

Governance and Implementation Mechanisms of ASEAN Post-2015 Health Development Agenda

1 Overview

In light of the ASEAN Community 2015 and the global post 2015 development, several health and social challenges post 2015 within the ASEAN region have emerged. Such developments include:

1. Sustainable Development Goals (SDG), which set global tone between 2015 and 2030 was adopted by UN Member States through a resolution of the United Nations General Assembly in September 2015;
2. Rapid economic growth in the ASEAN Member States (AMS), enabling a larger share of resources to invest in social and health development of the respective populations. Significant progress in health development has been noted in the Region.
3. However, there remain the unfinished MDG agenda which continue to be implemented by some AMS resulting in a need for effective collaboration within the region to assist in full achievement of MDGs;
4. The ASEAN Economic Community (AEC) which will facilitate freer flow of goods, services, and people can be another important factor that requires continued health collaboration to prevent, detect and respond to any potential future health threats.

These developments provide increased opportunities to strengthen health cooperation across the ASEAN Member States through the ASEAN health cooperation; and advocating political commitment and support.

In addition, the current ASEAN Strategic Framework on Health Development (2010-2015) is at the final stage of its timeframe. ASEAN SOMHD has therefore mandated the working group meetings to discuss and prioritise the health issues and concerns of post 2015 in ASEAN. The selected priority health agenda were proposed to the 9th Senior Officials' Meeting on Health Development (SOMHD) held on 9-11 June 2014 in Chiang Rai, Thailand for endorsement. Subsequently, the agreed health clusters and priority health issues were submitted to the 12th ASEAN Health Ministers' Meeting (AHMM) held on 18 September 2014 in Ha Noi, Viet Nam for endorsement and political support.

2 The Strategic Framework for the ASEAN Post-2015 Health Development Agenda

The governance and working mechanisms of the ASEAN Post 2015 Health Development Agenda aim at streamlining and strengthening the effectiveness of the ASEAN health cooperation, in response to priority health issues in the Region and capitalise on the comparative advantages of working together across the Region. Based on consultations with representatives from all AMS, the ASEAN Secretariat, and inputs from the evaluation report by the external consultants between 5-6 August 2014 and 7-8 April 2015 in Bangkok; this paper provides the strategic framework for the ASEAN Post-2015 Health Development Agenda; clusters, goals and priorities; core governance structure; and evaluation framework to ensure achievement of goals and targets set for each health priority issue, and reach the vision of ASEAN post 2015 health cooperation.

2.1 Vision: A Healthy, Caring and Sustainable ASEAN Community

2.2 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.

2.3 Guiding Principles of ASEAN Health Cooperation in the post 2015

While respecting the national law and regulation of AMS, the following guiding principles aim to strengthen the effectiveness of ASEAN Health Cooperation, benefiting health of the people in ASEAN.

1. Accountability: Evidence based approaches in setting health goals and targets in responses to priority health problems in the Region, by taking into account the comparative advantages and value added of working under the ASEAN Health Cooperation;
2. Leadership: SOMHD takes leadership in advancing health agenda in order to achieve health of the population in the Region; through the endorsement and political supports of the AHMM;
3. Operational and technical efficiency: effective use of scarce health resources, flexibility while ensure transparency, avoid duplication and maximize synergies with other non-health sectors;
4. Capacity building among Member States through active engagement in governance of ASEAN Health Cooperation by the application of the principle of shared responsibility;

5. Positioning ASEAN in Global Health: strengthen ASEAN's role and image through active contributions to global health in various platforms.

2.4 Purposes of ASEAN Health Cooperation in the post 2015 era

1. Streamline the ASEAN mechanisms to be more efficient, avoid duplication of work and ensure synergies;
2. Accelerate the implementation, by AMS, of the selected health priorities in order to achieve the committed goals and targets;
3. Mobilize expertise and resources from all stakeholders, including donors, development partners, private sector and civil society within and outside ASEAN;
4. Monitor progress and performance;
5. Reduce health gaps and increase sustainable institutional capacities in health development across ASEAN Member States.

2.5 Clusters, Goals and Priorities of the ASEAN Post-2015 Health Development Agenda

Cluster	Goal 2020	Health priorities
1. Promoting healthy lifestyle	a) To achieve maximal health potential of ASEAN Community through promoting healthy lifestyle b) To ensure healthy lives and promote wellbeing for all at all ages	1. Prevention and control of NCDs
		2. Reduction of tobacco consumption and harmful use of alcohol
		3. Prevention of injuries
		4. Promotion of occupational health
		5. Promotion of mental health
		6. Promotion of healthy and active ageing
		7. 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	8. Prevention and control of communicable diseases, emerging infectious diseases and neglected tropical diseases

	diseases b) To respond to environmental health threats, hazards and disaster, and to ensure effective preparedness for disaster health management in the region	9. Strengthening laboratory capacity 10. Combating antimicrobial resistance(AMR) 11. Environmental health and health impact assessment (HIA) 12. Disaster Health Management
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 b) To achieve the unfinished health related MDGs, in light of the sustainable development goals (SDG)	13. Traditional Medicine 14. Health related MDGs (4, 5, 6) 15. Universal health coverage (UHC) 16. Migrants' health 17. Pharmaceutical development 18. Healthcare financing 19. Human resources development
4. Ensuring food safety	a) To promote access to safe food, safe drinking water and sanitation	20. Food safety

***Notation:

1. For Health Cluster for 4a: Any health initiatives directly addressing safe drinking water and sanitation will be implemented under Health Priorities on Environmental Health and Health Impact Assessment of Health Cluster 2.
2. Issue related with HIV/AIDS will be further discussed by the Cluster 2 & 3.

* The above Clusters, goals and priorities were endorsed by the 12th AHMM on 18 September 2014 in Ha Noi, Viet Nam.

3 The core governance structure

The core governance structure is composed of two main governing bodies of ASEAN health development (Figure 1):

1. ASEAN Health Ministers' Meeting (AHMM) whose function is at the policy level;
2. Senior Officials' Meeting on Health Development (SOMHD) whose function is at the strategic/executive level, covering the strategic and operational management.

Figure 1 The core governance structure - transition period 2016-2017

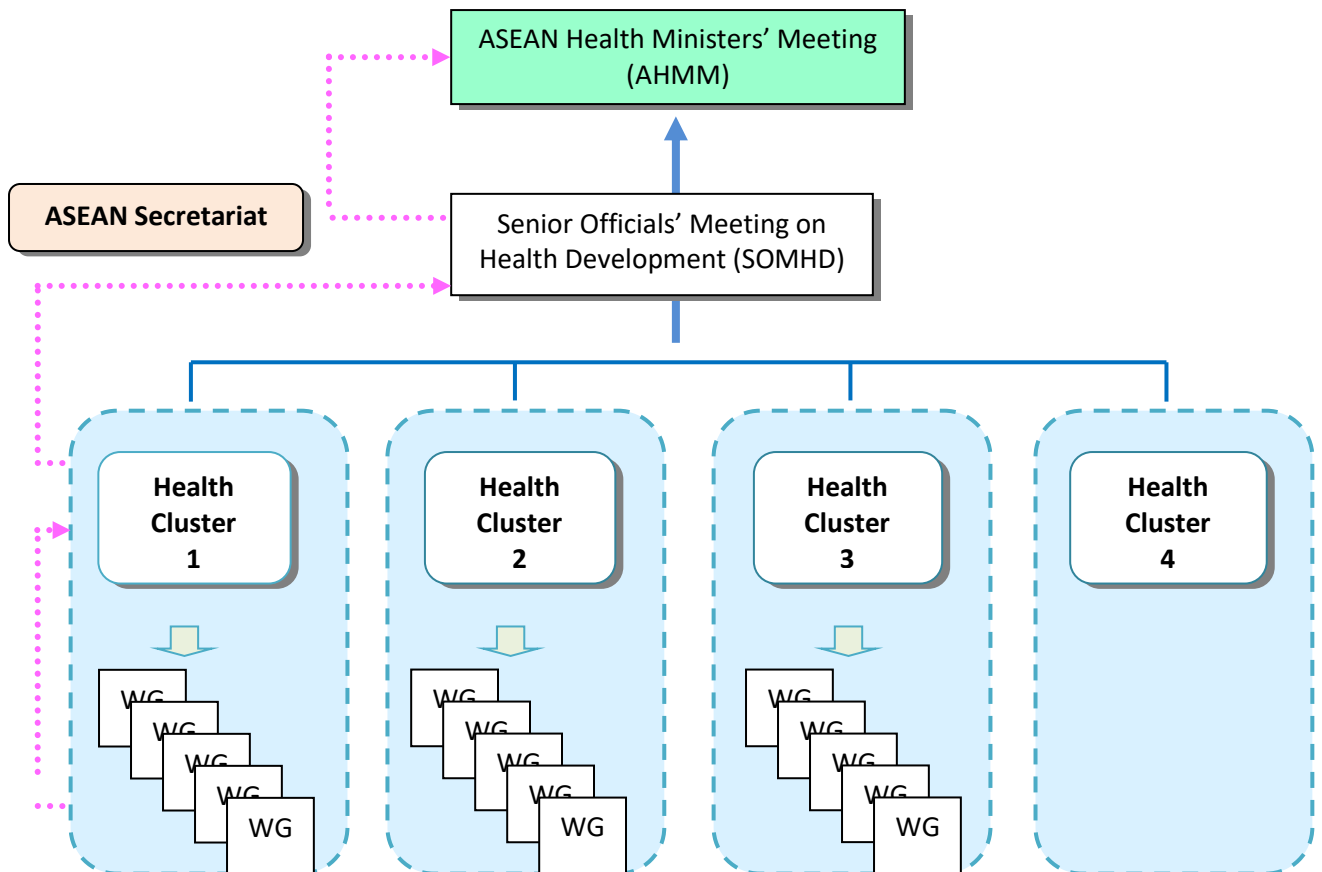
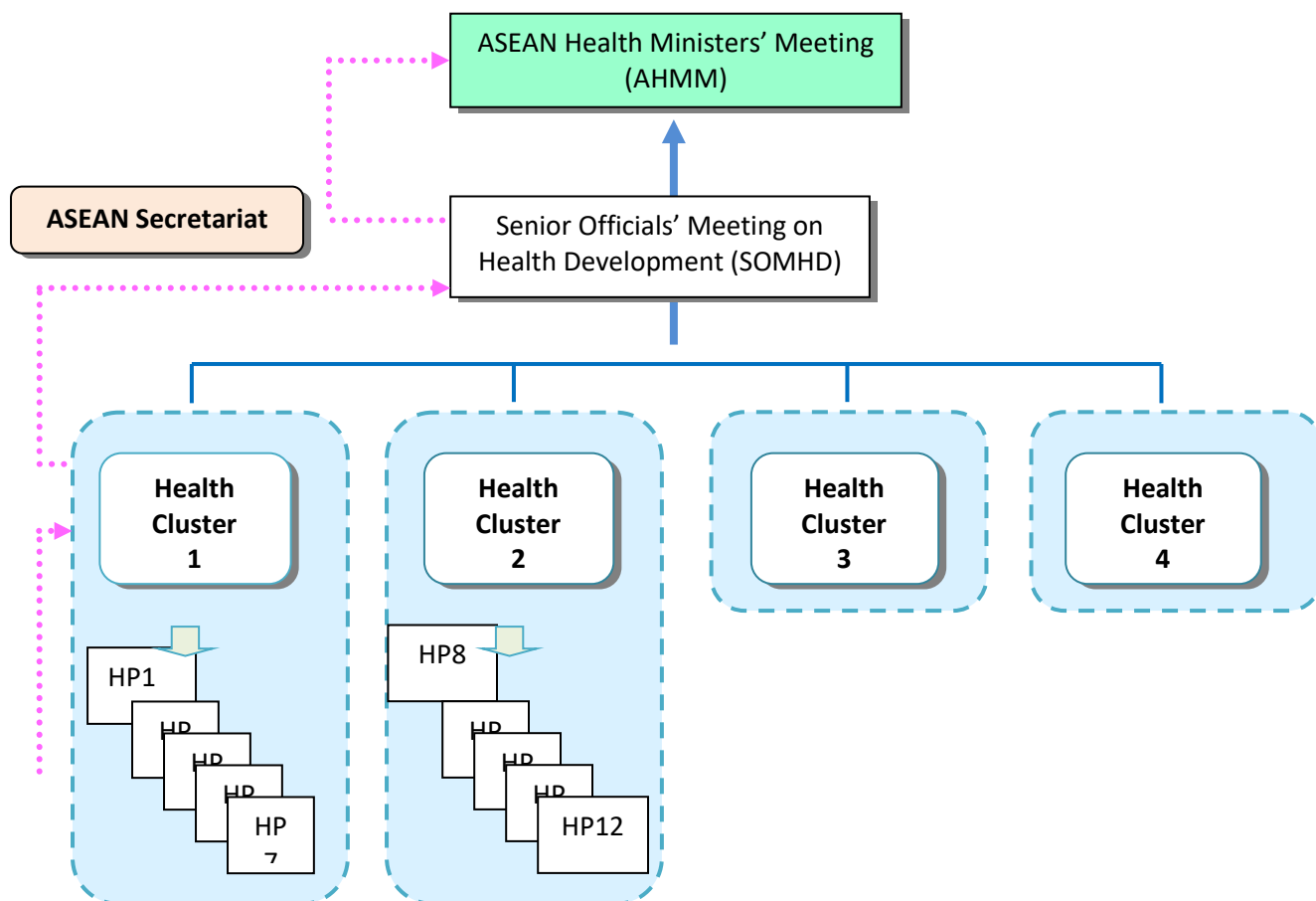


Figure 2 The core governance structure –post transition period 2018 onwards



3.1 ASEAN Health Ministers' Meeting (AHMM)

The ASEAN Health Ministers' Meeting shall have authority to determine the policies of ASEAN Health and endorse decisions and reports of SOMHD.

The mandate of AHMM shall be complied with the ASEAN Community Framework, East Asia Summit in coordination with dialogue partners, development partners, and also have the following functions:

Composition

The Chair of the AHMM shall rotate alphabetically and shall be the same Chair as SOMHD, with the Vice Chair becoming the next chair.

Procedure

1. The AHMM shall meet once every two years and the Chair shall determine the place of the meeting.
2. Special meetings may be proposed by the AHMM as necessary to discuss urgent matters. Timing, venue, and mode of such meeting, including VDO Conference shall be decided by Chair of AHMM, in consultation with other AMS.
3. The AHMM may consider convening an informal meeting in parallel with the World Health Assembly (WHA). The Chair of AHMM in consultation with Vice-chair and ASEAN secretariat shall consider the meeting agenda for this meeting and ASEAN secretariat as mandated will provide support for this meeting. ASEAN Health Ministers' statements may be encouraged to be delivered at the plenary of the WHA.
4. The AHMM and SOMHD Chairmanship shall be rotated on a two-year basis.

3.2 SOMHD

The Senior Officials Meeting on Health Development (SOMHD) is the top officials' body that reports to the ASEAN Health Ministers. The SOMHD is responsible for strategic management and provide guidance on the overall activities on implementation of ASEAN-Post 2015 Health Development Agenda to ensure that all goals and targets are achieved and reports progress of work to the ASEAN Health Ministers for information and endorsement as necessary.

SOMHD may engage with entities that support the ASEAN Charter in particularly its purposes and principles.

Composition

The composition of the SOMHD shall be represented by a designated senior official from each AMS. The Chair and Vice Chair of the SOMHD shall be by alphabetical rotation between all AMS to hold concurrent terms of two years similar to AHMM. The current Vice Chair will be the next Chair. The Chair will host the SOMHD Meeting in his or her country on an annual basis.

Roles and Responsibilities

The SOMHD shall have the following roles and functions:

1. Determine, prioritize the ASEAN health cooperation in every five year and seek political commitments, supports , and endorsement from AHMM;

2. Propose regional health strategies pursuance with health priorities in line with ASCC Blueprint and strategies. Regional strategies shall pertain to the goals and targets;
3. Prepare the provisional agenda of the meeting of AHMM;
4. Accelerate implementation of ASEAN Action Plans to achieve ASEAN goals and targets of health development;
5. Delegate Health Cluster for operationalisation of the action plan and pertinent decisions on their behalf.
6. Actively engage in global health platforms, in order to strengthen ASEAN's role as one unique and potential community;
7. Develop, review and endorse the basic documents of ASEAN Health Cooperation as aligned to the vision and priorities endorsed by the ASEAN Health Ministers;
8. Review and make recommendations to improve the governing structures and implementation mechanisms of the Health Clusters;
9. Coordinate with dialogue partners and development partners in order to mobilize expertises and supports in line with health priorities of ASEAN;
10. Ensure effective collaboration with relevant sectors and bodies in the ASEAN Socio-cultural Community (ASCC) and with other ASEAN Pillars;

Procedures

1. The Senior Officials Meeting on Health Development (SOMHD) shall be convened at least once a year and report to the ASEAN Health Ministers Meeting (AHMM); special or additional meetings may be convened to discuss urgent matters when appropriate and agreed upon by AMS. The Chair shall determine the place of the Meeting.
2. The meeting agenda of SOMHD shall be set in accordance with ASEAN health priorities endorsed by the 12th AHMM and agreed upon by AMS.
3. AMS shall present a proposal for additional meeting agenda item to ASEAN Secretariat at least four weeks prior to the Meeting. The provisional agenda of the Meeting shall be determined by the Chair of the SOMHD, in consultation with Vice Chair and ASEAN Secretariat.
4. The provisional agenda and related meeting documents shall be circulated to SOMHD Focal Points and made available on the ASEAN website not less than 2 weeks prior to the Meeting.
5. SOMHD should be convened in advance from AHMM to allow sufficient time for SOMHD to submit the outcomes and proposals for AHMM endorsement.

6. Focal point for SOMHD shall be appointed to be responsible for communication.

3.3 Health Cluster Meeting

As endorsed by 12th AHMM in 2014, there are four Health Clusters of ASEAN Post-2015 Health Development Agenda, under each Cluster related health priority issues were selected. Each Health Cluster has an operational role and commits to achieve SOMHD goals as well as demonstrate their strategic leadership on their respective health priorities.

Composition

Health Clusters are functional bodies as an extension from SOMHD. The Chairs and Vice Chairs of Health Clusters will be designated by SOMHD in rotation basis. However, countries that are presently Chair and Vice Chair of the AHMM/SOMHD shall not be considered as Chair or Vice Chair of the four Health Clusters.

Roles and Responsibilities

Health Clusters shall have the following roles and functions:

1. Support, coordinate, and consolidate works of selected Working Groups/ Task Forces/ Networks of each health priority;
2. The Chair of the Health Cluster, with the support of the Vice-Chair, will convene a meeting among the Working Groups under its domain at least once a year; and when necessary. The agenda, format and date of the meeting should be decided in consultation with other Member States and ASEAN Secretariat.
3. Submit a summary report of their works to SOMHD on an annual basis;
4. In the transition period, to assess, in line with Post-2015 health priorities, the current Working Groups' performance to determine how they shall be discontinued by the end of the transition period.
5. In the post transition period, assess and provide guidance to the work of the various health priorities.

3.4 Working Groups (WG)-during transition period 2016-2017

By the end of the transition period, all working groups should be dissolved. During the transition period, working Groups will not have new work plan items and shall attend the Health Cluster Meetings as convened by the Cluster Chairs, and focus on delivering concrete outcomes that is aligned with the priorities and goals of the Health Cluster.

Composition

The coordinator of Working Groups shall be nominated within AMS according to the practice already established and currently in used, with the approval of Health Cluster Chairs / Vice-Chairs.

Role and Responsibilities

The working groups during the transition period will work with the Cluster under the direction from the Cluster Chair.

3.5 ASEAN Secretariat

Role / Responsibilities

The ASEAN Secretariat shall provide general support to AMS upon request and shall be to:

1. Provide for greater efficiency in the coordination of ASEAN organs and for more effective implementation of ASEAN Project and activities.
2. Initiate, facilitate, and coordinate ASEAN Stakeholder collaboration in realizing the purposes and principles of ASEAN as reflected in the ASEAN Charter.

Annex 1: Format of the SOMHD

SOMHD post 2015 onwards

a. Attendees

- i. SOMHD Chair
- ii. SOMHD Vice Chair
- iii. SOMHD Focal Points of all remaining AMS (i.e. in their capacities as health cluster chair and vice chair). Health cluster coordinators from Member States, as decided by individual Member States.

b. Outputs

- i. Report and updates by various health clusters
 - a) Health cluster chair report

Annex 2: In the transition period of 2016 – 2017, the following arrangements are being proposed:

	Chair	Vice Chair
AHMM/SOMHD	Brunei	Cambodia
Cluster 1	Indonesia	Lao PDR
Cluster 2	Malaysia	Myanmar
Cluster 3	Philippines	Singapore
Cluster 4	Thailand	Vietnam

A set of guidelines / procedures for the creation of new working groups that have a time-restricted mandate to complete certain objectives, upon which to report back its results / findings back to the Cluster Chair / Vice-Chair.

Annex 3: Format of the Health Cluster Meetings

1. In transition period (2016-2017)

a. Attendees

- i. Health cluster Chair
- ii. Health cluster Vice Chair
- iii. Health cluster coordinator of AMS (if established)
- iv. Focal points from various working groups under relevant health cluster

b. Outputs

- i. Report and updates of health cluster
- ii. Report and updates various working groups, if necessary.

2. Health Cluster post transition period 2018 onwards

a. Attendees

- i. Health cluster Chair
- ii. Health Cluster Vice Chair
- iii. Health cluster coordinators of all AMS

b. Outputs

- i. Report and updates various health clusters
 1. Health cluster chair report