

**ASEAN Health Cluster 2 Work Programme for 2016 to 2020**

**ASEAN HEALTH CLUSTER 2: RESPONDING TO ALL HAZARDS and EMERGING THREATS**

<b>A.1</b>	<b>ALIGNMENT with ASEAN ASCC BLUEPRINT</b>	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
<b>A.2</b>	<b>ALIGNMENT WITH SUSTAINABLE DEVELOPMENT GOALS (SDGs)</b>	<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>
<b>A.3</b>	<b>ASEAN Post 2015 Health Development Agenda GOALS for 2020</b>	<ol style="list-style-type: none"> <li>1. To promote resilient health system in response to communicable diseases, emerging infectious diseases, and neglected tropical diseases</li> <li>2. To respond to environmental health threats, hazards, disasters, and to ensure effective preparedness for disaster health management in the region</li> </ol>
<b>A.4</b>	<b>HEALTH CLUSTER 2 STRATEGY</b>	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.
<b>A.4.1</b>	<b>HEALTH CLUSTER 2 PRIORITY STRATEGIES</b>	<ol style="list-style-type: none"> <li>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</li> </ol>

		<p>well as preparedness for pandemics and other public health emergencies including disasters in line with Sustainable Development Goals (SDGs);</p> <ol style="list-style-type: none"> <li>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</li> <li>3. Strengthen capacity to manage ASEAN priorities on environmental health risks and issues, and health impact assessment (HIA)</li> </ol>	
<b>A.5</b>	<b>HEALTH CLUSTER 2 KEY PERFORMANCE INDICATORS</b>	<b>(OUTCOME INDICATORS)</b>	<b>(TARGETS)</b>
<b>A.5.1</b>	<p><b>PRIORITY 8: Prevention and control of communicable diseases, emerging infectious diseases and neglected tropical diseases</b></p> <p>[The ASEAN Health Cooperation will focus on the following diseases:]</p> <ol style="list-style-type: none"> <li>a. Dengue</li> <li>b. Rabies</li> <li>c. HIV and AIDS</li> <li>d. Health security e.g. EOC</li> <li>e. NTD (Lymphatic Filariasis)</li> <li>f. Tuberculosis</li> </ol>	<ol style="list-style-type: none"> <li>1. Reduce/eliminate/ identified major diseases including EID and NTD in the region: <ol style="list-style-type: none"> <li>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)</li> <li>b. Rabies: Elimination of rabies by 2020</li> <li>c. HIV/AIDS: Percentage of key populations, who received an HIV test in the past 12 months and know their results.</li> <li>d. IHR 2005: Achieve all national core capacities as per IHR Framework Standard by 2020</li> </ol> </li> <li>e. Elimination of Lymphatic Filariasis as a public health problem by 2020</li> <li>f. TB: 20% reduction in tuberculosis incidence rate comparing to baseline in 2013</li> </ol>	<ol style="list-style-type: none"> <li>a. 25% reduction for 5 years historical median</li> <li>b. Elimination of rabies</li> <li>c. 90% of key population received HIV test in the past 12 months and know their results</li> <li>d. ASEAN EOC Network functioning by 2020; and All AMS have achieved and strengthened all national core capacities per IHR Framework Standard by 2020</li> <li>e. Lymphatic Filariasis as a public health problem eliminated by 2020</li> <li>f. 10% reduction in tuberculosis incidence rate comparing to baseline in 2013</li> </ol>

<b>A.5.2</b>	<b>PRIORITY 9: Strengthening laboratory capacity</b>	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.	1. By 2020, ASEAN Reference Laboratory Network is established.
<b>A.5.3</b>	<b>PRIORITY 10: Combating Antimicrobial Resistance (AMR)</b>	1. By 2020, the ASEAN framework, indicators and monitoring & evaluation system is established	1. By 2020, the ASEAN framework, indicators, and monitoring & evaluation system is established
<b>A.5.4</b>	<b>PRIORITY 11: Environmental health and health impact assessment (HIA)</b>	<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>
<b>A.5.6</b>	<b>PRIORITY 12: Disaster Health Management</b>	<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>	1. Collaboration mechanism and network on Disaster Health Management established in 2020

Health Priorities and Programme Strategies	Project and Activities from 2016 – 2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
<b>HEALTH PRIORITY 8: PREVENTION AND CONTROL OF COMMUNICABLE DISEASES, EMERGING INFECTIOUS DISEASES AND NEGLECTED TROPICAL DISEASES</b>				
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).	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><b>Expected Output (EO) 1:</b> Annual ASEAN Dengue Day celebrations/activities at ASEAN and country levels <b>Indicator 1:</b> Number, kind of ASEAN and country level ADD activities conducted.</p> <p><b>EO 2:</b> Annual Dengue Conference at the ASEAN level <b>Indicator 2:</b> Annual Dengue Conference conducted; and reports disseminated.</p>	ASEAN Member States by rotation (2017 - Cambodia TBC) (2018 - Malaysia) (2019 - Singapore TBC) (2020 - Philippines)	AMS (Cost Sharing)
	1.2. Develop a work plan for the elimination of Lymphatic Filariasis for ASEAN	<p><b>EO:</b> ASEAN Work Plan for the elimination of Lymphatic Filariasis developed <b>Indicator:</b> 1. Drafting of Workplan for the elimination of Lymphatic Filariasis in process 2. Workplan endorsed and disseminated.</p>	Philippines Co-Lead: Cambodia	
	1.3. Conduct experience sharing activities/study visits among AMS in the elimination of Lymphatic Filariasis	<p><b>EO:</b> Experience sharing/study visits on the elimination of Lymphatic Filariasis <b>Indicator:</b> Number of experience sharing/ study visits conducted</p>		
	1.4. Follow-up on the participation of ASEAN Member States to the ASEAN-Canada's GPP Project, covering as follows:	<p><b>EO 1:</b> Project proposals submitted to and supported by Canada's GPP for AMS capacity building in the area of a. Laboratory capacity to manage emerging</p>		Canada's GPP

Health Priorities and Programme Strategies	Project and Activities from 2016 – 2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<p>a. Strengthening Laboratory Capacity for Emerging and Dangerous Pathogens in the ASEAN Region</p> <p>b. Strengthening Regional Disease Surveillance Networks; The Asian Partnership on Emerging Infectious Disease Research (APIER) and the Mekong Basin Disease Surveillance Network <i>[NOTE: together with ASEAN Plus Three FETN]</i></p> <p>c. Bio Diaspora: Strengthening ASEAN Preparedness and Response to Biological Threats by Enhancing Regional Capacity in Big Data Analytics and Visualization</p>	<p>and dangerous pathogens</p> <p>b. Biosafety and Biosecurity</p> <p>c. Public Health Emergency Operations Centre (EOC)</p> <p>d. Risk Assessment and Risk Communication.</p> <p><b>Indicator:</b> Number and kind/nature of proposals submitted to and supported by Canada's GPP</p>	<p>1.4.a. Malaysia &amp; Singapore</p> <p>1.4.b. Thailand</p> <p>1.4.c. Philippines</p>	
	<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>EO:</b> Regional mechanism supporting drugs/vaccines shortfall during outbreaks of rarely seen diseases endorsed by SOMHD.</p> <p><b>EO a:</b> Consultation with AMS completed</p> <p><b>EO b:</b> The regional mechanism adopted at</p>	<p>Singapore</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
	<p>b. 2018: Present proposed regional mechanism for endorsement at Cluster 2 Meeting.</p> <p>c. 2019-2020: Conduct simulation exercises</p>	<p>the Cluster 2 meeting.</p> <p><b>EO c:</b> Simulation exercises conducted to test mechanisms.</p> <p><b>Indicator:</b> Exercise report adopted</p>		
	<p>1.6. Operationalise the ASEAN Rabies Elimination Strategy (ARES) Plan of Action</p> <p>a. Review ARES Phase 1 based on established M&amp;E system</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>	<p>Viet Nam Co-lead: Indonesia</p>	<p>USAID</p> <p>AMS (Cost Sharing)</p>
	<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 &amp; FETP trainer/trainee exchange</p>	<p><b>EO:</b> Annual Meeting of ASEAN+3 FETN conducted</p> <p><b>EO:</b> One to two FETN trainer/trainee per AMS exchanged every year (if funding available) <b>Indicators:</b> Number of exchanges conducted; No of AMS involved in exchanges.</p>	<p>2016 - Indonesia 2017 - Singapore 2018 - Cambodia (TBC) 2019 - TBD 2020 - TBD</p> <p>Coordinating Country:</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
	<p>c. Enhance regional multi-country and multi-sectoral collaboration in field epidemiology training and researches through joint workshop, or field studies, researches</p> <p>d. Sharing experience and best practices among AMS and relevant ASEAN working groups through joint ASEAN +3 FETN VDO Conference and other publication channels.</p> <p>e. Collaborate with ASEAN Animal Health Sector and other Working Groups, in partnership with other development partners</p>	<p><b>EO:</b> Joint workshops and related activities to enhance collaboration. <b>Indicator:</b> No. of joint activities carried out</p> <p><b>EO:</b> One to four joint FETN VDO Conference conducted every year <b>Indicators:</b> Number of videoconferences conducted; Number and type of experiences and best practices shared.</p> <p><b>EO:</b> Joint Consultative Meeting with other sectors conducted at least once a year <b>Indicator:</b> Number of sectors and partners involved in consultation meeting.</p>	Thailand	
	<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</p>	<p><b>EO:</b> ASEAN EOC Network established in 2016-2017 <b>Indicator:</b> Network endorsed by SOMHD and AHMM</p> <p><b>EO:</b> List of ASEAN EOC Network Contact Points <b>Indicator:</b> Number of AMS designated ASEAN OEC Network Contact Points</p> <p><b>EO:</b> Information on PHE and PH risks shared in a timely manner <b>Indicator:</b> Number and type of information</p>	<p>Malaysia</p> <p>Malaysia</p> <p>Malaysia (2016-2017) Future</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>through ASEAN-EOC Network based on the current event. <i>This will be coordinated by Lead Country.</i></p> <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>shared to Network</p> <p><b>EO:</b> Information exchange and sharing conducted at least quarterly <b>Indicator:</b> Number and type of information shared</p> <p><b>EO:</b> Training or/and simulation exercise conducted annually <b>Indicators:</b> Number and type of capacity building activity conducted; Number of AMS participated</p> <p><b>EO:</b> Good practices published in ASEAN website or ASEAN e-Health Bulletin once a year <b>Indicator:</b> Number and type of good practices published.</p>	<p>leadership will be determined at the start of the EOC Network</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>ASEC</p>
	1.9. Regional TB prevention and control activities			



Health Priorities and Programme Strategies	Project and Activities from 2016 – 2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<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</p> <p>c. To strengthen IHR on TB programme through referral system among National Tuberculosis Program (NTP) focal point of AMS through; 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>
	<p>1.10. Ending AIDS in ASEAN</p> <p>a. Response in Ending AIDS through high-level advocacy (development of a Declaration and follow up).</p> <p>b. Review AWP-IV and develop of AWP-V as part of Cluster 2 Work Programme</p> <p>c. Implement ASEAN Cities Getting To Zero Phase III</p>	<p><b>EO:</b> Declaration endorsed by ASEAN Summit <b>Indicator:</b> Declaration on Ending AIDS endorsed, being followed up.</p> <p><b>EO:</b> AWP IV reviewed and AWP-V endorsed by SOMHD <b>Indicator:</b> AWP-V developed and endorsed</p> <p><b>EO:</b> ACGTZ 3.0 implemented <b>Indicator:</b> Number of cities implementing ACGTZ 3.0</p>	<p>Lao PDR</p> <p>Thailand</p> <p>Indonesia</p>	<p>UNAIDS</p> <p>UNAIDS / Thailand</p> <p>UNAIDS/ AMS</p>

Health Priorities and Programme Strategies	Project and Activities from 2016 – 2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	d. Advocacy in Preventing HIV among people who inject drugs (PWID).	<b>EOs:</b> Advocacy brief developed; Advocacy workshop conducted <b>Indicators:</b> # of advocacy briefs developed for stakeholders; AMS participating in workshop	Malaysia	UNAIDS / UNODC / International Alliance UNAIDS
	e. Produce/publish the 3rd ASEAN HIV and AIDS Regional Report	<b>EO:</b> Regional report published <b>Indicator:</b> Number of copies published and distributed to stakeholders and related agencies	Philippines Co-Lead: Malaysia	ASEC
	f. Continue to prepare articles for ASEAN E- Health Bulletin	<b>EO:</b> HIV and AIDS articles published in the ASEAN E- Health Bulletin <b>Indicator:</b> Number of articles published	Philippines	UNAIDS/ UNWOME N/UNICEF WHO/ Thailand
	g. Share lessons learned/study visit on EMTCT	<b>EO:</b> Study visit/workshop conducted <b>Indicator:</b> Number of AMS participating in the study visit/workshop	Thailand	
	h. Publish World AIDS Day (WAD) Message	<b>EO:</b> Message published in ASEAN Website and ASEAN E-Health Bulletin <b>Indicator:</b> ASEAN WAD Message disseminated	Chair of Health Cluster 2	
	i. Conduct training/workshop on HIV co-infections and ARV treatment	<b>EO:</b> HIV Co-infections and ARV treatment training/workshop conducted <b>Indicator:</b> Number of AMS participating in the training/workshop.	Cambodia	China/ WHO/ UNAIDS

Health Priorities and Programme Strategies	Project and Activities from 2016 – 2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<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>b. Train personnel from AMS MOH and relevant sectors on RARC</p> <p>b. Conduct ASEAN RARC Conference for updates, sharing of best practices and lessons learnt on risk assessment and risk communication.</p> <p>c. Conduct development and applied on research RARC</p> <p>d. Identify AMS contact persons for RARC</p>	<p><b>EO:</b> ASEAN RARC transformation paper submitted and reviewed <b>Indicator:</b> ASEAN RARC paper endorsed by SOMHD and AHMM</p> <p><b>EOs:</b> ASEAN Risk Communication Training Module (2nd Edition) adapted to ASEAN RARC Training Module; An average of 2 participants/AMS trained annually <b>Indicators:</b> ASEAN RARC training module; Number of AMS human resources trained annually.</p> <p><b>EO:</b> Regional RARC Conference conducted at least every three years. <b>Indicators:</b> Conference report; Number of AMS human resources participating.</p> <p><b>EOs:</b> Development and applied research on RARC conducted; Research summaries published via newsletter or online. <b>Indicator:</b></p> <p><b>EO:</b> AMS contact person identified <b>Indicator:</b></p>	<p>Malaysia</p> <p>Malaysia</p> <p>Malaysia</p> <p>Malaysia, 2016 -2017</p> <p>Malaysia, 2016 - 2017</p>	<p>Malaysia ASEC</p> <p>Canada's GPP/ GHSA</p> <p>Canada's GPP</p> <p>AMS (Cost Sharing)</p> <p>AMS (Cost Sharing)</p>
<b>HEALTH PRIORITY 9: STRENGTHENING LABORATORY CAPACITY</b>				

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

Health Priorities and Programme Strategies	Project and Activities from 2016 – 2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	<p>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</p> <p>g. Determine the need for Bio-Banking services</p>	<p>guideline adopted  <b>EO 2:</b> Regional MTA developed  <b>Indicator:</b> MTA adopted</p> <p><b>EO:</b> Regional guidelines on EDP data/information-sharing developed  <b>Indicator:</b> Guideline on EDP data-information sharing adopted</p> <p><b>EO:</b> Mechanism for AMS laboratory technical enhancement on EDP established.  <b>Indicator:</b> Mechanism adopted and implemented.</p> <p><b>EO:</b> Report on the needs, gaps, and recommendations on the way forward of BioBanking in ASEAN after the 1<sup>st</sup> consultation  <b>Indicator:</b> BioBanking report adopted and circulated.</p>	<p>Thailand &amp; Indonesia</p> <p>Thailand &amp; Indonesia</p> <p>Singapore &amp; Philippines</p>	<p>GHSA</p> <p>GHSA</p> <p>Canada's GPP</p>
	<p>2.2. Develop a mechanism of QA system for EDP at regional level</p>	<p><b>EO:</b> Mechanism for EQA system for EDP at regional level developed (subject to reference labs capacities)  <b>Indicator:</b> Mechanism adopted</p>	<p>Thailand</p>	
<b>HEALTH PRIORITY 10: COMBATING ANTIMICROBIAL RESISTANCE (AMR)</b>				
<p>1. Initiatives to slow down the occurrence and spread of AMR</p>	<p>1.1. Develop Monitoring and Evaluation framework for AMR control in ASEAN</p>	<p><b>EO1:</b> Monitoring and Evaluation framework established.  <b>Indicator:</b> ASEAN Framework endorsed</p>	<p>Thailand &amp; Singapore</p>	<p>US CDC/WHO</p>
	<p>1.2. Share best practices on rationale</p>	<p><b>EO:</b> Good practices on rational use of</p>	<p>Malaysia</p>	<p>TBC</p>

Health Priorities and Programme Strategies	Project and Activities from 2016 – 2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
	use of antimicrobials through antimicrobial stewardship and antibiotics utilization surveillance programme	antimicrobials shared by 2018 <b>Indicator:</b> Number and kind of good practices produced and shared		
	1.3. Capacity building on antimicrobials stewardship and antibiotics utilization surveillance	<b>EO:</b> Antimicrobial stewardship and antibiotic utilization surveillance training conducted <b>Indicator:</b> 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	<b>EO:</b> Final report by ... (TBC Malaysia & Philippines) <b>Indicator:</b> Number of rapid assessments conducted.	Malaysia Co-Lead: Philippines	
	3. Establish Human, Animal and Food platform to discuss on AMR at ASEAN level: a. Hold special meeting to discuss ASEAN AMR Surveillance Data  b. Advocate fighting against AMR in the ASEAN through ASEAN Declaration on AMR.	<b>EO:</b> Inter-sectoral platform on AMR formed. <b>Indicator:</b> Number of sectors involved in the platform.  <b>EO:</b> Integrated human, animal and food surveillance data discussed in meeting. <b>Indicator:</b> Number of meetings held.  <b>EO:</b> ASEAN Declaration on Combating AMR endorsed by ASEAN Summit in 2017 <b>Indicator:</b> Declaration adopted.	Malaysia & Indonesia          Philippines	WHO          WHO
<b>HEALTH PRIORITY 11: ENVIRONMENTAL HEALTH AND HEALTH IMPACT ASSESSMENT (HIA)</b>				
1. Strengthen environmental health capacity to manage	1.1 Conduct an ASEAN Training Needs Assessment on Environmental Health for AMS	<b>EO:</b> Training needs assessment conducted by end of 2017 <b>Indicator:</b> Needs assessment report	Malaysia	UNICEF (Related to WASH,

Health Priorities and Programme Strategies	Project and Activities from 2016 – 2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
<p>ASEAN's priority environmental health risks and issues, including set up ASEAN environmental health knowledge network (<i>Risks and issues are for examples: water and sanitation, solid and hazardous waste, toxic chemicals, trans-boundary pollution, climate change</i>)</p>		submitted/adopted.		and knowledge management on WASH)
	<p>1.2 Develop mechanism to strengthen capacity among AMS, including conduct of capacity building activities among AMS</p>	<p><b>EO:</b> EH capacity strengthening mechanism established  <b>Indicator:</b> National Environmental health Contact Person of AMS has been identified; and mechanism serves as basis for implementing capacity building activities</p> <p><b>EO:</b> Capacity building activities conducted  <b>Indicator:</b> Number and kind of capacity building activities</p>	Thailand Co-lead Malaysia	UNICEF
	<p>1.3 Share knowledge and practices among AMS</p>	<p><b>EO:</b> Knowledge and practices on environmental health management shared.  <b>Indicator:</b> Number and kind of knowledge sharing events</p>	Thailand	UNICEF
<p>2. Empowerment and capacity building of HIA application as "Health in All Policy" by integration into ASEAN universities curriculums 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><b>EO 1:</b> Joint and collaborative capacity building activities on HIA carried out  <b>Indicators:</b> Number and kind of joint/ collaborative activities; Number and kind of partners involved.</p> <p><b>EO 2:</b> Capacity-building promote through HIA training center  <b>Indicators:</b> # of HIA training courses/ curriculums</p> <p><b>EO 3:</b> AMS contact person on HIA</p>	Thailand	

Health Priorities and Programme Strategies	Project and Activities from 2016 – 2020	Expected Outputs and Output Indicators	Lead Country	Source of Support
		<p><b>Indicators:</b> List of identified AMS contact person</p> <p><b>EO4:</b> Sharing knowledge and practices conduct.</p> <p><b>Indicators:</b> # of and kind of knowledge sharing events on HIA</p> <p><b>EO 5:</b> Training center establishment</p> <p><b>Indicator:</b> Training center established</p>		
<b>HEALTH PRIORITY 12: DISASTER HEALTH MANAGEMENT</b>				
<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> <p>a. Public Health Emergency Operation Centre (PHEOC)/ Committee</p> <p>b. Public Health awareness and preparedness</p> <p>Through -</p> <ul style="list-style-type: none"> <li>- Advocacy</li> <li>- Developing Guideline/TOR</li> <li>- Capacity Building</li> <li>- Developing Network</li> </ul>	<p><b>EO:</b> Every AMS has PHEOC/Committee accommodating all hazards by December 2017 (depending on Country mechanism)</p> <p><b>Indicator:</b> No. of AMS with PHEOC or Committee adopting all hazards approach</p> <p><b>EO:</b> Public health awareness and programmes implemented by AMS</p> <p><b>Indicators:</b> No. 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><b>EO:</b> ASEAN Leaders' Declaration/Joint Statement adopted in late 2017</p> <p><b>Indicator:</b> 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</p>	<p><b>EO:</b> ASEAN-ARCH Project activities implemented, and outputs produced.</p> <p><b>Indicator:</b> Extent of achievement of project</p>	<p>Thailand Viet Nam Philippines</p>	<p>JICA</p>



<b>Health Priorities and Programme Strategies</b>	<b>Project and Activities from 2016 – 2020</b>	<b>Expected Outputs and Output Indicators</b>	<b>Lead Country</b>	<b>Source of Support</b>
	and indicators.	objectives and targets as per project review/evaluation.		

Endorsed by HIV and AIDS Focal Points

**Draft**  
**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)

This 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, 17-18 December 2016. This version (19 January 2017) is for open for feedback from ASEAN Health Cluster 2 country coordinators; feedback is due by 28 February 2017, after which a version will be prepared for SOMHD.

**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, transgenders, 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 proposed draft Fifth ASEAN Work Programme (AWP5) aims to operationalise the 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.

## Endorsed by HIV and AIDS Focal Points

This proposed draft AWP5 is contained within and contributes to the Work Programme (2016-2020) of ASEAN Health Cluster 2, 'Responding to All Hazards and Emerging Threats.' It is framed overall by the ASEAN Socio-Cultural Community Blueprint 2025, the ASEAN Strategic Framework on Health Development (2016-2020), and within this the ASEAN Health Cluster 2 Work Programme (2016-2020).

- The Mission of the ASEAN Strategic Framework on Health Development (2016-2020) 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 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 Health Cluster 2 Work Programme, Project 11, 'To end AIDS in ASEAN,' contains 9 activities, A through I. (Please see the Annex.)

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 proposed draft 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 11 and its 9 activities, A through I; accepted all of them; suggested revisions or expansions of 4 of these 9 activities (activities C, G, H and I); and proposed 6 additional activities to reflect the provisions of the Declaration of Commitment — for a new suggested total of 15 activities.

The first table below therefore includes **all** of the Health Cluster 2 Work Programme's Project 11 activities on HIV and AIDS, A through I, together with the revisions, expansions and additions suggested by the Consultation, based on the Declaration of Commitment.

The second table below provides **only** the additional 6 activities proposed by the Consultation; these could all be included within the Health Cluster 2 Work Programme Project 11 activity B, which is specifically focused on the development of this AWP5 on HIV/AIDS.

The Annex shows the existing Health Cluster 2 Work Programme, Project 11, 'To end AIDS in ASEAN,' activities A through I.

Endorsed by HIV and AIDS Focal Points

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

Suggested expansions and additions to the existing Cluster 2 Work Programme are underlined. Suggested **revisions** to the existing Health Cluster 2 Work Programme are marked in **red**.

Declaration of Commitment	Health Cluster 2 Work Programme Project 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional notes from the Consultation
<b>Fast-Tracking</b>						
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>
Paragraphs 8 & 9a	<u>Added by the Consultation</u>	<u>Advocacy in prevention of sexual transmission, including prevention among young people</u>	<u>Advocacy brief &amp; workshop</u>	<u>Thailand</u>	<u>UNAIDS / WHO / UN Women / UNFPA / UNICEF / ACW/ Youth LEAD</u>	<u>Aim to increase focus, scale &amp; innovation in prevention. Consider ASEAN modelling (AEM for ASEAN). Address stigma/discrimination, particularly in health-care settings.</u>

Endorsed by HIV and AIDS Focal Points

Declaration of Commitment	Health Cluster 2 Work Programme Project 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional notes from the Consultation
Paragraphs 8 & 9	<u>Added by the Consultation</u>	<u>Promote community-based testing and treatment, reaching KAP, including young people</u>	<u>To be decided</u>	<u>Malaysia</u>	<u>To be decided WHO/ UNAIDS/ Seven Sisters</u>	<u>Best practices / innovations in achieving the first two '90s.'</u> <u>Address stigma/discrimination, particularly in health-care settings. Partner with APN+, other CSOs.</u>
Paragraph 13	<u>Added by the Consultation</u>	<u>Eliminate stigma and discrimination, particularly in health-care settings, using the Stigma Index</u>	<u>To be decided</u>	<u>Thailand</u>	<u>To be decided AMS/UNAIDS/UNDP</u>	<u>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.</u>
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>
Paragraph 8 & 9b	I	Training / workshop on HIV co-infections & ART	Training / workshop conducted	<b>Cambodia / Indonesia to be decided</b>	China / WHO / UNAIDS	<u>Involve Myanmar. Partner with APN+.</u>
<b>Sustaining</b>						

Endorsed by HIV and AIDS Focal Points

Declaration of Commitment	Health Cluster 2 Work Programme Project 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional notes from the Consultation
<u>Paragraphs 17 &amp; 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 &amp; follow up on the Roadmap of Action including the development of country investment cases. Partner with 7 Sisters, APCASO.</u>
<u>Paragraph 18</u>	<u>Added by the Consultation</u>	<u>Planning &amp; tool development for external funding transitions</u>	<u>To be decided</u>	<u>Cambodia / Myanmar to be decided</u>	<u>UNAIDS</u>	<u>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.</u>

Endorsed by HIV and AIDS Focal Points

Declaration of Commitment	Health Cluster 2 Work Programme Project 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional notes from the Consultation
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 AT-FOA working paper. Link with ASEAN UHC+3 Network. Link with existing Global Fund-supported initiatives like the SHIFT project.
<b>Cities Getting to Zero</b>						
Paragraphs 15 & 20	C	Cities Getting to Zero Phase 3	Consider having a conference of mayors / local government chief executives. Also consider scale-up of the initiative in Lao PDR & Myanmar	Indonesia	AMS/UNAIDS	Use the Declaration of Commitment in the Cities 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.'
<b>Strengthen Capacity in Strategic Information and Evidence-based Advocacy</b>						

## Endorsed by HIV and AIDS Focal Points

Declaration of Commitment	Health Cluster 2 Work Programme Project 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional notes from the Consultation
	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	<u>Suggest that the 3rd regional report (activity E below) include a review of AWP4.</u>
Paragraphs 14, 20 & 21	E	Development of 3rd 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 / <b>World AIDS Day Observation in ASEAN</b>	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>

### Notes:

- 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.
- Where sources of support are missing or incomplete, the ASEAN Secretariat can provide assistance in identifying them.



## Endorsed by HIV and AIDS Focal Points

### Standalone AWP5

Unlike the table above, this table below does not repeat any activity that is already included in the existing Health Cluster 2 Work Programme Project 11 activities on HIV and AIDS. All of these 6 proposed additional activities below could be included in their entirety within activity B of the Health Cluster 2 Work Programme Project 11; activity B is specifically about the development of this AWP5 on HIV/AIDS.

Declaration of Commitment	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional notes from the Consultation
<b>Fast-Tracking</b>					
Paragraphs 8 & 9a	Advocacy in prevention of sexual transmission, including prevention among young people	Advocacy brief & workshop	Thailand	UNAIDS / WHO / UN Women / UNFPA / UNDP, UNICEF / ACW	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	Promote community-based testing and treatment, reaching KAP, including young people	To be decided	Malaysia	To be decided	Best practices / innovations in achieving the first two '90s.' Address stigma/discrimination, particularly in health-care settings. Partner with APN+, other CSOs.
Paragraph 13	Eliminate stigma and discrimination, particularly in health-care settings	To be decided	Thailand	To be decided	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.

Endorsed by HIV and AIDS Focal Points

Declaration of Commitment	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional notes from the Consultation
<b>Sustaining</b>					
Paragraphs 17 & 18	Meeting to follow-up on HIV/AIDS investment cases	To be decided	Philippines	To be decided	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.
Paragraph 18	Planning & tool development for external funding transitions	To be decided	Cambodia / Myanmar/Indonesia 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	South-to-South collaboration in the development of a “how-to tool” for integrating HIV/AIDS services into the essential package of UHC program	To be decided	Thailand	To be decided	Build on existing ATFOA working paper. Link with ASEAN UHC+3 Network. Link with existing Global Fund-supported initiatives like the SHIFT project.

Endorsed by HIV and AIDS Focal Points

-X-

**Annex: Existing Health Cluster 2 Work Programme (2016-2020), Project 11, 'To end AIDS in ASEAN' activities A-I**

Suggested expansions and additions to this existing Cluster 2 Work Programme are underlined. Suggested **revisions** to the existing Health Cluster 2 Work Programme are marked in **red**.

The Standalone AWP5 above could be included in its entirety within activity B of this existing Cluster 2 Work Programme.

<b>Health Cluster 2 Work Programme Project 11</b>	<b>Activity</b>	<b>Expected Output / Indicator</b>	<b>Lead Country</b>	<b>Source of Support</b>	<b>Additional notes from the Consultation</b>
A	High-level advocacy / Declaration of Commitment	Declaration endorsed by Summit	Lao PDR	UNAIDS	
B	Review of AWP4 & development of AWP5 as part of Cluster 2	AWP4 reviewed & AWP5 endorsed by SOMHD	Thailand	UNAIDS / Thailand	

Endorsed by HIV and AIDS Focal Points

Health Cluster 2 Work Programme Project 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional notes from the Consultation
C	Cities Getting to Zero Phase 3	Consider having a conference of mayors / local government chief executives. Also consider scale-up of the initiative in Lao PDR & Myanmar	Indonesia	AMS/UNAIDS	Use the Declaration of Commitment in the Cities 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.'
D	Advocacy in prevention among people who inject drugs (PWID)	Advocacy brief & workshop	Malaysia	UNAIDS / UNODC / International HIV/AIDS Alliance	Alliance has already closed regional office. Suggest link with ANPUD (Asia Network of People who Use Drugs), other CSOs.
E	Development of 3rd regional report	Report published	Philippines Co-lead: Malaysia	AMS/ ASEC/ UNAIDS	
F	Articles for health e-bulletin	ASEAN e-health bulletin published	Philippines	ASEC	
G	Sharing of lessons learned / study visit in achieving EMTCT	Workshop conducted	Thailand	UNAIDS / UN Women / UNICEF / WHO/UNFPA	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.

Endorsed by HIV and AIDS Focal Points

Health Cluster 2 Work Programme Project 11	Activity	Expected Output / Indicator	Lead Country	Source of Support	Additional notes from the Consultation
H	World AIDS Day messages / <b>World AIDS Day Observation in ASEAN</b>	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>
I	Training / workshop on HIV co-infections & ART	Training / workshop conducted	<b>Cambodia / Indonesia to be decided</b>	China / WHO / UNAIDS	<u>Involve Myanmar. Partner with APN+.</u>