

**ASEAN HEALTH CLUSTER 1: PROMOTING HEALTHY LIFESTYLE
REVISED WORK PROGRAMME, 2016 - 2020**

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| 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) | <p>SDG Goal # 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture (Target 2.1)</p> <p>SDG Goal #3: Ensure healthy lives and promote well-being for all at all ages (Targets 3.4, 3.5, 3.6, 3.a)</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 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. |

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| <p>A.4.1</p> | <p>HEALTH CLUSTER 1 PRIORITY STRATEGIES</p> | <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 |
| <p>A5</p> | <p>KEY PERFORMANCE INDICATORS</p> | <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 |

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| | | <p>[Note: * This is dependent on the availability of data and reporting system of the country.]</p> <p>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)</p> <p>10. All AMS have guidelines on the promotion of occupational health</p> <p>11. ASEAN Policy Brief on Mental Health is implemented based on key strategies.</p> |
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| Health Priorities and Programme Strategies | Project Activities from 2016 – 2020 | Expected Outputs and Output Indicators | Lead Country | Source of Support |
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| HEALTH PRIORITY 1: PREVENTION AND CONTROL OF NON-COMMUNICABLE DISEASES | | | | |
| 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 | 1.1. All AMS finalize and implement national multisectoral strategy on NCDs | <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: 2016-2020</p> | Indonesia to coordinate | Propose to WHO, UNICEF and relevant partners for technical assistance |
| | 1.2. Conduct an ASEAN Conference on NCDs | <p>EO : Conference conducted</p> <p>Indicator:</p> | Philippines | Philippines |

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| | <p>1.3. Conduct an inter-pillar consultation for the reformulation and production of healthy food and beverage options</p> | <p>Various stakeholders participated the conference</p> <p>Timeline: October 2017</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: 2017-2019</p> | <p>Indonesia Philippines Brunei Darussalam</p> | <p>Indonesia UNICEF (TBC) WHO (TBC)</p> |
| <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</p> <p>Indicators: Finalized and disseminated training framework for health workers on integrating health programmes on NCD</p> <p>Timeline: 2018</p> | <p>Lao PDR</p> | <p>JAIF (TBC) JICA (TBC) WHO (TBC)</p> |

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| 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. | 3.1. Document good practices of innovative health financing and use of taxes to fund NCD programmes in AMS. | <p>EO: Good practices documented</p> <p>Indicator: Publication endorsed and launched</p> <p>Timeline: 2017-2020</p> | Philippines | ASEAN Secretariat (for publication cost) |
| 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. | 4.1. Establish framework for the fiscal measure for sugar-sweetened beverages | <p>EO: Framework developed</p> <p>Indicator: Endorsed document disseminated</p> <p>Timeline: 2018-2019</p> | Malaysia | WHO |
| HEALTH PRIORITY 2: REDUCTION OF TOBACCO CONSUMPTION AND HARMFUL USE OF ALCOHOL | | | | |
| 1. Expedite implementation of the Framework Convention on Tobacco Control through implementation of demand reduction measures 1.a. All AMS have implemented national laws on 100% smoke free, completely banning tobacco advertisements | 1.1. Develop annual reports of status of implementation of demand reduction measures to reduce tobacco use | <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</p> | Malaysia Singapore | SEATCA (TBC) WHO (TBC) |

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| promotion and sponsorship, larger size health warnings on tobacco packs and taxes reaching more than 75% of retail price on tobacco. | | reduction measures Timeline: 2017-2020 | | |
| 2. Development of implementable alcohol policy in ASEAN countries or review and revise of existing Alcohol policy for reduction of harmful use of alcohol | 2.1 Meeting , knowledge sharing and supporting among countries regarding alcohol policy development and implementation. | EO: TBC by lead country Indicator: TBC by lead country Timeline: 2017-2020 | Myanmar | WHO |
| 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 | EO: Agreement on One AMS Voice Commitment Indicator: Endorsed agreement disseminate Timeline: Tobacco, 2018 Alcohol, 2020 | Thailand | Other Sources of Support to be determined |

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| | 3.2. Develop an ASEAN framework on alcohol control to reduce the harmful use of alcohol | <p>EO: ASEAN framework on alcohol control to reduce the harmful use of alcohol developed</p> <p>Indicator: Endorsed framework disseminated</p> <p>Timeline: 2018</p> | Thailand | SEATCA (for tobacco control TBC) |
| 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 | <p>EO : Regional network of national collaborating bodies established.</p> <p>Indicator: All AMS with national collaborating bodies by 2018</p> | Indonesia | Indonesia |

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| | 1.2. Develop regional capacity and standards on data reporting on road traffic crashes following the Decade of Action indicators | <p>EO: Availability of standard format for data reporting at regional level</p> <p>Indicator: All AMS have finalised standards on data reporting by 2018</p> | Thailand | Thailand |
| 2. Sharing of practices/ experiences on injury and road traffic crashes prevention, and pre-hospital care/EMS | 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>EO: Regional multi-sectoral forum conducted (e.g. World Conference on Injury prevention and safety promotion)</p> <p>Indicator: All AMS participated in forum in October 2017</p> | Philippines Thailand | Philippines (as part of the ASEAN Conference on NCD) |
| HEALTH PRIORITY 4: PROMOTION OF OCCUPATIONAL HEALTH | | | | |
| 1. Sharing of good practices among AMS on workplace-based health promotion | 1.1. Publication of good practices on workplace-based health promotion | <p>EO: Good practices compiled and shared</p> <p>Indicator: AMS good practices shared annually starting 2018</p> | Philippines Indonesia | Philippines |

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| | 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>EO: Regional multi-sectoral forum conducted (i.e. ASEAN conference on NCDs)</p> <p>Indicator: All AMS participated in forum by 2017</p> | Philippines Malaysia | Philippines (as part of the ASEAN Conference on NCDs) ASEAN OSHNET (for coordination) |
| 2. Develop ASEAN guidelines on occupational health | 2.1. Develop ASEAN guidelines for health surveillance criteria by risk factor, and diagnostic criteria for occupational diseases | <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 2017</p> | Thailand Philippines Lao PDR | Thailand WHO |
| 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> | Philippines | Philippines (as part of the ASEAN Conference on NCDs) |

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| | 1.2 Conduct meetings to share information, success experiences in ATS use problem management . collaboration with relevant stakeholders | <p>EO: TBC by lead country</p> <p>Indicator: TBC by lead country</p> | Thailand Myanmar | |
| 2. Scaling up integration of mental health programmes in primary and secondary levels of care. | 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>EO:</p> <ol style="list-style-type: none"> 1. Workshop conducted, and systems gaps identified and shared 2. 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 | Indonesia Viet Nam | Indonesia |

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| | 2.2 Integration of appropriated mental health training into the training program of Undergraduate Doctor and basis health staff training programme | <u>TBC</u> | Thailand Myanmar | |
| 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 | <p>EO: active ageing IEC materials developed</p> <p>Indicators: Endorsed active ageing IEC materials disseminated</p> <p>Timeline: 2018</p> | Brunei Darussalam and Viet Nam | Other Sources of Support to be determined ASEAN Secretariat (for the printing cost) |
| | 1.2. Develop guideline on the integration of elderly health programme with NCD and mental health | <p>EO: Integration guideline developed</p> <p>Indicators: endorsed guideline</p> | Viet Nam | JAIF (tbc) UNFPA(tbc) WHO (tbc) |

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| | | disseminated <u>Timeline:</u> 2018 | | |
| 2. Empower the elderly to maintain their ability to participate in the family and community activities 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 | 2.1. Conduct study by external party on assessment of elderly-friendly community in AMS | <u>EO :</u> 1. concept paper and project proposal to seek funds and external consultant developed 2. study conducted <u>Indicator:</u> Report disseminated <u>Timeline:</u> 1. 2017 Concept paper finalized 2. 2018 study conducted | Viet Nam Thailand | UNFPA (TBC) JAIF (TBC) JICA (TBC) |
| 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 | 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 | <u>EO:</u> Meeting conducted <u>Indicator:</u> 1. Recommendation on the development of ASEAN Declaration/Joint Statement on Promotion of Healthy Lifestyle and Active Ageing 2. Recommendation to | Thailand | WHO (TBC) JAIF (TBC) JICA (TBC) |

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| to national priorities | | establish ASEAN Center for Active Aging and innovations in Bangkok by 2019 | | |
| 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: 2017</p> | Philippines Indonesia | Philippines UNICEF (TBC) |
| | 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: 2020</p> | Philippines Indonesia | Philippines UNICEF (TBC) |
| | 1.3. Workshop on sharing of nutrition surveillance experiences | <p>EO: Workshop conducted</p> | Thailand Indonesia | TBC |

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| | among AMS | <p>Indicator: Training report</p> <p>Timeline: 2019</p> | Philippines | |
| | 1.4. Training on nutrition in emergency | <p>EO: Training conducted</p> <p>Indicator: Training report</p> <p>Timeline:2019</p> | Indonesia | TBC |
| 2. Ensure policy and programme coherence among relevant ASEAN sectors to promote good nutrition | 2.1. The ASEAN Multisectoral workshop on ending all form of malnutrition | <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> | Philippines Indonesia | Philippines UNICEF (TBC) WHO (TBC) |

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| | | <ul style="list-style-type: none"> • ASEAN Leaders Declaration Declaration 2017 • ASEAN Framework 2018 | | |
| | 2.2. Conduct an ASEAN Breastfeeding Forum and Big Latch On | <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> | Philippines | Philippines |