2014 JOINT STATEMENT OF THE 5th ASEAN-CHINA
HEALTH MINISTERS MEETING

Issued in Ha Noi, Viet Nam on 19 September 2014

1. WE, the Ministers of Health of ASEAN Member States (AMS), representing Brunei Darussalam, the Kingdom of Cambodia, the Republic of Indonesia, the Lao People’s Democratic Republic, Malaysia, the Republic of the Union of Myanmar, the Republic of the Philippines, the Republic of Singapore, the Kingdom of Thailand, the Socialist Republic of Viet Nam and the People’s Republic of China, convened the 5th ASEAN-China Health Ministers Meeting on 19 September 2014 in
Ha Noi, Viet Nam. We share our concerns and express our commitment to strengthen our cooperation in the spirit of governments and people of ASEAN and China.
2. We express concern on the rising trend of Emerging Infectious Diseases (EIDs) in recent years that negatively impact the health and socio-economic development of all countries within the region, especially the occurrence of avian influenza H7N9, H5N1. We are also concerned of the potential threats from other emerging infectious diseases in particular MERS-CoV and Ebola.
In response to the current outbreak of Ebola in Western Africa, we strongly urge alertness and rigorous preparedness amongst AMS Plus China through the International Health Regulation 2005 mechanism.
3. We understand that surveillance, health quarantine and timely sharing of information and experience are vital to effectively control EIDs. We recognise that multi-sectoral collaboration will enhance ability to carry out prevention and control measures since most of the EIDs originate from zoonotic diseases, therefore the collaboration between the animal health, cross-border protection agencies and the public health sectors is crucial. We commit to advocate and work closely with other sectors within and between countries to control the EIDs.
4. We recognise that the international trade of food leads to many benefits to consumers and contributes significantly to economic development. The increased volume of food traded globally poses an increased risk of food contamination across national borders. In order to ensure food safety and protect consumers’ health, we need to establish cooperation in risk assessment and enhance the effectiveness of responsive measures to manage food safety issues or crisis through rapid exchange of information and sharing experiences.
5. We realise that drug resistant malaria is rising in many countries in the region which challenges malaria elimination and it may create a resurgence of malaria in some areas. We understand the movement of people between countries may contribute towards the spread of drug-resistant malaria. We acknowledge the value of adopting rapid diagnostic testing and Artemisinin-based Combination Therapy (ACT) in malaria control in endemic areas both for local people and mobile population to prevent the occurrence of drug resistant malaria and ensuring drug compliance.
6. We note the progress made in ASEAN and China cooperation in tobacco control and commit to reduce the use of tobacco. We also note the need to strengthen the capacity of countries to design, implement, monitor and evaluate tobacco control programmes.
7. We acknowledge the effort of ASEAN and China collaboration to implement the
Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Noncommunicable Diseases (A/RES/66/2) as well as Bandar Seri Begawan Declaration on Noncommunicable Diseases adopted at the 23rd ASEAN Summit in 2013. We commit to promote collaboration in capacity building, experience sharing and research on the prevention and control of noncommunicable diseases.
8. We welcome ASEAN-China cooperation in communicable disease prevention and control, especially the collaboration on malaria, dengue fever, HIV and AIDS, and plague prevention and control in the border areas.
9. We commit to strengthen the ASEAN-China cooperation on capacity building for public health personnel in the region. China will work closely with AMS to implement both management and technical training programmes which contribute to strengthening regional capacity in public health.
10. We commit to strengthen the ASEAN-China cooperation in traditional medicine and its contribution to universal health care, where applicable. We realise the importance of cooperation and the sharing of information to support the quality, safety and efficacy of traditional medicine; and protection and conservation of indigenous health resources, including traditional knowledge and bio-resources. We welcome the sharing of experiences on using traditional medicine in strengthening primary health care.
11. We commit to implement the ASEAN-China MOU on health cooperation and task the
ASEAN-China SOMHD to expedite the finalisation and operationalisation of the Plan of Action.

We look forward to further exchange of views and joint collaboration in health development at our next meeting in Brunei Darussalam in 2016.