

The ASEAN



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4TH

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FROM RECOVERY TO RESILIENCE



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THE INSIDE VIEW

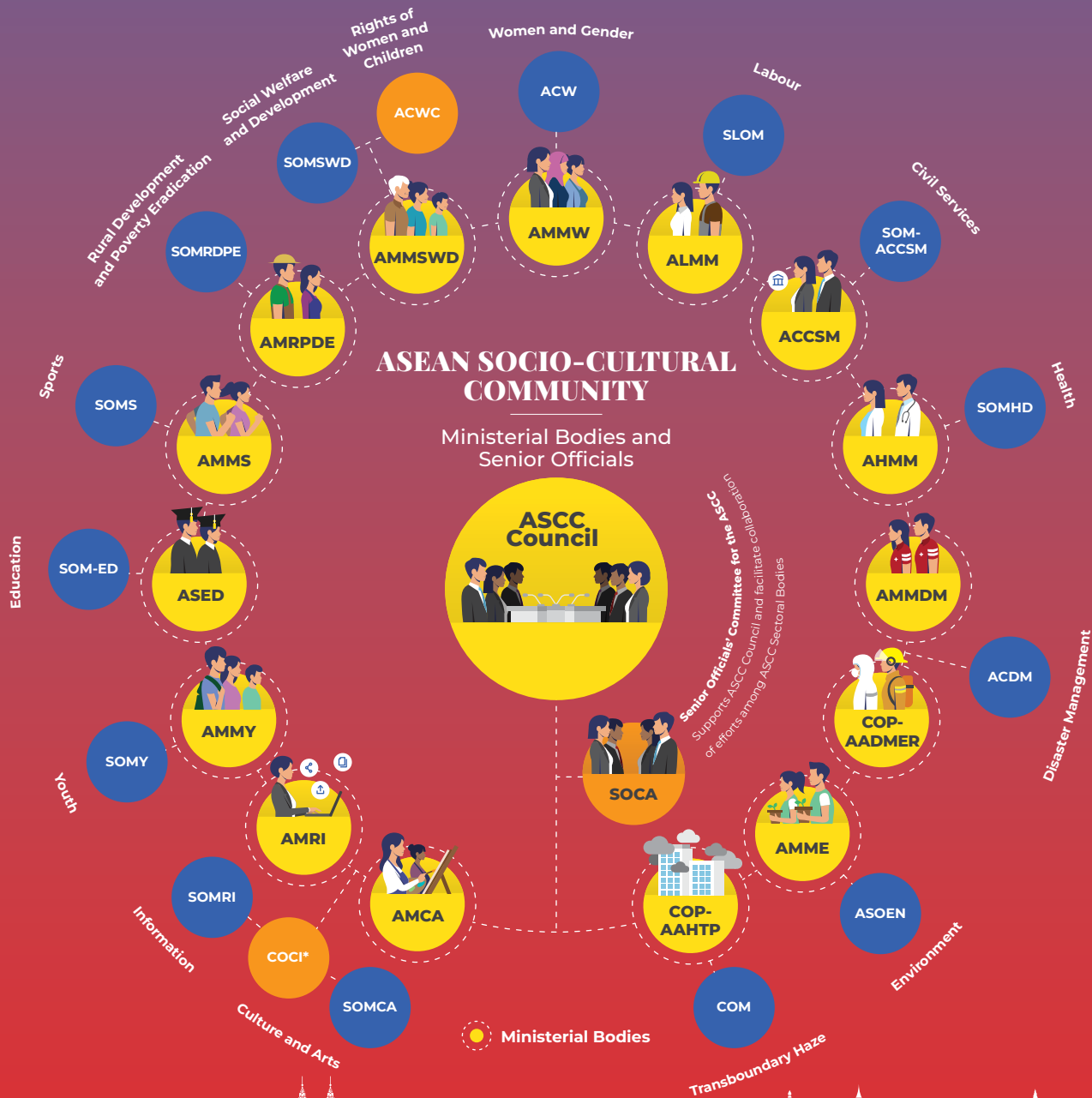
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SHIFTING CURRENTS

ASEAN Guide on AI
Governance and Ethics

CONVERSATIONS

Health and Well-being
Advocates



AMRI: ASEAN Ministers Responsible for Information

AMCA: ASEAN Ministers Responsible for Culture and Arts

AMMY: ASEAN Ministerial Meeting on Youth

ASED: ASEAN Education Ministers Meeting

AMMS: ASEAN Ministerial Meeting on Sports

AMRDPE: ASEAN Ministers on Rural Development and Poverty Eradication

AMMSWD: ASEAN Ministerial Meeting on Social Welfare and Development

AMMW: ASEAN Ministerial Meeting on Women

ALMM: ASEAN Labour Ministers Meeting

ACCSM: ASEAN Cooperation on Civil Service Matters

AHMM: ASEAN Health Ministers Meeting

AMMDM: ASEAN Ministerial Meeting on Disaster Management

COP to AADMER: Conference of the Parties to the ASEAN Agreement on Disaster Management and Emergency Response

AMME: ASEAN Ministerial Meeting on Environment COP to AATHP-Conference of the Parties to the ASEAN Agreement on Transboundary Haze Pollution

SOMCA: Senior Officials Meeting on Culture and Arts

COCI: The ASEAN Committee for Culture and Information

SOMRI: Senior Officials Meeting Responsible for Information

SOMY: Senior Officials Meeting on Youth

SOMED: Senior Officials Meeting on Education

SOMS: Senior Officials Meeting on Sports

SOMRDPE: Senior Officials Meeting on Rural Development and Poverty Eradication

SOMSWD: Senior Officials Meeting on Social Welfare and Development

ACWC: ASEAN Commission on the Promotion and Protection of the Rights of Women and Children

ACW: ASEAN Committee on Women

SLOM: Senior Labour Officials Meeting

SOM-ACCSM: Senior Officials Meeting on ASEAN Cooperation on Civil Service Matters

SOMHD: Senior Officials Meeting on Health Development

ASOEN: ASEAN Senior Officials on the Environment

COM to AATHP: Committee under the Conference of Parties to the ASEAN Agreement on Transboundary Haze Pollution

* takes guidance from and reports to both AMCA and AMRI



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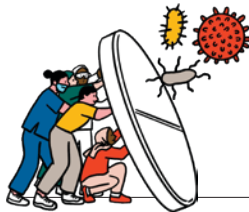
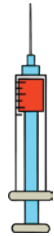
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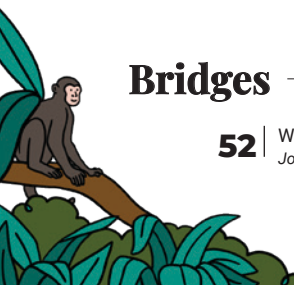
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Note from the Editorial Team

It has been a year since the World Health Organization (WHO) declared that the COVID-19 pandemic was no longer a public health emergency. This edition of *The ASEAN* showcases the resilience and adaptability we have demonstrated during a pandemic that has had a profound socio-economic impact on our region. Although we have gradually recovered, the threats of other infectious diseases and outbreaks loom. The question remains: Are we better prepared to detect, respond, and prevent another large-scale health crisis?

As Chair of ASEAN in 2024 and the ASEAN Health Ministers Meeting (AHMM), the Lao PDR has taken a proactive stance, prioritising health resilience and focusing on strategies to bolster the region's capacity to handle future health emergencies effectively. AHMM Chair and Minister of Health Bounfeng Phoummalaysith explains how the health sector strengthened its response to the pandemic's impact and built capacities to provide quality healthcare and promote people's health and overall well-being.

During its ASEAN Chairmanship in 2023, Indonesia spearheaded the One Health Initiative. This landmark initiative, adopted at the 42nd ASEAN Summit in May 2023, underscores the vital interconnections between people's health and environmental and climate

changes. Indonesian Health Minister Budi G. Sadikin shares his insights on why adopting a holistic approach and investing in long-term commitments to disease surveillance and prevention are paramount.

This edition features articles from the WHO South-East Asia Regional Office and West Pacific Regional Offices that delve into the lessons we have learned from the pandemic response and offer valuable insights on the path forward for public health preparedness and governance. They discuss crucial topics such as health system strengthening, pandemic response strategies, and the role of regional cooperation in health emergencies.

The pandemic's multidimensional impact necessitated a strategic and collaborative approach by ASEAN. In November 2020, the ASEAN Leaders adopted the ASEAN COVID-19 Recovery Framework (ACRF). With its five broad strategies, this framework was crucial in mitigating the crisis's socioeconomic impacts. The ASEAN Integration Monitoring Directorate of the ASEAN Economic Community Department provides an in-depth assessment of the ACRF's effectiveness as a response mechanism and model for future crises.

As the region shifts from recovery to resilience, we focus on promoting healthy living, good mental health, and disease prevention. In this issue, we also feature conversations with a medical doctor who risked her safety, like many health workers, while providing essential care during the pandemic. We highlight advocates encouraging people to make informed decisions about their health and well-being.

We also feature the highlights of an ASEAN Socio-Cultural Community policy brief on Promoting Healthy Lifestyles, underscoring the importance of healthy living practices in fostering a resilient community.

This year marks the 4th anniversary of *The ASEAN* magazine, and we would like to express our deep gratitude to the Government of India for its continued support. We especially thank our growing number of readers and all those who have contributed interviews, articles, illustrations, and stories to the magazine over the years.

Related Issues:



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COVER About the Artist

Karina Tungari is a freelance illustrator who was born and raised in Jakarta. She studied communication design in Jakarta and illustration at the Hamburg University of Applied Sciences with a focus on graphic narrative. Her interest in people and their complexity as social beings is part of her graphic essay.

You can find her artwork on Instagram [@_katung_](https://www.instagram.com/_katung_) and www.karinatungari.com

Bounfeng Phoummalaysith, PhD

Minister of Health, Lao PDR

Chair, ASEAN Health Ministers Meeting

As the Chair of ASEAN in 2024 and the ASEAN Health Ministers Meeting (AHMM), Lao PDR has set a significant agenda under the theme "Health: Transforming ASEAN Health Development Resilience in a New Context." In this interview, Minister Bounfeng Phoummalaysith outlines the key priorities to enhance health resilience across the region. With ASEAN continuing its recovery from the pandemic and preparing for future crises, Minister Phoummalaysith delves into critical initiatives, including biosafety and biosecurity measures, the health security interface, the ASEAN Public Health Emergency Coordination System (APHECS), and the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED). He also discusses efforts to prevent HIV and AIDS and promote smoke-free advocacy, healthy lifestyles, and people's well-being in ASEAN.



Photo Credit: ©Ministry of Health of the Lao People's Democratic Republic

Minister Phoummalaysith:

Since the beginning of 2024, the Lao PDR has executed many important activities according to its set priorities and milestones. Among the health sector's priorities are elevating biosafety and biosecurity measures and improving regional and country preparedness and response capabilities against biological threats and pandemics. A series of meetings have been held with participants from ASEAN Member States to discuss the challenges, gaps, and opportunities in biosafety and biosecurity measures. The goal is to adopt the ASEAN Leaders' Declaration on Biosafety and Biosecurity to enhance health security and resilience to fit the current context and needs of ASEAN Member States at the 44th and 45th ASEAN Summits. As of now, an advanced draft of the declaration and its operationalisation through the Biosafety and Biosecurity Network have been developed and reviewed.

To further strengthen the cooperation among ASEAN Member States, the Lao PDR reaffirms the importance of the establishment agreement and the operationalisation of the ACPHEED. Equally important is the adoption of the Framework of APHECS, which enhances the regions coordinating system on public health emergencies and emphasise preparedness and response measures, under the directive of ASEAN Health Sectoral Body.

The ASEAN Leaders' Declaration on Ending Inequalities and Getting on Track to End AIDS by 2030 is also an important declaration. It renewed the call for ASEAN Member States and partners to join forces and collectively end AIDS in ASEAN by 2030 through priority themes of (i) getting on track, (ii) strengthening, supporting and sustaining community-led responses, (iii) ending inequalities, and (iv) financing and sustaining the AIDS response. The declaration was operationalised through an updated ASEAN Health Sector Work Plan on HIV and AIDS 2021-2025, which summarises the 23 project activities that contribute to realising the four priority themes. One of the important events to be held this year is a consultation meeting on "Sharing on Use of Innovative Strategies to Scale-up Programme for Key Populations." The consultation meeting will be organised by the Lao PDR as lead country, Chair of AHMM and SOMHD

(2022-2024), and 2024 ASEAN Chair, in collaboration with UNAIDS, through the Regional Support Team for Asia Pacific, a long-standing partner of the ASEAN Health Sector in HIV and AIDS.

In pursuit of the goal of cultivating smoke-free environments across ASEAN, the ASEAN Health Sector, led by the ASEAN Focal Points on Tobacco Control (2010-2015) and subsequently the ASEAN Health Cluster 1 on Promoting Healthy Lifestyle and ASEAN Contact Points on Tobacco Control (2016 onwards), has undertaken a series of impactful activities. Building upon initiatives like the extensive campaign titled "Towards a Smoke-free ASEAN," the Fourth Meeting of ASEAN Health Cluster 1 endorsed the establishment of the ASEAN Smoke-free Award (ASA) at the regional level, with the Lao PDR leading the effort in collaboration with the Southeast Asia Tobacco Control Alliance (SEATCA), and the ASEAN Secretariat's Health Division. It is proposed that the awards be conferred to cities, municipalities, provinces, states, and similar entities that demonstrate outstanding commitment to creating smoke-free environments.

The ASEAN Smoke-free Award represents a significant contribution by the ASEAN Health Sector towards realising the ASEAN Declaration on Culture of Prevention for a Peaceful, Inclusive, Resilient, Healthy, and Harmonious Society, a pivotal political pact adopted during the 31st ASEAN Summit in November 2017. Aligned with this declaration, the ASEAN Smoke-free Award aims to advance and uphold the campaign's objectives, "Towards a Smoke-free ASEAN," advocating for reduced tobacco consumption and fostering a supportive environment for healthy living among all ASEAN citizens. By recognising the exemplary efforts of smoke-free cities throughout the ASEAN region, the ASEAN Smoke-free Award underscores the importance of raising awareness about the adverse effects of tobacco use on public health and the environment, as well as the critical role of implementing and enforcing smoke-free regulations.

The Lao PDR, as 2024 chairman of ASEAN, seeks to boost its tourism and economy while promoting healthy habits and spaces. It launched the campaign, Visit Lao Year 2024, which educates tourists about the country's history, art,

culture, traditions, and natural attractions through green and eco-tourism. The Lao PDR also advocates Smoke-free Tourism based on the recommendations of its Ministry of Health and in accordance with the Tobacco Control Law as amended in 2021. This policy aims to protect people, including tourists, from second- and third-hand smoke, and support and promote healthy lifestyles in the country and around the region.

Four years have passed since the COVID-19 pandemic was first declared, and the ASEAN region is still recovering from its disastrous impacts. Can you share insights and lessons learned on the Lao PDR's response to the pandemic?

Minister Phoummalaysith:

Since the beginning of the pandemic, the Lao government has never underestimated the severity of the crisis. The Lao PDR's Prime Minister established a National Taskforce Committee for COVID-19 Prevention and Control, led by the Minister of Health and supported by Vice-Ministers and representatives from relevant ministries. This committee acts as a coordinating body throughout the implementation of the National Preparedness and Response Plan. At the provincial and district levels, COVID-19 task forces have been created, involving a range of sectors from public and private, as well as local communities. This reflects a coordinated approach, aimed at increasing capacity, sharing of resources and information, and ensuring strong engagement with local communities to prevent and respond to COVID-19. Other measures have been made, such as lockdowns, quarantines, tests, and strengthening healthcare capacities. All efforts were primarily aimed at buying time to establish and strengthen the country's vaccination campaign. Responding early and activating the National Preparedness and Response Plan enabled the allocation of funding for the response to the COVID-19 pandemic from both external and internal sources.

The Lao PDR has been praised for its swift and effective response to the COVID-19 pandemic. One of the key lessons learned from the response is the importance of early and decisive action. The Lao PDR implemented strict border controls, quarantine measures, and

“

To better prepare for future public health emergencies, it is essential to establish and enhance strong surveillance systems, monitor health data and environmental factors, and have a well-trained and equipped public health workforce.

widespread testing early in the outbreak, which helped to contain the spread of the virus and limit its impact on the population. This proactive approach demonstrated the importance of being prepared and taking quick action in response to a public health crisis.

Another important lesson learned from the Lao PDR's response to the pandemic is the importance of communication and transparency. The government regularly updated the public on the status of the outbreak, the measures being taken to control it, and how individuals could protect themselves and their communities. By providing clear and consistent information, the government built trust with the public and encouraged widespread compliance with public health guidelines. This emphasis on communication highlights the importance of transparency and honesty in times of crisis.

Overall, the response of the Lao PDR to the COVID-19 pandemic can serve as a valuable example for other countries facing similar challenges. By acting early, implementing strict measures, and prioritising communication and transparency, the Lao PDR was able to effectively contain the virus's spread and protect the health and well-being of its population. The Lao PDR received the vaccine on time compared to other countries.

These lessons learned can help guide future responses to public health crises and serve as a reminder of the importance of preparedness, proactive action, and clear communication in times of uncertainty.

ASEAN's Health sector quickly activated existing regional mechanisms and strengthened regional and international cooperation to address and respond to the pandemic. How better prepared are we to detect, prevent and prepare for the next public health emergency of this magnitude?

Minister Phoummalaysith:

To be better prepared to detect and prevent the next public health emergency, it is important to establish strong surveillance systems that will monitor any potential threats to public health. The system should include regular monitoring of health data, laboratory testing for infectious diseases, and monitoring of environmental factors that could impact public health. By carefully monitoring these factors, public health officials can detect any potential threats early on and take action to prevent them from becoming a larger crisis.

It is also crucial to have a well-trained and equipped public health workforce that can respond quickly and effectively to emergencies. This includes having a team of trained professionals who can

coordinate response efforts, conduct contact tracing, and provide medical care to those affected by the emergency. Additionally, having access to necessary medical supplies and resources, such as vaccines and medications, is crucial to respond to a public health emergency effectively.

Finally, establishing strong communication channels with other agencies apart from government sectors, healthcare providers, and the public is essential for successful emergency preparedness and response. By keeping the public informed about potential threats to their health and providing them with accurate and timely information, public health officials can help prevent panic and confusion during a crisis. Ultimately, investing in preparedness now can help prevent larger public health emergencies in the future.

The pandemic shifted the focus away from other healthcare concerns, such as the continuous rise of non-communicable diseases, preventive care and vaccinations, maternal and childcare, and mental health issues. How is the ASEAN health sector addressing these issues now as the region recovers from the pandemic?

Minister Phoummalaysith:

The Lao PDR's response to the pandemic demonstrated the importance of early and decisive action, strict border controls, quarantine measures, and widespread testing. The government's emphasis on communication and transparency helped build trust and encourage compliance with public health guidelines. Receiving the vaccines on time and conducting widespread vaccinations also contributed to the country's effective response.

To better prepare for future public health emergencies, it is essential to establish and enhance strong surveillance systems, monitor health data and environmental factors, and have a well-trained and equipped public health workforce. Access to necessary medical supplies and resources, along with effective communication channels with various stakeholders, is also crucial for successful emergency preparedness and response. Investing in preparedness is key to preventing larger crises in the future.

COVID-19 IN ASEAN

(as of 25 May 2024)

TOTAL NUMBER OF CASES (ASEAN)

















37,003,383

TOTAL NUMBER OF DEATHS (ASEAN)



369,525

	 Total no. of cases	 Total no. of deaths	 % of population with complete primary series (2 doses of vaccine)	 % of population with at least one booster
 Brunei Darussalam	344,145	178	100	78
 Cambodia	139,120	3,056	88	64
 Indonesia	6,829,010	162,058	64	25
 Lao PDR	219,042	671	78	34
 Malaysia	5,281,323	37,350	85	51
 Myanmar	642,229	19,494	66	29
 Philippines	4,140,383	66,864	72	22
 Singapore	3,006,155	2,024	90	82
 Thailand	4,777,976	34,625	78	46
 Viet Nam	11,624,000	43,206	88	60

Source: WHO COVID-19 dashboard. (n.d.). Retrieved on 25 May 2024 from <https://data.who.int/dashboards/covid19/cases?m49=001&n=c>

Budi G. Sadikin

Minister of Health, Indonesia

During its ASEAN Chairmanship in 2023, Indonesia advanced the One Health Initiative as a key deliverable. Health Minister Budi G. Sadikin offers invaluable insights into Indonesia's efforts to champion the One Health approach, highlighting its strategic significance and far-reaching implications for regional and global health governance.

ASEAN Member States have committed to establishing the One Health Network and Joint Plan of Action to strengthen cross-sectoral collaboration.

Minister Sadikin:

The One Health Initiative aims to define priority health threats to humans, animals, plants, and the environment, including zoonotic pathogens that cause outbreaks and those with pandemic potential. In the health sector, one of the notable achievements made thus far is the adoption of the ASEAN Leaders' Declaration on One Health Initiative at the 42nd ASEAN Summit on 10 May 2023 in Labuan Bajo, Indonesia. ASEAN Leaders aim to go beyond zoonotic pathogen identification and advocate for investment, research, and development in pandemic prevention, preparedness, and response (PPPR) activities.

Southeast Asia is characterised as a global hotspot for emerging and reemerging infectious diseases. As the 2023 ASEAN Chair, Indonesia remains committed to the operationalisation of the ASEAN Centre of Public Health Emergencies and Emerging Diseases (ACPHEED), which would serve as a hub to strengthen regional PPPR capabilities. This is a crucial step forward to improve global health governance through international instruments and/or amendments to the International Health Regulations. We must adhere to equity and fairness principles. We must acknowledge the need for timely sharing of information on pathogens with pandemic potential. Yet, we must also recognise the need for a fair and equitable sharing of benefits arising from there.



As the declaration states, the ASEAN Member States recognise the need for a multi-sectoral and collaborative approach towards health risks. How do you envision the national and regional strategies needed to build stronger and more resilient health systems in the region? How should these new approaches be integrated with the health sector's existing mechanisms at regional and national levels?

Minister Sadikin:

At the national level, Indonesia's Ministry of Health has formed a team consisting of experts from various sectors to ensure the country's health resilience and the availability of medical personnel, including logistical supplies. The health resilience programme requires investment to build the pharmaceutical and medical device industry in the country. Efforts made by the Ministry of Health include increasing Foreign Direct Investment (FDI) and cooperation for the pharmaceutical and medical device industries. The collaboration carried out includes joint ventures, technical assistance, research and innovation as well as technology transfer for high-technology products so that they can be produced domestically.

At the regional level, we need to shift towards preventive action rather than reactive efforts to boost our health resilience. Therefore, at the ASEAN Finance and Health Ministerial Meeting in August 2023, we discussed regional strategies to achieve a resilient health system that centres around the PPPR approach through innovative financing. This will be achievable with the operationalisation of the ACPHEED in Indonesia, Thailand, and Viet Nam. ACPHEED will be ASEAN's concrete diplomatic effort to integrate health standards and protocols across ASEAN countries. This strategy will help ASEAN countries to collaboratively prepare for future emerging diseases in the region. In addition, the existence of APCHEED will help synergise the best methods and procedures in PPPR from countries that have succeeded in reducing the number of sick people towards member countries that are still unable to reduce outbreak cases.

Furthermore, I believe that existing funding mechanisms such as COVID-19 and Other Public Health Emergencies and Emerging Diseases ASEAN



Indonesian health workers and frontliners responding to the COVID-19 pandemic

Response Fund can be innovated to further aid the regional strategies that have been established. This funding mechanism provides financing support to ASEAN Member States in the detection, control, and prevention of COVID-19 transmission. We have also been using the fund to boost the safety of medical professionals, healthcare workers, frontline workers, and the wider population from ASEAN Member States.

The Asian Development Bank (ADB) has conducted the study in consultation with the WHO and other ASEAN Sectoral Bodies and Entities to provide an initial assessment of the regional financing gaps and analyse existing international and regional mechanisms for PPPR. ADB states that there is a 7.6 billion US dollar gap in regional PPPR financing and highlighted the need for a dedicated funding source. ADB suggested considering how the updated fund could be used, particularly given the results of their analysis, by exploring potential financing modalities for a regional financial facility through the utilisation of the existing COVID-19 and Other Public Health Emergencies and Emerging Diseases ASEAN Response Fund. The

usage of existing funding mechanisms could ensure a strengthened and sustainable regional architecture for pandemics and other public health emergencies and emerging diseases. ASEAN needs to discuss further a well-structured financial architecture of the fund to ensure its resources are effectively managed and utilised, the mobilisation of sustainable financial and technical support, as well as the overall fund management.

What are the most important lessons learned and good practices from the region's response to the COVID-19 pandemic or responses to other health threats that support One Health?

Minister Sadikin:

We learned from the COVID-19 pandemic that the resilience of our global health security architecture depends on the existence of sustainable financing. The thing is, while financial crises happen every ten years, health crises can happen anytime; they can happen tomorrow or 50 to 100 years from now. Now, our challenge is to make sure that

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The One Health Initiative aims to define priority health threats to humans, animals, plants, and the environment, including zoonotic pathogens that cause outbreaks and those with pandemic potential.

the health architecture is well prepared for the next health crises for our next generation.

On healthcare financing transformation, the financial preparedness for future threats must be ready at all times. We need a commitment to long-term sustainable financing because the cycle is long.

There is a need for a dedicated funding source that will:

- i. allow a quick response to emerging health threats;
- ii. demonstrate a long-term commitment to health security; and
- iii. facilitate participation in global health protection efforts.

First, on quick response. In the battle against pathogens, we differentiate between “peacetime” and “wartime,” depending on the emergency level of a given situation. “Peacetime” refers to periods when no public health emergency is occurring, during which we can focus on prevention and preparedness efforts. Conversely, “wartime” denotes times when a public health emergency arises, requiring us to execute rapid and timely responses to

prevent the emergency from escalating. In my perspective, these distinct situations require different approaches, especially regarding the mechanism for disbursing funds. During “peacetime,” PPPR funding should adhere to a standard decision-making process, typically guided by a long-term strategic plan and regular governance. “Wartime” demands reserved funding and a special mechanism to expedite funding disbursement in a timely manner that is enough to curb an emergency from progressing. This mechanism for rapid fund disbursement should be activated when the risk of delaying outweighs the risk of rushed disbursement.

Second, on the long-term commitment to health security, Indonesia maintains the perspective that we need to be prepared financially and to have enough in our war chests, both to prevent and prepare during “peacetime,” and reserved funding to respond during “wartime” against pathogens. These require ASEAN to welcome funding from a variety of avenues, including voluntary contributions, donations and grants from donors, loans, and technical assistance from multilateral development banks, private sector funding and expertise, and philanthropic grants. We also need to explore a contingent loan facility, dedicated to PPPR financing.

Third, on facilitating participation, I believe inclusivity will only fortify our endeavours. Indonesia welcomes multilateral organisations like the WHO and multilateral development banks as integral partners in the governance of the dedicated funding. Their expertise and collaboration will elevate regional health security strategy. Furthermore, on the financing modalities, we do not need to start from scratch. We can consider the opportunity presented by the existing funding mechanism in ASEAN, which has the capacity to extend beyond its initial purpose and evolve into a single pool of funds capable of addressing diverse financial gaps.

The One Health Initiative proposes further engagements with other relevant sectors and external partners involved with initiatives on agriculture, food, forestry, and the environment. What challenges and opportunities do you see as the ASEAN Health Sector commences this latest endeavour?

Minister Sadikin:

Engaging relevant sectors and external partners involved in the initiatives on agriculture, food, forestry, and environment as part of the operationalisation of the One Health initiatives is the course of action that we are trying to pursue. Firstly, the challenge that we need to address in this particular context is that not every sector has attached the same level of priority to the One Health approach or initiatives and their implementation, which are reflected in different prioritisations, programmes, activities, and funding. It is also critical to bring all these priorities into alignment with one another so as to put every sector and every stakeholder on the same page before setting out on our collective efforts and directions to achieve our shared goals. However, we are confident that by identifying these challenging areas and the critical gaps to be addressed, we will be better positioned to map out the necessary resources, capacity and capability to build a more resilient regional health architecture.

To ensure an effective alignment and coherence of priorities, targets and activities across different sectors, and as mandated by the Declaration, we are currently laying the groundwork for establishing the ASEAN One Health Network and ASEAN One Health Joint Plan of Action. Furthermore, the details of these initiatives will be supported by the Comprehensive Analysis of One Health Implementation in ASEAN to ensure that ASEAN Member States’ workplan suits everyone’s interests, capacities and capabilities, and past experiences. We do hope that the adoption of the ASEAN Leaders’ Declaration on One Health Initiative and the notation of ASEAN One Health Network and ASEAN One Health Joint Plan of Action can generate great momentum for all of us and serve as a driving force to galvanise all relevant sectors into building a better One Health collaboration.



https://asean.org/wp-content/uploads/2023/05/11-ASEAN-One-Health-Initiative-Declaration_adopted.pdf

HEALTH SECTOR MECHANISMS FOR MANAGING COVID-19 AND FUTURE EMERGENCIES

A formal whole-of-ASEAN mechanism, using a One Health approach, to better prepare for and respond to public health emergencies and to synchronise or harmonise the existing and upcoming relevant initiatives on public health emergencies

ASEAN Public Health Emergency Coordination System



Nutrition Food S

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An ASEAN centre that aims to further strengthen regional capabilities to prepare, prevent, detect, and respond to public health emergencies and emerging diseases, and serves as a centre of excellence and regional resource hub

ASEAN Center for Public Health Emergencies and Emerging Diseases



ASEAN Mir

A network composed of ASEAN Member States' emergency operations officials, serving as an avenue for technical exchanges, capacity building, and partnerships among Member States and partners

ASEAN Emergency Operations Centre Network



PUBLIC EMERGENCY DISASTER MANAG

Led by Malaysia, the ASEAN Risk Assessment and Risk Communication Centre aims to improve ASEAN Member States' ability to analyse and communicate health risks through seminars, training sessions, and technical support

ASEAN Risk Assessment and Risk Communication Centre



ASEAN He of

An initiative to mainstream the One Health approach—a coordinated, multisectoral strategy to balance and optimise the health of people, animals, and the environment

ASEAN One Health Network and Joint Plan of Action



Operationalised through all hazards, whole-of-government, whole of society approach


Food and Security
Initiative food safety
initiatives to address
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ASEAN Vaccine Security and Self-Reliance

An initiative to improve the supply of affordable and quality vaccines both at the national and regional levels

ASEAN Health Ministers



ASEAN BioDiaspora Virtual Centre

Based in Indonesia, the ASEAN BioDiaspora Virtual Centre produces real-time data analytics on infectious disease threats around the world, disease events relevant to the ASEAN region, the risk of disease exportation or importation, and comprehensive disease information


HEALTH AGENCIES & FOR HEALTH MANAGEMENT



ASEAN Drug Security and Self-Reliance

An initiative to improve the availability of safe, effective, affordable, and quality medicines in the region

ASEAN Health Senior Officials




ASEAN Plus Three Field Epidemiology Training Network

A network that aims to improve epidemiological capacity and public health preparedness in ASEAN Member States and the Plus Three Countries (China, Japan, and the Republic of Korea) through knowledge sharing, capacity building, and joint activities such as disease surveillance and outbreak investigation



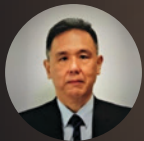
ASEAN Initiatives on Laboratory, Biosafety, and Biosecurity

Based in Thailand, the network assists members in enhancing their national laboratory and diagnostic systems for the prompt detection of outbreak potential


Encompasses the spectrum of preparedness, prevention, detection, and response

NAVIGATING TURBULENCE

Lessons Learned from COVID-19 Response in the South-East Asia Region and the Way Forward



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Introduction

On 13 January 2020, the South-East Asia Region was thrust into an era of unprecedented turbulence with the confirmation of its first case of what was subsequently named COVID-19 in Thailand. Until the WHO revoked COVID-19's health emergency status in May 2023, it had resulted in 61,275,290 infected patients and 808,604 deaths (ArcGIS, n.d.) in the WHO South-East Asia Region; globally, it had caused more than 765 million cases and nearly 6.9 million deaths (UN News, 2023). As the virus spread, countries faced a challenging journey of implementing public health measures amidst economic and social disruptions. Despite the challenges, they collaborated to strengthen healthcare capacity and pioneer solutions, navigating towards resilience for future crises.

Following the initial imported cases, the virus spread across countries through inter-and intra-country travel. Public and social health measures like travel restrictions, border closures, lockdowns, screening, quarantine, and social distancing measures were adopted, some ad hoc and more stringent than necessary. Although these measures aimed to slow transmission and prevent healthcare systems from becoming overwhelmed, they also

caused economic distress and extreme, avoidable scenarios. For example, mass urban-to-rural like mass urban-to-rural migration in India, a surge in inter-border migration in Thailand, Bangladesh, etc., which strained points of entry. With the reliable support of international and private partners, governments expanded healthcare capacity by setting up dedicated COVID-19 treatment facilities, increasing hospital beds, and securing medical supplies and equipment, such as ventilators, personal protective equipment (PPE), testing kits, and medical oxygen.

However, hospitals faced shortages of medical supplies, equipment, and personnel, while non-COVID healthcare services were disrupted. Economically, lockdowns and restrictions led to disruptions in supply chains, affecting businesses and livelihoods. Socially, vulnerable populations faced heightened hardships, including job losses and food insecurity. Moreover, a lack of awareness perpetuated stigma towards COVID-19 patients and healthcare workers attending them, compounding the challenges faced by those already vulnerable and stretched.

What went well

Amidst the challenges posed by the COVID-19 pandemic, Member States

in the region demonstrated remarkable resilience and innovation in their responses.

Diagnostics, laboratory capacity and genomic surveillance

Recognising the pivotal role of diagnostics in shaping and customising public health responses, the WHO, in collaboration with its partners, undertook comprehensive efforts to strengthen testing capacities across Southeast Asian countries (WHO, 2020a). Efforts to ensure widespread access to testing at sub-national levels included training laboratory staff, improving logistics, and enhancing data and quality management systems. Emphasising sustainability, these initiatives aimed to establish lasting infrastructure and systems that would continue to benefit communities beyond the immediate challenges posed by the pandemic (WHO South-East Asia Region, 2022).

Even though all countries were not evenly equipped to expand their capacities individually, regional and international cooperation helped mitigate the pandemic's disastrous impact through proactive diagnostics, resource sharing, and collaborative response efforts.

Digital resources

Incorporating digital resources into the healthcare system during the pandemic emerged as a highly effective strategy. The widespread adoption and proficiency in using these platforms laid the groundwork for subsequent post-pandemic government health initiatives. In 2018, among the Member States, only Thailand had up-to-date official telemedicine guidelines. However, at the onset of the pandemic, India, Bangladesh, Indonesia, and Nepal published or updated their telemedicine guidelines (MarkWide Research, n.d.). As a result, online consultation has been institutionalised in various hospitals in these countries, and increasing trends in utilisation are being observed.

Utilising digital resources also played a crucial role in disseminating credible information and facilitating response efforts during the pandemic. All Member States spearheaded initiatives like COVID-19 Hotline Services and Health Information Portals. The widespread utilisation of these portals demonstrated the significance of digital tools in pandemic response. Intra-country app-based solutions like Myanmar's Saw Saw Shar and India's Arogya Setu enabled contact tracing. Sri Lanka's SelfShield app provided real-time alerts, and platforms like CoWIN in India and Thai Chana in Thailand facilitated vaccination and symptom checking.

Leveraging established digital platforms as reliable sources of information bolstered public trust in and accessibility to official communication channels. It offered viable solutions for combating misinformation and disinformation, reducing stigma related to illnesses, fostering broader health awareness, and laying the foundation for addressing infodemics systematically.

Vaccine production and deployment campaigns

Countries like India, Thailand (Economic Times Healthworld, 2021), and Indonesia (East Asia Forum, 2022) spearheaded vaccine production efforts, meeting a significant portion of domestic and global demands. India's Vaccine Maitri initiative provided millions of doses to countries worldwide, while Indonesia's Indovac garnered attention for its cost-effective model. Countries also invested in increasing production capacity, establishing sustainable

long-term vaccine manufacturing, and promoting self-sufficiency (Biofarma, 2022). These efforts strengthened the region's pharmaceutical sector and infrastructure, laying the groundwork for improved vaccine pipeline and preparedness for future health crises.

WHO also played a crucial role in developing and administering COVID-19 vaccines by facilitating regular meetings with national regulatory authorities, vaccine manufacturers (WHO South-East Asia Region, 2020), and international organisations such as GAVI and UNICEF (Tham, 2022).

Initially, vaccine hesitancy (WHO, 2015) emerged as a significant challenge to successfully implementing vaccination campaigns. WHO aided Member States in developing various approaches for addressing vaccine-related concerns and actively engaging with communities to build trust and confidence by rapidly addressing the "infodemic". This was in collaboration with the regional partners such as UNICEF and the International Federation of Red Cross and Red Crescent Societies (IFRC).

Bhutan, Bangladesh, Nepal, and Thailand achieved more than 80 per cent coverage for the primary doses of vaccines. Other Member States achieved more than 60 per cent as a result of successful vaccination campaigns through extensive community engagement (WHO South-East Asia Region, n.d.).

What did not go well

Strain on critical care capacity

Despite efforts to expand capacity, accessing critical care remained challenging, particularly in remote and rural underserved regions. Hospitals became overwhelmed with COVID-19 patients, resulting in shortages of ICU beds, ventilators, oxygen supplies, and life-saving medications. Furthermore, the overwhelming focus on COVID-19 patients led to a compromise of other health concerns, including primary and preventive care, child vaccinations, mental health services, and the management of emergencies due to non-communicable diseases and maintenance of care.

Oxygen supply

The inadequate supply of oxygen and the collapse of its supply chain due

to excess demand caused several preventable deaths in Bangladesh, Indonesia, Nepal, Sri Lanka, Thailand, Timor-Leste, and India. During the second wave in March 2021, more than half a million COVID-19 patients in lower-middle income countries were estimated to need oxygen treatment every day. Assessments showed that 90 million US dollars in immediate funding were required to meet urgent oxygen-related needs (Path, n.d.). Oxygen-producing facilities were often located far away from areas experiencing high demand, leading to logistical challenges in transporting oxygen to where it was needed most. Furthermore, the distribution of oxygen cylinders was poorly managed, with instances of price hikes and black-market activities reported. Despite efforts by governments, NGOs and other organisations to coordinate oxygen distribution, the shortages persisted.

Inequity

The COVID-19 pandemic highlights social disparities, impacting marginalised groups disproportionately due to factors like race, ethnicity, and socio-economic status. Studies showed vulnerable populations lacked adequate public health safeguards and faced many challenges. The world witnessed stigma towards positive cases, their families, and health workers who attended to them. Migrants, travellers, and refugees experienced discrimination. Stringent measures like closures worsened access to essential services and increased disparities and mental health risks. Vaccine distribution remains unequal, driven by profit and politicisation, furthering distrust and structural racism (WHO, n.d.; WHO, 2021a; Xiong & Peng L, 2020; Wouters, et al., 2021; Kelley et al., 2020).

Misinformation and rumours

Information overload and false information regarding the virus, treatments, and preventive measures circulated widely through public and private channels, inducing public uncertainty and panic. These inaccuracies led to misguided actions and hindered the efficacy of control measures implemented by governments. Scientific uncertainty that is part of an emerging issue and new disease was not optimally managed and communicated to the public by health authorities and experts.



Photo Credit: ©Mirza Kodric / Shutterstock

Actions taken at the regional level post-pandemic

Build back better essential health services

In the post-COVID era, concerted efforts were made by both the Southeast Asia region and the WHO to enhance pandemic preparedness. These included the declaration on COVID-19 and measures to “build back better”, improving essential health services, achieving universal health coverage and the health-related Sustainable Development Goals.

Regional roadmaps

Additionally, initiatives such as the South-East Asia Regional Roadmap for Diagnostic Preparedness, Integrated Laboratory Networking, and Genomic Surveillance (WHO, 2022a) and a Regional Strategic Roadmap on health security and health system resilience for emergencies spanning 2023–2027 were developed in consultation with Member States and partners by the WHO (WHO, 2022b). Both roadmaps were adopted by the SEAR Regional Committee of Health Ministers in 2022.

Good practices

Aided by the WHO Intra Action Review methodology and tools, countries diligently collected and shared their good practices, accumulating a wealth of valuable lessons learned (WHO, 2023). This knowledge-sharing endeavour aimed to facilitate better preparedness and prevention strategies for potential future pandemics. By leveraging the collective experiences and successes of diverse nations, the global community endeavours to strengthen resilience and response mechanisms, ultimately enhancing global health security and safeguarding against future infectious disease outbreaks.

What Next?

At the community level

There must be a concerted effort towards bolstering primary healthcare infrastructure and systems to lay the groundwork for Universal Health Coverage and integrative health systems. Programmes to increase health literacy and emergency preparedness need to be encouraged at the community level. Strengthening hygiene, sanitation, immunisation coverage, and food security can go a long way in preventing the spread of diseases and mitigating their impact. Decision-making processes must involve more local leaders, grassroots organisations, and community members as it leads to increased trust, which then ensures more effective implementation of policies and interventions that are co-created and owned by empowered communities.

At the country level

As the world transitions from the acute phase of the COVID-19 pandemic, it is imperative to refocus attention on the multitude of health concerns that were sidelined during the crisis. A crucial step forward involves repurposing the infrastructure developed for the pandemic response to address these neglected areas. For instance, the vaccine distribution network addressing a range of age groups not usually covered by previous routine immunisation mechanisms can be seamlessly integrated into immunisation programmes to ensure broader coverage and accessibility.

While the pandemic prompted a surge in health investments, ensuring continuous, institutionalised, and systematic allocation of resources remains imperative. This entails a paradigm shift in budgetary allocations towards health

sectors, especially for preparedness and health system resilience, and not merely for health care, as evidenced by the static and fluctuating trends observed in the South-East Asia Region countries during and after the pandemic.

At the regional level

Robust knowledge-sharing mechanisms must be established to disseminate best practices and facilitate intersectoral and cross-country learning (WHO, 2021b). By investing in preventive measures and promoting general wellness, countries can effectively mitigate the risk of future pandemics and enhance overall population health. Prioritising and safeguarding vulnerable populations across the region should be central tenets of these revamped policies underpinned by a commitment to sustainable health practices. Further, sustainable pandemic preparedness funding is paramount for long-term resilience, necessitating steady investment in health infrastructure.

To ensure regional health security, Member States should consider establishing a robust regional-level health security governance mechanism, such as the Regional Health Emergency Council. This council would enable active engagement from the highest levels of government, including state functionaries, fostering solidarity and effective inter-country cooperation and collaboration.

By adopting a comprehensive approach that integrates pandemic infrastructure, strengthens primary healthcare systems, and fosters sustainable funding mechanisms, we can collectively pave the way for resilient national health systems. These robust systems, buttressed by the required regional mechanisms that catalyse and support national institutes, will be capable of weathering future challenges.

Note:

The WHO South-East Asia Region Member States include Indonesia, Myanmar and Thailand.

The views and opinions expressed in this article are solely those of the author and do not reflect the official policy or position of ASEAN.



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REFLECTIONS ON THE COVID-19 RESPONSE IN THE WESTERN PACIFIC REGION



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Introduction

Over the past two decades, Member States in the WHO Western Pacific Region and South-East Asia Region have been making investments in health security under a common framework, originally titled the Asia Pacific Strategy for Emerging Diseases (APSED) (WHO Regional Office for the Western Pacific, 2005). First developed after the 2003 Severe Acute Respiratory Syndrome (SARS) outbreak, APSED has served as a roadmap for Member States to implement the International Health Regulations (2005) (World Health Organization, 2016) core capacity requirements for effective prevention, preparedness, and response to health hazards. Integral to APSED is the two-tier approach, where the first tier is emergency planning, and the second tier translates these plans into actions.

These investments served Member States well during the coronavirus disease (COVID-19) pandemic; however, the pandemic still had a significant and far-reaching impact on the Western Pacific Region. Between the first cases identified in Wuhan, China, in late December 2019 and the May 2023 announcement from the WHO Director-General that COVID-19 no longer constituted a public health emergency of international concern, there were 203,148,122 reported cases of COVID-19, and 412,137 reported deaths in the Region (WHO Regional Office for the Western Pacific, 2024). In the first two years of the pandemic, several countries and areas in the region responded with a containment strategy, aiming to minimise transmission or, when this was not possible, to “flatten the curve.” This strategy was relatively successful but became less feasible with the spread of new, more infectious

variants of COVID-19 in the region (namely with Omicron in early 2022) and was unsustainable given the high case numbers (World Health Organization, 2023) and the impacts on societies and economies (Asian Development Bank, 2024). Countries and areas, therefore, shifted to a strategy of “living with the virus,” often after a sufficient proportion of the population had been vaccinated (Sachs et al., 2022; WHO Regional Office for the Western Pacific, 2022).

Some of the key operational lessons, from the perspective of the WHO Regional Office for the Western Pacific, are described below, pulling on good practices from across the region. We note that there have also been lessons identified in governance, human resources and financing, which cut across most of the operational areas of pandemic response.

Lessons learned

Protecting vulnerable communities

In the context of the COVID-19 pandemic, different groups of vulnerable and high-risk populations have been identified. Addressing the differential impact across populations is not only an issue of ethics but an important factor in improving the health and well-being of entire societies. As part of response efforts, countries and areas first made efforts to identify high-risk groups and relevant characteristics through surveillance systems while ensuring privacy and preventing stigma. Needs-based services could then be directly targeted and prioritised for these groups. Community-based and civil society organisations were important partners in the effective design and delivery of public services. For example, Cambodia and Singapore both took measures to protect factory and migrant workers by implementing risk-reduction measures in workplaces and worker dormitories. (WHO Regional Office for the Western Pacific, 2022).

Multisectoral collaboration and decision-making

COVID-19 had an impact on all aspects of society and, therefore, required a whole-of-government and whole-of-society approach. The pandemic underscored the need for a comprehensive One Health approach by recognising that the interconnectedness of human health goes beyond the health sector. As the pandemic progressed, countries and areas quickly realised that the national government and the healthcare sector could not be solely responsible for the response and created various means of governing and collaborating response efforts. Doing this requires processes and systems for effective and timely data sharing, supportive legislation and regulation, as well as planning and preparedness at community, subnational and national levels. National multisectoral coordination mechanisms were critical in Malaysia, the Philippines and Viet Nam for collaborative actions, decision-making and implementation of the decisions made across the public sectors and the administrative divisions in the countries. In the Lao PDR, multisectoral decision-making was particularly needed in considering

border measures, while Singapore used a whole-of-government mechanism and a common platform during peacetime to coordinate inter-ministry/inter-agency response to public health events (WHO Regional Office for the Western Pacific, 2022).

Multisource surveillance

Comprehensive, quality public health surveillance data are critical for effective decision-making. Member States in the region have been making investments in public health surveillance over many years, and many countries and areas had existing multi-source systems, using a combination of event-based, indicator-based, sentinel (e.g. severe acute respiratory illness, influenza-like illness) and syndromic surveillance systems, among others. Early warning tools and event-based surveillance (EBS) were particularly important in the early stages of the pandemic. However, as the pandemic progressed, new scientific information about COVID-19 emerged (e.g. asymptomatic and pre-symptomatic transmission), and different public health questions were raised. Additional surveillance data, including from health surveillance and administrative data sources, have therefore been required to guide decision-making. For example, in the Lao PDR, testing data, healthcare occupancy, sentinel surveillance and EBS were used to confirm that lower case numbers in Savannakhet Province likely reflected a true decline in transmission. The same analysis could then be applied to other provinces. In Viet Nam and Malaysia, wastewater surveillance was conducted for COVID-19. Correlating with epidemiological information acted as an early warning system to assess infection occurrence and trends (WHO Regional Office for the Western Pacific, 2022).

Incorporating behavioural insights into risk communication campaigns and community engagement activities

The pandemic saw an overabundance of information—including false or misleading information—that undermined public health and social measures, including vaccination, and fuelled distrust in health authorities. WHO worked with Member States in the Western Pacific Region to conduct a series of surveys to better understand people's perceptions and behaviours related to COVID-19 public health

measures and to address drivers of transmission. For example, in the Lao PDR, people, particularly older adults, identified accessibility as the primary barrier to vaccination. In subsequent campaigns, the Ministry of Health focused on making vaccines more accessible to vulnerable groups and targeted communications to spread the word to those groups. Subsequently, vaccination rates nearly quadrupled. Similarly, in Cambodia, vaccine hesitancy was more prevalent among pregnant women, who are more at risk of experiencing severe COVID-19. Using this insight, the Ministry of Health shared risk communications specifically for pregnant women, invited women to press briefings, and shared video content featuring pregnant women to encourage vaccine uptake. Furthermore, survey participants identified “trusted” community voices, which the ministries of health leveraged to promote risk-reducing behaviours. For instance, the Philippine Government identified and trained more than 200 social mobilisers—trusted community voices—in 899 geographically isolated and disadvantaged areas to enhance vaccine uptake.

Diagnostic capacity and genomic surveillance

Prior to COVID-19, the capacity to conduct diagnostic tests (e.g. polymerase chain reaction) and genomic surveillance varied widely among countries and areas in the region. During the pandemic, investments were therefore made in laboratory equipment and supplies, strengthening national laboratory system policies, governance and regulation; augmenting public health laboratory workforce through recruitment and training; and utilising public health laboratory institutions and networks (WHO Regional Office for the Western Pacific, 2022). For example, a review of existing public health laboratory networks in the Lao PDR highlighted their important role in information sharing at local and provincial levels and, subsequently, national and international levels. In the Philippines, the pandemic response was leveraged to build on existing capacity to perform whole genome sequencing. This was achieved in part through partnerships with local institutions such as the University of the Philippines (WHO Regional Office for the Western Pacific, 2021).

Healthcare pathways

Over the course of the pandemic response, healthcare pathways for COVID-19 patients generally transitioned from a model where all cases were admitted to a facility, often a hospital, to a home-based and tiered model of care based on clinical severity or risk factors for severe outcomes. Cases were initially admitted not only for treatment but for monitoring and isolation purposes. This placed additional strain on hospitals and became unsustainable when COVID-19 case numbers superseded department (e.g. critical and intensive care units) or hospital capacity. A priority was, therefore, to track and project health system capacity. For example, the Philippines was one of several countries to use “red-line analysis” (the projected point at which capacity would be met) through the “Bed Tracker System” to monitor hospital occupancy and guide policies in health facilities, such as bed expansion and activation of step-down facilities. Later on in the response, countries and areas developed a range of innovative ways to adapt healthcare pathways, including the use of technology to support and monitor patients in the community (telehealth), intermediate facilities for isolation and healthcare, community-based screening and healthcare (test and treat centres), and supportive policies and systems (infection prevention and control guidelines, safe patient transfer, hotlines). This required partnerships between primary health, tertiary health, public health and other stakeholders and clear communication with healthcare providers and communities. For example, Malaysia developed the “COVID-19 Symptom Monitoring System,” a home-monitoring system that helped reduce the burden on the clinical care system and provided better self-monitoring at home (WHO Regional Office for the Western Pacific, 2022).

Regional development

Access to Oxygen Initiative

During the COVID-19 pandemic, the global WHO Access to Oxygen Initiative provided technical and operational support to Member States to implement sustainable solutions to medical oxygen, including domestic manufacturing (World Health Organization, 2021). Medical oxygen-generating plants were established in local health facilities in 12 countries and areas in the Western Pacific Region: Cambodia, Cook Islands, Fiji, Kiribati, Lao PDR, Federated States of Micronesia, Niue, Papua New Guinea, Samoa, Solomon Islands, Tonga and Vanuatu (WHO Regional Office for the Western Pacific, 2023). Access to oxygen provides not only lifesaving treatment but also contributes to more resilient and sustainable health systems.

Establishment of the EMPaCT Surveillance Network

The Emerging Molecular Pathogen Characterization Technologies (EMPaCT) Surveillance Network was established in 2021 to assist countries and areas in the region to learn from one another and work collaboratively towards shared goals in genomic surveillance. Since then, the network has designed a common framework or “seven-step approach” to building capacities in the region and rolled out a training programme known as “transmission, severity and impact (TSI) assessment training” (WHO Regional Office for the Western Pacific, 2021).

Development of the bi-regional Asia Pacific Health Security Action Framework

At the 2023 APSED TAG meeting, the TAG recommended that the drafted fourth iteration of APSED, the bi-regional Asia Pacific Health Security Action Framework (APHSAF), be submitted to the WHO Regional Committees for the Western Pacific and South-East Asia for endorsement and adoption. The framework is designed to engage health and non-health sectors to support the prevention, preparedness, readiness and response to multi-hazard public health emergencies and, therefore, to strengthen the resilience of health systems (WHO Regional Office for the Western Pacific, 2023).

Intra-action and after-action reviews for the COVID-19 response

Intra- and after-action reviews are a means of identifying and documenting best practices and challenges encountered during the response to a public health emergency. Between 2020 and 2022, 14 intra-action reviews were completed by eight countries in the region, including three in 2020, four in 2021, four in 2022 and three in 2023. The eight countries are Cambodia, the Lao PDR, the Federated States of Micronesia, Mongolia, Solomon Islands, Tonga, Vanuatu, and Viet Nam. Countries were encouraged to complete intra-action reviews at the subnational and national levels. After-action reviews were undertaken in the Republic of the Marshall Islands in 2022 and in Cambodia, Kiribati, Malaysia, Niue, the Philippines, Papua New Guinea, and the Solomon Islands in 2023.

Conclusion

Countries and areas across the Western Pacific Region implemented innovative strategies in their response to the COVID-19 pandemic. These included prioritising and protecting those most vulnerable, using behavioural insights to address barriers to public health and social measures, multisource surveillance, multisectoral decision-making, enhancing diagnostic capacity and genomic surveillance, and adapting healthcare pathways to meet surging health needs. Regional collaboration enabled landmark developments—the Access to Oxygen Initiative, the EMPaCT Surveillance Network and the Asia Pacific Health Security Action Framework—showcasing the power of collective effort.

Note:

The WHO Western Pacific Region Member States include Brunei Darussalam, Cambodia, the Lao PDR, Malaysia, the Philippines, Singapore, Thailand and Viet Nam.

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A STARTING POINT, NOT THE FINISH LINE

THE ASEAN COMPREHENSIVE RECOVERY FRAMEWORK



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Although the COVID-19 pandemic may seem less prominent in public discourse this year, its enduring impacts still resonate today. The swift implementation of restrictive policies, the accelerated shift toward digitalisation, disruptions across economic sectors, and the disproportionate burden on people's livelihoods all posed global challenges.

ASEAN was not an exception. It witnessed a significant economic downturn, with economic growth nosediving from 4.5 per cent in 2019 to -3.7 per cent in 2020. Total trade decreased by 5.2 per cent, dipping to 2.7 trillion US dollars in 2020 from 2.8 trillion US dollars the previous year, while investment plummeted by 27.9 per cent to 119.8 billion US dollars in 2020 from 166.1 billion US dollars in 2019. The repercussions were dire for the people of ASEAN, with approximately 4.7 million individuals in the region falling into extreme poverty in 2021.

On a positive note, ASEAN's comprehensive efforts to address the multidimensional impacts of the pandemic shine a light on ASEAN's resilience. The region has shown a remarkable ability to rebound from adversity in the face of the most severe crisis of our time.

The resilience of ASEAN economies is evident in their recovery trajectories. In 2023, ASEAN achieved a commendable 4.1 per cent growth in 2023, surpassing

the global average of 3.2 per cent. Notably, total trade and investment soared to unprecedented levels of 3.5 trillion and 228.9 billion US dollars, respectively (ASEAN Stats, 22 April 2024), surpassing pre-pandemic levels. Employment levels have also exceeded pre-pandemic figures, reaching 336 million in 2023 compared to 325 million in 2019.

This economic resurgence is attributed to ASEAN's multifaceted responses, notably through implementing the ASEAN Comprehensive Recovery Framework (ACRF), which was adopted in 2020. The ACRF serves as a consolidated exit strategy for ASEAN to overcome the impacts of the pandemic while charting pathways for a collective and long-term socio-economic recovery strategy. After three years of implementation, the ACRF has successfully leveraged recovery strategies to bolster public health systems, promote human security, enhance economic integration, advance digitalisation, and promote sustainability across the region.

Three years on, ACRF's major milestones

ASEAN's proactive approach to public health is exemplified by its robust vaccination campaign, with nearly 73 per cent of the population fully vaccinated by 2023. Moreover, initiatives such as the ASEAN COVID-19 Genomics Project enabled early detection of virus mutations, anticipating their impact on rapid vaccination efforts. Most importantly, establishing the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED) as part of the ACRF's initiatives further reinforces the region's long-term capacity to respond to future health crises.

Furthermore, ACRF has advanced endeavours aimed at bolstering the capabilities of healthcare professionals. These include initiatives focused on capacity building for health workers, such as providing scholarship programmes tailored for faculty members in health and related scientific disciplines within the ASEAN region.

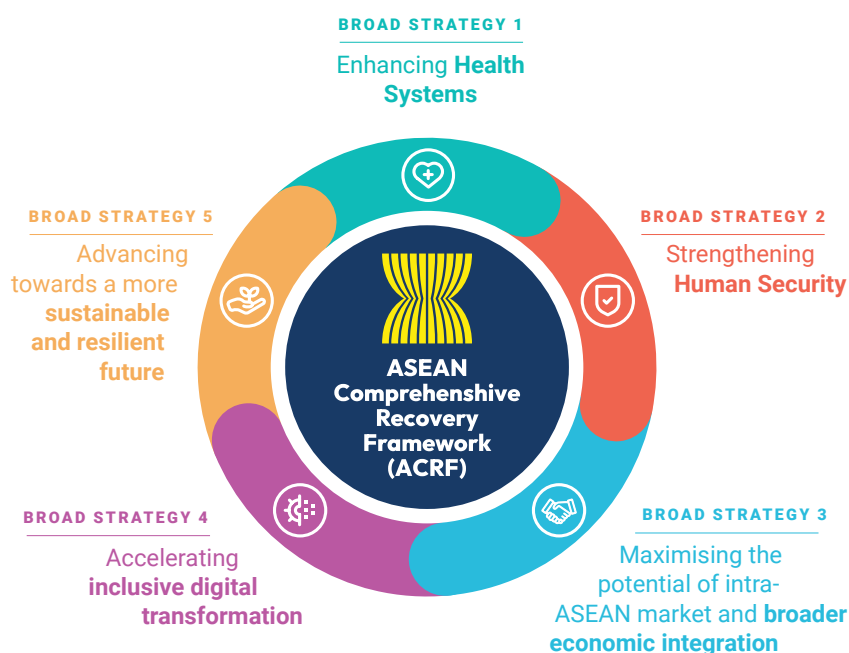
Additionally, efforts have been made to increase expertise in genomic surveillance through specialised training sessions. Seamless dissemination of crucial information among healthcare personnel regarding communicable and emerging infectious diseases also remained a priority across the region. The ASEAN BioDiaspora Virtual Centre has been instrumental in facilitating this, having published over 520 situational reports tracking outbreaks, epidemics, and pandemics pertinent to ASEAN Member States.

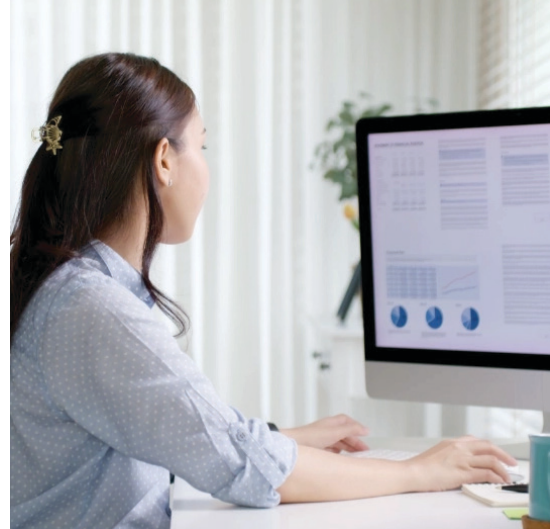
The pandemic also highlighted vulnerabilities in human security, particularly affecting marginalised groups and frontline workers. The ACRF responded by expanding social protection measures to the marginalised communities, women, and youth, and leveraging existing initiatives such as the ASEAN Plus Three Emergency Rice Reserve (APTERR) to ensure food security. As a result, the number of people facing severe food insecurity declined significantly to 12.6 million in 2022 from 17.1 million in 2019.

In addition, the ACRF has proactively tackled shifts in labour policies through a series of targeted initiatives. Notably, the framework utilised the

ASEAN Comprehensive Recovery Framework

Consolidated Strategy for ASEAN from the COVID-19 Crisis, Adopted at the 37th ASEAN Summit in November 2020





ASEAN Forum on Migrant Labour as a platform to address the repercussions on labour within the context of post-pandemic recovery. Furthermore, skills development programmes were emphasised in the ACRF's implementation. These included sustained capacity-building programmes tailored for, among others, Technical and Vocational Education and Training (TVET) personnel, ensuring their adeptness in navigating the evolving post-COVID workplace dynamics.

Beyond this, ASEAN's commitment to economic recovery is evident in its efforts to facilitate trade and investment. Through initiatives like the Memorandum of Understanding on the Implementation of Non-Tariff Measures on Essential Goods, trade barriers have been gradually dismantled, ensuring the smooth flow of essential goods by preventing restrictive trade measures in 351 tariff lines for various agricultural, food, and vaccine manufacturing products.

Digitalisation efforts, such as optimising the ASEAN Single Window (ASW), have further streamlined trade transactions, saving business time and costs. In 2022, businesses utilising ASW saved an estimated cost of 150 million US dollars and 6 million days of business operations.

Furthermore, the pandemic accelerated the adoption of digital technologies across ASEAN, presenting opportunities for economic empowerment, particularly for micro, small, and medium-sized enterprises (MSMEs). Initiatives such as Go-Digital ASEAN and the ASEAN SME Academy have equipped businesses with essential digital skills. More than 225,778 individuals, with 80 per cent representing MSMEs, received training through Go Digital ASEAN in 2020-2021. Go Digital

ASEAN 2, with its 3-tier approach, has been empowering a significant number of individuals: Go Digital trained 140,475, Explore Digital reached an audience of 380, and Grow Digital trained 16,459 people. Additionally, 6,851 individuals have utilised the ASEAN SME Academy.

However, sustained efforts are needed to ensure that ASEAN can be a frontrunner instead of a technology adopter. This ambition is reflected in the 2021 adoption of the Consolidated Strategy on the Fourth Industrial Revolution, which goes beyond advancing the digital economy and emphasises the importance of strengthening technological governance, cybersecurity, and the digital transformation of society.

Lastly, ASEAN's commitment to sustainability is evident through various initiatives that have strengthened the region's resilience. The adoption of the Framework for Circular Economy for the AEC and the ASEAN Taxonomy for Sustainable Finance are prime examples. The former promotes a transition to a resource-efficient and sustainable economic model, whilst the latter aims to attract significant investment in sustainable financing. Notably, sustainability bonds issued across the region surged to 22.2 billion US dollars in 2022 from 6.4 billion US dollars pre-pandemic.

All in all, ASEAN's comprehensive economic recovery efforts have yielded significant benefits. Amidst the current state of geopolitics, the region emerged as a major hub for trade and investment. Multinational corporations, particularly in the technology sector and those prioritising the swift transition to sustainable practices, are increasingly drawn to diversify their operations within ASEAN. This positions ASEAN as a premier destination, characterised by its

exceptional stability and continuously improving business environment.

Beyond the ACRF

The ACRF's success extends beyond its implementation. It serves as a successful model for cross-sectoral and cross-pillar collaboration and an effective resource mobilisation platform. Its dynamic nature, characterised by incorporating new initiatives, has proven highly effective. Noteworthy is the inclusion of new initiatives such as haze management, care economy, and food and energy security strategies, showcasing the ability to address evolving challenges.

Looking ahead to its post-2025 agenda, ASEAN can draw lessons from the pandemic to build long-term resilience, specifically focusing on enhanced regional cooperation to better address future challenges. The initiatives could incorporate climate-driven health emergencies, systematic social protection programmes, supply chain resilience, narrowing technological gaps, prioritising innovation, developing resilient infrastructure, and catalysing sustainable financing. These efforts will require a post-2025 environment that promotes closer synergy across the different pillars.

To conclude, the fundamental principle guiding successful future strategies for ASEAN will invariably revolve around collaboration rather than isolation. This principle remains the cornerstone for navigating uncertainties in the years ahead. The ACRF is a beacon of exemplary collaboration, showcasing ASEAN's capacity to advance partnerships despite the crises.

BUILDING A COMMUNITY OF PRACTICE

THE ASEAN-AUSTRALIA ONE HEALTH FELLOWSHIP PROGRAMME

ASEAN-Australia One Health Fellowship Team, Murdoch University



ASEAN-Australia One Health Fellows and representatives from Indo-Pacific Centre for Health Security and Murdoch University attend the 7th World One Health Congress in Singapore, back-to-back with fellows research workshop in November 2022

The fellows attentively listening to a briefing before touring the Disease Investigation Centre in Denpasar (Bali, November 2023)

The ASEAN-Australia One Health Fellowship Programme was established in 2021 at Murdoch University with funding from the Australian Government amidst the global COVID-19 pandemic. The initiative is in partnership with ASEAN, aligning with the ASEAN Comprehensive Recovery Framework, to support regional public health and health security. The fellowship builds capacity to prevent and respond to emerging infectious diseases through the One Health approach.

The One Health approach works at the intersection between human, animal, and environmental health. It is considered best practice for monitoring, detecting, and containing zoonotic diseases transmissible from animals to humans. Reportedly, up to 75 per cent of new human diseases are zoonotic, many of which can cause pandemics like COVID-19. The ASEAN-Australia One Health Fellowship is a 2.5-year programme that operates through several key components:

- i. **The Murdoch University Graduate Certificate in One Health:** This online postgraduate coursework provides core skills in One Health practices, and also provides opportunities to establish networks beyond the ASEAN-Australia One Health Fellowship with a broader cohort of Murdoch University students.

- ii. **Research Training Workshops:** These online and offline workshops cover a range of topics, including Tools for Evaluating Biosecurity and One Health Initiatives, Conducting Scoping and Systematic Literature Reviews, Design Thinking, and Gender and Equity in Development. These workshops equip fellows with the necessary methods and skills to use the One Health approach to address regional and global challenges.
- iii. **Building a Community of Practice:** The Mentoring Programme is designed to connect fellows with Murdoch University academics and cultivate a vibrant community of practice. The mentors provide guidance in One Health principles and practices and facilitate engagement with a wider global community of Biosecurity and One Health scholars and practitioners. This is complemented by exchange and collaboration through country-group research projects and in-person annual workshops.

Thirty-five One Health Fellowships were awarded to officials from ASEAN Member States. These fellows come from diverse fields, including epidemiology, public health, animal health, environmental health, wildlife

medicine, health economics, and biosecurity.

The ASEAN-Australia One Health Fellowship is nurturing professionals to address the complex health challenges confronting the region. It does so through fostering meaningful relationships and promoting continued engagement that extends beyond the structured components of the programme. This cross-border cooperation is poised to pave the way for a healthier, more resilient future.

The programme arranged several ASEAN-Australia One Health Fellows to attend the 7th World One Health Congress in Singapore in November 2022. They also used the opportunity to have an in-person research workshop in Murdoch University Singapore. In 2023, the annual in-person workshop was held in Bali, Indonesia. This event provided fellows with the opportunity to network, engage in face-to-face project discussions, and establish collaborative relationships within the wider ASEAN-Australia One Health Community of Practice.



Supporting Youth Mental Health Across the ASEAN Region



Panupong Boontongchuay



Nataya Branjerdporn



Anis Farid



Khin Moe Myint



Isabelle Shaw



Ida Bagus Nyoman Adi Palguna

Orygen ASEAN-Australian Youth Mental Health Fellows

ASEAN's young people are critical partners in promoting mental health and wellbeing.

Youth mental health in the ASEAN region: The issues and impact

Youth mental ill-health has increased at a staggering rate following the COVID-19 pandemic. The World Health Organization (WHO) reported a 25 per cent increase in the prevalence of anxiety and depression worldwide, with youth significantly impacted (WHO, 2022).

In Southeast Asia, 213 million individuals are categorised as youth (15-34 years of age) (ASEAN Secretariat, 2017), equivalent to 34 per cent of the region's population of over 600 million people. The onset of mental ill-health peaks in adolescence and early adulthood, with 75 per cent of mental ill-health beginning before the age of 24 (Kessler et al., 2007). Adolescence and early adulthood represent a critical developmental period for education, employment, and relational outcomes (WHO, 2018). The experience and impact of mental ill-health during this life stage can interfere with the development of skills

needed to navigate social and economic milestones successfully. The effect of worsening youth mental health in the ASEAN region is compounded by the limited investment in mental health systems, lack of youth-specific mental health services, and the impact of community stigma. Across the ASEAN region, mental health funding falls short of the WHO's recommended budget of 7.4 and 14 per cent of total health expenditure (Whiteford et al., 2013). The Mental Health Atlas reported that mental health expenditure across the ASEAN Member States was between 1.1 and 2.9 per cent of total health expenditure compared to the recommended expenditure of 5 per cent. As a result, the treatment gap in the region can be as high as 90 per cent (Sharan et al., 2017) despite the significant burden of mental ill-health among youth.

Youth mental health has significant impacts on economic productivity, including impoverishment, social disconnection, lifetime disability, and increased mortality. Suicide among the youth aged 15 to 29 years is highly prevalent in the ASEAN region (WHO,

2021). According to a 2017 report from the WHO's South-East Asia region, almost one in eight adolescents reported attempting suicide one or more times in the past year (WHO, 2017). The economic value of this burden is estimated to be a loss of 4.8 per cent of gross domestic product across the ASEAN Member States (WHO, 2021).

A shortage of funding, mental health professionals, infrastructure, training, and accurate and specific evaluation at the national and regional levels further limits the availability of mental health services. Furthermore, mental health remains highly stigmatised within the region due to lack of knowledge and the prevailing cultural norms.

Considering these significant concerns, the ASEAN-Australia Youth Mental Health Fellowship programme was launched. The fellowship's aim is to develop mental health programmes and initiatives that the youth can support and lead in improving and enhancing mental health in their countries and local communities (Orygen, 2024). To date, 28 young people from across the

ASEAN region have participated in the programme. In March 2024, 15 more young people from the region were appointed fellows and commenced their fellowship journey with great enthusiasm and commitment.

The ASEAN Mental Health Systems report (2016), the ASEAN Post-2015 Health Development Agenda (2016-2025), and the ASEAN Plus Three Leaders' Statement on Cooperation on Mental Health Amongst Adolescents and Young Children have established the issue's prominence. In the region, youth are key partners in driving solutions to address the mental health needs of their communities. The ongoing work of youth to lead and partner on youth-specific mental health programmes and education and actively participate in decision-making on youth mental health supports the health, development, and economic and social outcomes of youth across the ASEAN region.

Youth-specific mental health programmes

Early education, promotion, detection, and intervention of mental ill-health have been found to improve the prospects and outcomes of youth who are at risk or who have been diagnosed with mental ill-health (Balmer & Pleasence, 2012; Muir et al., 2009). Here are three examples of youth leading work on early mental health education, promotion, and intervention.

- *Gamlangchai* (the Lao PDR) is one initiative empowering youth to become more resilient towards mental health challenges by providing them with the tools to build supportive communities. The initiative was founded by four young people—Phatsaline Vongsaly, Anna Souvannalath, Ketsada Soysouvanh and Mayu Masuhara—three of whom are former ASEAN-Australia Youth Mental Health Fellows. Their involvement in the youth mental health champions programme, peer support programme, and mental health awareness-raising events have supported the training of more than 60 youth mental health champions and 25 peer supporters. Their Youth Wellness Festival in 2023 also engaged over 780 young people in Vientiane.



Psychological First Aid training for senior citizens, youth, teachers, and community healthcare workers in La Union, the Philippines (15/3/2023)

- *mindline.sg* (Singapore) is another example of youth contribution to early intervention. *mindline.sg* is a national digital mental health programme launched by the Singaporean Ministry of Health, Office for Healthcare Transformation in June 2020. In 2021, the Mindline team embarked on a six-month journey to conceptualise a digitally-enabled solution addressing the needs and aspirations of youth. Tricia Tan, a medical intern and former Youth Mental Health Fellow, recognised the importance of youth partnership in designing youth mental health solutions and founded Mindline's first Youth Advisory Group (YAG). The YAG collaboratively designed programmes, shaped assessments, prototyped initiatives, and contributed to youth branding. The initiative culminated with creating Youth Mindline, a youth-friendly digital product comprising a content-based portal, and Let's Talk, a community platform for youth to connect anonymously with peers and trusted professionals to discuss mental health concerns. This collaborative effort through codesigning and centring youth voices has ensured relevant and supportive youth mental health initiatives, ultimately building a more effective and impactful youth mental health system.
- *Better Today PH* (Philippines) addresses the treatment gap by delivering a community-based mental health programme called Psychological First Aid Training. Former ASEAN-Australia Youth Mental Health Fellows Kat Mallari has led the training of 350 Psychological First Aid volunteers from various sectors, including youth, senior citizens, individuals,

and healthcare workers. *Better Today PH* (@bettertodayph) also uses social media, including Facebook, Instagram, X, and YouTube, to increase mental health awareness. Since 2020, they have reached over 45 million people through collaborative initiatives such as conversation series and webinars.

Strengthening youth partnerships and youth empowerment for improved youth mental health solutions and approaches

The initiatives and contributions of youth to mental health promotion and early intervention highlight the benefits of youth-led mental health approaches. They provide opportunities for youth with lived experiences to have their voices heard in decision-making. Youth partnership and empowerment can prompt the exchange of theory and practices and innovative solutions to address sophisticated challenges today, such as misperceptions of mental ill-health and associated stigma (UNICEF, 2022).

These youth-centred approaches pave the way forward to inclusively consider the diverse mental health needs of young people in the ASEAN region.

The views and opinions shared in these conversations are solely those of the authors and do not reflect the official policy or position of ASEAN.

References may be downloaded from the following link: https://bit.ly/Issue37_Ref



Ayurveda and Traditional Medicine in ASEAN A Path to Sustainable Health and Well-being

Participants from the ASEAN Member States and India gathered in New Delhi from 20 to 21 July 2023 for a Conference on Traditional Medicine. Themed “Role of Traditional Medicine in India and ASEAN Countries in the Mitigation of the COVID-19 Pandemic,” the conference was a collaborative platform aimed at discussing the integration and advancement of Ayurveda and other traditional systems of medicine in combating the COVID-19 pandemic.

The conference was organised by the India's Ministry of Ayush, responsible for the development and propagation of the Ayush healthcare systems. Ayush is an acronym for Ayurveda, Yoga & Naturopathy, Unani, Siddha, Sowa Rigpa, and Homoeopath. Representatives from Brunei Darussalam, Indonesia, the Lao PDR, Malaysia, Myanmar, the Philippines, Thailand, Viet Nam, and the ASEAN Secretariat participated in the conference. It was pivotal in disseminating successful practices, such as the use of traditional herbal remedies in COVID-19 treatment, and strategising the future of traditional medicine within the region, particularly in achieving Sustainable Development Goal 3, which focuses on good health and well-being.

The holistic approach of Ayurveda in COVID-19 care

One of the major highlights of the conference was the discussion on the role of Ayurveda and other traditional medicine systems in addressing the COVID-19 crisis. Participants emphasised a holistic approach encompassing mind, body, and soul, a perspective implemented in various COVID-19 health centres to significantly enhance patients' overall well-being. Integrating the Ayurvedic approach into health systems helped prevent secondary infections and provide effective care for COVID-19 patients. Extensive efforts were made to raise awareness and disseminate COVID-19 response strategies based on Ayurvedic principles. Efforts to explore and utilise traditional medicines, such as AYUSH-64, in COVID-19 care were also highlighted. This initiative underscored the importance of multisectoral collaboration among the Ministry of Ayush, research institutions, academia, and pharmaceutical manufacturers.

ASEAN Member States and traditional medicine

Various ASEAN Member States shed light on their experiences and initiatives related to traditional medicine in COVID-19. Traditional medicines were recognised as effective complementary treatments for COVID-19 symptoms. The pandemic spurred research into the antiviral potential of traditional medicines and their role in preventing and treating COVID-19 symptoms. Initiatives were launched to integrate traditional medicines into mainstream health services for COVID-19 treatments, and significant efforts were made to train healthcare workers to utilise these traditional medicines. The need for more profound research into traditional medicines' quality, efficacy, and safety was emphasised to obtain robust scientific evidence. This need was coupled with a call for multisectoral collaboration, highlighted as crucial for knowledge sharing and achieving optimal outcomes in COVID-19 treatments.

Advancing traditional medicine systems in ASEAN

The conference delved into the modalities for advancing traditional medicine systems within ASEAN Member States. India, in particular, shared significant insights into their current initiatives and reforms. India is reforming its Ayush education system to enhance the quality and establish robust educational institutions for Ayurveda, Siddha, Unani, and Homeopathy (ASU&H), which are traditional systems of medicine. Efforts are also underway to restructure regulatory bodies to ensure the quality, efficacy, and safety of ASU&H drugs. Additionally, initiatives were discussed to collect and analyse data to provide scientific backing for ASU&H practices.

Key initiatives noted by the conference

The conference noted several critical initiatives to advance traditional medicine systems in the ASEAN Member States. Among these was the finalisation of the ASEAN Agreement on the Regulatory Framework for Traditional Medicine, focusing on quality, safety, and efficacy. Efforts to promote traditional and

complementary medicine (T&CM) included multisectoral collaboration with various ministries, community outreach through printed and digital platforms, and museum exhibitions. Strengthening human resource competencies through capacity building for traditional healers and cooperation with higher education institutions and relevant ministries was also emphasised. Improved governance through national policies and laws on T&CM, increasing the availability of T&CM-related majors in tertiary education institutions, ongoing research and development, and post-market surveillance of T&CM products were highlighted as essential components of the strategy. Furthermore, regional collaboration through established platforms like the ASEAN Task Force on Regulatory Framework for Traditional Medicine and Health Supplements (TMHS) and ASEAN Health Cluster 3 are critical for successfully implementing these initiatives.

The conference highlighted the significant potential of traditional medicine systems like Ayurveda in enhancing health resilience and well-being in the ASEAN Member States. Through collaborative efforts, research, and regulatory reforms, conventional medicine can play a crucial role in achieving sustainable health outcomes and addressing future health crises. The integration of traditional and modern medicine practices, supported by robust scientific evidence, offers a promising path forward for the region. This comprehensive approach aims to create a resilient health infrastructure that effectively manages current and future health challenges.



For further reading:

https://asean.org/wp-content/uploads/2017/02/5th-ACHMM-Joint-Statement_Final.pdf



<https://asean.org/book/joint-report-on-the-situational-analyses-of-asean-primary-health-care-and-traditional-and-complementary-medicine-capacities-towards-the-enhancement-of-quality-health-care-through-primary-health-care/>



ASEAN REGIONAL HEALTH REPORTS

Migration and Health in ASEAN: Regional Case

Joint Report on the Situational Analyses of ASEAN Primary Health Care and Traditional and Complementary Medicine Capacities: Towards the Enhancement of Quality Health Care through Primary Health Care Capacities in ASEAN Member States

2023. Migration and Health in ASEAN: Regional Case Studies



<https://asean.org/book/migration-and-health-in-asean-regional-case-studies/>

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2023. ASEAN Tobacco Control Report 2015 – 2020



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2023. Situational Analysis and Feasibility of Regional Collaboration to Improve ASEAN Drug Security and Self-Reliance (ADSSR)



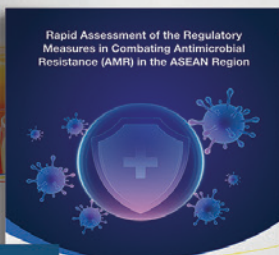
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Framework for the Development and Implementation of Fiscal Measures on Sweet Beverages to Promote Health in ASEAN Member States

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ASEAN Framework for Action on Alcohol Control

2022. ASEAN Framework for Action on Alcohol Control



<https://asean.org/book/asean-framework-for-action-on-alcohol-control/>



2022. ASEAN Food and Nutrition Security Report 2021 Volume 2–Food and Nutrition Security Country Profiles



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2022. Guidelines and Minimum Standards for the Protection, Promotion and Support of Breastfeeding and Complementary Feeding



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Guidelines and Minimum Stand for the Protection, Promotion and Support Breastfeeding and Complementary Feeding

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2022. Assessment of Consumer Participation and Empowerment Program on Food Safety in ASEAN Member States



<https://asean.org/book/assessment-of-consumer-participation-and-empowerment-program-on-food-safety-in-asean-member-states/>



Assessment of Consumer Participation and Empowerment Program on Food Safety in ASEAN Member States

ASEAN Health Cluster 4

POLICIES AND TRENDS



The ASEAN Socio-Cultural Community (ASCC) Policy Brief is a publication of the ASCC Department at the ASEAN Secretariat. It identifies trends and challenges that will impact ASEAN and ASCC sectors and propose policy-relevant solutions and recommendations to uplift the quality of lives of ASEAN people.

ASEAN Socio-Cultural Community Policy Brief No. 5 (2024)

PROMOTING A HEALTHY LIFESTYLE IN ASEAN

by Resilience Development Initiative and Aly Diana

Strategic and collaborative actions at the regional level are essential to maintain and bolster the region’s health quality. A product of the ASCC Research and Development Platform on Public Health Emergencies, this policy brief delves into the critical role of promoting healthy lifestyles in preventing noncommunicable diseases (NCDs) and fortifying ASEAN's health system.

HIGHLIGHTS OF THE POLICY BRIEF



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In many ASEAN Member States, NCDs are the primary cause of mortality, with cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases collectively accounting for over 80 per cent of NCD-related early deaths. The premature mortality of numerous young individuals due to NCDs carries significant social and economic consequences, like lost productivity, particularly in low and middle-income nations. Additionally, there exists a notable connection between mental illnesses and NCDs, as they often share related risk factors and mutually influence disease progression, thereby exacerbating the severity of health, social, and economic consequences.

The ASCC Policy Brief No. 5 (2024), "Promoting a Healthy Lifestyle in ASEAN," necessitates a comprehensive and multi-sectoral approach to addressing these challenges. Initiatives promoting healthy lifestyles are pivotal in empowering individuals and communities to take charge of their health. By addressing modifiable behavioural risks such as tobacco and alcohol use, physical inactivity, and unhealthy diets, ASEAN aims to mitigate the prevalence of NCDs and enhance overall health outcomes.

Challenges in promoting a healthy lifestyle

Efforts to curb tobacco and alcohol consumption in ASEAN have shown progress, yet challenges persist. Despite a decline in tobacco use over the past decades, the rise of electronic nicotine delivery systems poses new hurdles, particularly among youth. Strengthening existing policies, such as expanding smoking bans and improving cessation programmes, remains crucial.

The increasing mortality rates from road traffic injuries present another pressing public health issue in ASEAN. Member States have implemented multi-sectoral approaches, integrating measures into urban development and prioritising post-crash responses. However, further actions are needed to reduce the number of incidents effectively.

Occupational safety, mental health, and healthy ageing are also significant concerns. While policies and programmes exist to promote occupational health and support older people, challenges like long working hours and mental health issues remain. Addressing these issues requires intensified efforts and integrated approaches.

Furthermore, the triple burden of malnutrition—overeating, undernutrition, and micronutrient deficiencies—remains a formidable challenge. Despite various initiatives, limited resources and inadequate monitoring hinder progress in these areas. Future initiatives must prioritise community-based programmes to promote healthy diets and sustainable food systems.

Recommendations

In tackling the challenges posed by NCDs in ASEAN, several strategic actions are recommended by the Policy Brief:

- 1. Develop a sustainable funding mechanism**
Several actions can be implemented to accelerate funding such as conducting funding landscape analysis, scaling up joint funding mechanisms, enhancing technical and policy support, mobilising domestic resources through public-private partnerships, and enabling community engagement. These actions are crucial for improving health systems and implementing new initiatives effectively.
- 2. Strengthen the capacity of health systems and healthcare personnel, especially in primary healthcare facilities**
It is important to evaluate healthcare systems and healthcare providers' capabilities to enhance services and training modules, focusing on the prevention and early detection of NCDs. Strengthening efforts in primary healthcare facilities is crucial for broader coverage and impactful prevention. Initiatives may include joint training with other regions, facilitating multidisciplinary

treatment, and equipping facilities with standardised resources and digital reporting systems.

- 3. Build community-based behavioural initiatives**
Community-based interventions, such as school interventions, can promote behavioural changes, particularly in nutrition and mental health. Policies that strengthen these programmes enhance community engagement and ownership of health, facilitating the integration of new healthy behaviours. These policies may involve community mobilisation through training health workers, providing social protection via health insurance and cash transfers, and empowering community leaders to implement health programmes.
- 4. Enhance surveillance system and monitoring and evaluation mechanism**
Several surveillance initiatives for promoting healthy lifestyles include integrating health applications for NCD control into national health surveillance systems, developing a harmonised Nutrition Surveillance System in ASEAN, implementing traffic management surveillance, regulating evaluation and reporting of occupational health systems, and establishing a proper mental health surveillance system.

This Policy Brief is a publication of the ASEAN Socio-Cultural Community Department of the ASEAN Secretariat. The views expressed in this publication are those of the author(s) and do not necessarily reflect the views of ASEAN and ASEAN Member States, the ASEAN Secretariat, and ASEAN Dialogue Partners. For more information about the ASCC Research and Development Platforms, contact the ASCC Analysis Division at ASCCAD@asean.org.



The Policy Brief can be downloaded from: <https://asean.org/serial/promoting-a-healthy-lifestyle-in-asean/>



https://asean.org/wp-content/uploads/2023/03/ASCC-RD_Flagship-Report_Health1-2022.pdf

ASEAN-INDIA SHARING BEST PRACTICES IN CANCER CARE

NATIONAL CANCER GRID

An ASEAN-India workshop on the National Cancer Grid “Vishwam” Global Cancer Project was organised by the Tata Memorial Centre (TMC) in association with the Indian Mission to ASEAN and ASEAN Secretariat on 24 August 2023 in virtual mode. The workshop's focus was to understand the existing cancer burden in the ASEAN Member States, the problems in the delivery of cancer care, and finding appropriate solutions to maximise cancer care control through collaborations and indigenous solutions that are evidence-based, affordable and accessible.

The workshop saw enthusiastic participation from the ASEAN Member States as speakers and experts shared India's experience providing critical cancer care to its populace.

In order to deepen the collaboration, under the ASEAN-India Framework, representatives from the ASEAN Member States involved in the field of cancer care will be invited to the annual in-person meeting of the National Cancer Grid organised by the Tata Memorial Centre in India, starting from this year, for a period of 5 years.

In 2022, there were an estimated 20 million new cancer cases and 9.7 million deaths. The estimated number of people who were alive within five years following a cancer diagnosis was 53.5 million. The cancer burden will increase by approximately 60 per cent over the next two decades, further straining health systems, people, and communities. The predicted global burden will increase to about 30 million new cancer cases by 2040, with the most significant increase occurring in low- and middle-income countries.

The National Cancer Grid (NCG), an initiative of the TMC, Government of India, was launched in 2012 with the broad vision of creating uniform standards of cancer care across India. Nine years later, it has grown to an extensive network of 300 plus cancer centres, research institutes, patient advocacy groups, charitable organisations and professional societies. These member centres treat more than 750,000 new cancer patients annually, which is 60 per cent of India's total cancer burden.

The NCG also aims to develop human resources adequately trained to fulfil the cancer healthcare needs of the entire nation and conduct high standard collaborative clinical research. Incorporating virtually all cancer care stakeholders in India, it is a robust, unified, and powerful voice in the fight against cancer.

Based on requests from several developing and underdeveloped countries, the National Cancer Grid became global by launching the NCG "Vishvam" on the sidelines of the General Conference of International Atomic Energy Agency (IAEA) in Vienna, Austria in 2019. Through this initiative, partner countries and organisations are able to share best practices from the NCG and also benefit from some of its resources. The NCG Global Cancer Network partners with several countries across the world are working towards reducing the burden of cancer globally.

Aims and objectives

- Evolve and implement uniform standards of cancer care across India.
- Offer state-of-the-art services for those who have cancer.
- Create human resources to tackle the rising need for cancer care.
- Gauge the magnitude trend and type of national cancer problem through the registry and run appropriate epidemiological intervention studies to prevent cancer.
- Direct cancer research in clinics and laboratories to offer cost-effective cancer solutions in India.

NCG milestones

- Reached 300+ NCG member centres across the country in ten years.
- Provides treatment to around two-thirds of all cancer cases in India.
- Conducts Virtual Tumor Board sessions twice a week across NCG member centres for multi-disciplinary care in oncology.
- Developed NCG Guidelines Manual, which provides a comprehensive framework for the formulation of de-novo guidelines, as well as adaptation and contextualisation of other established guidelines.
- Initiated the Quality Improvement (QI) Methodology, NCG QI Hub-EQUIP (Enable Quality, Improve Patient Care), and Project ECHO in collaboration with Stanford University.
- Started the NCG External Quality Assurance Program that aims to standardise histopathology and oncopathology practices across the country.
- Started NCG Library: Akshara-NCG discovery tool allows for the searching of more than 17,000 biomedical journals.
- Launched the E-learning portal in 2019 and successfully runs 18 courses.
- Established a Clinical Trial Network in oncology under the NCG with a grant from the Biotechnology Industry Research Assistance Council (BIRAC) to strengthen the clinical trial capacity across member centres to promote multi-centric high-quality trials.
- Launched the NCG Koita Centre of Digital Oncology (NCG-KCDO) with the goal of helping its 300+ member centres in the country to adopt and promote digital tools and technologies
- Leveraged collated volume to negotiate for equipment, drugs and other consumables.

This division of academics in TMC is designated by the International Union Against Cancer (UICC) as the coordination centre for professional education in cancer for the Asia-Pacific regions. It acts as a catalyst in professional cancer education, disseminating knowledge and expertise across the country.

In 2023, TMC was chosen as an anchor centre under the IAEA's Rays of Hope initiative to train doctors from other countries. Rays of Hope is IAEA's flagship cancer initiative to ensure "cancer care for all" by supporting the establishment and expansion of radiotherapy services worldwide. Through the Rays of Hope initiative, the IAEA identifies and defines Anchor Centers as those that have shown resilience through decades of experience working with the IAEA to support their respective regions. One of India's leading private sector banks recently pledged to contribute 100 crore Indian rupees (approximately 12 million US dollars) to NCG. As part of the programme, the bank will support the establishment of key projects such as the National Tumour Biobank, the National Cancer Teleconsultation Network, and Oncology-specific Electronic Medical Records.

NCG-KCDO will enable NCG and NCG hospitals to pilot and adopt new technologies—including AI, machine learning, big data, automation, cloud, and mobile—which will benefit hospitals, doctors, patients and consumers. Healthcare will be more accessible in semi-urban and rural areas with the adoption of digital tools like telemedicine and remote patient monitoring. Doctors will be able to deliver better care with the use of AI-assisted clinical decision support tools. Mobile patient engagement apps will help patients with medication management and better compliance with care guidelines. Healthcare data analytics across hospitals will make it possible to track and bench-mark clinical outcomes and the effectiveness of different treatment and care pathways.

Bhabhatron, a locally developed isocentric, external beam radiation therapy machine, is one of the most successful products developed by Bhabha Atomic Research Centre, the leading research and development centre of India's Department of Atomic Energy. India has supplied Bhabhatron to a number of countries in need, such as Kenya, Mongolia, Tanzania, Madagascar, Kyrgyzstan, Myanmar, Malawi, Sri Lanka, Uganda, Lesotho, Rwanda, Burundi, and Zimbabwe.

Water, Sanitation, and Society in ASEAN



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Water and sanitation are pivotal for sustainable development. Emperor Naruhito, known for his keen interest in water policy, stated at the 9th World Water Forum, "Water plays a critical role on this continent where rapid socio-economic development is taking place," (Imperial Household Agency Japan, 2022).

The intersection of water, sanitation, and societal progress has become a global narrative that resonates in various regional dialogues. One such dialogue was the Asia Pacific Water Summit (APWS) held in Beppu, Japan, in 2007. The occasion marked a critical momentum in promoting water security under the theme "Water Security: Leadership and Commitment." This summit convened political leaders and eminent persons, offering the leaders a platform to launch initiatives and make commitments to overcome challenges in the water sector. The narrative of water security and sustainable development further evolved at the subsequent

APWS in Kumamoto in 2022, which encapsulates the advancements and the continual emphasis on fostering a sustainable framework for water and sanitation. The Kumamoto summit built upon the foundations laid in Beppu and broadened the discourse, disseminating best practices and engaging the next generation in water and sanitation solutions.

These forums reflect a dynamic, evolving dialogue that underscores the imperative of regional and global collaborations to address water and sanitation challenges. As we go deeper into these dialogues, the transition to the ASEAN context becomes a natural extension of

this narrative, showcasing the region's unique challenges and collective stride towards achieving water security and sanitation for all. The ASEAN region grapples with unequal access to clean water, lack of adequate sanitation facilities, and vulnerability to water-related disasters caused by climate change. However, amidst these hurdles, past and present success narratives in water management within this region are worth highlighting. These success stories inspire people to develop actionable solutions while illuminating the path towards better water and sanitation infrastructure within the ASEAN region.

Tide of transformation: Stories from Phnom Penh, Singapore, and Manila

Singapore's journey from water scarcity to self-sufficiency is a prominent story of strategic water governance in the ASEAN region. Since its independence in 1965, the island nation has struggled with growing population numbers and water demand. With no natural water sources, Singapore initially relied on water contracts with Malaysia. However, a paradigm shift occurred when Singapore embarked on a holistic water management endeavour encompassing water desalination and recycling. Singapore has also placed equal emphasis on water supply and demand management, embracing long-term planning and exhibiting a strong political will. The bedrock of Singapore's success lies in managing the entire water cycle by a single national water agency, the Public Utility Board (PUB), coupled with a practical legal and regulatory framework and a motivated workforce. The success of these efforts is epitomised by the high-grade reclaimed water, known as NEWater, a testament to the innovative spirit that now stands as a landmark of sustainable water management in Singapore (Tortajada, 2018).

The Manila Water Company's transformation underscores the significance of innovative solutions in overhauling urban water and sanitation systems in Manila. Through community engagement, technological interventions, and public-private partnerships, Manila Water turned a once inadequate water infrastructure into a model of urban water efficiency. Manila Water's journey from servicing 3.1 million customers at the inception to seven million in 2021 underscores a story of transformation and innovative solutions to improve water access, expand infrastructure, increase water delivery, and eliminate system losses (Gutierrez, 2018). The foundation of this transformation was adopting a change management approach, metamorphosing the water utility into a world-class service provider. Manila Water embraced a consensus-driven management style, promoting teamwork across all levels. Manila Water's success has now grown beyond its initial domain, extending its services to various metropolitan cities within the Philippines and even crossing borders



into Viet Nam, Thailand, Indonesia, and Cambodia, symbolising a ripple effect of positive change across the region (Rivera, 2014).

The story of Phnom Penh's water supply reformation, led by Ek Sonn Chan, epitomises visionary leadership and internal reforms to catalyse water infrastructure advancements. Ek Sonn Chan, the General Director of the Phnom Penh Water Supply Authority (PPWSA), was a notable figure in ensuring clean and affordable water to the city's residents. Through relentless efforts in reducing non-revenue water, enhancing operational efficiency, and fostering a culture of accountability, Phnom Penh transformed its water supply authority into a paragon of urban water management. The water system Chan inherited in 1993 was in a dire state, with only 20 per cent of the city connected to a 70-year-old water system, and each connection cost a staggering 1000 US dollars (Asian Development Bank, 2014). Ek Sonn Chan transformed the PPWSA into a functional and reliable water utility through his unwavering commitment and innovative approaches. The PPWSA became an autonomous entity by 1997, fueled by significant financial injections from international institutions. The region also progressed by building 1,500 kilometres of new pipelines and a six-fold expansion in water output, turning a once dysfunctional utility into a paragon of high-quality public service, according to the Ramon Magsaysay Award

Foundation. In 2008, the PPWSA reached substantial success by achieving a 6 per cent non-revenue-water rate, 90 per cent coverage with 24-hour supply, a 99.9 per cent collection ratio, total cost recovery-based tariffs, and ongoing financial growth. Those were achieved through informed public, internal reforms, and relentless support from the government (Asian Development Bank, 2008).

Building on the stories from these three cities, the impact of water and sanitation on society becomes palpably clear. A cornerstone of this impact lies in the realm of public health. The mutual relationship between water, sanitation, and public health is highlighted by real-world evidence, such as the COVID-19 pandemic, where simple acts of handwashing emerged as a primary defence against the spread of the virus. These safety precautions exemplified water and sanitation's importance to individual and community health. Moreover, the precedent was set by regions like Singapore and Japan, where long-standing prioritisation of water and sanitation has translated into tangible public health benefits. With more nations moving towards more excellent economic stability, the goal of self-sufficiency in water and sanitation management is becoming increasingly attainable. This aspiration relies significantly on solid leadership and commitment to public health imperatives.



Photo Credit: ©kittirat roekburi / Shutterstock

Youth and technology as pioneers in ASEAN's water and sanitation solutions

As we transition into an era where digital technology promises to accelerate progress, the potential to expedite advancements in the water and sanitation sectors is essential. With its ability to enhance monitoring, disseminate knowledge, and foster global collaborations, technology pushes societies towards a health-centric model where water and sanitation are pivotal. This trajectory translates well for public health and encapsulates the essence of sustainable societal progress within the ASEAN region and beyond. The digital age has cultivated a generation of tech-savvy youth, setting the stage for advancements in water and sanitation. The youth equipped with digital tools and a wealth of information are well-positioned to take charge of finding innovative solutions in this field. From deploying smart sensors for real-time water quality monitoring to leveraging data analytics for optimising water distribution networks, the fusion of technology and youthful dynamism is a promising precursor of progress. The digital realm also democratises knowledge dissemination, enabling a broader audience to grasp the intricacies of water and sanitation management, thus fostering a more informed and proactive community.

In navigating the digital landscape, strategies that accentuate water accessibility and affordability are paramount. For instance, mobile applications that provide information on the nearest water refill stations or platforms that facilitate online payments for water and sanitation services are tangible examples of digital solutions catering to basic needs. Beyond the local context, digital connectivity serves as a channel for global dialogue and collective action. The youth in ASEAN countries can engage in online forums, share success stories, and mobilise resources through digital platforms to unite the shared goal of ensuring water and sanitation for all. This digital solidarity transcends geographical boundaries, embodying a global solidarity integral to nurturing progress. There are many ways for the digitally empowered youth to advance the water and sanitation sectors. By tapping into the digital sphere, they will unlock avenues for broader societal engagement, policy advocacy, and cross-border collaborations, enriching the ASEAN narrative in the sector. The infusion of youthful enthusiasm and digital innovation is not merely a transient phase but a robust foundation for addressing contemporary challenges and advancing societal progress.

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With more nations moving towards more excellent economic stability, the goal of self-sufficiency in water and sanitation management is becoming increasingly attainable.

Conclusion

As we explore the potential of youth and technology and wade into the stories of Phnom Penh, Singapore, and Manila, we unveil the transformative potential of elevating water and sanitation through the synergy of many stakeholders. The ASEAN narrative, amidst its unique blend of cultural richness and economic dynamism, underscores a universal truth: the indispensable role of water and sanitation as the core of societal well-being. The progress from many parts of this region is a testament to the boundless possibilities awaiting us should we choose to prioritise these fundamental domains. The journey towards a healthier, more equitable, and sustainable future is not a solitary endeavour but a collective one. Every droplet of effort in enhancing water and sanitation systems, every ripple of knowledge shared, and every tide of technological innovation moves us closer to this envisioned horizon.

The views and opinions expressed in this article are solely those of the author and do not reflect the official policy or position of ASEAN.

**This article was co-authored by Dwiky Chandra Wibowo in his capacity as an ADBI Consultant. Mr. Wibowo has since transitioned to a new role within the ASEAN Political Security Community Department.*



References may be downloaded from the following link:
https://bit.ly/Issue37_Ref

CONVERSATIONS

The worst of the COVID-19 pandemic may be over, but its impact on our health and well-being persists.

The ASEAN speaks to advocates dedicated to sharing vital information on healthy lifestyle choices to prevent disease. We also highlight the heroic efforts of healthcare workers who risked their safety to provide care during the pandemic, featuring a medical doctor who helped bring hope and healing to a world facing immense loss.



Photo Credit: ©imtmphoto / Shutterstock

Healing Women

Tess Barrientos, MD



Joanne B. Agbisit

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The COVID-19 pandemic was particularly trying for Philippines-based OB-Gynecologist Marites Barrientos, known as "Doc Tess" to her patients. For someone who finds immense joy in caring for expectant mothers and delivering babies, it was challenging to limit face-to-face prenatal visits, don multiple layers of personal protective equipment, and maintain minimal interaction even during childbirth.





“On many occasions, women put their husbands’ or children’s needs before their own, causing a delay in diagnosis and treatment.”

“I had two patients who were COVID-positive when they gave birth,” she said. “I felt bad because their husbands were not permitted in the delivery room, and they didn’t know anyone except me, yet safety precautions prevented me from giving enough reassurance or comfort.”

Reflecting on her experiences, Doc Tess said she often felt conflicting emotions of joy and fear in equal parts. “I felt fulfilled that I was part of such a joyous occasion in a couple’s life, but also frightened that we (the medical team) would contract COVID-19.”

Throughout the pandemic, Doc Tess continued to treat women with reproductive health concerns in addition to pregnant patients.

Telemedicine, in Doc Tess’s opinion, is a lifesaver for both doctors and patients.

“Online consultations served as alternative means of seeing and communicating with our patients to address non-urgent concerns,” she said. At the same time, she felt more at ease knowing she would be less exposed to the disease so she could continue caring for her patients. She was also extremely careful because she was living with her elderly mother and grandmother at the time.

With telemedicine, she said more emphasis was placed

on instructing patients to keep tabs on themselves and recognise warning signs that require immediate medical intervention.

“The limitation is when a patient has a concern that I couldn’t assess by just talking with them. I have no other option but to see and examine them in person to better manage their health,” she said.

Doc Tess is thankful that even before the pandemic, she had joined a telehealth platform for storing and accessing patients’ electronic medical records. Thus, migrating to online consultations became relatively easy.

Currently, she is active in this telehealth platform and keeps a hybrid schedule. “I have a fixed schedule for in-person and online consultations,” she said. “I get a lot of patients from the platforms since they allow patients to easily find specialists and book online consultations.”

She said telemedicine has given her the opportunity to expand her reach, allowing her to treat Filipinos residing overseas and younger patients who may ordinarily require the presence of their parents.

As a doctor, she believes in self-care, particularly maintaining her mental health. During the pandemic, she said her family’s love and support kept her going. “I developed and rediscovered hobbies and skills that would make me feel relaxed, recharged, and happy. Getting and taking care of a pet dog

gave me so much joy and comfort,” she added.

It also helped that the tertiary hospital she’s affiliated with implemented stringent safety measures to ensure the protection of patients, visitors, and the medical staff. “It made me feel secure knowing that policies were in place to promote a safe working environment,” she said.

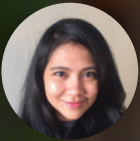
Doc Tess advocates for more women to be more in tune with their bodies. One condition that many of her patients struggle with and tend to ignore is endometriosis, she explained. “We take these types of conditions seriously. In fact, we’re trying to raise awareness among women that they should not ignore their pain and discomfort. And, as this disease greatly affects women’s reproductive potential, timely diagnosis and proper treatment should be provided.”

She also urges women to prioritise their health. “For example, I have patients who have been bleeding for months or have a huge mass in their abdomen but suffer in silence. They put off seeing a doctor because they do not have money. On many occasions, women put their husbands’ or children’s needs before their own, causing a delay in diagnosis and treatment.”

“Ultimately, I believe that this profession—being able to take care of women’s health-related needs—is not only a gift but a privilege,” she ends.



Rethinking Health Advocacy with Pingann Oung



Ixora Tri Devi

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Thirty-one year-old Pingann Oung is a prominent social media influencer in Cambodia, known for promoting healthy lifestyles and overall well-being. His rise to fame began unexpectedly as an advocate for women's health, which quickly garnered him a substantial following and significant influence beyond the health and wellness community.

|| Men should talk more about women's breasts" was the premise of the first video that Pingann posted on his Facebook page. Overnight, the video garnered a lot of attention.

"It was clickbait, but the whole idea is that men should talk more about it with their sisters and mothers. It is about urging these men to take their sisters and their mothers for an early check-up for breast cancer," Pingann reveals.

Pingann's strategy of using eye-catching headlines was successful. The video became a hit on social media "because nobody had talked about it before, and it came from a man," he says.

Six years after releasing the video, his Facebook page, គិតជាមួយប័ង្ការ [Think with Pingann], is now a popular channel in Cambodia, attracting hundreds of thousands of viewers from across the nation and the world. Pingann discusses a wide range of topics, from health issues such as breast cancer and mental health to self-grooming tips like getting ready for your job interview and how to dress like a gentleman.



In an interview with *The ASEAN*, Pingann explained his interest in raising awareness about women's health.

"I grew up surrounded by strong women, including my grandmother," he says. "Unfortunately, my grandmother passed away when I was eight years old."

Pingann recalled spending most of his time growing up with his grandmother, a single mother who raised six children. To make ends meet, she did odd jobs, including selling noodles. Her strength and determination to provide the best for her family deeply impacted Pingann's life.

Living more than 400 km away from the capital Phnom Penh in Battambang Province, Pingann believes this distance impedes access to vital information, including healthcare.

"I think that's why she passed away very early from diabetes, something that is very preventable. She didn't understand her condition, nor did she know where to go when she was sick," he reflected. This experience led Pingann to think about how women can gain more confidence in seeking the medical care they need.

"Growing up, I spent a lot of time with my grandmother, mom, and aunts, all strong women. If they were not healthy, I would not have become the person I am today. That's why it's a circle of empowerment. If women are healthy, they can raise healthy children, who, in turn, can help create a healthier society. Health accessibility is the foundation of everything, at least for me."

Pingann then points out an example of a young girl needing proper nutrition, clean sanitation facilities, and access to sanitary products during her menstrual cycle to excel in school.

"These fundamental needs are often ignored, leading to significant gaps that are usually filled by under-resourced villagers. Those with the means must address these issues to close these gaps. In my experience, a healthy mother with sufficient food, clean water, and clothing can make wiser decisions, better nurture her children, and enable them to succeed. This empowerment cycle is vital, beginning with meeting basic needs to ensure prosperity."

Health and risk communication during the COVID-19 pandemic

Storytelling holds a special place in Pingann's heart. Even before pursuing his bachelor's degree in media and journalism, he was already a reporter at a local television station. His passion for storytelling and his mission to raise health awareness led him to study Health and Risk Communication at Michigan State University, where he earned a Fulbright Scholarship.

"I wanted to focus on behavioural change communication," he explains. "How do we craft persuasive messages that women can relate to? This helps build their confidence to adopt healthy behaviours."

He did not expect his master's degree to provide on-campus lessons and a global experience. "It was interesting because I studied health and risk communication during COVID-19 from 2019 to 2021. It gave me a lot to think about."

Pingann assesses how, during that period, many people suffered because there was no right information, and there were many layers surrounding the outbreak itself.

"The biggest lesson from COVID-19," Pingann observes, "is that the virus affected every aspect of our lives, forcing everyone to strive for survival."

"People in the health communications field jump on the boat to fight the battle of misinformation and try to share well-researched, evidence-based findings. Also, for me, through my channel. At that time, with all the things that were happening, I knew even if I only impacted one or two persons knowing that they knew the accurate information, it would do the job," he asserts.

For Pingann, and probably many other people with the same experience, the loneliness during the pandemic also raises the importance of discussing mental health. Contemplating these challenging times, he advocates for a proactive stance within ASEAN.

"We need a holistic view of our priorities and a forward-looking perspective. How do we support young children during a pandemic so they are not mentally scarred in the next 6-7 years? There's also considerable underlying trauma in adults that needs addressing. If we want



As a health communicator, Pingann Oung is interested in topics such as women's health and mental health

children affected by the pandemic to reach their full potential, we must tackle the root causes of their stress."

Collaboration for greater reach

Talking about his future endeavours, Pingann proudly shares his project with a local mental health organisation, Transcultural Psychosocial Organization. The "Operation Unchained" project involves a team of doctors travelling across rural Cambodia to assist mentally challenged individuals, particularly those with schizophrenia who are restrained by their families.

"We plan to release videos from different provinces and aim to raise 30,000 US dollars by year's end. I share various stories and incidents on social media about my encounters with patients, which inspires others to screenshot their bank transfers to my posts. This has led to a widespread sharing of donations with the organisation," he explains, adding that they raised 14,000 US dollars just a few weeks after the campaign was released. The donations will be utilised to cover operational costs, including unchaining patients, providing treatments and medications, and educating family members about mental health.

Pingann hopes to partner with more organisations like ASEAN to further his cause. "Currently, many feel demotivated due to a lack of support. Support isn't always monetary; sometimes, it's about simply sitting down and listening. Listening to our stories can lead to greater achievements and inspire others, knowing that support is available," he concludes.

Associate Editor Joanne B. Agbisit contributed to this article.

Ade Rai

From He-Man to Health Mentor



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Fifty-four-year-old I Gusti Agung Kusuma Yudha Rai, better known as Ade Rai, is an Indonesian all-natural bodybuilder, fitness icon, and advocate for a healthy lifestyle.

“They used to call me He-Man in college,” says Ade Rai, referring to a newspaper photo of himself playing volleyball, captioned to liken him to the ‘80s character known for his superhuman strength.

Ade Rai welcomed *The ASEAN* to his Balinese-inspired gym in Bandung, West Java, where the health guru gladly showed his photo albums. “These are all my father’s,” he says, noting that his late father meticulously documented his journey in bodybuilding.

Flipping through the pages, photos and articles trace his rise through the local, national, regional, and international stages, cementing Ade Rai’s iconic status and making him a household name since the ‘90s.

Ade Rai has been involved in sports for as long as he can remember. From badminton and arm wrestling to judo and bodybuilding, he was never far from an athletic environment.

“In high school, I stopped pursuing my dream of becoming a professional athlete and focused on my studies. However, I still worked out and played sports regularly as a hobby. Who would have thought that my hobby would lead me to where I am today?” says Ade Rai, who graduated from Universitas Indonesia with a bachelor’s degree in International Relations.

Growing up in a health-conscious environment and benefiting from a healthy lifestyle, Ade Rai has made it his mission to share his knowledge for a healthier nation.

"I might not have the authority to dictate government actions, but I really hope they can learn from my life journey. I was raised in a humble family; my father was a soldier, and my mother was a teacher. We didn't have many privileges, but my parents steered me in the right direction, providing access to sports and a healthy lifestyle. While my peers in school began smoking and drinking alcohol or got involved in youth brawls, I never joined them. I focused on my field.

"As a result, at my current age of 54 years, the last time I was in a hospital was 54 years ago—and that was when my mother was giving birth to me. I hope my life can serve as a role model for behaviour. Imagine how much budget we could save for those in dire need if we could reduce the number of preventable diseases caused by unhealthy lifestyles," says Ade Rai, who also serves as the brand ambassador for the Indonesian Social Security Agency on Health [Badan Penyelenggara Jaminan Sosial Kesehatan - BPJS].

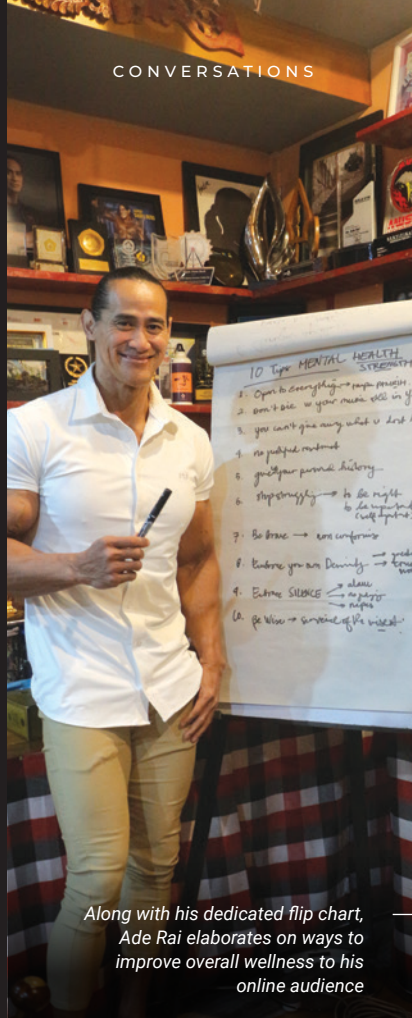
Dunia Ade Rai: A gem during the COVID-19 pandemic

Walking the talk, Ade Rai makes the most of the social media era to raise awareness about healthy living. Through his channel, Dunia Ade Rai [Ade Rai's World], he consistently releases videos to his millions of loyal subscribers. With his dedicated flip chart, he elaborates on ways to improve overall wellness.

"Dunia Ade Rai began around four years ago, during the COVID-19 pandemic. At that time, I was frustrated by how our society was over-glorifying the disease and viewing others as threats. The media broadcasted nothing but disheartening content. Personally, I find it unfair that our society might suffer not because of the disease itself but because of our reactions to it, which harm us more than the disease," says the gold medalist of the 1997 Southeast Asian Games.

Ade Rai recognises that raising awareness and education are crucial because they lay the foundation for understanding, which is vital for discipline and obedience.

"If we expect people to obey government directives, such as stay-at-home orders, we must first ensure they understand



Along with his dedicated flip chart, Ade Rai elaborates on ways to improve overall wellness to his online audience

the reasons behind these orders. This is not an easy task. When people lack understanding, they are forced to comply, and forced compliance rarely yields positive results; instead, it breeds resistance."

The owner of 28 cats also noticed how many people gained weight and saw their overall health decline during COVID-19 infection season.

"Logically, we should be taking better care of ourselves during this time to fight the virus, but the opposite happens as people become sedentary, indulging in unhealthy behaviours rather than exercising."

These observations fuel his intense passion for educating people about a healthy lifestyle through his channel.

"I often wonder why we have a lower level of understanding about health-related issues. We pursue higher education to gain knowledge and secure great jobs, but we don't maintain the same mindset towards our health. We need to learn more about healthy living, take control of our health, and make independent health decisions," he encourages.

Tailoring healthy lifestyles for Southeast Asians

Thanks to a wide array of accessible information on healthy living, including Dunia Ade Rai, more people are now aware of the importance of a healthy lifestyle.

"After the pandemic, I noticed that people finally understand that going to the gym is a necessity. Men, women, the elderly, the young, and even juniors and high schoolers have started going to the gym. They already understand the benefits of these activities," Ade Rai observed.

Ade Rai also likes to highlight the importance of challenging the mindset that healthy living is expensive. Instead of opting for unattainable foods, like Western-style "healthy meals," Ade Rai believes culturally sensitive campaigns are wiser.

"When we promote healthy living, we should first connect closely with the people. For example, here in West Java, my campaign is simple: eat lalap (Sundanese salads) before your main course. This is a custom for the Sundanese people. In Sulawesi Island, where there's an abundance of fish, we emphasise that eating fish is healthy!

"In our region, we are accustomed to whole foods, not highly processed foods. We have a plethora of spices that are beneficial for us. Let's use these resources instead of trying to adopt ways of living that are far removed from our own."

In addition to promoting local foods, Ade Rai advocates for healthy lifestyles that reflect a broader cultural context. For instance, in Indonesia, which has one of the world's largest Muslim populations, he supports integrating traditional practices such as fasting during Ramadan into public health strategies.

"This too is a valuable campaign; fasting benefits everyone—not only does it bring you closer to God, but it can also improve your immune system," he wraps up.

The views and opinions shared in these conversations are solely those of the interviewees, and do not reflect the official policy or position of ASEAN.

SHIFTING CURRENTS

- ASEAN sets guidelines for the responsible and ethical use of AI for businesses
- ASEAN's youth volunteers show the path towards service for others



THE ASEAN ECONOMIC COMMUNITY DIGEST

A BUSINESS-FRIENDLY ASEAN GUIDE FOR AI ETHICS AND GOVERNANCE



Artificial Intelligence (AI) is the discipline of creating intelligent machines capable of analytical reasoning, enabling organisations to operate effectively and with foresight.

AI has transformed business operations into more efficient, competitive, and productive ones. For example, GrabMaps uses AI to cleanse and process the street view aggregated from data from merchants, drivers, and delivery partners to create a digital map to help drivers reach their destination quickly. Meanwhile, *Kata.ai* offers custom chatbots to automate customer service in Bahasa Indonesia.

According to Kearney, AI could add a 10 to 18 per cent GDP uplift across ASEAN, with a value of nearly 1 trillion US dollars by 2030. In ASEAN, 80 per cent of surveyed businesses in the region are already in the early stages of AI adoption.

Nonetheless, the upsurge of AI permeating the economy and social life is not without risk. AI relies heavily on data generated by users' activities. Limitations in the data pool or coding may result in biases in decision-making. Additionally, AI poses risks such as privacy breaches

and vulnerability to attacks due to inadequate cybersecurity that may expose AI systems. Therefore, AI governance in ASEAN is imperative to mitigate these risks, including ensuring inclusivity, data protection, and cyber resilience while achieving AI's full potential for the ASEAN economy.

Against this background, the ASEAN Digital Ministers recently endorsed the ASEAN Guide for AI Ethics and Governance. The Guide serves as a practical guide for organisations in the region that wish to design, develop, and deploy traditional AI technologies in commercial and non-military or dual-use applications. It focuses on encouraging alignment within ASEAN and fostering the interoperability of AI frameworks across jurisdictions. It also includes recommendations on national-level and regional-level initiatives that governments in the region can consider implementing to design, develop, and deploy AI systems responsibly.

ASEAN GUIDE ON AI GOVERNANCE AND ETHICS

The *ASEAN Guide on AI Governance and Ethics* aims to empower organisations and governments in ASEAN to design, develop, and deploy traditional AI systems responsibly and increase users' trust in AI. The Guide contains seven guiding principles to ensure trust in AI and promote the design, development, and deployment of ethical AI systems that consider the broader societal impact. The Guide also recommends a governance framework that supports the responsible use of AI, which organisations or businesses should adopt in the governance structure, the level of human involvement in AI-augmented decision-making, operations management, and stakeholders' interaction and communication.

THE SEVEN GUIDING PRINCIPLES



Transparency and explainability

Transparency refers to disclosing if an AI system has been used in decision-making, the data it uses, and its purposes. Meanwhile, explainability is the ability to communicate the reasoning behind an AI system's decision in an understandable way to all relevant stakeholders. These principles build public trust by ensuring that users are aware of the use of AI technology, how information from their interaction is utilised, and how the AI system makes its decisions using the provided data.



Fairness and equity

To ensure fairness, deployers are encouraged to have measures in place to ensure that the algorithmic decisions do not further exacerbate or amplify existing discriminatory or unjust impacts across different demographics. The design, development, and deployment of AI systems should not result in unfair biases or discrimination. In addition, the datasets used to train the AI systems should be diverse and representative. Appropriate measures should be taken to mitigate potential biases during data collection, pre-processing, training, and inference.



Security and safety

Safety refers to ensuring the protection of developers, deployers, and users of AI systems. Therefore, impact or risk assessment should be conducted to identify and mitigate risks that may arise from the AI system. Additionally, deployers should conduct relevant testing or certification and implement the appropriate level of human intervention to prevent harm when unsafe decisions occur. Meanwhile, security refers to ensuring the cybersecurity of AI systems, including mechanisms against malicious attacks specific to AI, such as data poisoning, model inversion, the tampering of datasets, byzantine attacks in federated learning, as well as other attacks designed to reverse engineer personal data used to train the AI.



Human-centricity

AI systems should respect human-centred values and pursue benefits for human society, including well-being, nutrition, happiness, et cetera. Especially when AI systems are used to make decisions about humans or aid them, it is imperative that they are designed with human benefit in mind and do not take advantage of vulnerable individuals.



Privacy and data governance

AI Systems should have proper mechanisms to ensure data privacy and protection and maintain and protect the quality and integrity of data throughout their entire lifecycle. Thus, data protocols must be set up to govern who can access data and when. The way data is collected, stored, generated, and deleted throughout the AI system lifecycle must comply with applicable data protection laws, data governance legislation, and ethical principles.



Accountability and integrity

Deployers should be accountable for decisions made by AI systems for compliance with applicable laws and respect for AI ethics and principles. AI actors, or those involved in at least one stage of the AI system life cycle, should act with integrity throughout the AI system lifecycle when designing, developing, and deploying AI systems. Therefore, organisations should adopt clear reporting structures for internal governance, clearly stating the different roles and responsibilities of those involved in the AI system lifecycle.



Robustness and reliability

AI systems should be sufficiently robust to cope with execution errors, unexpected or erroneous input, and stressful environmental conditions. Deployers should conduct rigorous testing before deployment to ensure robustness and consistent results across various situations and environments.

THE AI GOVERNANCE FRAMEWORK



Internal governance structures and measures

Organisations need to establish internal governance structures to monitor how AI systems are designed, developed, and deployed. For example, organisations could consider establishing a multi-disciplinary and central governing body to oversee AI governance, provide independent advice; and develop standards, guidelines, tools, and templates to help teams design, develop, and deploy AI responsibly. Deployers also need to ensure that proper guidance and training resources are provided to the individuals involved in the governance process and that broader awareness is raised across the organisation. Nonetheless, in considering the above recommendations, developers and deployers should also take heed of factors such as a company's size and capacity to ensure the governance is relevant and fitting for the business.



Determining the level of human involvement in AI-augmented decision-making

Businesses should determine the risk level and the human involvement category in AI-augmented decision-making. The assessment could evaluate the AI solutions on two axes—the probability and severity of harm to users and individuals involved in the AI system lifecycle. For example, AI systems with high seriousness and likelihood of harm should adopt a human-in-the-loop approach where humans can assume complete control of the system and decide when it is safe to execute decisions. The assessment should be made for all user types, and deployers are encouraged to provide special consideration to the impact on vulnerable and/or marginalised populations.

A BUSINESS-FRIENDLY AI GOVERNANCE



Operations management

AI governance should be built into all AI systems lifecycle, which consists of (1) project governance and problem statement definition, (2) data collection and processing, (3) modelling, (4) outcome analysis, and (5) deployment and monitoring. Deployers should conduct risk-based assessments of the AI systems before starting any data collection and processing or modelling. Following the risks assessed, deployers should put in place mitigation measures to manage the risks relating to AI systems. Additionally, throughout the data collection and processing, constant monitoring of datasets used and variable performance of the model across different target populations sub-groups should be conducted to mitigate risks of unjust bias. Even after the AI system has been developed and deployed, deployers need to continue reviewing the system, datasets, and model metrics periodically and make reasonable efforts to ensure the accuracy, relevance, and reliability of data and outcomes. Developers may also refer to the relevant ISO standards for data robustness, quality, and other data governance practices.



Stakeholder interaction and communication

Businesses must develop trust with all relevant stakeholders throughout the design, development, and deployment of AI. Deployers should consider providing general disclosure of when AI is used in their product and/or service offering. Furthermore, deployers could also consider developing a standardised policy that dictates what level of information, who to provide information, and how to provide information to stakeholders. Deployers could consider providing information related to the needs of the users as they navigate the interaction with the system. Lastly, deployers should put in place a feedback mechanism for users and other mechanisms to give feedback on the performance and output of the AI system.

A business-friendly ASEAN Guide for AI Ethics and Governance is crucial for the region's technological development. It fosters innovation by providing clear guidelines without excessive burdens. This allows companies to confidently invest in AI while ensuring responsible development. The guide promotes trust by addressing ethical concerns and attracting a more comprehensive range of users and investors. This creates a win-win situation, where businesses thrive alongside a future-proofed ASEAN landscape for AI. The Guide is business-friendly for the following reasons:



Inclusive development of the Guide

The Guide was developed with extensive consultation with the private sector. Close consultation and references to actual cases were included to ensure that the Guide is business-friendly for all businesses operating in ASEAN and will enable ASEAN businesses to thrive by responsibly utilising AI.



Establishing user trust in AI-powered products and services

The Guide includes the necessary principles to establish users' trust in AI-powered products and services, such as transparency and explainability. It recognises that fostering users' trust in AI is a linchpin to a vibrant AI ecosystem. As users trust that their data are protected and that AI is developed and deployed in a way that is not adverse to their interests, they will be more open to AI-powered services and products, increasing usage and loyalty.



Encouraging innovation

The Guide promotes innovation by leaving implementation details to companies and local regulators under the regional AI risk assessment and governance framework. It also recognises better approaches than a one-size-fits-all approach to AI governance. The Guide provides more freedom for businesses to experiment with innovations to advance further AI development and innovation, which would benefit long-term technological development in ASEAN. It facilitates ASEAN as a conducive place to test ideas and conduct business experiments for AI-powered services and products in increasing market demand in the global digital landscape.



Facilitating economic and cultural diversity in ASEAN

ASEAN Member States have different levels of economic development, digital readiness, and vast cultural and language diversities. The Guide encourages business and tech players to consider countries' differences to enable AI to advance social progress, become a growth engine for all ASEAN Member States, and halt further inequalities. The Guide also creates room for regional collaboration on AI policy development in ASEAN, facilitating the interoperability of AI frameworks in the region.



This article is an edited version of the ASEAN for Business Bulletin, which can be downloaded at the following link: <https://asean.org/wp-content/uploads/2024/03/ASEAN-for-Business-Bulletin-March-2024.pdf>



For further reading: <https://asean.org/book/asean-guide-on-ai-governance-and-ethics/>



ASEAN Youth Ready Together!

RED PEPPER ✓ វិញ្ញាណកម្ម	SODA ✗ ស៊ីរ៉ា	NUTS ✓ គ្រាប់ផ្លែឈើ
HOT DOGS ✗ ហត់ដា	SWEET POTATO ✗ ដំឡូងផ្លែ	CANNED FOOD ✗ អាហារកំប៉ុស
ORANGE ✓ ផ្លែឈើ	FRENCH FRIES ✗ ផ្លែឈើ	FATTY (SALAD) ✗ ផ្លែឈើ



Ixora Tri Devi
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ASEAN Volunteers, an ASEAN Cooperation Project, aims to foster a caring and sharing community among ASEAN youth through volunteering activities. It aspires to become an ASEAN-led integrated platform for such activities, to promote ASEAN awareness and to foster participatory community building by actively engaging the youth.

From first aid training to disaster management training, discussions about climate change, and engagements with local communities and schools, young people from across the region have been exposed to various engagements as part of the ASEAN Volunteers Project.

They are happily immersed in life-changing experiences while learning firsthand about the substantial role communities play in disaster management.

Twenty-two days, countless experiences

January 2024 was not a typical month for 21-year-old Laotian Sulaphy Phangsuvan, a volunteer in Singapore. Energised and ready, she looked forward to days of learning about disaster management from Mercy Relief Singapore. Her schedule included visits to galleries focusing on sustainable development and disaster preparedness, as well as engaging in conservation-oriented and sustainable tourism at local attractions.

"Working closely with communities was a significant part of our experience," Sulaphy tells *The ASEAN*.

Another youth volunteer, 30-year-old Bruneian Izyan Binti Haji Osman was actively involved with Mercy Malaysia in October 2023. She participated in community-based disaster risk management activities, which included fieldwork in Batu 23 Sungai Lui, Hulu Langat, Selangor. There, her team collected data and employed techniques such as transect walks, conducted interviews to create seasonal calendars, and mapped out facilities in various areas of the village.

"Working together as a team was really important in this project. I got better at working with different people from different backgrounds to reach our goals," Izyan states.

Similar to her peers, 24-year-old Chhoun Sokchea also spent three weeks full of activities. However, unlike Sulaphy and Izyan, Sokchea could participate in all activities from the convenience of her home country while working with the Cambodian Red Cross in January 2024.

"We completed nine community activities together, including trash cleaning incentives for high school students, shooting videos on fire disasters, raising awareness about fire hazards among primary school students, planting mangrove trees, cleaning beaches, and more," says Sokchea.

The inaugural cycle of the project was organised under the theme "Community-based Disaster Risk Reduction and Preparedness" with funding from the Japan-ASEAN Integration Fund (JAIF). The project deployed approximately 100 young people aged 18-30 from all ASEAN Member States to serve as volunteers in community development projects across the region for 22 days.

Many of these volunteers are involved in community projects in their home country. Sokchea, for example, led a project to improve waste management awareness in the Chnok Tru Commune of Barbour District, Cambodia. The same goes for Izyan, who recently held a Ramadan donation drive for single mothers with Persatuan Membangun Wanita dan Masyarakat [Association for Women and Community Development] in Brunei Darussalam.

"I have been a volunteer since 2019. I have learnt a lot from all of my past volunteers, but I want to learn more. I want to know what is new in ASEAN. What is the difference between the national and ASEAN levels," says Sokchea.

Sulaphy, who also participated in numerous volunteer programmes during her university years in the Lao PDR, reveals that the experience has given her first-hand exposure to numerous challenges the world faces, "especially disasters such as flooding, global warming, and climate change." She adds, "I am also eager to learn about their strategies and methods, which I can then adapt and apply upon my return."

Just as the theme suggests, the project focuses on community-based disaster reduction and preparedness. The volunteers received first-hand lessons on enhancing community capacity and reducing vulnerability through awareness-raising and knowledge-sharing initiatives. "By empowering communities with information and skills, we can strengthen their resilience and ability to cope with natural disasters and climate-related challenges," says Izyan.

Beyond learning about disaster management, the volunteers also benefited from interacting with each other. Every deployment consisted of 10 volunteers from the ASEAN Member States, which opened opportunities to strengthen the regional identity.

"Besides the training, activities, and meetings, we also had team-building sessions and spent time together. As all ten members, we were friendly, creative, intelligent, kind, productive, and clever," says Sokchea.

"I am incredibly grateful for the opportunity to work with volunteers from different ASEAN member states. I have learned so much from them due to our diverse backgrounds, perspectives, and ideas. They have become like brothers and sisters to me," adds Sulaphy.

For those interested in joining the ASEAN Volunteers Project, Izyan offers some advice: "If you're considering participating in this project, remember that it might not always be straightforward. Prepare for challenges and embrace new experiences. Maintain a positive attitude and value the opportunities that arise. Most importantly, be true to yourself, even if you feel nervous or uncertain."

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Volunteering supports character development and enhancement of skills such as leadership, problem-solving, and teamwork. Combined with the practical experiences in various ASEAN communities, ASEAN youth are prepared to be future leaders of ASEAN with the capacity to overcome challenges and manage future disasters.

Director of Human Development Directorate of the ASEAN Socio-Cultural Community Department, Rodora T. Babaran, at the ASEAN Volunteers Report Meeting in Jakarta, 27 March 2024



ASEAN volunteers gain firsthand experience working with various local communities to reduce disaster risk and improve preparedness



“

My volunteering journey has been transformative, both personally and collectively. Through individual activities and interactions with fellow volunteers, I gained valuable skills, formed lifelong friendships, and developed a deeper understanding of the power of community service and international cooperation. Moving forward, I am inspired to continue contributing to positive change within ASEAN and beyond, guided by the lessons learned and the connections made during this remarkable experience.

Chhoun Sokchea, 24, ASEAN Volunteer from Cambodia

Photo Credit: © Chhoun Sokchea

“

I was so interested in it because I have never experienced working with people from outside my country. I saw this as a golden opportunity to learn how other ASEAN member countries prepare for and respond to disasters and climate change adaptation. I am also eager to work alongside others to foster a conducive environment where everyone can thrive and engage in collaborative efforts to create a better and safer ASEAN region for all.

Sulaphy Phangsuvanh, 21, ASEAN Volunteer from Lao PDR

Photo Credit: © Sulaphy Phangsuvanh



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The project has reinforced my focus on finding solutions rather than dwelling on problems. By maintaining a positive mindset and approaching challenges with a problem-solving attitude, I've been able to effectively address issues and move forward towards our objectives. Overall, the project reinforced the importance of proactive measures in building resilience and fostering sustainable development in the face of evolving environmental threats.

Izyan binti Haji Osman, 30, ASEAN Volunteer from Brunei Darussalam

Photo Credit: © Izyan binti Haji Osman



WOMEN IN DIPLOMACY

Urawadee Sriphiromya

Former Ambassador and Permanent Representative of the Kingdom of Thailand to ASEAN

Ambassador Urawadee Sriphiromya served as the Permanent Representative of Thailand to ASEAN from 2021 to 2024. Ambassador Urawadee gave this interview shortly before she left Jakarta on March 2024 for her next assignment as Ambassador of Thailand to Viet Nam. The Ambassador shared valuable insights on the crucial role women play in shaping ASEAN's policies and strategies for the future.

How important is women's participation in policy decision-making platforms and mechanisms? How does women's participation in promoting an inclusive, gender-responsive community?

Ambassador Urawadee:

It is undeniable that women have a very important role to play in society in every part of the world. Women significantly contribute to society through their roles as mothers, wives, teachers, heads of families, caregivers, and so on.

Women are also crucial in promoting peace, prosperity, and national development.

When women are given equal rights and opportunities, they can multiply development gains and make great progress towards sustainable development.

All 15 goals of the Sustainable Development Goals cannot be achieved without Goal No. 5: Achieve gender equality and empower all women and girls.

It is encouraging that ASEAN is committed to promoting women's participation as reflected in the ASEAN Declaration on the Gender-Responsive Implementation of the ASEAN Community Vision 2025 and Sustainable Development Goal 5 (SDG5) on Gender Equality.

I recognise the indispensable role of women's participation in policy decision-making, whether political or economic. It undoubtedly contributes to policies that are effective and responsive to the needs of all groups of the society, vital to achieving inclusive development. Women's representation in decision-making mechanisms brings more diverse perspectives and helps in making informed decisions. Meaningful participation of women at all levels is crucial to realising gender equality.

Currently, the Committee of the Permanent Representatives of ASEAN comprises four women, i.e. Brunei Darussalam, Malaysia, the Philippines and Thailand. We are very pleased that we now have a female Deputy Secretary-General of ASEAN and another lady Ambassador from Timor-Leste. We all contribute to the work of ASEAN in various areas. We believe that ASEAN must continue to champion women's participation if we want to promote inclusive and gender-responsive communities within ASEAN and beyond.

What notable achievements in women's empowerment and gender equality both in Thailand and in ASEAN do you consider inspirational?

Ambassador Urawadee:

ASEAN Member States are working together to enhance women's empowerment and gender equality. There are a number of notable achievements that I consider inspirational.

For Thailand, the 2015 Gender Equality Act provides the necessary legal and policy framework for Thailand to safeguard individuals from gender-based discrimination in all sectors of Thai society. I also wish to emphasise the Handbook for Gender Responsive Budgeting, which was used as a mechanism for governmental bodies to assess if resources allocated or spent are in accordance with policies to integrate a gender perspective throughout the budgetary cycle.

Thailand is working with ASEAN Member States to implement gender mainstreaming initiatives, notably within the ambit of ASEAN Committee on Women (ACW) and the ASEAN Commission on the Promotion and Protection of the Rights of Women and Children (ACWC). Under the ACW Work Plan 2021–2025, Thailand has spearheaded ASEAN efforts to address gender stereotypes and sexist language in education materials at primary and secondary levels, resulting in a sourcebook for schools that significantly helps promote gender equality in education across the region.

The joint efforts of ACW and ACWC Thailand have led to the initiation of the ASEAN Regional Plan of Action on the Elimination of Violence Against Women (RPA on EVAW) 2016–2025. This plan provides a comprehensive framework for guiding regional and national efforts to address and prevent a case of gender-based violence effectively.

The outputs of these initiatives include developing informative materials such as infographics, claymation animations, and short films with Thai audio and English subtitles aimed at raising awareness of gender equality and eliminating gender stereotypes in education.

Moreover, ACWC Thailand is currently developing a project proposal entitled "Enhancing the gender-responsive treatment of women prisoners in ASEAN," which will provide information and broaden our understanding of the characteristics of women prisoners, and enhance regional cooperation to promote gender-responsive treatment of women prisoners. This initiative will support the implementation of the United Nations Rules for the Treatment of Women Prisoners and Non-Custodial Measures for Women Offenders (the UN Bangkok Rules) and underscore Thailand's commitment to advancing gender equality within ASEAN and contribute to the region's collective vision of a more inclusive and equitable society.

How do you foresee ASEAN elevating its commitment to action on gender equality and women empowerment post-2025?

Ambassador Urawadee:

These days, ASEAN is strongly committed to addressing gender inequality and stepping up measures to promote women's empowerment. With the valuable support of our dialogue partners and other External Partners who share our concerns, progress on the two issues has accelerated.

As we reflect on ASEAN's trajectory post-2025, we are fully aware of the persistent gender disparities highlighted in the *ASEAN Gender Outlook* report. Despite progress in various areas of sustainable development, inequalities persist, reflecting the urgent need for targeted action. Data reveals that women in ASEAN continue to be underrepresented in positions of leadership and decision-making, constituting only 20 per cent of parliament seats and 24 per cent of middle and senior management roles in the private sector.

Alarming, 24 per cent of young women in ASEAN are neither in education nor employment, compared to 13 per cent of young men, highlighting barriers that disproportionately affect women. Additionally, the prevalence of child marriage remains a concern, with 16 per cent of girls marrying before turning 18, risking their health, education, and future prospects. Despite these challenges,

there is cause for optimism in initiatives aimed at integrating a gender perspective across all ASEAN pillars.

The establishment of ASEAN Gender Mainstreaming Working Groups presents a significant opportunity to bridge gender disparities and promote social inclusion across the region. By embedding gender and social inclusion principles into policy formulation and implementation, ASEAN will elevate its commitment to meaningful action and substantive change. However, achieving gender parity and empowering women require concerted efforts and political will from all ASEAN Member States. It is only through collaborative action and a steadfast commitment to gender equality that ASEAN can truly realise its vision of a more inclusive and equitable regional community.

What would be your advice to women, especially young women, who are contemplating taking a stronger leadership role in their respective fields?

Ambassador Urawadee:

I would like to convey to them that there are great opportunities out there in our country, our region, and even the world. Let us overcome the barriers and help create an enabling environment for women and girls to become empowered and develop their fullest potential.

Each of us, women and girls, should take the future into our own hands. With knowledge and strength, it is time for us to play the leading role in our respective fields and bring about changes to our societies, our countries, our region, and our world. The task is never easy but we have seen successful women leaders. Let us be inspired, let us be confident, you can do it!

For all the men and women in the society, empowering women goes beyond individual efforts; it requires systemic change and societal support. Society must cultivate a supportive environment for women by promoting gender equality perspectives, encouraging the sharing of household responsibilities, and actively combating gender-based discrimination.

I thank everyone who supports the empowerment of women.

Water Festivals of Southeast Asia and Northeast India



Joanne B. Agbisit

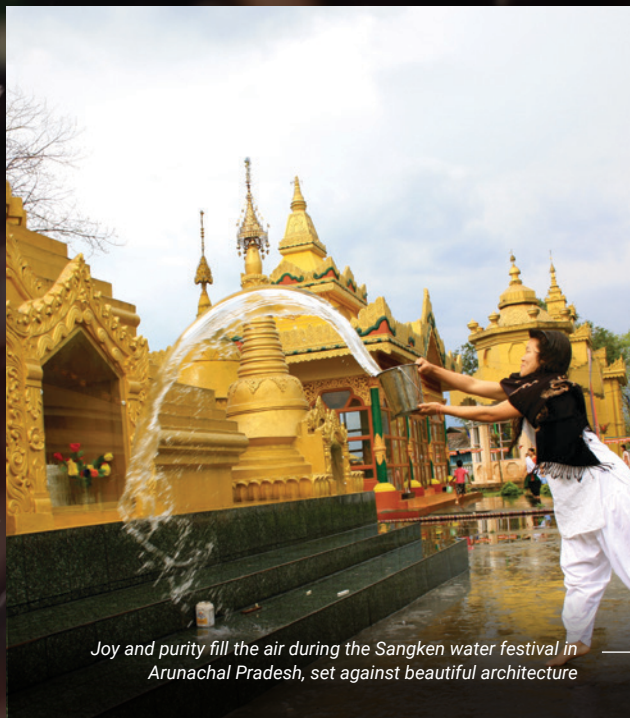
Associate Editor, *The ASEAN Analysis Division*, ASEAN Socio-Cultural Community Department

Buddha statue water ceremony at the Songkran festival, Thailand

Water festivals are important occasions in Southeast Asia and Northeast India. Despite geographical differences, the water festivals celebrated in the two regions are startlingly similar, underscoring Southeast Asia and Northeast India's common cultural and historical linkages.



Pi Mai Lao celebration at Savannakhet, Lao PDR



Joy and purity fill the air during the Sangken water festival in Arunachal Pradesh, set against beautiful architecture

Southeast Asia

Chul Chnam Thmey, which means “Enter the New Year” in Khmer, is observed in Cambodia in April. It marks the end of the harvest season and welcomes the monsoon season. Cambodians clean and decorate their homes, cook special meals, and honour their ancestors. They also bathe Buddha statues, visit temples, and offer food to the monks. Festivities typically include playing traditional games and performing traditional dances.

Pi Mai Lao also occurs in mid-April. Lao people splash water at each other and hold a ritual cleaning of homes, Buddha statues, and public spaces. Traditional ceremonies include building and decorating sand stupas on temple grounds, which are then washed away by ceremonial water, and tying white strings around one’s wrist to bring luck. Processions of Buddha images and monks are also held in temples.

Thingyan, Myanmar’s water festival, takes place in mid-April and lasts three or four days. It is commemorated by visiting elderly relatives, giving alms, and performing other good deeds, such as releasing fish into rivers and lakes to represent emancipation. Revellers also douse passersby with buckets of water or through hoses and water pistols.

Songkran, the traditional Thai New Year, is celebrated in mid-April. It includes traditions such as pouring scented water over Buddha statues and elders’ hands to seek blessings and pay respect, temple visits, and food offerings to Buddhist monks. It also involves tossing and spraying water to ward off bad luck and sins.

Northeast India

States in Northeast India likewise celebrate water festivals. The Tai Khamti, Singpho, Khamyang, and Tangsa people of Arunachal Pradesh observe *Sangken*, as do Assam’s Tai Phake, Tai Aiton, and Tai Turung communities. They hold a procession of Buddha statues to temporary shrines where they are washed with fragrant water. They engage in the playful tradition of soaking each other with water. The communities also organise feasts and cultural performances, with people typically dressed in traditional costumes.

In the State of Manipur, communities observe *Yaoshang*, also known as the Holi of Manipur, for five days beginning on the full moon day of the lunar month of Lamta (February-March). Practices include people throwing water at each other, cultural performances, and sports competitions. The festival’s highlight is

the traditional folk dance called *Thabal Chongba* [moonlight dance], where young men and women hold hands, sing, and dance in a circle under the light of torches.

Water as a sacred element and a vital resource

Southeast Asia and Northeast India regard water as a sacred element that washes away impurities and brings renewal. Water splashing during festivals, though a playful act, is a deeply symbolic one, representing soul cleansing and the welcoming of prosperity and good luck.

Both places also recognise water as an economic resource, essential for food production and the livelihood of communities. Water festivals acknowledge this reliance on water, with communities undertaking rituals to invoke blessings for abundant harvest in the coming year.

Finally, both regions hold water festivals as a means of strengthening community ties and reinforcing their shared culture. They serve as occasions for family gatherings, communal feasts, and the performance of traditional cultural activities.

GETTING TO KNOW NORTHEAST INDIA

Northeast India is made up of the states of Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura. Physically and culturally, the region bears a striking resemblance to Southeast Asia.

Both Northeast India and Southeast Asia have diverse ecosystems, including lush savannas, dense tropical forests, and large river systems, that serve as home to unique flora and fauna. Northeast India's Kaziranga National Park is home to the famed one-horned rhinoceros along with other wildlife, such as tigers, bisons, gibbons, and sloth bears. In comparison, Indonesia's Komodo National Park serves as sanctuary to Komodo dragons and other

terrestrial species, such as snakes, lizards, Timor deers, and wild boars. Malaysia's Kinabalu Park, meanwhile, provides refuge for hundreds of bird and mammal species, as well as endemic plant species.

The two regions also share ethnic and linguistic ancestry, and cultural practices as a result of trade, migration, and intercultural encounters. The Tai population of Assam and Arunachal Pradesh in Northeast India are ethnically linked to the Tai people in various parts of Southeast Asia. Tai people speak languages from the Tai-Kadai language family, which includes the languages of Northeast India's Tai populations like Tai Ahom and Tai Phake, as well as Thai, Lao, and Shan (Myanmar) languages.

The cultural terrains of Northeast India

and Southeast Asia are also alike, shaped in large part by Buddhist and Hindu religious beliefs and practices. This connection is reflected in common customs such as the water festivals; traditional arts and crafts; and architectural landmarks such as the Kamakhya Temple in Assam, Tawang Monastery in Arunachal Pradesh, Borobudur Temple in Indonesia, Angkor Wat in Cambodia.

The cuisines of Northeast India and Southeast Asia are another area where they have a lot in common. Rice, fish, and fresh local vegetables and ingredients are staples in both places. They also use galangal, lemongrass, and tamarind for flavour.



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The ASEAN

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