



**DECLARATION OF  
THE 7<sup>TH</sup> ASEAN HEALTH MINISTERS MEETING**  
*Health Without Frontiers*

22 April 2004, Penang, Malaysia

**WE**, the Ministers of Health of ASEAN Member Countries, representing Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People's Democratic Republic, Malaysia, the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, the Socialist Republic of Viet Nam;

**REAFFIRMING** the vision of ASEAN as a concert of Southeast Asian nations, outward looking, living in peace, stability and prosperity, bonded together in partnership in dynamic development and in a community of caring societies, as enunciated by the 2<sup>nd</sup> ASEAN Informal Summit held in Kuala Lumpur, Malaysia in December 1997;

**RECALLING** our vision of "Healthy ASEAN 2020" adopted at the 5th ASEAN Health Ministers Meeting held in April 2000 in Yogyakarta, Indonesia, which envisioned by 2020 "that health shall be at the centre of development and ASEAN cooperation in health shall be strengthened to ensure that our peoples are healthy in mind and body, and living in harmony in safe environments";

**COMMITTING** to ensure that ASEAN will continue to be a driving force for regional action in promoting healthy lifestyles as agreed by the 6<sup>th</sup> ASEAN Health Ministers Meeting held on 15 March 2002 in Vientiane, Lao PDR;

**ENDEAVOURING** to put into operation the call made by our Leaders at their 9<sup>th</sup> Summit held in Bali, Indonesia in October 2003 to further strengthen cooperation among the health and other relevant agencies to promote and facilitate the exchange and sharing of information as well as strengthen early warning systems to deal with and prevent the spread of SARS and other diseases;

**RESPONDING** also to the renewed commitment expressed by the 9<sup>th</sup> ASEAN Summit that ASEAN shall further intensify cooperation in the area of public health, including the prevention and control of diseases such as HIV/AIDS and SARS, and the maintenance of health and well-being, and support joint regional actions to increase access to affordable medicines;

**NOTING** that the ASEAN Economic Community, envisioned by the ASEAN Leaders at their 9<sup>th</sup> ASEAN Summit held in October 2003 in Bali, Indonesia, is the end goal of economic integration where there is a free flow of goods, services, investment and a freer flow of capital, equitable development and reduced poverty and socio-economic disparities by the year 2020;

**AWARE** that the vision of a stable and secure ASEAN Community can be realised only when our peoples enjoy optimum health, are protected from the spread of diseases, and are ensured of timely and adequate protection against communicable diseases, including those of a zoonotic nature such as avian influenza;

**SEEKING** to build on the gains brought about by close collaboration among ASEAN and its East Asian neighbours in addressing the spread of Severe Acute Respiratory Syndrome (SARS), in particular the commitment of the Special ASEAN Leaders Meeting and the Special ASEAN-China Leaders Meeting on SARS held in Bangkok, Thailand, on 29 April 2003, and the Special ASEAN + 3 Health Ministers Meetings on SARS convened in April and June 2003 in Kuala Lumpur, Malaysia and Siem Reap, Cambodia, respectively;

**MINDFUL** of the role and contribution of safe, effective and quality traditional medicine/ complementary and alternative medicine in the promotion of health, and in the prevention, diagnosis, treatment and management of diseases, and in the rehabilitation process, especially in the ASEAN countries and their East Asian neighbours,

**RECOGNISING** that ASEAN countries possess an abundance of untapped and newly discovered medicinal plants and other natural products, as well as indigenous traditional and complementary knowledge and practices which have evolved from different ethnological, cultural, geographical, philosophical backgrounds, and passed on from generation to generation;

**ENCOURAGED** by the shared tropical biodiversity and similar historical background of traditional medicine in ASEAN and the shared awareness of the need for closer collaboration in integrating traditional and complementary medicine into the healthcare systems as well as to seek global recognition for our region's wealth of resources in this area;

**CONSCIOUS** of our crucial role in strengthening and coordinating joint initiatives among ASEAN and like-minded countries in order to be prepared for challenges caused by diseases that discriminate neither borders nor societies;

**DO HEREBY DECLARE OUR RESOLVE** to ensure health for our peoples, regardless of gender, race, religion, language or social and cultural backgrounds, by addressing the health challenges and opportunities of an increasingly borderless and interconnected world through the following

priorities to address globalisation, fight the transboundary spread of disease and to improve access to health care by promoting safe, effective and quality traditional medicine/complementary and alternative medicine:

***Preparing for the Challenges and Opportunities of Globalisation and Trade Liberalisation***

1. The 9<sup>th</sup> ASEAN Summit decision to accelerate the integration of eleven priority sectors, including health care services, will present opportunities and challenges for the health sector. While the accelerated liberalisation of trade in goods and services will enhance the region's competitiveness and realise welfare gains for our peoples in the long run, we shall ensure that access to affordable health care is not undermined in the short term.

2. We are pleased to note that the programme of action to address the impact of trade liberalisation on the health sector which was adopted by 5<sup>th</sup> ASEAN Health Ministers Meeting in 2000, continues to be relevant, especially with regard to the ongoing work to assess the potential impact of globalisation and international trade agreements such as Trade-Related Intellectual Property Rights (TRIPS) and the General Agreement on Trade in Services (GATS); monitor the health of vulnerable groups in ASEAN countries; develop strategies for ASEAN to strengthen capacity and competitiveness in health-related products and services; work towards gradual harmonisation of standards and regulations for health services; ensure greater coordination with policy makers in the trade sector; enhance human resources for health in the area of globalisation and trade liberalisation; and formulate an ASEAN food safety policy.

3. We agree that joint activities be developed to address the recommendations of the Commission on Macroeconomics and Health and to monitor the health-related Millennium Development Goals in collaboration with WHO and other related UN bodies, as part of our efforts to ensure that health policies will be equitable and pro-poor.

***Regional Collaboration to Respond to Diseases***

4. The prevention and control of diseases is a very important foundation in our efforts towards realising our vision of Healthy ASEAN 2020. We recognise that diseases spread across borders and that any effort to combat diseases must involve cooperation among countries.

5. We are committed to strengthening the national infrastructure for disease control, by allocating resources commensurate with the need to strengthen national and ASEAN regional capacity for early warning and rapid response to disease outbreaks. We recognise the important role of health ministers in leading the national response for building capacity for disease control. We shall ensure that our national focal points for disease control are given the needed resources to implement the ASEAN+3 Emerging Infectious Diseases (EID) Programme.

6. We have learned from the experience of the SARS outbreak in April 2003, and more recently, the avian flu threat which occurred in early 2004, that our societies are vulnerable to any outbreaks of emerging, as well as resurging infections. To better protect our peoples from such dangers in the future, and also contribute to health and security of the region, we adopted in June 2003 the Framework ASEAN+3 Action Plan on Prevention and Control of SARS and Other Infectious Diseases.

7. We commend the dedication of the ASEAN Experts Group on Communicable Diseases (AEGCD) in further developing the Framework ASEAN+3 Action Plan on Prevention and Control of SARS and Other Infectious Diseases into the ASEAN+3 Emerging Infectious Diseases (EID) Programme which is an integrated action plan and implementation strategy to increase the effectiveness of regional surveillance, early warning and response to emerging and resurging infections, thus helping to reduce the economic, social and disease burden from emerging and resurging infections that threaten the region. We appreciate the support and assistance provided by the Australian-ASEAN Development Cooperation Programme (AADCP) in facilitating our efforts to develop the Programme. We also call on the AEGCD to work closely with the WHO in avoiding duplication of work.

8. We endorse the Phase I Workplan of the ASEAN+3 EID Programme, and note with interest that the Programme's components will strengthen the institutional capacity of ASEAN to coordinate equitable and effective implementation of the programme, and also strengthen regional and national capacity in the following:

- epidemiological surveillance, early warning and response to emerging and resurging infections;
- national and regional laboratories in routine diagnostics, laboratory-based surveillance, and rapid response; and
- relevant regional networks to meet the needs of ASEAN and member countries in disease surveillance and response.

9. The Phase I Workplan of the ASEAN+3 EID Programme should explore the possible use of a regional agreement to institutionalise the regional monitoring, reporting and response to outbreaks of communicable diseases, especially by standardising procedures, protocols and institutional arrangements. The ASEAN+3 EID Programme should include the participation of animal health experts and also facilitate linkages between regional networks on public and animal health.

10 We appreciate the collaboration of our partners from China, Japan and the Republic of Korea in our efforts to prevent and control transboundary diseases, such as SARS and highly pathogenic avian influenza. We are convinced that sharing of information, knowledge, expertise and experience will enhance national, regional and international capability in combating this threat. We thank China for organising the China-ASEAN Special Meeting on the Control of Highly Pathogenic Avian Influenza held on 2 March 2004 in

Beijing, China, and commit ourselves to implement the Meeting's recommendations.

11. We are greatly encouraged to note the progress of ASEAN+3 initiatives that commenced in 2003 under the overall framework for action agreed to by the Special ASEAN+3 Health Ministers Meeting on SARS held in Siem Reap, Cambodia from 10-11 June 2003 which includes components such as ASEAN+3 Strengthening of Laboratory Capacity and Quality Assurance for Disease Surveillance (coordinated by Malaysia), ASEAN+3 Epidemiological Network (coordinated by Thailand), and ASEAN Disease Surveillance.net (coordinated by Indonesia). We are confident that these initiatives will prove to be effective surveillance and response mechanisms in preventing and controlling emerging infectious diseases.

12. We also commend the work of the ASEAN Task Force on AIDS in following up on the implementation of the 7<sup>th</sup> ASEAN Summit Declaration on HIV/AIDS and the ASEAN Work Programme on HIV/AIDS Phase II (2002-2005) (AWPII). We note that the work of the Task Force in the past two years has succeeded in mobilising resources for the high priority regional activities to increase access to affordable medicines, reduce the HIV vulnerability of migrant workers, anticipating the impact of HIV/AIDS on development, reduce stigma and discrimination towards people living with HIV/AIDS, including support for programmes on national prevention, surveillance and treatment, care and support. We express our gratitude to UNAIDS, WHO, UNICEF, the UNDP, the Government of Japan, the Rockefeller Foundation, and the United States for their support in helping ASEAN implement the priority activities and invite other partners to collaborate with us in further implementing the ASEAN Work Programme on HIV/AIDS II. We also appreciate the contributions of the Global Fund for AIDS, TB and Malaria for the support provided to Member Countries in fighting communicable diseases.

13. We are concerned that tuberculosis, malaria and dengue fever continue to be leading communicable diseases in some ASEAN countries. We commit ourselves to strengthen efforts to prevent and control tuberculosis, malaria and dengue fever, with special focus on mobile populations, cross-border notification, and the surveillance of antimicrobial resistance, in collaboration with ASEAN Dialogue Partners, the WHO and other international organisations.

***ASEAN+3 Framework of Cooperation on Integrating Traditional Medicine/Complementary and Alternative Medicine into National Healthcare Systems***

14. We are also aware that in our countries traditional medicine (TM) as well as complementary and alternative medicine (CAM) are at times the most widely available and affordable source of health care. At the same time, TM/CAM is also emerging as an alternative approach to health care, particularly in health promotion and rehabilitation of diseases. We recognise that there is a need to create a platform for cooperation and sharing of

information among ASEAN+3 countries to ensure the safe, effective, and rational use of TM/CAM in our healthcare systems.

15. We note with appreciation the initiative undertaken by our health officials and experts in convening an ad hoc working group meeting on traditional medicine/complementary and alternative medicine, to formulate a future course of action in working towards integrating appropriate TM/CAM into the national healthcare systems. By doing so, we hope to establish strategic partnerships among the ASEAN+3 countries, other countries, and international agencies, in this endeavour. We look forward to the possible establishment of an ASEAN Working Group Meeting on this subject.

16. We welcome the formulation of an ASEAN+3 Framework of Cooperation on Integrating Traditional Medicine/Complementary and Alternative Medicine into National Healthcare Systems, which will serve as a guide for ASEAN+3 countries in policy formulation and programme development for safe, effective and quality TM/CAM, covering areas such as research and development to support evidence-based practices; registration of qualified practitioners and quality products; training and accreditation of practitioners; regulation and legislation; information sharing and protection of intellectual property rights, and protection against bio-piracy.

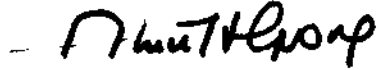
17. We believe that with this Framework, the countries and ASEAN+3 cooperation in various activities related to TM/CAM will encourage the use of evidence-based TM/CAM practices. This cooperation would also facilitate environments conducive to the rational use of TM/CAM, thus enabling and encouraging individuals, families, and communities to make appropriate choices in comprehensive treatment plans throughout their lifespan.

18. We encourage ASEAN countries to support the Framework's implementation so that appropriate TM/CAM practices would be continuously evaluated and integrated into healthcare policies with regulations suited to each national health system. We shall ensure that our peoples are assured of safe, effective and quality TM/CAM, having maximum opportunities to access TM/CAM, and also enhance their awareness in this area. We will involve practitioners and providers, including TM/CAM, industries, non-profit and professional organisations and the private sector as well as families, communities and civil society organisations as key partners in promoting safe, effective and quality TM/CAM.

19. We hereby pledge our resolve and commitment to bring about a healthy and secure ASEAN Community with integrated systems of healthcare bringing benefits that transcend national boundaries, so that our peoples will be protected from the nefarious impact of diseases and other health challenges. We are confident that our endeavour will be strengthened by existing bonds of cooperation with our partners, as a true illustration of our commitment that knows no borders, drawing upon the wealth of traditional knowledge and resources, and in tandem with our ongoing work for a healthy ASEAN by 2020.

**DONE** in Penang, Malaysia, on this Twenty-Second day of April in the Year Two Thousand and Four.

For Brunei Darussalam



**Pehin Dato Abu Bakar Apong**  
Minister of Health

For the Republic of Indonesia



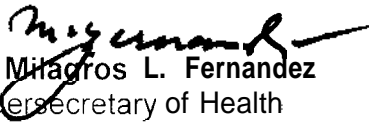
**Dr. Achmad Sujudi**  
Minister of Health

For Malaysia



**Dato' Dr. Chua Soi Lek**  
Minister of Health

For the Republic of the Philippines



**Dr. Milagros L. Fernandez**  
Undersecretary of Health

For the Kingdom of Thailand



**Mr. Yongyoot Wichaidit**  
Vice Minister for Public Health

For the Kingdom of Cambodia



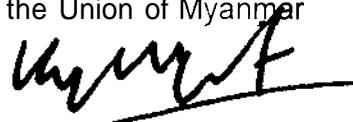
**Dr. Hong Sun Huot**  
Senior Minister and Minister of Health

For the Lao People's Democratic Republic



**Dr. Pommek Dalaloy**  
Minister of Health

For the Union of Myanmar



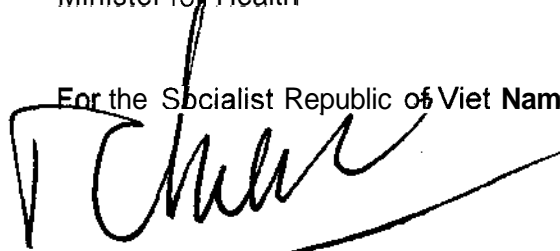
**Prof. Dr. Kyaw Myint**  
Minister for Health

For the Republic of Singapore



**Mr. Khaw Boon Wan**  
Minister for Health

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**Prof. Dr. Tran Thi Trung Chien**  
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