified and implemented joint activities	AEGFS and ASEAN Secretariat
	5.1.3 Strengthening coordination between food safety and food standards	Identified collaborative activities with synergistic work	AEGFS and ASEAN Secretariat
Monitoring *B.3.ii Strengthen the work of ASEAN Coordinating Committee on Food Safety to better coordinate all ASEAN Food bodies/subsidiaries, and the implementation of their work programmes;*	5.2.1 Development of Monitoring template for food safety activities	Monitoring template developed and adopted	AEGFS
	5.2.2 Conduct of Annual AEGFS meetings	Progress Report on Implementation of Plans	

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECTS/ ACTIVITIES	SPECIFIC OUTPUTS	RESPONSIBLE BODIES
B4. ACCESS TO HEALTHCARE AND PROMOTION OF HEALTHY LIFESTYLES **STRATEGIC OBJECTIVE** : To ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN. **EXPECTED OUTCOMES** : Ensured accessibility to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.			
FOCUS AREA: I. MATERNAL AND CHILD HEALTH (MDG 4 and MDG 5) **Lead countries: Myanmar, Philippines, Thailand, and Viet Nam**			
Development of regional framework on Maternal and Child Health in accelerating achievements of Millennium Development Goals (MDGs) 4 and 5 *B.4.i. Promote investment in primary healthcare infrastructure, in a rational manner and likewise ensure adequate financing and social protection for the poor and marginalised populations for better access to services and achievement of health- related Millennium Development Goals (MDGs);*	1.1.1 Conducting of a consultative workshop to develop framework	Regional framework on Maternal and Child Health developed and implemented	Lead country: Thailand
	1.1.2 Facilitating and monitoring the implementation of the framework in AMS	MDG 4, 5 monitored and reported at SOMHD	SOMHD to designate an ASEAN task force
	1.1.3 Collaboration with partner organisations such as WHO, UNFPA & UNICEF	Identified/implemented joint activities	SOMHD to designate an ASEAN task force
Information Sharing and Evidence-based advocacy *B.4.xiii Encourage exchange of experts in the field of public health, medicine, physical and health education, to promote sharing of knowledge and experience;*	1.2.1 Development of Advocacy tools using ASEAN Platforms (AHMM)	Advocacy tools on Maternal and child health advocated at ASEAN Health Minister Meeting 2012	SOMHD
	1.1.2 Sharing of best Models on MCH	Workshops/seminars/ exchange and attachment visit conducted	lead country: Thailand
B.4.xvii Promote the sharing of best practises in improving the access to primary healthcare by people at risk/vulnerable groups, with special attention to diabetes mellitus, cardiovascular diseases, cancers and disabilities through regional workshops, seminars, and exchange visits among the ASEAN Member States; *B.4.xxiv Promote the exchange of experiences among ASEAN Member States on public health policy formulation and management.*	1.1.3 Exchange programmes in the field of maternal and child health	Inventory of MCH experts and inventory of TA providers to and from ASEAN	Lead country: Thailand
		Collaborative activities with WHO on promotion of exchange expertise	Lead country: Thailand
FOCUS AREA II. INCREASE ACCESS TO HEALTH SERVICES FOR ASEAN PEOPLE **Lead countries: Indonesia, Thailand, and Viet Nam**			
Increasing access to primary healthcare for ASEAN citizen including migrants in achievement of health-related Millennium Development Goals (MDGs)	2.1.1 Collaboration with WHO	Identified, implemented joint activities	Lead country: Thailand SOMHD

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECTS/ ACTIVITIES	SPECIFIC OUTPUTS	RESPONSIBLE BODIES
B4. ACCESS TO HEALTHCARE AND PROMOTION OF HEALTHY LIFESTYLES **STRATEGIC OBJECTIVE** : To ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN. **EXPECTED OUTCOMES** : Ensured accessibility to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.			
B.4.i Promote investment in primary healthcare infrastructure, in a rational manner and likewise ensure adequate financing and social protection for the poor and marginalised populations for better access to services and achievement of health-related Millennium Development Goals (MDGs); *B.4.xxi Strengthen existing health networking in ASEAN Member States in order to push forward an active implementation on health services access and promotion of healthy lifestyles, as well as continually exchange of knowledge, technology and innovation for sustainable cooperation and development;*	2.1.2 Development of regional strategy on healthcare services and Primary Healthcare	Regional strategy on healthcare services and primary healthcare developed and implemented	Lead country: Thailand SOMHD
	2.1.3 Development of advocated evidence –based on healthcare services	Evidence –based advocacy tool developed and advocated at the 11th AHMM	Lead country: Thailand SOMHD
Sharing of best practises in improving the access to primary healthcare by people at risk/vulnerable groups *B.4.xiii Encourage exchange of experts in the field of public health, medicine, physical and health education, to promote sharing of knowledge and experience;* *B.4.xvii Promote the sharing of best practises in improving the access to primary healthcare by people at risk/vulnerable groups, with special attention to diabetes mellitus, cardiovascular diseases, cancers and disabilities through regional workshops, seminars, and exchange visits among the ASEAN Member States;* *B.4.xxi Strengthen existing health networking in ASEAN Member States in order to push forward an active implementation on health services access and promotion of healthy lifestyles, as well as continually exchange of knowledge, technology and innovation for sustainable cooperation and development;* *B.4.xxiv Promote the exchange of experiences among ASEAN Member States on public health policy formulation and management.*	2.2.1 Promoting of sharing best practice on primary healthcare among at-risk and vulnerable people among AMS using appropriate means (workshop/ seminars/exchange and attachment visit/websites)	Best practices shared and documented	Lead country: Thailand SOMHD
	2.2.2 Joint activities with WHO on Human Resource Development	Joint activities on Human Resource Development identified and implemented	Lead country: Thailand
	2.2.3 Inventory of experts on primary healthcare	Roster of Experts on primary healthcare prepared and utilized	Lead countries: Singapore, Thailand, Philippines
	2.2.4 Promotion utilisation of experts in providing technical assistance to AMS or resource person in regional initiatives		

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B4. ACCESS TO HEALTHCARE AND PROMOTION OF HEALTHY LIFESTYLES **STRATEGIC OBJECTIVE** : To ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN. **EXPECTED OUTCOMES** : Ensured accessibility to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.			
FOCUS AREA III. MIGRANTS HEALTH **Lead countries: Indonesia, Philippines, and Thailand**			
Increasing access to primary healthcare for migrants *B.4.i Promote investment in primary healthcare infrastructure, in a rational manner and likewise ensure adequate financing and social protection for the poor and marginalised populations for better access to services and achievement of health-related Millennium Development Goals (MDGs);*	3.1.1 Development of regional cooperation framework on migrants health 3.1.2 Collaboration with relevant partners including IOM, WHO, UNFPA, UNDP on migrants health	Regional cooperation framework in ensuring healthcare for migrants developed and implemented Identified and implemented joint activities	Lead countries: Thailand, Indonesia, Philippines
B.4.xxi Strengthen existing health networking in ASEAN Member States in order to push forward an active implementation on health services access and promotion of healthy lifestyles, as well as continually exchange of knowledge, technology and innovation for sustainable cooperation and development;			
Evidence- based advocacy *B.4.xxiv Promote the exchange of experiences among ASEAN Member States on public health policy formulation and management.*	3.2.1 Development of advocacy tool on migrant health	Evidence –based advocacy tool developed and advocated at the 11th AHMM, 2012	Lead countries: Thailand, Indonesia, Philippines
Sharing information and best practices *B.4.xxiv Promote the exchange of experiences among ASEAN Member States on public health policy formulation and management.*	3.3.1 Promotion of sharing best practices among AMS through appropriate means including workshops/ seminars/exchange and attachment visit/existing websites	Best practices in improving the access to services for migrants documented shared.	Lead countries: Thailand, Indonesia, Philippines

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECTS/ ACTIVITIES	SPECIFIC OUTPUTS	RESPONSIBLE BODIES
B4. ACCESS TO HEALTHCARE AND PROMOTION OF HEALTHY LIFESTYLES **STRATEGIC OBJECTIVE** : To ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN. **EXPECTED OUTCOMES** : Ensured accessibility to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.			
FOCUS AREA: IV. PROMOTE ASEAN HEALTHY LIFESTYLE **Lead countries: Philippines**			
Implementation of ASEAN Healthy Lifestyle, 2002 *B.4.x Promote collaboration in Research and Development on health promotion, health lifestyles and risk factors of non-communicable diseases in ASEAN Member States;* *B.4.xi Promote the sharing of best practices in improved access to health products including medicines for people in ASEAN* *B.4.xxi Strengthen existing health networking in ASEAN Member States in order to push forward an active implementation on health services access and promotion of healthy lifestyles, as well as continually exchange of knowledge, technology and innovation for sustainable cooperation and development;*	4.1.1 Revitalisation of ASEAN Healthy Lifestyle, 2002 4.1.2 Development and implementation off ASEAN Regional Strategy on selected NCD 4.1.3 Collaborate with WHO for technical assistance for the regional planning and organisation towards the ASEAN regional strategy ASEAN Healthy Lifestyle	ASEAN regional strategy and Work plan on Non Communicable Diseases (NCD) to promote healthy lifestyle for ASEAN developed and implemented	leading countries: Philippines, Thailand SOMHD
Facilitating enabling environment for ensuring promotion of healthy lifestyle for the people of ASEAN *B.4.x Promote collaboration in Research and Development on health promotion, health lifestyles and risk factors of non-communicable diseases in ASEAN Member States;* *B.4.xi Promote the sharing of best practices in improved access to health products including medicines for people in ASEAN* *B.4.xxi Strengthen existing health networking in ASEAN Member States in order to push forward an active implementation on health services access and promotion of healthy lifestyles, as well as continually exchange of knowledge, technology and innovation for sustainable cooperation and development;*	4.2.1 Coordination with existing training/academic institutions to establish a Center for Excellence on Non Communicable Diseases Development an inventory of experts on NCDs from AMS developed	Network of Centers for Excellence on NCDs in ASEAN Established and Utilized Inventory of experts on NCD developed and utilized	Lead Countries: Indonesia, Philippines, Thailand
	4.2.2 Workshop to identify key indicators on Healthy Lifestyle especially on NCDs	Key indicators on selected NCD developed and reported	Lead countries: Indonesia, Philippines
		Evidence-based advocacy tools on selected NCD developed and advocated at 11th AHMM	Lead countries: Indonesia, Philippines

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECTS/ ACTIVITIES	SPECIFIC OUTPUTS	RESPONSIBLE BODIES
B4. ACCESS TO HEALTHCARE AND PROMOTION OF HEALTHY LIFESTYLES **STRATEGIC OBJECTIVE** : To ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN. **EXPECTED OUTCOMES** : Ensured accessibility to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.			
Development and implementation of ASEAN Work Plan on tobacco control *B.4.iv Develop and adopt a framework for unhealthy food and beverages including alcohol similar to the Framework Convention on Tobacco Control (FCTC);* *B.4.v Enhance awareness on the impact of regional/global trade policies and economic integration on health and develop possible strategies to mitigate their negative impacts through regional workshops and seminars, advocacy, sharing of studies and technical documents;*	4.3.1 Facilitating ASEAN Work Plan on Tobacco Control 4.3.2 Collaboration with WHO	ASEAN regional strategy and Work Plan on Tobacco Control developed and implemented	Lead country: Thailand ASEAN Technical Working Group on Tobacco Control
FOCUS AREA: V. TRADITIONAL MEDICINE **Lead countries: Indonesia, Malaysia, Philippines, Thailand, and Viet Nam**			
Regional facilitation in the Promotion and Integration of Sale, Effective and Quality Traditional Medicine, Complementary and Alternative Medicine (TM/CAM) into the national healthcare system, and across oter sectors *B.4.vii Facilitate research and cross-country exchange of experience in promoting the integration of safe, effective and quality Traditional Medicine, Complementary and Alternative Medicine (TM/CAM) into the national healthcare system, and across other sectors;*	5.1.1 Conducting a workshop to assess status of Traditional Medicine/ Complementary And Alternative Medicine focus on herbal medicine in the AMS Regional workshop to develop regional roadmap to integrate the implementation of TM/Herbal Medicines into health services system among ASEAN Member States Implementation of roadmap in AMS	Regional roadmap as a reference towards integration of TM/ CAM focus on herbal medicine into health services system among ASEAN Member States developed and implemented	lead countries: Indonesia, Philippines AWGPD
	5.1.2 Preparation of model monograph on use of herbs in PHC for all ASEAN Member States (WHO-ASEAN joint activity)	Harmonized standard of TM/CAM: under which the sub output (ASEAN Monograph on Herbal Medicines)	Lead countries: Indonesia, Philippines, Thailand

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECTS/ ACTIVITIES	SPECIFIC OUTPUTS	RESPONSIBLE BODIES
B4. ACCESS TO HEALTHCARE AND PROMOTION OF HEALTHY LIFESTYLES **STRATEGIC OBJECTIVE** : To ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN. **EXPECTED OUTCOMES** : Ensured accessibility to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.			
	5.1.3 Workshop for finalisation of model monograph for AMS to develop their own national monograph on use of herbs medicine in PHC (*WHO-ASEAN joint activity)*	ASEAN Monograph on Herbal Medicines	Lead countries: Indonesia, Philippines, Thailand
	5.1.4 ASEAN Regional Capacity building and training in the inclusion of Traditional Medicine (herbal medicines) in healthcare system based on lessons learnt from China	Methodologies on how to include TM/CAM in the healthcare system established	Lead countries: Indonesia, Philippines, Thailand
Facilitation of exchange of information on research results in safety, efficacy and quality of herbal and traditional medicine among AMS *B.4.xviii Empower consumers to become active participants in healthcare and to make informed choices to maximise the benefits and minimise the risks of use of Traditional Medicine/ Complementary and Alternative Medicine (TM/CAM);* (this proposed action can be done at both national and regional level)	5.2.1 Workshop on sharing available information on research in safety, efficacy and quality of herb and traditional medicine among ASEAN Member States	Compilation (compendium) of research results Recommendations and strategies to better utilize traditional medicine as alternative healthcare	Lead countries: Indonesia, Philippines, Thailand AWGPD
FOCUS AREA VI. PHARMACEUTICAL DEVELOPMENT **Lead countries: Indonesia, Malaysia, and Thailand**			
Strengthen capacity and competitiveness in health related products and services *B.4.vi Develop strategies for ASEAN to strengthen capacity and competitiveness in health related products and services, including in the pharmaceutical sector;* *B.4.xv Promote capacity building programmes such as improving pharmaceutical management capability; facilitating training courses and exchange of experience in researches on stability, bio-availability, bioequivalence, clinical studies, validation of manufacturing process, validation of analytical methods;*	1.1.1 Develop programme to strengthen quality assurance & non-pharmacopeial; 6.1.2 Establishment of Collaborating Center for the Production of ASEAN Reference Substances; 6.1.3 Collaborate with WHO for technical assistance together with relevant ASEAN sectors to formulate a strategic plan	Strategies for ASEAN to strengthen capacity and competitiveness in health related products and services developed	Lead countries: Indonesia, Malaysia, Thailand ATWGPD

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECTS/ ACTIVITIES	SPECIFIC OUTPUTS	RESPONSIBLE BODIES
B4. ACCESS TO HEALTHCARE AND PROMOTION OF HEALTHY LIFESTYLES **STRATEGIC OBJECTIVE** : To ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN. **EXPECTED OUTCOMES** : Ensured accessibility to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.			
	on capacity and competitiveness in health related products and services		
Promotion of rational use of drug, especially on prescription of antibiotics *B.4. xi Promote the sharing of best practices in improved access to health products including medicines for people in ASEAN;* *B.4.xxii Promote rational use of drug, especially on prescription of antibiotic;*	6.2.1 Implement WHO – ASEAN joint activites: • Collaborate with WHO for technical assistance to promote ASEAN collaboration in combating counterfeit drugs; and • Training materials on Pharmacovigilance for ASEAN Member Countries	Strategies, Methodologies and mechanisms to combat counterfeit drugs developed and implemented Programme to develop ASEAN Pharmacovigilance System developed.	Suggested lead countries: Brunei & Singapore AWGPD
	6.2.2 Workshop to assess the level of the rational use of drugs in AMS	Regional programme on rational use of drugs with focus on prescription of antibiotics, antibiotic surveillance, and risk management.	Lead countries: Indonesia, Brunei, Singapore AWGPD
	6.2.3 Collaboration with WHO for technical assistance in developing training modules, training materials and organizing regional training of trainers and/or training materials.	Training modules and materials produced Training the trainers conducted	
Regional Sharing information, best practices *B.4.xxiii Exchange of information and experience on drug price control to access essential drug in all ASEAN Member States;* *B.4.xxiv Promote the exchange of experiences among ASEAN Member States on public health policy formulation and management.*	6.3.1 Established networking/ channel to exchange of information and experience on drug price control to improve access to essential drug	Channels developed among AMS (email, etc) on drug prices Experiences and information shared among AMS on drug price to improve access to essential drugs	Lead countries: Indonesia, Thailand AWGPD

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECTS/ACTIVITIES	SPECIFIC OUTPUTS	RESPONSIBLE BODIES
B5. IMPROVING CAPABILITY TO CONTROL COMMUNICABLE DISEASES **STRATEGIC OBJECTIVE :** To enhance regional preparedness and capacity through integrated approaches to prevention, surveillance and timely response to communicable and emerging infectious diseases			
FOCUS AREA: I. PREVENTION AND CONTROL OF EMERGING INFECTIOUS DISEASES			
Regional cooperative arrangements through multisectoral and integrated approaches in the prevention, control, preparedness for emerging infectious diseaes in line with International Heatlh Regulations 2005 and the Asia Pacific Strategy for Emerging Diseases (APSED) B.5.i *Consolidate, further strengthen and develop regional cooperative arrangements through multisectoral and integrated approaches in the prevention, control, preparedness for emerging infectious diseases in line with International Health Regulation 2005 and the Asia Pacific Strategy for Emerging Diseases (APSED);* *B.5.ii Establish/strengthen/maintain regional support system and network to narrow the gap among ASEAN Member States in addressing emerging infectious diseases and other communicable diseases;*	1.1.1 Development of ASEAN Medium Term Plan on EID (2011 -2015) with the following proposed thrusts; a) Building ASEAN EID Mechanism for surveillance, prevention, preparedness and responses to EIDs including the following components; laboratory, risk communication, animal health and human health b) Addressing specific diseases (Rabies, Dengue Fever, Malaria, Tuberculosis) c) Multi-pandemic preparedness and responses	ASEAN Mechanism for surveillance, prevention, preparedness and response to EIDs established, implemented, tested, monitored and evaluated	AEGCD
B.5.x To tackle the issues of clean water, hygiene, sanitation and waste management that have implications on infectious diseases; *B.5.xi Strengthen cooperation among ASEAN Member States in contact tracing and health quarantine;* *B.5.xii Strengthen and maintain surveillance system for infectious diseases including HIV and AIDS, malaria, dengue fever, and tuberculosis;* B.5.xiii *Promote the collaboration in Research and Development on health products especially on new medicines for communicable diseases including neglected diseases commonly found in ASEAN Member States.*	1.1.2 Implementation of ASEAN Medium Term Plan (2011-2015)		AEGCD
	1.1.3 Implementation of Animal Health Project with WHO-EC Project WHO-EC Project on Strengthening Surveillance and Response Capacity for Highly Pathogenic and Emerging and Re-emerging Diseases (HPED) in ASEAN and SAARC	Project on animal health and human health implemented effectively	AEGCD

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECTS/ACTIVITIES	SPECIFIC OUTPUTS	RESPONSIBLE BODIES
B5. IMPROVING CAPABILITY TO CONTROL COMMUNICABLE DISEASES **STRATEGIC OBJECTIVE :** To enhance regional preparedness and capacity through integrated approaches to prevention, surveillance and timely response to communicable and emerging infectious diseases			
Ensuring availability of regional stockpile of antivirals and Personal Protective Equipment (PPE) for all Member States and for rapid response and rapid containment of potential pandemic influenza; *B.5.iii Ensure that stockpile of antivirals and Personal Protective Equipment (PPE) is maintained at regional level for all member states and for rapid response and rapid containment of potential pandemic influenza;*	1.2.1 Development of SOPs for mobilisation and utilisation of regional stockpile of antivirals	SOPs for mobilisation and utilisation of regional stockpile of antivirals developed and used.	AEGCD JICS Singapore
	1.2.2 Consultative Meetings with AMS on regional sharing/ stockpiling of essential and critical supplies needed and possible sources / mobilisation processes Stockpiling of additional antiviral drugs and other drugs and essential supplies	Challenges in the mobilisation of stockpile refined SOP revised accordingly	AEGCD JICS Singapore WHO
	1.2.3 Management of stockpiling		
	1.2.4 Explore possibility of regional procurement of drugs, reagents, and other products critical to respond to EIDs, as agreed by AMS	ASEAN regional mechanism on procurement of drugs identified and agreed by AMS	
	1.2.5 Strengthen cooperation among ASEAN Member States in contact tracing and health quarantine;	Harmonized contact tracing and health quarantine identified and agreed	AEGCD JICS
	1.2.6 National SOPs tested among AMS on regular basis through table top exercises	Scheduled Table Top Exercises agreed to carried out regularly and hosted by Member States or a rotation basis	AEGCD AWGPPR

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECTS/ACTIVITIES	SPECIFIC OUTPUTS	RESPONSIBLE BODIES
B5. IMPROVING CAPABILITY TO CONTROL COMMUNICABLE DISEASES **STRATEGIC OBJECTIVE :** To enhance regional preparedness and capacity through integrated approaches to prevention, surveillance and timely response to communicable and emerging infectious diseases			
FOCUS AREA II. ENHANCING REGIONAL SUPPORTIVE ENVIRONMENT			
Establishment and maintainance of regional support system and network in addressing emerging infectious diseases and other communicable diseases *B.5.ii Establish/strengthen/maintain regional support system and network to narrow the gap among ASEAN Member States in addressing emerging infectious diseases and other communicable diseases;* *B.5.vii Promote the sharing of best practises in improving the access to primary healthcare by people at risk/vulnerable groups, with special attention to HIV and AIDS, malaria, dengue fever, tuberculosis, and emerging infectious diseases through regional workshops, seminars, and exchange visits among the ASEAN Member States;* *B.5.viii Strengthen regional clinical expertise through professional organisations networks, regional research institution, exchange of expertise and information sharing;* *B.5.ix Strengthen cooperation through sharing of information and experiences to prevent and control infectious diseases related to global warming, climate change, natural and man-made disasters;*	2.1.1 Implementation of ASEAN Risk Communication Center under ASEAN Medium Term Plan (2011-2015)	ASEAN Risk Communication Center (ARCC) established and operated	AEGCD Lead country : Malaysia
	2.1.2 Implementation of APL Work Plan under ASEAN Medium Term Plan (2011-2015)	ASEAN Plus Three Partnership Laboratories (APL) operational based on TOR, through sharing of laboratory-based surveillance data and capacity building	AEGCD APL Malaysia
	2.1.3 Regular meetings for updating 2.1.4 Regular uploading of information (website)	Focal Points such as ASEAN Expert Group on Communicable Diseases, Communication, National Laboratory Contact Points continued to be functional	AEGCD

KEY REGIONAL STRATEGIES *(Reference in ASCC Blueprint Section)*	PROJECTS/ACTIVITIES	SPECIFIC OUTPUTS	RESPONSIBLE BODIES
B5. IMPROVING CAPABILITY TO CONTROL COMMUNICABLE DISEASES **STRATEGIC OBJECTIVE :** To enhance regional preparedness and capacity through integrated approaches to prevention, surveillance and timely response to communicable and emerging infectious diseases			
FOCUS AREA III: HIV AND AIDS			
Reduction of the impact of HIV transmission and the impact of HIV epidemic and improve better access to affordable antiretroviral treatment and opportunistic disease treatment as well as diagnostic reagents	1.1.1 Completion of the third ASEAN Work Programme on HIV and AIDS (AWPIII)	Activities under AWP3 – Year 2010 implemented	ATFOA
B.5.iv. Reduce the impact of HIV transmission and the impact of HIV epidemic, consistent with the Millennium Development Goals (MDGs), the UNGASS declarations on HIV and AIDS, ASEAN Commitments on HIV and AIDS, and Third ASEAN Work Programme on HIV and AIDS; *B.5.v. Improve better access to affordable antiretroviral treatment and opportunistic disease treatment as well as diagnostic reagents;*	1.1.2 Development of AWP 4 (2011-2015), with the following proposed thrust: A. HIV in the World of Work (A.3.iv – Implement Plan of Action to promote Decent Work) B. HIV among migrants C. Support in the development of comprehensive prevention intervention D. Improve Access to affordable ARV, OI drugs and diagnostics E. Greater Involvement and Empowerment of PLHIV F. Regional initiatives to strengthen governance of country response	ASEAN Work Programme on HIV and AIDS developed and implemented (2011-2015)	ATFOA Lead countries: Thailand and Indonesia

REGIONAL STRATEGIES	PROJECTS/ACTIVITIES	EXPECTED OUTPUTS	RESPONSIBLE BODIES
B.7 BUILDING DISASTER-RESILIENT NATIONS AND SAFER COMMUNITIES **STRATEGIC OBJECTIVE :** Strengthen effective mechanisms and capabilities to prevent and reduce disaster losses in lives, and in social, economic, and environmental assets of ASEAN Member States and to jointly respond to disaster emergencies through concerted national efforts and intensified regional and international cooperation.			
Promoting of multi-sectoral coordination and planning on Pandemic Preparedness and Response at the regional level including development of a regional Multi-Sectoral Pandemic Preparedness and Response Plan. *B7.xii. Promote multi-sectoral coordination and planning on Pandemic Preparedness and Response at the regional level including development of a regional Multi- sectoral Pandemic Preparedness and Response Plan*	1.1.1 Conducting multi sectoral assessment in AMSs 1.1.2 Development of advocacy material for pandemic preparedness to non-health sectors	Report on Status of Multisectoral pandemic preparedness based on in-country assessment Report disseminated Adopted strategies material to strengthen national capacity in conducting advocacy for pandemic preparedness to non-health sectors	AEGCD ATWGPPR
	Convening Incidental Command System (ICS) Workshop	Adopted the on-scene command and response system in pandemics through the use of Incident Command System (ICS)	ATWGPPR
	Conducting Southeast Asia Regional Multi-sectoral Pandemic Preparedness and Response Table Top Exercise: Managing the Impact of Pandemics on Societies, Governments and Organisations	Workshop conducted A set of recommendations to improve regional cooperation and facilitate a “whole of society” approach to preparation and response to a pandemic	ATWGPPR
	Development and implementation of PPR Work Plan for 2011 -2015	PPR Work Plan developed and implemented	ATWGPPR

Chapter 5

Work Plans of Health Subsidiary Bodies

WORK PLAN (2011-2015) FOR ASEAN WORKING GROUP ON PHARMACEUTICAL DEVELOPMENT

Note: the lead countries for AWGPD based on the Strategic Framework on Health Development are: Indonesia, Malaysia, Thailand

Strategic Objective: To ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.
Outcome Indicators: Accessibility

Relevant health elements under ASCC Blueprint:

B.4.vi *Develop strategies for ASEAN to strengthen capacity and competitiveness in health related products and services, including in the pharmaceutical sector.*

B.4.xi *Promote the sharing of best practices in improved access to health products including medicines for people in ASEAN B.4.xv. Promote capacity building programmes such asimproving pharmaceutical management capability; facilitate training courses and exchange of experiences in researches on stability, bio-availability, bioequivalence, clinical studies, validation of manufacturing process, validation of analytical methods –*

B.4.xxii *Promote rational use of drug, especially on prescription of antibiotic*

B.4.xxiii *Exchange of information and experience on drug price control to access essential drug in all ASEAN Member States*

B.4.xxiv *Promote the exchange of experiences among ASEAN Member States on public health, policy formulation and management*

Expected Outcomes: Ensured accessibility to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.

Regional Strategies:

1: Strengthen capacity and competitiveness in health related products and services,
2: Promotion of rational use of drug especially on prescription of antibiotics and
3: Regional sharing information and best practice

COMPONENTS	ACTIVITIES	OBJECTIVES	TIME FRAME (YEAR) POSSIBLE SOURCE OF FUNDS	LEAD COUNTRIES/ PARTNER ORGANISATIONS	EXPECTED OUTPUTS/ INDICATORS
1. the 3rd Standard of ASEAN Herbal Medicine	1.1 Circulate the 1st and 2nd ed of SAHM **STATUS**: Uploaded in Globinmed Website (Completed) 1.2 Develop Strategic Workplan for the 3rd of SAHM **STATUS:** Pending subject to AMS inputs and funding availability,as agreed at in the 28th AWGPD Meeting in Brunei Darussalam in 2012. 1.3 Circulate to relevant Working Groups ie TMHS, Ad hoc TM 1.4 Invite the rep of TMHS and Ad hoc TM for further consultation, if needed	To disseminate the the 1st and 2nd ed of SAHM To develop the 3rd of SAHM	Lead countries to develop a proposal for funding and present at the 27th AWGPD Deliverable when-Indonesia will seek possibility to utilize the ASEAN Cooperation fund and develop the proposal to be submitted to ASEAN Secretariat	Indonesia Thailand	• 2nd of SAHM produced and disseminated • 3rd of SAHM developed and disseminated
2. Development Programme to strengthen Quality Assurance and Non-Pharmacopoeial method of analysis	2.1 Compilation of available testing methods on the detection of pharmaceutical adulterants in traditional medicinal products among ASEAN member countries. 2.1 Printing and publisihing and circulating of the complied methods **STATUS: ONGOING** • the available testing methods from AMS are expected to be received by October 2013. • Resources is being sought from potential partners such as the ASEAN Foundation • Malaysia will host for the training in 2015 subject to funding availability	To strengthen the technical knowledge and laboratory skill of regulatory bodies in ensuring the safety and quality of traditional medicinal products. To harmonise the non-pharmacopoeial methods among ASEAN in ensuring the safety and quality of traditional medicinal products.	<u>Proposed time frame 2012-2014</u> Proposed time frame: a. 6 months-compilation of the testing methods. b. 6 months – verification of the testing methods c Adoption of compilation at 28th AWGPD meeting, December 2012 d. Printing of Volume 1 of ASEAN Non-pharmacopeial Methods: the Detection of Pharmaceutical Adulterants in Traditional Medicinal Products. e. 2013-2014: Repeat the process a, b, c and d for volume 2. <u>Budget</u> 1. Reference standards and samples required for verification of the testing methods.	Malaysia	At least 5 testing methods will be adopted as ASEAN Non Pharmacopeoial method within 2 years

COMPONENTS	ACTIVITIES	OBJECTIVES	TIME FRAME (YEAR) POSSIBLE SOURCE OF FUNDS	LEAD COUNTRIES/ PARTNER ORGANISATIONS	EXPECTED OUTPUTS/ INDICATORS
			3. Printing and distribution of the ASEAN Non-pharmacopeial Methods among ASEAN member countries. Malaysia will seek possibility to utilize the ASEAN Cooperation fund and develop the proposal to be submitted to ASEAN Secretariat		
3. Building Up & Strengthening of PV	3.1 Collaborating with WHO to conduct training of pharmacovigilance professional in risk detection, assessment and risk mitigation to minimise the risk posed by unsafe medicinal products **STATUS: ONGOING** 1st Batch was conducted in 2012and the 2nd Batch will be organized in 2014	To equip ASEAN Drug Regulatory Authorities with scientific and regulatory skills needed to implement pharmacovigilance activities	3rd Quarter of 2012	Singapore WHO	2 – 4 trainees from each ASEAN Member States received training AMS will be able to implement pharmacovigilance system that meet their current needs
4. Rational Use of Medicine	4.1 Workshop on Rational Use of Anti-Microbial Agents	To Understand the concept of rational/quality use of medicines with specific emphasis of anti-microbial agents To understand implication of irrational or poor quality use of	Q4 2011/WHO Technical Assistance Conduct a workshop on 31st October – 4th November 2011`	Brunei Darussalam & Singapore Brunei & WHO	I. Model to adopt – local and regional II. Able to understand concept of rational/ quality use of medicine III. Learn best practices available in rational use of drugs IV. Resolution / Call for action
	STATUS: ONGOING • 1st Workshop was conducted in 2011 hosted by Brunei Darussalam • 2nd Workshop was organized in 2012, Indonesia • 3rd Workshop was conducted in July 2013, Malaysia	antimicrobial agents To develop strategies to overcome or mitigate the irrational use of anti-microbial agents To engage antimicrobial stewardship To share and learn best practices	2nd Workshop: Q2 2012 3rd Workshop: Q 2 2013	Indonesia Malaysia	
	4.2 To contribute RUM article in the ASEAN E-Bulletin and Twitter **STATUS: COMPLETED**	To increase public awareness on RUM	2012 ASEAN Secretariat for publication	Brunei Darussalam	RUM related article to be published

COMPONENTS	ACTIVITIES	OBJECTIVES	TIME FRAME (YEAR) POSSIBLE SOURCE OF FUNDS	LEAD COUNTRIES/ PARTNER ORGANISATIONS	EXPECTED OUTPUTS/ INDICATORS
	4.3 Collation of Base-Line Information to Further Enhance " RUM' in AMS **STATUS ONGOING**	To establish base line data on the use of medicines in ASEAN	Protocol for data collection to be developed by the end of September 2011 for approval by the 27th Meeting of AWGPD Data collection and analysis in 2012 Report will be submitted to the 28th AWGPD	Philippines and AMS, Cited 28th AWGPD	Report on the current status on RUM in ASEAN for longitudinal tracking and monitoring of the situation
	4.4 To conduct an ASEAN Forum on Pharmaceutical Care and its Effective Implementation in ASEAN (2013) **STATUS: Accomplished** the Workshop was held on 6-9 November 2013	To promote implementation of pharmaceutical care in Health Facilities To share experiences and practices within ASEAN Member States	Concept note will be developed and shared at the 27th AWGPD Forum to be conducted in 2013 subject to funding available. Indonesia will seek possibility to utilize the ASEAN Cooperation fund and develop the proposal to be submitted to ASEAN Secretariat	WHO Indonesia Malaysia, cited 28th AWGPD Meeting	• pharmaceutical care in Health Facilities promoted and implemented in ASEAN • Experiences and practices on pharmaceutical care shared within ASEAN Member States
	4.5 Drug Resistance in Malaria Joint consultative meeting among ASEAN (AWGPD and AEGCD) and WHO **Status: completed,** the consultative workshop was conducted in April 2013 Joint collaboration with AEGCD and other development partners WHO with W **STATUS: pending** subject to finalisation of AEGCD's Malaria Work Plan	To advocate on drug resistance in Malaria To identify key messages related to drug resistance in Malaria To formulate advocated plan	27th AWGPD 2012, subject to confirmation from WHO	Lao PDR & WHO Myanmar, Cited 28th AWGPD Meeting	Identified joint activities on drug resistance in malaria Key messages developed Advocated plan formulated and implemented
5. Proficiency Testing	Implement PT Programme for ASEAN laboratory **STATUS ONGOING**	To strengthen quality assurance and competency of ASEAN lab through PT	2011-2014 Budget: Cost sharing Thailand and Japan Pharmaceutical Manufacturers Association (JPMA)	Thailand	Performing of two Proficiency Testing schemes per year for AMS and local pharmaceutical manufactures
6. Production of: • **ASEAN Reference Subtances (ARS)** • **ASEAN Certified Reference Material (ASEAN CRM)**	6.1 Production of ARS 6.2 Production of CRM, collaboration with USP **STATUS ONGOING**	To strengthen capacity and competency of AMS for the production of ASEAN Reference Substances (ARS) and ASEAN Certified Reference Material (ASEAN CRM) <u>ARS:</u> To improve and develop ARS	Cost sharing with JPMA 2011-2012 Thailand/ Cost sharing with USP Convention	AMS (Thailand as coordinator) Thailand	2 adopted of proposed ARS per year Diphenhydramine HCL ASEAN CRM

COMPONENTS	ACTIVITIES	OBJECTIVES	TIME FRAME (YEAR) POSSIBLE SOURCE OF FUNDS	LEAD COUNTRIES/ PARTNER ORGANISATIONS	EXPECTED OUTPUTS/ INDICATORS
		ASEAN CRM : To study the development process of CRM according to the requirements of ISO Guide 34:2010 To upgrade ARS to CRM			
	6.3 Participation in USP Scientific Meeting STATUS: 2012, 2013 Symposium was conducted in Thailand and Viet Nam 6.4 Exchange scientist STATUS ONGOING	To support information related to regulatory requirements and compendia standards for drug products	2011-2012 Cost sharing with USP Convention	Thailand AMS	Improving up-to-date information related to regulatory requirements and compendia standards
7. Building up and strengthening ASEAN's capacity in GCP and Clinical trial	Roadmap to Promote Good Clinical Practice Inspection (GCP Inspection) • Development of Questionnaire survey to circulate to AWGPD and comment by June 2012 and finalise by the end of August 2012 STATUS: COMPLETED • Data collection and analysis (2012) STATUS: COMPLETED • Training on identified topics, update progress, and consider for future communication and information sharing (2013) STATUS: COMPLETED • Assessment of Training and Symposium to finalize the best practice recommendations (2014) • Follow up meeting and	To promote regulatory convergence in the area of GCP inspection	2012-2015 Budget : AMS, Thailand and other possible sources i.e. APEC, WHO, etc Thailand will seek possibility to utilize the ASEAN Cooperation fund and develop the proposal to be submitted to ASEAN Secretariat	Thailand,	• Questionnaire survey and analysis by the year 2012 • Training and best practice recommendation by the year 2013 • Symposium to assess the training by the year2014 • Follow-up meeting and further recommendations for regulatory harmonisation by the year 2015 • Reports to be provided at each AWGPD meeting • Final report summaries • Lessons learned
8. ASEAN collaboration in combating counterfeit drug	8.1 Conduct capacity building need assessment of Member States STATUS: Completed, report is being finalized	To identify a training need of AMS in combating the counterfeit drug	Present the questionnaire at the 27th AWGPD Carry on need assessment in 2012	WHO Collaboration	
	8.2 Capacity Building on detection and testing on counterfeit drug STATUS: Pending	To conduct capacity building on detection and testing on counterfeit drug for ASEAN	To develop the proposal for funding 2012 To conduct the capacity building in 2013 subject to funding available		Capacity building on detection and testing on counterfeit drug carried for ASEAN

COMPONENTS	ACTIVITIES	OBJECTIVES	TIME FRAME (YEAR) POSSIBLE SOURCE OF FUNDS	LEAD COUNTRIES/ PARTNER ORGANISATIONS	EXPECTED OUTPUTS/ INDICATORS
9. Regional advocacy as opportunities arise on antimicrobial resistance (To be subsume under the component of RUM)	Explore opportunities for advocacy Develop key messages STATUS: Ongoing Remarks: activity may be subsumed under any of the above activities	To advocate on selected pharmaceutical issues	2011- 2015	AWGPD and WHO	Selected PD issues advocated in any of ASEAN platforms and others

THE 4th ASEAN WORK PROGAMME ON HIV AND AIDS Operational Plan 2011-2015

by the ASEAN Task Force on AIDS (ATFOA) [Updated by 19th ATFOA Meeting]

ASEAN Socio –Cultural Community Blueprint: B5. IMPROVING CAPABILITY TO CONTROL COMMUNICABLE DISEASES

Strategic Objective*:* To enhance regional preparedness and capacity through integrated approaches to prevention, surveillance and timely response to communicable and emerging infectious diseases

Relevant health elements under ASCC Blueprint:

FOCUS AREA: III. HIV AND AIDS

B.5.iv. Reduce the impact of HIV transmission and the impact of HIV epidemic, consistent with the Millennium Development Goals (MDGs), the UNGASS declarations on HIV and AIDS, ASEAN Commitments on HIV and AIDS, and Third ASEAN Work Programme on HIV and AIDS

B.5.v. Improve better access to affordable antiretroviral treatment and opportunistic disease treatment as well as diagnostic reagents;

Projects & Activities	Output/ Deliverable	Lead Country/ies	Possible Partners & Collaborators	Rank (w/ in thrust)	Timeline
1. To promote ASEAN's collective agenda at international and regional platforms utilising evidence-based epidemiological data and research findings towards achieving its goal;					
1.1. ATFOA Workshop on ASEAN Priority Advocacy Agenda Back-to-back: AWP4 Resource Mobilisation Meeting	• List of Accomplishments of ASEAN in HIV & AIDS • Regional policy advocacy Issues identified • AWP4 fully funded	ASEAN Secretariat	UNAIDS +	Part of planning	**Accomplished** 28-29 March 2011
1.2. ASEAN Participation at Universal Access Round Table • UA Regional Consultation to take stock of region's progress	• ASEAN progress discussed • ASEAN Work on HIV & AIDS showcased and promoted in UA RTD	Philippines; ASEAN Secretariat	UNAIDS	2	**Accomplished** 30 March 2011
1.3. ATFOA Inter-sectoral collaboration with labour and foreign ministry • Second ASEAN High Level Multi-Stakeholders Meeting on HIV Prevention, Treatment, Care and Support for Migrant Workers	• Support the implementation of the ASEAN Declaration on Migrant Workers	Philippines; (ASEAN Sec)	UNDP		**Accomplished** 29-30 Nov. 2011

Projects & Activities	Output/ Deliverable	Lead Country/ies	Possible Partners & Collaborators	Rank (w/ in thrust)	Timeline
1.4. ASEAN Participation in High Level meeting on UNGASS review in New York, 2011 – (ASEAN presentation) or Sideline Meeting – to bring issues (under 1.2) in the global forum	• ASEAN Work on HIV & AIDS showcased and promoted	Concurrent Chairs (Brunei 2011); Cambodia (as Vice Chair)	UNAIDS	3	Accomplished, carried out during the Asia Pacific Consultation on UA. Indonesia as Chair of ASEAN represented ASEAN, 8-10 June 2011
1.5. ATFOA Participation at 10th ICAAP-Busan, 2011, which may include the following: • Organize Leadership Forum • Set-up ASEAN exhibition booth • Co-sponsor other Symposia during the Conference	• ASEAN Work on HIV & AIDS showcased and promoted • Leadership in AMS strengthened • Advocacy on critical regional issues supported by ASEAN	Indonesia; ASEAN Secretariat	UNAIDS	4	**Accomplished.** ASEAN Symposium conducted 27 August 2011.
1.6. ASEAN Summit on AIDS to Commemorate the 10th Anniversary of the ASEAN Declaration on HIV/AIDS	ASEAN Summit Declaration Statement	Indonesia (1) Lao PDR (2)	UNAIDS UNDP	1	**Accomplished.** Commemoration related activities include (1) International Symposium on Getting to Zero in ASEAN, 21 Nov. 2011; (2) Adoption by ASEAN Leaders of the ASEAN Declaration of Commitment: Getting to Zero New HIV Infection, Zero Discriminatio,, Zero AIDS Related Death, 17 Nov. 2011, at the 19th ASEAN Summit.
1.7. ASEAN Participation at 2012 ESCAP Inter-governmental meeting of health ministers and ministers responsible for public security in supporting the agenda for high impact intervention for key affected populations	Joint (Sideline) Meeting between Health and Public Security Minister	Thailand;	UNAIDS +	5	2012
1.8. ATFOA Participation in the 11th ASEAN Health Ministers Meeting in Bangkok	AHMM endorsed ASEAN vision on HIV and AIDS (new)	Thailand	UNAIDS +	6	2012
1.9. Development of ASEAN WAD Messages to promote collective ASEAN advocacies	Annual ASEAN Message for World AIDS Day (WAD)	Concurrent ATFOA Chair – Brunei Darussalam		Regular Activity	**Accomplished** ASEAN WAD Message from ASEAN SG uploaded at ASEAN Web, 01 Dec 2011. ASEAN WAD Message 2012 and 2013 uploaded at ASEAN Website
2. To strengthen capacity to plan, implement and monitor and evaluate in both prevention and treatment through knowledge sharing among ASEAN Member States					
2.1 Document best practices of ASEAN regional initiatives to promote South to South learning and capacity development • ATFOA Workshop to Identify Best Practices in ASEAN • Participation of ATFOA in SAARC-ASEAN Symposium on Sharing of Best Practices	Best practices identified in the ASEAN strengthened collaboration with SAARC	Malaysia		1	2012-ongoing, at the 20th ATFOA Meeting in Luang Prabang in 2012 agreed to combine this actiity with activity 2.3 through the

Projects & Activities	Output/ Deliverable	Lead Country/ies	Possible Partners & Collaborators	Rank (w/ in thrust)	Timeline
					publication of ASEAN Good Practices and New Initiatives in HIV and AIDS, which planned to be launched at the 12th AHMM in Spetember 2014
2.2. Utilising the South to South Collaboration to advocate and develop prevention interventions (e.g. review of national strategic plans, obtaining and utilising evidence based on Asian Epidemic Modelling, Modes of Transmission tool and costing projection) • Needs Assessment Workshop, including identifying mechanisms and funding support • Propose development of 1-2 Training program on identified priorities	List of regional challenges, proposed interventions and possible funding support identified Training program developed for issue to be identified	Thailand	UNDP	2	2012-2014- Accomplished- Ongoing, Workshop on South to South collaboration was conducted on 19 November 2013 in Bangkok. The list of ASEAN Experts is currently being updated.
2.3. Develop a regional initiative on capacity building for health ministry staff + other relevant ministries on developing and using evidence based resources to plan programmes to achieve ASEAN's long-term goals. • ASEAN Workshop on Evidence Based Programming (after Singapore activity with APEC)	Capacity for evidence based programming developed	Singapore			2012/2013— ongoing, combined together with 2.1
2.4. ATFOA collaboration with ASEAN University Network-to promote Network as a resource on HIV and AIDS, and to build expertise on HIV and AIDS in the region's academic sector	Link with Schools of Public Health established (with ASEAN education sector)	TBI		3	the 21st ATFOA Meeting in September 2013 in Melaka agreed to withdraw this activity from AWP IV since currently there are no concreate AUN activities that are relevant to ATFOA
2.5. 'ASEAN Cities Getting to Zeros'-Concrete Follow up Actions on ASEAN Declaration in Getting to three Zero (2012 -2014) – 'ASEAN Cities Getting to Zeros' *	Project proposal on getting to zeros on prioritised geographical areas in ASEAN Region.	Indonesia	UNAIDS/co-sponsors, other partners		2012-2014, ongoing, currently implemented in 13 pilot cities/sites
3. To leverage for increased access to affordable HIV-related care and treatment					
3.1 Addressing the 2010 *WHO Antiretroviral therapy for HIV Infection in Adults & Adolescents* recommendations, including coverage and resource implications (Treatment 2.0)	AMS able to adapt to the new guidelines of WHO	Malaysia	WHO	3	Ongoing, a workshop on Addressing the 2010 WHO Antiretroviral therapy for HIV Infection in Adults & Adolescents recommendations, including coverage and resource implications (Treatment 2.0 Initiatives) and TB/HIV was conducted on 6 September 2014
3.2 Improve affordable access to ART through information sharing (as part of 2.2)		Thailand		4	
3.3 Addressing Co-infection TB & HIV, (suggested directions) • Joint Regional Workshop on Effective Strategies (3 I's) combined meeting with ATFOA and Stop TB Partnership	ATFOA able to provide venue for strategy development	Cambodia	WHO	1	

• *New priority activity identified at the 19th ATFOA Meeting*

ASEAN FOOD SAFETY IMPROVEMENT PLAN II (2011-2014)
Appendix 1: Matrix of Proposed Regional Activities by the ASEAN Expert Group on Food Safety (AEGFS)

Strategic Objective: To ensure adequate access to food at all times for all ASEAN peoples and ensure food safety in ASEAN Member States

Relevant health elements under ASCC Blueprint:

B.3.i	Harmonise national food safety regulations with internationally-accepted standard, including quarantine and inspection procedures for the movement of plants, animals, and their products;
B.3.ii	Strengthen the work of ASEAN Coordinating Committee on Food Safety to better coordinate all ASEAN Food bodies/subsidiaries, and the implementation of their work programmes;
B.3.iii	Promote production of safe and healthy food by producers at all level
B.3.iv	Develop model food legislative framework and guidelines and strengthen food inspection and certification system from farm to table in ASEAN Member States;
B.3.v	Develop further the competency of existing network of food laboratories in ASEAN to facilitate the exchange of information, findings, experiences, and best practices relating food laboratories works and new technology;
B.3.vi.	Strengthen the capability of ASEAN Member States to conduct risk analysis
B.3.vii	Enhance consumer participation and empowerment in food safety
B.3.xiii	Improve the quality of surveillance and the effectiveness of responses to food-borne diseases and food poisoning outbreaks through, among Others information sharing and exchange of expertise;
B.3 xiv	Enhance advocacy to promote production of safe and healthy food by producers and education and communication to communities for empowerment in food safety;
B.3.xv	Provide opportunities such as forums, meetings to facilitate coordinated actions among stakeholders geared for promotion of food security and safety;
B.3.xvi	Integrate these actions into a comprehensive plan of action with the ultimate goal of improving health outcomes

EXPECTED OUTCOME: Ensured adequate access to food at all times for all ASEAN peoples and ensured food safety

Overall/Regional Programme Lead Country: Malaysia

Focus Area (FA) & FA Lead Country	Objective (s)	Proposed Activities	Expected Outputs	Project Activity Lead Country	Time frame
Regional Strategies: Harmonisation of Policies and Standards on Food Safety Regulation; Advocacy and Promotion of Harmonized Standards and Policy guides; Regional Review and Mapping of Status of Harmonisation Implementation					
1. Legislation	1. To conduct situational analysis of ASEAN food legislation and to develop country food safety legislation profile	1.1 Conduct Inception Workshop Status 10th AEGFS: Joint activity with PFPWG with collaboration with ARISE (Ongoing)	Compilation of AMS food legislation and assessment of ASEAN food legislations focusing public and consumer health protection	Philippines AEGFS	2012
	2. To develop legislative framework and guideline for food safety	1.2 Development of ASEANlegislative framework and guidelines for food safety from farm to table in ASEAN Member States; Status 10th AEGFS: Joint activity with PFPWG with collaboration with ARISE (Ongoing)	Strategic Options focusing on public health and consumer health protection developed	AEGFS	2013
	3. To provide a framework or guidance for development of AMS regulatory infrastructure	1.3 Development of risk based Regulatory Framework in Food Safety in ASEAN Status 10th AEGFS: Joint activity with PFPWG with collaboration with ARISE (Ongoing)	Regulatory framework for food safety in AMS developed	ACCSQ-PFPWG)	2012
	4. To develop strategies for harmonisation	1.4 Development of Guidelines on food safety and food security (Lead: Malaysia) 1.5 Development of guidelines on Food Laboratories, (by ACCSQ PFPWG) (Lead: Singapore) 1.6 Conduct of mapping of status of harmonisation implementation. (Lead: Malaysia) Status: Pending. Waiting for update from ACCSQ.	1. Guidelines on Food Inspection and Certification (Imported Food: ACCSQ PFPWG) 2. (Food Establishment: WHO) 3. ASEAN Guidelines on Food Laboratory (ACCSQ PFPWG) 4. Status of Implementation of harmonisation 5. (Food Additives: ACCSQ PFPWG	ACCSQ PFPWG ACCSQ PFPWG ACCSQ PFPWG	2012 2012
Regional Strategy: Increase Competency and Specialisation of ASEAN Food Laboratories					
2. Laboratories Lead country: Singapore	To increase AMS laboratory capacity and capability	2.1. Regional Capacity Building of Food Laboratories on Laboratory Methodology • Complementing ARLs and NRLs • Conduct Regional Training on Laboratories Status: Pending. Waiting for inputs from the ACCSQ-PFPWG	1. Database of ARLs Contact 2. Establishment of a Network of ASEAN Reference Laboratory 3. Establishment of database of ARL and reference methodologies 4. Establishment of National Ref Labs 5. Accreditation of ASEAN Regional and National Ref Lab to ISO17025 6. Implementation of internationally recognized methods in ASEAN and National Ref Labs	Singapore (AEGFS)	2011-2014

Focus Area (FA) & FA Lead Country	Objective (s)	Proposed Activities	Expected Outputs	Project Activity Lead Country	Time frame
			7. Participation in international and regional inter-lab Proficiency Test (PT) Schemes 8. Conduct regional training courses		
		2.2 Development of Guidelines on Food laboratories Status: Pending, waiting for update from ACCSQ.	ASEAN Guidelines for Food Testing Laboratories document	ACCSQ PFPWG	2011-2014,
		2.3 Establish new ARL/s: • Food Additives (proposed by Indonesia) • Food Contact Material (proposed by Thailand) Status: Pending, waiting for update from ACCSQ.	New ARL/s: Food Additives Food Contact Material (AEC Scorecard)	ACCSQ PFPWG	2011-2014;
Regional Strategy : Regional Capacity Building on Risk Assessment					
3. Monitoring and Surveillance	1. To enhance AMS capability to monitor and evaluate risk to consumer from food hazards	3.1 Development of inventory of regional competent Risk Assessors Status 10th AEGFS: Ongoing.	List of competent risk assessors/experts in ASEAN generated	Malaysia/ Thailand	2010, TBC
		3.2 Study on food consumption and dietary intake Status 10th AEGFS: Ongoing in collaboration with ILSI.	1. Study conducted (in progress) 2. Harmonized and standardized methodology for the collection of food consumption data 3. Compilation of available ASEAN Food Consumption Data adopted	Malaysia with ILSI	2011
		3.3 Inventory of risk assessment studies applicable to ASEAN Status 10th AEGFS: Completed.	List of ASEAN Risk assessment study conducted. (6 Risk Assessment Completed)	Malaysia	2010
		3.4 Workshop Awareness on Risk Analysis Status 10th AEGFS: Completed.	Completed EU-ASEAN Risk Assessment capability 21/2/2009, 28-30/ 2010	Malaysia	2010
	2. To develop practical understanding for Risk Assessment and Risk Management in the ASEAN settings	3. 5 Training curriculum development and RA Methodology (Probabilistic/ Dose Response Curves/ Models (AMSAT) Status 10th AEGFS: Due to limited resource, AEGFS won't pursue this activity. Completed.	Curriculum and guidance documents developed	Malaysia (AMSAT)	2012 – 2014,
	3. To develop widely applicable curriculum for training of Risk Assessors and Risk Managers	3.6 Further ASEAN Risk Assessment (AMSAT) Status 10th AEGFS: Due to limited resource, AEGFS won't pursue this activity. Completed.	Expertise in carrying out risk assessment for various hazard food combination among AMS	Malaysia (AMSAT)	2012-2014

Focus Area (FA) & FA Lead Country	Objective (s)	Proposed Activities	Expected Outputs	Project Activity Lead Country	Time frame
		3.7 Risk Communication Workshop Status 10th AEGFS: Ongoing with collaboration with RCRC Malaysia	Strategies developed for the effective implementation of risk communication among AMS: 1. Awareness of risk communication among AMSs – TBC 2. Workshop/Training and guidance documents	Philippines	2011-2012
		3.8 Workshop on monitoring and surveillance including sampling Technique and Methodology for inspection and testing, food traceability, and recall system Status from 10th AEGFS: Pending inputs from PFPWG and will move Food Inspection and Certification.	Recognized and Applicable Guidelines on monitoring and surveillance including sampling Technique and Methodology for inspection and testing among AMSs	Singapore, Indonesia, Thailand (TBC)	2011-2012,
		3.9 Establishment of ARAC Develop the TOR of ARAC Seek endorsement from SOMHD and AHMM Develop Schedule of Activities for ARAC Status from 10th AEGFS: Ongoing.		Malaysia With cooperation with ARISE,EU (DG-SANCO)	2014
		3.10 Food Consumption Data 1. Workshop on Food Consumption Data & Exposure Assessment 2. Establish electronic working group Status from 10th AEGFS: Ongoing.		Malaysia ILSI	2013 – 2014
Regional Strategy : Improvement of National Emergency Response Systems to Foodborne Diseases and Food Outbreak					
4. Implementation of Food Safety Systems Lead Country: Thailand	To increase awareness on implementation of best practices among stakeholders at each stage of food chain.	4.1 Situation analysis in implementation of best practices of each stage in food chain Status from 10th AEGFS: Ongoing.	Profile of situation of implementation of best practices	Thailand	2011-2014
		4.2 Prioritise the most need of best practice for recommendations to AMS for further strengthen at the national level as appropriated. Status from 10th AEGFS: Ongoing.	Analysis result and recommendation for AMS	Thailand	2011-2014
Regional Strategy: Improvement of National Emergency Response Systems to Foodborne Diseases and Food Outbreak					
5. Food Inspection and Certification Lead Country: Malaysia	1. To increase knowledge and understanding with respect to international requirements 2. To develop harmonized guidelines/models on Food Inspection and Certification System for the ASEAN region. 3. To provide Practical/ Field Training on inspection and certification	5.1 Harmonisation of FIC practice and policy through consistent education and training of CA staff and industry. (Series of evolving education and training projects) Status: Completed. 5.2 Collaborative development of documents through workshops and trial implementations Status: Completed. 5.3 the workshop on promoting the use of the curriculum (ongoing) Status: ongoing.	1. Phase 1: Model Curriculum (3 Level) for education and training of Food Inspection and Certification staff for seafood export. 2. Phase 2: Syllabus/ Resource Materials to support the Model Curriculum (from Phase 1) 3. Trial implementation of curriculum/ resources at selected educational institutions and subsequent expansion through ASEAN	Malaysia (AMSAT)	2010-2011 2011-2012 2012-2014 2011-2014 2011-2014

Focus Area (FA) & FA Lead Country	Objective (s)	Proposed Activities	Expected Outputs	Project Activity Lead Country	Time frame
			4. Curriculum and resource materials for other food sectors (eg meat, dairy, F&V) 5. Curriculum and resource materials for industry personnel		
		5.4 Training of Trainers in Regional Harmonisation of Food Inspection and Certification for Export in the interest of consumer protection Status: Completed.	Trained personnel (Indonesia)	Malaysia WHO	2010-2014
		5.5 Training in ASEAN Inspection and Certification Scheme for: Farm types Processing plants Status: Pending, TBC from Malaysia.	ASEAN Training Manual/ Outline onInspection and Certification Scheme for: • Farm types • Processing plants • Training Manual • TOT conducted	Malaysia WHO FAO	2010-2014
		5.6 Training in Import –Export Inspection and Certification System Status from 10th AEGFS: This activity more relevant to trade. Completed.	Guidance document for harmonized Import – Export Inspection and Certification System	ACCSQ/ PFPWG	2010
		5.7 Assist in implementing food safety response system in selected countries Status from 10th AEGFS: Malaysia will update for this activity. Pending.	Food safety responses set up and tested	Malaysia WHO	2011-2014
		5.8 Training or workshop on integrated food supply chain management Status from 10th AEGFS: Malaysia will update for this activity. Pending.	Trained personnel		2011-2014
Regional Strategy : Improvement of national emergency response systems to foodborne diseases and food outbreak					
6. Information Sharing	To enable effective communication among AMS To provide forum for exchange of information	6.1 Information Sharing System under AFSN Status from 10th AEGFS: Ongoing activity.	ASEAN Information Network under AFSN utilized by AMS including food Laws (hyperlink), exporters list, Training courses, Consumer information	Thailand	2011-2015
		6.2 Promote the use of electronically data to enhance national response to emergencies Status from 10th AEGFS: Ongoing activity.	1. Directory of emergency contact points (regional/ national) developed and utilized 2. Information on emergency updated	Thailand	2011-2015
		6.3 Information sharing through ARASFF (food recall notification) Status from 10th AEGFS: Ongoing activity through ASEAN Food Safety Network.	Information sharing mechanism established among AMS	Thailand	2012

Focus Area (FA) & FA Lead Country	Objective (s)	Proposed Activities	Expected Outputs	Project Activity Lead Country	Time frame
Regional Strategy: Advocacy and Promotion of Harmonized Standards and Policy Guides					
7. Consumer Participation and Empowerment	1. To analyse the needs of ASEAN countries in consumer participation and empowerment 2. To identify baseline data on consumer awareness	7.1 Need Assessment and Survey on Consumer Awareness before and after intervention Status from 10th AEGFS: Ongoing activity.	1. Profile of Needs in national and regional level 2. Profile of consumer awareness in national and regional level before and after intervention	Indonesia with ARISE	2011, 2012, 2014
	3. To create ASEAN reference/template / tools for AMS in developing consumer participation and empowerment program in national level	7.2 Develop National Interventions (i.e. Guidelines/Advocacy) Template on Developing Consumer Participation and Empowerment Program Status from 10th AEGFS: Pending.	ASEAN Guidelines/ Advocacy Template on Developing Consumer Participation and Empowerment Program 2CJSJCJCKLGuidelines/ advocacy template	Indonesia	2013
	4. To Increase personnel capacity and competency	7.3 Training of Trainers (ToT) for AMS Representative in Developing Consumer Participation and Empowerment Program Status from 10th AEGFS: Pending.	Trained Personnel	Indonesia	2013
	5. To maximize network of information sharing in consumer participation and empowerment through AFSN	7.4 Develop mechanism to facilitate sharing of educational materials, campaign materials and media statements Status from 10th AEGFS: Pending.	Network of information sharing in consumer participation and empowerment	Indonesia	2012 – 2014

ASEAN MEDIUM TERM PLAN ON EMERGING INFECTIOUS DISEASES (2012-2015) by ASEAN Expert Group on Communicable Diseases (AEGCD)

B5. IMPROVING CAPABILITY TO CONTROL COMMUNICABLE DISEASES

Strategic Objective: To enhance regional preparedness and capacity through integrated approaches to prevention, surveillance and timely response to communicable and emerging infectious diseases

Relevant health elements under ASCC Blueprint:

FOCUS AREA I. PREVENTION AND CONTROL OF EMERGING INFECTIOUS DISEASES

B.5.i	Consolidate, further strengthen and develop regional cooperative arrangements through multisectoral and integrated approaches in the prevention, control, preparedness for emerging infectious diseases in line with International Health Regulation 2005 and the Asia Pacific Strategy for Emerging Diseases (APSED);
B.5.ii	Establish/strengthen/maintain regional support system and network to narrow the gap among ASEAN Member States in addressing emerging infectious diseases and other communicable diseases;
B.5.x	To tackle the issues of clean water, hygiene, sanitation and waste management that have implications on infectious diseases;
B.5.xi	Strengthen cooperation among ASEAN Member States in contact tracing and health quarantine;
B.5.xii	Strengthen and maintain surveillance system for infectious diseases including HIV and AIDS, malaria, dengue fever, and tuberculosis;
B.5.xiii	Promote the collaboration in Research and Development on health products especially on new medicines for communicable diseases including neglected diseases commonly found in ASEAN Member States.
B.5.iii	Ensure that stockpile of antivirals and Personal Protective Equipment (PPE) is maintained at regional level for all member states and for rapid response and rapid containment of potential pandemic influenza;

FOCUS AREA II. ENHANCING REGIONAL SUPPORTIVE ENVIRONMENT

B.5.ii	Establish/strengthen/maintain regional support system and network to narrow the gap among ASEAN Member States in addressing emerging infectious diseases and other communicable diseases;

B.5.vii Promote the sharing of best practises in improving the access to primary health care by people at risk/vulnerable groups, with special attention to HIV and AIDS, malaria, dengue fever, tuberculosis, and emerging infectious diseases through regional workshops, seminars, and exchange visits among the ASEAN Member States;

B.5.viii Strengthen regional clinical expertise through professional organisations networks, regional research institution, exchange of expertise and information sharing;

B.5.ix Strengthen cooperation through sharing of information and experiences to prevent and control infectious diseases related to global warming, climate change, natural and man-made disasters;

INTRODUCTION:

1. Based on the outputs of the ASEAN MTP-EID Workshop held on 1-2 December 2010 in Kuala Lumpur , the 6th AEGCD held during 9-11 November 2012 agreed on 9 components to be incorporated in the MTP-EID work plan including:
   a. ASEAN Partnership Laboratories, (Malaysia);
   b. Risk Communication, (Malaysia);
   c. ASEAN EID Mechanism (AEM), (Thailand) and EID website, (Indonesia);
   d. Human and Animal Health Collaboration, (Thailand and Lao PDR);
   e. Operationalisation of Minimum Standards of Joint Multisectoral Outbreak Investigation and Response, (Cambodia);
   f. Stockpiling of antivirals and PPE (ASEAN Secretariat);
   g. Field Epidemiology Training Network, (Thailand);
   h. WHO-EC Project on HPED particularly on cross-border collaboration, (Thailand and Lao PDR); and
   i. Specific diseases including Rabies (Viet Nam), Dengue (Viet Nam and identified lead country for ASEAN Dengue Day), and Malaria (Myanmar).

2. The following Work Plans have been formulated by the lead countries to operationalise the above components and submit for the 7th SOMHD's endorsement namely:
   a. ASEAN Plus Three Partnership laboratories (APL);
   b. Risk Communication;
   c. ASEAN Emerging Infectious Diseases Mechanism (AEM) and ASEAN EID Plus Three Website;
   d. Animal Health and Human Health Collaboration;
   e. Operationalization of Minimum Standards on Joint Outbreak Investigation and Response;
   f. ASEAN Plus Three Field Epidemiology Training Network (FETN) which was separately submitted to the SOMHD's endorsement via ad referendum dated 23 March 2012.

REMARKS:

- ASEAN EID Plus Three website: www.aseanplus3-eid.info is an ongoing activity led by Indonesia.
- Activities under Stockpiling of antivirals and PPE component will be overseen/implemented by JICS and ASEAN Secretariat with technical support by WPRO.
- Activities under WHO-EC Project on HPED particularly on cross-border collaboration have been identified. Specific Terms of References will be further developed.
- For Specific Diseases Component, work plans for Rabies and Dengue are reviewing by lead countries. Observance of ASEAN Dengue Day will be organized on every 15 June. Lead country to implement regional activity will be identified. For 2012, Myanmar volunteered to be the lead country.
- Activities related to malaria such as drug resistance in Malaria will be collaborative activity with WHO. Terms of References or concept note will seek concurrence from Member States.
- The Work Plans will be implemented by lead countries with supporting from all ASEAN Member States and be annually monitored/reviewed by the AEGCD.

COMPONENT I: ASEAN Plus Three Partnership Laboratories Component

General Objective: To strengthen the capacity of ASEAN Plus Three Countries to respond appropriately to infectious diseases through regional laboratory networking

Specific Objectives:

1. To establish and operationalise the ASEAN Plus Three regional network of health laboratories to support timely communication and information sharing, regional laboratory-based surveillance and capacity building.
2. To strengthen the health laboratories diagnostic capacity, quality and biosafety3 through sharing of resources among the ASEAN Plus Three Countries.
3. To promote research on infectious diseases in the region through cooperation and collaboration among health laboratories.

Outputs

1. The APLs are able to support timely communication, information sharing, and capacity building for the 13 agreed pathogens.
2. The APLs are strengthened in their diagnostic capacity, quality assurance and biosafety issues through sharing of resources.
3. The APLs are able to collaborate on research on infectious diseases and share the results with one another.

Lead Countries: Malaysia and Singapore

ACTIVITIES	EXPECTED OUTPUTS	Responsible parties/ Possible partners/ possible sources of funding	Timeline	
			2012	2013-2015
FOCUS AREA I : CAPACITY BUILDING **Objective : To establish and operationalise the ASEAN Plus Three regional network of health laboratories to support capacity building** **Expected Output: The APLs develop regional capacity and capabilities in laboratory diagnosis for the 13 pathogens**				
1.1 Operationalise APL Steering Committee (for diagnostic assistance needs etc.)	Regular meetings of APL Steering Committee conducted	NLCPs/AEGCDs AusAID Funding	2012 3rd Quarter (Oct/Nov)	
1.2 Capability assessment	Capability assessment conducted. Means of Verification (MoV): list of APLs and capability	NLCPs	2012	
1.3 Phase-wise upgrading of laboratories at the national and sub-national level	Laboratories upgraded	NLCPs (national level)	2012-2014	
1.4 Identify certain APLs to provide resources (reagents, positive control), assessment, training and follow up for a specific pathogen/pathogens (of the 13 pathogens)	APLs able to provide resource, assessment, trainings are identified MoV: List of APLs and resources for sharing	NLCPs	2012	

ACTIVITIES	EXPECTED OUTPUTS	Responsible parties/ Possible partners/ possible sources of funding	Timeline	
			2012	2013-2015
1.5 Laboratory training on diagnosis of JE virus (as attachments, longer term)	2 batches of training conducted for ten Member States MoV: Evaluation report	NIID and WHO-WPRO (space and technical expertise and reagents will be provided) Funding- to be determined	2012-2014	
1.6 Laboratory training on *Enterovirus* 71(short term training)	2 batches of training conducted for ten Member States MoV: Evaluation Report	Malaysia (NPHL)/ Singapore- supply human expertise, positive control, reagents Funding for the rest to be determined	2012-2014 Proposal will be started by NLCP of Malaysia	
1.7 Laboratory training on *E.coli* O157:H7, but may include whole spectrum	2 batches of training conducted for ten Member States MoV: Evaluation Report	Thailand- NIH	2012-2014	
1. 8 Laboratory training on *Bordetella pertussis*	2 batches of training conducted for ten Member States MoV: Evaluation Report	-Singapore -Request WHO for positive controls and assistance in training	2013-2014	
1.9 Training specifically for CLMV countries through twinning programmes (for 13 pathogens as well as for priority zoonotic pathogens, eg. Diagnosis and genotyping of Rabies)	Twining programmes are conducted for all CLMV MoV: Evaluation Report		2012-2014 (planning to start in 1st year) -existing	
FOCUS AREA II: INFORMATION SHARING **Objective : To establish information sharing mechanisms among laboratories"** **Expected Output : The APLs are able to support timely and relevant information sharing among laboratories**				
2.1 Review the type of information and data which can be usefully shared	Report of review To provide format by lead countries by January 2012	NLCP	2012	
2.2 Create forms, templates and mechanisms for sharing and exchanging information	Forms, templates and mechanism for sharing information on the 13 pathogens (KIV to expand to other pathogens at a later stage)	NLCPs		2013-2014
2.3 Regular meetings/forums for information exchange on laboratory methods, capabilities and new findings	To be combined with Research meeting – refer to 7.1	NLCPs		2013-2013
FOCUS AREA III.: POLICY **Objective : To establish and operationalise the ASEAN Plus Three regional network of health laboratories to support timely communication and information, regional laboratory-based surveillance and capacity building** **Expected Output : The APLs are able to support timely communication and information sharing, regional laboratory based surveillance and capacit building**				
3.1a. identify existing policies on sharing of information	3.1.a.existing policies are identified MoV:list of existing policies on sharing of information	To be identified	2012-2014	

ACTIVITIES	EXPECTED OUTPUTS	Responsible parties/ Possible partners/ possible sources of funding	Timeline	
			2012	2013-2015
3.1.b. conduct inventory of policies (to identify obstacles in sharing of information)	3.1.b. Inventory of policies is conducted and shared with all APLs MoV: Copy of inventory			
3.2 Develop a policy on transfer of reagents, Positive controls (with involvement of customs and/or quarantine, trade-standards)	Some form of policy on transfer of reagents, positive control is developed , MoV: copy of policy	To be identified	2012-2014	
3.3 Submit to A+3 HMM for endorsement (acceptance of transfer of reagents, materials)	Some form of policy on transfer of reagents, positive control is endorsed MoV: copy of policy/report	To be identified	2012-2014	
3.4 Upload/ share information on Import regulations of each country related to biologic materials Request ASEC to inform Indonesia	information on Import regulations of each country related to biologic materials are shared among APLs MoV: website/communication through emails	NLCPs	2012-2014	
FOCUS AREA IV: QUALITY ASSURANCE **Objective : To strengthen the health laboratories diagnostic capacity, quality and biosafety through sharing of resources among the ASEAN Plus Three Countries** **Output: The APLs are able to strengthen the health laboratories diagnostic capacity, quality and biosafety through sharing of resources**				
4.1 Trainings on QA on 13 pathogens	2 batches of training on QA for 13 agreed pathogens MoV: training report			Starts 2013
4.2 Control organisms- share information on purchase and availability of each APL To be decided by APL Steering Committee	Information on availability and purchase of control organisms is shared MoV: website/communication email exchanges	NLCPs	TBC	
4.3 Evaluate the QA of the APLs and conduct comprehensive planning for QA at the regional level	QA of APLs is evaluated and planning for QA at regional level is conducted. MoV: evaluation report	APL Steering Committee		Starts 2013
FOCUS AREA V: BIOSAFETY AND BIOSECURITY **Objective : To strengthen the health laboratories diagnostic capacity, quality and biosafety through sharing of resources among the ASEAN Plus Three Countries** **Output : The APLs are able to strengthen the health laboratories diagnostic capacity, quality and biosafety through sharing of resources**				
5.1 APLs to participate in the WHO training of trainers 2-week course on biosafety (including provide trainings within country to other laboratories)	Number of participants participated biosafety training	WHO	2012	

ACTIVITIES	EXPECTED OUTPUTS	Responsible parties/ Possible partners/ possible sources of funding	Timeline	
			2012	2013-2015
(Brunei, Lao PDR, Cambodia, Indonesia, Myanmar, Viet Nam, Philippines)				
5.2 Upload WHO biosafety manuals, guidelines onto the ASEAN+3 EID website	Biosafety manual, guidelines uploaded	Indonesia	2012-2014	
5.3 Twinning on biosafety through attachments, visits	Training are conducted for CLMV MoV: training report		2012-2014	
5.4 APLs to upload information regarding trainings on biosafety on the website	Information uploaded on the website regularly. MoV: data in website	NLCPs	2012-2014	
5.5 Conduct a survey and analysis of systems of biosafety of the APLs, Submit to APL Steering Committee to provide recommendations	System of biosafety of APLs is surveyed an analysed MoV: report of analysis A set of recommendations is developed by APL Steering committee MoV: copy of APL Steering Committee recommendations	To be identified	2012-2014	
FOCUS AREA VI: HUMAN-ANIMAL HEALTH COLLABORATION				
6.1 Conduct joint trainings (lectures) on basis and principles of diagnosis for 2 sectors on the priority zoonoses (also explore with animal health laboratory contact points)	2 joint trainings are conducted on 2 priority zoonotic pathogens for all 10 countries MoV: Training report	To be identified	2012-2014	
6.2 MTA for research and diagnostic purposes (refer to policy) (*from H-A workplan) (***to explore to include for diagnostic purposes)		To be identified	2012-2014	
6.3 link with laboratory networks of FAO/OIE/ WHO		APL Steering Committee ASEAN Secretariat	2012	
6.4 explore mechanisms for collaboration between the networks for priority zoonoses	Mechanisms for collaboration between the two networks are identified and recommendations made for the linkages. MoV: report		5 year plan	
6.5 Encourage inter-laboratory proficiency testing on specific diseases (*from H-A workplan)	Increase in exploration for inter-laboratory proficiency testing MoV: communication records		5 year plan	
6.6 Harmonise testing procedures for priority zoonotic diseases (*from H-A workplan)	Regional SOPs are developed for 5 priority zoonotic diseases and distributed MoV: copy of SOPs			Starts 2014
FOCUS AREA VII: RESEARCH **Objective : To promote research on infectious diseases in the region through cooperation and collaboration among health laboratories** **Output : The APLs are able collaborate on research on infectious diseases and share results with one another**				
7.1 Regular meetings/ forums for Sharing of information related to research on the 13 pathogens	3 forums are conducted over 5 years to share research information on 13 pathogens MoV: summary record of the forums		5 year plan	
7.2 Development of new tools for laboratory diagnostics on rabies and other 13 pathogens	New tool development for lab diagnosis of rabies and 13 pathogens are explored MoV: communication from responsible APLs		5 year plan	

COMPONENT II: RISK COMMUNICATION

General Objective: To establish a central capacity within ASEAN to provide leading edge research and training in EID risk communication

Outputs:

1. ASEAN Risk Communication Resource Centre established and mandate defined
2. Trained personnel on risk communication from the Ministries of Health and relevant sectors of the ASEAN Member States
3. Knowledge Management to share best practices and lessons learned generated from e-consultations as well as regular conferences.
4. Case studies and research reports on risk communication regularly published and used as inputs to the training programme

ACTIVITIES	EXPECTED OUTPUTS	Responsible parties/ Possible partners/ possible sources of funding	Timeline	
			2012	2013-2015
Output 1: ASEAN Risk Communication Resource Centre established and mandate defined				
1.1 Develop and agree on the functions and organizational structure of the ASEAN Risk Communication Resource Centre.	Terms of Reference of ASEAN Risk Communication Resource Centre developed and endorsed	AEGCD (communication focal points)	2012	
1.2 Establish the ASEAN Risk Communication Resource Centre to be located within the existing building of Institute for Health Behavioural Research (IHBR), National Institutes of Health, Ministry of Health, Malaysia. (Due to space constraint the training activities can be conducted in another venue.)	ASEAN Risk Communication Resource Centre building established	Malaysia	2011	
1.3 Identify and appoint staffing requirements for the Centre, based on the existing staff of IHBR that could be immediately utilized to initiate the activities of the Centre	Staffing established	Malaysia	2011	

ACTIVITIES	EXPECTED OUTPUTS	Responsible parties/ Possible partners/ possible sources of funding	Timeline	
			2012	2013-2015
1.4 Conduct periodic evaluation of the ASEAN Risk Communication Resource Centre	Evaluation conducted	AEGCD (communication focal points)	2012-2014	
Output 2: Trained personnel on risk communication from the Ministries of Health and relevant sectors of the ASEAN Member States				
2.1 Review Risk Communication Module	Module reviewed	AEGCD (communication focal points)	2012	
2.2 Conduct training needs assessment of the countries on risk communication	Training needs assessment conducted	AEGCD (communication focal points)	2011-2012	
2.3 Conduct (TOT) trainings on risk communication at least twice a year, and as per needs of the countries.	Training courses on risk communication conducted Details: 2 pants from APT Countries Need TOR	AEGCD (communication focal points) 50,000 USD AusAID Remaining Fund	Middle of 2012	2013-2015
2.4 Assess training effectiveness through regular reporting of pre and post evaluation from the training programme.	Assessment conducted Report of assessment available	Malaysia	2012 - 2014	
Output 3: Knowledge Management to share best practices and lessons learned generated from e-consultations as well as regular conferences				
3.1 Regularly compile case studies on risk communication from the Member States	Case studies compiled Need standardized format	AEGCD (communication focal points)	2012-2014	
3.2 Publish a regular newsletter on risk communication showcasing the research results. ** To be made available local research in English	Newsletter published and disseminated Article contributions to ASEAN Health Bulletins	AEGCD (communication focal points) and Malaysia	2012-2014	
3.3 Development on Model of e-consultation as and when necessary especially on EID involving regional issues	Model of e-consultation developed	AEGCD (communication focal points)	2012	
3.4 Organise Risk Communication Regional Conference to share best practices and lessons learned at least every 3 years	Regional conference	AEGCD (communication focal points)	2012	2014
Output 4: Case studies and research reports on risk communication regularly published and used as inputs to the training programme				
4.1 Prepare research proposal for a study on community risk perceptions in ASEAN Member States	Research proposal prepared	Malaysia	2012	2014
4.2 Conduct research on risk communication to enhance skills, knowledge and practice, at least once a year	Research conducted	Malaysia	2012	2014

COMPONENT III: ASEAN EMERGING INFECTIOUS DISEASES (EID) MECHANISM AND ASEAN PLUS THREE EID WEBSITE

General Objective: Enhanced preparedness and appropriate regional response by the ASEAN Member States to public health threats/ problems brought about by Emerging Infectious Diseases.

ACTIVITIES	EXPECTED OUTPUTS	Responsible parties/ Possible partners/ possible sources of funding	Timeline	
			2012	2013-2015
FOCUS AREA I : Establishment of the ASEAN Mechanism for the coordination of surveillance, prevention, preparedness and response to EIDs				
Assessment of the need for establishing an ASEAN EID Mechanism (in view of the functions of other regional/ global organisations)	Need assessment conducted. Develop the assessment questionnaire	Thailand Budget from remaining AusAID	2012 and to be reported for the next AEGCD	
FOCUS AREA II : Information sharing for surveillance, prevention, preparedness and response to EIDs in ASEAN				
ASEAN EID website maintained as a depot and platform for information about EIDs in the ASEAN region – SOPs, guidelines, legislations and developments with links to relevant sectoral agency website	Comments: Discuss with Indonesia, improvement and expansion content of website Encourage usage	Indonesia		

COMPONENT IV: ANIMAL-HUMAN HEALTH COLLABORATION

General Objective: To further strengthen collaboration between the ASEAN human and animal health sectors on zoonoses

Specific Objectives:

1. To provide an enabling platform to facilitate policy and technical collaboration on zoonoses
2. To facilitate sharing of information including on new developments on zoonoses between the two sectors on a regional and sub-regional level
3. To further facilitate technical collaboration on surveillance, prevention and control of priority zoonotic diseases within the region
4. To establish a mechanism for timely laboratory diagnosis of priority zoonotic pathogens
5. To further strengthen the capacity of the human and animal health sectors in tackling priority zoonoses
6. To provide a platform for advocating for a collaborative research on zoonoses

Outputs: Strengthened collaboration between the human and animal health sectors in tackling zoonoses at the regional level

1. Policy and technical guidelines are developed at the regional level with the technical organizations
2. Information on zoonoses as well as new developments are shared between the two sectors on a regular basis
3. A mechanism for collaboration on surveillance, prevention and control of priority zoonotic diseases is developed
4. Mechanism for timely laboratory diagnosis is established
5. Regional guidelines are developed to further strengthen capacity of human and animal health sectors
6. Research needs on zoonoses are collaboratively identified and results shared

ACTIVITIES	EXPECTED OUTPUTS	Responsible parties/ Possible partners/ possible sources of funding	Timeline	
			2012	2013-2015
FOCUS AREA I : POLICY, COMMUNICATION AND INFORMATION SHARING **Objective 1 : to provide an enabling platform to facilitate policy and technical collaboration on zoonoses** **Output 1 : policy and technical guidelines are developed at the regional level with the technical organizations** **Objective 2 : To facilitate sharing of information including on new developments on zoonoses between the two sectors on a regional and sub- regional level** **Output 2 : Information on zoonoses as well as new developments are shared between the two sectors on a regular basis**				
1.1 Facilitate coordination and collaboration with relevant organizations on animal health sectors	Organized any means to facilitate coordination between relevant organizations or ASEAN sectoral bodies	ASEAN Secretariat	2012	2013-2014
1.2 Regional Workshop on Strengthening collaboration between Human and Animal collaboration on Zoonosis	Workshop conducted Modified : Conduct analysis of existing policies and guidelines on animal-human interface Develop policy and guideline for animal- human interface in collaboration with technical organisations and take a common position on relevant policy at animal-human interface Develop a joint communication and integration strategy for animal and human health sectors (including linkage between the information systems, and standard protocol for information sharing).	AEGCD & ASWGL Lao PDR, Thailand AusAID Remaining Fund	2012	
FOCUS AREA II : SURVEILLANCE, PREVENTION AND CONTROL **Objective : To further facilitate technical collaboration on surveillance, prevention and control of priority zoonotic diseases within the region** **Output : a Mechanism for collaboration on surveillance, prevention and control of priority zoonotic diseases is developed**				
2.1 Workshop to establish regional framework for priority zoonotic diseases surveillance, prevention and control.	- Workshop conducted - Regional framework for priority zoonotic diseases surveillance, prevention and control established (priority zoonotic diseases	AEGCD & ASWGL	2012	
2.2 Establish epidemiological network of FAO/OIE/ WHO	Link with epidemiological network of FAO/OIE/WHO established	AEGCD FETN	2011-2012	
FOCUS AREA III : LABORATORY **Objective : To establish a mechanism for timely diagnosis of priority zoonotic pathogens** **Output : mechanism for timely laboratory diagnosis is established**				
3.1 Link with laboratory networks of FAO/OIE/WHO (In MoU) – DEFERRED	Link with laboratory networks of FAO/ OIE/ WHO explored	ASEAN Secretariat		Waiting for APL Steering Committee
3.2 Identify laboratories (in each sector) within the existing networks to assist in diagnosing specific priority zoonotic pathogens	Laboratories within animal and human health sectors are identified to assist in diagnosis MoV: list of laboratories			Starts 2014

ACTIVITIES	EXPECTED OUTPUTS	Responsible parties/ Possible partners/ possible sources of funding	Timeline	
			2012	2013-2015
FOCUS AREA IV : CAPACITY DEVELOPMENT **Objective : To further strengthen the capacity of the human and animal health sectors in tackling priority zoonoses** **Output : Regional guidelines are developed to further strengthen capacity of human and animal health sectors**				
4.1 Short course training on joint Human and Animal health outbreak Investigation on zoonosis	Training course conducted	AEGCD & ASWGL Laos & Thailand FETN	2012-2015	
4.2 Develop regional SOP/ guideline on joint risk assessment, monitoring and evaluation.	SOP on joint risk assessment, monitoring and evaluation developed	AEGCD & ASWGL	2012	
FOCUS AREA V : RESEARCH AND DEVELOPMENT **Objective : To provide a platform for advocating for a collaborative research on zoonoses** **Output : Research needs on zoonoses are collaboratively identified and results shared**				
5.1 Organise regional workshop to develop research map priorities zoonosis	• Regional Workshop to identify research priority needs conducted • Research priority needs identified	AEGCD in collaboration of FETN Laos & Thailand	2012	
5.2 Annual conference on Research Forum of Zoonosis	Annual conference conducted	AEGCD Laos & Thailand		2013- 2015
FOCUS AREA VI MONITORING AND EVALUATION				
6.1. Annual Meetings between the two ASEAN sectoral bodies at different levels, AEGCD with ASWGL (conducted as a sideline to their regular meetings) to update on the progress	Information and progress shared between AEGCD and ASGWL		5 years	
6.2. The progress to be presented to the SOMHD and SOM-AMAF meetings.	Updates on AEGCD reported to SOMHD		2012 2013-2014	

COMPONENT V: OPERATIONALIZATION OF MINIMUM STANDARDS ON JOINT MULTISECTORAL OUTBREAK INVESTIGATION AND RESPONSE

General Objective : to strengthen joint outbreak investigation and response by providing guidelines/protocols for each aspect of investigation and response and the role of different sectors involved that need to collaborate in an efficient and sufficient manner to mount a timely investigation and response

Components:

1. Sharing of information for rapid investigation and response
2. Primary response
3. Joint outbreak investigation and response

ACTIVITIES	EXPECTED OUTPUTS	Responsible parties/ Possible partners/ possible sources of funding	Timeline	
			2012	2013-2015
1. National Assessment on current legal and policy set up to support outbreak investigation and Response **Combine with 3 and 4**	- National assessment conducted - Information on existing legal and policy set up to support outbreak investigation and Response is available	Lead Country: Cambodia AEGCD AWGPPR	2012	
2. Regional Simulation Exercise on Minimum Standard	- Simulation exercise conducted - Gaps and issues to support outbreak investigation and response identified, as lessons learned from the exercise	Lead Country: Cambodia AEGCD AWGPPR	2012	
3. Develop Administrative and Logistic Standard Operating Procedure to support outbreak investigation and response at national and regional level	- Official SOP to support outbreak investigation and response developed - The SOP is approved by leader	Lead Country: Cambodia AEGCD AWGPPR	2012	
4. Regional workshop on Administrative and Logistic Standard Operating Procedure **"Start with this activities"**	- Regional workshop conducted - All member countries are aware of the regional SOP	Lead Country: Cambodia AEGCD AWGPPR AusAID Remaining Fund	2012	
5. Regional Contingency fund to support outbreak investigation and response	Contingency fund established and accessible	**Cambodia will present concept paper next year**	2012-2015	
6.Conduct field outbreak Investigation and response Proposed activity: 3.3 (A-H component): Conduct joint outbreak investigation and response by using JMOIR	Field outbreak investigation are conducted ten times	**In collaboration with FETN** Lead Country: Cambodia AEGCD FETN	2012-2015	
7. Advocacy workshop to strengthen the collaboration between Human and Animal Health on HPED	- Advocacy workshop conducted - Policy maker and Technical officers support the collaboration	**Integrated with activity 1.2 under A-H with budget**	2012	
8. Regional workshop on sharing experience on Human and Animal collaboration	Workshops are conducted three times	**Combine with 7**	2012-2015	
9. Monitoring and evaluation to follow the progress and effectiveness	Progress and effectiveness of implementation monitored	Lead Country: Cambodia AEGCD ATWGPPR	2012-2015	

COMPONENT VI: ASEAN PLUS THREE WORK PLAN ON FIELD EPIDEMIOLGY TRAINING NETWORK (FETN), 2012-2015

OBJECTIVES

1. To advocate and support the development and enhancement of national capacity in field epidemiology training among ASEAN Member States and Plus Three Countries
2. To promote and facilitate collaboration and cooperation among members of ASEAN+3 FETN for the advancement of the epidemiology training capacity in the region.

STRATEGIES

1. Promote capacity building of field epidemiology training in ASEAN+3 Countries
2. Enhancing joint effort to prevent and control public health events through collaboration in surveillance, investigation, study, research, etc.
3. Ensure active and effective network management for sustainable development

Lead country: Thailand

REVISED WORK PLAN (2012- 2015)

ACTIVITIES	EXPECTED OUTPUTS	RESPONSIBLE PARTIES/ POSSIBLE PARTNERS/ POSSIBLE SOURCES OF FUNDING	TIMELINE (2012-2015)	NOTES
FOCUS AREA 1 : CAPACITY BUILDING **OBJECTIVE 1 : Promote capacity building of field epidemiology training in ASEAN Plus Three Countries** **EXPECTED OUTPUT 1 : Enhanced capacity in field epidemiology training in ASEAN Plus Three Countries**				
1.1 Training assessment by TEPHINET accreditation Status: defered	July 2012 & 2014 • Immediate needs of standards and modified programs identified • Complete results or program assessment Lists	All ASEAN+3 Countries Lead Country: Singapore, Philippines, & Thailand	July 2012 & 2014	Assessment completed Report to be finalzied
(a) FETP immediate needs assessment (b) List of specialists (c) Identify immediate needs and status of FETPs (e.g. structure, resources, etc.) through survey	• Table listing FETPs, structure, resources, immediate needs, and modified FET programs to promote sharing of resources, identify needs, etc. • Presentation highlighting needs and solutions to build capacity of FET	Lead Country: Singapore Support : FETN Coordinating Office	January 2011: Survey completed by each ASEAN+3 Country. July 2012: Survey results shared during 2nd SCM. Singapore agreed to follow-up for further clarification (e.g. type of expertise needed), incorporate challenges during FET program highlights presentations during 2nd SCM, etc. January 2013: Singapore presented the findings and propose solutions, potential activities, etc. for the needs assessment survey during the 3rd Steering Committee Meeting.	Please refer to 2nd SCM Report, page 7 Excel of Survey Results can be found on FETN Reports Page Currently exploring mechanisms to address needs identified

ACTIVITIES	EXPECTED OUTPUTS	RESPONSIBLE PARTIES/ POSSIBLE PARTNERS/ POSSIBLE SOURCES OF FUNDING	TIMELINE (2012-2015)	NOTES
1.2 (a) Identify graduates, trainers and trainees (b) Identify didactics (c) Signify assistance needed	List available on secure Reports page on FETN website for FETN focal points to facilitate exchange or other activities	Lead Country: Japan Support : FETN Coordinating Office	January – June 2011: All ASEAN+3 Country (except Viet Nam) provided a list of trainers, trainees, and/or alumni. July 2012: List & database developed and completed. During 2nd SCM. Japan agreed to draft a ToR or MoU to detail categories in excel and how list can be used. January 2013: Japan presented shared ToR or MoU for list.	Please refer to 2nd SCM Report, page 9 agrreed to develop a list of trainers, trainees, alumni, etc. that can contribute to the network
1.3 Exchange activity: Host country conducts training workshop that involves trainers, trainees, and/ or FETP alumni from ASEAN+3 Countries New activity	• Number of trainees that receive training • Number of trainers that receive training • Number of alumni that receive training	Lead Countries: Cambodia, China, Japan, Malaysia, Philippines, Singapore, and Thailand Support: FETN Coordinating Office	2013 (4 countries exchange) 2014 (8 countries exchange) 2015 (10-12 countries exchange) NOTE: During 2nd SCM in July 2012, meeting agreed to explore existing mechanisms and countries to participate will then be confirmed.	Please refer to 2nd SCM Report, page 9
1.4. (a) Develop mechanism to enhance the publication of member countries by using existing mechanisms (e.g. bulletin, journals) (b) Develop platform (c) Provide supervision by editors Conduct Writing workshops to enhance the publication of member countries	Number of reports, publications, scientific reports & presentations	Lead Country: Thailand and Philippines	4-8 February 2013: Scientific Writing in Field Epidemiology Workshop, Cha-am, Thailand (completed)	COMPLETED
FOCUS AREA 2 : COLLABORATION **OBJECTIVE 2 : Enhancing joint effort to prevent and control public health events through collaboration in surveillance, investigation, study, research, etc.** **EXPECTED OUTPUT 2 : Prevention and control of public health events via improved surveillance, investigation, etc.**				
2.1. Conduct joint surveillance system evaluation located on the border of countries and under umbrella of training Border comparison of surveilance to be Clarified	• # of participants in joint evaluation (Total, including # for FETP trainees, # FETP alumni, # FETP trainers, etc) • # of joint evaluations conducted • Presentation(s) about this study at TEPHINET or other conferences/ meetings? • Dissemination of information to policy makers for policy advocacy (describe outcome) • Report(s) of joint evaluation(s)	Lead Countries: Cambodia & Thailand	July 2012: Evaluation activity (completed) 2012/2013: Final Report for perusal and comment by Steering Committee, AEGCD, & SOMHD.	Cambodia & Thailand are preparing the report, including info for items in output column. Malaysia, Brunei Darussalam, Indonesia, and Singapore are awaiting outcomes to this activity before making any decision on whether to proceed with this activity previously proposed during 1st SCM. Please refer to 2nd SCM Report, page 10.

ACTIVITIES	EXPECTED OUTPUTS	RESPONSIBLE PARTIES/ POSSIBLE PARTNERS/ POSSIBLE SOURCES OF FUNDING	TIMELINE (2012-2015)	NOTES
2.2 Conduct workshop on developing case studies on outbreak investigation	• Number of workshops conducted • Number of case studies developed • Number of participants involved	Lead Country: Singapore	December 2011: Workshop completed in Singapore. July 2012: During 2nd SCM, Singapore shared outcomes and noted final case studies will be shared when available. These have been shared with Indonesia and may aid the development of activity 2.3 (see below).	During 2nd SCM, the meeting agreed joint workshops such as this should be developed as cost-effective learning activities. Also, FETN may wish to gather case studies for FETN database. Please refer to 2nd SCM Report, page 10.
2.3 Upon finalizing Activity 2.2 (above), conduct tabletop and field-based joint outbreak investigation	• Number of exercises • Number of participants • Reports • Gaps identified • Platforms • Improved preparedness for joint investigation	Lead Countries: Indonesia & Philippines	2012: Receive case studies from Singapore (completed) 2012: Develop ToR (pending) January 2013: Indonesia shared the concept note for joint outbreak investigation 2013/2014: Conduct activity	During 2nd SCM, the meeting agreed the activity will focus on capacity building and link to guidelines (see below note). Also, an administrative guideline to conduct this activity will be developed first. Please refer to 2nd SCM Report, pages 11-12. Refer to "Guideline: Administrative & Logistic Arrangement in Supporting the Joint Multi-Sectoral Outbreak Investigation & Response in ASEAN" (previously known as JMOIR, please contact Focal Points from Cambodia with any questions on this since Cambodia AEGCD Focal Points developed this item.)
2.4 Severe Flood Surveillance, Response and Policy Recommendations Workshop, Bangkok, Thailand Status – manuscript in development	• Final Executive Summary on FETN Reports Page • Exchanged experience and practice in Surveillance and Response after a disaster • List of policy recommendations	Lead Country: Thailand	April 2012: Workshop completed in Bangkok, Thailand May 2012: Final Executive Summary completed.	Activity received recognition in the U.S. Department of State Regional Environment, Science, and Health Office Newsletter

ACTIVITIES	EXPECTED OUTPUTS	RESPONSIBLE PARTIES/ POSSIBLE PARTNERS/ POSSIBLE SOURCES OF FUNDING	TIMELINE (2012-2015)	NOTES
2.5 Hand, Foot, & Mouth Disease (HFMD) Workshop for Surveillance, Clinical Management & Laboratory, 29-30 October 2012, Ho Chi Minh City, Viet Nam NEW ACTIVITY BASED ON TASK BY THE 2ND ASEAN-CHINA SOMHD, MARCH 2012	Final Report on FETN Reports Page Shared experience and gained knowledge in good practices & gaps in epidemiology, surveillance, response, clinical management, and laboratory practices in HFMD Identified ways to improve HFMD surveillance, clinical management, and laboratory assessment among ASEAN+3 Countries to enable comparison of epi data and hence strengthen control of HFMD in the region Identified priority areas for follow-up, and confirmed collaborative projects under umbrella of FET Strengthened collaboration on HFMD among ASEAN+3 Countries and organisations	Lead Country: Viet Nam FETN Coordinating Office	January 2012: Draft ToR focused on surveillance & response study was shared with lead countries (then Japan, China, Viet Nam, Thailand, Singapore) March 2012: Added laboratory and risk communication themes to ToR after request from SOMHD in Cebu, March 2012 July 2012: 2nd SCM, Viet Nam agrees to host and revises Tor with FETN Secretariat. Focus areas surveillance, clinical management & laboratory finalized and endorsed. October 2012: Workshop Completed. January 2013: Presented the draft proposal of ASEAN+3 FETN HFMD Surveillance System Evaluation	Please refer to Meeting Report for Workshop.
2.6 HFMD surveillance system evaluation: NEW ACTIVITY BASED ON AGREEMENT MADE DURING THE 3RD STEERING COMMITTEE MEETING, JANUARY 2013		Lead Country: Philippines, Thailand, and Viet Nam	December 2012: Draft ToR disseminated. January 2013: Steering Committee review ToR & other countries invited. June/July 2013: Conduct activity.	Thailand has mentioned data for this may lead to development of common guideline in HFMD surveillance.
2.7 Develop HFMD Common Investigation Tool NEW ACTIVITY BASED ON AGREEMENT MADE DURING THE 3RD STEERING COMMITTEE MEETING, JANUARY 2013		Lead Country: Philippines	November 2012: Countries share forms used to Philippines. December 2012: Draft ToR disseminated. January 2013: Tool shared for review by Steering Committee.	
FOCUS AREA 3 : POLICY, COMMUNICATION & INFORMATION SHARING **OBJECTIVE 3 : Ensure active and effective network management for sustainable development** **EXPECTED OUTPUT 3 : ASEAN Member States sustain an active and effective network of field epidemiology training programs.**				
3.1 Annual Steering Committee Meetings	Number of member countries that participated	Lead Country: ASEAN+3 FETN Steering Chair	October 2011: Completed July 2012: Completed January 2013: Completed. September 2013: Myanmar (Month TBA) 2014:Philippines (Month TBA) 2015: Viet Nam (Month TBA) 2016: Indonesia	

ACTIVITIES	EXPECTED OUTPUTS	RESPONSIBLE PARTIES/ POSSIBLE PARTNERS/ POSSIBLE SOURCES OF FUNDING	TIMELINE (2012-2015)	NOTES
3.2 Logo competition	FETN Logo	Lead Country: Philippines	2012: Logo competition completed in December (Singapore won the competition)	Logo has been used in website and FETN documents
3.3 Informal/formal real-time information sharing between ASEAN+3 FETN Coordinators and Assistant Coordinators (aka, Focal Points)	Mechanisms for better communication List of outbreaks Number of member countries that participated	Lead Country:: ASEAN+3 FETN Steering Chair	September 2012: Regional HFMD video (VDO) conference October 2012: Regional Severe Flood Teleconference March 2012: FETN Workplan progress VDO conference June 2012: Regional Steering Committee Meeting Preparation and Outbreak Investigations Sharing VDO conference August 2012: Regional Severe HFMD Situation Update & Test of Real-Time Info Sharing VDO Conference May 2013: FETN Workplan progress, and preparation for the 4th Steering Committee Meeting VDO conference	Informal email communications among network discussed outbreaks for microsporidial kerato-conjuctivitis, bird flu, and novel coronavirus as well as exchange of documents for surveillance, etc.
3.4 Enhance partnership with international organisations		Lead: ASEAN+3 FETN Steering Chair (or designee)	July 2012: During 2nd SCM, Dialogue Partners shared how FETN can work with them.	
3.5 Represent FETN at international conferences e.g. TEPHINET		Lead: ASEAN+3 FETN Steering Chair (or designee)	September 2012: Asia-Pacific Development Summit, Jakarta, Indonesia: FETN Chairman Presented in "Surveillance and Strategic Information: Coordinated and Integrated Approaches to Strengthen Regional Responses" Workshop	Please refer to 2nd SCM Report
3.6 Publications and advocacy for policy makers	Published work and reports	Lead: ASEAN & ASEAN+3 FETN Steering Committee	2013 (published reports)	

ASEAN Work Plan on Multi-sectoral Pandemic Preparedness and Response, 2012-2015 by the ASEAN Working Group on Pandemic Preparedness and Response (AWGPPR)

Strategic Objective: To strengthen effective mechanisms and capabilities in preventing and reducing disaster losses in lives, and in economic, social, and environmental assets of ASEAN Member States; and jointly responding to disaster emergencies through concerted national efforts, and intensified regional and international cooperation (ASEAN Strategic Framework on Health Development, endorsed by the 10th AHMM, 22nd July 2010)

Relevant health elements and action lines under the ASCC Blueprint: B 7. Building Disaster-Resilient Nations and Safer Communities

xii. Promote multi-sectoral coordination and planning on Pandemic Preparedness and Response at the regional level including development of a regional Multi-sectoral Pandemic Preparedness and Response Plan

ACTIVITIES	EXPECTED OUTPUT (S)	TIME FRAME	LEAD COUNTRY/ PARTNER
STRATEGY I: Enhance Regional initiatives and Mechanisms **Objective : To strengthen regional capacity in responding to pandemics by enhancing the mechanisms and plans that enable coordinated multi-sectoral PPR**			
1.1 Facilitate the Implementation of the Regional framework in responding to the impacts of pandemics (subject to its endorsement by SOMHD) a. Develop concept note on the establishment of an interim arrangement to facilitate the implementation	Concept Note developed	2012-2013	Philippines
1.2 Develop initiatives that focus on points of entry and border control a. Develop border control policy/ protocols/SOPs i. Convene relevant stakeholders on points of entry and border control ii. Gather required data to support border control measures iii. Implementation and monitoring	• Management of Point of Entry & Border control activities for PER improved; • Stakeholders cooperation in Point of Entry & Border control activities enhanced; • Border control activities/ policy/ protocol & SOP among AMS standardized	2012-2013	Myanmar
b. Conduct activities related to Minimum Standard of Joint Multi- Sectoral Outbreak Investigation and Response (MS- JMOIR)	To be identified by lead country	June 2012	Cambodia (in coopera-tion with AEGCD)

ACTIVITIES	EXPECTED OUTPUT (S)	TIME FRAME	LEAD COUNTRY/ PARTNER
1.3 Develop initiatives on risk communications for PPR	Risk communication template developed	2012-2015	Malaysia
a. Development of risk communication templates (for ASEAN Member States b. Develop mechanism to assist AMS for development and communication of messages to key affected population along shared borders during outbreak c. Training of trainers by utilizing the Risk Communication Centre in Malaysia (in cooperation with AEGCD)	Mechanism developed Batch of trainee to be trained		
d. Strengthen ASEAN EID Website to share information e. Develop a directory of ASEAN Focal Points to enable informal information exchange	Information shared through website Directory developed and utilised	2012-2015	Indonesia
Strategy 2: Whole-of-Society Pandemic Preparedness and Response (PPR) including maintenance of essential services of AMSs **Objectives:** • **To establish Whole-of-Society preparedness involving communities** • **To enhance national PPR capacities** • **To enhance the capacity and capability of AMS to mount an effective multi-sectoral preparedness and response to pandemics** • **To enhance the capacity and capability of AMS to maintain their essential services and have business continuity during a pandemic**			
2.1 Adopt the concept of Whole-of-Society Approach by WHO through: a. Development of templates and checklists appropriate to ASEAN b. Development of advocacy materials, e.g. videos, etc at regional and national levels	Template & Check list developed Advocacy materials developed	2012-2013	PREPARE a)Philippines b) Indonesia
2.2 Development tool and promote BCP in essential services sectors including private sector by: a. Develop guidelines for maintaining essential services and business continuity b. Pilot operational mechanisms according to the guidelines developed c. Capacity building on BCP including training of trainers	Guideline developed and implemented	2012-2013	Thailand/Singapore
2.3 Sharing of best practices; a. on inter- and intra- regional and national coordination b. community mobilization mechanisms c. national alert systems to trigger	Best practices shared Recommendations made	Ongoing	All AMS (use annual meetings for sharing)
2.4 Explore the options of PPP by identifying and involving potential partners in future activities of AWGPPR	Recommendations on involving of PPP in PPR available	7th SOMHD, 2012	Chair & SOMHD
2.5 Assessment of essential services and infrastructure	To be identified by lead country		Cambodia (partner to be identified)

ACTIVITIES	EXPECTED OUTPUT (S)	TIME FRAME	LEAD COUNTRY/ PARTNER
STRATEGY 3: Increase access to antivirals and vaccines **Objective: To ensure the availability of antivirals and vaccines among AMS**			
3.1 Conduct consultative meeting(s) to increase access to antivirals, vaccines and stockpiling by i) developing regional arrangement amongst AMS and ii) establishing partnerships with private sector (ie. PPP) and dialogue partners	Issue discussed at SOMHD Regional arrangement developed Partnership with private sectors developed	7th SOMHD, March 2012	Brunei Darussalam/ Myanmar/ Viet Nam (collaboration with AEGCD and AWGPD)
STRATEGY 4: Monitoring and Evaluation Objectives: • **To know the progress of initiatives** • **To improve the PPR plan/ work plan, identifying gaps** • **To come up with recommendations from the lesson learned**			
4.1 Develop concept paper for conducting exercises as needed (eg. Table-top/Simulation on BCP, Multi-sectoral collaboration, Breakdown of the system)	Concept Note developed	TBC	TBC
4.2 Conduct monitoring and evaluation of preparedness status of ASEAN Member States	Monitoring and evaluation conducted in all AMS	Ongoing	All AMS

REVISED ASEAN WORK PLAN ON TOBACCO CONTROL (2011-2015) by the ASEAN Focal Point on Tobacco Control (AFPTC)

Strategic Objective: To ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.

Relevant health elements under ASCC Blueprint:

B.4.iv *Develop and adopt a framework for unhealthy food and beverages including alcohol similar to the Framework Convention on Tobacco Control (FCTC);*

B.4.v *Enhance awareness on the impact of regional/global trade policies and economic integration on health and develop possible strategies to mitigate their negative impacts through regional workshops and seminars, advocacy, sharing of studies and technical documents*

Expected Outcomes: Ensured accessibility to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.

ACTIVITIES	Time Frame (Year)	Organisations Responsible	Possible Source of Funds	Output Indicator/s
STRATEGY I. Protection from Exposure to Tobacco Smoke **Desired Outcome: A 100% smoke-free policy adopted and enforced in all ASEAN Member States.**				
1. Prepare a Smoke-Free Policy for the ASEAN Secretariat's workplace 1.1 Conduct smoke free policy and orientation in ASEC a. Review/Revise existing Smoke-Free Policy for ASEAN Secretariat b. Endorsement of policy to Management Board for approval. c. Dissemination of the approved SF Policy to all Asean Secretariat's Staff d. Integrate SF Policy into Human Resource Policy for new staff **(Status: Completed)**	October 2011	ASEAN Secretariat in collaboration with AFPTC and SEATCA WHO Indonesia Lead Country: Indonesia	• ASEAN Secretariat • SEATCA	• Smoke-Free Policy for ASEAN Secretariat's Workplace prepared, approved and disseminated • 75% of ASEAN Secretariat's Staff aware of the new Smoke Free Policy
1.2 Formal Launching of ASEAN Secretariat Smoke Free Workplace (new activity) **(Status: Completed)**	2012	ASEAN Secretariat	• SEATCA • WHO Indonesia	Event organized Smoke-Free ASEAN Secretariat's Workplace launched

ACTIVITIES	Time Frame (Year)	Organisations Responsible	Possible Source of Funds	Output Indicator/s
2. Organize a seminar-workshop for AFPTC on "Protection from Exposure to Tobacco Smoke" which includes the following: a. Benchmarking/Evaluation of existing "No Smoking" Policies; b. Policy development for a 100% smoke-free environments **(Status: completed, the workshop was conducted in 2012, back-to-back with the 3rd AFPTC Meeting in Brunei Darussalam)** c. Strategic planning for enforcement **(Status: ongoing)**	January 2012 (Back to back with the 3rd AFPTC Meeting)	AFPTC in collaboration with ASEAN Secretariat, SEATCA and WHO Lead Country: Malaysia	• WHO (WPRO) • SEATCA	• AFPTC Seminar-workshop organized and implemented • 1 focal person/country attended the workshop • One National Smoke-Free Action Plan prepared per focal person
3.i Finalise and Endorse Draft AFPTC Guideline of Critical Elements of a Policy on Protection from Exposure to Tobacco Smoke (new activity) a. Circulate AFPTC endorsed guideline to focal points from each AMS for utilisation b. Implement guideline for "100 % Smoke Free Environment" among AMS c. AFPTC to Monitor utilisation and implementatin of guideline **(Status: Completed, the AFPTC Recommendation on Protection from Exposure to Tobacco Smoke presented & endorsed at the 8th SOMHD)** 3.ii Identify settings/pilot areas for 100 Smoke Free Environment" among AMS a. Localized Policy (based on the template/guideline) developed and implemented in the pilot area/setting b. AFPTC to monitor progress **(Status: tbc by the lead country)**		Malaysia	To be identified	AFPTC Guideline of Critical Elements of a Policy on Protection from Exposure to Tobacco Smoke endorsed and implemented Settings/pilot areas for 100 Smoke Free Environment identified and implemented and monitored
4. Policy develpment on ASEAN's Event Smoke-Free for all events sanctioned by the ASEAN Secretariat a. AFPTC prepares and approves ASEAN's Event Smoke-free Submission to SOMHD for consideration **(Status: Completed, the 6th SOMHD endorsed the said policy to be intialy implemented in all ASEAN Health related events)** b. Faciliation of policy advoacy at ASEAN Forum/Platforms as appropriate such as the 11th AHMM or the ASEAN Summit **Status: Completed. The ASEAN SF Policy presented and endorsed at the 11th AHMM.** c. Dissemination of the approved Policy based on directions of SOMHD; c.1 Circulate to all working groups under health for feedback utilizing a feedback template (new activity) **Status: Completed. The ASEAN SF Policy was read in every Health WG Meeting.**	2011 2012-2015 Q1 2012 Q1 2012 Q2 2012	AFPTC in collaboration with SEATCA WHO Indonesia Lead Country: Thailand ASEAN Secretariat AFPTC	• SEATCA Not required	• Smoke-free Policy for a ASEAN Events prepared and approved by the SOMHD • SF Policy advocated at ASEAN Platforms (Status: Ongoing) • Approved SF policy for all ASEAN Events disseminated/reinforced to all concerned parties (Status ongoing) • All ASEAN events related to health adopted policy (Status Completed, the 12th AHMM adopted the policy to be initially implemented in all ASEAN Health related events) • Recommendations from SOCCOM (Ongoing, ASEAN Secretariat had presented the policy at the 13th SOCA Meeting in Brunei Darussalam in 2013) • Issue integrtaed in AHMM Statement (Status: completed, the 12th AHMM adopted the policy)

ACTIVITIES	Time Frame (Year)	Organisations Responsible	Possible Source of Funds	Output Indicator/s
c.2 Determine process of sharing of policy for possible adoption from other non-health sector/divisions (e.g. possible consultation with focal points in SOCCOM) (new activity) **Status: Ongoing.** c.3 share to the 11th AHMM (new activity) **Status: Completed.**				
5. Launching of Towards a Smoke-Free ASEAN Campaign: a. Prepare and conduct the program for the Launching of Smoke-free ASEAN Campaign b. Circluate SOMHD the campaign materials endorsed by AFPTC c. Dissemination of the Smoke-Free ASEAN promotional material including a Smoke- free ASEAN year-end report **(Status: completed the Launching of Towards a Smoke-Free ASEAN Campaign was held during the 15th WCTOH in March 2012 in Singapore)**	March 2012 at the World Conference on Tobacco or Health 2012, Singapore	AFPTC in collaboration with ASEAN Secretariat, SEATCA and WHO Lead Country: Singapore	• SEATCA (Launching program of Smoke-Free ASEAN) • WHO	• Campaign ads and press releases done prior and after the launching • Program for the Launching of the Smoke-Free ASEAN Campaign organized and conducted (Status: completed the Launching of Towards a Smoke-Free ASEAN Campaign was held during the 15th WCTOH in March 2012 in Singapore)
6. Update online Smoke – free ASEAN year-end Report (new activity) **Status: Ongoing in collaboration with SEATCA**	Ongoing	AFPTC in collaboration with SEATCA Lead Country: Thailand		• Online Smoke-Free ASEAN year-end report prepared and distributed through SEATCA website.
STRATEGY II. Protect tobacco control policy of the ASEAN countries from tobacco industry interference **Lead Countries : Thailand/Singapore** **Desised Outcome: ASEAN Member States aware and apply the best practices to protect tobacco control policy from tobacco industries interference**				
1. Sharing ASEAN Policy to protect tobacco control policy from tobacco industry interference. **Status: Completed. The AFPTC Recommendation on Protecting Public Health Policy with Respect to Tobacco Control from Tobacco Industry Interference was presented and endorsed at the 8th SOMHD Meeting.**	January 2012 (Follow up workshop will be conducted back-to-back with the 3rd AFPTC Meeting)	AFPTC in collaboration with ASEAN Secretariat, SEATCA and WHO Lead Country: Thailand	• SEATCA • WHO	Identified next step
2. Organize an ASEAN Workshop on Article 5.3 (new activity) o TOR development by lead country **Status: Completed. The AFPTC Recommendation on Protecting Public Health Policy with Respect to Tobacco Control from Tobacco Industry Interference was presented and endorsed at the 8th SOMHD Meeting.**	May 2012	AFPTC SEATCA Lead Country: Thailand	• SEATCA • WHO	A set of AFPTC recommendations on protect tobacco control policy from tobacco industry interference.

ACTIVITIES	Time Frame (Year)	Organisations Responsible	Possible Source of Funds	Output Indicator/s
STRATEGY III. Price and Tax Measures to Reduce Demand for Tobacco **Lead Countries : Thailand/Singapore** **Desired Outcome: ASEAN Member States apply tobacco tax and price measure as recommended by WHO and World Bank**				
1. Strengthen capacity of AFPTC to address challenges on tobacco taxation policy (meeting, sharing information, technical assistance) and develop AFPTC Recommendations on Tobacco tax and price **Status: Completed. The AFPTC Recommendation on Price and Tax Measures was presented and endorsed at the 8th SOMHD Meeting.**	September 2011 (back to back with WHO WPRO tobacco focal points meeting)	AFPTC in collaboration with WHO and SEATCA Lead Country: Thailand and Singapore	ASEAN Member States, WHO, SEATCA	AFPTC Recommendations on Tobacco Tax Tobacco tax strategic priorities discussed by ASEAN member states
2. Finalisation of AFPTC Recommendations on Tobacco Tax (new activity) **Status: Completed. The AFPTC Recommendation on Price and Tax Measures was presented and endorsed at the 8th SOMHD Meeting.**	Q2 – Q4	Lead country Singapore		Recommendations on Tobacco Tax finalised
STRATEGY IV. Sustainable Funding for tobacco control and health promotion for ASEAN Member States **Lead Countries : Thailand/Singapore** **Desired Outcome: ASEAN Member States apply tobacco tax and price measure as recommended by WHO and World Bank**				
1. Facilitate sharing of best practices/lesson learned/technical assistance to have sustainable funding for tobacco control and health promotion and organize a regional workshop on Sustainable Funding for tobacco control and health promotion **Status: Completed. The recommendations for Sustainable Funding for Tobacco Control and Health Promotion was agreed and endorsed by the 4th AFPTC Meeting.**	September 2011 (back to back with WHO WPRO tobacco focal points meeting)	AFPTC in collaboration with Thai Health, SEATCA, and WHO Lead Country: Thailand and Singapore	ASEAN Member States, WHO, SEATCA, Thailand/ Singapore (if hosting)	Number of ASEAN member states agree to develop options for sustainable funding for tobacco control and health promotion.
2. Develop *ASEAN Guideline* on Sustainable funding for tobacco control for ASEAN countries. **Status: Completed. The recommendations for Sustainable Funding for Tobacco Control and Health Promotion was agreed and endorsed by the 4th AFPTC Meeting.**	September 2011 (back to back with WHO WPRO tobacco focal points meeting)	AFPTC in collaboration with WHO and SEATCA Lead Country: Thailand and Singapore	ASEAN Member States, WHO, SEATCA	Sustainable funding for tobacco control discussed by ASEAN member states
3. Finalise ASEAN guideline on sustainable funding for tobacco control (new activity) a) SOMHD Endorsement **Status: Ongoing. It was presented on the 8th SOMHD Meeting. However, the SOMHD tasked AFPTC to further revise the Recommendation.** b) Circulate to AMS for implementation c) Sharing best practices at the AFPTC **Status: Ongoing.**	2012	AFPTC SEATCA Lead Country: Thailand		Guideline developed and implemented (Status: completed, the AFPTC Recommendation s on Securing Sustainable Funding for Tobacco Control and Health Promotion developed)

ACTIVITIES	Time Frame (Year)	Organisations Responsible	Possible Source of Funds	Output Indicator/s
STRATEGY V. Packaging and Labeling of Tobacco Products **Lead Country : Brunei Darussalam/Malaysia** **Desired Outcome: Packages of all tobacco products in ASEAN Member States with pictorial health warnings**				
1. Facilitate sharing of best practices on pictorial health warnings and its impact across the region including pre and post implementation review of PHW and legislation **Status: Completed. The AFPTC PHW Mechanism was presented and endorsed at the 8th SOMHD.**	2011	ASEAN Secretariat, AFPTC in collaboration with SEATCA Lead Country: Brunei Darussalam	SEATCA	• Requests received to facilitate the copyright-free use of pictorial health warnings from Brunei, Malaysia, Singapore and Thailand • Regional resource centre on copyright-free pictorial health warnings from the region established, publicized and disseminiated in complement with WHO resource support
2. Promote utilisation of SEATCA's resource centre on pictorial health warnings to support country's needs to complement existing WHO resource support **Status: Completed. The AFPTC PHW Mechanism was presented and endorsed at the 8th SOMHD.**		Lead Country: Brunei Darussalam		
STRATEGY VI.Tobacco Advertising, Promotion and Sponsorship **Lead Countries : Philippines/Lao PDR** **Desired Outcome: Comprehensive ban on advertising, promotion and sponsorship including the protection of public health policies from commercial and other vested interests of the Tobacco Industry in ASEAN Member States**				
1. Facilitate sharing of best practices, lessons learned and provide technical assistance: a. Organize a regional planning workshop on tobacco advertising, promotion and sponsorship including protection of public health policies from tobacco industry interference **(Status: Completed, the workhsop was conducted back-to-back with the 3rd AFPTC Meeting in 2012 in Brunei Darussalam)** b. Explore and draft AFPTC Recommendatios to address the implications of cross-border on Tobacco Advertising, Promotions and Sponsorship in the unified ASEAN Policy **Status: AFPTC Recommendations on TAPS to address the implications of cross-border was presented and endorsed at the 8th SOMHD.**	June 2011 (SEATCA's regional workshop on Tobacco, Advertising, Promotion and Sponsorshi) January 2012 (Follow up workshop will be held back-to-back with the 3rd AFPTC	ASEAN Secretariat, AFPTC in collaboration with WHO and SEATCA Lead Country: Philippines	WHO and SEATCA	• AFPTC Seminar-workshop on Tobacco Advertising, Promotion and Sponsorship organized and implemented • 1 AFPTC/country in the 10 ASEAN Countries attended the workshop. • Prepared AFPTC Recommendations on Tobacco Advertising Promotions and Sponsorship with cross-border implications and Protection of public health policies from tobacco industry intereference

ACTIVITIES	Time Frame (Year)	Organisations Responsible	Possible Source of Funds	Output Indicator/s
2. Finalise the AFPTC's Recommendations on TAP (new activity) a. Endorsement from SOMHD **Status: AFPTC Recommendations on TAPS was presented and endorsed at the 8th SOMHD.** b. Launch/Disseminate Recommendations subject to SOMHD endorsement **Status: Ongoing.** c. Implementation (To be confirmed) d. Consultative Workshop (To be confirmed) **Status: Ongoing**	2012	AFPTC Lead Country : Philippines	To be indetified	Recommendations on TAP fimalised and implemented
STRATEGY VII: Strenthening initiatives to address illicit trade in tobacco products (New Strategy)				
To conduct a Regional consultation on illicit trade involving relevant non-health sectors (new activity) **Status: Completed. The conducted on 22 – 23 May 2014.**	2014	AFPTC Lead Country: Malaysia	SEATCA	To be identified by lead country
STRATEGY VIII : Strengthen supportive networking and cordinating mechanism on Tobacco Control in ASEAN **Lead Country : Thailand** **Desired Outcome: Establishment of an active networking of tobacco control within region and globally**				
1. Mapping existing events/conferences/ seminars related to tobacco control globally **Status: Completed. The existing events related to Tobacco Control was discussed and mapped during the 4th AFPTC Meeting.**	Ongoing	AFPTC, SEATCA, WHO, ASEAN Secretariat Lead Country: Thailand	SEATCA, WHO	• Full participation of Member States at AFPTC Meeting (Status: ongoing) • Issues/policies "sensitized" at regional/global platform
2. Secure funding to ensure partcipation of all focal points 3. Convene regular AFPTC Meeting **Status: Ongoing.**	Ongoing	All ASEAN Member States	• SEATCA • WHO	• Fully partcipation of AFPTC in the Meetings
4. Appoint a Tobacco Control coordinator at ASEAN Secreatriat **Status: Completed. The funding availble for this activity re-shifted to support implementation of AFPTC Work Plan by SEATCA.**	2011-2012	ASEAN Secretariat and SEATCA		ASEAN Cordinator hired subject to funding available
5. Contribute article related to tobacco control to ASEAN's e-bulletin (new activity) **Status: Completed. AFPTC submited articles for the 1st issue of the ASEAN e-Health Bulletin in 2012 and 3rd issue in 2013)**	Ongoing	Lead Country: Philippines	Not required	Article/issues on ASEAN tobacco control be published in ASEAN E-Bulletine at least 1 issue/year

ACTIVITIES	Time Frame (Year)	Organisations Responsible	Possible Source of Funds	Output Indicator/s
6. Develop ASEAN Tobacco Control Report **Status: completed, the ASEAN Tobacco Control Report 2011 was launched at the 11th AHMM.**	2011-2012	Lead Country: Viet Nam (with assistance from SEATCA)	SEATCA	ASEAN Tobacco Control Report developed and distributed
7. Disseminate at the 11th AHMM or any appropriate venue (new activity) **Status: completed, the ASEAN Tobacco Control Report 2011 was launched at the 11th AHMM.**	July 2012	Lead Country: Thailand		ASEAN Tobacco Control Report disseminated

Remarks:

* SEATCA -- the Southeast Asia Tobacco Control Alliance is a non-profit international organisation. They work closely with key partners in ASEAN Member States to generate local evidence through research programme; to enhance local capacity through advocacy fellowship and, to be the catalyst in policy development through regional for a and in-country networking. For more information, please visit www.seatca.org.
* Responsibilities of 'Lead Countries' are stipulated in the TOR.
* Lead Countries specified in the "Strategy" refer to the Member States that will be responsible for the oversight of the implementation of the strategic direction (ie. Strategy II-VII).
* Lead Countries specified in the "Activity" refer to the Member States that will be responsible for the implementation of the specific activities.

ASEAN WORK PLAN ON TRADITIONAL MEDICINE (2011-2015) by the ASEAN Task Force on Traditional Medicine (ATFTM)

Note: Lead Countries for Traditional Medicine according to Strategic Framework on Health Development are: Indonesia, Malaysia, Philippines, Thailand, and Viet Nam

Strategic Objective: To ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.

Relevant health elements under ASCC Blueprint:

B.4: Access to Healthcare and Promotion of Health Lifestyle

Focus Area V: Traditional Medicine

B.4.vii *Facilitate research and cross-country exchange of experience in promoting the integration of safe, effective and quality*

Traditional Medicine, Complementary and Alternative Medicine (TM/CAM) into the national healthcare system, and across other sectors;

B.4 xviii *Empower consumers to become active participants in healthcare and to make informed choices to maximize the benefits and minimized the risk of use of Traditional Medicine/Complementary and Alternative Medicine (TM/CAM)*

Expected Outcomes: Ensured accessibility to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.

ACTIVITIES	OBJECTIVES	TIME FRAME (Year) /Possible Source of Funds	LEAD COUNTRIES/ PARTNERS ORGANISATIONS	EXPECTED OUTPUTS/ INDICATORS
Strategy I : Regional facilitation in the Promotion and Integration of Safe, Effective and Quality Traditional Medicine, Complementary and Alternative Medicine (TM/CAM) into the national healthcare system, and across other sectors				
1.1 Conducting regional study of the status TM/CAM **Status: Ongoing.**	To conduct study on the current status on the integration of TM/CAM among AMS	2011	Thailand Indonesia WHO SEARO/ WPRO	Report of status of TM/CAM
1.2 Convening a Workshop to develop regional roadmap to integrate TM/ CAM (herbal medicine) into the national healthcare system among AMS **Status: Completed, the roadmap was presented at the 3rd Conference on Traditional Medicine in ASEAN Countries in 2011**	To develop regional roadmap to integrate TM/ CAM (herbal medicine) into the national healthcare system among AMS	Time frame : To be identified by Thailand and Indonesia	Thailand Indonesia	Regional roadmap as a reference towards integration of TM/CAM focus on herbal medicine into health services system among AMS developed
1.3 Implementation of the roadmap **Status: Ongoing**	To implement regional roadmap to integrate TM/ CAM (herbal medicine) into the national healthcare system among AMS	2013 – 2015	All AMS	Regional roadmap as a reference towards integration of TM/CAM (herbal medicine) into health services system among AMS implemented.
1.4 Participation in ASEAN Regional capacity building and training in the inclusion of Traditional Medicine (herbal medicines) in healthcare system based on lessons learnt from potential partners including China, Japan, etc **Status: Ongoing**	To attend the workshop	2011-2015	ASEAN Secretariat to facilitate and channeled information to ASEAN Task Force on Traditional Medicine (ATFTM)	AMS attended the training workshop on methodologies on how to include TM/CAM in the healthcare system established with ASEAN +3 Collaboration and cooperation
Strategy II : Facilitation of exchange of information on research results in safety, efficacy and quality of herbal and traditional medicine among AMS				
2.1 Establishment of knowledge network of ASEAN on medicinal plants and TM practices; a) Collection and compilation of existing documents which include reports (ASEAN Conference reports) scientific papers publications as well as monographs and pharmacopoeias **Status: Completed. It is available in Globin*Med* website.** b) Writing of compiled information (including in the mother tongue of the ASEAN Member States) c) Publication of compiled information to all member countries through Globinmed websites **Status: Completed and Ongoing. The information will be updated regularly, however the TOR of editorial board currently develop.**	• To establish ASEAN knowledge network on medicinal plants and TM practices (as working group with proper TOR,To proposed mechanism of information collection, reporting and dissemination mechanism • To develop information that can be understood by the consumers • To establish the editorial board with TOR • To disseminate the information to all AMSs	Meeting of the ASEAN Knowledge Network (at 3rd ASEAN TC/ CAM) – 2011 2012 – publication of the 1st information in the Globinmed website Budget: Malaysia, will develop a proposal for additional budget	Malaysia Myanmar WHO SEARO & WPRO	• ASEAN TM/CAM reports/publications available in GLOBINMED website (from national level of Malaysia expended to regional level, at ASEAN level). • Information on TM/CAM shared/ disseminated • TOR of editorial board developed
2.2 Convene the ASEAN Conference on Traditional Medicine **Status: Completed. The 3rd ASEAN Conference on Traditional Medicine was held in 2011 in Indonesia, 4th ASEAN Conference on Traditional Medicine was held in 2012 in Malaysia, 5th ASEAN Conference on Traditional Medicine will be conducted in 2014 in Myanmar.**	• To share experiences/ good practices on TM/ CAM among ASEAN; • To promote collaboration on TM/CAM • To advocate an integration of TM/CAM into healthcare system	2011-2015	2011: Indonesia 2012: Malaysia 2013 – 2015: To be Identified	• Proceeding report developed and published; • AMS participated in the event

ACTIVITIES	OBJECTIVES	TIME FRAME (Year) /Possible Source of Funds	LEAD COUNTRIES/ PARTNERS ORGANISATIONS	EXPECTED OUTPUTS/ INDICATORS
Strategy III : Promotion of the use of traditional medicine (herbal medicines & modality) in the primary healthcare				
3.1 Workshop to set up the format of the book on" the use of herbal medicines in the PHC in ASEAN **Status: Ongoing.**	To share experience & promote the use of safe and effective herbal medicines for common diseases & symptoms in the PHC	2012	Thailand, Indonesia, Malaysia and Brunei Darussalam Participating organisation WHO SEARO & WPRO	Book on "the Use of Herbal Medicine PHC in ASEAN" developed, disseminated and modified based on national context
3.2 Workshop to finalize the book before publish and disseminate **Status: Ongoing.**		2013- finalized and published		Book on "Use of Herbal Medicine in PHC in ASEAN" published
3.3 Model Development to promote the use of traditional medicines in PHC: a) Jamu b) Medicine box (Thai, Myanmar) **Status: Completed. Study Visit of the TM Box Project was conducted in March 2012 in Nonthaburi, Thailand.**	To promote/increase the use of traditional essential medicines for PHC in the rural communities	Budget :Nippon Foundation Time Frame :2012-2015	Thailand, Myanmar, Indonesia, Viet Nam	Models developed and shared among AMS
3.4 Establishment of Traditional Medicine garden **Status: Ongoing. The first workshop will be held in Solo, Indonesia on April 2014.**	To promote sustainable production of good quality and standardized raw materials	2011-2015 Budget : To be identified	Indonesia, Cambodia Myanmar Lao PDR Viet Nam	'Model' herbal garden established and shared
Strategy IV : Strengthening of traditional medicine knowledge of healthcare personnel through training and education				
4.1 Determination of training needs for the various groups **Status: Ongoing, the list to be updated**	To provide TM knowledge to healthcare personnel and the public through training and education To determine minimum competencies for training and education on TM	2011-2013	Myanmar, Malaysia, Singapore, Viet Nam and Brunei Darussalam Concept note to be developed by lead countries	• List of Training Needs for the various groups of healthcare personnel is compiled • List of training institutions/ college/ universities and the programs offered is compiled • Offered • Strength of current TM best practices are identify • Compilation of guidelines or practices, curriculum, etc. • Curriculums for the respective traning categorized by levels of training are compiled
4.2 Listing of common guidelines, standards and curriculum and other needs for training and education **Status: Ongoing.**				• Guidelines related to TM practices developed
4.3 Listing of the training centers that meet the criteria as training institution centers of TM in ASEAN Countries **Status: Ongoing.**				• List of the training centers that meet the criteria as training institutions centers of TM in ASEAN Countries is compiled • List of training and education centers/ institute/ colleges from AMS with the list of courses offered is made
4.4 Development of training model for volunteers health worker& assistant doctors on application of TM in PHC **Status: Ongoing. Myanmar develop the concept paper and on circulation for ATFTM Inputs and Concurrence.**	• To develop the training model for responsible personnel on the application of TM in PHC among AMS • To disseminate the developed models	2012 Budget : To be Identified	Viet Nam, Indonesia, Lao PDR, Myanmar, Cambodia	• Model developed • Model disseminated

ACTIVITIES	OBJECTIVES	TIME FRAME (Year) /Possible Source of Funds	LEAD COUNTRIES/ PARTNERS ORGANISATIONS	EXPECTED OUTPUTS/ INDICATORS
Strategy V : Strengthening capacity of AMS to conduct research on safety, efficacy and quality of traditional medicine				
5.1 Identify the need for human capability development in research training by each member country **Status: Ongoing. The list is to be updated.**	To strengthen capability of AMS in developing research training on safety, efficacy and quality of traditional medicine	2011-2015	Indonesia, Myanmar, Malaysia, Philippines, Singapore and Brunei Darussalam to develop concept note and circulate to Task Force	• List of prioritised area for human resource development for research • List of training needs for each country • List of training that can be conducted by each country of ASEAN • Workshop conducted by Member States on their respective
5.2 Identification of the strength of research in each ASEAN Member State **Status: Ongoing. The list is to be updated.**		2011-2015		• List/database of research institutions/ centers with the respective strength • Database of experts
5.3 Development of Training activities calendar **Status: Ongoing. The list to be updated.**		2011-2015		Training activities calendar 2011-2015 is develop
5.4 Formation of research and publication working group **Status: Ongoing. Malaysia will prepare the concept paper.**	• To form an ASEAN working group to collaborate on research and publication • To develop new medicinal products from selected medicinal plants through regional collaborative research project	2011-2015	Indonesia, Myanmar, Malaysia, Philippines, Singapore and Brunei Darussalam to develop concept note and circulate to Task Force	• ASEAN Working Group on research and publication is formed • Guideline on research methodology/ paradigm and development of joint projects for TM developed • Workshop to identify tools as required for giving various levels of evidence (could be coordinated with products claims proposal) conducted • Workshop to share experience & develop guideline on TM research methodology conducted • Research on products that will subsequently be marketed in ASEAN Member States are conducted
5.5 Development or agreement of various research tools **Status: Pending, TBC by ATFTM.**				
5.6 Development of common research guidelines **Status: Ongoing. Indonesia currently on the final stage and final inputs for this guideline.**				
5.7 Conducting of Research Collaboration among member countries on certain plants **Status: Pending, TBC by Lead Countries.**				(Status: tbc by the lead countries)

* Lead Countries specified in the "Activity" refer to the Member States that will be responsible for the implementation of the specific activities

ASEAN WORK PLAN ON MATERNAL AND CHILD HEALTH (2011-2015) by the ASEAN Task Force on Maternal and Child Health (ATFMCH)

(**Note:** the lead countries for MNCH based on the Strategic Framework on Health Development are Myanmar, Philippines, Thailand, and Viet Nam.)

Strategic Objective: To ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.

Relevant health elements under ASCC Blueprint:

B4: FOCUS AREA I: MATERNAL AND CHILD HEALTH (MDG 4 and MDG 5)

B.4.i.	*Promote investment in primary healthcare infrastructure, in a rational manner and likewise ensure adequate financing and social protection for the poor and marginalised populations for better access to services and achievement of health- related Millennium Development Goals (MDGs);*
B.4.xiii	*Encourage exchange of experts in the field of public health, medicine, physical and health education, to promote sharing of knowledge and experience;*
B.4.xvii	*Promote the sharing of best practises in improving the access to primary healthcare by people at risk/vulnerable groups, with special attention to diabetes mellitus, cardiovascular diseases, cancers and disabilities through regional workshops, seminars, and exchange visits among the ASEAN Member States;*
B.4.xxiv	*Promote the exchange of experiences among ASEAN Member States on public health policy formulation and management.*

Expected Outcome: Ensured accessibility to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.

ACTIVITIES	OBJECTIVES	TIME FRAME (Year)	LEAD COUNTRIES/ PARTNER ORGANISATIONS	EXPECTED OUTPUTS/ INDICATORS
STRATEGY I: Development of regional framework on Maternal, Newborn and Child Health in accelerating achievements of Millennium Development Goals (MDGs 4 and 5)				
1.1 Conduct of a consultative workshop to get consensus on the regional framework a. Development of the draft framework and circulated "offline" and "online" to all AMS. b. Conducting a workshop to finalize the framework **STATUS: a & b COMPLETED** c. Dissemination of ASEAN Framework on MNCH **STATUS: ONGOING**	To identify the gaps in the 10 AMS To identify recommendations and actions To disseminate the ASEAN Framework on MNCH	Draft framework to be circulated at the end of June 2011 Workshop to be conducted at the end of 3rd quarter 2011 Disseminate publication by 2012	Lead: Philippines, Thailand to host the workshop in collaboration with UNFPA APRO Partner: UNFPA APRO	Publication of ASEAN Framework on MNCH
1.2 Implementation of agreed activities from the elements of the ASEAN Framework on MNCH **STATUS: ONGOING**	To foster implementation of the ASEAN Framework on MNCH	2012-2014	ATFMNCH	ASEAN MNCH Framework Implemented
MONITORING AND EVALUATION OF PROGRESS OF ELEMENTS 1.3 Monitor the progress of the elements of the MNCH Framework; a. Compile baseline data in 2010 b. Compiled progress on MDG 4 and 5 indicators of AMS c. Chair of Task Force to Report SOMHD or ASEAN Platform Note: Indicators of MDG 4 and 5 will be utilized as the outcome indicators for the ASCC Scorecard. Indicators of the workshop will be the output indicators **STATUS: ONGOING – to be updated based on the endorsed outcome of data harmonisation workshop**	To monitor the Progress of ASEAN Framework on MNCH	2012 and 2014 Ongoing	Malaysia	compiled baseline data and progress report
DATA HARMONISATION 1.4 Harmonisation of data on MNCH a. Concept paper development b. Establish network with other relevant stakeholders c. Conduct of workshop to develop; • minimum set of indicators • data dictionary, • tools to monitor the progress of data harmonisation finalized **STATUS: accomplished, a Workshop on data harmonisation was held on 3-4 December 2013 in Jakarta**	To reach a common agreement in harmonizing data on MNCH among AMS	4th quarter 2012	Lead Country: Indonesia, Brunei Darussalam, Philippines UNFPA, confirmed, cited 2nd AFTMCH UNICEF (MDG 4, tbc by end February 2012)	Agreed minimum set of indicators Data dictionary Tools to monitor the progress of data harmonisation finalized

ACTIVITIES	OBJECTIVES	TIME FRAME (Year)	LEAD COUNTRIES/ PARTNER ORGANISATIONS	EXPECTED OUTPUTS/ INDICATORS
COOPERATION AND COLLABORATION 1.5 Collaboration and/or cooperation with relevant partners (such as WHO, UNFPA, UNICEF, JICA etc) 1.5.1 South-to-South Cooperation a. Develop concept paper on MNCH on exchange program to include Identification opportunities of exchange program on MNCH b. Seek SOMHD endorsement c. Mobilize support from dialogue or development partners **STATUS: ONGOING**	To promote exchange programme on priorities areas on MNCH among ASEAN and Plus Three countries	2012 onwards	Philippines Thailand Malaysia Other identified development partners as appropriate	Concept Paper on Development of Exchange Program Finalized and Endorsed by the SOMHD Inventory of MCH experts compiled Resource support mobilized Exchanged programs conducted
1.5.2 Facilitation in establishing/ forging partnerships such as processing collaborative mechanism with partners as appropriate	To facilitate partnership among relevant stakeholders	2012-2015	ATFMNCH	Partnerships identified and formalized through available mechanisms
MNCH WORKFORCE 1.6 Develop minimum regional guideline on training and accreditation for Skilled Birth Attendants (SBA) for adaption by AMS : a. Develop concept note b. Conduct ASEAN consultative workshop **STATUS: Accomplished the workshop to develop the minimum regional guideline was held in October 2013 n Naypyitaw, Myanmar** c. Conduct on dissemination in appropriate forum d. Publication on the ASEAN guidelines	To develop the ASEAN common minimum guidelines for Training and accreditation of SBA To reach consensus building on the minimum guideline To share agreed minimum guidelines to relevant stakeholders	2012 2013 (first quarter) TBC	Myanmar Viet Nam Lao PDR WHO (Tbc) UNFPA, confirmed, cited 2nd AFTMCH Meeting JICA (tbc)	Concept paper on minimum regional guideline on training and accreditation for Skilled Birth Attendants (SBA) developed ASEAN consultative workshop on SBA to develop the common Minimum Standard for training of SBA conducted. Minimum regional guidelines and accreditation for training developed Output of the workshop disseminated in appropriate platforms Publication of the guidelines released and disseminated

ACTIVITIES	OBJECTIVES	TIME FRAME (Year)	LEAD COUNTRIES/ PARTNER ORGANISATIONS	EXPECTED OUTPUTS/ INDICATORS
Status: to be implemented once the draft SBA guideline endorsed				
STRATEGY II: Information Sharing and Evidence-based advocacy				
ADVOCACY 2.1 Development of advocacy tools to advocate in any appropriate platform including ASEAN platforms 2.1.1 Inventory and compilation of documents for evidence-based advocacy 2.1.2 Development of evidence- based advocacy tools for selected issues include : a. Human Resources for Maternal, Newborn and Child Health Service Delivery b. Health Financing for Maternal, Newborn and Child Health Services c. Maternal, Infant and Young Child Nutrition d. Adolescent Reproductive Health (note: in reference to the continuum of care) e. Sub-national data	To develop advocacy tools for MNCH in ASEAN To conduct inventory and compilation of documents for advocacy	Start on 2013 (3rd quarter) and continue to 2015	Lead Countries: Thailand Viet Nam UNFPA (MDG 5,tbc) WHO (tbc) UNICEF (MDG 4, tbc) JICA (tbc)	Concept note in the development of Regional advocacy tools developed Evidence – based advocacy tools on selected issues developed and advocated in identified platforms Compiled documents for reference in evidence- based advocacy

ASEAN Work Plan on Non Communicable Diseases (2011-2015) by the ASEAN Task Force on Non Communicable Diseases (ATFNCD)

Note: Lead country for NCD according to Strategic Framework on Health Development is Philippines

Strategic Objective: To ensure access to adequate and affordable healthcare, medical services and medicine, and promote healthy lifestyles for the peoples of ASEAN.

Relevant health elements under ASCC Blueprint:

B.4: 2 FOCUS AREA IV: PROMOTES ASEAN HEALTHY LIFESTYLE (Non Communicable Diseases)

B.4.x *Promote collaboration in Research and Development on health promotion, healthy lifestyles and risk factors of non- communicable diseases in ASEAN Member States;*

B.4.xi *Promote the sharing of best practices in improved access to health products including medicines for people in ASEAN B.4.xxi Strengthen existing health networking in ASEAN Member States in order to push forward an active implementation on health services access and promotion of healthy lifestyles, as well as continually exchange of knowledge, technology and innovation for sustainable cooperation and development;*

Expected Outcomes: Ensured accessibility to adequate and affordable healthcare, medical services and medicine and promote healthy lifestyle for the people of ASEAN

Proposed Projects/Activities	Objectives	Expected Outputs	Lead Countries/ Partners	Time frame
STRATEGY I. Revitalise and implement 'ASEAN Healthy Life Style 2002'				
1.1 Collaborate with WHO for development of advocacy tool on selected NCDs that include: 1. Diabetes 2. Chronic Respiratory Disease 3. Cancer 4. CVD	To develop ASEAN advocacy tool for selected four NCDs	Advocacy package of four selected NCDs	Philippines, Thailand	April to September 2012 Ongoing Concept Paper/Terms of Reference [TOR] to be circulated to ATFNCD
1.2 Promote healthy lifestyle and quality service delivery for NCD prevention and control services: a. Engage in advocacy opportunities at regional/ international platforms	a. To gain commitment from government, development partners and other relevant stakeholders on NCD prevention and control	a. Selected NCD advocated at regional/international platform such as: • the UN General Assembly on NCD, September 2011on NCD with the ASEAN Position Paper;	a. Philippines (draft NCD position paper)/ Indonesia (as Chair of ASEAN to present position paper/ Malaysia (table agenda of NCD in the 7th SOMHD with host Philippines and in the 11th AHMM with host Thailand)	UN General Assembly: April 2011 Draft ASEAN position May 2011, Circulating, June 2011, Finalisation July 2011, SOMHD approval
b. Policy advocacy on NCD concerns that includes but not limited to: • Labeling and standards for healthy low salt food • Ethical advertising of food products for children • Alcohol consumption reduction	b. To develop harmonized advocacy messages on selected NCD issues for policy makers	• ASEAN Health Ministers Meeting (11th or 12th); • other events to be identified by the task force during its annual meetings b. Policy Notes/Briefs to be developed and shared to each AMS for reference in their national efforts c. Updated position paper/ declaration of ASEAN in implementing NCD commitments appropriate to the region following the output of the UN High Level Meeting on NCD, Sept 2011	b. Philippines/ Indonesia/ Cambodia c. Malaysia	First quarter 2012 for SOMHD- **Accomplished** First quarter 2012 to 2014 Bandar Seri Begawan Declaration on Noncommunicable was adopted at the 23rd ASEAN Summit in 2013 in Brunei Darussalam First quarter of 2012- Ongoing-draft concept note and template of policy brief of the three selected issues to be circulated to ATFNCD
Strategy II: Facilitating enabling environment for ensuring promotion of healthy lifestyle for the people of ASEAN				
2.1 Development an inventory of experts on four selected NCDs to be shared among AMS ; a. Develop the TOR of NCD experts definition (focus on 4 diseases) b. Develop the template, c. Compile data; d. Share inventory with AMS via appropriate means	To develop an inventory of ASEAN Experts on NCD	Inventory of ASEAN Expert on Diabetes, CVD, Cancer, Chronic Respiratory Diseases Inventory utilised	Indonesia, Thailand	Time Frame : Inventory completed by 2012 2012-2014 share inventory Ongoing revised TOR to be circulated to ATFNCD
2.2 Networking among ASEAN Cancer Data and Registry Information System a. Situation analysis on existing Cancer Data and Registry Information System among AMS; b. Identify areas for collaboration/ Networking	To promote networking on cancer references (research development, and, experts, sharing information system on cancer data and registry, etc.)	Situation analysis conducted Areas for collaboration identified Workshop Report	Malaysia/Singapore/ Brunei Darussalam	2011-Accomplished

Proposed Projects/Activities	Objectives	Expected Outputs	Lead Countries/ Partners	Time frame
2.3 Workshop to identify key indicators on Healthy Lifestyle especially on 4 selected NCDs a. Develop the TOR of the workshop; b. Collaborate with WHO for technical assistances; c. Conduct a workshop; d. Implement monitoring and evaluation on selected NCDs	To develop and implement a systematically ASEAN monitoring system on five selected NCD	ASEAN Monitoring system on Workshop Report	Malaysia/Brunei Darussalam	2011-Accomplished A follow up workshop to realign the ATFNCD indicators with the global targets are planned to be conduct by Malaysia/Brunei Darussalam
2.4 Sharing Best practices on 4 selected NCDs a. Develop and disseminate guidelines on compiling best practices b. Compile best practices c. Provide mechanisms for sharing best practices	To provide guidelines and mechanisms for compiling and sharing of best practices	Best practices compiled and shared among AMS	Philippines, Viet Nam	2012-2013 **Ongoing**, concept note to be circulated to ATFNCD
2.5 Conduct a Regional Forum on NCD in coordination with WHO based on the model of the Philippine NCD Coalition	To promote/exchange technical/ experiences/ knowledge/issues among AMS	Forum conducted	Philippines	**Accomplished**, the 1st ASEAN Regional Forum on NCD was held on 14-16 October 2014 in Manila, Philippines
2.6 Regional Workshop to harmonize guidelines on physical activity in collaboration with WHO	To harmonize guidelines from each AMS on Physical Activity	ASEAN Harmonized Guideline on Physical Activity (NB. Back-to-back with 8th SOMHD activity in Singapore)	Singapore	**Accomplished**
2.7 Integrated regional framework for NCD screening and management	To develop an integrated regional framework for NCD screening and management with minimum requirements common to AMS	Regional Framework for Screening and Management of NCD and their risk factors (NB: Management of NCDs will be dependent on individual AMS initiatives)	Singapore/Malaysia	2013- 2014-**ongoing**, Concept note to be developed and circulated to ATFNCD
2.8 Conduct of Annual Meetings of Task Force on NCD	To update work plan; To develop implementation plans annually; To monitor and evaluate programme progress; To mobilize resources in the implementation of the annual activities	Updated annual work plan; identified sources of support for programme activities	AMS	Annually (Note: Schedule to be determined by every incoming Chair)-**Ongoing**

ASEAN WORK PLAN ON MENTAL HEALTH (2011- 2015) by the ASEAN Mental Health Task Force (AMT)

B.4: Access to Healthcare and Promotion of Health Lifestyle

Strategic Objective: To ensure access to adequate and affordable healthcare, mental health and psychosocial services, and promote healthy lifestyles for the people of ASEAN.

Relevant health element under ASCC Blueprint:

B.4. *Access to healthcare and promotion of healthy lifestyles in six focus areas: maternal and child health, increase access to healthcare services, migrant health, promotes ASEAN healthy lifestyle (non-communicable diseases, tobacco control, and mental health), traditional medicine, and pharmaceutical development.*

Expected Outcomes: Ensured accessibility to adequate and affordable healthcare, mental health and psychosocial services, and promote healthy lifestyles for the people of ASEAN

Lead Country for Mental Health: Thailand

Activities	Objectives	Expected Outputs	Time frame/ Lead Countries	Status
STRATEGY I. Developing ASEAN policy advocacy on mental health				
1.1 Conduct a workshop to develop ASEAN policy advocacy on mental health	1. To identify key messages on mental health advocacy 2. To identify existing policy platforms 3. To identify the evidence base for policy advocacy 4. To develop common ASEAN policy advocacy strategies and activities on mental health	Policy brief on mental health developed	By 2012 Lead countries: Thailand Malaysia	**COMPLETED** Workshop conducted 4-5 June 2013, Bangkok
1.2 Launch of ASEAN campaign on mental health e.g. ASEAN Healthy Mind Day	To promote and raise public awareness on mental health	Campaign implemented	2014 Lead countries: Malaysia and Singapore	**ONGOING**

Activities	Objectives	Expected Outputs	Time frame/ Lead Countries	Status
STRATEGY II. Facilitating the integration of mental health into health care system and strengthening the capacity building				
2.1 Conduct a country report focusing on mental health integration into health care system	1. To review the status of the integration of mental health into the national healthcare system of ASEAN 2. To define the necessary components of the system	Report and recommendations of the integration of mental health services/resources in ASEAN	By 2012 Lead Countries: Indonesia Thailand Cambodia	**ONGOING**
2.2 Share the best practices/ case studies of the mental health care integration among ASEAN	1. To identify the best practices area 2. To share knowledge and experiences / good practices among ASEAN	Report of the best practices model/ case studies	Time Frames: 2011 Lead Countries: Indonesia Thailand, Cambodia Lao PDR	**ONGOING**
2.3 Implement the mhGAP and develop the monitoring and evaluating program across ASEAN	1. To facilitate and support the implementation of mhGAP program in ASEAN 2. To develop the monitoring and evaluating system across ASEAN	Sharing and learning the model of mhGAP implementation among AMS Learning community among ASEAN	Time Frame: 2013-2015 Lead countries : Viet Nam Thailand Indonesia All AMS	**ONGOING**
2.4 Develop comprehensive inventory of the existing programs and the training capability of ASEAN	1. To identify existing the resources at all level 2. To support the human resources training as needed among ASEAN 3. To link with existing institutions	Comprehensive Inventory of existing training programs on mental health	Time Frame: 2011-2015 Lead Countries: Philippines	**ONGOING**
STRATEGY III. Facilitating and strengthening the mental health data information system, knowledge management and research among AMS				
3.1 Establishment of ASEAN Data Bank on mental Health	To compile and share data on mental health among AMS	Data bank established	By 2011-2015 Lead Countries: Philippines	**ONGOING**
3.2 Development of common research guidelines for the ASEAN Data Bank	To develop a guideline for information sharing system	A guideline developed	2011-2015 Lead Countries: Philippines	**ONGOING**
3.3 Establishment of ASEAN network on mental health	1. To establish network on mental health among ASEAN Member States 2. To develop Website on mental health	1) ASEAN reports/ publications/ available in Website developed by ATFMH 2) List/ database of academic and research institutions/ centers with the respective strength and database of the experts	Time Frame: Network development 2012 Website development 2012 Lead Countries: Thailand Singapore, Brunei Darussalam	**ONGOING**
3.4 Identification of outcome indicators on ASEAN mental health	To develop a set of outcome indicators	ASEAN Outcome indicators developed and reported List of ASEAN outcome indicators on Mental Health	2012-2015 Malaysia Thailand	**COMPLETED**

Activities	Objectives	Expected Outputs	Time frame/ Lead Countries	Status
3.5 Workshop for "Information Sharing on Drug Prevention & Treatment of Substance Abuse Disorders		Data information needed on resources and assets required for substance abuse treatment and prevention development in ASEAN A list of prioritised area for projects/ programs/researches needed on prevention and treatment of substance abuse disorders across ASEAN Plans to strengthen the capacity and the development of common drug projects/program/researches guideline on prevention and treatment of substance abuse disorders across ASEAN	2013 Thailand	**COMPLETED** The workshop conducted on 3 June 2013, Bangkok
Strategy IV: Establishing ASEAN Networking on Mental Health				
4.1 Facilitate ASEAN Mental Health Task Force conference into existing platforms Explore existing platform (s) such as ASEAN federation of mental health, ASEAN International Conference on Mental Health (every year)	To provide mental health knowledge and share resources among ASEAN countries	Conference/seminar/workshop on mental health conducted	Every two years Lead Countries: Singapore Brunei Darussalam Indonesia Thailand	**ONGOING**
4.2 Meeting on ASEAN Mental Health Task Force (AMT)	To convene a meeting effectively on regular basis	Meeting conducted at least once a year.	Annually Lead Countries: AMS by alphabetical order	**ONGOING**

Chapter 6
PARTNERSHIPS

Partnerships

The ASEAN Socio-Cultural Blueprint (ASCC) for 2009-2015 has included action lines in its roadmap that encouragesall forms of partnerships from various stakeholders for all the sectors involved in the ASCC Community building process. The 55 health action lines contained in this ASCC Blueprint has strategic implications of including partnerships with various stakeholders relevant to health as one of the implementing mechanisms in achieving the regional health activities.

Health partnerships within ASEAN and other stakeholders external to the inter-governmental institution has been reflected in various Declarations and Statements made by the ASEAN Health Ministers. The importance of collaboration was initially detailed in the Declaration of the ASEAN Health Ministers on Collaboration on Health, Manila, 24 July 1980 during the first meeting of the ASEAN Health Ministers. Two guideline statements in this initial declaration – ensure that collaboration contributes directly or indirectly towards regional self-reliance and self-determination; and, continue with international collaboration in health while striving to be self-reliant in the delivery of health services – still very much resonates in the statements and themes of the succeeding declarations or statements of the ASEAN Health Ministers(See Chapter on Declarations, Joint Statements, Call-to-Action and Other Documents).

The ASEAN Strategic Framework on Health Development (2010-2015)has elaborated key regional strategies and related collaboration, cooperation and coordination activities that will facilitate these partnershipsin the implementation of its expected outputs.The terms of references of the Senior Officials on Health Development (SOMHD) and the rest of the health subsidiary bodies under its purview reflect responsibilities in fostering partnerships with various stakeholders. The TOR of SOMHD has included in its Mission the 'Strengthening of international partnerships and alliances'; and in its Strategies to 'Strengthen and further intensify ASEAN cooperation in health to ensure health concerns are mainstreamed in the development efforts of Member States' (Appendix 1).These two documents were endorsed by the 10th ASEAN Health Ministers Meeting (AHMM) last July 2010 in Singapore.

Support from development partners and technical agencies are included in the work plan activities focused on: HIV and AIDS issues (ATFOA), pharmaceuticals (AWGPD), communicable diseases (AEGCD), pandemic preparedness (AWGPPR), food safety (AEGFS), tobacco control (AFPTC), non-communicable diseases (ATFNCD), maternal and child health (ATFMCH), traditional and complementary alternative medicine (ATFTM), and mental health (AMT). Support is also provided to the sub-component activities in the Work Plan of AEGCD that are specifically under the purview of sub-groups of focal points such as the ASEAN Plus Three Partnership Laboratories (APL); Risk Communication Resource Center (RCRC); and the Field Epidemiology Training Network (FETN). Focus areas on migrants' health and

increase access to health services for ASEAN people are just starting to plan-out relevant activities for partnerships.

Types of partnership support in the on-going activities of the abovementioned focus areas can be in various forms. These could include providing technical assistance, allocating external funding support for regional activities, hiring of consultants, supporting study or information exchanges, printing of publications and other information and education materials, joint or harmonized activities, joint advocacy efforts; and other related communication activities.

The health activities in ASEAN have been implemented with support mostly from the ASEAN Member States, and from the ASEAN Dialogue and Sectoral Partners. Relevant roles and responsibilities related in improving these activities with partnerships have been elaborated in the document Specific Roles and Responsibilities of Lead Country, Host Country, ASEAN Member States, and ASEAN Secretariat in Implementing ASEAN Regional Initiatives/ Projects/Programmes(Appendix 2). This document was also endorsed by the 10thAHMM. It presents in detail the function of each of the identified stakeholders in the operationalization of approved regional activities as it relates to any form of partnerships. The specific hosting responsibilities of ASEAN Member States for any ASEAN Health Event are also included in this document. Schedule of the hosting responsibilities follow the alphabetical sequence of ASEAN Member States (Appendix 3).

Within these partnerships in health, dialogue partners and funding agencies which have contributed much to the regional activities are as follows: Australia (EID, communicable diseases), China (Avian influenza, Traditional Medicine/Complementary Alternative Medicine), Japan (initiatives for caring societies, EID, pandemic influenza, stockpiling for pandemics), Republic of Korea (home care for older people), European Union (food safety, highly pathogenic emerging diseases), United States (HIV and AIDS, multi-sectoral pandemic preparedness and response), UNAIDS (HIV and AIDS), UNDP (HIV and AIDS, JUNIMA), Commonwealth Secretariat (HIV and AIDS), UNSIC (pandemic influenza), UNFPA (maternal and child health), FAO (food safety, food security, animal health collaboration), and WHO (technical assistance in almost all health issues).

There are also activities in the 'Strategic Framework' that has received support from non-governmental organizations, civil societies, philanthropic foundations, academic institutions and the private sector. Examples of these organizations are the Rockefeller Foundation, Family Health International (FHI), Burnet Institute, Asia Pacific Network of People Living with HIV (APN+), Asia Pacific Council of AIDS Services Organizations (APCASO), Seven Sisters, Coordination of Action Research on AIDS and Mobility (CARAM Asia), The Asia Pacific Coalition on Male Sexual Health (APCOM), HelpAge Korea, Help Age International, International Medical Corps through the Prepare Project, The Nippon Foundation, and Southeast Asia Tobacco Control Alliance (SEATCA). Current activities in traditional medicine, food safety, tobacco control, HIV and AIDS, and communicable diseases and its subcomponents have on-going collaboration and coordination with these types of agencies/ institutions/organizations.

Regular partners' meeting through the open sessions of the Meetings of SOMHD and its subsidiary bodies provide the mechanism for discussing and agreeing on detailed areas of cooperation, coordination and collaboration for the implementation of the prioritized health activities for each year.

Appendices:

1. Terms of Reference of SOMHD;
2. Specific Roles and Responsibilities of Lead Country, Host Country, AMSs, and ASEAN Secretariat in implementing regional initiatives/project/programmes
3. Rotation List of Hosting of ASEAN Meetings under SOMHD (2012-2015).

Appendix 1 : TERMS OF REFERENCE OF THE ASEAN SENIOR OFFICIALS MEETING ON HEALTH DEVELOPMENT (SOMHD)

A. Objectives:

General

To assist the ASEAN Health Ministers to realise the vision of an Healthy ASEAN 2020: that by 2020 health shall be at the centre of development and ASEAN cooperation in health shall be strengthened to ensure that our peoples are healthy in mind and body and living in harmony in safe environments.

Specific

To assist the ASEAN Health Ministers in achieving the strategic objectives of health elements of the ASEAN Socio-Cultural Community Blueprint

B. Mission:

1. Strengthen health promotion, healthy lifestyles, disease prevention and control, environmental health , and protection of consumers' health;
2. Intensification of human resources development and capacity-building in identified priority areas;
3. Promotion of multi-sectoral integration of health development concerns;
4. Establish and/or utilize ASEAN region mechanism to move forward or address challenges in health development in the region;
5. Strengthening of international partnerships and alliances; and
6. Fostering of policy dialogues and facilitate the formulation of ASEAN common positions, where appropriate.

C. Strategies:

1. Strengthen and further intensify ASEAN cooperation in health to ensure that health concerns are mainstreamed in the development efforts of the Member States;
2. Promote advocacy and enhance the state of public awareness of health related issues at regional level;
3. Improve accessibility of affordable and quality health related products and services to meet the needs of ASEAN; and
4. Strengthen the national and collective ASEAN capacity on the issues of health implication from regional economic integration, globalisation, trade liberalisation, new technologies, and innovations.

D. Scope of Work:

In line with the above objectives and strategies, the work of the Senior Officials Meeting on Health Development (SOMHD) will be guided by the following tasks/functions:

1. To operationalise relevant directives emanating from the ASEAN Summits, the ASEAN Health Ministers Meetings, and the ASEAN Community Councils;
2. To formulate and recommend to the ASEAN Health Ministers policies, strategies, and programmes for regional cooperation in the health sector;
3. To monitor and oversee the work of the following subsidiary bodies, including but not limited to:

    a. the ASEAN Task Force on AIDS (ATFOA)
    b. the ASEAN Working Group on Pharmaceuticals Development (AWGPD)
    c. the ASEAN Expert Group on Communicable Diseases (AEGCD)
    d. the ASEAN Expert Group on Food Safety (AEGFS)
    e. the ASEAN Technical Working Group on Pandemic Preparedness and Response (ATWGPPR)
    f. the ASEAN Focal Points on Tobacco Control (AFPTC)

4. To assign and oversee activities that are not functions of the existing subsidiary bodies;
5. To support and facilitate the implementation of the activities that need multisectoral approach;
6. To develop and implement the ASEAN Regional Work Plan on Health Development to realise the objectives of ASEAN collaboration on health development;
7. To monitor and review the implementation of the ASEAN Regional Work Plan on Health Development;
8. To lead the discussions of policy matters such as emerging challenges and issues;
9. To share the costs of funding SOMHD activities as strategy for enhancing self-reliance in the implementation of regional activities;
10. To formulate ASEAN positions on health issues, especially in preparation for international meetings;
11. To promote active intra-sectoral links with related ASEAN bodies through the ASEAN Secretariat;
12. To intensify the networking of health institutions, health professionals, e-health and centres of excellence in teaching and research in the region;
13. To strengthen and expand the mutually beneficial cooperation with the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Development Programme (UNDP), other international organisations, the ASEAN Dialogue Partners, NGOs, professional groups and the private sector;
14. To consider and agree on establishment and/or dissolution of subsidiary bodies, as necessary;
15. To consider, agree and endorse Terms of Reference of subsidiary bodies;

E. Procedures/Mechanisms

1. The Senior Officials Meeting on Health Development (SOMHD) will meet once a year and report to the ASEAN Health Ministers Meeting (AHMM); Ad-hoc meetings can be held as and when necessary to discuss urgent matters;
2. A Preparatory Senior Officials Meeting (Prep-SOM) will be held prior to every AHMM. The AHMM itself is held once in two years;
3. In the year in which the ASEAN Health Ministers Meeting is convened, SOMHD will meet twice: first as SOMHD and followed after some time with PrepSOM for AHMM;
4. The SOMHD would be the forum to monitor and assess progress of the ASEAN Health Development Regional Plan, discuss achievements and matters arising from SOMHD subsidiary bodies, and consider and approve issues under its purview. The PrepSOM will focus on matters that need consideration and endorsement by the Ministers and discuss urgent issues that may be brought to the AHMM for consideration;
5. Chairpersonship of the SOMHD is for two years and will be rotated in alphabetical order. A Vice-Chair, representative of the incoming chair country, will assist the Chair when he/she is unable the chair the body;
6. The Prep-SOM preceding each AHMM will be chaired by the current SOMHD Chair and co-chaired by the country hosting the AHMM; and
7. SOMHD + 3 Meeting could be convened back-to-back with SOMHD as necessary. The SOMHD+3 will be chaired by the current SOMHD Chair and co-chaired by one of the Plus Three countries.

F. Roles and Functions of SOMHD Chair

General: direct and manage the tasks and responsibilities of SOMHD through the convening of regular and ad hoc meetings and inter-sessionally through direct assistance of the ASEAN Secretariat.

Specific:

1. Ensure that the SOMHD activities are in line with the attainment of agreed ASEAN goals and objectives in health development;
2. Ensure that decisions made are followed through and implemented by the respective Member States and/or subsidiary bodies;
3. Facilitate monitoring of the implementation of by the respective Member States and/or subsidiary bodies;
4. Receives reports from Chairs of subsidiary bodies through discussions at SOMHD and subsequently to AHMM, if relevant;
5. Chair regular and ad-hoc meetings of SOMHD;
6. Encourage ASEAN Member States to raise issues and prepare proposals for regional cooperation at each meeting, and to follow up relevant decisions at the national level to ensure ASEAN regional activities are effectively implemented;
7. On cross-sectoral issues, communicate and exchange information, and coordinate the

work of the SOMHD with other relevant ASEAN sectoral bodies in consultation with and with support of the ASEAN Secretariat;
8. Represent the SOMHD in relevant fora;
9. Prepare handover report for the incoming Chair at the conclusion of his/her chairpersonship;
10. In the event that the Chair of the ASEAN sectoral body is not able to direct and manage the tasks and responsibilities of the said body or is unable to chair the meeting(s), the Chair shall direct the Vice-Chair to assume these duties; and
11. Functions and roles of Chair are fully supported by the ASEAN Secretariat.

G. Roles and Functions of SOMHD Focal Points

1. Attend meetings of AHMM and SOMHD;
2. Suggest issues and prepare proposals for regional cooperation;
3. Facilitate and coordinate at the national level the execution and follow up of the decisions of the ASEAN Summit, AHMM, SOMHD and its subsidiary bodies;
4. Compiles reports from focal points of SOMHD subsidiary bodies at the national level and national proponent of projects implemented by SOMHD;
5. Report to the SOMHD meeting on national activities that have been previously agreed to be reported at the regional level;
6. Facilitate, coordinate, and organize all activities, as host country, in the smooth conducts of meetings and workshops of SOMHD
7. Maintain an archive of meetings' minutes, notes, and relevant documents of AHMM, SOMHD and its subsidiary bodies, in close cooperation with the ASEAN Secretariat;
8. Update the ASEAN Secretariat on the change of focal points of SOMHD;
9. Provides handover report at the end of their term as national focal points to ensure continuity of the national roles in ASEAN cooperation on health development; and
10. Performs any other matters as agreed at the SOMHD meeting.

Appendix 2 : SPECIFIC ROLES AND RESPONSIBILITIES OF LEAD COUNTRY, HOST COUNTRY, ASEAN MEMBER STATES, AND ASEAN SECRETARIAT IN IMPLEMENTING ASEAN REGIONAL INITIATIVES PROJECTS/ PROGRAMMES

DEFINITIONS

Lead country is the country responsible for the cluster activities in the ASEAN Strategic Framework on Health Development.

Host country is the country responsible for organizing any ASEAN meetings on health development.

LEAD COUNTRY

1. Conceptualise and develop initiatives/ projects/ programmes on regional health development as well as their implementation plan
2. Identify resource mobilisation strategy
3. Coordinate with other ASEAN Member States in implementing the initiatives / projects/ programmes
4. Consult with other ASEAN Member States on matters requiring common position arising from the implementation of initiatives /projects/programmes
5. Monitor the progress of implementation and report to SOMHD
6. Manage project funds in the event the funds are deposited in the country coordinator
7. Prepare progress reports and completion reports (both technical and financial) to be reported to the ASEAN regular meetings on health development (SOMHD or meetings of SOMHD subsidiary bodies)

HOST COUNTRY

1. Plan and coordinate activities required to convene meetings of projects
2. Cover organizational costs in hosting ASEAN regular meetings (AHMM, SOMHD, and SOMHD subsidiary bodies)
3. For project meetings supported by external funding, arrangements have to be made regarding who will cover specific items
4. Coordinate with lead country and/or ASEAN Secretariat in sending out invitations and administrative arrangements note for project meetings, and in making other necessary arrangements for the meeting
5. Provide the necessary logistics items for the meetings of projects
6. Prepare draft documentations of meetings held in the country, in coordination with the ASEAN Secretariat, if necessary.

ASEAN MEMBER STATES

1. Assist the lead/proponent country in giving relevant information in support to the development of initiatives/ projects/ programmes on regional health development
2. Designate contact person for implementing the specific initiatives/ projects/ programmes, as and when necessary

3. Facilitate and coordinate the implementation of the initiatives /projects/ programmes at the national level, as and when required
4. Designate appropriate participants to meetings/workshops
5. Cover participation costs of country delegates (airfare, accommodation, DSA, and miscellaneous expenses) to ASEAN regular meetings (AHMM, SOMHD, and SOMHD subsidiary bodies)
6. Maintain an archive of meetings' minutes, notes, and relevant documents arising from the implementation of initiatives/ projects/ programmes, in close cooperation with the ASEAN Secretariat

ASEAN SECRETARIAT

1. Provide support and templates on the whole cycle of planning, implementation, monitoring, and evaluation of initiatives/ projects/programmes
2. Assist in the initiation, coordination, implementation, monitoring, and evaluation of initiatives/ projects/ programmes
    a. Assist in the conceptualization and development of project proposals
    b. Implement projects of which the ASEAN Secretariat is the proponent
    c. Assist lead country/ proponent country in preparation of progress reports and completion reports
3. Information management
    a. Maintain regular communications with ASEAN Member States
    b. Maintain an archive of meetings' minutes, notes, and relevant documents of initiatives/ projects/ programmes
4. Assist in resource mobilization
    a. Facilitate consultative meetings with relevant partners as necessary
    b. Coordinate technical inputs for project proposal development as requested
    c. Ensure partnership among potential partners
    d. Appraise the project proposals submitted by ASEAN Member States
5. Manage Trust Fund
    a. Manage the funds put in trust in the ASEAN Secretariat, including funds disbursement
    b. Monitor status of utilization of funds put in trust in lead country/country proponent
    c. Report status of fund balances to ASEAN regular meetings on health development
6. Assist ASEAN Member States in facilitating meetings, as appropriate
    a. Act as resource person
    b. Assist the host country in planning and coordinating activities required to convene ASEAN project meetings
    c. Advise on protocol and logistical arrangements
7. Coordinate with relevant ASEAN bodies and external partners, as appropriate;
8. To standardize the names of the subsidiary bodies.

Appendix 3: ROTATION LIST OF HOSTING OF ASEAN HEALTH MEETINGS

	ASEAN Health Body and Subsidiary Bodies	2012	2013	2014	2015
1	ASEAN Health Ministers Meeting (AHMM) and its related Meetings	11th AHMM Thailand		12th AHMM Viet Nam	
2	Senior Officials Meeting on Health Development (SOMHD)	7th SOMHD Philippines	8th SOMHD Singapore	9th SOMHD Thailand	10th SOMHD Viet Nam
3	ASEAN Expert Group On Food Safety (AEGFS)	Viet Nam (9th Meeting)	Brunei Darussalam (10th Meeting)	Cambodia (11th Meeting)	Indonesia (12th Meeting)
4	ASEAN Working Group on Pharmaceutical Development (AWGPD)	Brunei Darussalam (28th Meeting)	-	Cambodia (29th Meeting)	Indonesia (30th Meeting)
5	ASEAN Task Force on AIDS (ATFOA)	Lao PDR (20th Meeting)	Malaysia (21st Meeting)	Myanmar (22nd Meeting)	Philippines (23rd Meeting)
6	ASEAN Focal Point on Tobacco Control (AFPTC)	Brunei Darussalam (3rd Meeting)	Cambodia (4th Meeting)	Indonesia (5th Meeting)	Lao PDR (6th Meeting)
7	ASEAN Working Group on Pandemic Preparedness and Response (AWGPPR)	Brunei Darussalam (4th Meeting)	-	Philippines (5th Meeting)	Cambodia (6th Meeting)
8	ASEAN Expert Group on Communicable Diseases (AEGCD)	Philippines (7th Meeting)	Singapore (8th Meeting)	Thailand (9th Meeting)	Brunei Darussalam (10th Meeting)
9	ASEAN Task Force on Traditional Medicine (ATFTM)	Malaysia (3nd Meeting	Myanmar (4th Meeting)	Myanmar (5th Meeting)	Lao PDR (6th Meeting)
10	ASEAN Task Force on Maternal and Child Health (ATFMCH)	Thailand (1st Meeting)	Singapore (2nd Meeting)	Thailand (3rd Meeting)	Brunei Darussalam (4th Meeting)
11	ASEAN Task Force on Non Communicable Diseases (ATFNCD)	Philippines (1st Meeting)	Singapore (2nd Meeting)	Thailand (3rd Meeting)	Viet Nam (4th Meeting)
12	ASEAN Mental Health Task Force (AMT)	Viet Nam (1st Meeting),	Brunei Darussalam (2nd Meeting)	Cambodia (3rd Meeting)	Indonesia (4th Meeting)
13	Steering Committee Meeting on ASEAN Plus Three Field Epidemiology Training Network	Thailand	Thailand	Philippines	Viet Nam

Chapter 7

Monitoring and Evaluation

Monitoring and Evaluation

The Coordinating Conference on the ASEAN Socio Cultural Community (SOC-COM), and Senior Officials Meeting for the ASEAN Socio Cultural Community (SOCA) and ASEAN Socio Cultural Community (ASCC) Council Meetings have discussed the rationale and improvements of the monitoring and evaluation system for the ASCC Blueprints. This chapter provides a background and progress about the ASCC Scorecard and the Implementation-Focused Monitoring System as applied in the ASEAN Health Cooperation.

Implementation-Focused Monitoring System

The proposed ASCC Blueprint Implementation-Focused Monitoring System is based on the approved and tested monitoring system of the actions in the Vientiane Action Programme. There are two additional information that is proposed to be included the current system, namely: the type/level of cooperation, and the level of development intervention which are useful indication for progress towards regional integration.

ASCC Scorecard

The ASEAN Secretariat initiated the development of the ASCC Scorecard as the ASEAN Leaders have tasked the ASEAN Secretariat to "monitor and review the implementation of the ASCC Blueprint, and for this purpose shall develop and adopt indicators and systems". The ASCC Scorecard will be a useful tool to assess the achievements of goals, outcomes, and targets (result/outcome based monitoring system), to complement the ASCC Blueprint Implementation-focused Monitoring System.

The distinctions between the ASCC Scorecard and the ASCC Blueprint Implementation-focused Monitoring System are as follows:

ASCC Scorecard	ASCC Blueprint Implementation Monitoring System
A quantified measurement of the achievement of goals, targets, and outcomes.	Monitoring of programs/projects (process / activity implementation-focused monitoring)
the essential starting points are the Characteristics and Elements in the ASCC Blueprint.	Focuses on the Outputs, Activities and Inputs.
Takes into account all relevant national (AMS), regional, and global efforts	Captures only the regional actions and activities of the Blueprint

The ASCC Scorecard is proposed to be complied in 2012 (mid-term review) and 2015 (final review) based on the baseline scenarios in 2009. The Meeting also noted that the reports to the ASEAN Leaders, the ASCC Council and other relevant bodies will comprise the following:

- A quantitative Implementation-focused Monitoring Review of the ASCC Blueprint –every year;
- A quantitative Scorecard for the ASCC – in 2012 and 2015 based on the 2009 Baseline; and
- A brief qualitative assessment of progress including challenges and solutions based on (a) and (b) above – every year.

In the 7th SOCA 2011, the following have been proposed to all relevant bodies in ASEAN Secretariat:

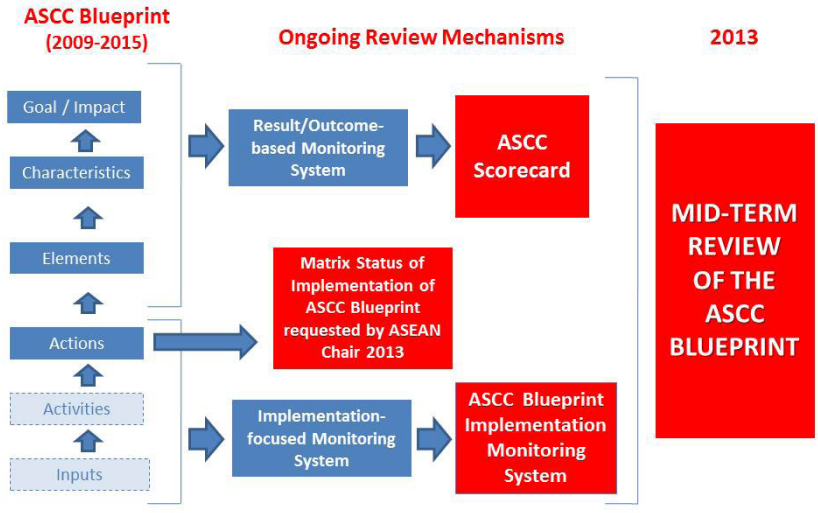
ASCC Blueprint Implementation-focused Monitoring System

i. the proposed ASCC Blueprint Implementation-focused Monitoring System shall be circulated to ASCC sectoral bodies for review;
ii. Once adopted, future reporting of the progress of implementation of the ASCC Blueprint shall be based on this format;
iii. the Monitoring System will be subject to periodic review and enhancement; and
iv. ASEAN Secretariat to compile information with feedback from ASEAN Member States and sectoral bodies.

ASCC Scorecard

i. ASEAN Member States to review and provide feedback on the proposed ASCC Scorecard;
ii. ASEAN Secretariat to consult with the ASCC sectoral bodies to review and finalize the set of goals, targets, and indicators, including development of new indicators as necessary;
iii. the proposed ASCC Scorecard to be finalized by end of year (2011) and to be used for reporting in 2012;
iv. To seek harmonisation of the ASCC Scorecard with the other Communities' Scorecard as applicable; and
v. ASEAN Secretariat to compile information and draft ASCC Scorecard with feedback from ASEAN Member States and sectoral bodies.

SCHEMATIC REPRESENTATION OF ASCC REVIEW MECHANISMS



The last 6th SOMHD held on 25 to 27 July 2011 in Nay Pyi Taw, the Republic of the Union of Myanmar agreed that individual Member States will consult the matter with their national respective SOCA counterpart and their focal points from the health subsidiary bodies. They will submit their inputs to ASEAN Secretariat within one month. ASEAN Secretariat will compile and simplify all the inputs and revert back to SOMHD. In October 2011, 7 Member States submitted its ASCC indicators inputs. ASEAN Secretariat shared the said inputs to the annual Meeting of SOMHD subsidiary bodies.

Considering the group's capacity as well as feasibility to collect the data, six subsidiary bodies namely; ASEAN Task Force on Traditional Medicine (ATFTM), ASEAN Task Force on AIDS (ATFOA), ASEAN Task Force on Maternal and Child Health (ATFMCH), ASEAN Task Force on Non Communicable Diseases (ATFNCD), ASEAN Focal Points on Tobacco Control (AFPTC), ASEAN Working Group on Pandemic Preparedness and Response (AWGPPR) submitted their endorsed final set of indicators to SOMHD that each these groups will monitor and that each of these groups are elevating to SOMHD for endorsement to SOCA.

The 7th SOMHD, held in March 2012 in Cebu, Philippines discussed the proposed indicators of aforementioned bodies and further agreed to include the following list of indicators as well responsible working groups/task force to be provisional indicators for the ASCC scorecard:

a. National Prevalence of HIV [ATFOA];
b. Prevalence of tobacco use among adults and adolescents [AFPTC];
c. Proportion of activities in the work plan that have been completed [AWGPPR];
d. Number of public health centers or hospitals which integrated TM services [ATFTM];
e. Infant Mortality Rate [ATFMCH];
f. Maternal Mortality Ratio [ATFMCH]; and
g. Mortality rates on Cardiovascular Diseases [ATFNCD].

The other set of final indicators submitted by each of the health subsidiary body will still be monitored at their respective levels. The above list then was submitted to the 10th SOCA Meeting held on 31 March-1 April 2012 in Phnom Penh, Cambodia.

The 7th SOMHD noted that the remaining subsidiary body namely: ASEAN Task Force on Mental Health (AMT), ASEAN Working Group on Pharmaceutical Development (AWGPD), ASEAN Expert Group on Food Safety (AEGFS) and ASEAN Expert Group on Communicable Diseases (AEGCD) will further propose their final set of indicators, after further consultation with official focal points within the working group level.

The AMT, AWGPD, AEGFS and AEGCD submitted their endorsed final set of indicators to the 8th SOMHD in August 2013 in Singapore. The Meeting exchanged views on the proposed indicators and selected the following indicators from the above-mentioned health subsidiary bodies to be reported to SOCA:

h. Essential Medicine List updated in the last three years (AWGPD);
i. Psychosis treatment rate (facility-based) (AMT);
j. incidence of food borne diseases and indicators for food borne diseases outbreak (AEGFS); and
k. Malaria incidence rate (AEGCD).

Chapter 8

Declarations, Joint Statements, Call to Actions and Other Documents

Declaration of the ASEAN Health Ministers on Collaboration on Health, Manila, 24 July 1980

The Health Ministers of the Republic of Indonesia, Malaysia, the Republic of the Philippines, the Republic of Singapore and the Kingdom of Thailand :

CONCERNED with the health of the people of the ASEAN countries;

RECOGNIZING the similarities and differences in the health problems of ASEAN countries;

AWARE of the benefits of sharing each country's experiences, expertise and resources;

CONSIDERING the crucial role of health in improving the quality of life;

DO HEREBY DECLARE their agreement to strengthen and coordinate regional collaboration in health among ASEAN countries

BY ADOPTING the following guidelines:

1. Ensure that collaboration contributes directly or indirectly towards regional self-reliance and self determination.

2. Emphasize health as an integrated part of the overall socioeconomic development.

3. Aim at making health care accessible to the total population, with priority being given to the under-served and depressed areas.

4. Promote Health Manpower Development consistent with the needs of the ASEAN countries.

5. Continue with international collaboration in health while striving to be self-reliant in the delivery of health services.

6. Emphasize primary health care in the overall health development strategy.

PROGRAM AREAS FOR COLLABORATION

The Program areas of technical collaboration amongst ASEAN countries should include:

- Primary Health Care
- Disease Control
- Health Planning, Management and information system
- Nutrition
- Health Manpower Development
- Environmental and Occupational Health
- Pharmaceuticals, Biologicals and Traditional Medicine
- Mental Health

MECHANISM FOR COLLABORATION

To facilitate effective collaboration, a formal mechanism within the ASEAN structure shall be developed.

DONE in Manila Republic of the Philippines, on the twenty-fourth day of July, 1980.

For the Government of the Republic of Indonesia :

SUWARDJONO SURJANINGRAT
Minister of Health

For the Government of the Republic of Singapore

TOH CHIN CHYE
Minister of Health

For the Government of Malaysia :

TAN SRI CHONG HON NYAN
Minister of Health

For the Government of the Kingdom of Thailand

THONGYOD CHITTAVERA
Minister of Health

For the Government of the Republic of the Philippines

ENRIQUE M. GARCIA
Minister of Health

Resolution of the Third ASEAN Health Ministers Meeting Pattaya, 9 March 1984

The Health Ministers of Negara Brunei Darussalam, the Republic of Indonesia, Malaysia, the Republic of the Philippines, the Republic of Singapore and the Kingdom of Thailand:

RECALLING the Declaration of the Second ASEAN Health Ministers Meeting in Manila 24 July 1980;

REEMPHASISING the importance of health in socioeconomic development and the global strategy of Health for All by the year 2000;

MINDFUL of the benefits of effective regional collaboration among countries;

TAKING NOTE of progress made in promoting and implementing collaboration in health among ASEAN countries;

RECOGNISING the need to further step up collaboration in health development among ASEAN countries;

RECOGNISING further the need to strengthen the present ASEAN mechanism for collaboration in health; and

RESOLVE that existing ASEAN mechanism for collaboration in health be studied and further strengthened by changing the concept of the Expert Group on Health and Nutrition into a more effective Regional Development Board for Health and Nutrition with functions as attached hereto.

DONE in Pattaya, Thailand, on the ninth day of March 1984.

Declaration of the 5th ASEAN Health Ministers Meeting on Healthy ASEAN 2020 Yogyakarta, Indonesia, 28-29 April 2000

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, and the Socialist Republic of Viet Nam;

RECALLING that the ASEAN Vision 2020, adopted by the 2nd Informal Summit held in Kuala Lumpur in December 1997, envisioned ASEAN as 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;

SUPPORTIVE of the need to promote social development and address the social impact of the fi nancial and economic crisis as outlined in the Hanoi Plan of Action (HPA) implementing ASEAN Vision 2020 and adopted during the 6th ASEAN Summit held in Hanoi in December 1998;

RESPONDING to the call of the Ha Noi Declaration adopted by the Sixth ASEAN Summit held in Ha Noi in December 1998 that we shall, together, make sure that our people are assured of adequate medical care and access to essential medicines and that cooperation shall be stepped up in the control and prevention of communicable diseases, including HIV/AIDS;

FULLY AWARE that despite signifi cant progress made in uplifting the quality of life of individuals in our region, health problems continue to be associated with poverty and are increasingly associated with urbanisation, industrialisation, environmental pollution, lifestyle diseases and stress-related conditions;

RECOGNIZING the need to prepare the health sector for the challenges and opportunities arising from globalisation and trade liberalisation;

ENCOURAGED by the notable progress made by the ASEAN Sub-Committee on Health and Nutrition and the ASEAN Task Force on AIDS in formulating action plans and programmes and in implementing regional activities on health, despite funding constraints.

DO HEREBY AGREE, IN THE SPIRIT OF ASEAN SOLIDARITY AND MUTUAL ASSISTANCE, TO STRENGTHEN ASEAN COOPERATION ON HEALTH TO MEET THE CHALLENGES OF THE NEW MILLENNIUM, BY ADOPTING THE FOLLOWING FRAMEWORK :

Vision: "Healthy ASEAN 2020"

We envision by 2020 that health shall be at the centre of development and ASEAN cooperation in health shall be strengthened to ensure that our peoples are healthy in mind and body and living in harmony in safe environments.

Guiding Principles:

1. Emphasise health as a fundamental right of our peoples;

2. Health development is a shared responsibility and must involve greater participation and empowerment of the people, communities and institutions;

3. ASEAN cooperation shall strive to achieve social justice and equity in health development and solidarity in action towards a healthy paradigm that emphasizes health promotion and disease prevention;

4. Political commitment to strengthen and intensify ASEAN cooperation in health development and to mobilise resources at the national, regional, and international levels must derive from the highest level of policy and governance;

5. ASEAN cooperation in health development must be guided by well-defi ned and focused strategic policies which emphasize the regional perspective and value-added element in all undertakings, while keeping in mind the specifi c development requirements of Member Countries; and

6. The organizational machinery for pursuing ASEAN cooperation in health development must be strengthened to achieve better coordination and integration across related development sectors.

Mission:

1. Strengthen and further intensify ASEAN cooperation in health to ensure that health concerns are mainstreamed in the development effort;

2. Ensure that health development concerns are effectively integrated into the larger scheme of regional cooperation;

3. Promote advocacy and enhance the state of public awareness of health related issues;

4. Ensure availability and accessibility of safe, affordable, effi cacious and quality health related products and services to meet the needs of ASEAN;

5. Strengthen the national and collective ASEAN capacity on the issues of health implications from globalization and trade liberalization; and

6. Enhance the competitiveness of ASEAN health related industries taking into account the strength and diversity among ASEAN Member Countries.

Strategies:

1. Promote greater emphasis on health promotion and disease prevention;
2. Intensify human resources development and capacity building in identifi ed priority areas;
3. Promote multi-sectoral integration of health concerns; and Strengthen international partnership and alliance.

Programme of Action:

1. Develop and implement activities on: health promotion and advocacy; promotion of healthy lifestyle; tobacco-free ASEAN; health systems (including decentralisation); health sector fi nancing (including health insurance); and health legislation/regulation.

2. Expedite efforts to implement the following existing plans of action/work programs:
   a. ASEAN Medium-Term Plan of Collaboration on Health and Nutrition (1998-2002);
   b. ASEAN Work Programme on Community-Based Care Programmes for the Elderly;
   c. ASEAN Plan of Action for Strengthening Disease Surveillance;
   d. ASEAN Medium-Term Work Programme on Tuberculosis Control;
   e. ASEAN Medium-Term Work Programme to Operationalise the ASEAN Regional Programme on HIV/AIDS Prevention and Control; and
   f. ASEAN Technical Cooperation in Pharmaceuticals, Phase V (1997-2001).

3. Expedite the implementation of activities on malaria, polio, disability prevention and rehabilitation and develop activities to promote the use of traditional medicine.

4. Address the impact of globalisation/trade liberalisation on the health sector
   a. Harmonise product registration requirements and standards for health products;
   b. Work toward gradual harmonisation of standards and regulations for health services;
   c. Develop strategies to strengthen ASEAN's capacity and competitiveness on healthrelated products (pharmaceuticals, including traditional medicine and biomedical products, including vaccines) and health services;
   d. Assess the potential health impact of globalisation and international trade agreements, including TRIPS and GATS;
   e. Develop a system to monitor the health of vulnerable groups in ASEAN countries;
   f. To strengthen collaboration on health research and development with a focus on pharmaceuticals, including traditional medicines and biomedical products, including vaccines;
   g. Formulate an ASEAN Food Safety Policy and an ASEAN Framework on Food Safety
   h. Collaborate more closely with policy makers in the trade sector; and
   i. Intensify development of human resources for health in the area of globalisation and trade liberalisation.

5. To work together in representing ASEAN's interests in regional and international meetings.

Strengthening Mechanisms for Collaboration

1. The ASEAN Health Ministers Meeting shall be held once every two years, subject to review;

2. Recommend that the existing ASEAN Sub-Committee on Health and Nutrition be elevated to the Senior Offi cials Meeting on Health Development which will meet at least once a year;

3. Establish an Experts Group on Health Policy/Reform;

4. Establish an Experts Group to develop strategies to strengthen ASEAN's capacity and competitiveness on health-related products and services;

5. Both Experts Groups shall report to the Senior Offi cials Meeting on Health Development;

6. The ASEAN Task Force on AIDS, the ASEAN Working Group on Technical Cooperation in Pharmaceuticals, the Experts Group on Disease Surveillance and the Experts Group on Tuberculosis Control shall report to the Senior Offi cials Meeting on Health Development

7. Recommend that a special unit for health development be established at the ASEAN Secretariat comprising an Assistant Director, a Senior Offi cer, a Technical Offi cer and a Technical Assistant;

8. Establish active intra-sectoral links with related ASEAN bodies through the ASEAN Secretariat;

9. Strengthen self-reliant regional cooperation by encouraging cost-sharing and by utilising the lead shepherd approach;

10. Intensify the networking of health institutions, health professionals and centres of excellence in teaching and research in the region;

11. Deepen and expand the mutually benefi cial cooperation with the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Development Programme (UNDP), other international organisations, the ASEAN Dialogue Partners, NGOs, professional groups and the private sector

12. Propose that HIV/AIDS issues be included for discussion at the 4th ASEAN Informal Summit scheduled from 24 to 25 November 2000 in Singapore and

13. Recommend that an ASEAN Heads of Government Summit on HIV/AIDS be convened in conjunction with the 7th ASEAN Summit to be held in 2001 in Brunei Darussalam.

SIGNED on this 29th Day of April 2000 in Yogyakarta, Indonesia

H.E. Pehin Abdul Aziz Umar
Acting Minister of Health
Brunei Darussalam

H.E. Mr. Lim Hng Kiang
Minister of Health
Republic of Singapore

H.E. Prof. Dr. Mya Oo
Deputy Health Minister
Union of Myamnar

H.E. Dr. Ponmek Dalaloy
Minister of Health
Lao People's Democratic Republic

H.E. Dr. Hong Sun Huot
Senior Minister And Minister of Health
Kingdom of Cambodia

H.E. Mr. Kamron Na Lamphun
Deputy Minister of Public Health
Kingdom of Thailand

H.E. Dr. Milagros L. Fernandez
Undersecretary of Health
Republic of The Philippines

H.E. Dato' Chua Jui Meng
Minister of Health
Malaysia

H.E. Dr. Achmad Sujudi, MHA
Minister of Health
Republic of Indonesia

H.E. Prof. Dr. Do Nguyen Phuong
Minister of Health
The Socialist Republic of Viet

7th ASEAN Summit Declaration on HIV/AIDS
Brunei Darussalam, 5 November 2001

WE the Heads of State and Government of the Association of South East Asian Nations (hereinafter referred to as ASEAN):

RECALLING that the ASEAN Vision 2020, adopted by the 2ndASEAN Informal Summit held in Kuala Lumpur in December 1997, envisioned ASEAN as a concert of South East Asian nations, outward looking, living in peace, stability and prosperity, bonded together in partnership in dynamic development and in a community of caring societies;

RECALLING the UN Declaration of Commitment on HIV/AIDS adopted at the 26th Special Session of the General Assembly in June 2001 that secured a global commitment to enhancing coordination and intensification of national, regional and international efforts to combat HIV/AIDS in a comprehensive manner;

DEEPLY CONCERNED that the HIV/AIDS pandemic is a threat to human security and a formidable challenge to the right to life and dignity that affects all levels of society without distinction of age, gender orrace and which undermines social and economic development;

RECOGNISING that at least 1.6 million people are living with HIV/AIDS in the ASEAN region, and that the number is increasing rapidly through risk behaviors exacerbated by economic, social, political, financial and legal obstacles as well as harmful attitudes and customary practices which also hamper awareness, education, prevention, care, support and treatment efforts, particularly to vulnerable groups;

REITERATING the call of the Ha Noi Declaration adopted by the Sixth ASEAN Summit in December 1998 that we shall make sure our people are assured of adequate medical care and access to essential medicines and that cooperation shall be stepped up in the control and prevention of communicable diseases, including HIV/AIDS;

NOTING the Joint Declaration for a Socially Cohesive and Caring ASEAN adopted at the 33rd ASEAN Ministerial Meeting held in Bangkok in July 2000, to strengthen people-centered policies that will promote a positive environment for the disadvantaged, including those who are in ill health;

COMMITTED to realizing a drug-free ASEAN, as called for by the Joint Declaration for a Drug-Free ASEAN adopted by the 33rd ASEAN Ministerial Meeting held in July 2000 and the Bangkok Political Declaration in pursuit of a Drug-Free ASEAN 2015 adopted by the International Congress “In Pursuit of a Drug Free ASEAN” held in October 2000;

ENCOURAGED by the notable progress of the ASEAN Task Force on AIDS in responding to the call by the Fourth ASEAN Summit held in Singapore in February 1992, to implement regional activities on health and HIV/AIDS aimed at curbing and monitoring the spread of HIV by exchanging information on HIV/AIDS, particularly in the formulation and implementation of joint policies and programs against the deadly disease;

REALISING that prevention is the mainstay of the response to HIV infection and that there are opportunities for the ASEAN region to prevent the wide-scale spread of HIV/AIDS by learning from the experiences of some ASEAN Member Countries, which have invested in prevention programs that have reduced HIV prevalence or maintained a low prevalence;

ACKNOWLEDGING that prevention, treatment, care and support for those infected and affected by HIV/AIDS are mutually reinforcing elements that must be integrated in a comprehensive approach to combat the epidemic;

STRESSING that gender equality and the empowerment of women are fundamental elements in the reduction of the vulnerability of women and girls to HIV/AIDS, and that youth are especially vulnerable to the spread of the pandemic and account for over fifty percent of new infections;

AFFIRMING that a multisectoral response has resulted in a number of effective actions for HIV prevention, treatment, care and support and minimization of the impact of HIV/AIDS;

AWARE that resources commensurate with the extent of the problem have to be allocated for prevention, treatment, care and support;

EMPHASISING that the epidemic can be prevented, halted and reversed with strong leadership, political commitment, multi-sectoral collaboration and partnerships at the national and regional levels;

HEREBY DECLARE TO:

LEADERSHIP

LEAD AND GUIDE the national responses to the HIV/AIDS epidemic as a national priority to prevent the spread of HIV infection and reduce the impact of the epidemic by integrating HIV/AIDS prevention, care, treatment and support and impact mitigation priorities into the mainstream of national development planning, including poverty eradication strategies and sectoral development plans;

PROMOTE the creation of a positive environment in confronting stigma, silence and denial; elimination of discrimination; addressing the prevention, treatment, care and support needs of those in vulnerable groups and people at risk, particularly young people and women; and strengthening the capacity of the health, education and legal systems;

INTENSIFY and STRENGTHEN multisectoral collaboration involving all development ministries and mobilising for full and active participation a wide range of non governmental organisations, the business sector, media, community based organisations, religious leaders, families, citizens as well as people infected and affected by HIV/AIDS in the planning, implementation and evaluation of national responses to HIV/AIDS including efforts to promote mutual self help;

INTENSIFY inter-ministerial collaboration at the national and international levels to implement HIV/AIDS programmes;

SUPPORT strongly the mobilization of technical, financial and human resources to adequately advocate for and implement national and regional programs and policies to combat HIV/AIDS, including efforts to promote mutual self-help;

REGIONAL ACTIVITIES IN SUPPORT OF NATIONAL PROGRAMMES

CONTINUE collaboration in regional activities that support national programs particularly in the area of education and life skills training for youths; effective prevention of sexual transmission of HIV; monitoring HIV, STDs and risk behaviors; treatment, care and support for people living with and affected by HIV; prevention of mother to child transmission; creating a positive environment for prevention, treatment, care and support; HIV prevention and care for drug users and strengthening regional coordination among agencies working with youths;

JOINT REGIONAL ACTIONS

STRENGTHEN regional mechanisms and INCREASE and OPTIMISE the utilisation of resources to support joint regional actions to increase access to affordable drugs and testing re-agents; reduce the vulnerability of mobile populations to HIV infection and provide access to information, care and treatment; adopt and promote innovative inter-sectoral collaboration to effectively reduce socioeconomic vulnerability and impact, expand prevention strategies and provide care, treatment and support;

MONITOR and EVALUATE the activities at all levels and systematically conduct periodic reviews and information sharing with the full and active participation of non-governmental organisations, community-based organisations, people living with HIV/AIDS, vulnerable groups and caregivers;

INTERNATIONAL COLLABORATION

URGE ASEAN Dialogue Partners, the UN system organisations, donor agencies and other international organisations to support greater action and coordination, including their full participation in the development and implementation of the actions contained in this Declaration, and also to support the establishment of the Global HIV/AIDS and health fund to ensure that countries in the region would have equal opportunity to access the fund;

ASEAN WORK PROGRAMME ON HIV/AIDS

ADOPT the ASEAN Work Programme on HIV/AIDS and work together towards accomplishing the regional activities in support of national programs and joint regional actions.

ADOPTED on this Fifth Day of November 2001 in Bandar Seri Begawan, Brunei Darussalam.

Declaration of The 6th ASEAN Health Ministers' Meeting on Healthy ASEAN Lifestyles (Vientiane Declaration) Vientiane, Lao PDR, 15 March 2002

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 and the Socialist Republic of Viet Nam;

RECALLING that the ASEAN Vision 2020, adopted by the 2nd ASEAN Informal Summit held in Kuala Lumpur in December 1997 envisioned ASEAN as a concert of South East Asian nations, outward looking, living in peace, stability and prosperity, bonded together in partnership in dynamic development and in a community of caring societies;

RESPONDING TO the Yogyakarta Declaration adopted by the Fifth ASEAN Health Ministers' Meeting held in April 2000, in which "Healthy ASEAN 2020" was proclaimed: "We envision by 2020 that health shall be at the centre of development and ASEAN cooperation in health shall be strengthened to ensure that our peoples are healthy in mind and body and living in harmony in safe environments";

MINDFUL that ASEAN countries are in demographic, economic and epidemiological transition and that these trends have major implications on lifestyles and health status by infl uencing the determinants of health;

CONCERNED that many traditional patterns of living of ASEAN peoples that have benefi cial health effects are under pressure to change;

NOTING the links from behavioural risk factors (especially tobacco use, malnutrition, physical inactivity and personal and family hygiene practices) and socio-economic risk factors (especially poverty) to persistent and emerging health conditions in the region;

RECOGNISING that there is a rich diversity of ASEAN lifestyles within and between Member Countries, that lifestyles are behaviours and social practices conducive to good health which refl ect the values and identities of the groups and societies in which people live, and that they change over time in response to economic, social and physical environments;

ENCOURAGED by the steady progress that has been made to develop and implement health programmes through the ASEAN Senior Offi cials Meeting on Health Development (SOMHD) and the ASEAN Sub-Committee on Health and Nutrition before the SOMHD

FULLY AWARE of the crucial roles that ASEAN Ministers of Health can play in enabling, mediating and advocating for healthy lifestyles across all sectors of activity and as leaders in health system reform;

DO HEREBY AGREE, IN THE SPIRIT OF ASEAN SOLIDARITY AND MUTUAL ASSISTANCE, TO INTENSIFY THE REGIONAL EFFORT TO IMPROVE THE LIFESTYLES OF THE ASEAN PEOPLES BY ADOPTING THE FOLLOWING FRAMEWORK:

Vision:

We envision that by 2020 all ASEAN citizens will lead healthy lifestyles consistent with their values, beliefs and culture in supportive environments.

Mission Statement :

ASEAN Member Countries will continue to educate and empower their citizens to adopt healthy lifestyles and create an enabling environment that makes healthy lifestyle choices accessible, affordable and sustainable.

ASEAN will continue to be a driving force for regional action in promoting healthy lifestyles. Guiding Principles:

1. Healthy ASEAN lifestyles refer to basic human functions and the patterns linking various activities of everyday living in the ASEAN context.
2. Determinants of health strongly infl uence lifestyles and promoting healthy lifestyles involves enhancing individual responsibility and capability, as well as creating enabling environments.
3. The ASEAN concept for promoting healthy lifestyles links priority areas for health promotion interventions; key target groups based on stages through the lifespan; key levels, sectors, settings and strategies for implementation.
4. Political commitment at the highest levels will strengthen multi-sectoral cooperation and enhance resource mobilisation from multiple sources.
5. Efforts to promote healthy ASEAN lifestyles will draw on the best evidence-based practices appropriate to the social, cultural and economic situation.
6. Individuals, families, communities and citizen organisations as well as the private sector and regional organisations are key partners with national and local governments.
7. Partnerships with ASEAN Dialogue Partners, international agencies, the private sector, academic institutions, media organisations, and civil society will strengthen the organisational machinery of ASEAN to implement joint activities.
8. Special consideration shall be given to addressing healthy lifestyle issues in vulnerable populations.

Strategies:

1. To strengthen ASEAN cooperation among Member Countries to promote healthy ASEAN lifestyles.
2. To strengthen the national and collective ASEAN capacity for research and policy development, implementation, monitoring and evaluation.
3. To enhance awareness and develop health literacy among ASEAN peoples about healthy lifestyles.
4. To work together to build supportive environments and opportunities for healthy lifestyle choices.

Priority Health Issues

Recognizing the challenges of demographic transition, urbanisation, industrialisation, globalisation environmental change and other socio-economic changes and their impact on health, we identify the following as priority areas for the promotion of healthy lifestyles:

- Accident and injury prevention
- Alcohol consumption
- Communicable diseases control (malaria, TB, HIV, ARI, CDD etc.)
- Environmental health
- Healthy ageing
- Mental health
- Non-communicable diseases prevention (diabetes, hypertension, cancer, CVD, and others)
- Nutrition
- Physical activity
- Substance abuse
- Tobacco control
- Women's and children's health

Regional Action on Promoting Healthy ASEAN Lifestyles

1. We agree to adopt the Regional Action Plan of the Framework for Promoting Healthy ASEAN Lifestyles.
2. We commit to implement the Regional Action Plan through a continuing programme of activities.
3. We will intensify our linkages and interactions with ASEAN Dialogue Partners and other partner organisations in the implementation of the Regional Action Plan.
4. We will mobilize resources through multiple strategies, including cost- and resourcesharing among ASEAN Member Countries and co-operation with ASEAN's Dialogue Partners and international organisations.

SIGNED on this 15th Day of March 2002 in Vientiane, Lao People's Democratic Republic for the governments of ASEAN Member Countries.

For the Government of Brunei Darussalam

H.E. Pehin Abdul Aziz Umar
Acting Minister of Health

For the Government of Kingdom of Cambodia

H.E. Dr. Hong Sun Huot
Senior Minister And Minister of Health

For the Government of Republic of Indonesia

H.E. Dr. Achmad Sujudi, MHA
Minister of Health

For the Government of Lao People's Democratic Republic:

H.E. Dr. Ponmek Dalaloy
Minister of Health

For the Government of Malaysia

H.E. Dato' Seri Dr. Suleiman Mohamed
Deputy Minister of Health

For the Government of Union of Myamnar

H.E. Prof. Dr. Mya Oo
Deputy Health Minister

For the Government of Republic of the Philippines

H.E. Dr. Manuel M. Dayrit
Secretary of Health

For the Government of Republic of Singapore

H.E. Dr. Balaji Sadasivan
Minister of State for Health

For the Government of Kingdom of Thailand

H.E. Mrs. Sudarat Keyuraphan
Minister of Public Health

For the Government of The Socialist Republic of Viet Nam

H.E. Prof. Dr. Do Nguyen Phuong
Minister of Health

Joint Declaration of the Special ASEAN Leaders Meeting on Severe Acute Respiratory Syndrome (SARS) Bangkok, Thailand 29 April 2003

1. We, the Heads of State/Government of ASEAN gathered in Bangkok, Thailand for the Special ASEAN Leaders Meeting on SARS on 29 April 2003
2. Reaffi rming our primary responsibility in ensuring the peaceful and progressive development of our respective countries and our region;
3. Resolving to maintain and strengthen the fundamental policies that have brought us many years of growth and prosperity and strongly reaffi rming our commitment to keep our economies and borders open:;
4. Recognising that SARS poses a serious challenge not just to our region but globally and deeply concerned about its consequences to the well-being of the people and the economic development of this region;
5. Recognising that the number of victims of SARS world-wide has been on the increase and World Health Organisation's assessment that SARS could become that fi rst severe new disease of the 21st century with global epidemic potential;
6. Acknowledging with gratitude the important role of the WHO in a worldwide campaign to control and contain the spread of SARS;
7. Recognising the need for members to take individual (as well as collective) responsibility to implement stringent measures to control and contain the spread of SARS and the importance of transparency in implementing these measures;
8. Acknowledging that prevention, treatment, care and support for those infected by SARS are mutually reinforcing elements that must be integrated in a comprehensive approach to curb the spread of SARS;
9. Expressing appreciation at the initiative by Malaysia to organise the fi rst ASEAN+3 Health Ministers' Special Meeting on SARS in Kuala Lumpur on 26 April 2003 and endorsing the decisions arrived at the Meeting (Annex A);
10. Recognising the value of exchanging experiences and information among ASEAN Member Countries which have been successful in controlling and rolling-back the spread of SARS, whereof Vietnam is a good example; and
11. Taking into account all the extensive measures taken by individual ASEAN countries in addressing this problem since the WHO's Global SARS Alert on 12 March 2003, we resolve to undertake the following measures:

    - To establish an ad-hoc Ministerial-level Joint Task Force to follow-up, decide and monitor the implementation of the decisions made at this meeting and the ASEAN + 3 Health Ministers Special Meeting on SARS. In this regard, we task the respective Senior Offi cials to discuss and recommend operational details for consideration and approval by the Joint Task Force;

- to intensify our efforts collectively to prevent the spread of SARS by strengthening our multi-sectoral collaboration involving relevant government agencies and mobilising our full and active participation of all sectors including the media, health community based organisations and private sectors in the planning and implementation of national responses to SARS; and the coordination of health and immigration procedures through the quick and full implementation of the measures listed in Annex B;
- to cooperate in providing public information and education to promote public awareness and better understanding of the SARS epidemic as well as to prevent undue alarm on the part of the public;
- to strengthen cooperation among our front line enforcement agencies such as health, immigration, customs, transport and law enforcement in preventing the spread of SARS;
- to establish and strengthen early warning system on emerging infectious diseases at both national and regional levels in cooperation with the WHO and other international health programmes;
- to direct our Health and other relevant Ministers to promote, facilitate and enhance the exchange and sharing of information on how to deal with and counter the spread of SARS;
- to establish an ASEAN SARS Containment Information Network to share information, best practices and new fi ndings to combat SARS in a transparent and effective manner;
- to appoint a focal point in each ASEAN Member Country in dealing with SARS;
- to cooperate in ensuring proper pre-departure health screening for travelers at the points of origin and arrival screening at entry points of ASEAN countries by qualifi ed medical personnel;
- to cooperate and establish standardized and, if possible, harmonized measures for proper health screening at borders and entry points between affected ASEAN countries;
- to convene a meeting of airport authorities from ASEAN+3 countries in the Philippines, to work out relevant and standard procedures for departure and arrival screening;
- to extend equal treatment to foreign nationals who may be suspect or actual SARS cases;
- to task our ASEAN Health Ministers to continue to meet with their counterparts from affected Dialogue Partner Countries to forge closer cooperation in curbing the spread of SARS;
- to welcome Japan's proposal to provide assistance to those ASEAN countries in need, including the provision of needed medical equipment;
- to call on the Asia-Pacifi c Economic Cooperation Health Ministers to meet and to take collaborative action as soon as possible in controlling the spread of SARS and to enhance research and development capacities in cooperation with related International Organizations;
- to enhance cooperation with the WHO, other related international and regional organizations and other medical centres of excellence;

- to strengthen existing collaboration between ASEAN and the WHO on identified potential public health risks, especially new, emerging and re-emerging infectious diseases, with an emphasis on prevention and control programmes;
- to request the WHO to conduct a review of the classifi cation of "affected' countries; review and update guidelines on travel; expedite the development of test kits and vaccines; and formulate and provide further technical guidelines on interventions relating to SARS;
- to collaborate in regional activities that support national programmes particularly in the areas of epidemiology, control measures, quarantine measures of SARS cases in each member country;
- to task relevant experts to consider a Health Emergency Fund within the existing ASEAN Foundation framework;
- to direct the Secretary-General of ASEAN to update the 9th ASEAN Summit in Bali in October 2003 on the implementation of the Declaration; and
- to instruct ASEAN missions and committees in the third countries, jointly and individually, to inform their governments, authorities concerned, the business communities, and the general public on the result of this Meeting.

12. We call on the WHO to address the issue of SARS at its forthcoming World Health Assembly in May with a view to recommend adoption and implementation of preventive actions in controlling the spread of SARS in cooperation with related international organisations.

13. We also call on other countries outside ASEAN to show similar resolve and commitment in eradicating SARS and to undertake similar measures to combat the disease.

14. We further call on the international community to avoid indiscriminately advising their citizens to refrain from visiting or otherwise dealing with member countries and, thereby, help restore business confi dence in the region.

15. We are determined to cooperate actively in mitigating the adverse impact of the SARS virus on ASEAN countries and urge international community to assist us in this effort.

16. We resolve to ensure the security and harmony of our societies and the safety of our peoples and also of others who are in our countries and in the region.

17. We, the Leaders of ASEAN, pledge to remain seized with the matter and call on the international community to work with ASEAN in the effort to suppress the spread of this deadly disease.

Adopted on this 29th day of April 2003 in Bangkok, Thailand.

Joint Statement of the Special ASEAN-China Leaders Meeting on the Severe Acute Respiratory Syndrome (SARS) Bangkok, Thailand, 29 April 2003

We, the Heads of State and Government of 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 and the People's Republic of China met in Bangkok, Thailand, on 29 April 2003 for a Special ASEAN-China Leaders Meeting on Severe Acute Respiratory Syndrome (SARS);

Deeply concerned with the mounting threat to life and health of the people in Asia and the world at large due to SARS, we express our deepest condolences and sympathy to those who are suffering from the disease or are threatened by the pandemic. Noting that SARS has already had a serious adverse impact on the economy and society of countries in the region, including international exchanges and cooperation among our countries and this region;

Recognising the need for collective efforts in the region and the rest of the world to effectively tackle the challenges posed by the deadly virus, we agreed to promote the exchange of information and sharing of experience in respect of SARS control and prevention;

Emphasising that the importance of strong leadership, political commitment, multi-sectoral collaboration and partnership at the national and regional levels to fi ght epidemic. Noting with deep respect the efforts of all medical professionals and researchers, quarantine offi cials and public awareness campaigners in all countries and regions, who are working courageously at the forefront of the battle against SARS;

Noting further that in addressing such non-traditional threats as SARS against the backdrop of globalization, cooperation must draw upon and pool together the best of human wisdom and capabilities in addressing the disaster, and that ASEAN Member Countries and China can play an important and positive role in strengthening such cooperation;

We hereby agree that ASEAN and China will develop and strengthen cooperation on SARS control and take coordinated measures to reduce and eliminate its multifaceted impact on our region, taking into account the practical measures adopted by the ASEAN + 3 Ministers of Health Special Meeting held on 26 April 2003 in Kuala Lumpur;

We appreciate the valuable opportunity to brief each other on the measures each country has taken to prevent, monitor, study and treat SARS. China associates itself with the Joint Declaration of the Special ASEAN Leaders Meeting on SARS and expresses its readiness to cooperate with ASEAN to fi ght the SARS problem;

To this end, we directed our health and other relevant ministers to undertake the following:

- Exchange information on the latest developments of SARS, including its control and treatment, and its related study and research, through linking China's SARS information network and the ASEAN SARS Containment Information Network, based on unifi ed rules, standards and methods.
- Appoint a focal/contact point in every country for the routine exchange of information as part of a "hotline" network to facilitate communication in an emergency.
- Carry out cooperative research and training programmes focusing on SARS spread patterns, SARS pathology and the care and treatment of severe SARS cases.
- Jointly sponsor organised a high-level international symposium on SARS control and treatment in China as soon as possible.
- Sponsor a special symposium to assess the political, security, economic and other possible impact of SARS on this region and come up with regional countermeasures to address the impacts. and
- Work to take rigorous measures for immigration and customs control to prevent the out-spread of SARS, including for example, pre-departure and arrival screening and better fl ight management. A meeting will be held soon by offi cials from immigration and health authorities for the above purposes.

The Chinese side has decided to pledge RMB 10 million yuan to launch a special fund in support of China – ASEAN bilateral cooperation programmes on SARS control and prevention and the eradication of its multifarious impacts.

We will strive to offset the negative impacts of SARS on our respective economies and personnel exchanges, adopt effective measures to stimulate economic development, expand trade, encourage investment, and strengthen tourism cooperation to maintain the momentum of economic growth. At the same time, we will continue to consolidate and deepen ASEAN-China economic cooperation.

We, the leaders of ASEAN Member Countries and the People's Republic of China, hereby undertake to work in the spirit of mutual trust, mutual benefi t, equality and coordination and to further deepen ASEAN-China partnership of good-neighbourliness and cooperation. We will continue to consolidate and upgrade our bilateral relations so that our bilateral exchanges and cooperation may grow in greater depth and width.

Adopted on this 29th day of April, 2003 in Bangkok, Thailand.

Joint Statement of the ASEAN+3 Ministers of the Health Special Meeting on SARS Kuala Lumpur, Malaysia 26 April 2003

We, the Ministers of Health or our representatives from Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Singapore, the Philippines, Thailand, People's Republic of China, Japan and the Republic of Korea gathered in Kuala Lumpur for the ASEAN+3 Ministers of Health Special Meeting on Severe Acute Respiratory Syndrome (SARS);

Applaud the ASEAN Leaders for convening a Special Summit on SARS on 29 April 2003 in Bangkok thus showing their will and support to combat the SARS epidemic and protect their populations,

Affirm that we, in ASEAN and in China, Japan and Korea, with rich diversity that has provided the strength and inspiration to help one another and the responsibility of ensuring peace and protecting the public and prosperity of our region and of our neighbours. Therefore, we commit ourselves to controlling the SARS, which now presents a global threat;

Deeply concerned that the SARS has threatened the well-being and livelihood of the people and the economic development of this region;

Aware of the formidable challenge posed by the spread of SARS which is becoming a major health and economic problem and that our immediate priority is to ensure that our health care system is fully prepared to contain this threat;

Recognise that the number of victims of SARS globally is on the increase;

Encouraged to note that some of the affected countries have already put in place effective measures to contain the spread of SARS;

Convinced that we could tackle the challenges posed by this deadly virus only by strengthening our collective efforts regionally as well as internationally;

Aware of the fact that even one single infectious case can lead to a serious outbreak unless rigorous measures are taken;

Recognise the importance of professional and public awareness, particularly in our efforts to identify suspected cases and their contacts promptly, and, to implement stringent isolation and infection control measures;

Convinced of the effectiveness of screening of passengers before they leave affected areas in preventing the spread of SARS;

Mindful that the global movement of peoples has played a major role in the worldwide spread of the disease.

Fully aware that many health care workers have come down with this disease, thus undermining the capacity of health care systems, and that they continue to be at high risk of contracting the disease and that they need to be protected;

Concerned that the outbreak of SARS has caused negative social and economic impacts in many countries;

Acknowledge that a cross border and or international comprehensive approach is required to contain and prevent the spread of the disease;

Encourage the sharing of experience and best practices between countries; and

Acknowledge that the control of SARS requires additional human and financial resources and multi-sectoral approaches; therefore, the Ministries of Health need the support and commitment from our Heads of Governments of ASEAN+3.

In pursuance, thereof, we agreed to undertake the following practical measures, taking into consideration domestic situation, laws and health systems;

Urge the Heads of Governments of ASEAN+3 to provide adequate resources for their Health Ministries to respond effectively to the epidemic. We also call on other countries outside ASEAN to show similar resolve and commitment in eradicating SARS and other infectious diseases.

Establish, if not yet done, a national multi-sectoral Task Force with real power of enforcement, matched by necessary resources;

Enhance the exchange of information on best practices in preventive and control measures;

Appoint a contact point in every country for the routine exchange of information and to set up a “hotline” to facilitate communication in an emergency;

Ensure prompt exchange of relevant information on SARS cases and/or their contacts, which have significant epidemiological linkage with that country using the template which is attached as **Annexes A and B;**

Follow the WHO recommended measures for persons undertaking international travel from areas affected by SARS;

Advocate an active campaign for non-discrimination towards people coming from affected areas or people with symptoms of SARS, regardless of nationality and social status;

Call for relevant authorities at airport, seaport, river port and land entry points to collaborate with health care workers to undertake stringent pre-departure screening of passengers for international travel;

Ensure that persons suspected of SARS should not be allowed to travel;

Make it mandatory for travelers from affected countries to fill up SARS health declaration forms;

Institute in-flight management of suspected SARS cases who develop symptoms while on board;

Refer persons suspected of SARS promptly to health care facilities;

Surveillance of persons who have been in contact with a suspected case;

Disinfect aircrafts as outlined in the WHO Disinfection of Aircraft Guidelines;

Undertake coordinated measures with other sectors to ensure that travelers from affected areas are screened for SARS, where countries share common borders or sea-lanes;

Request WHO to conduct a review of the classification of "affected" countries, and review and update guidelines on travel, and expedite the development of test kits and vaccines; and

Request WHO to formulate and provide further technical guidelines on intervention of SARS.

Recognising the urgency of taking follow-up action, we urge ASEAN+3 Member Countries to immediately implement the above measures and also agreed on the following:

a. request the ASEAN Expert Group on Communicable Diseases (under the ASEAN Senior Officials Meeting on Health Development), in collaboration with focal points from China, Japan and the Republic of Korea, to develop a work plan for regional cooperation to support and monitor the implementation of the Joint Statement and explore collaboration with relevant centers of excellence under the WHO and with other partner countries, as well as evaluate the setting up of an ASEAN center of excellence for disease control;
b. request Indonesia, as coordinator of the ASEAN Disease Surveillance Net, to look into using the website to support the exchange of information among the ASEAN and the +3 Countries;
c. request Thailand, as the coordinator of the ASEAN Epidemiologic Network to strengthen capacity building for epidemiological surveillance; and
d. request Malaysia to implement the ASEAN project on Strengthening Laboratory Capacity and Quality Assurance for Disease Surveillance.

We, the ASEAN Health Ministers of Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Singapore, the Philippines and Thailand, and the Ministers of Health of the People's Republic of China, Japan and the Republic of Korea hereby pledge our commitment to fully implement these measures for the well being of our peoples and for the peace, prosperity and stability of our region.

Adopted at Kuala Lumpur on 26 April, 2003.

Joint Statement of the Special ASEAN+3 Health Ministers Meeting on Severe Acute Respiratory Syndrome (SARS) "ASEAN is a SARS Free Region" Siem Reap, Cambodia, 10-11 June 2003

1. The Special ASEAN+3 Health Ministers Meeting on Severe Acute Respiratory Syndrome (SARS) was convened from 10 to 11 June 2003 in Siem Reap, Cambodia, to follow-up on the operationalisation of the decisions of the ASEAN+3 Ministers of Health Special Meeting on SARS held in Kuala Lumpur on 26 April 2003, the Special ASEAN Leaders Meeting and the Special ASEAN-China Leaders Meeting on SARS held in Bangkok on 29 April 2003. The Special ASEAN+3 Health Ministers Meeting on SARS was preceded by the Special ASEAN+3 Senior Health Officials Meeting on SARS held from 8 to 9 June 2003.

2. The Meeting was attended by the Health Ministers or their Representatives from ASEAN Member Countries, the People's Republic of China, Japan and the Republic of Korea. The ASEAN Secretariat and Observers from Canada, Mongolia and the World Health Organisation (WHO) were also in attendance (See attached list of ASEAN+3 Health Ministers or their Representatives).

3. His Excellency Dr. Hong Sun Huot, Senior Minister and Minister of Health of Cambodia, in his Opening Remarks, welcomed the ASEAN+3 Health Ministers to the Meeting and expressed his hope that ASEAN+3 collaboration will be further strengthened and intensified in combating SARS. Noting that much progress has been made in stopping SARS, H.E. Dr. Hong Sun Huot emphasized that the SARS threat is not yet over and that ASEAN+3 countries should use their experience in responding to SARS to strengthen regional capacity to effectively meet the challenge of the next SARS or the next new and emerging infectious diseases.

4. Dr. Shigeru Omi, Regional Director of the WHO Western Pacific Region, in his Keynote Address noted that the SARS situation today is very different from six weeks ago when the ASEAN Health Ministers met in Kuala Lumpur on 26 April 2003. Thanks to the commitment of the governments of the region to fight SARS and the implementation of aggresive and prompt control measures, the SARS epidemic appears to be under control. The number of new cases has been dropped very significantly and there is a clear and consistent downward trend in both cases and deaths. However, as the WHO Director General has pointed out, this was not the time to sit back. We should use this breathing space to really build up national disease surveillance and outbreak response systems to better respond to any disease outbreak in the future.

5. His Excellency Sar Kheng, the Deputy Prime Minister and co-Minister of Interior of Cambodia, in his Closing Remarks highlighted Cambodia's efforts in the fight against

SARS. The Deputy Prime Minister noted the serious impact of SARS on public health, the economy, trade, tourism and social stability as well as poverty eradication efforts. H.E. Sar Kheng also emphasized that regional cooperation on SARS control and prevention has helped Member Countries gain a better understand of the serious threat of SARS. He therefore stressed the need for strengthening international and regional solidarity in the face of SARS and future threats.

Update on the SARS Situation

6. Recognizing the challenges posed by the SARS epidemic and fully aware of its potential impact on the well-being and livelihood of the people, the health systems and the economy, the Ministers acknowledged the great efforts, individually and collectively, made by countries with affected areas to implement effective measures to contain the spread of SARS. The collective efforts by all ASEAN Countries have borne fruit as evidenced by the last case being isolated in the region on 11 May 2003 which is 30 days ago. The region is now free of local transmission and ASEAN is a SARS free region. The Ministers therefore urged countries which have issued travel advisories to ASEAN countries to withdraw such advisories.

7. The Ministers congratulated the government of China for its very strong political commitment in containing SARS and its utmost efforts to improve the quality and timeliness of surveillance. The Ministers also added that China can make further improvement in obtaining information such as: a) the date when cases were isolated; and b) how the patients have become infected (either through community-based or hospital-based transmission). By doing so, the Ministers believe that China can make further contributions to the global containment of SARS.

Update on the Implementation of the Summit and Ministerial Directives on SARS

8. The Ministers noted the progress made in the implementation of the directives contained in the Joint Statement of the ASEAN+3 Ministers of Health Special Meeting on SARS held on 26 April 2003 in Kuala Lumpur, the Joint Declaration of the Special ASEAN Leaders Meeting on SARS held on 29 May 2003 in Bangkok, and the Joint Statement of the Special ASEAN-China Leaders Meeting on SARS also held on 29 April 2003 in Bangkok. Notwithstanding the progress made in curbing the spread of SARS, the Ministers noted that ASEAN+3 countries need to remain vigilant and committed to ensure that there is no let up in implementing the preventive and control measures that have been put in place.

9 The Ministers noted that several important initiatives have been implemented. Member Countries have established their respective national multi-sectoral task forces and that the Ministries of Health of Member Countries have appointed their contact points for the routine exchange of information on SARS. A “hotline” has been set up among the Health Ministers and their senior officials to facilitate communication in an emergency.

10. The Ministers noted with satisfaction that a number of high-level ASEAN and ASEAN+3 meetings on labour, transport, tourism, information and health have addressed the SARS

issue following the Special ASEAN Leaders Summit on SARS and the Special ASEAN-China Leaders Meeting on SARS held on 29 April 2003 in Bangkok. The Ministers reaffirmed that a multi-sectoral response was the only effective way to deal with SARS since its impact went beyond the health sector. They expressed their commitment to further work with relevant sectors in continuing efforts to prevent the spread of SARS and other infectious diseases.

11. The Ministers noted that the ASEAN+3 Labour Ministers Meeting held on 9 May 2003 in Indonesia had agreed to convene an ASEAN+3 Special Senior Labour Officials Meeting on SARS in early July 2003 in the Philippines. The Meeting will address the impact of SARS on labour, employment , human resources and occupational safety and health, including the role of the social partners in easing the impact on retrenchments, unemployment and worker protection.

12. The Ministers noted with appreciation that the Philippines has successfully organised the "Aviation Forum on the Prevention and Containment of SARS" from 15 to 16 May 2003 in Clark Special Economic Zone, Pampanga, Philippines. Forum participants stated their intention to take measures to prevent and contain the spread of SARS, including standardized airport procedures for passenger screening.

13. The Ministers also noted with appreciation that China has completed two activities, namely: the "China-ASEAN Entry-Exit Quarantine Meeting on SARS" held from 1 to 2 June in Beijing, during which the Entry - Exit Quarantine Action Plan for Controlling the Spread of SARS by Governments of the People's Republic of China and ASEAN was adopted, and the "ASEAN, China, Japan and the ROK (10+3) High-Level Symposium on SARS held from 3 to 4 June in Beijing.

14. The Ministers recognised the solidarity of ASEAN+3 and other partners when they cooperatively and successfully worked out the Resolution on SARS which was adopted by the 56th World Health Assembly held from 19 to 28 May 2003 in Geneva.

15. The Ministers also noted that Malaysia will host the WHO Global Conference on SARS from 17 to 18 June 2003 in Kuala Lumpur to review the epidemiological, clinical management and laboratory findings on SARS, and discuss global control strategies. The Ministers encouraged ASEAN+3 countries to attend the Conference.

16. As for the efforts currently underway to strengthen the region's capacity to prevent and control SARS and other new and emerging infectious diseases, the Ministers noted with satisfaction the progress made in implementing the following:

    a. Thailand's proposal to organise a consultative meeting to strengthen the capacity of ASEAN+3 countries in epidemiological surveillance from 24 to 26 June 2003 in Bangkok;

    b. Malaysia's work plan on the project proposal to strengthen capacity and quality assurance of diagnostic laboratories to support infectious disease surveillance in the ASEAN+3 countries and the convening of its first meeting from 7 to 8 July 2003 in Kuala Lumpur;

c. Indonesia's initiative to improve the ASEAN-disease-surveillance.net website and to set up an ASEAN+3 SARS homepage to disseminate information on SARS epidemiology, prevention and control, with links to the SARS websites of ASEAN+3 Countries, the ASEAN Secretariat and WHO. The work plan for strengthening the SARS website would be prepared by Indonesia and circulated to Member Countries for review by 30 June; and

d. Formulation of a longer-term ASEAN+3 work plan for strengthening surveillance of new and emerging diseases. The ASEAN Secretariat will prepare a terms of reference for the project and circulate it to Member Countries for review by 30 June 2003.

17. The Ministers reaffirmed their commitment to implement fully the decisions as contained in the Special ASEAN Leaders Meeting on SARS held on 29 April 2003 in Bangkok and the ASEAN+3 Health Ministers Special Meeting on SARS held on 26 April 2003 in Kuala Lumpur.

ASEAN+3 Action Plan on Prevention and Control of SARS and Other Infectious Diseases

18. To further operationalise the Summit and Ministerial directives on SARS, the Ministers adopted the framework ASEAN+3 Action Plan on Prevention and Control of SARS and other Infectious Diseases with the following priority areas:

    a. Guidelines for International Travel;
    b. ASEAN SARS Containment Information Network;
    c. Capacity Building for Outbreak Alert and Response (e.g. Early Warning System/ ASEAN Centre of Excellence for Disease Control); and
    d. Public Education and Information.

19. The Ministers requested the ASEAN Secretariat to prepare, in consultation with the ASEAN+3 Senior Health Officials, a detailed Action Plan which would include institutional mechanisms for coordination, strategies for resource mobilisation, timelines for implementation, and include a consolidated list of meetings and activities proposed by the plan. The detailed Action Plan would be circulated to Member Countries for comment by August 2003.

20. The Ministers agreed that follow-up action on the implementation of the Action Plan should be in conformity with relevant international rules and regulations and should not discriminate against any nation or individual. With regard to measures for international travel, the Ministers emphasized that all countries with recent local transmission must continue to carry out stringent pre-departure screening. In addition they urged countries without local transmission to continue arrival screening, including the use of health declaration forms, to improve early detection of imported cases. The implementation of such measures should take into consideration the domestic situation, the laws and the health systems of individual member countries as well as the global SARS situation as advised by the WHO.

21. The Ministers thanked their Senior Health Officials for preparing the Action Plan and requested them to work with the ASEAN Secretariat and the WHO to fully operationalise it. They expressed confidence that the Action Plan would strengthen the region's efforts not only in the fight against SARS but also contribute towards building the longer-term capacity of the region to respond to new and emerging diseases.

22. The Ministers expressed satisfaction with the efforts made so far and pledged to implement the Action Plan. In this regard, the Ministers expressed appreciation to Member Countries who, in the spirit of solidarity, have offered to coordinate and implement priority projects under the Action Plan on a cost-sharing basis. The Ministers also requested the ASEAN Dialogue Partners, the WHO and other international and regional organisations to mobilise financial and human resources and technical support in order to implement the Action Plan. The Ministers also encouraged Canada and Mongolia to support and participate in the activities under the Action Plan, as and when appropriate.

Acknowledgements

23. The delegations of Brunei Darussalam, China, Indonesia, Japan, Republic of Korea, Lao PDR, Malaysia, Philippines, Singapore, Thailand and Viet Nam expressed their deep appreciation to the government and people of Cambodia for the generous hospitality extended to the delegates and the excellent arrangements made for the meeting. The Ministers also registered their appreciation to the ASEAN Secretariat for its valuable contributions to the meeting.

List of Health Ministers or Their Representatives attending the Special ASEAN+3 Health Ministers Meeting on Severe Acute Respiratory Syndrome (SARS), Siem Reap, 10 – 11 June 2003

1. **Honourable Pehin Dato Abu Bakar Apong**
   Minister of Health
   Brunei Darussalam

2. **H.E. Dr. Hong Sun Huot**
   Senior Minister and Minister of Health
   Cambodia

3. **H.E. Dr. Huang Jiefu**
   Vice Minister of Health
   People's Republic of China

4. **Prof. Dr. Umar Fahmi Achmadi, Ph.D**
   Director General of Communicable Disease Control and Environmental Health
   Ministry of Health
   Indonesia

5. **Mr. Takashi Minagawa**
   Assistant Director General, International Affairs Division
   Minister's Secretariat
   Ministry of Health, Labour and Welfare
   Japan

6. **Dr. Dae Kyu OH**
   Director General of Health Promotion Bureau
   Ministry of Health and Welfare
   Republic of Korea

7. **H.E. Dr. Ponmek Dalaloy**
   Minister of Health
   Lao PDR

8. **H.E. Dato' Chua Jui Meng**
   Minister of Health
   Malaysia

9. **H.E. Dr. Manuel M. Dayrit**
   Secretary of Health
   Department of Health, Philippines

10. **H.E. Dr. Balaji Sadasivan**
    Minister of State for Health and
    Transport
    Singapore

11. **H.E.Mrs. Sudarat Keyuraphan**
    Minister of Public Health
    Thailand

12. **H.E. Dr. Tran Chi Liem**
    Vice Minister of Health
    Viet Nam

13. **Dr. Azmi Mat Akhir**
    Director of Bureau of Functional
    Cooperation
    ASEAN Secretariat

OBSERVERS

13. **Mrs. Stefanie Beck**
    Ambassador of Canada in Cambodia

14. **Dr. Ts. Sodnompil, MD, MPH, PhD**
    State Secretary, Ministry of Health
    Mongolia

15. **Dr. Shigeru Omi**
    Regional Director of the Western Pacific
    Regional Office
    World Health Organization

Joint Ministerial Statement on the Current Poultry Disease Situation Bangkok, Thailand, 28 January 2004

We, the Agriculture and Health Ministers and senior officials of Cambodia, China, Republic of Indonesia, Japan, Republic of Korea, Laos, Malaysia, Singapore, Thailand, the United States, and Viet Nam, with the European Commission represented as an observer, met today in Bangkok, Thailand.

We exchanged views and shared experiences on our respective country practices and found that several measures and strategies can be usefully applied to prevent and contain the outbreak elsewhere. We addressed the current poultry disease situation, specifically the outbreak of avian influenza in the poultry population, and its impact on human health as well as on the economy.

We recognize that the outbreaks of the disease in affected countries do not only severely affect the poultry industry but also is a potential threat to human health, unless decisive actions are taken now. Containment requires closer cooperation among governments, communities and businesses through the appropriate regional and international organizations, and other mechanisms as necessary.

We advise careful monitoring and investigation to guard against possible human to human H5N1 transmission. Currently, such transmission has not been scientifically demonstrated and travel advisories currently are not called for.

We appreciate the progress made by affected countries in controlling the spread of the disease. These measures include rapid diagnosis and confirmation, rapid culling of infected and susceptible poultry populations, vaccination of poultry, quarantine of infected areas, intensified surveillance, movement control, epidemiological investigation and hospitalization and monitoring of affected patients.

Recognizing the potential serious impact of Avian Influenza on global public health, livestock production, trade and economic development, we decide to:

- Commit ourselves to more stringent surveillance and effective response systems, improved research and development capabilities, and sharing of information and technology;
- Intensify national, regional and international efforts to tackle the outbreak of this disease and future similar threats;
- Implement domestic measures to control avian influenza having regard to the recommendations of the World Organization for Animal Health (OIE), World Health Organization (WHO) and the Food and Agriculture Organization (FAO);

- Work closely with OIE to strengthen guidelines on reporting and surveillance systems;

- Promote rapid, transparent, and accurate exchange of scientific information to provide early warning of potential outbreaks, and consider to create a regional veterinary surveillance network and to link it with existing human health surveillance mechanisms, including the APEC Task Force on Health, ASEAN Ministers' Health Special Meeting on Health in Kuala Lumpur and ASEAN Heads of States Meeting on SARS in Bangkok, respectively ;

- Strengthen cooperation with regional and international organizations on joint research and development initiatives to reduce the hazards of epizootic outbreaks on human health, share best practices, devise counter-measures, and develop effective, low-cost diagnostic test kits, vaccination and anti-viral drugs;

- Call for assistance and exchange of expertise to assist affected countries to enhance their epidemiological and laboratory capacity for prompt detection, monitoring, surveillance and controlling of the disease;

- Formulate effective outreach and communication strategies to promote transparency and better public understanding of the extent and nature of the disease.

- Investigate options for designing more bio-security developments of the poultry sector for both small scale and commercial production.

We thank the representatives of the OIE, WHO, and FAO and other resource persons for their valuable contributions to control the poultry disease outbreak and protect international public health. We thank the Royal Thai Government for convening this meeting and for its warm hospitality.

Declaration of the 7th ASEAN Health Ministers Meeting Health Without Frontiers Penang, Malaysia, 22 April 2004

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;

REAFFIRMING the vision of ASEAN as 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, as enunciated by the 2nd ASEAN Informal Summit held in Kuala Lumpur, Malaysia in December 1997;

RECALLING our vision of "Healthy ASEAN 2020" adopted at the 5th ASEAN Health Ministers Meeting held in April 2000 in Yogyakarta, Indonesia, which envisioned by 2020 "that health shall be at the centre of development and ASEAN cooperation in health shall be strengthened to ensure that our peoples are healthy in mind and body, and living in harmony in safe environments";

COMMITTING to ensure that ASEAN will continue to be a driving force for regional action in promoting healthy lifestyles as agreed by the 6th ASEAN Health Ministers Meeting held on 15 March 2002 in Vientiane, Lao PDR;

ENDEAVOURING to put into operation the call made by our Leaders at their 9th Summit held in Bali, Indonesia in October 2003 to further strengthen cooperation among the health and other relevant agencies to promote and facilitate the exchange and sharing of information as well as strengthen early warning systems to deal with and prevent the spread of SARS and other diseases;

RESPONDING also to the renewed commitment expressed by the 9th ASEAN Summit that ASEAN shall further intensify cooperation in the area of public health, including the prevention and control of diseases such as HIV/AIDS and SARS, and the maintenance of health and well-being, and support joint regional actions to increase access to affordable medicines;

NOTING that the ASEAN Economic Community, envisioned by the ASEAN Leaders at their 9th ASEAN Summit held in October 2003 in Bali, Indonesia, is the end goal of economic integration where there is a free flow of goods, services, investment and a freer flow of capital, equitable development and reduced poverty and socio-economic disparities by the year 2020;

AWARE that the vision of a stable and secure ASEAN Community can be realised only when our peoples enjoy optimum health, are protected from the spread of diseases, and are ensured of timely and adequate protection against communicable diseases, including those

of a zoonotic nature such as avian influenza;

SEEKING to build on the gains brought about by close collaboration among ASEAN and its East Asian neighbours in addressing the spread of Severe Acute Respiratory Syndrome (SARS), in particular the commitment of the Special ASEAN Leaders Meeting and the Special ASEAN-China Leaders Meeting on SARS held in Bangkok, Thailand, on 29 April 2003, and the Special ASEAN + 3 Health Ministers Meetings on SARS convened in April and June 2003 in Kuala Lumpur, Malaysia and Siem Reap, Cambodia, respectively;

MINDFUL of the role and contribution of safe, effective and quality traditional medicine/ complementary and alternative medicine in the promotion of health, and in the prevention, diagnosis, treatment and management of diseases, and in the rehabilitation process, especially in the ASEAN countries and their East Asian neighbours;

RECOGNISING that ASEAN countries possess an abundance of untapped and newly discovered medicinal plants and other natural products, as well as indigenous traditional and complementary knowledge and practices which have evolved from different ethnological, cultural, geographical, philosophical backgrounds, and passed on from generation to generation;

ENCOURAGED by the shared tropical biodiversity and similar historical background of traditional medicine in ASEAN and the shared awareness of the need for closer collaboration in integrating traditional and complementary medicine into the healthcare systems as well as to seek global recognition for our region's wealth of resources in this area;

CONSCIOUS of our crucial role in strengthening and coordinating joint initiatives among ASEAN and like-minded countries in order to be prepared for challenges caused by diseases that discriminate neither borders nor societies;

DO HEREBY DECLARE OUR RESOLVE to ensure health for our peoples, regardless of gender, race, religion, language or social and cultural backgrounds, by addressing the health challenges and opportunities of an increasingly borderless and interconnected world through the following priorities to address globalisation, fight the transboundary spread of disease and to improve access to health care by promoting safe, effective and quality traditional medicine/ complementary and alternative medicine:

Preparing for the Challenges and Opportunities of Globalisation and Trade Liberalisation

1. The 9th ASEAN Summit decision to accelerate the integration of eleven priority sectors, including health care services, will present opportunities and challenges for the health sector. While the accelerated liberalisation of trade in goods and services will enhance the region's competitiveness and realise welfare gains for our peoples in the long run, we shall ensure that access to affordable health care is not undermined in the short term.

2. We are pleased to note that the programme of action to address the impact of trade liberalisation on the health sector which was adopted by 5th ASEAN Health Ministers Meeting in 2000, continues to be relevant, especially with regard to the ongoing work to

assess the potential impact of globalisation and international trade agreements such as Trade-Related Intellectual Property Rights (TRIPS) and the General Agreement on Trade in Services (GATS); monitor the health of vulnerable groups in ASEAN countries; develop strategies for ASEAN to strengthen capacity and competitiveness in health-related products and services; work towards gradual harmonisation of standards and regulations for health services; ensure greater coordination with policy makers in the trade sector; enhance human resources for health in the area of globalisation and trade liberalisation; and formulate an ASEAN food safety policy.

3. We agree that joint activities be developed to address the recommendations of the Commission on Macroeconomics and Health and to monitor the health-related Millennium Development Goals in collaboration with WHO and other related UN bodies, as part of our efforts to ensure that health policies will be equitable and pro-poor.

Regional Collaboration to Respond to Diseases

4. The prevention and control of diseases is a very important foundation in our efforts towards realising our vision of Healthy ASEAN 2020. We recognise that diseases spread across borders and that any effort to combat diseases must involve cooperation among countries.

5. We are committed to strengthening the national infrastructure for disease control, by allocating resources commensurate with the need to strengthen national and ASEAN regional capacity for early warning and rapid response to disease outbreaks. We recognise the important role of health ministers in leading the national response for building capacity for disease control. We shall ensure that our national focal points for disease control are given the needed resources to implement the ASEAN+3 Emerging Infectious Diseases (EID) Programme.

6. We have learned from the experience of the SARS outbreak in April 2003, and more recently, the avian flu threat which occurred in early 2004, that our societies are vulnerable to any outbreaks of emerging, as well as resurging infections. To better protect our peoples from such dangers in the future, and also contribute to health and security of the region, we adopted in June 2003 the Framework ASEAN+3 Action Plan on Prevention and Control of SARS and Other Infectious Diseases.

7. We commend the dedication of the ASEAN Experts Group on Communicable Diseases (AEGCD) in further developing the Framework ASEAN+3 Action Plan on Prevention and Control of SARS and Other Infectious Diseases into the ASEAN+3 Emerging Infectious Diseases (EID) Programme which is an integrated action plan and implementation strategy to increase the effectiveness of regional surveillance, early warning and response to emerging and resurging infections, thus helping to reduce the economic, social and disease burden from emerging and resurging infections that threaten the region. We appreciate the support and assistance provided by the Australian-ASEAN Development Cooperation Programme (AADCP) in facilitating our efforts to develop the Programme. We also call on the AEGCD to work closely with the WHO in avoiding duplication of work.

8. We endorse the Phase I Workplan of the ASEAN+3 EID Programme, and note with interest that the Programme's components will strengthen the institutional capacity of ASEAN to coordinate equitable and effective implementation of the programme, and also strengthen regional and national capacity in the following:

   - epidemiological surveillance, early warning and response to emerging and resurging infections;
   - national and regional laboratories in routine diagnostics, laboratory-based surveillance, and rapid response; and
   - relevant regional networks to meet the needs of ASEAN and member countries in disease surveillance and response.

9. The Phase I Workplan of the ASEAN+3 EID Programme should explore the possible use of a regional agreement to institutionalise the regional monitoring, reporting and response to outbreaks of communicable diseases, especially by standardising procedures, protocols and institutional arrangements. The ASEAN+3 EID Programme should include the participation of animal health experts and also facilitate linkages between regional networks on public and animal health.

10. We appreciate the collaboration of our partners from China, Japan and the Republic of Korea in our efforts to prevent and control transboundary diseases, such as SARS and highly pathogenic avian influenza. We are convinced that sharing of information, knowledge, expertise and experience will enhance national, regional and international capability in combating this threat. We thank China for organising the China-ASEAN Special Meeting on the Control of Highly Pathogenic Avian Influenza held on 2 March 2004 in Beijing, China, and commit ourselves to implement the Meeting's recommendations.

11. We are greatly encouraged to note the progress of ASEAN+3 initiatives that commenced in 2003 under the overall framework for action agreed to by the Special ASEAN+3 Health Ministers Meeting on SARS held in Siem Reap, Cambodia from 10-11 June 2003 which includes components such as ASEAN+3 Strengthening of Laboratory Capacity and Quality Assurance for Disease Surveillance (coordinated by Malaysia), ASEAN+3 Epidemiological Network (coordinated by Thailand), and ASEAN Disease Surveillance. net (coordinated by Indonesia). We are confident that these initiatives will prove to be effective surveillance and response mechanisms in preventing and controlling emerging infectious diseases.

12. We also commend the work of the ASEAN Task Force on AIDS in following up on the implementation of the 7th ASEAN Summit Declaration on HIV/AIDS and the ASEAN Work Programme on HIV/AIDS Phase II (2002-2005) (AWPII). We note that the work of the Task Force in the past two years has succeeded in mobilising resources for the high priority regional activities to increase access to affordable medicines, reduce the HIV vulnerability of migrant workers, anticipating the impact of HIV/AIDS on development, reduce stigma and discrimination towards people living with HIV/AIDS, including support for programmes on national prevention, surveillance and treatment, care and support. We express our gratitude to UNAIDS, WHO, UNICEF, the UNDP, the Government of Japan, the Rockefeller Foundation, and the United States for their support in helping

ASEAN implement the priority activities and invite other partners to collaborate with us in further implementing the ASEAN Work Programme on HIV/AIDS II. We also appreciate the contributions of the Global Fund for AIDS, TB and Malaria for the support provided to Member Countries in fighting communicable diseases.

13. We are concerned that tuberculosis, malaria and dengue fever continue to be leading communicable diseases in some ASEAN countries. We commit ourselves to strengthen efforts to prevent and control tuberculosis, malaria and dengue fever, with special focus on mobile populations, cross-border notification, and the surveillance of antimicrobial resistance, in collaboration with ASEAN Dialogue Partners, the WHO and other international organisations.

ASEAN+3 Framework of Cooperation on Integrating Traditional Medicine/ Complementary and Alternative Medicine into National Healthcare Systems

14. We are also aware that in our countries traditional medicine (TM) as well as complementary and alternative medicine (CAM) are at times the most widely available and affordable source of health care. At the same time, TM/CAM is also emerging as an alternative approach to health care, particularly in health promotion and rehabilitation of diseases. We recognise that there is a need to create a platform for cooperation and sharing of information among ASEAN+3 countries to ensure the safe, effective, and rational use of TM/CAM in our healthcare systems.

15. We note with appreciation the initiative undertaken by our health officials and experts in convening an ad hoc working group meeting on traditional medicine/complementary and alternative medicine, to formulate a future course of action in working towards integrating appropriate TM/CAM into the national healthcare systems. By doing so, we hope to establish strategic partnerships among the ASEAN+3 countries, other countries, and international agencies, in this endeavour. We look forward to the possible establishment of an ASEAN Working Group Meeting on this subject.

16. We welcome the formulation of an ASEAN+3 Framework of Cooperation on Integrating Traditional Medicine/Complementary and Alternative Medicine into National Healthcare Systems, which will serve as a guide for ASEAN+3 countries in policy formulation and programme development for safe, effective and quality TM/CAM, covering areas such as research and development to support evidence-based practices; registration of qualified practitioners and quality products; training and accreditation of practitioners; regulation and legislation; information sharing and protection of intellectual property rights, and protection against bio-piracy.

17. We believe that with this Framework, the countries and ASEAN+3 cooperation in various activities related to TM/CAM will encourage the use of evidence-based TM/CAM practices. This cooperation would also facilitate environments conducive to the rational use of TM/CAM, thus enabling and encouraging individuals, families, and communities to make appropriate choices in comprehensive treatment plans throughout their lifespan.

18. We encourage ASEAN countries to support the Framework's implementation so that appropriate TM/CAM practices would be continuously evaluated and integrated into healthcare policies with regulations suited to each national health system. We shall ensure that our peoples are assured of safe, effective and quality TM/CAM, having maximum opportunities to access TM/CAM, and also enhance their awareness in this area. We will involve practitioners and providers, including TM/CAM, industries, non-profit and professional organisations and the private sector as well as families, communities and civil society organisations as key partners in promoting safe, effective and quality TM/CAM.

19. We hereby pledge our resolve and commitment to bring about a healthy and secure ASEAN Community with integrated systems of healthcare bringing benefits that transcend national boundaries, so that our peoples will be protected from the nefarious impact of diseases and other health challenges. We are confident that our endeavour will be strengthened by existing bonds of cooperation with our partners, as a true illustration of our commitment that knows no borders, drawing upon the wealth of traditional knowledge and resources, and in tandem with our ongoing work for a healthy ASEAN by 2020.

DONE in Penang, Malaysia, on this Twenty-Second day of April in the Year Two Thousand and Four.

For Brunei Darussalam

Pehin Dato Abu Bakar Apong
Minister of Health

For the Union of Myanmar

Prof. Dr. Kyaw Myint
Minister for Health

For the Kingdom of Cambodia

Dr. Hong Sun Huot
Senior Minister and Minister of Health

For the Republic of the Philippines

Dr. Milagros L. Fernandez
Undersecretary of Health

For the Republic of Indonesia

Dr. Achmad Sujudi
Minister of Health

For the Republic of Singapore

Mr. Khaw Boon Wan
Minister for Health

For the Lao People's Democratic Republic

Dr. Ponmek Dalaloy
Minister of Health

For the Kingdom of Thailand

Mr. Yongyoot Wichaidit
Vice Minister for Public Health

For Malaysia

Dato' Dr. Chua Soi Lek
Minister of Health

For the Socialist Republic of Viet Nam

Prof. Dr. Tran Thi Trung Chien
Minister of Health

ASEAN+3 Framework of Cooperation on Integration* of Traditional Medicine/ Complementary and Alternative Medicine into National Healthcare Systems

Introduction:

The theme for the 7th ASEAN Health Ministers Meeting, Health Without Frontiers, emphasises the imperative that addressing health issues and concerns should take into consideration the global situation and not just confined to national or regional scenarios. Thus ASEAN+3 cooperation in health, particularly traditional medicine/complementary and alternative medicine, will be an integral part of international cooperation in this important area. ASEAN+3 countries are blessed with an abundance of untapped variety of medicinal plants, newly discovered medicinal plants and other natural products, and a similar history of deep-rooted traditional medicine systems. As such, in order for our healthcare systems of today to reach beyond the frontiers, the existing health programmes and policies of ASEAN+3 countries will need to recognise the role and contribution of traditional medicine/complementary and alternative medicine as widely available and affordable sources of health care, and also as an alternative approach to allopathic health care. This will also require a provision of sharing various scientific evidence of traditional medicine/complementary and alternative medicine as in the case of allopathic medicine.

Aware that the terms “traditional medicine” (TM) is widely used in developing countries and also that “complementary and alternative medicine” (CAM) is increasingly used in many parts of the world, the WHO’s use of “TM/CAM” will be used as a guide in addressing the ASEAN+3 Framework’s priorities to integrate traditional, complementary and alternative medicine into national healthcare systems in the ASEAN+3 countries.

Vision:

We envision a cohesive and caring East Asian community where our peoples enjoy healthy and productive lifestyles, with the creation of optimum health resulting in an enhanced quality of life, and not merely free from diseases and ill-health. Our peoples would also be assured of integrated and supportive healthcare systems, where our rich resources of traditional and complementary medicine benefit our societies, regardless of race, religion, language, social and cultural backgrounds.

Guiding Principles:

To realise the above vision, future ASEAN+3 cooperation in TM/CAM will:

a. Encourage the development of policies and regulatory framework to promote healthy and sustainable development of TM/CAM.
b. Ensure safe, effective and rational use of quality TM/CAM in national healthcare systems, for health promotion, maintenance, prevention, treatment and rehabilitation, where appropriate.

c. Promote the rational use of TM/CAM such as registration and licensing of qualified practitioners and providers; proper use of products of assured quality; provision of scientific information and guidance for the public.
d. Encourage active involvement of practitioners and providers (including TM/CAM), industries, non-profit and professional organisations and the private sector, as well as the communities and civil society organisations, as key partners with governments in the integration of safe, effective and quality TM/CAM into national healthcare systems.
e. Take into consideration the differing stages of TM/CAM in the integration into healthcare systems of Member Countries, in the implementation of the Framework's priorities.

Mission:

Guided by the above, the mission for ASEAN+3 cooperation in TM/CAM will be to:

a. Ensure that maximum opportunities are provided to develop proven safe, effective and quality TM/CAM and its rational use.
b. Strengthen and further intensify ASEAN+3 cooperation around the integration of safe, effective and quality TM/CAM into the national healthcare systems.
c. Enhance the awareness and knowledge of TM/CAM among the peoples of ASEAN+3 countries so that they are fully aware and can take advantage of the benefits offered by safe, effective and quality TM/CAM.

Strategies:

To realise this mission, the following strategies are proposed for ASEAN+3 cooperation in promoting integration of appropriate TM/CAM practices into national healthcare systems, and the promotion of acceptance by relevant stakeholders:

a. Secure political commitment;
b. Promote research and development on TM/CAM to support evidence-based practices;
c. Negotiate and agree to a common set of priorities in defining a programme of work for ASEAN+3 countries to promote the integration of safe, effective and quality TM/CAM into national health systems;
d. Strengthen the infrastructure and capacity of governments;
e. Promote multi-sectoral and multi-level involvement;
f. Identify priorities for technical assistance and regional cooperation;
g. Develop ways to leverage and allocate necessary resources, including cost-sharing mechanisms and sustainable financing methods for new initiatives; and
h. Ensure sustainable biodiversity, including the preservation of natural resources of TM/CAM.

Priorities for Cooperation:

a. Harmonising the TM/CAM terminology and its perception management, in order to establish agreed definitions for terms used for TM/CAM in the ASEAN+3 countries.
b. Facilitate cross-country exchange of experience in promoting the integration of safe, effective and quality TM/CAM into the national healthcare system, and across other sectors;
c. Create a programme of work on safe, effective and quality TM/CAM that builds on the priority activities of the ASEAN Senior Officials Meeting on Health Development (SOMHD):
   - Develop an ASEAN+3 model for coordination of activities on TM/CAM.
   - Encourage development of integrative national policies on TM/CAM;
   - Support development of best practice approaches to TM/CAM regulation and legislation, training and education methods and research and development and its rational use in TM/CAM;
   - Help build capacity for human resource development, networking, infrastructure development for TM/CAM;
   - Encourage research to support evidence-based practices and research on technical standardisation in TM/CAM in ASEAN+3 countries.
d. Increase access to appropriate technical assistance directly or in association with other international organisations, especially the World Health Organisation (WHO).
e. Facilitate cost-sharing mechanisms and help to formulate sustainable financing methods for new initiatives.
f. Develop policies and implement programmes. Initial priorities could include:
   - Registration of the qualified practitioners and quality products;
   - Training and accreditation of TM/CAM practitioners;
   - Regulation and legislation of TM/CAM;
   - Research and development to support evidence-based practices, and on technical standardisation; and
   - Information sharing and protection of intellectual property rights.
g. Foster partnerships with international organisations (such as the WHO), other ASEAN Dialogue Partners (apart from China, Japan and the ROK), trans-national entities (such as the European Union), and other relevant stakeholders, to address specific issues that affect the integration of safe, effective and quality TM/CAM into national healthcare systems.

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Declaration of the 8th ASEAN Health Ministers Meeting ASEAN Unity in Health Emergencies, Yangon, Myanmar, 21 June 2006

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 Decembe 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, multisectoral 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 Australiaw ho helped ASEAN implement the first phase activities, and for Supporting the development and implementation of a second phase over 2000-2009.

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 reflec 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 frame work 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 tuberculosisf, 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 agreement 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 effors 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 provide 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 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 Democatric Republic:

DR. PONMEK DALALOY
Minister of Health

For Malaysia:

DATO' DR. CHUA SOI LEK
Minister of Health

For the Union on Myanmar:

PROF. KYAW MYINT
Minister for Health

For the Republic of the Philippines

DR. ETHELYN P. NIETO
Undersecretary of Health

For the Republic of Singapore:

MR. KHAW BOON WAN
Minister for Health

For the Kingdom of Thailand:

MR. ANUTIN CHARVIRAKUL
Deputy Minister for Public Health

For the Socialist Republic of Viet Nam:

DR. TRAN CHI LIEM
Vice-Minister of Health

Joint Statement
2nd ASEAN Plus Three Health Ministers Meeting
"Unity in Health Emergencies"
Yangon, Myanmar, 22 June 2006

Introduction

1. ASEAN Health Ministers gathered in Yangon on 22 June 2006 to discuss joint initiatives with their counterparts from the People's Republic of China, Japan and the Republic of Korea. This is the second ASEAN Plus Three Health Ministers Meeting, and was preceded by a preparatory senior officials meeting on 20 June 2006.

2. The Meeting was attended by Ministers for health from ASEAN Member Countries, the People's Republic of China, Japan and the Republic of Korea, and their respective delegations. The ASEAN Secretariat and observers from the WHO were also in attendance. The list of the ASEAN Plus Three Health Ministers is attached.

Unity in Health Emergencies

3. The ASEAN Plus Three Health Ministers discussed unity in health emergencies as a central theme of their meeting. The Ministers also discussed current and planned joint initiatives on health human resources development in addressing challenges and opportunities arising from closer regional integration in ASEAN, especially the impact of economic integration and trade liberalization on health development.

4. The ASEAN Plus Three Health Ministers welcomed the preparation of a Strategic Framework for a second phase of the ASEAN Plus Three Emerging Infectious Diseases (EID) Programme. The Ministers congratulated the ASEAN Expert Group on Communicable Diseases (AEGCD) and their Plus Three counterparts for their dedicated efforts in implementing the EID Programme's Phase I Work Plan over August 2004 to October 2005, which had laid firm foundations in the ASEAN Plus Three countries for effective regional surveillance capacities and early warning and rapid response mechanisms for emerging infectious diseases in the region.

5. The ASEAN Plus Three Health Ministers provided their endorsement for the EID Programme's second phase activities, which would provide the ASEAN Plus Three countries with greater opportunities to share and exchange information, experience and expertise in combating threats to the health and security of their peoples. The EID Programme Phase II activities would bring the ASEAN Plus Three countries even closer in preparing for future threats of disease outbreaks, including those related to natural disasters, bio-terrorism, and pandemic influenza, as well as facilitate partnerships among existing networks and experts in the region on public and animal health.

ASEAN Plus Three Cooperation in Health

6. The ASEAN Plus Three Health Ministers reaffirmed their commitment for closer collaboration in addressing key priorities for health development policy coordination, especially in meeting commitments made with regard to the International Health Regulations. The ASEAN Health Ministers also thanked their Plus Three counterparts for continued support and assistance in promoting closer cooperation among their respective health ministries.

7. The ASEAN Plus Three Health Ministers acknowledged the importance of coordinating trade and health policies in pursuing economic growth with equity. The Plus Three Ministers welcomed the planned work by ASEAN Health Ministers to mount a regional initiative that would bring together health, trade and other relevant policy-makers and stakeholders in the region to discuss and develop consultative and inclusive multi-sectoral approaches for integration of healthcare into development agendas. The Plus Three Health Ministers expressed their interest for future cooperation with ASEAN in this area.

8. The ASEAN Plus Three Health Ministers noted progress made in areas of focus since they first met in 2004, prioritising joint activities in areas such as health promotion; capacity building for health professionals; HIV and AIDS; traditional medicine/complementary and alternative medicine, and policy coherence for health and social welfare development concerns.

9. The ASEAN Plus Three Health Ministers agreed to continue the momentum of cooperation through following joint initiatives in 2006-07. The ASEAN Ministers also invited their Plus Three counterparts to join hands with ASEAN in addressing health and nutrition promotion in the context of meeting health-related Millennium Development Goals (MDGs), and implementation of the International Health Regulations adopted in 2005, with particular focus on responding to public health emergencies of international concern.
   a. communicable diseases especially HIV and AIDS, and emerging infectious diseases;
   b. health human resources capacity-building in addressing emerging concerns for health and social welfare;
   c. human security and safety in health;
   d. integrated approaches, policies and programmes to address the health care needs of older persons; and
   e. traditional medicine.

Next ASEAN Plus Three Health Ministers Meeting

10. The Ministers looked forward to further exchanges of views on joint collaboration in health development at their next meeting in 2008 in the Philippines.

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ASEAN Commitments on HIV and AIDS
Cebu, Philippines, 13 January 2007

WE, the Heads of State and Government of the Association of South East Asian Nations (hereinafter referred to as ASEAN), gathered in Cebu, Philippines on 13 January 2007, devoting a Special Session during the 12th ASEAN Summit, to review and renew our commitments on HIV and AIDS;

RECOGNISING that the HIV epidemic brought about by factors such as poverty, gender inequality and inequity, illiteracy, stigma and discrimination, conflicts and disasters, affects groups most at risk like sex workers, men having sex with men, transgenders, and drug users including injecting drug users; and vulnerable groups such as migrants and mobile populations, women and girls, children and youth, people in correctional institutions, uniformed services, communities of populations in conflict and disaster-affected areas;

REAFFIRMING our earlier commitments to effectively respond to HIV in the ASEAN region, made at our first Special Session held in conjunction with the 7th ASEAN Summit in November 2001 in Bandar Seri Begawan, and reiterated at the 9th ASEAN Summit in October 2003 in Bali, the 2nd ASEAN-United Nations Summit in September 2005 in New York and the 11th ASEAN Summit in December 2005 in Kuala Lumpur;

RECALLING the commitment to achieve the Millennium Development Goals, in particular Goal No. 6 which specifically refers to halting the spread of HIV/AIDS, malaria and other diseases;

SUPPORTING the 2005 World Summit's call and the Political Declaration made by the United Nations General Assembly at the High Level Meeting on AIDS held on 2 June 2006, to scale up significantly towards universal access to comprehensive prevention, treatment, care and support by 2010 for all those in need, and the reduction of vulnerability of persons living with HIV, especially orphans, vulnerable children and older persons;

REITERATING that the Declaration on the Elimination of Violence against Women in the ASEAN Region promotes and protects women's rights by reducing their vulnerability to HIV and eliminating gender inequalities and gender-based violence by creating an enabling environment for the empowerment of women and strengthening their economic independence;

RECALLING ALSO the Beijing Plus Five process that aimed to undertake further actions and initiatives to implement the Beijing Declaration and Platform for Action, especially in promoting women's health, including the fight against the HIV and AIDS pandemic, and also to further undertake gender-mainstreaming initiatives that address HIV and AIDS and other diseases;

NOTING the Hanoi Call to Action for Children and HIV/AIDS in East Asia and the Pacific Region of 24 March 2006, which highlights nine urgent actions to scale up response to children who are vulnerable to, infected and affected by HIV and AIDS;

GUIDED by ASEAN's Vision 2020 as 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; which reaffirms the social responsibility of all Member Countries to act together in resolving transboundary issues;

GRAVELY CONCERNED that the HIV epidemic continues to threaten our vision, and the lives and future of our peoples, especially the vulnerable populations throughout the region, with socio-economic consequences that pose a formidable challenge to ASEAN Community-building;

SADDENED that whereas HIV once primarily affected men, women now represent half of all people living with HIV and that as youth behaviour changes, rates of HIV among youth are rising at an alarming rate, with young people between 15 to 24, accounting for over fifty percent of new infections in some of our Member Countries;

REALISING that an effective response to HIV requires relentless efforts and continued commitment by all concerned in implementing comprehensive responses to reduce the number of new infections, and to provide treatment, care and support to adults and children living with HIV and AIDS;

AWARE that stigma and discrimination are barriers to HIV prevention, treatment, care and support, as well as serious threats to the quality of life and livelihood of people living with and affected by HIV;

ACKNOWLEDGING that we can achieve an effective response to HIV through strong leadership, country ownership, political foresight and commitment to sustainable financing, multi-sectoral coordination and partnerships with civil society including private sector, particularly people living with HIV, and communities vulnerable and most at risk to HIV, through region-wide and global policies that respect, protect and promote the rights of people living with HIV and groups vulnerable and most at risk to HIV;

EMPHASIZING that ASEAN's Vientiane Action Programme (VAP) highlights the importance of addressing the core issues of poverty reduction, equity and health, and creating an enabling environment for preventing the spread of HIV and for the comprehensive treatment, care and support for people living with HIV in the region;

COMMENDING the untiring efforts of the ASEAN Health Ministers and their Senior Officials, especially the ASEAN Task Force on AIDS, to prevent further transmission of HIV and mitigate its impact through joint actions and policies for improved regional responses, especially recent efforts for more people-centred initiatives;

AFFIRMING that responses to HIV and AIDS require meaningful civil society participation, including greater involvement of people living with HIV; and that in ASEAN, civil society organisations have been actively involved in effective actions for HIV prevention, treatment, care and support and in mitigating its impact;

ENCOURAGED by the ongoing cooperation between ASEAN and the Joint United Nations Programme on HIV/AIDS (UNAIDS) Secretariat and its co-sponsors, and other key partners in the response to HIV and AIDS;

RECOGNISING that although resources allocated for responding to the HIV epidemic have increased substantially in many Member Countries since our first Special Session in 2001, scaling up access to protection, HIV prevention, treatment and care for majority of the affected population and high-risk communities requires still larger shares of the national budgets towards universal access by 2010, greater assistance from international partners as well as mobilisation of the business and private sector if we are to ensure that our programmes and activities have wide coverage, adequate and sustainable support;

ASSERTING that halting the spread of HIV requires the sustained cooperation and commitment of government at the highest levels, involvement of mass organisations, civil society, and strategic partners in HIV programme planning, implementation and monitoring and evaluation, so that vulnerable and most at-risk communities, especially children, are protected from the impact of AIDS;

Do commit ourselves, as we progress towards a caring and sharing ASEAN Community, to:

1. Prioritise and lead the mainstreaming and alignment of HIV policies and programmes with our national development and poverty reduction plans and strategies to involve multi-sectoral responses in harmonised approaches, address the gender dimension of the epidemic, and ensure that all stakeholders at national and local levels are actively and effectively involved;

2. Harmonise programmes, activities, target population on HIV and AIDS, monitoring and evaluation systems from different sources of funding, consistent with the national program priorities, especially in the face of scaling up ART; efforts shall be given to fostering prevention and reduction of new cases and improve the performance of ART program to ensure highest adherence to drug regimens.

3. Ensure that our policies and programmes give ample emphasis to containing the epidemic in vulnerable populations; sharing of lessons, best practices and evidence-informed prevention policies; and moving prevention and education efforts, including public information campaigns, beyond the health sector, and especially address aspirations of children and young people, women, couples and other vulnerable groups to protect themselves against the disease;

4. Undertake to halt the spread of HIV, through not only the setting of ambitious national targets as committed in the 2006 UN General Assembly Political Declaration on HIV/AIDS but also through youth- and women-friendly sexual and reproductive health services, and specific HIV information, education, and communication;

5. Put into place necessary legislation and regulations (including workplace policies and programmes) to ensure that persons living with HIV and affected groups are protected and are not subjected to stigma and discrimination, have equal access to health, social welfare and education services, including continued food security and education for children;

6. Act to remove obstacles in access to quality HIV and AIDS prevention products, medicines, and treatment commodities;

7. Strengthen and facilitate the work of our AIDS coordinating authorities by endeavouring to chair and participate in their activities; expanding their membership to include all relevant key stakeholders involved in responses to HIV; allocating regular funds for their activities; and ensuring their accountability;

8. Strongly support the mobilisation and allocation of technical, financial and human resources to adequately implement, programmes and policies to respond to HIV;

9. Involve persons living with HIV, civil society organisations and the private sector, as equal partners in responses to the HIV epidemic, and ensure that the civil society has sustainable financial means and support to participate actively and meaningfully in our efforts against HIV and AIDS, including at policy and decision-making levels;

10. Strengthen the role of the ASEAN Task Force on AIDS to effectively implement regional responses to HIV, with multi-sector engagement, including that of the private sector; and ensure the meaningful participation of all relevant key stakeholders in efforts consistent with our regional and international commitments;

11. Guide the implementation of the operational work plan of the Third ASEAN Work Programme on HIV (AWPIII) for 2006-2010, which we adopt, and assign the ASEAN Task Force on AIDS to regularly report progress; and

12. Continue working with our Dialogue Partners, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Secretariat and its co-sponsors, other UN organisations, international partners, civil society organisations and the private sector in realising our commitment to scale up effective responses to HIV and AIDS.

ADOPTED in Cebu, the Philippines this Thirteenth Day of January in the Year Two Thousand and Seven.

Joint Statement
3rd ASEAN+3 Health Ministers Meeting
Manila, Philipines, 10 oktober 2008

We, the Ministers of Health of the ASEAN Member States and People's Republic of China, Japan and Republic of Korea, convened the Third ASEAN Plus Three Health Ministers Meeting on 10 October 2008 in Manila, Philippines.

United by the common aim of improving the health situation in the region, we discussed progress in implementing joint activities in the health sector and we explored areas for future collaboration.

"Trade Liberalisation: Its Adverse Impact on our Borderless Health Problems"

We are of the view that in the era of globalisation and trade liberalisation, HIV and AIDS, avian and pandemic influenza, and other emerging infectious diseases continue to threaten the lives of people in the region, especially the vulnerable populations, with socio-economic consequences that pose a formidable challenge to ASEAN community building.

We have agreed to address the potential challenges that trade and trade agreements may pose to the health sector. We have tasked the ASEAN Plus Three Senior Officials to gather information on the possible implications of international and regional trade and trade agreements for health and health policy at the national and regional levels, especially trade agreements between ASEAN Member States and the Plus Three Countries, in order to strengthen regional cooperation, as appropriate, through liberalisation and facilitation measures in the area of trade in goods, services and investments.

ASEAN Plus Three partnership in combating communicable diseases and pandemic preparedness and response

We welcome the achievements made in implementing the Year 1 Action Plan (July 2007-June 2008) of the ASEAN Plus Three Emerging Infectious Diseases (EID) Programme, which aims to enhance regional preparedness and capacity through integrated approaches to prevention, surveillance and timely response to emerging infectious diseases, including SARS, avian and pandemic influenza.

We commend the key activities of the ASEAN Plus Three EID programme, namely the launch of the improved website "http.//www.aseanplus3-eid.info"; strengthening collaboration between animal and public health networks; conducting research to support mainstreaming

of gender and social issues in the prevention and control of emerging infectious diseases; initiating healthy tourism; developing, disseminating and operationalising of minimum standards on multi-sectoral joint outbreak investigation and response; developing minimum standards on logistical and administrative arrangements required in times of an outbreak; establishing a Laboratory Based Surveillance of 13 pathogens and the ASEAN Plus Three Laboratory Partnership; and strengthening collaboration with partners organisations, such as WHO, OEI, FAO, AusAID, USAID, UNSIC, and UNOCHA.

We endorse the Year 2 Action Plan of the ASEAN Plus Three EID Programme (July 2008 - June 2009) and hope that the activities would bring the ASEAN Plus Three countries even closer together in preparing for future threats of disease outbreaks, including those related to natural disasters, bio-terrorism, and pandemic influenza, as well as facilitate partnerships among existing networks and experts in the region on public and animal health.
We support the Call for Action towards the Elimination of Rabies in the ASEAN Member States and the Plus Three Countries by year 2020. They requested the ASEAN Plus Three EID Programme to develop a regional strategic framework for the prevention and control of rabies in the ASEAN and the Plus Three countries in accordance with and in support of guidelines of the WHO and international standards for animal disease control and surveillance of World Organisation for Animal Health.

We support the Plan of the ASEAN Plus Three EID Programme to develop and implement medium-term and long-term plans to sustain regional cooperation for prevention and control of emerging infectious diseases through multisectoral and integrated approaches in support of International Health Regulation (2005) and Asia Pacific Strategy for Emerging Infectious Diseases (APSED). The Health Ministers agreed that future collaboration will include initiatives to address treatment of emerging infectious diseases.

We support the work of the ASEAN Technical Working Group on Pandemic Preparedness and Response. Comprising focal points from the health, agriculture and disaster management sectors, the Working Group was established earlier this year to enhance and promote multi-sectoral coordination in pandemic preparedness and response at the regional and national levels. We recommended that the Working Group expand its focal points to include representatives of other key relevant service sectors and work closely with their counterparts from the Plus Three countries.

We express strong support for the Vientiane Statement of Commitment on the Greater Involvement and Empowerment of People Living with HIV. The Statement of Commitment, which was initiated in May this year, calls for the elimination of all forms of stigmatisation and discrimination against people living with HIV, and their families.

We thank the Government of Australia for supporting the efforts to develop and implement the ASEAN Plus Three EID Programme and the Government of the United States of America for supporting the initiatives on ASEAN Multisectoral Pandemic Preparedness and Response and on HIV/ AIDS prevention and control. We also thank the Plus Three countries, WHO, OIE,

FAO, UNAIDS, UNDP and other partner organisations for their contributions and support. We look forward to stronger collaboration and cooperation.

ASEAN Plus Three Cooperation in Health

We have noted the progress made in ASEAN Plus Three collaboration in health since we first met in 2004. The areas of collaboration include health promotion; capacity building for health professionals; human resource development, infectious diseases; traditional, complementary and alternative medicine; and policy coherence for health and social welfare development.

We thank the Government of the People's Republic of China for supporting regional activities and building capacity of ASEAN in the prevention and control of communicable diseases, such as HIV and AIDS and avian and pandemic Influenza, of traditional medicinal resources, laboratory diagnosis and food safety. Further cooperation in the future is geared for capacity-building, information sharing and quality control on traditional medicine and on advocacy, surveillance, prevention and control of infectious diseases.

We thank the Government of Japan for supporting the ASEAN-Japan Project on Regional Stockpiling of Oseltamivir (Tamiflu) and Personal Protective Equipment (PPE) against potential influenza pandemic, through which 500,000 courses of Oseltamivir (Tamiflu) and PPE for 700,000 people have been stockpiled for early containment of an outbreak of pandemic influenza. We also thank the Government of Japan for providing additional 500,000 courses of antivirals for stockpiling at country level for rapid response and rapid containment purposes, ASEAN-Japan High Level Officials Meeting on Caring Societies and other human resource development programmes.

We commend the achievements made in implementing Phase 2 of the ASEAN-Republic of Korea on Home Care for Older Persons, utilising untapped resources, such as older people themselves and communities, to provide care to older people. The Ministers support the proposal submitted by HelpAge Korea to continue Phase 3 of the project for 2009-2012.

We welcome the plan to mount a regional initiative that would bring together health, trade and other relevant policy-makers and stakeholders in the region to discuss and develop consultative and inclusive multi-sectoral approaches for integration of healthcare into development agendas.

We have agreed to sustain the momentum of cooperation through joint initiatives in addressing the following health issues:

- Prevention and control of communicable diseases, including HIV and AIDS and emerging infectious diseases
- Health human resource development and capacity building in addressing globalisation and trade liberalisation, promoting healthy lifestyles, pandemic

preparedness and response, and ONE Health approach for prevention and control of EIDs
- Health systems strengthening, including primary health care and social safety nets
- Traditional, alternative and complementary medicine
- Integrated approaches, policies and programmes to addressing the special needs of vulnerable and disadvantaged groups of people, including children, women, people with disability and older persons.
- Health effects of climate change and the environment
- Food safety

Next ASEAN Plus Three Health Ministers Meeting

We look forward to further exchanges of views on joint collaboration in health development at our next meeting in Singapore in 2010.

Strengthening Cooperation and Information Sharing on Rabies among ASEAN+3 Countries
Ha Long, Viet Nam, 23–25 April 2008
CALL FOR ACTION
Towards the Elimination of Rabies in the ASEAN Member States and the Plus Three Countries

WE, THE PARTICIPANTS of the Workshop on Strengthening Cooperation and Information Sharing on Rabies among ASEAN Plus Three Countries, organised by the National Institute of Hygiene and Epidemiology, Ministry of Health of Viet Nam, under the ASEAN Plus Three Emerging Infectious Diseases Programme, held in Ha Long, Viet Nam on 23-25 April 2008;

UNITED by the common desire and collective will to eliminate rabies, a neglected and under-reported disease, that kills at least 30,000 people in Asia annually and that at least 40% of these deaths are among children less than 15 years of age;

COMMITTED to working together in the spirit of solidarity and unity to meeting the goal toward eliminating rabies in Asia by 2020;

DETERMINED to contributing to realising an ASEAN Socio- Cultural Community that is socially responsible and having a common identity of a caring and sharing society which is inclusive and where the well-being and welfare of the peoples are enhanced;

AFFIRMED by the Resolution to Eliminate Rabies adopted during the Conference Towards the Elimination of Rabies in Eurasia organised by the World Organisation for Animal Health (OIE), the World Health Organization (WHO) and the European Union held in Paris, France on 27-30 May 2007;

AGREEING that in the Regional Meeting on Zoonotic Diseases, WHO Regional Office for South East Asia (SEARO) in Jakarta in November 2007, some of the basic principles of zoonoses prevention and control mentioned are applicable to rabies, and likewise, documents, proceedings, developed during the Fourth International Symposium on Rabies Control in Asia in March 2001, Hanoi Vietnam, jointly organized by Fondation Mérieux and

WHO; and The Strategies for the Control and Elimination of Rabies in Asia, Report of WHO inter-regional Consultation, held in Geneva, Switzerland in July 2001 contained recommendations and resolutions that focus on rabies in Asia, with the documents having been endorsed by many experts/representatives from ASEAN Member States;

ADHERING to the goal of the ASEAN Plus Three Emerging Infectious Diseases Programme and the strategic vision of the OIE and WHO to reduce the economic, social and disease burden that results from emerging infections that threaten the region by enhancing regional

preparedness and capacity through integrated approaches to prevention, surveillance and timely response, and endorsed by the ASEAN Plus Three Health Ministers in Yangon, Myanmar in 2006;

CONVINCED of the need for political commitment and action at the highest level of all ASEAN Plus Three Countries, to consider rabies as one of the priorities and an important emerging and re-emerging disease; and to provide resources for human and animal health services;

ACKNOWLEDGING the socio-economic implications of rabies and its impact to meeting the Millennium Development Goals;

RECOGNISING that animals are living, sentient beings and therefore deserve due consideration and respect and that good animal care reduces the risk of diseases transmissible to humans (zoonoses)

UNDERSTANDING the importance of good veterinary governance for comprehensive and sustainable national programmes for rabies elimination to be designed and implemented; APPRECIATING the lessons learned and best practices in the rabies control and elimination shared in this Workshop;

HEREBY RECOMMEND the following:

At the National Level

POLICIES/LEGISLATION

- Recognise animal and human rabies as one of the priority diseases for elimination by ASEAN Plus Three countries.
- Establish/strengthen the capacity of the animal health and veterinary public health sectors in affected countries to implement national rabies prevention and control toward elimination of rabies by 2020 in each ASEAN Plus Three country.
- Recognise/focus efforts on elimination of rabies in animals while providing necessary post exposure prophylaxis for human.
- Establish an inter-sectoral steering committee on rabies in each country based on animal, human and eco system health approaches
- Encourage Member States to provide sufficient human and financial resource for animal programmes geared toward elimination of rabies by 2020.
- Establish/enforce policies and legislation on rabies prevention and control taking animal welfare into consideration.

PREVENTION AND CONTROL OF RABIES IN ANIMALS AND PREVENTION IN HUMANS

- Establish/maintain a multisectoral National Steering Committees on rabies.
- Develop and implement an integrated national prevention and control plan on rabies, with sufficient assistance from technical organizations.
- Conduct disease burden assessment due to animal and human rabies should be conducted within each country, with the assistance of technical organizations as appropriate.

- Adhere to WHO and OIE vaccination guidelines and OIE international standards for prevention and control of the disease.
- Develop and implement strategies for dog management: vaccination, registration and licensing to be covered by legislation, stray dog elimination to be applied in an acceptable humane manner in collaboration with environmental authorities, animal welfare agencies, and involvement of local communities.
- Strengthen capacity of public health workers and medical doctors to appropriately manage animal bites.
- Strengthen the capacity of veterinary services to effectively prevent, control and eliminate rabies.

SURVEILLANCE

- Establish/ maintain or improve the surveillance systems for animal and human rabies with the support of technical organizations.
- Integrate human and animal surveillance systems for regular, systematic sharing of information on rabies.
- Develop laboratory systems at national, sub-national and local levels for rabies diagnosis for both human and animal rabies, with emphasis on animal rabies.
- Encourage active participation of local communities in the surveillance system for rabies.
- Encourage implementation of surveillance on animal population according to OIE guidelines.
- Ensure that all animal/ human rabies cases are investigated through rapid response teams.

INTEGRATION, COORDINATION AND PARTNERSHIP

- Establish/ develop and implement an integrated and multi-sectoral approach in rabies prevention, control and elimination in national programmes.
- Establish/strengthen mechanisms of coordination and communication among stakeholders to ensure efficient and effective implementation of the programmes.
- Enhance partnerships among stakeholders including public, private sectors, NGOs and community groups to ensure sustained support for national programmes.
- Develop national programmes that support community based approaches in prevention and control.

PUBLIC AWARENESS AND COMMUNICATION

- Establish/strengthen coordinated approaches for planning and implementation of effective information, education and communication strategies for rabies prevention and control.
- Encourage development of education programmes for the Promotion of Responsible Ownership in schools and communities
- Develop IEC materials in an multisectoral, multidisciplinary manner for a more concerted and effective efforts towards public awareness

- Consider research on dog population dynamics, human-animal interactions, gender and social-cultural factors relevant for development of more effective strategies in the prevention and control of rabies At the Regional Level

PREVENTION AND CONTROL OF RABIES IN ANIMALS AND PREVENTION IN HUMANS

- Adopt the WHO target of elimination of rabies by 2020 in the ASEAN Plus Three region.
- Develop a regional strategic framework for prevention and control of rabies in the ASEAN Plus Three region.
- Develop an agreed set of standards for prevention and control of rabies in the ASEAN Plus Three region in accordance and in support of guidelines of WHO and international standards for disease control and surveillance of OIE.
- Consider classifying zones within the region based on the human and animal rabies incidence, and introduce relevant management practices.
- Strengthen capacity through country exchange visits, trainings.
- Provide up-to-date information to the ASEAN Plus Three Countries on vaccine development, new regimens and other developments related to both human and animal rabies.
- Develop common definitions for use in the prevention and control of rabies within the ASEAN Plus Three region.

INFORMATION SHARING AND CAPACITY BUILDING

- Facilitate sharing of information on rabies among the ASEAN Plus Three Countries through a common existing agreed platform.
- Strengthen capacity through country exchange visits and trainings.

INTEGRATION, COORDINATION, COLLABORATION and PARTNERSHIPS

- Establish ASEAN Plus Three framework/strategies to provide guidance for Member States' cooperation for rabies prevention, control and elimination.
- Strengthen regional advocacy to secure political commitment and resource mobilisation for animal and human rabies.
- Facilitate regular meetings of national steering committees in a regional setting for situation updates, and concerted regional effort for continuing multisectoral engagement
- Establish a joint agreement between ASEAN, WHO-SEARO and WHO-WPRO, OIE and FAO, that will serve as guidance on the technical coordination.
- Collaborate with technical organisations in providing support to the ASEAN Plus Three countries on establishing or improving the surveillance system, as appropriate.
- Encourage Member States to participate in/ organize World Rabies Day on 28 September 2008.

TRAINING

- Develop and conduct training programmes on surveillance, development of rabies communication plans, multisectoral approaches, legislation, and other aspects of rabies prevention and control.

RESEARCH

- Strengthen collaboration on research on epidemiological, laboratory, new technologies and interventions and social and gender aspects of rabies and its prevention and control through regional, sub-regional and twinning partnerships among ASEAN Plus Three Countries.

AND TO THIS END, the Participants in this Workshop, RESOLVED TO SUBMIT this Call for Action for adoption in the next Meeting of the ASEAN Sectoral Working Group on Livestock (ASWGL), Senior Officials Meeting on Health Development (SOMHD), the 30th Meeting of the ASEAN Ministers on Agriculture and Forestry (30th AMAF), the 8th Meeting of ASEAN Ministers on Agriculture and Forestry Plus Three (8th AMAF +3), 9th ASEAN Health

Ministers' Meeting (9th AHMM) and the 3rd ASEAN Plus Three Health Ministers' Meeting (3rd AHMM +3),

Further, to request the Philippines who will be hosting the 9th ASEAN Health Ministers' Meeting (9th AHMM) and Cambodia for the ASWGL Meeting to add as an agenda item the rabies Call for Action.

Further, to provide WHO, OIE, Food and Agriculture Organization (FAO), and the World Society for the Protection of Animals (WSPA) and other relevant institutions a copy of this Call for Action for their information and action, as appropriate.

Further, to make available a copy of this Call for Action for consideration in the next Inter-Ministerial Meeting on Avian Influenza in Cairo, Egypt for consideration of rabies in the expansion of coverage for other zoonotic diseases.

Ha Long, Viet Nam, 25 April 2008

Joint Ministerial Statement of the ASEAN+3 Health Ministers Special meeting on Influenza A(H1N1) Bangkok, Thailand, 8 May 2009

We, the Health Ministers of Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Viet Nam, China, Japan and Republic of Korea met on 8 May 2009, in Bangkok, Thailand, to deliberate on effective measures to prevent and control Influenza A(H1N1) in Asia.

Recalling the Joint Ministerial Statement on the current Poultry Disease Situation made on 28 January 2004 in Bangkok, Thailand, the Joint Ministerial Statement on Prevention and Control of Avian Influenza made on 26 November 2004 in Bangkok, Thailand.

Alarmed by the rapid spread of human-to-human of the Influenza A(H1N1) virus in various countries and various regions of the World. for which a pandemic is imminent and requires global, regional and national solidarity efforts for mitigation and immediate appropriate responses.

Valuing the contributions and leadership of the World Health Organization (WHO), other United Nations systems and international agencies, transparency and rapid responses by WHO Member States which are affected by the emergence of Influenza A(H1N1) virus.

Concerned that the Avian Influenza (H5N1) is still a major threat in this region, whereby continued political commitment and effective surveillance and responses are required.

Recalling Resolutions WHA58.5 and WHA59.2, which expressed concern about the potential spread of H5N1 strain of Influenza A to cause a pandemic and urged Member States to disseminate to WHO collaborating centre information and relevant biological materials, including clinical specimens and viruses.

Emphasizing the need to conclude the Inter-Governmental Meeting mandated by WHA60.28, on sharing of H5N1 and other influenza viruses with human pandemic potential and fair and equitable sharing of benefits.

Recognising the dynamics of the spread of Influenza A(H1N1) virus from human to human and human-animal interface, and the transforming capacity of virus, for which it requires full alert and effective prevention, detection, and timely response.

Recognising the responsibility of WHO Member States to abide by the International Health Regulations (IHR, 2005), under which the public health emergency of international concern has been declared and the importance of strengthened national core capacities in the effective implementation of the IHR.

Recognising the measures that have already been put in place and continuing efforts under the Asia-Pacific Strategy for Emerging Diseases (APSED). the ASEAN Plus Three Emerging Infectious Diseases Programme supported by AusAID, the stockpiles of antivirals and personal protective equipment by Japan and the multisectoral pandemic preparedness and response by USAID.

Recognising public health measures taken by individuals and communities, such as social distancing, respiratory etiquette, hand hygiene and household ventilation are at present the most feasible measures available to reduce or delay disease caused by pandemic influenza.

Recognising that as international travel moves rapidly, with large numbers of people visiting various parts of the world, evidence indicates that in the current pandemic situation limiting travel and imposing travel restrictions would have very little effect on stopping the virus from spreading, but would be highly disruptive to the global and regional communities and pose major negative impacts on the current global economic downturn.

Recognising that it is prudent for people who are ill with fever and influenza-like symptoms to delay international travel, and those who are ill after international travel to seek appropriate medical treatment, according to guidelines from national authorities.

Concerned that pandemic influenza significantly increases demands for medical services on the current constrained health resources for which it requires clear national protocols of case management at home with rigorous respiratory etiquette and hygiene measures. referral to and triage of patients for treatment in healthcare facilities. protection of health staffs including infection control in health facilities. prioritization of use of antiviral medicines and personal protective equipment according to risk of exposure in order to focus efforts on the most effective interventions to reduce mortality and any further morbidity.

Concerned that most of the global vaccine production capacity is located in Europe and North America, and it is inadequate to respond to global pandemic. and despite other regions have begun to acquire the technology to produce influenza vaccines, access to effective pandemic vaccines is a major problem in this region.

Recognising the urgency of taking concrete actions in preventing and controlling the Influenza A(H1N1), we commit ourselves at the national level on the following.

1. To continuously implement the national pandemic preparedness plan and intensify the performance of surveillance in human and animals, and effective response system.

2. To strengthen the national core capacities in the effective implementation of IHR (2005), in particular on surveillance and effective responses.

3. To exercise the national protocols by concerned authorities, ensure effective intersectoral communication and actions, effective public message to guide appropriate public responses in order to prevent panic and social disruption.

4. To consider implementing exit screening, as one of the cross-border disease control strategies by affected countries with the application of agreed criteria to classify "affected areas" instead of "affected country" and to minimise the impact on travelling and trade.

5. To consider establishment, in ASEAN Plus Three countries, a system to facilitate the sharing of essential supplies in the region in case of emergency needs.

6. To assess the potential need and increase national stockpiling of antivirals and essential medicines, medical supplies and personal protective equipment to the level necessary for effective responses in view of the dynamics of H1N1 spread.

Recognising the needs for common and collective efforts by countries in the region for effective responses to influenza A(H1N1) pandemic, we further commit ourselves on the following:

7. To comply with recommendations of WHO on international travels in order to prevent social and economic disruption to the global and regional communities.

8. Referring to WHA resolution 61.21, "to encourage the transfer of technology related to the production of antiviral medicines and pandemic influenza vaccines".

9. Fostering collaborations in the region by:

- Ensuring sufficient and prompt sharing of data and information on epidemic situation, establishing hotlines among national health authorities for effective responses among countries.
- Establishing joint outbreak investigation and joint response teams across countries, where appropriate and upon request.
- Enhancing laboratory support for the investigation and confirmation of Influenza A H1N1 and researches.
- Strengthening collaborative researches on influenza including biomedical, clinical, health systems and policy researches in order to generate evidence for effective policy intervention in responses to the epidemics, through active participation in the current regional collaborative research networks such as the ASEAN+3 Emerging Infectious Diseases (EID) Programme of the ASEAN Secretariat, the Mekong Basin Diseases Surveillance network (MBDS) and the Asian Partnership on Emerging Infectious Diseases Research (APAIR/APEIR).

Recognising the importance of international solidarities in effective responses to influenza pandemic, we request WHO, other United Nations Agencies and international development agencies and ASEAN on the following:

10. Director-General of WHO to continue to provide accurate, transparent and timely evidence on the global epidemic updates and guidance on effective responses.

11. Director-General of WHO, in consultation with experts and Member States, consider the possibility of optimising the criteria for pandemic alert level determination. The new criteria will not only apply transmissibility/epidemiologic determinant (number of cases in two Member States of a WHO region), but shall also include: clinical determinant (morbidity and mortality) and virological/gene sequence determinant (high or low pathogenicity).

12. To conclude the ongoing Inter-Governmental Meeting on sharing of H5N1 and other influenza viruses with human pandemic potential and fair and equitable sharing of benefits.

13. Director-General of WHO to support the goal of ensuring fair and equitable access to pandemic vaccines by all WHO Member States. and facilitate the increase in influenza vaccine manufacturing capacities in the region and other developing countries.

14. International development partners to provide technical and financial support based on need assessment in order to increase the level of ASEAN stockpiling of essential medicines and personal protective equipment. and

15. Secretary-General of ASEAN to conduct logistical exercises to ensure effective and timely deployment of stockpiles of medicines, medical supplies and other personal protective equipment to the affected areas.

Mindful of the fact that the 62nd Session of the World Health Assembly (WHA) will take place on 18-22 May 2009 in Geneva, the ASEAN+3 Health Ministers will make concerted efforts in bringing the outcome of this Meeting to the attention of the participants of the Assembly with the aim to solicit their cooperation and support.

Appreciating the support given by WHO, the World Bank, the US-CDC for making possible the dialogues through live video conferences at this Meeting,

We, ASEAN Plus three Health Ministers of Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Viet Nam, China, Japan and Republic of Korea, hereby pledge our commitment to fully implement these measures for the well-being of our people and for the peace, prosperity and stability of our region.

Chairman's Press Statement of the ASEAN+3 Health Ministers' Special Meeting on Influenza A (H1N1) Bangkok, Thailand, 8 May 2009

1. The ASEAN + 3 Health Ministers Special Meeting on Influenza A (H1N1) was held on 8 May 2009 in Bangkok, Thailand. The Special Meeting was chaired by H.E. Dr. Francisco T. Duque III, the Secretary of Health, Department of Health of the Philippines and the Chair of the ASEAN Health Ministers.

2. The Meeting was the outcome of the initiative of SamdechDecho HUN SEN, the Prime Minister of the Kingdom of Cambodia to which H.E. Mr. AbbhisitVejjajiva, the Prime Minister of the Kingdom of Thailand graciously agreed to host.

3. Prime Minister Abbhisit delivered his Opening Address at the Opening Ceremony this morning. The Director-General of the World Health Organization, Dr. Margaret Chan delivered a recorded address by video. The Minister of Public Health of Thailand and the ASEAN Secretary-General also delivered their respective remarks.

4. The Meeting represents the shared recognition for collective action in addressing the threat of Influenza A (H1N1). It was further recognized that united and harmonized actions would ensure that the health care systems in the region is fully prepared to contain any potential disease outbreaks.

5. In a Live Video Conference during the morning session, Dr. Richard Besser, Acting Director, Centres for Disease Control and Prevention (CDC), provided an update on effective responses in the US against Influenza A (H1N1).

6. Updates on the disease in the region were provided by Dr. Shin Young- soo, the Regional Director of the WHO Regional Office for the Western Pacific.

7. Before the Ministers convened the Meeting today, the Senior Officials had on 7 May deliberated extensively on the issue. In live video conference discussions with experts from the US Centres for Disease Control and Prevention, the WHO and the World Bank, it was noted that although the outbreak has been mild so far, the situation continues to evolve, thus constant monitoring needs to be done. It was emphasised that the 1918 pandemic started with mild outbreaks in springtime but became severe during winter, thus there is a need for the region to review and strengthen their pandemic preparedness plans and to maintain its guard.

8. Based on the discussions yesterday, the countries in the region are carrying out activities related to strengthening preparedness and response, with focus on the following areas:
   a. Planning and coordination;
   b. Situation monitoring and assessment;
   c. Reducing spread of disease;
   d. Health care intervention; and
   e. Public Awareness / Risk Communication

9. The Senior Officials also worked on the draft Joint Ministerial Statement which has just now been adopted by the Ministers.

10. The Ministers in their Joint Ministerial Statement have hereby agreed to, among others, the following measures:
    - To continuously implement their respective national pandemic preparedness plan;
    - To strengthen surveillance and effective responses;
    - Ensure effective communication especially within the public realm to avoid panic and social disruption;
    - To consider implementing exit screening as one of the cross border disease control strategies;
    - To consider establishing a system within the ASEAN Plus Three countries to facilitate sharing of essential supplies in an emergency.

11. The Ministers also encouraged the transfer of technology in relation to the production of antiviral medicines and vaccines.

12. Regional cooperation measures such as establishing hotlines among national health authorities, joint investigation and response teams, and strengthening research were also stressed by the Ministers in their Joint Statement.

13. Collaboration with international and regional health bodies was also emphasized. In this regard, the Meeting recognized with appreciation the valuable assistance and support provided by partners such as the World Health Organisation, the US Centres for Disease Control and Prevention and the World Bank. The assistance of ASEAN's partners such as AusAID and USAID was also similarly recognized.

14. The WHO, in particular, has been called upon to continue providing timely and accurate information and guidance on responses. The WHO was also asked to ensure that all WHO Member States have fair and equitable access to pandemic vaccines and to facilitate the increase in influenza vaccine manufacturing capacities in the region.

15. Logistical exercises in ASEAN has also been proposed by the Ministers in order to ensure effective and timely deployment of stockpiles of medicines, medical supplies in the event of a future pandemic.

Bangkok Declaration on Traditional Medicine in ASEAN Bangkok, Thailand, 1 September 2009

The delegates of the Conference on Traditional Medicine in ASEAN Countries held in Bangkok on 31 August - 2 September 2009

REAFFIRMING the purposes of ASEAN among others to maintain and enhance peace, security and stability and further strengthen peace-oriented values in the region, as enunciated by the ASEAN Charter;

ENDEAVOURING to put into operation actions stipulated in the Roadmap for an ASEAN Community (2009-2015) to facilitate research and cross-country exchange of experience in promoting the integration of safe, effective and quality Traditional Medicine, Complementary and Alternative Medicine into the national healthcare system, and across other sectors;

REITERATING the World Health Organization's specific objectives in Traditional Medicine Strategy for 2002 - 2005 to support countries to integrate Traditional Medicine with national healthcare systems, promote the safety, efficacy and quality of Traditional Medicine by expanding the knowledge-base on Traditional Medicine, increase the availability and affordability of Traditional Medicine, as appropriate, with an emphasis on access for poor populations, and promote therapeutically sound use of appropriate Traditional Medicine by providers and consumers;

ACKNOWLEDGING that Traditional Medicine is often the most widely available and affordable source of health care in ASEAN.

SEEKING to build on the gains brought about by close collaboration between ASEAN and other partners by further exploring opportunities for cooperation, sharing of knowledge and information, technical and financial assistance in Traditional Medicine;

MINDFUL of the importance of safety, efficacy, and quality of Traditional Medicine in the promotion of health, and in the prevention, diagnosis, treatment and management of diseases in ASEAN;

RECOGNISING that ASEAN Member States possess an abundance of untapped and newly discovered herbal and medicinal plants and other natural resources, as well as indigenous traditional knowledge and practices which have evolved from different ethnological, cultural, geographical, philosophical backgrounds, and the need to ensure sustainable management of biological diversity;

EMPHASIZING the importance to protect Traditional Medicine knowledge and practices

WELCOMING the support of the Nippon Foundation through the Memorandum of Agreement with the ASEAN Secretariat to assist Member States in promoting Traditional Medicine, among others.

HEREBY DECLARE:

To generate and share evidence-based information on traditional medicine knowledge and practices in ASEAN Member States by promoting and communicating widely and appropriately throughout the region and other partners;

To harmonise national technical requirements and regulations as part of ASEAN commitment to ensure safety, efficacy and quality of Traditional Medicine;

To promote further integration of Traditional Medicine, Complementary and Alternative Medicine into the health care system services as a part of comprehensive national health systems, including the use of traditional medicine in the primary health care; and

To develop specific activities to enhance collaboration in Traditional Medicine by involving practitioners and providers, industries, non-profit and professional organizations, academia, communities as well as partner organizations as key partners.

DONE in Bangkok, Thailand, on this First Day of September in the Year Two Thousand and Nine.

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Ha Noi Declaration
on Traditional Medicine in ASEAN
Ha Noi, Viet Nam, 02 November 2010

We, the delegates of the Second Conference on Traditional Medicine in ASEAN Countries held in Hanoi, Viet Nam on 31 October – 2 November 2010

REAFFIRMING the purposes of ASEAN among others to maintain and enhance peace, security and stability and further strengthen peace-oriented values in the region, as enunciated by the ASEAN Charter;

ENDEAVOURING to put into operation actions stipulated in the Roadmap for an ASEAN Community (2009-2015) and further elaborated in Strategic Framework on Health Development (2010-2015) to facilitate research and cross-country exchange of experience in promoting the integration of safe, effective and quality Traditional Medicine, Complementary and Alternative Medicine into the national healthcare system, and across other sectors;

REITERATING the World Health Organization's Resolution on Traditional Medicine made in May 2009 to support countries to integrate Traditional Medicine with national healthcare systems, promote the safety, efficacy and quality of Traditional Medicine by expanding the knowledge-base on Traditional Medicine, increase the availability and affordability of Traditional Medicine, as appropriate, with an emphasis on access for poor populations, and promote therapeutically sound use of appropriate Traditional Medicine by providers and consumers;

ACKNOWLEDGING that Traditional Medicine is often the most widely available and affordable source of healthcare in ASEAN;

SEEKING to build on the gains brought about by close collaboration between ASEAN and other partners by exploring more opportunities for cooperation, as well as developing capacity and capability including sharing of knowledge, information, technical and financial assistance in Traditional Medicine;

MINDFUL of the importance of safety, efficacy, and quality of Traditional Medicine in the promotive, preventive, curative and rehabilitative aspects of healthcare in ASEAN;

RECOGNIZING that ASEAN Member States possess an abundance of untapped and newly discovered herbal and medicinal plants and other natural resources, as well as indigenous traditional medicine knowledge and practices which have evolved from different ethnological, cultural, geographical, philosophical backgrounds, and the need to ensure sustainable management of biological diversity;

EMPHASIZING the importance of the conservation and sustainable use of genetic resources, endangered species and medicinal plants traditional medicine knowledge and experiences.

RECOGNIZING that ASEAN Member States have different regulations on integration of traditional medicine/complementary and alternative medicines into the national healthcare system and into other areas.

BUILDING on all the commitments of the Bangkok Declaration of the First Conference on Traditional Medicine in ASEAN Countries held in Bangkok on 31 August -2 September in 2009;

WELCOMING the support of the Nippon Foundation to assist Member States in promoting Traditional Medicine, among others.

HEREBY DECLARE:

1. To develop a comprehensive workplan and cooperative mechanism for collaboration on traditional medicine in ASEAN Member States;

2. To promote further integration of traditional medicine, complementary and alternative medicines into the national healthcare system by different forms in different areas of traditional medicine, including promotive, preventive, curative and rehabilitative aspects of healthcare.

3. To introduce models of effective integration of traditional medicine/ complementary alternative medicines into the national health care system where appropriate, and promote activities to share experiences in traditional medicine management, services, knowledge and practices in ASEAN Member States by widely promulgating suitable and effective integration models in the region;

4. To promote harmonisation of national standards and technical requirements based on national specifications to ensure the safety, efficacy and quality of traditional medicines in ASEAN Member States;

5. To further encourage evidence-based scientific research on traditional medicine practices;

6. To develop and continue the implementation of specific activities to strengthen the cooperation on traditional medicine of regulatory authorities, hospitals, research institutes, universities, suppliers, industries, professional and non-professional associations, academies, communities as well as relevant organizations as key partners; and

7. To empower consumers to become active participants in healthcare and to make informed choices to maximize the benefits and minimize the risks of traditional medicine/ complementary and alternative medicines.

DONE in Hanoi, Vietnam, on this Second Day of November in the Year Two Thousand and Ten.

Joint Statement
4th ASEAN Plus Three Health Ministers Meeting, Singapore, 23 July 2010

We, the Health Ministers of Brunei Darussalam, Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, the Philippines, Singapore, Thailand, Viet Nam, China, Japan and the Republic of Korea met on 23 July 2010, in Singapore.

United by the common aim of improving the health situation in the region, we discussed progress in implementing joint activities in the health sector and we explored areas for future collaboration.

"Healthy People, Healthy Region"

We recognised that in this era of globalisation and industrialisation, health systems in the region are faced with the "dual burden" of infectious diseases (such as HIV and AIDS, avian and pandemic infl uenza, and other emerging infectious diseases). and , chronic and lifestylerelated diseases (such as obesity, cancer, diabetes, heart diseases and mental illnesses).

We have agreed to address the potential challenges that the health sector is facing, through increased regional cooperation and collaboration. We have tasked the ASEAN Plus Three Senior Offi cials to review existing cooperation activities and develop a framework of cooperation and cooperation plan in order to strengthen our collaboration.

Healthcare Reform

We noted the disparities of health services accessibility among different groups and changing population demographics. We acknowledged a need to have continuous healthcare reform to deliver good quality, affordable, equitable and sustainable healthcare services for our people.

We expressed strong interest for greater collaboration on healthcare reform in areas such as healthcare fi nancing development, human resources development, and healthcare technology. We task our senior offi cials to consider avenues for realising such collaboration, through policy dialogues or even cross attachments through fellowships programme.

ASEAN Plus Three Cooperation in Health

We realised the urgency of meeting the MDGs by 2015. The ASEAN Plus Three cooperation provides a valuable platform for helping the countries in the region speed up the timetable of realising this important target. We have noted the progress made in ASEAN Plus Three collaboration in health since we fi rst met in 2004. We support the development of collaborative

networks in the areas of health promotion. capacity building for health professionals. human resource development, addressing infectious diseases. developing traditional, complementary and alternative medicine. and formulating policy coherence for health and social welfare development in ASEAN and Plus Three Countries.

We welcome the achievements made by the ASEAN Plus Three Emerging Infectious Diseases (EID) Programme, which was concluded on 30 June 2010. We express appreciation to the Government of Australia for supporting the programme during its fi rst and second phase, which aimed to enhance regional preparedness and capacity through integrated approaches to prevention, surveillance and timely response to emerging infectious diseases, including avian and pandemic infl uenza.

We endorse the establishment of the ASEAN Plus Three Partnership Laboratories (APL) to further strengthen the laboratory surveillance and networking within the region. We thank the National Institute of Infectious Diseases of Japan (NIID) for the support of the ASEAN Plus Three Partnership Laboratories, by providing capacity building in laboratory diagnosis and for providing laboratory test kits.

We noted that most of the emerging infectious diseases are of animal origin and acknowledged the need for greater collaboration between the animal health and the public health sectors on zoonoses. We therefore support the closer collaboration between animal and human health sectors. We support the development of networking among fi eld epidemiology training programmes in ASEAN and Plus Three Countries.

Next ASEAN Plus Three Health Ministers Meeting

We look forward to further exchanges of views on joint collaboration in health development at our next meeting in Thailand in 2012.

Joint Statement of the 10th ASEAN Health Ministers Meeting "Healthy People, Healthy ASEAN", Singapore, 22 July 2010

WE, the Ministers of Health of ASEAN Member States, 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, convened the 10th ASEAN Health Ministers Meeting on 22 July 2010 in Singapore.

RECALLING our vision of "Healthy ASEAN 2020" adopted at the 5th ASEAN Health Ministers Meeting held in April 2000 in Yogyakarta, Indonesia, which was envisioned by 2020 "that health shall be at the centre of development and ASEAN cooperation in health shall be strengthened to ensure that our peoples are healthy in mind and body, and living in harmony in safe environments".

REAFFIRMING our commitment to continue implementing key guiding principles and framework of "Healthy ASEAN 2020", emphasizing health as a fundamental right of our peoples. health development is a shared responsibility and must involve greater participation and empowerment of the people, communities and institutions. and ASEAN cooperation shall strive to achieve social justice and equity in health development and solidarity in action towards a healthy paradigm that emphasizes health promotion and disease prevention. SUPPORTIVE of the ASEAN Socio-Cultural Community (ASCC) Blueprint adopted by the ASEAN Leaders at the 14th ASEAN Summit on 1 March 2009 in Chaam-Hua Hin, Thailand to focus our efforts on the social dimension of narrowing the development gaps through social welfare and protection, and more particularly to ensure food safety, ensure access to adequate and affordable healthcare, medical services and medicine, promote healthy lifestyles for the peoples of ASEAN, improve capability to address communicable diseases, and enhance pandemic preparedness and response.

UNITED by the common aim of improving health situation in the region, the 10th ASEAN Health Ministers Meeting discussed and exchanged views on the progress of implementation of joint activities in the health sector under the ASEAN Socio- Cultural Blueprint and agreed to the following resolutions:

We agree to strengthen our political commitment to intensify ASEAN cooperation in health development and to mobilise resources at the national, regional, and international levels. We reiterate the need to implement the Declaration on Healthy Lifestyles as adopted by the 6th AHMM held in 2002 in Vientiane, which provided the Framework for ASEAN to work together to lead healthy lifestyles consistent with their values, beliefs and culture in a supportive environment by recognizing that socio-economic changes can have adverse impact on health and on efforts to promote healthy lifestyles.

We are pleased to note the achievements made by the ASEAN Senior Offi cials on Health Development in implementing regional activities, particularly in the areas of emerging infectious diseases, pandemic preparedness and response, HIV and AIDS, food safety, pharmaceuticals, and traditional medicine despite funding constraints.

We endorse the ASEAN Strategic Framework on Health and Development (2010-2015) as our guide in implementing ASEAN health cooperation activities to achieve our strategic objectives as enshrined in the ASCC Blueprint. The focus of the Strategic Framework is in four major areas: fi rst, food safety. second, access to health care services which comprise pharmaceuticals, traditional medicines, maternal and child health, and migrants health. third, healthy lifestyle with emphasis on proactive, health promotive measures to prevent non-communicable diseases, and mental health. and fourth, communicable diseases and pandemic preparedness and response.

We thank Thailand and the Philippines for hosting the Planning Meetings in March and May 2010 respectively to fi nalise the ASEAN Regional Work Plan on Health Development (2010-2015).

We recognise that infectious diseases such as Infl uenza A (H1N1) and H5N1 will continue to be public health threats in the region. Noting that the Infl uenza A (H1N1) pandemic in most ASEAN Member States is already in the post-peak phase, we urge WHO to review the current pandemic alert level and to take into consideration severity as a criteria in determining alert levels. However, we urge Member States to continue surveillance and information sharing, as well as national measures such as public education on hygiene and vaccination.

We therefore, task the Senior Officials to workout an effective regional cooperative arrangements in the prevention, preparedness response to emerging infectious diseases as laid down in the ASEAN Socio-Cultural Community Blueprint 2009-2015.

We reaffirm our commitment as stipulated in the Declaration of the 8th ASEAN Health Ministers Meeting: ASEAN Unity in Health Emergencies, held in 2006 in Yangon, where we committed to ‘strengthening existing capabilities in each of our countries to prepare for these emergencies, and therefore endorsed the Minimum Standards on Joint Multisectoral Outbreak Investigation and Response, to develop a regional and national guidelines in coordinating procedures to mount a clear,effective, coordinated and timely response to emergencies in the spirit of ASEAN.

We noted the importance of risk communication as one of the strategies to effectively manage EID outbreaks and we endorse the establishment of the ASEAN Risk Communication Resource Centre in Malaysia. and we thank Malaysia for hosting the Centre.

We endorse the establishment of the ASEAN Plus Three Partnership Laboratories (APLs) to further strengthen the laboratory surveillance and networking in the ASEAN Plus Three Countries. We thank the National Institute of Infectious Diseases of Japan for providing their technical and fi nancial support in this endeavor.

We noted that most of the emerging infectious diseases are of animal origin and acknowledged the need for greater collaboration between the animal health and the public health sectors on zoonoses. We therefore support the ASEAN Framework and Workplan for collaboration between the human and animal health sectors on emerging and neglected zoonotic diseases at both the regional and national levels.

We support the work of the multi-sectoral ASEAN Technical Working Group on Pandemic Preparedness and Response comprising focal points from the health, agriculture and disaster management sectors to enhance and promote coordination in pandemic preparedness and response at the regional and national levels.

We are concerned that dengue has affected millions of people worldwide and Southeast Asia is becoming the most seriously affected region. We acknowledge that increasing public awareness is one of the main strategies to reduce the risk of dengue transmission. We therefore endorse the ASEAN Dengue Day as an annual advocacy campaign day for dengue prevention and control at the regional and national level. We commit to support and promote the offi cial launch of the ASEAN Dengue Day on 15 June 2011 and every year thereafter. We noted that Indonesia is ready to host the offi cial launch of the ASEAN Dengue Day on 15 June 2011 and all Member States should organise their own individual nation-wide Dengueday related events on 15 June.

We welcome the signing of the Memorandum of Understanding between the ASEAN Secretariat and World Health Organisation (WHO) (2009-2013) as a strategic partnership that is important for ASEAN health cooperation. We acknowledge WHO's technical expertise and its support for country level programmes.

We reaffirm the importance of forging strategic partnerships with Dialogue Partners and with international organizations including the World Health Organization (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the United Nations Development Programme (UNDP), Food and Agriculture Organization (FAO), World Animal Health Organization (OIE), the United Nations Children's Fund (UNICEF), civil society organizations and others to address the challenges of health development.

We discussed the possibility of expanding the ASEAN health collaboration to involve other EAS countries. We agreed that the areas of collaboration must be aligned with the ASEAN Strategic Framework on Health Development (2010 – 2015) such as emerging infectious diseases, particularly fi eld epidemiological training programme and vaccine production. We tasked the Senior Offi cials on Health Development to study how the collaboration can be implemented, taking an incremental approach on specifi c issues that can bring real benefi ts to the health of our people in ASEAN.

Next ASEAN Health Ministers Meeting

We look forward to further exchanges of views on joint collaboration in health development at our next Meeting in Thailand in 2012.

Getting to "ZERO" in ASEAN: Responses, Gaps, Challenges and Ways Forward Statements of ASEAN Task Force on AIDS (ATFOA) Delivered by Chairperson, Brunei Darussalam, 31 March 2011

Asia and Pacific Regional Consultation on Universal Access to HIV Prevention, Treatment, Care and Support : 'Getting to Zero' Bangkok, Thailand

Good morning distinguished delegates, ladies and gentlemen.

It gives me great pleasure today in Brunei Darussalam's capacity as Chair of the ASEAN Task Force on AIDS to represent the 10 Member States of ASEAN which also include Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Singapore, Thailand and Viet Nam. ASEAN is home to about 600 million people of diverse ethnicities, cultures, customs, religions, languages, modes of government and levels of development.

The ASEAN Mechanism to address HIV and AIDS is the ASEAN Task Force On AIDS, or ATFOA, formed in 1993. Since then, ATFOA has provided the focus for a coordinated regional response to HIV. It has completed three work programs, and is now launching the fourth Work Program.

ATFOA takes pride in having developed the first ASEAN Regional Report on HIV, which we hope to launch formally in this year's ASEAN Summit. The report states that over 1.5 million people are estimated to be living with HIV in ASEAN. The epidemic varies throughout the region with some countries in latent, increasing, maturing and declining epidemics. Prevalence rates overall are decreasing, but two ASEAN countries have experienced an increase of over 25% in new cases since 2001.

As in the rest of Asia, the main drivers of the epidemic in ASEAN are unprotected sex with multiple partners and needle sharing in injecting drug use. 75% of all HIV infections in ASEAN are reported among the key affected populations of sex workers, men who have sex with men, transgenders, and people who inject drugs. Other vulnerable populations include intimate partners of these groups and at-risk youths, institutionalized persons, the military and mobile populations.

ASEAN countries have shown global leadership in certain aspects of the response to HIV. We were happy to hear in the presentation yesterday that two ASEAN countries, Thailand and Malaysia, were cited as "Global Superstars" in PMTCT. In addition, Brunei Darussalam and Singapore have also reached 100% coverage of PMTCT. Indonesia, Malaysia, Myanmar and Viet Nam have made many strides in addressing injecting drug use with programmes which include needle and syringe exchange and Opioid Substitution Therapy.

Cambodia and Thailand pioneered 100% condom use programme in sex work with many countries following suit. Lao PDR has introduced laws and legislation that protect people living with HIV as well as at-risk groups. The Philippines initiated institutionalization of pre-departure orientation and access to treatment and health care services for migrant workers.

In addition, Cambodia, Thailand and Myanmar have made noteworthy progress in reversing their epidemics. In AIDS expenditure, 4 ASEAN countries have achieved a high level of domestic funding of above 90%.

In the political arena, ASEAN leaders have made commitments to respond to the HIV epidemic. The first ASEAN Declaration on HIV and AIDS was made during the 7th ASEAN Summit in Brunei Darussalam in 2001. This Declaration was renewed by the Leaders during the 12th ASEAN Summit in Cebu, Philippines in 2007, further strengthening our commitment to universal access. ASEAN leaders have also signed the Declaration on the Protection of the Rights of Migrant Workers in the same year.

In the past five years, initiatives included supporting member states in reaching key affected populations through hosting and funding Regional level meetings and consultations. These included Consultations on At Risk Youth and Greater Involvement and Empowerment of PLHIV

ATFOA also supported activities that promote enabling environments such as:

- High Level Multi Stakeholder Meeting on HIV Prevention Treatment and Care among Migrants
- The Workshop on HIV Education in the Workplace, and
- A Regional Consultation on Developing Frameworks for HIV prevention among MSM in Asia and the Pacific.

Many countries in ASEAN have already reached their targets in treatment coverage. Nevertheless, most of member states continue to depend on international assistance. For this reason, ATFOA supports the fast-tracking of accreditation for licensing in ASEAN Member States to produce affordable generic ARV drugs.

An important remaining challenge is developing an enabling Policy Environment for HIV program response. Conflicting laws and policies still exist, particularly for HIV prevention among people who inject drugs, sex workers and men who have sex with men.

What is the future for ASEAN?

ASEAN recently signed its Charter, which makes it a legal entity, to fully support the ASEAN Community Building by 2015. One of the key pillars in this community building is the ASEAN Socio-Cultural Blueprint, in which HIV is one of the listed priorities.

An opportunity for ATFOA is collaborating with non-health ASEAN sectoral bodies such as the Senior Labour Officials Meeting, Senior Officials on Youth, and Senior Officials on Drug Matters. In addition, there are opportunities for ASEAN to collaborate with other inter-

governmental organizations. For example, in the past few ATFOA meetings, SAARC has been invited to attend in order to seek avenues for collaboration. Similarly, invitations have also been extended to key regional civil society organizations. We also seek closer ties with multi-lateral, bilateral and other international organizations, presently we have active engagement with UN Family, such as UNAIDS and UNDP, as well as other donor agencies. These dialogues and partnerships need to be pursued more strategically, with energy, vigor and passion. By doing this we can move closer in achieving the vision of the Interrelated ZEROs.

ASEAN has now developed the fourth ASEAN Work Program on HIV and AIDS, which will soon be endorsed by the Health Ministers of the Member States. AWP IV will run from 2011 to 2015. Its strategic objectives are to advocate for ASEAN's collective agenda at international and regional platforms, promote continued information sharing primarily amongst Member States and leverage affordable access to HIV commodities.

The Government of Indonesia, as the Organizers of the next ASEAN Summit and the present Chair of ASEAN — has proposed to commemorate the 10th year anniversary of the first ASEAN declaration on AIDS by renewing the Commitment to HIV/AIDS.

In conclusion, although some countries in ASEAN have already reached their universal access targets, we still require further collaboration and support financially as well as technically. More so, in the provision of affordable access to ARVs.

Our vision is an ASEAN Community that is people centered, socially responsible, inclusive and harmonious, with enduring solidarity and unity. We aim to forge a common identity and build a community of caring societies, where the well-being, livelihood and welfare of all people are enhanced.

Thank you and Good Morning.

Jakarta Call for Action on the Control and Prevention of Dengue, Jakarta, Indonesia, 15 June 2011

WE, THE PARTICIPANTS of the ASEAN Dengue Conference from Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People's Democratic Republic, Malaysia, the Republic of Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand and the Socialist Republic of Viet Nam, and other international development partners, held in Jakarta, Indonesia on 15 June 2011,

NOTE WITH CONCERN THAT;

1. It is estimated that nearly 50 to 100 million dengue infections with 20.000 deaths occur annually worldwide, 75% of which occurs in the Asia Pacific Region.

2. ASEAN Member States currently have the highest number of dengue infections in the Asia Pacific Region.

3. These dengue cases and deaths have socio-economic impact in ASEAN Member States.

4. ASEAN Member States have developed programs to prevent and control dengue infections, however these need to be aligned to regional strategies and involve all relevant stakeholders.

5. There has been progress in public-private partnerships; however, these need to be strengthened.

6. There is a need to sustain initial successes in global, regional, and national efforts to control and prevent this infection.

ACKNOWLEDGE THAT:

1. World Health Organization Global Strategy on Dengue, emphasizes on integrated vector management with community and intersectoral participations in which control is directed towards geographic areas of highest risk of transmission in the most cost effective manner.

2. As part of WHO Global Strategy on Dengue, the Asia Pacific Dengue Strategic Plan (2008-2015) was endorsed by Member States of the South East Asia Region and the Western Pacific Region focusing on reversing the increasing trend of dengue.

3. The Asia Pacific Dengue Strategic Plan is in line with the Asia Pacific Strategy for Emerging Diseases (APSED). APSED is a bi-regional strategy endorsed by Member States of the WHO South East Asia Region and Western Pacific Region, to strengthen national and regional capacities to manage and respond to emerging disease threats including Dengue.

4. Academic institutions, scientists, researchers have made significant contributions to understanding the disease which in turn has been widely used as the basis for evidence based management.

RECOGNIZE THAT:

1. ASEAN Member States have prioritized Dengue as one of the communicable diseases to be addressed, following the mandate of ASEAN Socio-Cultural Community Blueprint endorsed by ASEAN Leaders in 2009.

2. ASEAN Strategic Framework on Health Development (2010 – 2015), as endorsed by the ASEAN Health Minister Meeting in 2010, provided the operational guideline in the control of communicable diseases including dengue.

3. The 10th ASEAN Health Ministers Meeting in 2010 also agreed to designate every 15th of June as the ASEAN dengue day commencing in 2011 to increase public awareness of dengue infection.

4. ASEAN Expert Group on Communicable Diseases is the health subsidiary body to plan regional interventions on communicable diseases including dengue.

CALL upon all stakeholders of ASEAN to Strengthen Regional Cooperation:

1. To ensure continuous effort towards the prevention and control of dengue in ASEAN Member States by enhancing regional preparedness and capacity through integrated approaches to surveillance prevention, and timely response for an outbreak;

2. To strengthen national and regional alert and response capacities in an efficient and sustainable way;

3. To share information, experiences and best practices in improving the access to primary health care by people at risk/vulnerable groups of Dengue through regional workshops, seminars, and exchange visits among the ASEAN Member State;

4. To encourage the close collaboration and create networks among the public and private sectors and civil society in addressing the effort to prevent dengue transmission

Strengthen Capacity in an efficient and sustainable way:

1. To put in place integrated vector management together with surveillance and control activities.

2. To improve core capacities of human resources.

3. To strengthen National Health Services for ensuring early diagnosis, and case management.

Promote Inter-sectoral Collaboration

1. To increase the awareness and understanding of non-health sectors of their roles and responsibilities in dengue prevention.

2. To move from reactive activities into long-term prevention and preparedness-driven activities involving health and non-health sectors.

3. To strengthen multi-sectoral planning to prevent and control dengue infection which has complex and multi-factorial dimensions.

4. To welcome and consider new and appropriate initiatives from public and private, health and non-health sectors, including but not limited to collaboration on research and development of dengue vaccines.

AND TO THIS END, the Participants in this Conference, **RESOLVED TO SUBMIT** this Call for Action for adoption in the Official Launch of ASEAN Dengue Day

Jakarta, Indonesia, 15 June 2011

Tawangmangu Declaration on Traditional Medicine in ASEAN, Tawangmangu, Indonesia, 2 November 2011

The delegates of the 3rd Conference on Traditional Medicine in ASEAN Countries with the theme, "Utilization of Evidence Based Traditional Medicine in Health Care", held in Tawangmangu, Indonesia on 31 October - 2 November 2011:

MINDFUL that the ASEAN Socio-cultural Community (ASCC) Blueprint, which was approved by the ASEAN Leaders at the 4th ASEAN Summit held on 1 March 2009 in Hua Hin, Thailand, is the main guiding document for ASEAN regional cooperation in the socio-cultural sector – which also includes health;

REAFFIRMING the importance of The Bangkok and Hanoi Declarations (1st September 2009 and 2nd November 2010 respectively), and the formulated work plan of the Planning Meeting of The ASEAN Taskforce on Traditional Medicine (20-21 January 2011) as endorsed by SOMHD;

REITERATING the need to further facilitate the exchange of information on research results in safety, efficacy and quality of herbal and traditional medicine among AMS;

EMPHASISING the need to disseminate the knowledge and skill of traditional medicine to health care personnel and stakeholders through training and education;

RECOGNIZING the need to empower consumers to become active participants in health care and to make informed choices to maximise the benefits and minimise the risks of use of Traditional Medicine/Complementary and Alternative Medicine (TM/CAM);

SEEKING to facilitate research and cross-country exchange of experience in promoting the integration of safe, effective and quality Traditional Medicine, Complementary and Alternative Medicine (TM/CAM) into the national healthcare system, and across other sectors;

HEREBY, declare to implement the following actions based on the recommended strategies:

I. To promote and integrate safe, effective and quality Traditional Medicine, Complementary and Alternative Medicine (TM/CAM) into the national healthcare system, and across other sectors as appropriate

II. To facilitate the exchange of information on research results in safety, efficacy and quality of herbal and traditional medicine among AMS

III. To promote the rational use of traditional medicine (herbal medicines & modality) in the primary health care

IV. To strengthen traditional medicine knowledge of healthcare personnel through training and education

V. To strengthen capacity of AMS to conduct research on safety, efficacy and quality of traditional medicine

DONE in Tawangmangu, Indonesia, on this Second Day of November in the Year Two Thousand Eleven.

Statement by
H.E. Dr. R. M. Marty M. Natalegawa
Minister for Foreign Affairs Republic of Indonesia
at the Plenary of the High-level Meeting on
"Non-communicable Diseases: Prevention and Control"
United Nations General Assembly,
New York, USA, 19 September 2011

First of all, on behalf of ASEAN, let me present our regional perspective on the matter at hand.

For ASEAN Member States, non-communicable diseases are a major challenge that compounds the deadly impact of communicable diseases.

A 2010 WHO Report showed that non-communicable diseases caused some 36.1 million deaths in 2008. Eighty percent of these deaths are caused by four main non-communicable diseases. And low to middle income families suffered 80 percent of these deaths.

According to the WHO, NCDs-related deaths will increase by 17 percent over the next decade. And among ASEAN communities, deaths due to NCDs can increase from its current 2.6 million to 4.2 million people.

At the global level, NCDs are affecting mostly working-age adults—thereby eroding the most productive generation in the world today. And thus reducing the gross domestic product of low to middle-income countries by as much as five percent. This is one reason why poverty is so wide-spread. And why many countries suffered in backwardness. Hence, we in ASEAN are working hard and in concert to address this grave challenge.

In our view, prevention is the key to resolving it. Prevention is and will always be our priority. We are therefore carrying out four major prevention strategies.

First and foremost, we in ASEAN are strengthening our health systems and infrastructures.

This includes mainstreaming NCD prevention and control alongside infectious disease prevention and control in national development programmes, and enhancing operations in health facilities from the lowest to the highest levels. It includes raising the capabilities of human resources for medical care and developing effective referral systems. We are also improving our surveillance systems on the diseases and the modifiable risk factors.

We are working toward universal health coverage and providing service packages that cater to the needs of people with chronic NCDs. In brief, we must have a comprehensive health system and infrastructure for addressing NCDs. This is not an option. It is an imperative.

Second, we are strengthening our national health policies and accelerating programmes for tobacco control.

We will not be content only with passing laws that heavily tax cigarettes. We will also consider using the revenues derived from sin taxes to support NCDs prevention. We will continue to promote a smoke-free environment in order to protect our people from secondary smoke. We are aligning national policies on agriculture, trade, industry and transport to improve diets, encourage physical exercise and reduce harmful alcohol use. We are implementing community based intervention for early detection of factors of major NCDs.

Third, we are strengthening partnerships for health.

The need for international cooperation for public health cannot be overemphasized. Although the Millennium Development Goals do not include targets for the reduction of NCDs, individual efforts by ASEAN Member States warrant complementary coordinated support from our partners.

We appeal to our international partners to fund and align the prevention and control of NCDs with their other development programmes such as those of the MDGs and Climate Change. We urge our development partners to fund researches on the unique public health problems of our region. We call upon the international community to help us ensure that essential pharmaceutical products and medical devices are available to the region. This will help avert the devastating socioeconomic impact of NCDs on our societies. In short, the partnership among countries is a must. Among developed and developing countries. At the global, regional and bilateral levels.

Last but not least, we are ensuring the involvement of all stakeholders.

To effectively respond to the challenges posed by NCDs, we must enlist the participation of all stakeholders. ASEAN is therefore committed to implementing a whole-of-government people-centered approach involving civil society, the private sector and community organizations.

By taking these steps, we in ASEAN are confident that we will be able to contribute significantly to the global reduction of NCD death rate in this decade.

ASEAN Declaration of Commitment: Getting To Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths, Bali, Indonesia, 17 November 2011

1. We, the Heads of State/Government 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, on the occasion of the 19th ASEAN Summit in Bali, Indonesia reviewing comprehensively the progress achieved in the decade since the adoption of the 2001 ASEAN Declaration on AIDS and the implementation of the 2007 ASEAN Commitments on HIV and AIDS;

2. Reaffirming the commitment of ASEAN Member States to accelerate progress in achieving the Millennium Development Goal 6 (MDG 6), which specifically refers to halting and reversing the spread of HIV and AIDS, and other related MDGs by 2015; and the 2010 High Level Plenary Meeting United Nations General Assembly on MDGs entitled: Keeping the Promise: United to Achieve the Millennium Development Goals;

3. Confirming our commitment to Resolutions 66/10 and 67/9 of the 66th and 67th Sessions of the United Nations Economic and Social Commission for Asia and the Pacific, respectively, and the outcome of the 2011 United Nations General Assembly High Level Meeting on AIDS entitled, the "Political Declaration on HIV/AIDS: Intensifying our Efforts to Eliminate HIV/AIDS" which reaffirmed the 2001 Declaration of Commitments on HIV/AIDS and the 2006 Political Declaration on HIV/AIDS and called for efforts to end the epidemic with renewed political will and strong, accountable leadership, and to work in meaningful partnership with all stakeholders at all levels to implement bold and decisive actions;

4. Guided by the ASEAN Charter which entered into force in December 2008, and with a strong commitment to accelerate the establishment of the ASEAN Community by 2015 through the implementation of the Blueprints of the ASEAN Economic Community (AEC), ASEAN Political Security Community (APSC) and the ASEAN Socio-Cultural Community (ASCC);

5. Emphasising that under the ASCC Blueprint, concrete actions have been provided to improve our capability to control communicable diseases including HIV and AIDS, and particularly in reducing the transmission of HIV and the impact of the epidemic on individuals, community and society;

6. Acknowledge the relevant outputs of the 10th ASEAN Health Ministers Meeting (AHMM) last July 2010 held in Singapore that outlined goals, targets and activities for the

regional collaboration on health, including HIV and AIDS initiatives through the Strategic Framework on Health Development (2010-2015);

7. Recalling that accelerated liberalisation of trade will enhance the region's competitiveness and realise welfare gains for our peoples in the long run, and that efforts are also needed to ensure that access to affordable health care is not undermined and health policies will be equitable and pro-poor, as noted in the Declaration of the 7th ASEAN Health Ministers Meeting adopted on 22 April 2004;

8. Concerned that the HIV epidemic continues to threaten the realisation of an ASEAN Community, with socio-economic consequences that pose a formidable challenge in our community-building and our efforts to ensure access to affordable health care;

9. Noting the finding from ASEAN's first regional report on HIV and AIDS of 2010 which observed that in the region, the HIV epidemic continues to affect more than 1.5 million people affecting Member States with varying intensity; that HIV prevalence remains high among key affected populations, including sex workers and their clients, people who inject drugs, and men who have sex with men and transgender population, while other populations continue to be vulnerable (such as partners/spouses of key affected populations, migrant and mobile populations, children and youth, women and girls, people in correctional institutions, and specific occupational groups like uniformed services, people in conflict and disaster-affected areas), and that to be effective, AIDS responses must deliver focused, evidence-informed interventions that address the particular risks and vulnerabilities faced by these populations

10. Welcoming the finding that progress has been made in the region in the AIDS response, and that in some of the Members States the number of new HIV infections has declined with combined implementation of proven evidence-based interventions in prevention, treatment and care; noting the reduction in HIV prevalence rates in Cambodia, Myanmar and Thailand; noting also the efforts of other Member States on harm reduction, comprehensive condom use programming; use of TRIPS flexibilities and other prevention, treatment, care and support initiatives;

11. Welcoming the findings of recent studies that demonstrate that access to HIV treatment significantly reduces the risk of HIV transmission to a partner; and, that access to affordable medicines in the context of epidemics such as HIV is fundamental to the full realization of the right of everyone to enjoy the highest attainable standard of physical, social and mental health;

12. Concerned that intellectual property, trade policy barriers and social aspects such as stigma and discrimination, are hindering prevention activities on HIV and AIDS, access to HIV treatments and treatments for co-infections and opportunistic infections, as well as pose as serious threats to the quality of life and livelihood of people living with and affected by HIV;

13. Further acknowledging that the number of HIV infections could have been averted among newborn children with the implementation-proven strategy on prevention of mother-to-child transmission;

14. Realising that an effective response to HIV requires relentless efforts and continued commitment by all stakeholders in implementing comprehensive responses to prevent and reduce the number of new infections, and to provide appropriate treatment, care and support to key affected populations and other vulnerable groups;

15. Concerned that women and girls account for a high proportion of new infections, recall our commitment to the declarations and the outcomes of conferences on women and children such as the UN General Assembly Resolution 48/104, 1993 on the Declaration on the Elimination of Violence Against Women; the Beijing Declaration on the Fourth Conference on Women; the Beijing Plus Five; and, the Hanoi Call to Action for Children and HIV/AIDS in East Asia and Pacific Region, 2006, that aimed to undertake further responses.

Do hereby declare and renew our commitments to:

16. Work towards an ASEAN with Zero New HIV Infections, Zero Discrimination and Zero HIV Related Deaths by:

    a. Reducing sexual transmission of HIV by 50 percent by 2015;
    b. Reducing transmission of HIV among people who inject drugs by 50 per cent by 2015;
    c. Scaling up antiretroviral treatment, care and support to achieve 80 percent coverage for people living with HIV who are eligible for treatment, based on WHO HIV treatment guidelines;
    d. Eliminating new HIV infections among children and substantially reducing AIDS-related maternal deaths by 2015; and
    e. Reducing by 50 percent tuberculosis deaths among people living with HIV.

17. Commit to work towards zero new HIV infections in ASEAN through the following:

    a. Acknowledge that prevention is the cornerstone of regional, national and international HIV responses and ensure that adequate financial resources are provided for scaling up evidence-based and targeted prevention programmes for key populations-at-risk;
    b. Ensure that national prevention strategies comprehensively target populations at higher risk, such as people who use drugs, sex workers, and men having sex with men, including transgender people, and that systems of data collection and analysis about these populations are strengthened;
    c. Develop and scale up community-led HIV prevention services to reduce sexual transmission of HIV and to address stigma and discrimination;

d. Implement and expand risk and harm reduction programmes, where appropriate and applicable, for people who use drugs, taking into account the World Health Organization, United Nations Office on Drugs and Crime and UNAIDS Technical Guide for countries to set targets for universal access to HIV Prevention, treatment and care for injecting drug users in accordance with national legislations;
e. Accelerate efforts to virtually eliminate parent-to-child transmission of HIV and preventing new paediatric HIV infections and eliminate congenital syphilis by 2015;
f. Encourage and support the active involvement of key affected populations and vulnerable groups including young people, civil society and other community representatives as well as local governments in planning, implementing and evaluating responses;
g. Promote access to timely and effective anti-retroviral treatment, as prevention strategy;
h. Address the social protection, sexual and health needs of key affected and vulnerable populations; and
i. Expand and promote access to HIV testing, including provider-initiated HIV testing that is voluntary, confidential and rights-based.

18. Commit to work towards zero AIDS related deaths through the following:

a. Accelerate efforts to achieve the goal of universal access to antiretroviral treatment by 2015, with the target of 80 percent coverage of people living with HIV who are eligible, based on World Health Organization HIV treatment guidelines to increase life expectancy and the quality of life.
b. By 2015 improve treatment coverage, equity, effectiveness and efficiency by:

i. Fully implementing the most recent WHO guidelines and adopting the Treatment 2.0 approach that includes point of care diagnostics and treatment monitoring, decentralised and simplified service delivery and involvement of PLHA networks in service delivery;
ii. Addressing key obstacles such as drug stock-outs, financial barriers, stigma in health services, loss to patient follow-up, and access barriers for migrant and refugee populations;
iii. Securing and expanding access to affordable and effective HIV diagnostics, ARV and OI drugs, through the full use of existing flexibilities under the Trade-Related Aspects of Intellectual Property Rights Agreement, which are specifically geared to promoting access to and trade of medicines, including in particular the use of compulsory licensing to enable manufacturing or parallel importation of generic drugs;
iv. Addressing barriers, regulations, policies and practices that prevent access to affordable HIV treatment by promoting generic competition in order to help reduce costs associated with life-long chronic care;

c. Expand efforts to combat HIV co-morbidities such as tuberculosis and hepatitis through integrated delivery of HIV and tuberculosis services in line with the Global Plan to Stop TB, 2011-2015; developing as soon as practicable approaches of prevention and treatment of hepatitis C; and rapidly expanding access to appropriate vaccination for hepatitis B;

19. Commit to work toward Zero HIV related Discrimination through the following:

    a. Promote the health, dignity and human rights of people living with HIV and key affected populations by promoting legal, political and social environments that enable HIV responses, including by establishing multi-stakeholder partnerships among the health sector, law enforcement and public security, academia, faith-based leaders, local government leaders, parliamentarians, workplace, civil society and other relevant stakeholders, with a view to removing legal and punitive barriers to an effective response, and to reduce stigma and discrimination;
    b. Initiate as appropriate, in line with national priorities a review of national laws, policies and practices to enable the full achievement of universal access targets with a view of eliminating all forms of discrimination against people at risk of infection, living with HIV and key affected populations;
    c. Pledge to eliminate gender inequalities and gender-based abuse and violence especially by protecting and promoting the rights of women and adolescent girls, strengthening national social and child protection systems, empowering women and young people to protect themselves from HIV, and have access to health services, including, inter alia, sexual and reproductive health, as well as full access to, comprehensive information and education;

20. Commit to ensuring financial sustainability, national ownership and leadership for improved regional and national responses to HIV through the following actions to take forward our commitments:

    a. Develop, update and implement evidence-based, comprehensive, country-led national strategic plans and establish strategic and operational partnerships with stakeholders at the national and community levels to scale up HIV prevention, treatment, care and support by 2015;
    b. Mobilise a greater proportion of domestic resources for the AIDS response in line with national priorities, from traditional sources as well as through innovative financing mechanisms, in the spirit of shared responsibility and national ownership and to ensure sustainability of the response;
    c. Reduce inefficiencies in national responses by prioritizing high impact interventions, reducing service delivery costs, and streamlining monitoring, evaluation and reporting systems to focus on impact, outcomes, cost-efficiency and cost-effectiveness;
    d. Strengthen the mechanisms of South-South collaboration, especially ASEAN to ASEAN sharing of expertise, inter-regional cooperation, in the provision of technical assistance and support to build capacity at the regional and national levels;

e. Strengthen the role of ASEAN bodies responsible for health, that is, the ASEAN Health Ministers Meeting, Senior Officials Meeting on Health Development and the ASEAN Task Force on AIDS in enhancing cross-sectoral and multi-stakeholders coordination by facilitating the meaningful participation of all relevant key stakeholders, including that of public and private sector, and under the coordination of the ASEAN Socio-Cultural Community Council, with the view to effectively implement regional responses to HIV consistent with ASEAN's regional and international commitments;

f. Tasks the relevant ASEAN bodies responsible for health to effectively implement the Fourth ASEAN Work Programme on HIV which was adopted by the ASEAN Health Ministers;

g. Continue to support Global Fund to Fight AIDS, Tuberculosis and Malaria as a pivotal mechanism for achieving access to prevention, treatment, care and support by 2015; recognize the programme for reform of the Global Fund, and encourage Member States, ASEAN Dialogue Partners, the private sector, business community, including foundations and philanthropists to provide the highest level of support for the Global Fund, taking into account the funding targets to be identified at the 2012 midterm review of the Global Fund replenishment.

21. Task the concerned ASEAN Sectoral Ministerial Bodies as well as other relevant bodies to implement this Declaration including mobilising resources, and monitor its progress; Encourage all ASEAN Member States to support these ASEAN Sectoral Bodies in accomplishing this Declaration through maximum efforts by such appropriate instruments as may be necessary and consistent with their respective national laws and policies.

Adopted in Bali, Indonesia, this 17th of November 2011 in a single original copy, in the English language.

Bandar Seri Begawan Declaration on Noncommunicable Diseases in ASEAN, Bandar Seri Begawan, 9 October 2013

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 leading global risks for mortality and disability;

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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