

### **PS3.5 Identify Gaps/Barriers that Impede Effective Cross-Border Preparedness and Response Planning and Execution for Infectious Diseases**

**(Not for circulation)**

- 1. Concerns for Preparedness and Response Planning with regard to Pandemics or Infectious Diseases are well rooted in the roadmap of ASEAN from 2009 to 2015. This is in reference to the endorsed documents of our ASEAN Leaders that contain relevant and cross-cutting action lines detailed in the Blueprints of ASCC, APSC, and AEC.**
- 2. These major strategic directions set the tone for a multi-sectoral approach in addressing CDs/EIDs and Pandemics across sectors. These directions are both implicitly and explicitly rationalized in the overall ASEAN Blueprints.**
- 3. ASEAN is 45 years old. If it is a man, we may psychologically say it may have reached middle-life crisis. If it is a woman, we may physiologically say it may be reaching pre-menopausal. But seriously, ASEAN has matured to target a vision of a one community this 2015. Thus all roads of implementation has to be facilitated, integrated and harmonized. As such, inter-sectoral collaboration are being established or enhanced through a different lens or approach, such as:**
  - a. Security perspective: Just recently a High Level Consultative Meeting (last Dec 2012) was conducted to improve a Regional Framework in Responding to the Impacts of Pandemics or Disasters due to Pandemics; and eventually ensure collective input and response from stakeholders that do not belong either to the health sector or disaster sector. The perspective of a non-traditional security threat of pandemics was the take-off point of discussions. Other essential service sectors were emphasized such as those coming from tourism, finance/banking, water/food supply, security among others.**
  - b. One health perspective involving the animal and human health collaboration: joint work plans, and enhanced collaboration and consultations between the two sectors are continuing based on existing high-level frameworks/mandates on ASEAN Cooperation on Animal-Human Health. Examples of which are the ASEAN Plus Three Joint Recommendations on AH-HH Collaboration with corresponding work plan on animal and human health. This framework was a result of the recognition of the varying levels of collaboration that exist between the two sectors, and the need for stronger collaboration at national and regional levels in tackling both emerging and neglected zoonoses such as avian influenza and rabies. Other supporting mandates such as those coming from the AMAF (32<sup>nd</sup>, 2010) on ASEAN Cooperation on Animal Health and Zoonoses: HPAI and Beyond” intend to advance One Health, and the 11<sup>th</sup> AHMM Joint Statements in 2011 lends further support to collaborative efforts on Emerging Infectious Diseases.**
- 4. Challenges in cross-border issues of CDs/EIDs/Pandemics may include among others (and it has been repeatedly stated) the need to enhance multi-sectoral collaboration – not only among the relevant health stakeholders but also the mutual implications of health and security issues. This key strategic activity may lend further support to existing GAPS at national and regional levels of collaboration. Examples:**

- a. **National:**
    - i. **Policy:** inconsistent implementation due to decentralization; resource allocation;
    - ii. **Communication and Information Sharing:** need to enhance collective communication strategies; lack of regular information sharing and communication with other related sectors like environment or food security
    - iii. **Surveillance, Prevention and Control:** management of collaboration and coordination of AH-HH in outbreak investigation and control; inadequate PPR plans or sectoral plans
  - b. **Regional:**
    - i. **Policy:** challenge to sustain the regional collaboration of ASWGL and AEGCD
    - ii. **Communication and Information Sharing:** need to link information system or communication between AH-HH
    - iii. **Surveillance, Prevention and Control:** challenge of having a regional framework of mechanism to respond to impacts of pandemics (NB vis-à-vis AADMER and AHA Center)
5. The aforementioned high level mandates that in one way or another lends support in addressing some of the identified challenges (as examples) cannot remain on paper only or pronouncements only. Please be reminded that ASEAN has to reach or have produced outputs of the expected deliverables in its Blueprint by 2015. As such, these frameworks have to be translated into specific actions through the existing mechanisms in ASEAN of the technical working groups or task forces. Detailed work plans have been developed and currently being implemented through the specific lead countries or ASEAN Member States.