

ASEAN Post-2015 Health Development Agenda (2016-2020)



one vision
one identity
one community



ASEAN Post-2015 Health Development Agenda 2016-2020

The ASEAN Secretariat
Jakarta

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

For inquiries, contact:
The ASEAN Secretariat
Community Relations Division (CRD)
70A Jalan Sisingamangaraja
Jakarta 12110
Indonesia
Phone: (62 21) 724-3372, 726-2991
Fax: (62 21) 739-8234, 724-3504
E-mail: public@asean.org

ASEAN: A Community of Opportunities

Catalogue-in-Publication Data

ASEAN Post-2015 Health Development Agenda (2016-2020)
Jakarta, ASEAN Secretariat, October 2018

353.6059

1. ASEAN – Sustainable Development – Health System
2. Healthy lifestyle – Healthy environment – Food safety

ISBN 978-602-6392-94-7

Cover photo credit: ASEAN Secretariat

The text of this publication may be freely quoted or reprinted, provided proper acknowledgement is given and a copy containing the reprinted material is sent to the Community Relations Division (CRD) of the ASEAN Secretariat, Jakarta

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

Copyright Association of Southeast Asian Nations (ASEAN) 2018.
All rights reserved.

Table of Contents

CHAPTER 1

Overview of ASEAN. 03

ASEAN Post-2015 Health Development Agenda 05

CHAPTER 2

ASEAN Health Cluster 1: Promoting Healthy Lifestyle Work
Programme (2016-2020) 11

CHAPTER 3

ASEAN Health Cluster 2: Responding to All Hazards and
Emerging Threats Work Programme (2016-2020) 29

HIV and AIDS Project Activities (2017-2020) 48

CHAPTER 4

ASEAN Health Cluster 3: Strengthening Health System and
Access to Care Work Programme (2016-2020). 61

CHAPTER 5

ASEAN Health Cluster 4: Ensuring Food Safety Work
Programme (2016-2020) 73

CHAPTER 6

ASEAN Declaration of Commitment: Getting to Zero New HIV
Infections, Zero Discrimination, Zero AIDS-Related Deaths,
17 November 2011, Bali, Indonesia 83

Bandar Seri Begawan Declaration on Noncommunicable
Diseases in ASEAN, 19 October 2013, Bandar Seri Begawan,
Brunei Darussalam 91

ASEAN Declaration of Commitment on HIV and AIDS: Fast-
Tracking and Sustaining HIV and AIDS Responses to End the
AIDS Epidemic by 2030, 6 September 2016, Vientiane, Lao PDR. 95

ASEAN Leaders' Declaration on Ending All Forms of
Malnutrition, 13 November 2017, Manila, Philippines 101

ASEAN Leaders' Declaration on Disaster Health Management,
13 November 2017, Manila, Philippines 105

ASEAN Leaders' Declaration on Antimicrobial Resistance (AMR): Combating AMR through One Health Approach, 13 November 2017, Manila, Philippines	109
The ASEAN Food Safety Regulatory Framework (AFSRF)	113
Joint Statement of the 11 th ASEAN Health Ministers Meeting, 5 July 2012, Phuket, Thailand.	119
Joint Statement of the 5 th ASEAN Plus Three Health Ministers Meeting, 6 July 2012, Phuket, Thailand	123
Joint Statement of the 4 th ASEAN-China Health Ministers Meeting, 6 July 2012, Phuket, Thailand	125
Joint Statement of the 12 th ASEAN Health Ministers Meeting, 18 September 2014, Ha Noi, Viet Nam	127
Joint Statement of the 6 th ASEAN Plus Three Health Ministers Meeting, 19 September 2014, Ha Noi, Viet Nam	131
Joint Statement of the 5 th ASEAN-China Health Ministers Meeting, 19 September 2014, Ha Noi, Viet Nam	135
Joint Statement of the 13 th ASEAN Health Ministers Meeting, 6 September 2017, Bandar Seri Begawan, Brunei Darussalam.	137
Joint Statement of the 7 th ASEAN Plus Three Health Ministers Meeting, 7 September 2017, Bandar Seri Begawan, Brunei Darussalam	141
Joint Statement of the 6 th ASEAN-China Health Ministers Meeting, 7 September 2017, Bandar Seri Begawan, Brunei Darussalam	143

CHAPTER 1





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 ASEAN Community 2009-2015 and the ASEAN Forging Ahead Together 2025.

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)

ASEAN Post-2015 Health Development Agenda

1. Vision

A Healthy, Caring and Sustainable ASEAN Community.

2. Mission statement

To promote a healthy and caring ASEAN Community, where the people achieves maximal health potential through healthy lifestyle, have universal access to quality health care and financial risk protection; have safe food and healthy diet, live in a healthy environment with sustainable inclusive development where health is incorporated in all policies.

3. Clusters, goals and health priority issues for ASEAN Post-2015 Health Development Agenda

With the upcoming changes in Post 2015, the ASEAN Community needs to prepare in response to future challenges. In order to succeed in the new health agenda; clustering, goal setting and lists of health priorities were applied for ASEAN Health Cooperation.

Table 1 Clusters, goals and health priority issues

Cluster	Goal 2020	Health priorities
1. Promoting healthy lifestyle	a) To achieve maximal health potential of ASEAN Community through promoting healthy lifestyle	i. Prevention and control of NCDs
		ii. Reduction of tobacco consumption and harmful use of alcohol
	b) To ensure healthy lives and promote wellbeing for all at all ages	iii. Prevention of injuries
		iv. Promotion of occupational health
		v. Promotion of mental health
		vi. Promotion of healthy and active ageing
		vii. Promotion of good nutrition and healthy diet
2. Responding to all hazards and emerging threats	a) To promote resilient health system in response to communicable diseases, emerging infectious diseases, and neglected tropical diseases	viii. Prevention and control of communicable diseases, emerging infectious diseases and neglected tropical diseases
		ix. Strengthening laboratory capacity
	b) To respond to environmental health threats, hazards and disaster, and to ensure effective preparedness for disaster health management in the region	x. Combating antimicrobial resistance (AMR)
		xi. Environmental health and health impact assessment (HIA)
		xii. Disaster Health Management

Cluster	Goal 2020	Health priorities
3. Strengthening health system and access to care	a) ASEAN Community has universal access to [essential] health care, safe and good quality medical products including traditional and complementary medicines	xiii. Traditional Medicine xiv. Health related MDGs (4, 5, 6) xv. Universal health coverage (UHC) xvi. Migrants' health xvii. Pharmaceutical development
	b) To achieve the unfinished health related MDGs, in light of the SDG	xviii. Human Resources Development xix. Health Financing
4. Ensuring food safety	a) To promote access to safe food, safe drinking water and sanitation	xx. Food safety

* For Health Cluster 4.a --- any initiatives directly addressing safe drinking water and sanitation will be implemented under Health Priority Environmental Health and Health Impact Assessment under Health Cluster 2 Responding to all hazards and emerging threats

4. The Guiding Principles for the new mechanism for ASEAN Post-2015 Health Development Agenda

While respecting the national law and regulation in AMS, the following guiding principles on the new mechanism aim to strengthen the effectiveness and timeliness of ASEAN Health Cooperation for the benefit to health of the people in ASEAN, in post 2015.

- a) Accountability: using evidence-based approaches in setting health priorities and agreed upon common goals and targets which must be measurable, with the commitment in implementation by all parties, including strengthening health information system;
- b) Leadership: pre-active delivery of AHMM policy leadership supported by a responsive SOMHD Mechanism
- c) Operational and resource efficiency: effective use of scarce health resources, flexibility, transparency, good governance, maximize synergies, partnerships, and participation and avoid duplication with other relevant organizations and stakeholders;
- d) Capacity building: enhancing active engagement in ASEAN Health Cooperation by the application of the principle of shared responsibility; and
- e) Positioning ASEAN in Global Health: strengthen ASEAN's role and image through active contributions to global health in various platforms and strengthening collaboration with other countries and development partners.



1



2



3



4



5



6

Photo Credits:

- 1 Ministry of Health, Viet Nam, the Signing of ASEAN-WHO MOU during the 12th ASEAN Health Ministers Meeting
- 2 Ministry of Public Health, Thailand, ASEAN Plus Three Health Ministers' Special Meeting on Ebola Preparedness and Response in Bangkok, Thailand 2014
- 3 ASEAN Secretariat, ASEAN Satellite Meeting during 11th International Congress on AIDS in Asia and the Pacific in Bangkok, Thailand in 2013
- 4 ASEAN Secretariat, children playing sepak takraw or kick volley ball
- 5 ASEAN Secretariat, the ASEAN e-Health Bulletin Publication
- 6 ASEAN Secretariat, various ASEAN Health related websites

CHAPTER 2





ASEAN Health Cluster 1: Promoting Healthy Lifestyle Work Programme (2016-2020)

A.1	ALIGNMENT WITH ASEAN ASCC BLUEPRINT	Strategic measures: A.1.i & ii / A.2.i,iii,iv,vi,vii / B.1.ii & v / B.2.i / B.4.ix & xii / B.3.i, vii & viii / C.2.iv. / D.6.i & ii / E.1.iv & viii / E.2.i,iii,vii,ix & x/ E.3.iii.
A.2	ALIGNMENT WITH SUSTAINABLE DEVELOPMENT GOALS (SDGs)	SDG Goal #2 : End hunger, achieve food security and improved nutrition and promote sustainable agriculture (Target 2.1). SDG Goal #3 : Ensure healthy lives and promote well-being for all at all ages (Targets 3.4, 3.5, 3.6, 3.a). SDG Goal #11 : Make cities and human settlements inclusive, safe, resilient and sustainable (indirectly). SDG Goal #17 : Strengthen the means of implementation and revitalize the global partnership for sustainable development (Targets 17.9, 17.16, 17.18).
A.3	ASEAN POST-2015 HEALTH DEVELOPMENT AGENDA GOALS FOR 2020	1. To achieve health potential of ASEAN Community through promoting healthy lifestyle. 2. To ensure healthy lives and promote well-being for all at all ages.
A.4	HEALTH CLUSTER 1 STRATEGY	Strengthen capability, capacity, and advocacy in addressing risk factors and their related diseases, and other relevant conditions affecting the health of the ASEAN people by promoting healthy lifestyles throughout the life course.
A.4.1	HEALTH CLUSTER 1 PRIORITY STRATEGIES	<ol style="list-style-type: none"> 1. Strengthen capacity, and capability, in promoting healthy lifestyle, mental health, preventing injury, active ageing and reducing risk factors which include tobacco, alcohol, physical inactivity, unhealthy diet, malnutrition, and hazards at workplace. 2. Promote cost effective intervention packages for non-communicable diseases (NCD) and conditions related to risk factors. 3. Strengthen advocacy, networking, and sharing of information/good practices/experiences among ASEAN Member States (AMS) in reducing risk factors for various age groups and settings. 4. Develop strong monitoring and evaluation mechanism on the implementation of the regional strategies in promoting healthy lifestyle.

A5	KEY PERFORMANCE INDICATORS	<p>Outcome Indicator: At least 5% relative reduction in premature mortality from NCDs (Diabetes, Cancer, Chronic Obstructive Pulmonary Diseases/COPD and Cardio vascular diseases/CVD) as compared to baseline in 2010.</p> <p>Process indicators: By 2020,</p> <ol style="list-style-type: none"> 1. All AMS have finalized national multi-sectoral plan and strategies related to NCDs, including active ageing. 2. All AMS have baseline data available or survey completed for trend analysis for NCDs overtime. 3. All AMS have implemented essential NCD services in their Primary Health Care level. 4. All AMS have implemented national laws to reduce demand for tobacco and alcohol use. 5. All AMS have established policy/legislation to promote good nutrition. 6. All AMS have implemented multi-sectoral plan of action to achieve food and nutrition security. 7. All AMS have finalized guidelines and capacity building for health promotion. 8. All AMS have reliable data* on road traffic crashes compiled at national level in line with the Decade of Action Indicators. [Note: *This is dependent on the availability of data and reporting system of the country.] 9. All AMS have profile report or 'collection' on best practices (i.e. advocacy measures) on injury prevention and safety promotion (particularly road safety, pre-hospital care or emergency medical services/EMS). 10. All AMS have guidelines on the promotion of occupational health. 11. ASEAN Policy Brief on Mental Health is implemented based on key strategies.
----	----------------------------	---

Health Priorities and Programme Strategies	Project Activities from 2016–2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
HEALTH PRIORITY 1: PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES				
<p>1. Increase the capability of the people in practicing healthy lifestyle as way of life by strengthening engagement of multisectoral stakeholders in promoting healthy lifestyle in workplaces and schools among others.</p>	<p>1.1. All AMS finalize and implement national multisectoral strategy on NCDs.</p>	<p>EO: Finalized and implemented national multi-sectoral strategies for prevention and control of NCDs by all AMS.</p> <p>Indicators: Adopted national multi- sectoral strategies for prevention and control of NCDs in all AMS.</p> <p>Timeline: 4th quarter 2017- 1st quarter 2018.</p>	<p>Indonesia to coordinate.</p>	<p>Propose to WHO, UNICEF and relevant partners for technical assistance.</p>
	<p>1.2. Conduct an ASEAN Conference on NCDs.</p>	<p>EO: Conference conducted.</p> <p>Indicator: Various stakeholders participated the conference.</p> <p>Timeline: October 2017.</p>	<p>Philippines.</p>	<p>Philippines WHO SEATCA.</p>
	<p>1.3. Conduct an inter-pillar consultation for the reformulation and production of healthy food and beverage options.</p>	<p>EO: Regional call for action for reformulation and production of healthy food and beverages options.</p> <p>Indicator: Endorsed regional call for action reformulation and production of healthy food and beverages options.</p> <p>Timeline: 2nd semester 2017- 2018.</p>	<p>Indonesia Philippines Brunei Darussalam.</p>	<p>Indonesia UNICEF WHO.</p>

Health Priorities and Programme Strategies	Project Activities from 2016–2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
<p>2. Increase the capacity of health workers at primary health service on integrated prevention programme for NCD, tobacco and alcohol, ageing, malnutrition, insufficient physical activity and poor mental health.</p>	<p>2.1. Develop country specific training framework for health workers on integrating health programs on NCD in primary health care.</p>	<p>EO: Training framework for health workers on integrating health programmes on NCD. Indicator: Finalized and disseminated training framework for health workers on integrating health programmes on NCD. Timeline: August 2017-February 2019.</p>	<p>Lao PDR Cambodia.</p>	<p>Japan through JAIIF/JICA WHO.</p>
<p>3. Build self- reliance and mobilize domestic resources to ensure sustainable financing for the long battle against NCDs which may include tobacco, alcohol, sugar- sweetened beverages and/or other tax measures as applicable.</p>	<p>3.1. Document good practices of innovative health financing and use of taxes to fund NCD programmes in AMS.</p>	<p>EO: Good practices documented. Indicator: Publication endorsed and launched. Timeline: 4th quarter 2019-3rd or 4th quarter 2020.</p>	<p>Philippines.</p>	<p>ASEAN Secretariat (for publication cost).</p>
<p>4. Ensure coherence of policy measures including trade and marketing for the prevention and control of NCDs, and establish networking with ASEAN related bodies and international bodies in promoting healthy lifestyle.</p>	<p>4.1. Establish framework for the fiscal measure for sugar-sweetened beverages.</p>	<p>EO: Framework developed. Indicator: Endorsed document disseminated. Timeline: 2018-2019.</p>	<p>Malaysia.</p>	<p>WHO UNICEF</p>

Health Priorities and Programme Strategies	Project Activities from 2016–2020	Expected Outcomes and Output Indicators	Lead Country	Source of Support
HEALTH PRIORITY 2: REDUCTION OF TOBACCO CONSUMPTION AND HARMFUL USE OF ALCOHOL				
<p>1. Expedite implementation of the Framework Convention on Tobacco Control through implementation of demand reduction measures.</p> <p>1.a. All AMS have implemented national laws on 100% smoke free, completely banning tobacco advertisements promotion and sponsorship, larger size health warnings on tobacco packs and taxes reaching more than 75% of retail price on tobacco.</p>	<p>1.1. Develop biennial reports of status of implementation of demand reduction measures to reduce tobacco use.</p>	<p>EO: Annual status report of implementation of demand reduction measures to reduce tobacco use.</p> <p>Indicator: Number of AMS reaching highest recommended measures on demand reduction measures.</p> <p>Timeline: 4th Quarter 2017-March 2018 (1st publication) & March 2020 (2nd publication).</p>	<p>Malaysia Singapore.</p>	<p>SEATCA.</p>
<p>2. Development of implementable alcohol policy in ASEAN countries or review and revise of existing Alcohol policy for reduction of harmful use of alcohol.</p>	<p>2.1 Meeting, knowledge sharing and supporting among countries regarding alcohol policy development and implementation.</p>	<p>EO: Existing policy & its implementation on reduction of harmful alcohol used in AMS shared.</p> <p>Indicator: Report of sharing Existing policy & its implementation on reduction of harmful alcohol used in AMS (TBC).</p> <p>Timeline: 2017-February 2018.</p>	<p>Myanmar Lao PDR (TBC).</p>	<p>WHO.</p>

Health Priorities and Programme Strategies	Project Activities from 2016–2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
3. Support AMS in protecting tobacco and alcohol control policies from industry interference.	3.1. Develop agreements on One AMS Voice Commitment in protecting from industry interference and involvement in control for: i) Tobacco, and ii) Alcohol. 3.2. Develop an ASEAN framework on alcohol control to reduce the harmful use of alcohol.	EO: Agreement on One AMS Voice Commitment. Indicator: Endorsed agreement disseminate. Timeline: Tobacco, 2018-2019. Alcohol, 2019-2020. EO: ASEAN framework on alcohol control to reduce the harmful use of alcohol developed. Indicator: Endorsed framework disseminated. Timeline: 2018-2019.	Thailand. Thailand.	SEATCA WHO. WHO.
HEALTH PRIORITY 3: PREVENTION OF INJURIES				
1. Strengthening of data management through multi-sectoral collaboration.	1.1. Establish regional network of national collaborating bodies on road traffic injuries.	EO: Regional network of national collaborating bodies established. Indicator: All AMS with national collaborating bodies by 2018. Timeline: October 2017-2020.	Indonesia.	WHO Road Safety Association.

Health Priorities and Programme Strategies	Project Activities from 2016–2020	Expected Outcomes and Output Indicators	Lead Country	Source of Support
	<p>1.2. Develop regional capacity and standards on data reporting on road traffic crashes following the Decade of Action indicators.</p>	<p>EO: Availability of standard format for data reporting at regional level. Indicator: All AMS have finalised standards on data reporting by 2018. Timeline: January 2018–December 2018.</p>	Thailand.	<p>JICA WHO MIROS (Malaysia) Bloomberg Foundation.</p>
<p>2. Sharing of practices/experiences on injury and road traffic crashes prevention, and pre-hospital care/EMS.</p>	<p>2.1. Conduct regional multi-sectoral forum to share good practices and experiences to address prevention and control of injuries resulting from road traffic crashes and other causes.</p>	<p>EO: Regional multi-sectoral forum conducted (e.g. World Conference on Injury prevention and safety promotion). Indicator: All AMS participated in forum in October 2017. Timeline: October 2017.</p>	Philippines Thailand.	WHO.
HEALTH PRIORITY 4: PROMOTION OF OCCUPATIONAL HEALTH				
<p>1. Sharing of good practices among AMS on workplace-based health promotion.</p>	<p>1.1. Publication of good practices on workplace-based health promotion.</p>	<p>EO: Good practices compiled and shared. Indicator: AMS good practices shared annually starting 2018. Timeline: 2018–2020.</p>	Philippines Indonesia.	Philippines.

Health Priorities and Programme Strategies	Project Activities from 2016–2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
2. Develop ASEAN guidelines on occupational health.	<p>1.2. Conduct regional multi-sectoral forum (ASEAN Conference on NCDs) to share good practices and experiences related to occupational health in collaboration with relevant stakeholders.</p> <p>2.1. Develop ASEAN guidelines for health surveillance criteria by risk factor, and diagnostic criteria for occupational diseases.</p>	<p>EO: Regional multi-sectoral forum conducted (i.e. ASEAN conference on NCDs).</p> <p>Indicator: All AMS participated in forum by 2017.</p> <p>Timeline: October 2017 (during the Regional Forum on NCD) & November 2018 (during the 13th World Conference on Injuries and Prevention).</p> <p>EO: ASEAN guidelines for health surveillance criteria by risk factor, and diagnostic criteria for occupational diseases developed.</p> <p>Indicator: Guidelines finalised and endorsed by 2019.</p> <p>Timeline: 2018-2020.</p>	<p>Philippines Malaysia.</p> <p>Thailand Philippines Lao PDR.</p>	<p>Philippines (as part of the ASEAN Conference on NCDs). ASEAN OSHNET (for coordination).</p> <p>WHO.</p>
HEALTH PRIORITY 5: PROMOTION OF MENTAL HEALTH				
1. Sharing of effective models and practices on mental health programmes and interventions among AMS [Note: Mental health here includes substance abuse, among others].	1.1. Conduct meetings to share information, effective practices and models in collaboration with AMS and relevant stakeholders.	<p>EO: Information, knowledge sharing meetings conducted.</p> <p>Indicator: Number of meetings conducted by 2020.</p> <p>Timeline: October 2017-2020.</p>	Philippines.	Philippines (as part of the ASEAN Conference on NCDs).

Health Priorities and Programme Strategies	Project Activities from 2016–2020	Expected Outcomes and Output Indicators	Lead Country	Source of Support
2. Scaling up integration of mental health programmes in primary and secondary levels of care.	<p>1.2 Conduct meetings to share information, success experiences in Amphetamine Type Stimulants (ATS) - use problem management collaboration with relevant stakeholders.</p> <p>2.1. Conduct workshop to identify gaps and to develop guideline on the integration of mental health in primary and secondary levels of care for AMS.</p>	<p>EO: TBC by lead country.</p> <p>Indicator: TBC by lead country.</p> <p>Timeline: 2018-2020.</p>	Thailand Myanmar.	
		<p>EO:</p> <ol style="list-style-type: none"> 1. Workshop conducted, and systems gaps identified, and 2. Shared ASEAN Guideline developed based on identified gaps. <p>Indicator:</p> <ol style="list-style-type: none"> 1. No. of regional workshops conducted by 2020. 2. Guideline finalized and referred to by AMS by 2019. <p>Timeline: 2018-2019.</p>	Indonesia Viet Nam.	WHO University of Melbourne.

Health Priorities and Programme Strategies	Project Activities from 2016–2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	2.2 Integration of appropriated mental health training into the training program of Undergraduate Doctor and basis health staff training programme.	EO: TBC by lead country. Indicator: TBC by lead country. Timeline: 2018-2020.	Thailand Myanmar.	WHO.
HEALTH PRIORITY 6: PROMOTION OF HEALTHY AND ACTIVE AGING				
1. Promote healthy and active ageing through integration of elderly health programme with NCD and mental health.	1.1. Develop active ageing IEC materials.	EO: active ageing IEC materials developed. Indicators: Endorsed active ageing IEC materials disseminated. Timeline: 2018-2019.	Brunei Darussalam and Viet Nam.	
	1.2. Develop guideline on the integration of elderly health programme with NCD and mental health.	EO: Integration guideline developed. Indicators: endorsed guideline disseminated. Timeline: 4 th quarter 2017-4 th quarter 2018.	Viet Nam.	JAIF.

Health Priorities and Programme Strategies	Project Activities from 2016–2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
<p>2. Empower the elderly to maintain their ability to participate in the family and community activities.</p> <p>2.a. Promote supportive environment, especially among the older persons in rural areas and those that require intensive care/with mobility constraint, including the availability of care takers, public outreach through home visit services by health professional or community health workers.</p>	<p>2.1. Conduct study by external party on assessment of elderly- friendly community in AMS.</p>	<p>EO:</p> <ol style="list-style-type: none"> 1. concept paper and project proposal to seek funds and external consultant developed. 2. study conducted. <p>Indicator: Report disseminated.</p> <p>Timeline: 2017 Concept paper finalized. 2018 study conducted.</p>	<p>Viet Nam Thailand.</p>	<p>JAIF</p>
<p>3. Promote greater inclusion of active aging in national policies and action plans, including active employment policies, social protection, welfare and healthcare services, as well as mainstreaming those policies and action plans across government sectors, adapted to national priorities.</p>	<p>3.1. Conduct Inter-Health cluster and ASEAN inter-pillar Meeting to identify areas of convergence in support of the promotion of healthy lifestyle and active ageing.</p>	<p>EO: Meeting conducted.</p> <p>Indicators:</p> <ol style="list-style-type: none"> 1. Recommendation on the development of ASEAN Declaration/Joint Statement on Promotion of Healthy Lifestyle and Active Ageing. 2. Recommendation to establish ASEAN Center for Active Aging and innovations in Bangkok by 2019. <p>Timeline: July 2017-2019.</p>	<p>Thailand.</p>	<p>JAIF World Bank.</p>

Health Priorities and Programme Strategies	Project Activities from 2016–2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
HEALTH PRIORITY 7: PROMOTION OF GOOD NUTRITION AND HEALTHY DIET				
1. Establish ASEAN Nutrition Surveillance System.	1.1. Workshop to develop ASEAN Nutrition Surveillance System.	<p>EO: 1. Workshop conducted. 2. ASEAN Nutrition Surveillance System endorsed by participants.</p> <p>Indicators: Workshop report disseminated.</p> <p>Timeline: March 2017 (completed).</p>	Philippines Indonesia.	
	1.2. Workshop to update the report on food and nutrition security in ASEAN by 2020.	<p>EO: Report on Food and Nutrition Security updated.</p> <p>Indicators: Updated report endorsed and disseminated.</p> <p>Timeline: 2018-2020.</p>	Philippines Indonesia.	UNICEF.
	1.3. Workshop on experience sharing of nutrition surveillance in ASEAN.	<p>EO: Workshop conducted.</p> <p>Indicator: Workshop report.</p> <p>Timeline: 2018-2019.</p>	Thailand Indonesia Philippines.	World Bank UNICEF.
	1.4. Training on nutrition in emergency.	<p>EO: Training conducted.</p> <p>Indicator: Training report.</p> <p>Timeline: 2018-2019.</p>	Indonesia Philippines.	IFRC UNICEF.

Health Priorities and Programme Strategies	Project Activities from 2016–2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
<p>2. Ensure policy and programme coherence among relevant ASEAN sectors to promote good nutrition.</p>	<p>2.1. The ASEAN Multisectoral workshop on ending all form of malnutrition.</p>	<p>EO:</p> <ul style="list-style-type: none"> • Draft of ASEAN Leaders’ Declaration on ending all form of malnutrition. • Draft ASEAN framework of action for nutrition security. [Note: This includes water, sanitation and hygiene/ WASH, as well as nutrition in emergencies, among others.] <p>Indicators:</p> <ul style="list-style-type: none"> • ASEAN Leaders Declaration adopted. • ASEAN Framework endorsed and disseminated. <p>Timeline:</p> <ul style="list-style-type: none"> • ASEAN Leaders Declaration 2017. • ASEAN Framework 2018. 	<p>Philippines Indonesia.</p>	<p>UNICEF.</p>
	<p>2.2. Conduct an ASEAN Breastfeeding Forum and Big Latch On.</p>	<p>EO: ASEAN Infant and Young Child Feeding (IYCF) policy and advocacy network.</p> <p>Indicator:</p> <ul style="list-style-type: none"> • All AMS participated in the forum. • Network organized. <p>Timeline: August 2017.</p>	<p>Philippines.</p>	



Photo Credits:

- 1,3 ASEAN Secretariat, The ASEAN Breastfeeding Forum, Manila, Philippines, 2017
- 2 ASEAN Secretariat, Cover of Regional Report on Nutrition Security in ASEAN Vol 1.
- 4 Department of Health, Philippines, The ASEAN Conference on Noncommunicable Diseases, Manila, Philippines, 2017
- 5 ASEAN Secretariat, Philippine Mascots for Promoting Healthy Lifestyle
- 6 Department of Health, Philippines, The ASEAN Breastfeeding Forum, Manila, Philippines, 2017

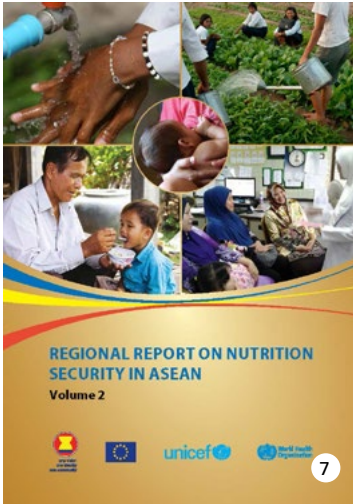


Photo Credits:

- 7 ASEAN Secretariat, Cover of Regional Report on Nutrition Security in ASEAN Vol 2.
- 8 Department of Health, Philippines, The ASEAN Conference on Noncommunicable Diseases, Manila, Philippines, 2017
- 9 Ministry of Health, Singapore, the launching of "Towards Smoke-Free ASEAN" campaign, Singapore, 2012
- 10 Ministry of Health, Brunei Darussalam, ASEAN Health Officials lead by example in conducting stretching during a meeting
- 11 Department of Health, Philippines, the ASEAN Consultative Meeting for drafting the ASEAN Leaders Declaration in Ending All Forms of Malnutrition, Manila, Philippines, 2017
- 12 Ministry of Health, Indonesia, the 2nd Regional Forum on Noncommunicable Diseases, Jakarta, Indonesia, 2015



13



14



15



16



17



This logo describes happiness or a good mental health and spirit of ASEAN, and also partnership and teamwork among ASEAN Member States.

We can see ten persons jump depicting happiness, optimism, and spirit. Ten persons with different colors and forming a circle represent 10 ASEAN Member States who cooperate together in promoting mental health in the community.

Overall, the white space between the ten persons in this logo shaped a blooming sunflower. In the middle there is a logo of ASEAN. Sunflower is also describes happiness. So, it is ASEAN concern and commitment to build mental health in the community.

The written words "ASEAN for mental health" in blue color portray peacefulness.

18

13 ASEAN Secretariat, Official Launching of ASEAN Secretariat Building as Smoke-Free building, Jakarta, Indonesia, 2015

14, 15 Ministry of Health, Malaysia, the Launching of ASEAN Mental Health Campaign, Putrajaya, Malaysia, 2014

16 Department of Health, Philippines, the 1st ASEAN Regional Forum on Non Communicable Diseases, Manila, Philippines, 2013

17 Department of Health, Philippines, the exhibition opening during the ASEAN Breast-feeding Forum, Manila, Philippines, August 2017

18 Ministry of Health, Malaysia, the logo of ASEAN for Mental Health

CHAPTER 3





ASEAN Health Cluster 2: Responding to All Hazards and Emerging Threats Work Programme (2016-2020)

A.1	ALIGNMENT WITH ASEAN ASCC BLUEPRINT	Strategic measures: A.1.i & ii / A.2.i, iii, iv & vi / B.1.ii & v / B.2.iv & xii / B.3.i / C.1 iv & vii / C.2. ii, iii & iv / D.1 i & iii / D.2 i, ii, & iii / D.3 i / D.5 iii / E.1.iv & viii / E.2.i,iii,vii & ix / E.3.iii.
A.2	ALIGNMENT WITH SUSTAINABLE DEVELOPMENT GOALS (SDGs)	<p>SDG Goal #3: Ensure healthy lives and promote well-being for all at all ages (Targets 3.3, 3.d).</p> <p>SDG Goal #6: Ensure availability and sustainable management of water and sanitation for all (Target 6.2).</p> <p>SDG Goal #11: Make cities and human settlements inclusive, safe, resilient and sustainable (indirectly).</p> <p>SDG Goal #17: Strengthen the means of implementation and revitalize the global partnership for sustainable development (Targets 17.9, 17.16, 17.18).</p>
A.3	ASEAN POST 2015 HEALTH DEVELOPMENT AGENDA GOALS FOR 2020	<ol style="list-style-type: none"> 1. To promote resilient health system in response to communicable diseases, emerging infectious diseases, and neglected tropical diseases. 2. To respond to environmental health threats, hazards, disasters, and to ensure effective preparedness for disaster health management in the region.
A.4	HEALTH CLUSTER 2 STRATEGY	Develop effective, efficient, and resilient health system including strengthening capability, capacity, and advocacy to prepare, detect, prevent, respond, and mitigate all hazards including communicable diseases, neglected tropical diseases, emerging and re-emerging infectious diseases, and; strengthening laboratory capacity; addressing issues on anti-microbial resistance; tackling issues on environmental health and health impact assessment; and disaster health management.

A.4.1 HEALTH CLUSTER 2 PRIORITY STRATEGIES	<ol style="list-style-type: none"> 1. Ensure a high level of capability, collaboration, and capacity to detect, investigate, contain and manage communicable diseases including outbreaks of emerging and re-emerging infectious diseases, neglected tropical diseases, and strengthening laboratory capacity as well as preparedness for pandemics and other public health emergencies including disasters in line with Sustainable Development Goals (SDGs); 2. Advocacy to slow down the occurrence and spread of Antimicrobial Resistance (AMR) by improving infection prevention and control, strengthening regulation and optimizing use of antimicrobial, increasing awareness, and developing and strengthening surveillance system for AMR and rational antimicrobial use; and 3. Strengthen capacity to manage ASEAN priorities on environmental health risks and issues, and health impact assessment (HIA). 	
A.5 HEALTH CLUSTER 2 KEY PERFORMANCE INDICATORS	<p style="text-align: center;">(OUTCOME INDICATORS)</p>	<p style="text-align: center;">(TARGETS)</p>
A.5.1 PRIORITY 8: Prevention and control of communicable diseases, emerging infectious diseases and neglected tropical diseases [The ASEAN Health Cooperation will focus on the following diseases:] <ol style="list-style-type: none"> a. Dengue b. Rabies c. HIV and AIDS d. Health security e.g. EOC e. NTD (Lymphatic Filariasis) f. Tuberculosis 	<ol style="list-style-type: none"> 1. Reduce/eliminate/ identified major diseases including EID and NTD in the region: <ol style="list-style-type: none"> a. Dengue: reduce dengue morbidity median by at least 25% for the period of 2016 – 2020 compared to the median of the past 5 years (2011-2015). b. Rabies: Elimination of rabies by 2020. c. HIV/AIDS: Percentage of key populations, who received an HIV test in the past 12 months and know their results. d. IHR 2005: Achieve all national core capacities as per IHR Framework Standard by 2020. e. Elimination of Lymphatic Filariasis as a public health problem by 2020. f. TB: 20% reduction in tuberculosis incidence rate comparing to baseline in 2013. 	<ol style="list-style-type: none"> a. 25% reduction for 5 years historical median. b. Elimination of rabies. c. 90% of key population received HIV test in the past 12 months and know their results. d. ASEAN EOC Network functioning by 2020; and All AMS have achieved and strengthened all national core capacities per IHR Framework Standard by 2020. e. Lymphatic Filariasis as a public health problem eliminated by 2020. f. 10% reduction in tuberculosis incidence rate comparing to baseline in 2013.
A.5.2 PRIORITY 9: Strengthening laboratory capacity	<ol style="list-style-type: none"> 1. Establishment of ASEAN Reference Laboratory Network for priority diseases i.e. emerging/re-emerging diseases, emerging and dangerous pathogens, diseases of PHEIC, and dengue. 	<ol style="list-style-type: none"> 1. By 2020, ASEAN Reference Laboratory Network is established.

<p>A.5.3 PRIORITY 10: Combating Antimicrobial Resistance (AMR)</p>	<p>By 2020, the ASEAN framework, indicators and monitoring & evaluation system is established.</p> <p>1. By 2020, the ASEAN framework, indicators, and monitoring & evaluation system is established.</p>
<p>A.5.4 PRIORITY 11: Environmental health and health impact assessment (HIA)</p>	<p>1. Establishment of ASEAN environmental health network. <i>(Note: in order to strengthen the regional collaboration on environmental health threats and ensure sustainable development in the region. These includes surveillance, early warning, communication, and response systems from health risks or health impacts from regional priority issues e.g. trans-boundary haze, electronic waste, toxic chemicals pollution, safe and affordable drinking water and basic sanitation)</i></p> <p>2. Capacity Building on HIA for relevant sectors <i>(Note: may include academia, business sectors, community, civil society organizations and government sector)</i></p> <p>1. By 2020, establish ASEAN Environmental Health Network.</p> <p>2. By 2020, regional HIA capacity building action plan for relevant sectors is developed.</p>
<p>A.5.6 PRIORITY 12: Disaster Health Management</p>	<p>1. Establish Disaster Medicine and Emergency Medical System Network (including capacity building for AMS).</p> <p>2. Strengthen ASEAN collaboration on Disaster Health Management.</p> <p>1. Collaboration mechanism and network on Disaster Health Management established in 2020.</p>

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outcomes and Output Indicators	Lead Country	Source of Support
HEALTH PRIORITY 8: PREVENTION AND CONTROL OF COMMUNICABLE DISEASES, EMERGING INFECTIOUS DISEASES AND NEGLECTED TROPICAL DISEASES				
<p>1. Ensure a high level of capability and capacity to detect, investigate, contain and manage outbreaks of emerging and re-emerging infectious diseases as well as preparedness for pandemics and other public health emergencies in ASEAN (for example, through cooperation, collaboration and networking such as epidemiology, clinical or laboratory networks)</p>	<p>1.1. Continue the observance of ASEAN Dengue Day and ASEAN Dengue Conference as a platform for sharing best practices and experiences among AMS in the prevention and control of Dengue.</p>	<p>Expected Output (EO) 1: Annual/ASEAN Dengue Day celebrations/activities at ASEAN and country levels. Indicator 1: Number. Kind of ASEAN and country level/ADD activities conducted.</p> <p>EO 2: Annual Dengue Conference at the ASEAN level. Indicator 2: Annual Dengue Conference conducted; and reports disseminated.</p>	<p>ASEAN Member States (AMS) by rotation (2017 - Cambodia TBC) (2018 - Malaysia) (2019 - Singapore TBC) (2020 - Philippines).</p>	<p>ASEAN Member States (AMS) (Cost Sharing).</p>
	<p>1.2. Develop a work plan for the elimination of Lymphatic Filariasis for ASEAN.</p>	<p>EO: ASEAN Work Plan for the elimination of Lymphatic Filariasis developed. Indicator: 1. Drafting of Workplan for the elimination of Lymphatic Filariasis in process; 2. Workplan endorsed and disseminated.</p>	<p>Philippines Co-Lead: Cambodia.</p>	
	<p>1.3. Conduct experience sharing activities/study visits among AMS in the elimination of Lymphatic Filariasis.</p>	<p>EO: Experience sharing/study visits on the elimination of Lymphatic Filariasis. Indicator: Number of experience sharing/ study visits conducted.</p>		

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<p>1.4. Follow-up on the participation of ASEAN Member States to the ASEAN-Canada's GPP Project, covering as follows:</p> <ul style="list-style-type: none"> a. Strengthening Laboratory Capacity for Emerging and Dangerous Pathogens in the ASEAN Region; b. Strengthening Regional Disease Surveillance Networks; The Asian Partnership on Emerging Infectious Disease Research (APIER) and the Mekong Basin Disease Surveillance Network (NOTE: together with ASEAN Plus Three FETN); and c. Bio Diaspora: Strengthening ASEAN Preparedness and Response to Biological Threats by Enhancing Regional Capacity in Big Data Analytics and Visualization. 	<p>EO 1: Project proposals submitted to and supported by Canada's GPP for AMS capacity building in the area of:</p> <ul style="list-style-type: none"> a. Laboratory capacity to manage emerging and dangerous pathogens; b. Biosafety and Biosecurity; c. Public Health Emergency Operations Centre (EOC); and d. Risk Assessment and Risk Communication. <p>Indicator: Number and kind/nature of proposals submitted to and supported by Canada's GPP.</p>	<p>1.4.a. Malaysia & Singapore.</p> <p>1.4.b. Thailand.</p> <p>1.4.c. Philippines.</p>	<p>Canada's GPP.</p>

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<p>1.5. Regional mechanism to support AMS to meet supply shortfall in drugs/vaccines during outbreaks of rarely seen diseases:</p> <p>a. 2017: Determine needs and mechanism through e-consultation with AMS;</p> <p>b. 2018: Present proposed regional mechanism for endorsement at Cluster 2 Meeting; and</p> <p>c. 2019-2020: Conduct simulation exercises.</p>	<p>EO: Regional mechanism supporting drugs/vaccines shortfall during outbreaks of rarely seen diseases endorsed by SOMHD.</p> <p>EO a: Consultation with AMS completed.</p> <p>EO b: The regional mechanism adopted at the Cluster 2 meeting.</p> <p>EO c: Simulation exercises conducted to test mechanisms. Indicator: Exercise report adopted.</p>	Singapore.	AMS (Cost Sharing).
	<p>1.6. Operationalise the ASEAN Rabies Elimination Strategy (ARES) Plan of Action:</p> <p>a. Review ARES Phase 1 based on established M&E system; and</p> <p>b. Conduct ASEAN Rabies Conference to share good practices using ARES STOP pillars as a back to back meeting of International Conference on Zoonotic Disease Prevention and Control (ZDAP).</p>	<p>EO: ARES Phase 1 reviewed. Indicator: ARES Phase 1 Review Report.</p> <p>EO: ASEAN Rabies Conference conducted in 2017. EO: Good practices and new approaches in rabies elimination shared. Indicator: Conference Report.</p>	Viet Nam Co-lead: Indonesia.	USAID. AMS (Cost Sharing).

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<p>1.7. Continue ASEAN+3 FETN as coordinating platform for multi-country training collaboration. <i>The main activities under ASEAN+3 FETN Network proposed are stated below:</i></p> <p>a. Promote capacity building of field epidemiology in member states through multi-country and multi-sectoral joint training & FETP trainer/trainee exchange;</p> <p>b. Enhance regional multi-country and multi-sectoral collaboration in field epidemiology training and researches through joint workshop, or field studies, researches;</p> <p>c. Sharing experience and best practices among AMS and relevant ASEAN working groups through joint ASEAN +3 FETN VDO Conference and other publication channels; and</p>	<p>EO: Annual Meeting of ASEAN+3 FETN conducted.</p> <p>EO: One to two FETN trainer/trainee per AMS exchanged every year (if funding available) Indicators: Number of exchanges conducted; No of AMS involved in exchanges.</p> <p>EO: Joint workshops and related activities to enhance collaboration. Indicator: No. of joint activities carried out.</p> <p>EO: One to four joint FETN VDO Conference conducted every year. Indicators: Number of videoconferences conducted; Number and type of experiences and best practices shared.</p>	<p>2016 - Indonesia 2017 - Singapore 2018 - Cambodia (TBC) 2019 - TBD 2020 - TBD.</p> <p>Coordinating Country: Thailand.</p>	<p>AMS (Cost Sharing).</p>

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outcomes and Output Indicators	Lead Country	Source of Support
	<p>d. Collaborate with ASEAN Animal Health Sector and other Working Groups, in partnership with other development partners.</p> <p>1.8. Establish ASEAN-EOC Network among ASEAN Member States through the following:</p> <p>a. Identify ASEAN EOC Network Contact Persons from AMS;</p> <p>b. Share timely information (within 1-2 weeks) on public health emergencies or public health risks through ASEAN-EOC Network based on the current event. <i>This will be coordinated by Lead Country;</i></p>	<p>EO: Joint Consultative Meeting with other sectors conducted at least once a year. Indicator: Number of sectors and partners involved in consultation meeting.</p> <p>EO: ASEAN EOC Network established in 2016-2017. Indicator: Network endorsed by SOMHD and AHMM.</p> <p>EO: List of ASEAN EOC Network Contact Points. Indicator: Number of AMS designated ASEAN OEC Network Contact Points.</p> <p>EO: Information on PHE and PH risks shared in a timely manner. Indicator: Number and type of information shared to Network.</p>	<p>Malaysia.</p> <p>Malaysia.</p> <p>Malaysia (2016-2017) Future leadership will be determined at the start of the EOC Network.</p>	<p>AMS.</p> <p>AMS.</p> <p>AMS.</p>

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<p>c. Exchange of information (quarterly), sharing best practices and experiences related to emerging and re-emerging infectious diseases as well as preparedness for pandemics and other public health emergencies among ASEAN Member States;</p> <p>d. Conduct training or workshop related to Public Health EOC/event/pandemic or/and regional simulation exercise (e- simulation or table top exercise or field simulation exercise etc.);</p> <p>e. Facilitate compilation and documentation of good practices related to preparedness and response to emerging and re-emerging infectious diseases, pandemics and other public health emergencies including border control among AMS. (E.g. On policy/protocols/SOPs).</p>	<p>EO: Information exchange and sharing conducted at least quarterly. Indicator: Number and type of information shared.</p> <p>EO: Training or/and simulation exercise conducted annually. Indicators: Number and type of capacity building activity conducted; Number of AMS participated.</p> <p>EO: Good practices published in ASEAN website or ASEAN e-Health Bulletin once a year. Indicator: Number and type of good practices published.</p>	<p>Malaysia (2016-2017) Rotation: Among AMS annually (2018-2020).</p> <p>Malaysia: 2017 Rotation: Among AMS annually (2018-2020).</p> <p>Malaysia (2016-2017) Rotation: Among AMS annually.</p>	<p>AMS.</p> <p>Canada's GPP GHSA.</p> <p>ASEAN Secretariat.</p>

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<p>1.9. Regional TB prevention and control activities:</p> <p>a. Development of ASEAN World TB Day (WTD) and ASEAN TB Conference as a platform for sharing best practices and experiences among AMS in the prevention and control of TB and Multiple Drug Resistance TB (MDR-TB);</p> <p>b. Development of World TB Day Message; and</p> <p>c. To strengthen IHR on TB programme through referral system among National Tuberculosis Program (NTP) focal point of AMS through;</p> <p>c.1. Agreed referral guideline.</p>	<p>EO: ASEAN WTD celebration every two years. EO: TB Conference at the ASEAN level every 2 years.</p> <p>EO: Message published in ASEAN e-Health Bulletin.</p> <p>EO: Guidelines on referral of TB cases among AMS. Indicator: Agreed ASEAN IHR on TB guidelines.</p>	<p>Chair of Health Cluster 2 on rotation.</p> <p>Malaysia.</p>	<p>Stop TB Partnership.</p>

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<p>1.10. Ending AIDS in ASEAN:</p> <ul style="list-style-type: none"> a. Response in Ending AIDS through high-level advocacy (development of a Declaration and follow up); b. Review AWP-IV and develop of AWP-V as part of Cluster 2 Work Programme; c. Implement ASEAN Cities Getting to Zero Phase III; d. Advocacy in Preventing HIV among people who inject drugs (PWID); e. Produce/publish the 3rd ASEAN HIV and AIDS Regional Report; f. Continue to prepare articles for ASEAN E- Health Bulletin; 	<p>EO: Declaration endorsed by ASEAN Summit. Indicator: Declaration on Ending AIDS endorsed, being followed up.</p> <p>EO: AWP IV reviewed and AWP-V endorsed by SOMHD. Indicator: AWP-V developed and endorsed.</p> <p>EO: ACGTZ 3.0 implemented. Indicator: Number of cities implementing ACGTZ 3.0.</p> <p>EOs: Advocacy brief developed; Advocacy workshop conducted. Indicators: Number of advocacy briefs developed for stakeholders; AMS participating in workshop.</p> <p>EO: Regional report published. Indicator: Number of copies published and distributed to stakeholders and related agencies.</p> <p>EO: HIV and AIDS articles published in the ASEAN E- Health Bulletin. Indicator: Number of articles published.</p>	<p>Lao PDR.</p> <p>Thailand.</p> <p>Indonesia.</p> <p>Malaysia.</p> <p>Philippines Co-Lead: Malaysia.</p> <p>Philippines.</p>	<p>UNAIDS.</p> <p>UNAIDS Thailand.</p> <p>UNAIDS AMS.</p> <p>UNAIDS UNODC International Alliance.</p> <p>ASEAN Secretariat.</p> <p>UNAIDS UNWOMEN UNICEF WHO.</p>

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<p>g. Share lessons learned/ study visit on EMCTC;</p> <p>h. Publish World AIDS Day (WAD) Message; and</p> <p>i. Conduct training/workshop on HIV co-infections and ARV treatment.</p>	<p>EO: Study visit/workshop conducted. Indicator: Number of AMS participating in the study visit/workshop.</p> <p>EO: Message published in ASEAN Website and ASEAN E-Health Bulletin. Indicator: ASEAN WAD Message disseminated.</p> <p>EO: HIV Co-infections and ARV treatment training/workshop conducted. Indicator: Number of AMS participating in the training/workshop.</p>	<p>Thailand.</p> <p>Chair of Health Cluster 2.</p> <p>Cambodia.</p>	<p>Thailand.</p> <p>China WHO UNAIDS.</p>
	<p>1.11. Transform ASEAN RCRC to ASEAN Risk Assessment and Risk Communication (RARC) Centre:</p> <p>a. Submit draft/proposed ASEAN RARC transformation paper for endorsement;</p>	<p>EO: ASEAN RARC transformation paper submitted and reviewed. Indicator: ASEAN RARC paper endorsed by SOMHD and AHMM.</p>	<p>Malaysia.</p>	<p>Malaysia ASEAN Secretariat.</p>

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<p>b. Train personnel from AMS MOH and relevant sectors on RARC;</p> <p>c. Conduct ASEAN RARC Conference for updates, sharing of best practices and lessons learnt on risk assessment and risk communication;</p> <p>d. Conduct development and applied on research RARC; and</p> <p>e. Identify AMS contact persons for RARC.</p>	<p>EOs: ASEAN Risk Communication Training Module (2nd Edition) adapted to ASEAN RARC Training Module; An average of 2 participants/AMS trained annually. Indicators: ASEAN RARC training module; Number of AMS human resources trained annually.</p> <p>EO: Regional RARC Conference conducted at least every three years. Indicators: Conference report; Number of AMS human resources participating.</p> <p>EOs: Development and applied research on RARC conducted; Research summaries published via newsletter or online. Indicator:</p> <p>EO: AMS contact person identified. Indicator:</p>	<p>Malaysia.</p> <p>Malaysia.</p> <p>Malaysia, 2016 -2017.</p> <p>Malaysia, 2016-2017.</p>	<p>Canada's GPP GHSA.</p> <p>Canada's GPP.</p> <p>AMS (Cost Sharing).</p> <p>AMS (Cost Sharing).</p>

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
HEALTH PRIORITY 9: STRENGTHENING LABORATORY CAPACITY				
1. Enhance regional collaboration in addressing the recent and upcoming outbreak in AMS.	1.1. Conduct capacity building activities on Biorisk Management in AMS once a year. 1.2. Continue implementation of Laboratory Capacity Strengthening initiatives: a. Influenza Laboratory Surveillance.	EO: Capacity-building activities on bio-risk management conducted. Indicator: Number and kind of activities conducted.	Indonesia.	WHO.
2. Establishment of ASEAN Reference laboratory network for priorities diseases.	2.1. Assess laboratory capacity and gaps in the region vis-à-vis Emerging Dangerous Pathogens: a. Share list reference laboratories of AMS; b. Develop Referral System Guidelines among AMS;	EO: Annual meeting/workshop conducted for sharing information among AMS: Information sharing through Cluster 2 Meeting. Indicator: Annual meeting/workshop. EO: Compilation of AMS reference laboratories. Indicator: Number of AMS shared national list. EO: Referral System Guidelines developed. Indicator: Guideline adopted, referred to by AMS.	Indonesia. Thailand Indonesia.	WHO. GHSA. GHSA.

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<p>c. Share testing protocol for emerging diseases;</p> <p>d. Develop regional guidelines on specimen sharing within AMS, including Material Transfer/Data Agreement (MTA);</p> <p>e. Develop regional guidelines on data/information-sharing on EDP;</p> <p>f. Set up a mechanism for technical enhancement (hands on); e.g. on the job training; and</p> <p>g. Determine the need for Bio-Banking services.</p>	<p>EO: Compilation of testing protocols for emerging diseases. Indicator: Number of AMS shared testing protocols.</p> <p>EO 1: Regional guideline on specimen-sharing developed. Indicator: Regional specimen-sharing guideline adopted. EO 2: Regional MTA developed. Indicator: MTA adopted.</p> <p>EO: Regional guidelines on EDP data/information-sharing developed. Indicator: Guideline on EDP data-information sharing adopted.</p> <p>EO: Mechanism for AMS laboratory technical enhancement on EDP established. Indicator: Mechanism adopted and implemented.</p> <p>EO: Report on the needs, gaps, and recommendations on the way forward of BioBanking in ASEAN after the 1st consultation. Indicator: BioBanking report adopted and circulated.</p>	<p>Thailand Indonesia.</p> <p>Thailand Indonesia.</p> <p>Thailand Indonesia.</p> <p>Singapore Philippines.</p> <p>Thailand Indonesia.</p>	<p>GHSA.</p> <p>GHSA.</p> <p>GHSA.</p> <p>Canada's GPP.</p> <p>GHSA.</p>
	<p>2.2. Develop a mechanism of QA system for EDP at regional level.</p>	<p>EO: Mechanism for EQA system for EDP at regional level developed (subject to reference labs capacities). Indicator: Mechanism adopted.</p>	<p>Thailand.</p>	

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outcomes and Output Indicators	Lead Country	Source of Support
HEALTH PRIORITY 10: COMBATING ANTIMICROBIAL RESISTANCE (AMR)				
1. Initiatives to slow down the occurrence and spread of AMR.	1.1. Develop Monitoring and Evaluation framework for AMR control in ASEAN.	EO1: Monitoring and Evaluation framework established. Indicator: ASEAN Framework endorsed.	Thailand Singapore.	US CDC WHO.
	1.2. Share best practices on rationale use of antimicrobials through antimicrobial stewardship and antibiotics utilization surveillance programme.	EO: Good practices on rational use of antimicrobials shared by 2018. Indicator: Number and kind of good practices produced and shared.	Malaysia.	TBC.
	1.3. Capacity building on antimicrobials stewardship and antibiotics utilization surveillance.	EO: Antimicrobial stewardship and anti-biotic utilization surveillance training conducted. Indicator: Number of trainings conducted.	Philippines.	WHO (TBC) AMS (Cost Sharing).
	2. Continue the conduct of rapid assessment on regulatory measures in combating AMR both in animal and human health.	EO: Final report by (TBC Malaysia & Philippines). Indicator: Number of rapid assessments conducted.	Malaysia Co-Lead: Philippines.	
	3. Establish Human, Animal and Food platform to discuss on AMR at ASEAN level: <ul style="list-style-type: none"> a. Hold special meeting to discuss ASEAN AMR Surveillance Data; and 	EO: Inter-sectoral platform on AMR formed. Indicator: Number of sectors involved in the platform. EO: Integrated human, animal and food surveillance data discussed in meeting. Indicator: Number of meetings held.	Malaysia Indonesia.	WHO.

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
<p>HEALTH PRIORITY 11: ENVIRONMENTAL HEALTH AND HEALTH IMPACT ASSESSMENT (HIA)</p> <p>1. Strengthen environmental health capacity to manage ASEAN's priority environmental health risks and issues, including set up ASEAN environmental health knowledge network (Risks and issues are for examples: water and sanitation, solid and hazardous waste, toxic chemicals, trans-boundary pollution, climate change).</p>	<p>b. Advocate fighting against AMR in the ASEAN through ASEAN Declaration on AMR.</p>	<p>EO: ASEAN Declaration on Combating AMR endorsed by ASEAN Summit in 2017. Indicator: Declaration adopted.</p>	<p>Philippines.</p>	<p>WHO.</p>
	<p>1.1. Conduct an ASEAN Training Needs Assessment on Environmental Health for AMS.</p>	<p>EO: Training needs assessment conducted by end of 2017. Indicator: Needs assessment report submitted/adopted.</p>	<p>Malaysia.</p>	<p>UNICEF (Related to WASH, and knowledge management on WASH). UNICEF:</p>
	<p>1.2. Develop mechanism to strengthen capacity among AMS, including conduct of capacity building activities among AMS.</p>	<p>EO: EH capacity strengthening mechanism established. Indicator: National Environmental health Contact Person of AMS has been identified; and mechanism serves as basis for implementing capacity building activities. EO: Capacity building activities conducted. Indicator: Number and kind of capacity building activities.</p>	<p>Thailand Co-lead Malaysia.</p>	<p>UNICEF:</p>
	<p>1.3. Share knowledge and practices among AMS.</p>	<p>EO: Knowledge and practices on environmental health management shared. Indicator: Number and kind of knowledge sharing events.</p>	<p>Thailand.</p>	<p>UNICEF:</p>

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
<p>2. Empowerment and capacity building of HIA application as “Health in All Policy” by integration into ASEAN universities for business sectors, community, civil society organizations and government sector.</p>	<p>2.1. Joint capacity building for HIA as a key strategic for Health in All policies (HiAP) among AMS in collaboration with relevant partners through joint research, share experiences, advocate for having legislation or policy on HIA, integration into ASEAN Universities curriculums.</p>	<p>EO 1: Joint and collaborative capacity building activities on HIA carried out. Indicators: Number and kind of joint/ collaborative activities; Number and kind of partners involved.</p> <p>EO 2: Capacity-building promote through HIA training center. Indicators: # of HIA training courses/curriculums.</p> <p>EO 3: AMS contact person on HIA. Indicators: List of identified AMS contact person.</p> <p>EO 4: Sharing knowledge and practices conduct. Indicators: # of and kind of knowledge sharing events on HIA.</p> <p>EO 5: Training center establishment. Indicator: Training center established.</p>	<p>Thailand.</p>	

Health Priorities and Programme Strategies	Project and Activities from 2016-2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
HEALTH PRIORITY 12: DISASTER HEALTH MANAGEMENT				
<p>1. Strengthen regional prevention, preparedness and response through capacity building as well as enhancing operation system on disaster/health emergency medicine at national level and disaster medicine in regional level by advocacy on ASEAN collaboration network through strong focal point in each AMS.</p>	<p>1.1. Develop national and community health emergency and disaster risk reduction management through:</p> <ul style="list-style-type: none"> a. Public Health Emergency Operation Centre (PHEOC)/ Committee; and b. Public Health awareness and preparedness through: <ul style="list-style-type: none"> - Advocacy; - Developing Guideline/ TOR; - Capacity Building; and. - Developing Network. 	<p>EO: Every AMS has PHEOC/ Committee accommodating all hazards by December 2017 (depending on Country mechanism) Indicator: Number of AMS with PHEOC or Committee adopting all hazards approach.</p> <p>EO: Public health awareness and programmes implemented by AMS. Indicators: Number of AMS implementing programmes; Kind of programmes implemented.</p>	<p>Philippines Co-Lead: Malaysia.</p>	
	<p>1.2. Develop Declaration/Joint Statement on Disaster Health Management.</p>	<p>EO: ASEAN Leaders' Declaration/ Joint Statement adopted in late 2017. Indicator: Adopted Declaration/Joint Statement.</p>	<p>Thailand Co-Lead: Philippines.</p>	
	<p>1.3. Implement the ASEAN-ARCH project (2016-2019) with its regional activities, targets, output and indicators.</p>	<p>EO: ASEAN-ARCH Project activities implemented, and outputs produced. Indicator: Extent of achievement of project objectives and targets as per project review/evaluation.</p>	<p>Thailand Viet Nam Philippines.</p>	<p>JICA.</p>

HIV and AIDS Project Activities (2017-2020)

Operationalising the 2016 ASEAN Declaration of Commitment on HIV and AIDS:
Fast-Tracking and Sustaining HIV and AIDS Responses
to End the AIDS Epidemic by 2030

In the Context of the ASEAN Health Cluster 2 'Responding to All Hazards and
Emerging Threats' Work Programme (2016-2020)

NOTE: An initial draft was developed at the Consultation Meeting among the ASEAN Core Group of Focal Points on HIV and AIDS and Civil Society, held in Bangkok, Thailand on 17-18 December 2016. This initial version (as of 19 January 2017) was circulated for endorsement by ASEAN Health Cluster 2 Country Coordinators and by SOMHD. Official endorsement was given by the 12th SOMHD and 13th AHMM to the 4 ASEAN Health Cluster Work Programmes including the **Annex on HIV and AIDS Project Activities in Operationalising the 2016 ASEAN Declaration of Commitment on HIV and AIDS: Fast-Tracking and Sustaining HIV and AIDS Responses to End the AIDS Epidemic by 2030**.

Introduction

Approximately 1.7M people are living with HIV in ASEAN. Close to 1/3 of these are female. Less than half are receiving anti-retroviral therapy (ART). As in the rest of Asia, HIV epidemics are concentrated among key affected populations (KAP) in priority geographical locations – female sex workers, men-who-have-sex-with-men, transgender, and people who inject drugs. While a number of ASEAN Member States (AMS) fund their HIV and AIDS responses fully or almost-fully from domestic resources, others are very dependent on external funding, particularly for prevention programs among KAP.

In June 2016, the United Nations General Assembly adopted the Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight Against HIV and to End the AIDS Epidemic by 2030. In September 2016, at the 28th ASEAN Summit in Lao PDR, Heads of State and Government adopted the Declaration of Commitment: Fast-Tracking and Sustaining HIV and AIDS Responses to End AIDS in ASEAN by 2030. ASEAN has a long-standing commitment to HIV and AIDS, with previous Declarations from 2011, 2007 and 2001, and 4 previous ASEAN Work Programmes on HIV and AIDS. Since 2012, the ASEAN Cities Getting to Three Zeroes project has been an important flagship initiative of ASEAN.

This **Annex on HIV and AIDS Project Activities** [or the Fifth AIDS Work Programme (AWP5)] aims to operationalise the aforementioned Declaration of Commitment. To Fast-Track HIV and AIDS responses, it is important to focus, target, scale-up and strengthen programmes for key affected

populations and priority geographical locations, and to improve the '90-90-90' cascade, i.e., 90% of people with HIV know their status; 90% of those diagnosed receive ART; 90% of those on treatment have viral suppression. To Sustain HIV and AIDS responses, it is important to improve financing, through the further use of evidence-based AIDS investment cases and the development of joint government and donor funding transition plans. This AWP5 features South-to-South cooperation, lessons sharing, documentation of good practices, and cooperation with civil society, all as steps towards realising an ASEAN regional strategy for HIV and AIDS.

This Annex (or AWP5) contributes to the Work Programme (2016-2020) of ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats. It was framed using the ASEAN Socio-Cultural Community Blueprint 2025, the ASEAN Post-2015 Health Development Agenda (APHDA) and within this the ASEAN Health Cluster 2 Work Programme (2016-2020).

- The APHDA's Mission is to promote a healthy and caring ASEAN community.
- ASEAN Health Cluster 2 has two Goals: Goal A is to promote resilient health systems in response to communicable diseases, emerging infectious diseases, and neglected tropical diseases. Within Health Cluster 2, Priority 8 is the prevention and control of communicable diseases, emerging infectious diseases, and neglected tropical diseases, including HIV/AIDS, and Project Activity 11 is 'To end AIDS in ASEAN.' The Project's Outcome Indicator is the percentage of key populations who have received an HIV test in the past 12 months and know their status; the Target is 90% by 2020.
- The ASEAN Health Cluster 2 Work Programme, Project Activity 11, 'To end AIDS in ASEAN,' contains 9 activities, A through I.

The 2016 Political Declaration global targets are: to reduce new HIV infections to less than 500,000 annually; to reduce AIDS deaths to less than 500,000 annually; and to eliminate HIV-related stigma and discrimination. The Asia-Pacific targets, towards which this AWP5 also contributes, are: to reduce new HIV infections to less than 88,000 annually in adults and young people, and less than 1900 annually in children; to increase treatment to 4.1M adults and young people, and 95,000 children; and to eliminate HIV-related stigma and discrimination in health-care settings, to eliminate gender inequalities, and to end all forms of violence and discrimination against women and girls, people living with HIV, and key populations.

Outputs of the Consultation

In order to operationalise the Declaration of Commitment, the Consultation considered the Health Cluster 2 Work Programme Project Activity 11 and its 9 activities. The table below therefore includes **all** of the Health Cluster 2 Work Programme's Project 11 activities on HIV and AIDS, including the revisions, expansions and additions based on the Declaration of Commitment.

AWP5 Within Overall Health Cluster 2 Work Programme, Project Activity 11, 'To End AIDS in ASEAN'

NOTES:

- **Expansions and additions to the existing Cluster 2 Work Programme are underlined.**
- **Monitoring and evaluation of AWP5 will be in the context of overall monitoring and evaluation of Health Cluster 2.**
- **Where activities or expected outputs are 'to be decided,' the lead country will be able to lead in defining these inputs based on concept papers submitted.**
- **Where sources of support are missing or incomplete, the ASEAN Secretariat can provide assistance in identifying them.**

Declaration of Commitment	Health Cluster 2 Work Programme Project Activity 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional Notes from the Consultation
Paragraphs 8 & 9a	D	Advocacy in prevention among people who inject drugs (PWID)	Advocacy brief & workshop	Malaysia	UNAIDS / UNODC / International HIV/AIDS Alliance	<u>The activity will use available modules produced by ATFOA in 2007 together USAID, WHO, FHI, Alliance has already closed regional office, suggest link with ANPUD (Asia Network of People who Use Drugs), other CSOs.</u>

FAST-TRACKING

Declaration of Commitment	Health Cluster 2 Work Programme Project Activity 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional Notes from the Consultation
Paragraphs 8 & 9a	Added by the Consultation	Advocacy in prevention of sexual transmission, including prevention among young people	Advocacy brief & workshop	Thailand	UNAIDS /WHO. /UN Women / UNFPA / UNICEF / ACW/Youth LEAD	Aim to increase focus, scale & innovation in prevention. Consider ASEAN modelling (AEM for ASEAN). Address stigma/discrimination, particularly in health-care settings.
Paragraphs 8 & 9	Added by the Consultation	Promote community-based testing and treatment, reaching KAP, including young people	To be decided	Malaysia	To be decided WHO/ UNAIDS/ Seven Sisters.	Best practices / innovations in achieving the first two '90s.' Address stigma/discrimination, particularly in health-care settings. Partner with APN+, other CSOs.
Paragraph 13	Added by the Consultation	Eliminate stigma and discrimination, particularly in health-care settings, using the Stigma Index	To be decided	Thailand	To be decided AMS/UNAIDS/ UNDP	This may be subsumed under the 3 activities above, or may continue to be a standalone activity. If a standalone activity, suggest to use the Stigma Index.

Declaration of Commitment	Health Cluster 2 Work Programme Project Activity 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional Notes from the Consultation
Paragraph 8 & 9c	G	Sharing of lessons learned / study visit in achieving EMTCT	Workshop conducted	Thailand	UNAIDS / UN Women / UNICEF / WHO/UNFPA	<u>Don't hold just a one-off study visit. Use the event to start development of a regional strategy / action plan / 'how to' tool on EMTCT.</u> <u>Involve Myanmar. Partner with APN+.</u>
Paragraph 8 & 9b	I	Training / workshop on HIV co-infections & ART	Training / workshop conducted	Cambodia / Indonesia to be decided	China / WHO / UNAIDS	
SUSTAINING						
<u>Paragraphs 17 & 18</u>	<u>Added by the Consultation</u>	<u>Meeting to follow-up on HIV/AIDS investment cases</u>	<u>To be decided</u>	<u>Philippines</u>	<u>AMS with investment cases on AIDS (Thailand, Indonesia, Myanmar, Philippines) / UNAIDS</u>	<u>UNAIDS to request Philippines to follow-up request to ESCAP to convene follow-up meeting to Asia Pacific Intergovernmental Meeting (IGM) 2015 to review progress & follow up on the Roadmap of Action including the development of country investment cases. Partner with 7 Sisters, APCASO.</u>

Declaration of Commitment	Health Cluster 2 Work Programme Project Activity 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional Notes from the Consultation
Paragraph 18	Added by the Consultation	Planning & tool development for external funding transitions	To be decided	Cambodia / Myanmar to be decided	UNAIDS	Philippines has done a Transition Preparedness Assessment which can be shared. Donors, partners like GF are likely to support this activity, particularly for countries dependent on external funding. Partner with APCASO.
Paragraphs 17 & 20	Added by the Consultation	South-to-South collaboration in the development of a how-to tool for integrating HIV/AIDS into UHC	To be decided	Thailand	To be decided UNAIDS/ World Bank/ ADB	Build on existing ATFOA working paper. Link with ASEAN UHC+3 Network. Link with existing Global Fund-supported initiatives like the SHIFT project.

Declaration of Commitment	Health Cluster 2 Work Programme Project Activity 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional Notes from the Consultation
CITIES GETTING TO ZEROS						
Paragraphs 15 & 20	C	Cities Getting to Zero Phase 3		Indonesia	AMS/UNAIDS	Use the <u>Declaration of Commitment in the Cities</u> project; cities can determine their own 'fast-tracking' and 'sustaining' priorities. Consider possible themes: (a) prevention program for young KAP; (b) improving treatment, including co-infections, to achieve viral suppression, the third '90'.
STRENGTHEN CAPACITY IN STRATEGIC INFORMATION AND EVIDENCE-BASED ADVOCACY						
	A	High-level advocacy / Declaration of Commitment	Declaration endorsed by Summit	Lao PDR	UNAIDS	
Paragraph 22	B	Review of AWP4 & development of AWP5 as part of Cluster 2	AWP4 reviewed & AWP5 endorsed by SOMHD	Thailand	UNAIDS / Thailand	Suggest that the <u>3rd regional report (activity E below)</u> include a review of <u>AWP4</u> .

Declaration of Commitment	Health Cluster 2 Work Programme Project Activity 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional Notes from the Consultation
Paragraphs 14, 20 & 21	E	Development of 3 rd regional report	Report published	Philippines Co-lead: Malaysia	AMS/ ASEC/ UNAIDS	<u>Suggest that the report include a review of AWP4 (activity B above).</u>
Paragraphs 20 & 21	F	Articles for health e-bulletin	ASEAN e-health bulletin published	Philippines	ASEC	
Paragraphs 20, 21 & 22	H	World AIDS Day messages / World AIDS Day Observation in ASEAN	Messages published in ASEAN website & e-health bulletin	Cluster 2 Chair	AMS/ ASEC/ UNAIDS	<u>Aim for a broader event than simple messages; for example, consider a young people's video competition or an ASEAN-wide HIV testing week.</u>



Photo Credits:

1 Ministry of Health, Indonesia, the Logo of ASEAN Dengue Day

2 Ministry of Health, Lao PDR, Community outreach during the ASEAN Dengue Day Regional Observation in Lao PDR in 2015

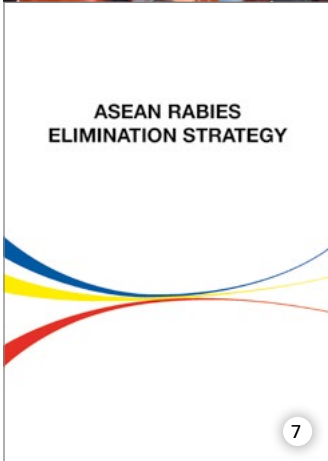
3, 4 Ministry of Health, Viet Nam, Community outreach during the ASEAN Dengue Day Regional Observation in Viet Nam in 2013



5



6



7



8

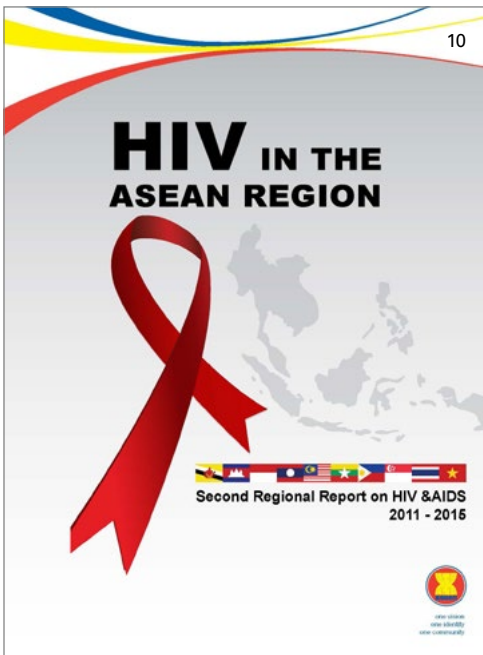
Photo Credits:

- 5 Ministry of Health, Viet Nam, Community outreach during the ASEAN Dengue Day Regional Observation in Viet Nam in 2013
- 6 Ministry of Public Health, Thailand, The ASEAN Dengue Day Regional Observation in Bangkok, Thailand in 2016
- 7 ASEAN Secretariat, ASEAN Rabies Elimination Strategy
- 8 ASEAN Secretariat, ASEAN Stand during the 11th International Congress on AIDS in Asia and the Pacific (ICAAP) in Bangkok, Thailand in 2013

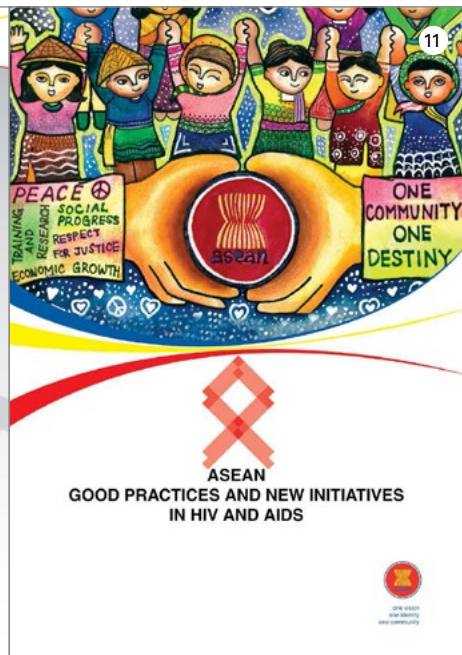
9



10



11



12



Photo Credits:

- 9 Ministry of Health, Malaysia, the Logo of ASEAN Cities Getting to Zeros
- 10 ASEAN Secretariat, the cover of 2nd Regional Report on HIV and AIDS
- 11 ASEAN Secretariat, the cover of ASEAN Good Practices and New Initiatives in HIV and AIDS
- 12 Ministry of Health, Malaysia, the Launching of ASEAN Cities Getting to Zero in Melaka, Malaysia, in 2013

CHAPTER 4





ASEAN Health Cluster 3: Strengthening Health System and Access to Care Work Programme (2016-2020)

A.1	ALIGNMENT WITH ASEAN ASCC BLUEPRINT	Strategic measures: A.1.i & ii / A.2.i, iii, iv & vi / B.1.ii & v / B.2 iv & xii / B.3 i / C.1 iv & vii / C.2.ii, iii & iv / D.1 i & iii / D.2 I, ii, & iii / D.3 i / D.5 iii / E.1.iv & viii / E.2.i,iii,vii & ix / E.3.iii.
A.2	ALIGNMENT WITH SUSTAINABLE DEVELOPMENT GOALS (SDGs)	<p>SDG Goal #1 : End poverty in all its forms everywhere (indirectly).</p> <p>SDG Goal #2 : End hunger, achieve food security and improved nutrition and promote sustainable agriculture (indirectly).</p> <p>SDG Goal #3 : Ensure healthy lives and promote well-being for all at all ages (Targets 3.7, 3.8, 3.c).</p> <p>SDG Goal #11 : Make cities and human settlements inclusive, safe, resilient and sustainable (indirectly).</p> <p>SDG Goal #17 : Strengthen the means of implementation and revitalize the global partnership for sustainable development (Targets 17.9, 17.16, 17.18).</p>
A.3	ASEAN POST 2015 HEALTH DEVELOPMENT AGENDA GOALS FOR 2020	<ol style="list-style-type: none"> 1. ASEAN Community has universal access to essential health care, safe and good quality medical products including traditional and complementary medicines; and 2. To achieve the unfinished health related MDGs in the light of the SDG.
A.4	HEALTH CLUSTER 3 STRATEGY	Strengthen capabilities, capacities and advocacy in health system development in order to increase access to safe, affordable, quality, and holistic care.
A.4.1	HEALTH CLUSTER 3 PRIORITY STRATEGIES	<ol style="list-style-type: none"> 1. Promote improved access to safe, affordable and appropriate services, technology, essential drugs and vaccines, traditional and complementary medicine, by developing national policies and regulations for ASEAN people including vulnerable groups; 2. Advocate for appropriate levels of health resources including human resources for health (HRH) and health financing; and 3. Enhance communication, knowledge management, knowledge sharing including R&D and innovations.

<p>A.5 HEALTH CLUSTER 3 KEY PERFORMANCE TARGETS</p>	<p>Theme 1: Access and Affordability</p> <ul style="list-style-type: none"> a. By 2020, all AMS should have a functional Health Technology Assessment Unit; and b. By 2030, all ASEAN populations, regardless of household income, expenditure or wealth, place of residence or gender, have at least 80% essential health services coverage.
<p>Theme 2: Availability and Quality of Care</p>	<ul style="list-style-type: none"> a. By 2020, Centers of excellence for vaccine production capacity and quality in the ASEAN shall have been identified within the region; and b. By 2020, all AMS should aim to have Options for T&CM services in public health care facilities as a complement to mainstream medical practice and trained personnel.
<p>Theme 3: Services for Special Population</p>	<ul style="list-style-type: none"> a. By 2020, at least 80% of documented migrants in AMS have access to healthcare in receiving countries (e.g. health insurance coverage or some form of entitlement to local health services). <p><i>(Note: A mid-term evaluation will be conducted by 2020 for setting of target 100% documented migrants in AMS has access to health care in receiving countries post 2020.)</i></p>

Theme 1: ENTITLEMENT/ACCESS TO AFFORDABLE PACKAGE OF GOODS AND SERVICES (end-user perspective)

Program Strategy and sub strategy	Programme/Project Activities from 2016 to 2020 (Proposed by Cluster)	Expected Outputs and Indicators	Lead Country	Source of Support
<p>Achieve best value for money through Health Technology Assessment (HTA).</p>	<p>1. CAPACITY BUILDING ON HEALTH TECHNOLOGY ASSESSMENT</p> <p>1.1. Country Assessment of HTA Capacity Gaps.</p>	<p>Expected output: Country Assessment of HTA by 2020.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Number of country assessed. • Number of advocacy materials developed. • Advocacy plans to address the gaps developed. 	<p>Thailand. Malaysia. Philippines.</p>	<p>Partners of HITAP International.</p>
	<p>1.2. Capacity Building based on Country Assessment (workshops, internships and conferences, and partnerships with academic institution).</p>	<p>Expected output:</p> <ul style="list-style-type: none"> • Regional capacity building plan and activities. • Country capacity building plan and activities. • A generic training module on HTA that can be adapted by all ASEAN countries developed. <p>Indicators:</p> <ul style="list-style-type: none"> • Capacity building plan by 2018. • Trainings held and number of trainees by 2019. 		
	<p>1.3. Follow-up Assessment by 2020.</p>	<p>Expected output: Status update of HTA Progress among ASEAN Member States.</p> <p>Indicator: Publication post 2020.</p>	<p>Philippines.</p>	<p>HITAP and IDSI.</p>

Program Strategy and sub strategy	Programme/Project Activities from 2016 to 2020 (Proposed by Cluster)	Expected Outputs and Indicators	Lead Country	Source of Support
Promote efficient use of resources through information sharing in the ASEAN region.	<p>2. DEVELOPMENT OF A MECHANISM THAT WILL FACILITATE QUICK INFORMATION SHARING AMONGST AMS ON THE FOLLOWING: HTA RESEARCHES AND AFFORDABILITY OF DRUGS, CLINICAL PRACTICE GUIDELINES AND QUALITY OF PHARMACEUTICALS</p> <p>2.1. Workshops to identify standards for submission of the data and options for information sharing on HTA researches on:</p> <ol style="list-style-type: none"> Affordability of drugs; and Quality of Pharmaceuticals. 	<p>Expected output:</p> <ul style="list-style-type: none"> Standard for data sharing by 2018; and Website with information from AMS post 2019. <p>Indicators:</p> <ul style="list-style-type: none"> Standards published by 2018; and Website for information sharing developed by 2019. 	Philippines. Viet Nam.	
Encourage adoption of standard measurement of health system performance.	<p>3. DEVELOPMENT OF STANDARD MEASUREMENT</p> <p>3.1. System of Health Accounts:</p> <ul style="list-style-type: none"> Conduct of workshop; and Conduct of cross country comparison. <p>3.2. Development of measurement indicator for UHC indicators:</p> <ul style="list-style-type: none"> Coverage of essential health services; and Proportion of population with large household expenditures on health as a share of total household expenditure or income. 	<p>Expected output:</p> <ul style="list-style-type: none"> All ASEAN Member States (AMS) with SHA generate cross-country comparison by 2017. All AMS without SHA receive training by 2018. <p>Indicators: Number of comparable national health accounts.</p> <p>Expected output: TBC by lead country.</p> <p>Indicators: TBC by lead country.</p>	Thailand.	Lead country to identify. Lead country to identify.

Theme 2: AVAILABILITY AND QUALITY OF CARE (provider perspective)

Program Strategy and sub strategy	Programme/Project Activities from 2016 to 2020 (Proposed by Cluster)	Expected Outputs and Indicators	Lead Country	Source of Support
<p>Ensure Drug and Vaccine Security in the ASEAN.</p> <p>DRUG – essential medicines, orphan drugs, antidotes, traditional and herbal medicines, high cost medicines (IP issues), therapeutic foods</p> <p>Vaccines and other biological.</p> <p>DRUG AND VACCINE SECURITY</p> <p>– supply and availability, combat counterfeiting, pharmacovigilance.</p> <p>Rational Use of Medicines (RUM cross cluster collaboration with Health Cluster 2), supply chain management.</p>	<p>4. POLICY DEVELOPMENT ON DRUG AND VACCINE SECURITY AND SELF RELIANCE</p> <p>4.1. Baseline assessment on Drug and Vaccines (Existing baseline assessment on vaccines).</p>	<p>Expected output:</p> <ul style="list-style-type: none"> • Gap analysis in supply VS disease priorities; and • Assessment of capacity of AMS in terms of production/ manufacturing & quality assurance. <p>Indicator:</p> <p>ASEAN baseline study results on vaccine reported by 2017.</p>	<p>Vaccines related: Thailand.</p> <p>Drug-related: Malaysia.</p>	<p>WHO/ ASEAN Secretariat, Other existing networks (e.g. DCVM, GaBI, Global Fund, Bill and Melinda Gates Foundation, etc) (ASEAN-NDI Philippines).</p>
	<p>4.2. Regional strategy and action plan to assure drug and vaccine security and self- reliance.</p>	<p>Expected output:</p> <ul style="list-style-type: none"> • Vaccine: 13th AHMM or ASEAN Summit declaration on vaccine security and self- reliance by 2017 (to be proposed to SOMHD to decide whether should be submitted to AHMM or ASEAN Summit); and • Drug and Vaccine: <ul style="list-style-type: none"> - Regional strategy and action plan on pricing & pooled procurement for key vaccines and medicines; - Regional strategy and action plan on stock piling (orphan drugs, vaccines, drugs for EID & pandemics); and - Centers of excellence among AMS in terms of production capacity & quality standards identified. <p>Indicators:</p> <p>Regional Strategy on drug and vaccine security and self-reliance in the ASEAN published by 2019.</p>	<p>Vaccines related: Thailand.</p> <p>Drug-related: Malaysia.</p>	<p>WHO/ ASEAN Secretariat, Other existing networks (e.g. DCVM, GaBI, Global Fund, Bill and Melinda Gates Foundation, etc) (ASEAN-NDI Philippines).</p>

Program Strategy and sub strategy	Programme/Project Activities from 2016 to 2020 (Proposed by Cluster)	Expected Outputs and Indicators	Lead Country	Source of Support	
A. Strengthen Quality Health Care.	4.3. Development of Communication and Coordination Action Plan (CCAP) in fostering the implementation of ASEAN Vaccine Security and Self-Reliance (AVSSR).	<p>Expected output: The CCAP revealing the important activities priority in promoting AVSSR initiatives.</p> <p>Indicator: A complete version of the CCAP, released by 2018.</p>	Vaccines related: Thailand.	ASEAN Secretariat ASEAN Member States.	
	4.4. Implementation of the regional strategy to assure drug security (starting 2019).	<p>Expected output: Monitoring of implementation of regional strategy (starting 2019).</p> <p>Indicator: <i>*Lead country to identify.</i></p>	Drug-related: Malaysia.		
	4.5. Workshop on the rational use of medicines.	<p>Expected output: Recommendations on the Rational Use of Medicines in the ASEAN by 2020.</p> <p>Indicators: Workshop reports.</p>	Philippines. Indonesia.		
	5. DEVELOPMENT OF ASEAN RECOMMENDATIONS ON QUALITY HEALTHCARE		<p>Expected output:</p> <ul style="list-style-type: none"> • Report of the workshop; and • Assess the quality improvement effort in AMS. <p>Indicators:</p> <ul style="list-style-type: none"> • Number of AMS with quality improvement effort; and • Numbers of participants trained. 	Malaysia. Thailand (for T&CM).	WHO.
	5.1. Conduct a workshop series to develop the ASEAN Recommendation on Quality Healthcare.	<p>Baseline information (by 2018) of:</p> <ol style="list-style-type: none"> 1. Health Facilities. 2. HRH (ratios, competencies, training); and 3. Service Packages (including T&CM) (Integration of services/ Health care financing). 			

Program Strategy and sub strategy	Programme/Project Activities from 2016 to 2020 (Proposed by Cluster)	Expected Outputs and Indicators	Lead Country	Source of Support
	<p>5.2. Sharing of best practices (2017) on:</p> <ol style="list-style-type: none"> 1. Health Facilities. 2. HRH (ratios, competencies, training); and 3. Service Packages (including T&CM) (Integration of services/ Health care financing). 	<p>Expected output: Meeting Report.</p> <p>Indicator:</p> <ul style="list-style-type: none"> • Compilation of best practices, published by 2018; • Meeting report published by 2017; and • ASEAN Traditional Medicine Conference with exhibit and presentation of T&CM Milestone conducted in 2017. 	Singapore. Philippines.	
	<p>5.3. Strengthening Quality of T&CM Health Care.</p> <ol style="list-style-type: none"> a. Development of T&CM practice guidelines (workshops and published guidelines); and b. Strengthening Quality of T&CM Products. 	<p>Expected output: Practice Guidelines of Traditional and Complementary Medicine Modalities of AMS will be developed and published by the year 2020.</p> <p>Indicators: Guidelines published.</p> <p>Expected output: Reports of the workshop and training.</p> <p>Indicators: Numbers of participants trained.</p>	Thailand.	WHO. ASEAN-China Cooperation Fund.
	<p>5.4. Drafting of the ASEAN Recommendations (2018).</p>	<p>Expected output: Report of the Workshop.</p> <p>Indicators: Progress report on the activities leading to the final ASEAN recommendations.</p>	Malaysia. Thailand (for T&CM).	

Program Strategy and sub strategy	Programme/Project Activities from 2016 to 2020 (Proposed by Cluster)	Expected Outputs and Indicators	Lead Country	Source of Support
	5.5. Finalization of the ASEAN Recommendations (2019).	<p>Expected output: By 2019, Final ASEAN recommendations on Quality Health Care (Primary Health Care) including T&CM on:</p> <ul style="list-style-type: none"> • Health Facilities; • HRH; and • Service Packages (including T&CM) (Integration of services/ Health care financing). <p>Indicators: Final ASEAN recommendations on Quality Health Care published by 2020.</p>	Malaysia. Thailand (for T&CM).	

Theme 3: SERVICES FOR SPECIAL POPULATIONS

Program Strategy and sub strategy	Programme/Project Activities from 2016 to 2020 (Proposed by Cluster)	Expected Outputs and Indicators	Lead Country	Source of Support
	<p>6. (MONITORING PROGRESS OF UHC WITH REGARDS TO SPECIAL POPULATION)/ DEVELOPMENT OF GUIDELINES ON HEALTH COVERAGE OF SPECIAL POPULATION*</p> <p>6.1. Advocacy targeted to sending countries on ensuring health coverage of documented migrants :</p> <p>Workshop to develop guidelines on health coverage for documented migrants and on sharing and recommendations for policy consideration.</p>	<p>Expected output: Guidelines/ policy on health coverage for documented migrants.</p> <p>Indicators: Guideline and health information available in English on ASEAN website by 2018.</p>	Philippines. Thailand. Indonesia.	ILO, IOM.

Program Strategy and sub strategy	Programme/Project Activities from 2016 to 2020 (Proposed by Cluster)	Expected Outputs and Indicators	Lead Country	Source of Support
	<p>7. RESEARCH AND DEVELOPMENT</p> <p>7.1. Development of health research agenda 2017-2020 for special population.</p>	<p>Expected output: Health research agenda 2017-2020 for special population.</p> <p>Indicators:</p> <ul style="list-style-type: none"> • Good practices shared among AMS and other stakeholders; • Number of good practices shared; • Health Research Agenda for Special Population; and • Published document on the Health Research Agenda 2017-2020 BY 2018. 	<p>Viet Nam.</p>	<p>Development Partners.</p>



Photo Credits:

- 1 Ministry of Health, Malaysia, Training on the Detection of Erectile Dysfunction Drugs and Steroids in Traditional Herbal Medicines, Kuala Lumpur, Malaysia
- 2 Department of Health, Philippines, Maternal and Child Health Data Harmonisation Workshop, Manila, Philippines, 2015
- 3 ASEAN Secretariat, ASEAN Regional Guideline for Minimum Requirement for Training and Accreditation of Skilled Birth Attendants
- 4 Ministry of Public Health, Thailand, 1st Meeting of ASEAN+3 UHC Network Steering Committee
- 5 ASEAN Secretariat, Herbal Medicines Used in Primary Health Care in ASEAN
- 6 ASEAN Secretariat, 6th Meeting of ASEAN Task Force on Traditional Medicine, Malaysia, 2015
- 7 4th Conference on Traditional Medicine in ASEAN Countries, Kuala Lumpur, Malaysia, 2015
- 8 Ministry of Public Health, Thailand, the Logo of ASEAN+3 UHC Network
- 9 ASEAN Secretariat, ASEAN Common Guideline on Research of Traditional Medicine Products (Herbal Medicine)

CHAPTER 5





ASEAN Health Cluster 4: Ensuring Food Safety Work Programme (2016-2020)

A.1	ALIGNMENT WITH ASEAN ASCC BLUEPRINT	Strategic Measures: A.1 i& ii /A.2 iii, iv, & vi / B.2.i, iii / C.2.iii & iv /D.2.i, ii, & iii/E.1.iv & viii / E.2.i,iii,vii,ix & x/ E.3.iii.
A.2	ALIGNMENT WITH SUSTAINABLE DEVELOPMENT GOALS (SDGs)	SDG Goal # 2 : End hunger (Target 2.1). SDG Goal #12 : Responsible Consumption and Production (indirectly). SDG Goal #6 : Clean water and sanitation. SDG Goal #17 : Strengthen the means of implementation and revitalize the global partnership for sustainable development (Targets 17.9, 17.16, 17.18).
A.3	ASEAN POST 2015 HEALTH DEVELOPMENT AGENDA GOALS FOR 2020	To promote access to safe food, safe drinking water and sanitation. <i>Note: For Health Cluster 4.a – any initiatives directly addressing safe drinking water and sanitation will be implemented under Health Priority Environmental Health and Health Impact Assessment under Health Cluster 2 Responding to all hazards and emerging threats.</i>
A.4	HEALTH CLUSTER 4 STRATEGY	To strengthen capabilities, capacities, and advocacy in food safety related elements towards the strengthening of food control systems.
A.4.1	HEALTH CLUSTER 4 PRIORITY STRATEGIES	A.5 HEALTH CLUSTER 4 KEY PERFORMANCE TARGETS.
	1. Enhance regional mechanism for strengthening food control system based on ASEAN Food Safety Policy by: a. Provide the scientific advice for developing evidence-based food safety risk management measures;	Sufficient scientific database is established for regional risk assessment.

<p>b. Improve and enhance the utilization of appropriate mechanism for food safety information sharing, and rapid response in food safety issues or crisis;</p>	<ol style="list-style-type: none"> 1. Developed/Operationalised mechanism for Rapid Alert and Response System to food safety events in all AMS; and 2. Developed ASEAN Consumer Participation and Empowerment (CPE) Framework on Food Safety.
<p>c. Promote cross-sectoral collaboration; and</p> <p>d. Provide necessary mechanism and capacity building to minimize differences among the national food control systems</p>	<p>Strengthened Food Control System in ASEAN Member States to ensure safe foods in the ASEAN through development of initial draft of the operational mechanisms of the ASEAN Food Safety Regulatory Framework developed in cooperation with other relevant ASEAN sectoral bodies.</p>

Health Priority and Programme Strategies	Projects and Activities from 2016 to 2020	Expected Outputs/ Output Indicators	Lead Country	Source of Support
HEALTH PRIORITY 20: FOOD SAFETY.				
PROGRAMME STRATEGIES:				
<p>A. Provide the scientific advice for developing evidence-based food safety risk management measures.</p>	<p>Monitoring and Surveillance.</p> <p>1. Enhance operationalization of ARAC through:</p> <ul style="list-style-type: none"> a. Risk assessment (upon request); and b. Capacity building. <p><i>* Note: To move the sustainability concern in the other programme/priorities in collaboration with other sectoral-bodies/agencies. (Create a long- term sustainability mechanism for ARAC)</i></p>	<ul style="list-style-type: none"> a. # of risk assessment opinion/recommendation from the result of risk assessment; and b. Funding and other resources available for the operationalisation of ARAC& capacity building. 	<p>Malaysia and Indonesia – “Aflatoxin B1 in Corn and Peanut”</p> <p>Indonesia – “Salmonella in Chicken” in collaboration with Cambodia.</p> <p>Cyclamates - PFPWG.</p> <p>Malaysia.</p>	<p>ARISE (TBD)</p> <p>ASEAN – China MOU on Health (POA).</p> <p>FAO, WHO.</p>
<p>2. Development/update regional system for collection of data including food consumption data that can support risk assessment in ASEAN Region.</p>	<p>3. Develop guideline/manual for monitoring and surveillance programme for food hazards.</p> <p><i>*Note: Steps for identification should be discussed and developed.</i></p>	<ul style="list-style-type: none"> a. Functional system/mechanism in place/updated. a. Guideline/manual developed; and b. Capacity building activities done. 	<p>Malaysia.</p> <p>Thailand. Malaysia.</p> <p>WHO, FAO.</p>	

Health Priority and Programme Strategies	Projects and Activities from 2016 to 2020	Expected Outputs/ Output Indicators	Lead Country	Source of Support
	<p>4. Strengthening laboratory capacity for food safety including the possibilities using the ASEAN Food Reference Laboratory (AFRL).</p>	<p>a. # number of capacity building activities conducted to strengthen laboratory capacity.</p>	<p>Singapore. Lao PDR.</p>	
<p>B. Improve and enhance utilization of appropriate mechanism for food safety information sharing, and rapid response in food safety issues or crisis.</p>	<p>Appropriate mechanisms for food safety information sharing and rapid response.</p> <p>1. Rapid Response in Food Safety Issues and Crisis:</p> <p>a. Develop/update food safety emergency/incidence response plan including responsibility of food business operators for national use;</p> <p>i. Capacity building for the development and update of food safety emergency/ incidence plan; and</p> <p>ii. Capacity building on risk communication.</p> <p>b. Traceability & recall plan.</p> <p>i. Capacity building on the development of traceability & recall plan.</p>	<p># number of AMS developed/ updated their food safety incidence plan.</p>	<p>Indonesia.</p>	

Health Priority and Programme Strategies	Projects and Activities from 2016 to 2020	Expected Outputs/ Output Indicators	Lead Country	Source of Support
	c. Food-borne outbreak investigation capacity building.	# AMS. participated/hosted food-borne outbreak investigation training/ activities.	Viet Nam. Thailand.	
	d. Sharing of information to external parties/agencies (INFOSAN).	# number AMS submitted information to INFOSAN and ARASFF.	Thailand. Viet Nam.	FAO, WHO (TBD).
	2. Enhance food safety information sharing in AFSN. <i>*Note: Guideline in sharing documents for uploading to the AFSN, AFSIP II.</i>	Information updated regularly by ASEAN Member States.	Thailand. Viet Nam.	
C. Promote cross-sectoral collaboration.	1. Functional cross-sectoral collaboration in the area of food safety. a. ASEAN Food Safety Regulatory Framework development in coordination with other sectoral bodies.	# of collaborative programme with other sectoral bodies.	Chair.	

Health Priority and Programme Strategies	Projects and Activities from 2016 to 2020	Expected Outputs/ Output Indicators	Lead Country	Source of Support
<p>D. Provide necessary mechanism and capacity building to minimize differences among the national food control systems.</p>	<p>Food Safety Control System.</p> <ol style="list-style-type: none"> To conduct a workshop to review national food control system and existing regional guideline on food control system and identify possible mechanism to implement national food control system (using ARISE's report on national food control system. <p><i>*Note: The activity under food safety control system has been completed in January 2017 and a continuation of AFSIP II.</i></p> <ol style="list-style-type: none"> Capacity building on judgment of equivalence of national food control system in ASEAN. 	<ol style="list-style-type: none"> Workshop conducted; and Report of the workshop (with recommendation from the workshop). 	Thailand.	FDA Thailand.
	<p>Food Inspection & Certification.</p> <ol style="list-style-type: none"> Capacity building on inspection and certification – risk based inspection approach, developing risk based criteria, inspection of GMP and HACCP, and sampling. 	<ol style="list-style-type: none"> # of workshops/capacity building conducted. Capacity building activities conducted; and Guideline/manual developed. 	Cluster 4 Members in coordination with PFPWG. Philippines. Thailand.	

Health Priority and Programme Strategies	Projects and Activities from 2016 to 2020	Expected Outputs/ Output Indicators	Lead Country	Source of Support
	<p>Consumer Participation and Empowerment.</p> <ol style="list-style-type: none"> 1. Conduct/share survey data on Primary school' community participation and empowerment on food safety. 2. Development regional framework of CPE Program in Food Safety: <ol style="list-style-type: none"> a. Identify National Focal Point for CPE Program on Food Safety; b. Conduct Analysis on CPE Program on Food Safety; and c. Development of regional CPE Program on Food Safety. 	<ol style="list-style-type: none"> a. All AMS share the country profile and data survey. a. Directory of CPE focal points established; b. Report Analysis and data base on CPE materials in the AFSN; c. Regional CPE Program on Food Safety developed; and d. Compilation of Good practices of CPE in ASEAN published. 	Indonesia.	

Note: All activities in ASEAN Health Cluster 4 Work Programme that are cross-sectoral in nature will be further discussed with the relevant sectoral bodies for possible collaboration.



1



2

3



4



5

Photo credits:
1, 3, 4, 5, Ministry of Health, Malaysia, the ASEAN Risk Assessment Centre for Food Safety
2 AMSA International, the publication of ASEAN Food Inspection and Certification Model Courses

CHAPTER 6





ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths

17 November 2011, Bali, Indonesia

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. Task 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 Seventeenth Day of November in the Year Two Thousand and Eleven in a single original copy, in the English language.

Bandar Seri Begawan Declaration on Noncommunicable Diseases in ASEAN

19 October 2013, Bandar Seri Begawan, Brunei Darussalam

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.

ASEAN Declaration of Commitment on HIV and AIDS: Fast-Tracking and Sustaining HIV and AIDS Responses to End the AIDS Epidemic by 2030

6 September 2016, Vientiane, Lao PDR

1. WE, the Heads of State and Government of the Association of Southeast Asian Nations (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 Socialist Republic of Viet Nam, on the occasion of the 28th Summit in Vientiane, Lao PDR, on 6-8 September 2016, reviewing comprehensively the progress achieved since the adoption of the 2011 ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, and Zero AIDS-Related Deaths, and envisioning a future where, working together, we can end the AIDS epidemic in ASEAN by 2030;
2. REAFFIRMING previous ASEAN Declarations on HIV and AIDS, 'ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-related Deaths' (Bali, Indonesia, 2011), 'ASEAN Commitments on HIV and AIDS' (Cebu, Philippines, 2007), 'Seventh ASEAN Summit Declaration on HIV and AIDS' (Bandar Seri Begawan, Brunei Darussalam 2001), each of which called for, in the ASEAN response to HIV and AIDS, political will and leadership, and meaningful partnerships with relevant stakeholders, and in particular with the key affected populations;
3. REAFFIRMING the commitment of ASEAN Member States to the United Nations General Assembly Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030 adopted on 8 June 2016 in New York, in particular the goals of the Political Declaration in support of the 2030 Agenda for Sustainable Development, by 2020 — to work towards reducing the number of new HIV infections to fewer than 500,000 per annum globally and to reducing AIDS-related deaths to fewer than 500,000 per annum globally as well as to eliminate HIV-related stigma and discrimination — as well as commitments in previous global Declarations in 2011, 2006, and 2001;
4. NOTING the findings from ASEAN's second regional report on HIV and AIDS of 2015 which observed that in the region, the HIV epidemic continues to affect approximately 1.7 million people and that HIV is largely concentrated among key affected populations and in priority

geographical areas. The make-up of these differs according to the epidemic characteristics in each Member State and may include sex workers and their clients, people who inject drugs; 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, people in conflict and disaster-affected areas);

5. NOTING with continued concern, that while there has been progress in the implementation the ASEAN Getting to – Zero New HIV infections, Zero Discrimination, and Zero AIDS-related Deaths, such as the roll out of participated of cities or areas from 13 cities/areas in 2012 to more than 50 cities/areas in 2015 – there remain significant urgent challenges at regional, national, and local levels to focus, target, and expand the coverage, reach and quality of evidence-informed/based programmes, and in addition, challenges in mobilising sufficient resources to invest in fast-tracking and sustaining the response;
6. ASSERTING that it is essential for ASEAN Member States to focus our individual and collective efforts, in line with national legislation, priorities and evidence in each Member State, on initiatives; to address key affected populations and priority geographic areas; to set ambitious but achievable regional and national targets for prevention, testing, treatment, care and support; and to commit to enhance the political will and the financial resources to fast track and sustain the response; and
7. In summary, RECOGNISING that, in ASEAN, while remarkable progress has been made on the prevention and treatment of HIV and AIDS, and that there is a unique window of opportunity to act now, to avoid the risk of a rebound of the epidemic in some parts of the world, to fast-track and sustain the response, and eventually to end the AIDS epidemic by 2030.

Do hereby declare our commitments to Fast-Track and Sustain the ASEAN Response to HIV and AIDS, and to:

Fast-Track the ASEAN HIV and AIDS Response

8. FOCUS and TARGET HIV and AIDS programmes for key affected populations and priority geographical areas, according to national legislation, priorities and evidence about the epidemic in each Member State;
9. SCALE UP and STRENGTHEN the coverage, reach and quality of a continuum of comprehensive integrated packages of prevention, testing, treatment, care and support services, similarly referred to as the cascade of services, for key affected populations in priority geographic

areas according to national legislation, priorities and evidence about the epidemic in each Member State:

- a. Combination of prevention interventions, tailored for each key affected population taking into consideration the religious and cultural sensitivities of the community, that may include peer- and outreach-based education, healthy sexual relationship, condoms, pre-exposure prophylaxis for those at higher risk, HIV and STI testing, STI treatment, combat hepatitis B and C, measures aimed at minimizing the adverse public health and social consequences of drug abuse, including appropriate medication assisted therapy programmes and injecting equipment programmes, and access to appropriate interventions for people in prisons and other custodial settings
 - b. Treatment, care and support, may include ARV treatment, treatment of co-infections such as TB and hepatitis B and C, treatment of other opportunistic infections, non-communicable diseases, CD4 and viral load monitoring, practical support for adherence and prevention of loss to follow-up, and psycho-social and community-based support;
 - c. Elimination of mother-to-child transmission includes ensuring that mothers have access to immediate and life-long antiretroviral treatment; and
10. PLEDGE to ENSURE the achievement within ASEAN the 90-90-90 treatment targets adopted by ASEAN Member States in the United Nations Political Declaration on HIV and AIDS: On the Fast-Track to Accelerate the Fight against HIV and to End the AIDS Epidemic by 2030, on 8 June 2016 i.e., by 2020, 90% of people (children, adolescents and adults) living with HIV know their status, 90% of people living with HIV who know their status are receiving treatment, and 90% of people on treatment have suppressed viral loads;
11. ENSURE that no one is left behind in the AIDS response: to work towards a response where there is equal access to high-quality services, prevention, treatment, care and support and no one is denied such services because of HIV-related stigma and discrimination;

Sustain the ASEAN HIV and AIDS Response

12. MAINTAIN and FURTHER STRENGTHEN effective, high-level, action-oriented political leadership on HIV and AIDS at regional, national and local levels;
13. CONSIDER expanding efforts, in accordance with national legislation and priorities, to provide a supportive environment to reduce stigma and discrimination towards key affected populations – involving key stakeholders such as civil society organisations and key affected populations, as well as reviewing , programme and practices which are

barriers to key affected populations' full access to services, including reducing HIV-related stigma and discrimination;

14. FURTHER STRENGTHEN the capacities of national and local governments to conduct assessments, analyse and utilise strategic information to effectively advocate with key decision-makers to fast-track and sustain the HIV and AIDS response and to mobilise the required resources, ensuring that programmes are based on the best-available, most updated, region- and country-specific evidence about the epidemic and the response;
15. FURTHER ENHANCE ownership, coordination and cooperation across sectors, as well as, at regional, national, and local levels, including South-to-South cooperation, cross-border and city-to-city collaboration and cooperation, and in addition including strengthening capacity to coordinate such multi-stakeholder partnerships;
16. CONTINUE to INVEST in broad community participation, including non-governmental, civil society, community and key population networks and organisations; religious leaders and faith-based organisations; business and private sector, and others, in order to improve effective programming to achieve and sustain measurable results;
17. SUSTAIN, in accordance to national legislation and priorities, effective HIV and AIDS programmes, integrating and institutionalising these, promoting a holistic, integrated response to HIV and AIDS and enhancing collaboration between HIV and AIDS and other health services — tuberculosis, sexual and reproductive health, sexually transmitted infections, family health and family planning, maternal and child health, hepatitis B and C, mental health, and non-communicable diseases and consider working towards integrating them into existing social protection system;
18. MAINTAIN and EXPAND commitment to raise sufficient international and domestic financial resources to fill gaps in national responses by:
 - promoting national and sub-national evidence-based investment cases for HIV and AIDS;
 - improving efficiency in the use of existing resources;
 - sharing responsibility with international and local development partners to jointly develop and implement transition plans from external to domestic funding; and,
 - encouraging international and local development partners to develop clear funding plans, including exit strategies and transition plans to hand over external supported programmes and ensure sustainability;
19. PURSUE opportunities for region-wide negotiation for development of commodities, as access to generic medicines, as well as their

bulk or joint procurement, to increase predictability, reduce costs and increase access to affordable medicines for all, including full use of the Agreement of Trade-Related Aspects of Intellectual Property Rights (TRIPS) flexibilities;

20. MAINTAIN and EXPAND regional consultation, dialogue and exchange of experiences, innovations and evidence in implementing the measures in this Declaration, as well as the documentation and sharing of good practices on HIV and AIDS across ASEAN, particularly including the ASEAN Cities Getting to Zero Regional Project; and
21. COMMIT to periodic strategic and operational monitoring and evaluation reviews of progress at regional, national and local levels, specifically including progress in fostering the greater meaningful involvement and effective leadership role of key affected populations, to ensure that, in the response to HIV and AIDS in ASEAN, no one is left behind.
22. 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 legislation and policies.

Adopted in Vientiane, Lao PDR, on the 6th day of September 2016, in a single copy in the English language.

ASEAN Leaders' Declaration on Ending All Forms of Malnutrition

13 November 2017, Manila, Philippines

1. **WE**, the Heads of State/Government of the Member States of the Association of Southeast Asian Nations (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 31st ASEAN Summit held in the Republic of the Philippines on 13 November 2017;
2. **WELCOMING** nutrition security-related commitments such as the 2015 United Nations General Assembly declaration of 2016 to 2025 as the Decade of Action on Nutrition which calls for the implementation of the Rome Declaration and its Framework for Action, endorsed by 170 countries during the Second International Conference on Nutrition (ICN2) in Rome on 19-21 November 2014; the 2025 Global Voluntary Targets for the prevention and control of Noncommunicable Diseases adopted by the World Health Assembly in 2011; the 2025 Global Nutrition Targets for Improved Maternal, Infant and Young Child Nutrition adopted by the World Health Assembly in 2012, both of which were adopted by the UN General Assembly in 2011 and 2015, respectively, and the Bandar Seri Begawan Declaration on Noncommunicable Diseases in ASEAN adopted by ASEAN Leaders on 20 October 2013;
3. **GUIDED** by the 2030 Sustainable Development Goals (SDGs) adopted in September 2015 by the UN General Assembly which explicitly included nutrition through the SDG 2, "End hunger, achieve food security and improved nutrition and promote sustainable agriculture", and reaffirming the 2030 Agenda for Sustainable Development, building on the gains achieved on the Millennium Development Goals and identifying nutrition alongside poverty eradication, health, education and food security as continuing development priorities;
4. **COMMITTED** to the ASEAN Socio-Cultural Community 2025 which envisions to be "inclusive, sustainable, resilient and dynamic, engaging and benefiting the peoples";
5. **ACKNOWLEDGING** that the ASEAN Socio-Cultural Community Blueprint 2025 recognizes that towards an inclusive community, and "complementing the inclusive growth agenda of the ASEAN Economic Community, concerns of all ASEAN people on matters related to social

protection, women empowerment, gender equality, promotion and protection of human rights, equitable access to opportunities, poverty eradication, health, decent work, education and information” shall need to be equally addressed;

6. **RECOGNISING** that the ASEAN Socio-Cultural Community Blueprint 2025 includes a strategic measure “to promote a community that is healthy, caring, sustainable and productive, and one that practices healthy lifestyle resilient to health threats and has universal access to healthcare”;
7. **DEEPLY CONCERNED** that various forms of malnutrition as defined in the 2016 Regional Report on Nutrition Security in the ASEAN Vol. 2 affect a staggering proportion of people worldwide, of which the same report indicated that among children under-five, 17.9 million are stunted, 5.4 million are wasted and 4.5 million are overweight, and 21 million suffer from anaemia, and various types of micronutrient deficiencies, thus presenting a serious public health and socio-economic concern through increased child illnesses and even death, disabilities, cognitive and learning deficits, and noncommunicable diseases later in life;
8. **NOTING THAT** the most vulnerable, poor and disadvantaged groups, including children, older persons, adolescents, pregnant and lactating women, persons with disabilities, other marginalised groups, people living in at-risk areas and populations in geographically-isolated and disadvantaged areas are particularly affected by undernutrition;
9. **NOTING FURTHER** that the general population is affected by problems of overweight, obesity, and imbalanced intake of nutrients, also traceable to intrauterine and early childhood malnutrition, contributing to an increased burden of diet-related noncommunicable diseases such as diabetes mellitus, cardiovascular diseases and some cancers;
10. **EQUALLY CONCERNED** as highlighted above, that ASEAN is affected by a double burden of malnutrition;
11. **COMMITTED** that addressing malnutrition and diet-related noncommunicable diseases globally and across ASEAN requires well-coordinated and coherent regional and sustained multi-sectoral inter-linkages and partnerships, without which nutrition goals may not be achieved;

DO HEREBY DECLARE THAT WE:

12. **AGREE** on the urgent need to accelerate evidence-based multi-sectoral actions, and scale up interventions to reduce and ultimately end all forms of malnutrition, particularly among the most vulnerable, poor and disadvantaged groups of ASEAN;

13. **EXPAND AND INTENSIFY EFFORTS** to engage with relevant sectors and stakeholders to accelerate the adoption of coherent policies, interventions and nutrition-enhancing actions, while safeguarding against possible conflicts of interest, to achieve synergies in action and impact in addressing the multi- factorial causality of all forms of malnutrition;
 14. **FORMULATE** a multi-sectoral regional framework and strategic plan aimed at ending all forms of malnutrition to guide country policies, interventions and set minimum standards for service delivery, implementation, monitoring and evaluation, and promote regional cooperation across ASEAN pillars and across ASEAN Member States;
 15. **SCALE UP** evidence-based nutrition-sensitive and nutrition-specific actions and interventions that target the vulnerable and disadvantaged groups;
 16. **COMMIT** to increase public and multi-sectoral investments to improve nutrition and ensure healthy diets, and increase the level of cooperation through mutual pursuit of initiatives;
 17. **STRENGTHEN** human and institutional capacities to enhance skills on multi- sectoral program planning and evaluation, policy analysis and advocacy, health and nutrition research, nutrition surveillance and diet-related noncommunicable diseases surveillance, human resource development and service delivery;
 18. **TASK** the ASEAN Health Ministers to monitor the progress of this Declaration and support the delivery of quality nutrition-specific and nutrition-sensitive interventions and programs towards the eventual achievement of the 2025 global nutrition and diet-related noncommunicable diseases targets, ICN2 Rome Declaration and Framework for Action, and SDG 2 and other SDGs relevant to nutrition;
 19. **ADOPTED** in Manila, the Republic of the Philippines on this Thirteenth Day of November in the Year Two Thousand Seventeen, in a single original copy in the English language.
-

ASEAN Leaders' Declaration on Disaster Health Management

13 November 2017, Manila, Philippines

WE, the Heads of State or Government of the Members 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, on the occasion of the 31st ASEAN Summit in Manila, Philippines, on 13 November 2017;

REAFFIRMING our commitment to implementing the ASEAN Community Vision 2025, and pursue the Sustainable Development Goals of the 2030 Agenda for Sustainable Development, of which Goal 3 calls for strengthened capacity of all countries in health risk reduction and management; the Sendai Framework for Disaster Risk Reduction (2015-2030); ASEAN-UN Joint Strategic Plan of Action on Disaster Management (2016-2020) as well as the World Health Assembly Resolutions WHA64.10 Strengthening National Health Emergency and Disaster Management Capacities and Resilience of Health Systems;

REITERATING regional collective commitments in the promotion of Disaster Health Management as emphasized in the Cha-am Hua Hin Statement on East Asian Summit (EAS) Disaster Management of 2009; the ASEAN Agreement on Disaster Management and Emergency Response (AADMER) of 2005 and the AADMER Work Programme 2016-2020; the Declaration on Institutionalising the Resilience of ASEAN and its Communities and Peoples to Disasters and Climate Change of 2015; the Declaration on One ASEAN One Response: ASEAN Responding to Disasters as One in the Region and Outside the Region of 2016;

EMPHASIZING the importance of strengthening capacity in Disaster Health Management in ASEAN which was identified as an area for collaboration and reflected as a priority area in the ASEAN Post-2015 Health Development Agenda;

RECOGNIZING the critical role of humanitarian assistance in reducing the loss of lives, minimizing disability and preventing infectious disease outbreaks through rapid deployment with full respect of sovereignty and consent of the affected countries, while appreciating the contribution from the relevant ASEAN Sectors, international, regional or national institutions/agencies, and, various development partners;

RECOGNIZING ALSO the need to take urgent action to strengthen Disaster Health Management System at national and regional levels, which are critical for improving health outcomes from emergencies, minimizing health hazards and vulnerabilities, ensuring access to health care, and that health services remain functional when they are most needed, thus strengthening community resilience;

HEREBY DECLARED TO:

1. **Strengthen** close coordination and collaboration with relevant ASEAN Sectoral Bodies and other partners in enhancing capacities of ASEAN Member States and the region that facilitate rapid deployment of regional and national medical relief, maintain continuous health services and perform disease surveillance that serve to reduce morbidity and mortality due to injury and other non-communicable and communicable diseases in the disaster affected population, including health impact of climate change;
2. **Support** the development of relevant Standard Operating Procedures for Regional Collaboration on Disaster Health Management in order to create effective regional collaboration mechanism of Disaster Health Management and to promote the organization and coordination for International Emergency Medical Team (I-EMT) as appropriate to individual AMS context in line with the AADMER and ASEAN Standard Operating Procedures for Regional Standby Arrangements and Coordination of Joint Disaster Relief and Emergency Response Operations (SASOP);
3. **Encourage** the development of national Standard Operating Procedures for the coordination of the International Emergency Medical Team (I-EMT) and effective mechanism to facilitate the operation of I-EMT, including the coordinating body, information management and logistic system.
4. **Strengthen** all-hazards health emergency and disaster risk-management programmes as part of national health systems, supported by relevant legislation, regulations and other measures, as appropriate, to improve health outcomes, reduce mortality and morbidity, protect health infrastructure and strengthen the resilience of the health system and society at large, and mainstream a gender perspective into all phases of these programmes;
5. **Promote** public and private investment in disaster risk reduction to support the resilience of new and existing critical infrastructure, including hospitals and other health facilities, to ensure that they remain safe, effective and operational during and after disasters in order to provide live-saving and essential services;

6. **Endeavor to build** hospitals and health facilities that are safe, resilient, and capable of delivering medical care and life saving services during and after a disaster through structural and non-structural disaster mitigation measures, ensuring these essential services and infrastructures serve the affected communities;
7. **Strengthen** the cooperation and enhancement of active Academic Network among Disaster Health Management Programme to conduct researches and extract lessons learned from Disaster Health Management in multiple events and countries, in support of the development of new solutions and innovation;
8. **Enhance** national and regional capacities in Disaster Health Management, including through the establishment of a Regional Disaster Health Training Center and designed simulation and joint operations, to increase capacities of health workers and disaster health-related personnel;
9. **Increase** efforts to operationalize financial resources to fill gaps in national responses including promoting national and sub-national coherent Disaster Health Management strategic plans and operations; improving efficiency in the use of existing resources;
10. **Call on** development partners, including the UN system, other relevant inter-governmental, regional organizations and other stakeholders as well as concerned ASEAN Sectoral Bodies, to support the implementation of this Declaration, in particular the promotion of designed regional mechanisms, resource mobilization and the priority actions stated in this Declaration;
11. **Task** the concerned ASEAN Sectoral Ministerial Bodies as well as other relevant bodies to monitor the implementation of this declaration towards achieving the aspirations of this Declaration.

Adopted in Manila, the Philippines, this Thirteenth Day of November in the Year Two Thousand and Seventeen, in a single original copy, in the English Language.

ASEAN Leaders' Declaration on Antimicrobial Resistance (AMR): Combating AMR through One Health Approach

13 November 2017, Manila, Philippines

1. WE, the Heads of State and Government of the Member States of the Association of Southeast Asian Nations (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 31st ASEAN Summit in Manila, Philippines on 13 November 2017, have come together to jointly cooperate in combating antimicrobial resistance (AMR) through a multisectoral and multidisciplinary approach within the framework of "One Health";
2. RECOGNIZING the Global Action Plan on AMR adopted by the World Health Organization (WHO) Member States at the 68th World Health Assembly in May 2015, which was developed in collaboration with the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (OIE) and served as the basis for the political declaration of the High-Level Meeting of the General Assembly on Antimicrobial Resistance agreed by all United Nations (UN) Member States on 21 September 2016 during the UN General Assembly;
3. REAFFIRMING Asia Pacific Bi-Regional Commitment on the 'Communiqué of Tokyo Meeting of Health Ministers on AMR in Asia' adopted in Tokyo, Japan on 16 April 2016 which called for commitment among WHO Member States in the Western Pacific and South East Asia Regions to urgently address the damaging threats of AMR through multisectoral and multidisciplinary actions at the regional and national levels within the "Asia-Pacific One Health Initiative on AMR";
4. ACKNOWLEDGING ASEAN commitment envisioned in the ASEAN post-2015 Health Development Agenda endorsed at the 12th ASEAN Health Ministers Meeting in Ha Noi, Viet Nam on 18 September 2014 which serves as a working basis for ASEAN Health Cooperation post-2015;
5. RECOGNIZING that the AMR problem is accelerated and exacerbated by inappropriate use of antimicrobials in humans, animals, aquaculture and crops, limited regulatory systems across sectors, inadequate good quality microbiology laboratories, scarce resources, absent or ineffective use of AMR surveillance data to guide clinical and

policy decisions, maldistributed and insufficient infectious disease and infection prevention and control experts, inadequate infection prevention and control measures in health facilities and communities, limited development of new antimicrobials, and antibiotic residues in environmental components, leading to uncontrolled variation in the food chain, risk to the environment and human health;

6. RECOGNIZING that antimicrobials are the cornerstone of modern medicine and that AMR threatens every fundamental armamentarium that mankind has worked and invested on for many years in saving millions of lives from infections around the world;
7. RECOGNIZING further that countries, particularly those with inadequate healthcare systems, and are currently burdened with healthcare-associated infections, tuberculosis, HIV and malaria are affected more because of AMR;
8. RECOGNIZING that the scale of the AMR situation extends beyond public health with socio-economic and environmental health impacts which threatens global health security and the achievement of the Sustainable Development Goals (SDGs);
9. EMPHASIZING that AMR demands urgent, concerted, multisectoral and multidisciplinary collaboration at the national, regional and global levels;

Do hereby declare our commitments to develop an ASEAN strategic plan to combat AMR with the following key priority areas:

10. FORMULATING AND EXECUTING a national action plan adopting One Health approach on combating AMR by advocating high level support and with the following features: comprehensive multisectoral responsibility and governance; inclusive mechanisms to actively engage the participation of relevant stakeholders; defined objectives and goals that are aligned with the overarching Global Action Plan; activities and strategies will be sustainably financed by governments and other stakeholders; and, effective monitoring and evaluation mechanisms;
11. PROMOTING awareness and advocacy through a multisectoral and multidisciplinary commitment with stakeholder participation; celebrating the annual World Antibiotic Awareness Week and conducting other campaigns;
12. STRENGTHENING training and educational programmes for relevant professionals and students to enhance the knowledge, attitude and practices on appropriate antimicrobial prescribing, dispensing and use, and on infection prevention and control measures;

13. **STRENGTHENING** the regulatory systems, pharmaceutical and food supply chain management, health financing mechanisms, agricultural value chain management to ensure equitable, timely and sustainable access to safe, efficacious, affordable and quality antimicrobials, environmental management of antibiotic residues and impacts;
14. **IMPLEMENTING** antimicrobial stewardship programs and infection prevention, control and treatment measures at all levels of healthcare and the community to effect positive behavioral changes on appropriate prescribing, dispensing and use and to contain and reduce the burden of infection towards the overall improvement of patient outcomes;
15. **ENHANCING** regulatory mechanisms towards a no prescription-no antibiotic sales as decided by the national authority in human and veterinary medicine; phasing out the use of antibiotics as growth promoters in animals in the absence of risk analysis;
16. **STRENGTHENING** national and regional laboratory capacity, surveillance and monitoring systems for AMR, antimicrobial consumption and use (AMC and AMU), and drug residues, moving towards an integrated AMR surveillance and promoting research on impact of AMR on environment and agriculture that will guide relevant sectors in the development of policies and regulations as well as evidence-based and effective treatment guidelines to optimize the use of antimicrobials;
17. **STRENGTHENING** national and regional capacity to encompass research and development of new antimicrobials and other alternatives, diagnostic health technologies and vaccines;
18. **ENGAGING** all relevant stakeholders and development partners in the implementation of the ASEAN strategic plan to combat AMR;
19. **TASKING** the ASEAN Health Ministers Meeting (AHMM) with support from the Senior Officials Meeting on Health Development (SOMHD) and related subsidiary bodies and sectors to develop and monitor the implementation of the ASEAN strategic plan to combat AMR.

Adopted in Manila, Philippines on this Thirteenth Day of November in the year Two Thousand and Seventeen, in a single copy in the English language.

The ASEAN Food Safety Regulatory Framework (AFSRF)

1. Introduction

The ASEAN Leaders' at the 27th ASEAN Summit on 21st November 2015 in Kuala Lumpur, Malaysia, stated that *"We were committed to intensify our economic cooperation to create a deeply integrated and highly cohesive regional economy as well as a competitive, innovative and dynamic community that sustains high economic growth and robust productivity while enhancing connectivity and sectoral cooperation. We were determined to achieve a more resilient and inclusive community that engenders equitable development and inclusive growth as well as a global ASEAN that fosters a more systematic and coherent approach in our external economic relations"*.

The ASEAN Economic Community (AEC) Blueprint 2016-2025 adopted the objectives of developing a highly integrated and cohesive economy. It envisions the development of the Food and Agriculture sectors to be competitive, inclusive, resilient and fully integrated with the global economy with the goal of ensuring food security, food safety and better nutrition. The Blueprint further calls for the strengthening of the implementation of ASEAN Trade in Goods Agreement (ATIGA) in order to minimise trade protection and compliance costs in dealing with non-tariff measures.

The ASEAN Socio-Cultural Community (ASCC) Blueprint for 2016-2025 includes, as its Strategic Measures, the adoption of measures to increase resilience to better respond to health related hazards by strengthening health systems, promote regional standards to strengthen regional institutional and human capacities, and support effective implementation of strategies and programmes in responding to health related hazards in ASEAN Member States.

The ASEAN Food Safety Policy was adopted in 2015 by the Ministerial Bodies responsible for health, trade and agriculture with the objective of providing basis for ASEAN Member States to facilitate the free flow of food and enhance protection of consumers' health within ASEAN and ensuring the safety of food¹. As ASEAN establishes an integrated market for food, the ASEAN Food Safety Policy provides the basis for coordination and establishes a common purpose across the relevant ASEAN Sectoral Ministerial Bodies and their subsidiary bodies. The agreed principles of the ASEAN Food Safety Policy serve as guidance

¹ Food in this context includes feed for food producing animals in cases where it could impact food safety.

and facilitate the development of a sustainable and robust food safety regulatory framework within the region.

The ASEAN Food Safety Regulatory Framework (AFSRF) provides for a coherent and integrated approach and links the initiatives in new legal framework, closing gaps and ensuring that food safety is implemented across the food chain. The AFSRF shall build upon the existing commitments in order to provide a structure and the instruments to realise the free flow of safe food in the region.

2. Objectives of the ASEAN Food Safety Regulatory Framework

The AFSRF is intended to:

1. Ensure the protection of consumer's health;
2. Facilitate the free flow of safe food within ASEAN by:
 - (i) Enhancing the harmonisation of sanitary and phytosanitary measures and standards for food;
 - (ii) Minimising technical barriers to *intra*-ASEAN trade in food; and
 - (iii) Reducing discrepancies of national food control systems among individual ASEAN Member States.

3. Scope of the of the ASEAN Food Safety Regulatory Framework (AFSRF)

The AFSRF will encompass principles, requirements, processes and a coordinating mechanism for implementation of the ASEAN Food Safety Policy. The AFSRF shall address food safety assurance and control from primary production to consumption.

Matters concerning food quality, organic food, animal welfare, sustainability, food security, environmental protection, climate change, *inter alia*, which do not cause food to be injurious to health or unfit for human consumption, fall outside of the scope of the AFSRF.

4. Integrated approach

A comprehensive and integrated overall approach to food safety is defined in the "*ASEAN Food Safety Regulatory Framework (AFSRF)*"; and shall provide the legal basis for achieving the objectives. The AFSRF shall provide the integrated and horizontal approach necessary for ASEAN Member States to implement coherent food safety control systems. The integrated approach will ensure that all relevant ASEAN subsidiary bodies across the Economic, Health and Agriculture sectors are engaged effectively.

5. Principles

The AFSRF shall operationalise the 10 principles of ASEAN Food Safety Policy and define responsibilities of relevant ASEAN subsidiary bodies and authorities in Member States, including principles relating to the

need for scientific basis for food safety, institutional arrangements and procedures required for assuring food safety.

6. Outline of the instruments within the Food Safety Regulatory Framework

All instruments adopted within the scope of the Food Safety Regulatory Framework shall be based on the provisions outlined in the table below. This systematic approach, independently of the type of instrument, is intended to ensure consistency and homogeneity of approach, facilitate the achievement of the objectives of the Food Safety Regulatory Framework, align regulatory initiatives with the principles of the ASEAN Food Safety Policy, and strengthen the institutional landscape and coordination among relevant ASEAN subsidiary bodies.

The specific requirements for the numerous and diverse aspects of food safety shall be defined in dedicated Protocols appended to the AFSRF. The Protocols shall include the existing initiatives on food safety and shall be developed and adopted as necessary.

No.	Provision	Content
1	Introduction	Refer to section 1 above
2	Objectives	Refer to section 2 above
3	Scope	Refer to section 3 above
4	Principles	Refer to section 5 above
5	Definitions	"Definition for food, food safety and related terminology based on standards harmonised in ASEAN and international standards"
6	General provisions	Statements on the rights and obligations of Member States with respect to the provisions of the Framework Agreement, the implementation of the protocols and harmonised ASEAN standards and guidelines
7	Recognition of results of inspections, certifications and SPS measures	Specific general obligations on recognition of results to facilitate intra ASEAN trade of food
8	Institutional arrangements	Provisions for the governance of the ASEAN Food Safety Regulatory Framework through the establishment of the <i>ASEAN Food Safety Coordinating Committee</i>
9	ASEAN bodies for food safety	Identify ASEAN Bodies and their role in the AFSRF and define the links of the Bodies with the <i>ASEAN Food Safety Coordinating Committee</i>
10	Domestic legislation and competent authorities in Member States	Definition of the obligations for the Member States to ensure consistent with the AFSRF

No.	Provision	Content
11	Protocols to the ASEAN Food Safety Regulatory Framework	Provisions for the development of protocols, including incorporation existing commitments and ongoing initiatives. The protocols are developed by the relevant subsidiary bodies under the coordination of ASEAN Food Safety Coordinating Committee. The Protocols are to be an integral part of the AFSRF
12	International affairs	Definition of the relationship to international agreements and managing ASEAN engagement in international bodies
13	Transparency	Obligations to ensure transparency of domestic legislation for food safety
14	Implementation	Definition of the process for implementation of the AFSRF. Definition of the Process for the development and implementation of the Protocols
15	Disputes settlement	Reference to ASEAN EDSM
16	Final provisions	Provisions for the coming into force of the AFSRF and the protocols and for amendments to the framework

7. Arrangements for development of the AFSRF

The subsidiary bodies under AEM, AMAF and AHMM will undertake the development of the instruments for implementation of the AFSRF. The Prepared Foodstuffs Working Group under the direction of the AEM will coordinate the development of implementation instrument of AFSRF jointly with other relevant Sectoral Bodies under AMAF and AHMM through establishment of a Task force.

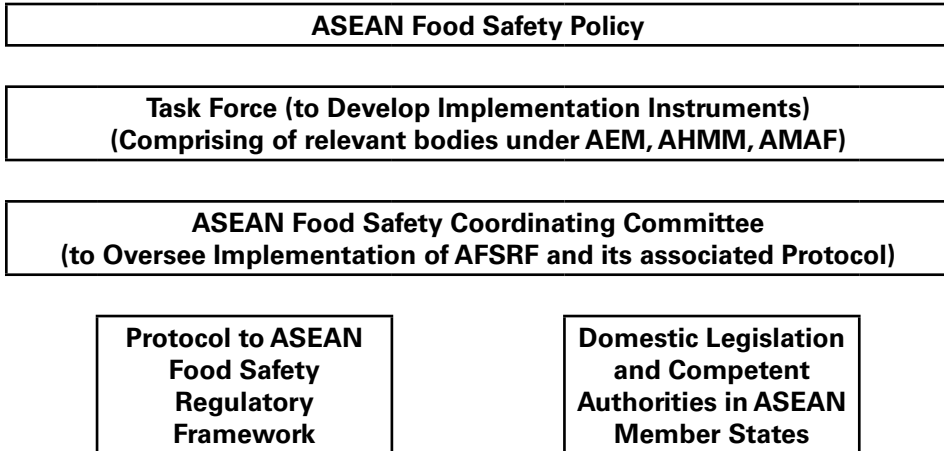
The “*ASEAN Food Safety Coordinating Committee*” will be established to oversee the implementation of AFSRF and its associated Protocols. The Coordinating Committee will commence its operations upon the finalisation of the instruments for implementation of the AFSRF by the PFPWG Task Force. The Task Force will be disbanded upon the completion of its tasks.

The *ASEAN Food Safety Coordinating Committee* shall undertake the following:

- (i) Planning and overseeing the implementation of the AFSRF and its Protocol;
- (ii) Liaising with the relevant Subsidiary ASEAN Bodies under AEM, AMAF and AHMM for the development of protocols to the AFSRF;
- (iii) Periodic reporting of progress on the implementation of the AFSRF.

The planned schedule for progressing towards the development of the required implementation instruments forms **Annex 1**.

**Chart 1: Conceptual Representation for the
Implementation of the ASEAN Food Safety Regulatory Framework**



Annex 1

Proposed Schedule for the Development of the ASEAN Food Safety Regulatory Framework Schedule

Action	Output	Target Date	Responsibility
Circulation of the final Draft AFSRF for review and endorsement incorporating comments and development schedule.	Revised AFSRF circulated to ACCSQ, PFPWG, AEGFS and Agriculture WGs	18 June 2016	ASEC
PFPWG, AEGFS and Agriculture WGs will submit their endorsement to 3 rd draft of the Framework	Endorsement by PFPWG, AEGFS and Agriculture WGs	23 June 2016	PFPWG, AEGFS and Agriculture WGs ASEC
Final version of the AFSRF submitted to SEOM or endorsement (copy to ACCSQ for information)	Final Version of the AFSRF	24 June 2016	ARISE/ASEC
Endorsement of the AFSRF.	Endorsement of AFSRF by SEOM 3/47	28-29 June 2016	ASEC
Final version of the AFSRF submitted and endorsed by SOM AMAF and SOM HD	Endorsement of AFSRF by SOM AMAF and SOM HD (ad-ref)	15 July 2016	ASEC
Final Version of the AFSRF submitted and endorsed by AEM, AMAF and AHM incorporating proposal for PFPWG Task Force for the development of the Implementation Instrument for AFSRF	Endorsement by AEM, AMAF and AHM AFSRF Task Force endorsed	15 August 2016	ASEC
PFPWG to consolidate for the establishment of Task Force on development of instrument for AFSRF	PFPWG	November 2016	PFPWG
Task Force commences the development of the implementing instrument for AFSRF	AFSRF Task Force established and commences work.	Q1 2017	PFPWG

Joint Statement of the 11th ASEAN Health Ministers Meeting

5 July 2012, Phuket, Thailand

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 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, convened the 11th ASEAN Health Ministers Meeting on 5 July 2012 in Phuket, Thailand.

We and all health officials will continue implementing the framework and key guiding principles of "Healthy ASEAN 2020," emphasising that health is 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 emphasises health promotion, disease prevention and control, and health care for all.

We commend the efforts made by the Senior Officials Meeting on Health Development (SOMHD), the 10 subsidiary bodies on health, and relevant networks in finalising their respective work plans to implement the ASEAN Strategic Framework on Health Development (2010-2015, endorsed by the 10th AHMM) and fulfilling the 55 health action lines stipulated in ASEAN Socio-Cultural Blueprint.

We support and reinforce the implementation mechanisms of these work plans that include the valuable roles of lead countries; improved collaboration with partners; the critical roles of SOMHD and its Chair; and also the respective Chairs of the Working Groups/Task Forces/Networks; and the role of the ASEAN Secretariat.

We recognise and fully commit to the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/66/2) in September 2011; the Moscow Declaration adopted at the First Global Ministerial Conference on Healthy Lifestyles and Non-communicable Disease Control; and, resolution WHA64.11 ["Moscow Declaration"] and WHA65.8 ["Rio Declaration"] of the World Health Assembly.

With our ultimate goal of improving health situation in the region, we have 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:

1. We commit to intensify ASEAN cooperation in health development and to mobilise resources at the national, regional, and international levels to tackle health priorities, especially the increasing disease burden from Non-communicable Diseases (NCDs); the increasing prevalence of tobacco consumption; the goal to achieve Universal Health Coverage (UHC); the effort in getting to zero new infection of HIV/AIDS in the region; and, the effective response system to all kinds of public health emergencies at national and regional levels, Emerging Infectious Diseases (EIDs), artemisinin-resistant malaria and dengue.
2. We agree to intensify the current prevention strategies for disability and premature death from NCDs by using two levels of actions: the first involves population-wide measures to reduce exposure to risk factors by implementing cost-effective interventions, both within the health sector and beyond. These include measures on Social Determinants of Health (SDH), tobacco and alcohol control, promoting healthy diet and physical activities. The second concern interventions targeting those who are already suffering from NCDs, and affected by associated complications, or who are at high risk of developing them. Health systems that respond more effectively and equitably to the health-care needs of people with NCDs, through early detection and effective treatment, can further reduce premature mortality by at least one third.
3. We pursue our aim to achieve Universal Health Coverage (UHC) in all Member States by tasking the SOMHD to discuss the formation of an ASEAN network on UHC. We will support this network to collectively build up capacity to assess and manage health systems to support UHC, through sharing of experiences, information and experts. We commit to collectively move the UHC to all top levels of regional and global development forum, including the ASEAN Summit and the United Nations General Assembly (UNGA).
4. We reaffirm our commitment to implement the “ASEAN Declaration of Commitment: Getting To Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths” as adopted by the 19th ASEAN Summit in November 2011 in Bali, Indonesia. We will advance our commitment to raise the awareness on HIV/AIDS, working with other ministries at national and regional levels to reduce undesirable social determinants, which are the root causes of the problem. We will steer our region to be on time and on the right course of getting to zero new HIV infections, zero discrimination, and zero AIDS-related death. We applaud the initiation of ASEAN Cities Getting to Zero and support its expansion for the years to come. We will continue to advocate harm reduction programs, where appropriate and applicable, for all vulnerable groups.

5. We support our senior officials and International Health Regulations (IHR) national focal points to share and exchange information on EIDs especially drug-resistant malaria and dengue; and public health emergencies of all causes that happen in an ASEAN Member State. A joint study/multi-country investigation in response to epidemic or other threats by the expert groups or field epidemiologists of the ASEAN Plus Three FETN should be conducted using the Minimum Standards on Joint Multi-sectoral Outbreak Investigation and Response (MS JMOIR) – that has been endorsed in our last meeting. We will collectively work with the World Health Organization (WHO) and other agencies to have all ASEAN Member States achieve the IHR core- competency within the next two years.
6. We resolve to sustain our collective efforts and incremental gains in the prevention and control of EIDs through whole-of-society approaches, built on new health advocacy initiatives and, achieve momentum such as our groundbreaking ASEAN Dengue Day through improved communication strategies; and lastly, to be vigilant as we identify and address future serious threats to our region's health security as with artemisinin-resistant malaria through effective collaboration and enabling environment.

We look forward to further exchanges of views on joint collaboration in health development at our next Meeting in the Socialist Republic of Viet Nam in 2014.

Joint Statement of the 5th ASEAN Plus Three Health Ministers Meeting 6 July 2012, Phuket, Thailand

1. 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 Republic of the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, the Socialist Republic of Viet Nam, The People's Republic of China, Japan, and the Republic of Korea, convened the 5th ASEAN Plus Three Health Ministers Meeting on 6 July 2012 in Phuket, Thailand, in the spirit of unity and our ultimate goal to achieve good health for all ASEAN Plus Three citizens. We discuss progress in implementing joint activities in the health sector, especially the topic of Universal Health Coverage, share our concerns and express our commitment to strengthen our collaboration.
2. We confirm that our collaboration shall align with the "ASEAN Strategic Framework on Health Development (2010-2015)", endorsed by the 10th AHMM) with specific focus on collaborative areas that include Emerging Infectious Diseases, Pandemic Preparedness and Response, and Traditional Medicine as identified by the 1st ASEAN Plus Three SOMHD held in July 2011, in Nay Pyi Taw, the Republic of the Union of Myanmar. We welcome any additional collaboration agreed in future meetings.
3. We recognise the significant and concrete roles played by the Universal Health Coverage (UHC) on poverty reduction and universal access to essential health services to support the achievements of the Millennium Development Goals. We commit to collectively accelerate the progress towards UHC in all countries by tasking the ASEAN Plus Three SOMHD to discuss the formation of an ASEAN Plus Three network on UHC. We agree to share and collectively build up the national and regional capacity to assess and manage the equitable and efficient health systems to support UHC. We concur and will collectively move the issue of UHC to be discussed and committed at the highest regional and global development forum, including the ASEAN Plus Three Summit, and the United Nations General Assembly.
4. We express deep concerns on the increasing unhealthy lifestyle and risk behaviours, which eventually lead to the rapidly increasing chronic non-communicable diseases. We are fully aware that these risk behaviours relate closely to the Social Determinants of Health (SDH) and need to be tackled through Health in All Policies (HiAP) movements. We will collectively advocate, facilitate and implement more social and economic

interventions to halt and reverse the increasing trend on tobacco use, harmful use of alcohol and unhealthy diet, as well as sedentary life style. We commit to implement the Political Declaration of the High-level Meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/66/2) based on the targets set by the World Health Organization (WHO).

5. We note the progress made in ASEAN Plus Three collaborations in the areas of traditional medicine and maternal and child health. We also note the progress made in the areas of Communicable and Emerging Infectious Diseases such as the initiatives on Field Epidemiology Training Network (FETN), Risk Communication, Partnership Laboratories, Animal Health and Human Health Collaboration, specific disease interventions including malaria, rabies and dengue. We appreciate and strongly support the cross-sectoral work for health development. We strongly support the newly-established ASEAN Plus Three FETN. We support the effort and commit to cooperate in multi-country studies, joint outbreaks investigation, contain and control outbreaks of diseases of regional significance such as dengue, severe hand foot mouth disease, and anti-microbial drug resistance. We commit to achieve and maintain core-competency as stipulated by the International Health Regulations (IHR) not later than 2014.
6. We acknowledge the efforts made by the ASEAN Plus Three Senior Officials Meeting on Health Development (ASEAN Plus Three SOMHD) in convening the first two consecutive Meetings. We strongly urge them in maximising the avenue of the ASEAN Plus Three SOMHD to strengthen current collaborations. We task the ASEAN Plus Three SOMHD to explore models of technical cooperation such as identifying and the matching of health priorities between ASEAN and Plus Three, including seeking opportunities from Plus Three and other sources for technical support. Also we subscribe to monitoring the progress of these identified collaborative areas and identifying new areas of working together.
7. We recognise the contribution by, and commit to collaborate closely with development partners, especially the World Health Organization, the development banks, bilateral development partners, civil society organisations and private sectors.

We look forward to further exchanges of views and joint collaboration in health development at our next meeting in the Socialist Republic of Viet Nam in 2014.

Joint Statement of the 4th ASEAN-China Health Ministers Meeting

6 July 2012, Phuket, Thailand

1. 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 Republic of 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, convened the 4th ASEAN-China Health Ministers Meeting on 6th July 2012 in Phuket, Thailand. We share our concerns and express our commitment to strengthen our collaboration in the spirit of governments and people of ASEAN and China.
2. We express deep concerns on the increasing trend of tobacco use in several countries. We fully recognise the adverse impact of tobacco use on public health, as well as its social, economic consequences, including the serious health effect of tobacco use and second hand smoke for non-smokers particularly mothers and children. We acknowledge the role of the governments in exercising taxation and regulation to control the increasing trend of smoking. We recognise the roles of the special funds derived from additional levy on the Tobacco and Alcohol Tax to reduce consumption, and also mobilize more funding for health development. We fully understand the roles of Social Determinants of Health (SDH) and Health in all Policies (HiAP) to support tobacco control. We commit to advocate and do the best to incorporate tobacco control in other ministerial agenda in our countries.
3. We recognize and commit to implement the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases (A/RES/66/2) We will collectively support the development, before the end of 2012, for a comprehensive global monitoring framework, including indicators, and a set of voluntary global targets for the prevention and control of Non-Communicable Diseases (NCDs) We agree to prioritise our actions to address four principal NCDs, i.e., cardiovascular diseases, cancers, chronic respiratory diseases, and diabetes, together with the underlying common risk factors, namely unhealthy diet, physical inactivity, harmful use of alcohol, and in particular tobacco use.
4. We note the progress made in ASEAN and China collaboration in the areas of communicable, and emerging infectious diseases including artemisinin-resistant malaria, pandemic influenza, and dengue. We

learned of the increasing number of ASEAN and China tourists and the need to increase exchange of surveillance information and disease control experts/field epidemiologists for the purpose of learning and developing a timely containment and control of all epidemic of regional significance.

5. We also note the need for further collaboration pertaining to HIV and AIDS prevention, treatment, and care to facilitate a collective response to achieve the universal call to Zero New HIV Infections, Zero Discrimination, and Zero AIDS-related Deaths.
6. We also note the progress made in the ASEAN and China collaboration in the areas of traditional and complementary alternative medicine; and efforts in information exchanges in facilitating its integration into the national health care system.
7. We acknowledge the efforts made by the ASEAN-China Senior Officials in convening the first two consecutive Meetings. We strongly urge them in maximising the avenue of the ASEAN-China Senior Officials Meeting on Health Development (ASEAN-China SOMHD) to strengthen current collaborations including monitoring the progress of these identified collaborative areas and identifying new areas of working together.
8. We commit to the signed ASEAN-China MOU on Health Cooperation and task the ASEAN-China SOMHD to develop a work plan to concretely implement the signed MOU.
9. We welcome and commend the achievement of China and some ASEAN countries, which strive to achieve Universal Health Coverage (UHC), and those that are moving fast towards UHC. We appreciate and strongly support the collaboration between China and countries in ASEAN in strengthening the policy on UHC and improving quality and coverage of health service provisions. We commit to mobilize more financial and human resources to enrich our collaboration and to achieve UHC as stated in the national health development plan of each country. We have tasked our senior health officials to work closely, share experiences, increase exchange of human resources, and other necessary means to expedite the movements towards universal access to equitable, efficient and affordable essential health services, in order to support the achievement of the Millennium Development Goals.

We look forward to further exchange of views and joint collaboration in health development at our next meeting in the Socialist Republic of Viet Nam in 2014.

Joint Statement of the 12th ASEAN Health Ministers Meeting

18 September 2014, Ha Noi, Viet Nam

WE, the Ministers of Health of ASEAN Member States (AMS), representing 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, convened the 12th ASEAN Health Ministers Meeting (AHMM) on 18 September 2014 in Ha Noi, Viet Nam.

We welcome the United Nations Conference on Sustainable Development in 2012, Rio de Janeiro document 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 (NCD), and to establish or strengthen multi-sectoral national policies for the prevention and control of NCD.

We commit to the Bandar Seri Begawan Declaration on Noncommunicable Diseases in ASEAN which was adopted by the Leaders of ASEAN at the 23rd ASEAN Summit held in Brunei Darussalam in October 2013.

We acknowledged the efforts made by the Senior Officials Meeting on Health Development (SOMHD), the 10 subsidiary bodies on health, and relevant networks in implementing the ASEAN Strategic Framework on Health Development for 2010 to 2015 as endorsed by the 10th AHMM, and fulfilling the 55 health action lines stipulated in the ASEAN Socio-Cultural Blueprint.

We and all health officials will continue implementing the commitments made by the 11th AHMM to overcome the challenges to health and to make use of opportunities to achieve goals for better health for ASEAN people.

With our ultimate goal of achieving better health for the ASEAN community beyond 2015 through the efforts of AMS to better serve their people, we have discussed and exchanged views on health priorities to be jointly addressed by AMS and agree to the following resolutions:

1. We pledge our firm commitment to the vision "A Healthy, Caring, and Sustainable ASEAN Community" and mission statement agreed upon by AMS with the four clusters of a) promoting healthy lifestyle; b) responding to all hazards and emerging threats; c) strengthening health system and access to care; and d) ensuring food safety. We commit to attain the goals of the ASEAN Post-2015 Health Development Agenda

and to task SOMHD to develop a new mechanism to strengthen ASEAN health cooperation.

2. We pledge to strengthen primary health care in order to achieve universal health coverage in AMS and increase access to primary health care for ASEAN people. We ensure the availability and timely provision of essential medicines and cost effective health technologies at all levels of health facilities to achieve Goal 3 of Sustainable Development Goals: ensure healthy lives and promote well-being for all at all ages. We commit to build up sufficient capacity of well-trained, motivated health workers, especially at community level to provide services to meet health needs of people in AMS.
3. We welcome advocacy efforts to achieve universal health coverage and will strive to further elevate and strengthen the commitment by working through to highest regional fora.
4. We reaffirm our commitment to accelerate actions to address the risk factors for NCD taking into consideration cost-effective interventions including to promote community-based management of NCD and promote collaboration in research and development on health promotion, and healthy lifestyle in AMS.
5. We commit to develop efficient and sustainable national health financing systems in order to enable nationals to access health services without suffering financial hardship. We shall focus on strengthening health financing schemes and accelerate the expansion of national health care coverage in providing adequate basic health packages, such as reproductive health, maternal, newborn and child health services relevant to each AMS. We shall mobilise social resources, such as community health workers and conduct community-based programmes to provide basic healthcare, to inform and encourage people to stay healthy and prevent diseases and injuries.
6. We promote equitable access to healthcare for all groups within each Member State by reducing gender, geographical, social and financial barriers at all levels. We commit to provide adequate and effective health services for the poor, ethnic minorities and other vulnerable groups including children, youth, and women especially in disadvantaged and remote areas. We reaffirm quality as a crucial element in the provision of healthcare.
7. We commit to promote access to good, safe, quality, efficacious and affordable essential medicines within the national health care systems as well as rational use of medicines in AMS. We also agree to facilitate research and cross country information sharing on strategies to increase access to medicines including pricing policy and the use of Trade-Related Aspects of the Intellectual Property Rights (TRIPS) flexibilities

particularly for high-cost essential drugs. We encourage exchange of experience in integrating safe, effective and quality Traditional Medicine, Complementary and Alternative Medicine (TM/CAM) into the national healthcare system, where applicable, and across other sectors.

8. We reaffirm our commitment to continue reducing maternal and child mortality including strengthening local capacity management for emergency obstetric and neonatal services.
9. We recognise that global and regional financial resources for HIV and AIDS prevention and control have been reduced significantly in recent years. We, therefore commit to mobilise and diversify all resources at national, regional and international levels to sustain and improve the achievement in curbing HIV and AIDS new infections, prevalence, and deaths, and to accelerate progress in achieving the ASEAN Declaration of Commitment: Getting to Zero New HIV Infections, Zero Discrimination, Zero AIDS-Related Deaths and the Millennium Development Goal 6 relevant to HIV and AIDS. Further, to achieve the commitment to the Declaration there is a need to review, where appropriate, the HIV and AIDS programmes, policies and progress towards ending HIV and AIDS as a public health threat.
10. We commit to strengthen cooperation on Emerging Infectious Diseases (EIDs) prevention and control and pandemic preparedness through improving health capacity in surveillance and outbreak investigation. We further commit to promote collaboration in the control of trans-boundary EIDs through sharing and exchanging information including efficient referral mechanism among AMS.
11. We commit to strengthen national food control systems and work together to contribute towards safe and quality food in the ASEAN Community. We recognise risk assessment as an important tool to provide scientific input in developing evidence- based food safety measures, and shall build capacity for integrated ASEAN risk assessment through the ASEAN Risk Assessment Centre for Food Safety (ARAC).
12. We commit to advocate Health in All Policies (HiAP) to ASEAN Political-Security Community (APSC) and ASEAN Economic Community (AEC), so that they may collectively tackle social injustice and health inequity that cause ill health. We are fully aware that health development is a shared responsibility, therefore close collaboration with non-health sector and participation of the people, communities and institutions are prerequisite to achieve healthy ASEAN.

We look forward to further joint collaboration in health development at our next Meeting in Brunei Darussalam in 2016.

Joint Statement of the 6th ASEAN Plus Three Health Ministers Meeting

19 September 2014, Ha Noi, Viet Nam

1. WE, the Ministers/Heads of Delegations responsible for health of ASEAN Plus Three Countries, representing Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People's Democratic Republic, Malaysia, the Republic Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, the Socialist Republic of Viet Nam, the People's Republic of China, Japan, and the Republic of Korea, convened the 6th ASEAN Plus Three Health Ministers Meeting on 19th September in 2014 in Ha Noi, Viet Nam, in the spirit of unity and with the ultimate goal to achieve quality of health for all ASEAN Plus Three citizens.
2. We discuss progress in implementing joint activities in the health sector, especially in strengthening Primary Health Care for Prevention and Control of Noncommunicable Diseases (NCD) and shared our concerns and commitments to strengthening our cooperation.
3. We acknowledge our efforts of the ASEAN Plus Three health cooperation to collectively advocate and facilitate further social and economic measures to halt and reverse the increasing trends on modifiable risk factors of NCD. We recognise the need to strengthen the prevention and control of NCD, risk factors and underlying determinants through people-centered primary health care and Universal Health Coverage (UHC) We also note that mental health is an important cause of morbidity and contribute to the global NCD burden, for which there is a need to provide equitable access to effective programmes and health-care interventions.
4. We undertake to work closely to promote an enabling environment to facilitate healthy lifestyles and choices and to strengthen primary health care system for NCD prevention and control. We re-affirm our commitment to the Global Action Plan for the Prevention and Control of NCD 2013-2020 endorsed by the 66th World Health Assembly in 2013 as well as Bandar Seri Begawan Declaration on Noncommunicable Diseases adopted at the 23rd ASEAN Summit in 2013.
5. We note the efforts of ASEAN Plus Three health cooperation in the areas of traditional medicine, health-related issues of ageing, NCD, disaster health management, maternal and child health, pandemic preparedness and response, communicable diseases and emerging infectious diseases. We also note the continuous progress made in the ASEAN Plus Three health cooperation through the ASEAN Plus Three Field Epidemiology

Training Network (FETN), ASEAN Plus Three Partnership Laboratories (APL), Animal and Human Health Cooperation, Risk Communication, and through the project activities addressing specific disease-interventions including malaria, rabies and dengue.

6. We express our concerns on the ongoing threat of the Emerging Infectious Diseases (EIDs) and we encourage the Plus Three Countries to continue supporting the EIDs Programme that has brought fruitful collaboration.
7. We acknowledge the efforts of ASEAN Plus Three health cooperation in calling for rabies elimination by 2020 through the adopted ASEAN Rabies Elimination Strategy with engagement of the government and other stakeholders to support capacity strengthening and cooperation of both animal health and human health under the one health approach.
8. We re-emphasise the significance of UHC, following the joint statement made by the 5th ASEAN Plus Three Health Ministers Meeting (APTHMM) in July 2012 in Phuket, Thailand, to improve the well-being of all citizens and to achieve sustainable development and equity for our society. We advocate UHC as one of the health priorities in the ASEAN Post-2015 Health Development Agenda and welcome the establishment of the ASEAN Plus Three UHC Network. We urge the Network to accelerate the implementation of its action plan and activities. We welcome advocacy efforts to achieve UHC and will strive to further elevate and strengthen commitment by working through highest regional fora including ASEAN Plus Three Summit.
9. We share the view to strengthen health financing scheme and expansion the health coverage, where appropriate, in each ASEAN Plus Three Country. We also reaffirm to share experiences in increasing technical capacity to develop affordable systems of health financing in order to reduce out-of-pocket payment and ensuring quality health services. We aspire to improve the access to essential medicines and cost effective health technologies to diagnose and treat medical problems. We commit to build up a sufficient capacity of well- trained health workers at all levels to provide appropriate and adequate services to our people.
10. We appreciate the ASEAN Plus Three cooperation on HIV and AIDS, especially the efforts in Getting to Zero New HIV infections, Zero Discrimination and Zero AIDS-related Deaths. We express our concerns on the decreasing global budget for HIV and AIDS, and as such, share the view to have long-term and sustainable cooperation of ASEAN Plus Three on HIV and AIDS. We also note the need to strengthen cooperation on building capacity and surveillance on HIV and AIDS and enhancing HIV and AIDS prevention and control activities in the border areas.

11. We recognise that ASEAN Plus Three countries are now facing an aging population, and its health related issues. We appreciate initiatives on Active Aging led by Japan within ASEAN, including the ASEAN-Japan Regional Conference on Active Ageing and ASEAN-Japan High Level Officials Meeting on Caring Societies. We welcome the outcomes of those meetings and expect to build a sustainable collaborative network among ASEAN Plus Three Countries.
12. We recognise that health development is a shared responsibility. Hence, inclusive participation of other sectors in the policy development process is a requirement for Health in All Policies (HiAP).
13. We share the view in further strengthening the ASEAN Secretariat and jointly working in overcoming the challenges, and at the same time, promote a sense of belonging and identity among ASEAN people.
14. We also welcome the ASEAN Health Initiative, which would contribute to the improvement of health in ASEAN, proposed at the ASEAN-Japan Commemorative Summit Meeting in December 2013. We support this Initiative by Japan which is in alignment with the priority health issues in ASEAN.
15. We reaffirm the importance of strengthening capacity in Disaster Health Management in ASEAN which was newly identified as an area for collaboration and reflected as a priority area in the ASEAN Post-2015 Health Development Agenda. We welcome Japan's initiative to strengthen Disaster Health Management capacity in ASEAN.
16. We acknowledge the support of development partners, World Health Organization, Asian Development Bank, Global Fund, bilateral development partners, civil society organisations and private sectors and commit to collaborate closely with them in the future.
17. We confirm our ASEAN Post-2015 Health Development Agenda through the ASEAN Plus Three Senior Official Meeting of Health Development (SOMHD) in the implementation of relevant work plans, enhancing multi-sectoral stakeholders engagement, information sharing and mobilisation of technical and financial support from ASEAN Plus Three Countries and dialogue partners. We acknowledge the need to pursue stronger commitments and cooperation from other sectors in addressing cross-cutting issues that has implication to the health sector including disaster management and humanitarian assistance, regional mechanism in responding to impacts of pandemics or other biological health threats, access to medicines and health care and noncommunicable diseases.

We look forward to further exchanges of views and joint cooperation in health development at our next meeting in Brunei Darussalam in 2016.

Joint Statement of the 5th ASEAN-China Health Ministers Meeting

19 September 2014, Ha Noi, Viet Nam

1. WE, the Ministers of Health of ASEAN Member States (AMS), representing 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, the Socialist Republic of Viet Nam and the People's Republic of China, convened the 5th ASEAN-China Health Ministers Meeting on 19 September 2014 in Ha Noi, Viet Nam. We share our concerns and express our commitment to strengthen our cooperation in the spirit of governments and people of ASEAN and China.
2. We express concern on the rising trend of Emerging Infectious Diseases (EIDs) in recent years that negatively impact the health and socio-economic development of all countries within the region, especially the occurrence of avian influenza H7N9, H5N1. We are also concerned of the potential threats from other emerging infectious diseases in particular MERS-CoV and Ebola. In response to the current outbreak of Ebola in Western Africa, we strongly urge alertness and rigorous preparedness amongst AMS Plus China through the International Health Regulation 2005 mechanism.
3. We understand that surveillance, health quarantine and timely sharing of information and experience are vital to effectively control EIDs. We recognise that multi- sectoral collaboration will enhance ability to carry out prevention and control measures since most of the EIDs originate from zoonotic diseases, therefore the collaboration between the animal health, cross-border protection agencies and the public health sectors is crucial. We commit to advocate and work closely with other sectors within and between countries to control the EIDs.
4. We recognise that the international trade of food leads to many benefits to consumers and contributes significantly to economic development. The increased volume of food traded globally poses an increased risk of food contamination across national borders. In order to ensure food safety and protect consumers' health, we need to establish cooperation in risk assessment and enhance the effectiveness of responsive measures to manage food safety issues or crisis through rapid exchange of information and sharing experiences.
5. We realise that drug resistant malaria is rising in many countries in the region which challenges malaria elimination and it may create a resurgence of malaria in some areas. We understand the movement of people between

countries may contribute towards the spread of drug-resistant malaria. We acknowledge the value of adopting rapid diagnostic testing and Artemisinin-based Combination Therapy (ACT) in malaria control in endemic areas both for local people and mobile population to prevent the occurrence of drug resistant malaria and ensuring drug compliance.

6. We note the progress made in ASEAN and China cooperation in tobacco control and commit to reduce the use of tobacco. We also note the need to strengthen the capacity of countries to design, implement, monitor and evaluate tobacco control programmes.
7. We acknowledge the effort of ASEAN and China collaboration to implement the Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (A/RES/66/2) as well as Bandar Seri Begawan Declaration on Noncommunicable Diseases adopted at the 23rd ASEAN Summit in 2013. We commit to promote collaboration in capacity building, experience sharing and research on the prevention and control of noncommunicable diseases.
8. We welcome ASEAN-China cooperation in communicable disease prevention and control, especially the collaboration on malaria, dengue fever, HIV and AIDS, and plague prevention and control in the border areas.
9. We commit to strengthen the ASEAN-China cooperation on capacity building for public health personnel in the region. China will work closely with AMS to implement both management and technical training programmes which contribute to strengthening regional capacity in public health.
10. We commit to strengthen the ASEAN-China cooperation in traditional medicine and its contribution to universal health care, where applicable. We realise the importance of cooperation and the sharing of information to support the quality, safety and efficacy of traditional medicine; and protection and conservation of indigenous health resources, including traditional knowledge and bio-resources. We welcome the sharing of experiences on using traditional medicine in strengthening primary health care.
11. We commit to implement the ASEAN-China MOU on health cooperation and task the ASEAN-China SOMHD to expedite the finalisation and operationalisation of the Plan of Action.

We look forward to further exchange of views and joint collaboration in health development at our next meeting in Brunei Darussalam in 2016.

Joint Statement of the 13th ASEAN Health Ministers Meeting

6 September 2017, Bandar Seri Begawan, Brunei Darussalam

WE, the Ministers of Health of ASEAN Member States (AMS), representing 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, convened the 13th ASEAN Health Ministers Meeting (AHMM) on 6 September 2017 in Bandar Seri Begawan, Brunei Darussalam.

RECALLING the ASEAN Leaders' vision of an ASEAN Community outlined in the 2015 Kuala Lumpur Declaration on the Establishment of the ASEAN Community and the simultaneous endorsement of "ASEAN 2025: Forging Ahead Together" containing among others, the ASEAN Socio-Cultural Community Blueprint 2025, at the 27th ASEAN Summit in November 2015 in Kuala Lumpur, Malaysia.

REAFFIRMING the commitment to the "2030 Agenda for Sustainable Development" as agreed by leaders at the 70th United Nations Assembly in 2015 which has an overarching health goal to "ensure healthy lives and promote well-being for all at all ages."

FURTHER REAFFIRMING our commitment to the vision "A Healthy, Caring, and Sustainable ASEAN Community" pledged at the 12th ASEAN Health Ministers Meeting held in September 2014 in Ha Noi, Viet Nam which identified four clusters of a) promoting healthy lifestyle; b) responding to all hazards and emerging threats; c) strengthening health system and access to care; and d) ensuring food safety, in order to achieve the goals of the ASEAN Post-2015 Health Development Agenda.

UNITED by the common aim to promote a healthy and caring ASEAN Community, where the people achieve maximal health potential through healthy lifestyle, have universal access to quality health care and financial risk protection; have safe food and healthy diet, live in a healthy environment with sustainable inclusive development where health is incorporated in all policies, the 13th ASEAN Health Ministers Meeting discussed and exchanged views on preparation in response to future health challenges identified in the new health agenda and agreed to the following resolutions:

1. We agree to strengthen our political commitment to intensify ASEAN cooperation in health development based on a whole-of-society approach with emphasis on strong and effective multi-sectoral collaboration as

well concrete actions that translates to better health for the ASEAN people.

2. We reiterate our commitment to effective implementation of prevention and control strategies that will enhance our preparedness and response to emerging and re-emerging diseases as agreed upon at the ASEAN Health Ministers' Special Video Conference on the Threat of Zika Virus in the Region in September 2016, the ASEAN Plus Three Health Ministers' Special Video Conference on the Threat of MERS-CoV in the Region in July 2015 and the ASEAN Plus Three Health Ministers Special Meeting on Ebola Preparedness and Response in December 2014 in Bangkok, Thailand and therefore support the implementation of existing regional initiative mechanisms including ASEAN- EOC Network, ASEAN Plus Three Field Epidemiology Training Network (APT-FETN), and regional innovation tools that will strengthen ASEAN Member States in enhancing the effectiveness of regional surveillance and response on infectious diseases and public health emergencies
3. We renew our commitment to the Bandar Seri Begawan Declaration on Non- Communicable Diseases in ASEAN adopted by the ASEAN Leaders at the 23rd ASEAN Summit in October 2013 in Brunei Darussalam.
4. We are pleased to note the achievements made by the ASEAN Senior Officials on Health Development in strengthening health cooperation and operationalizing the ASEAN Post-2015 Health Development Agenda and we therefore endorse the Consolidated Terms of Reference of the ASEAN Health Clusters so as to operationalize the Governance and Implementation Mechanism that will ensure a smooth transfer of mechanism from the "ASEAN Strategic Framework on Health Development for 2010 to 2015" to the "ASEAN Post-2015 Health Development Agenda"
5. We endorse the five-year Health Cluster Work Programmes and Terms of Reference for the four health clusters of a) promoting healthy lifestyle; b) responding to all hazards and emerging threats; c) strengthening health system and access to care; and d) ensuring food safety, which will support the operationalization of the ASEAN Post-2015 Health Development Agenda and we commend the leadership of Indonesia as the Chair of Health Cluster 1, Malaysia as the Chair of Health Cluster 2, Philippines as the Chair of Health Cluster 3 and Thailand as the Chair of Health Cluster 4 in the development of each five-year work programme
6. In fulfilling the ASEAN Health Sector's goal in engaging entities and external partners with a view of maximizing outcomes of the ASEAN Health Cooperation towards strengthening the health systems of ASEAN Member States towards achieving good health and well-being of the people in the region, we take note of the progress made in developing

the Principles and Mechanisms for the ASEAN Health Sector Engagement with Entities respecting the criteria of engagement with ASEAN.

7. We task the ASEAN Senior Officials on Health Development on the following:
 - i). Support the cooperation across pillars towards achieving food and nutrition security in the region by integrating nutrition into all relevant ASEAN Sectoral framework and develop a monitoring mechanism to support the delivery and progress of quality nutrition-specific and nutrition-sensitive interventions and programs towards the eventual achievement of the 2025 global nutrition and diet-related non-communicable diseases targets, the Second International Conference on Nutrition Rome Declaration and Framework for Action, and Sustainable Development Goals 2 (End hunger, achieve food security and improved nutrition and promote sustainable agriculture) and other SDGs relevant to nutrition, in line with the proposed *ASEAN Leaders' Declaration on Ending All Forms of Malnutrition*.
 - ii). Develop an ASEAN Strategic Plan to Combat Anti-Microbial Resistance (AMR) which focuses on key priority areas outlined in the proposed *ASEAN Leaders' Declaration on Anti-Microbial Resistance (AMR): Combatting Anti-Microbial Resistance (AMR) through One Health Approach*; engage other sectors beyond human health, in the implementation and operationalization of the Strategic Plan; and monitor the implementation of the Strategic Plan.
 - iii). Develop and support an effective collaboration mechanism for disaster health management in line with *ASEAN Agreement on Disaster Management and Emergency Response (AADMER)* and the proposed *ASEAN Declaration on Disaster Health Management* and initiate a forum to promote regular dialogues among relevant ASEAN sectors and stakeholders.
 - iv). Monitor the implementation of the five-year Health Cluster Work Programmes for the four health clusters.
8. We recognize and appreciate the contribution by, and further commit to collaborate closely with development partners, including the World Health Organization, the development banks, bilateral development partners, civil society organizations and private sectors respecting the criteria of engagement with ASEAN.

We look forward to further exchanges of views and collaboration in health development at our next Meeting in Cambodia in 2019.

Joint Statement of the 7th ASEAN Plus Three Health Ministers Meeting 7 September 2017, Bandar Seri Begawan, Brunei Darussalam

1. WE, the Ministers of Health of ASEAN Member States (AMS), representing 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 and the Ministers of Health of the People's Republic of China, Japan and the Republic of Korea convened the 7th ASEAN Plus Three Health Ministers Meeting (APTHMM) on 7 September 2017 in Bandar Seri Begawan, Brunei Darussalam.
2. We agree that our health development collaboration shall align to the ASEAN Post-2015 Health Development Agenda with specific focus on collaborative areas that include common issues of concern such as Universal Health Coverage (UHC), ICT for healthcare, non-communicable diseases, traditional and complementary medicine, active ageing, human resource for health, responding to communicable and emerging health threats and food safety as well as issues recently highlighted such as Antimicrobial Resistance, Ending All Forms of Malnutrition and Disaster Health Management.
3. We acknowledge the importance of the role of social, behavioral, and physical contributors to health whereby health is not just limited to a simple biological model of the treatment of illnesses. Improving health therefore requires a continuum of interventions from preconception to ageing, with seamless engagement of multi-sectoral stakeholders focusing on issues that include financial and organisational coordination, supportive national and local policies, and adequate resources so as to achieve the best health outcomes and ensure high quality of life throughout the life course.
4. We agree to strengthen our joint efforts in advocating, facilitating and implementing relevant social and economic interventions in addressing non-communicable diseases and its risk factors including tobacco use, harmful use of alcohol and unhealthy diet, as well as sedentary lifestyle.
5. We commit to the global strategy and action plan on ageing and health 2016- 2020 which was adopted at the Sixty-ninth World Health Assembly in May 2016 which calls for commitment to action on healthy ageing in every country and develop multisectoral initiatives that support the development of age-friendly environments; alignment of health systems

focusing on primary health care to the needs of older populations; development of sustainable and equitable systems for providing long-term care (home, communities, institutions); and improvement in the measurement, monitoring, and research on healthy ageing. In this regard, we recognize the importance of encouraging community-based integrated care and functional recovery care of elderly people including human resource development.

6. We reaffirm our commitments to the 2030 Agenda for Sustainable Development towards achieving Universal Health Coverage which includes financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all. We therefore task the ASEAN Plus Three SOMHD to accelerate the progress towards UHC in all countries by building up the national and regional capacity to assess and manage the equitable, efficient, resilient and sustainable health systems to support UHC, jointly with development partners including the activities under the ASEAN plus three UHC Network, and any other relevant initiatives including high-level advocacy where appropriate. We commit to collectively advance the issue of UHC to the highest regional and global forum, including the United Nations General Assembly. We also note Japan's efforts to develop the ASEAN-Japan UHC Initiative.
7. We take note of the existing ASEAN Plus Three health cooperation in the prevention and control of communicable and emerging infectious diseases and commit to further strengthen the cooperation towards reducing the impact of these diseases; as well as improving our emergency preparedness and risk reduction against infectious disease outbreaks and other health threats, including disasters.
8. We acknowledge the potential health activities to be undertaken under the ASEAN Plus Three and therefore urge ASEAN Plus Three SOMHD to consider initiatives that are identified as regional in nature to be incorporated in the Work Programmes of the ASEAN Health Clusters, in line with ASEAN Cooperation Projects mechanism that has a proposal and approval process facilitated by the ASEAN Secretariat.
9. We recognize and appreciate the contribution by, and further commit to collaborate closely with development partners, including the World Health Organization, the development banks, bilateral development partners, civil society organizations and private sectors respecting the criteria of engagement with ASEAN.

We look forward to further exchanges of views and collaboration in health development at our next Meeting in Cambodia in 2019.

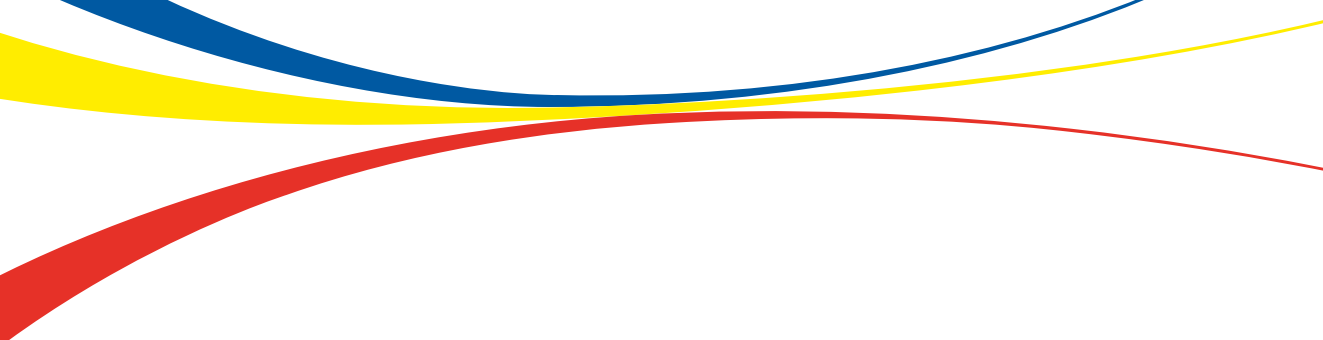
Joint Statement of the 6th ASEAN-China Health Ministers Meeting

7 September 2017, Bandar Seri Begawan, Brunei Darussalam

1. WE, the Ministers of Health of ASEAN Member States (AMS), representing 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 and the Minister of Health of the People's Republic of China convened the 6th ASEAN-China Health Ministers Meeting (ACHMM) on 7 September 2017 in Bandar Seri Begawan, Brunei Darussalam.
2. We fully support the inclusion of health promotion and eHealth/ICT as new priority areas under the ASEAN-China health cooperation for 2017-2018, adding on the existing priority areas namely Prevention and Control of Communicable Diseases; Public Health Emergency Response; Ensuring Food Safety and Rapid Alert System; Strengthen Human Resource Development for Health; and Traditional and Complementary Medicine.
3. We discuss the value and implications of the use of technology in healthcare and acknowledge the connected health approach (also known as technology-enabled care, TEC) that involves the convergence of health technology, digital media and mobile devices which enables patients, carers and healthcare professionals to access data and information more easily and improve the quality and outcomes of both health and social care. We thus welcome the sharing of experience and best practices in the region towards supporting the implementation of cost-effective connected health approach to priority health initiatives such as Universal Health Coverage (UHC) and Disaster Health Management.
4. We support the implementation of activities under Food Safety and Rapid Alert System, particularly in addressing concerns on food safety standards and strengthening risk assessment as well as improving emergency response systems to food safety incidents, and food outbreaks.
5. We welcome the initiative on Strengthening Quality of Traditional and Complementary Medicine (T&CM) through the operationalization of project activities under Work Programme of the ASEAN Health Cluster 3 in order to develop T&CM practice guidelines and standardize as well as ensure T&CM product quality control.

6. We recognize and appreciate the contribution by, and further commit to collaborate closely with development partners, including the World Health Organization, the development banks, bilateral development partners, civil society organizations and private sectors respecting the criteria of engagement with ASEAN.

We look forward to further exchanges of views and collaboration in health development at our next Meeting in Cambodia in 2019.



ASEAN: A COMMUNITY OF OPPORTUNITIES

