

ABSTRACT

Globalisation has led to new health challenges for the 21st Century. These challenges have transnational implications and involve a large range of actors and stakeholders. National governments no longer hold the sole responsibility for the health of their people. These changes in health trends have led to the rise of Global Health Governance as a theoretical notion for health policy-making. The Southeast Asian region is particularly prone to public health threats and it is for this reason that this brief looks at the potential of the Association of Southeast Asian Nations (ASEAN) as a regional organisation to take a lead in health cooperation.

Through a comparative study between the regional mechanisms for health cooperation of the European Union (EU) and ASEAN, we look at how ASEAN could maximise its potential as a global health actor. Regional institutions and a network of civil society organisations are crucial in relaying global initiatives for health, and ensuring their effective implementation at the national level. While the EU benefits from higher degrees of integration and involvement in the sector of health policy making, ASEAN's role as a regional body for health governance will depend both on greater horizontal and vertical regional integration through enhanced regional mechanisms and a wider matrix of cooperation.

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Regional Health Governance: A Comparative Perspective on EU and ASEAN

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I Introduction

The concept of *Global Health Governance* (GHG) emerged at the beginning of the 21st century, with the introduction of a wider definition of health encompassing its cross-sectoral social determinants such as education, housing, working conditions, and even food security. Various studies have pointed to the fact that globalisation, climate change, urbanisation, the erosion of borders, and cross-border movement, have had important repercussions on the health of populations (McMichael & Beaglehole 2000; Goran 2010; Drager & Sunderland 2007).

National governments are gradually losing sovereignty over health issues as the social determinants of health are inevitably transnational (Kickbush 1999). States do not have the capacity to guarantee the health of their people (Dogson et al. 2002; Hewson & Sinclair 1999). Cooperation on health issues and making of health policy must therefore incorporate a whole array of actors and stakeholders in health, from UN organisations to development agencies, the private industry or civil society (Dodgson et al. 2002; Duit & Galaz 2008).

The role of regional entities in a global health governance framework

In this current global structure, the role of regional entities is of crucial importance. The EU and ASEAN as two examples of regional bodies can act as bridge organisations between global initiatives for health cooperation and national health policy implementation. Both therefore have important roles to play in supporting a new GHG framework.

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ASEAN and the EU have a higher capacity to influence policy making due to their direct outreach on member state governments and a better understanding of the specific political and cultural context of their respective regions. The region, and in particular ASEAN, therefore has a crucial role to play in helping member states work together to reduce cross-regional health inequities (Woodward, Drager, et al. 2001).

Southeast Asia is of particular interest, due to its high vulnerability to health threats and pandemics such as SARS and the Avian Flu. Considering its political diversity, development gaps, attachment to national sovereignty and decision-making process by consensus, how may ASEAN improve on its existing mechanisms for health cooperation to support an inclusive framework for GHG?

We understand GHG as the formal and informal institutions (their actions and means) through which the rules governing the protection of the health of populations are made and sustained (Dodgson et al. 2002; Lee 1998). This short policy overview of regional health governance explores mechanisms that successfully incorporate relevant stakeholders into a regional cooperation health framework, and effectively contribute to the design of a solid framework for health governance amongst EU and ASEAN nations – one of increased efficiency, quality, and sustainability.

Through a comparative perspective of the EU and ASEAN, we may draw potential lessons from both sides, bearing in mind the political and cultural specificities of both regional blocs. The EU, as a reasonably long-standing and highly integrated regional body, offers numerous examples of mechanisms that could be adapted to the Southeast Asian context.

II Regional Health Governance in the EU

Over the last decade, the EU has been increasingly involved in regional health

policy making. The European Commission's specific body for health policy-- the Directorate General for Health & Consumers (DG SANCO) — has up to 960 members of staff working on Health and Food safety for European citizens. In the Lisbon Treaty, Title 1, Article 4 and 6 stipulates that the Union has “shared competence in public health matters”. Yet, the EU's mandate is to act as a *complement* to national policy making only, in the aim of protecting EU citizens from health threats and epidemics, promoting healthy lifestyles, and helping national authorities cooperate in the face of health challenges, in sum: providing guidance and support for the “protection and improvement of human health”. EU member states maintain some sovereignty over health policy making, yet the EU has a duty to attend to a few overarching goals. In this respect, the European Commission presented a strategic approach for EU health policy for the period 2008-2013 covering areas of global health, and other health challenges facing Europe across national borders. DG SANCO is involved in monitoring the effective implementation of EU laws on food safety, consumer rights or public health.

A European health strategy

The EU established a region-wide health strategy through annual priority work plans and operates through an Executive Agency for Health and Consumers. Supplementing this European strategy is the Statement on Fundamental Health Values by the Commission drafted with the aim of improving the coherence of the strategy by aligning member states on a similar value system for health improvement (European Commission Together for Health 2007).

The Commission's *Together for Health* 2008-2013 strategy is aimed at tackling the challenges of an ageing population and of continuous threats to public health security such as pandemics. It is based on the principle of shared values, on

access to quality healthcare and on solidarity. This serves to improve the coherence of policy recommendations between all actors for health in the EU and works to reinforce the regional institution's role as a global actor in health governance. The *Together for Health* strategy also incorporates the Health in All Policies principle which calls for more synergy between the NGO sector, the industry, academia and the media.

The Lisbon Treaty and health cooperation in the EU

The Treaty of Lisbon (TFEU 2009) (Article 9) reinforces the EU Commission's initiative for health cooperation by categorising public health as one of the overarching objectives for the EU. All sectors of policy-making at the national and regional levels must consider public health as a prime objective, from social and regional policy, to taxation policy, environment policy, education policy, and to research. This is an example of horizontal integration as it promotes a whole-of-government and whole-of-society approach (Kickbush 2011), with the intent of reaching all levels of the governance spectrum, from local mayors to community and business leaders, citizens, parliamentarians and international organisations.

The EU within a wider network of cooperation for health – the World Health Organisation

DG SANCO offers its support to national and regional entities when they are in a better position to act on a specific health challenge. It does so for example with the European Centre for Disease Prevention and Control (ECDC). The ECDC is an EU agency and an important partner to the DG SANCO on policy cooperation over communicable diseases. The ECDC's mission is to identify, assess and communicate current and emerging threats posed by infectious diseases.

Since 2005, the ECDC has worked to develop the euro-wide disease surveillance capacity and early warning systems. Its role builds upon the network of country-based surveillance mechanisms to include all actors under the operational network of the commission.

The Commission works in close cooperation with the regional office of the World Health Organisation (WHO), WHO EURO based in Copenhagen and cooperates also with the WHO Headquarters in Geneva. Both offices of the WHO hold separate bureaus in Brussels. Additionally, DG SANCO has a representative stationed in Geneva for continuous exchange of information and expertise. The executive Directors of both DG SANCO and WHO EURO meet twice a year in January and May – to discuss priorities in health security for the region, health information and solutions to health inequalities in the EU. The close collaboration between both health bodies helps limit cases of duplication in health policy programs and allows for more effective programs due to the complementary nature of their relationship. At the EU level for example, the WHO provides credibility of content while DG SANCO provides the tools by monitoring implementation through close scrutiny of national action and implementation plans.

WHO EURO and the Commission have aligned their health strategies for improved coherence as another benefit of their cooperation for health governance. WHO EURO implements projects and general strategies that are directly in line with EU health policy. The Health 2020 Strategy for example, established by WHO EURO at its 61st Committee Session (September 2011), presents the regional directors' proposals on the "scope, vision, and values... related to the new European policy for health" (WHO EURO 2011). This particular strategy adds coherence in health policy-making for the region.

Moreover, WHO EURO contributes to regional health governance for Europe through additional

mechanisms such as the South Eastern European Health Network (SEEHN), a forum for cooperation among health ministries, International Organisations and the Council of Europe to guide the reconstruction and stabilisation of the East European Region and reduce disparities in degrees of health. The SEEHN network is a useful model to minimise health inequity and to provide specific help to less developed countries.

To elaborate on a complex matrix of cooperation WHO EURO and the Commission have agreed on the need to include all EU delegations and WHO *country offices* in EU member states as direct partners in their health programs. An even more integrated cooperation with the WHO would allow the establishment of a single integrated information system for a uniform and efficient surveillance and alert mechanism, for example. The European region is currently working on such a system which will be based on standardised definitions and methods for data collection – reducing the burden of data collection on member states. The Organisation for Economic Development and Cooperation (OECD) is yet another means for supplementing the EU-wide health policy framework by collaborating with the EU on health data collection. The OECD may be considered as the 3rd partner for health governance in Europe along with the Commission and WHO EURO

In sum, the EU as a whole, benefits from a higher number of institutions working on health issues that are able to supplement its network for health cooperation partly at least because the EU benefits from a higher degree of integration which allows regional policy making to influence national policy implementation more effectively than it does today in any other regional block. Thirdly, the EU is afforded more financial resources as a result of its greater legitimacy as a regional body acquired over time since its establishment as the European Coal and Steel Community in 1951. Since the stability of the EU and financial strength of some of its member states are being

questioned today we might however observe repercussions on the EU's capacity to conduct health awareness and protection initiatives in the future.

A supportive network of Civil Society Organisations for EU cooperation in health

The EU as a regional body has a duty to relay information about health rights and health issues to the EU citizens. DG SANCO does so through the highly sophisticated web-based European Health Information Portal. The EU successfully draws the link between national policy and societal support through civil society organisations (CSOs) and a network of health institutions working closer to the communities.

For CSOs, it is easier to influence one body representing ten member states than lobbying for change in ten different countries at once. The European Public Health Alliance (EPHA) as one of the main CSO actors for health cooperation acts as a platform for all health CSOs and relays information on health initiatives to the European institutions and others such as civil servants, NGOs, and the public. EPHA trains, mentors and supports CSOs and health actors to engage with the EU. This platform creates the link between government, business and regional organisations for health cooperation and thus, the link between health and social justice.

In addition to the EPHA platform, DG SANCO works through a series of consultation mechanisms to integrate CSOs into the governance framework for health. It organises residential seminars to promote inter-connectedness between the institutions consulting with the EU and EU delegations on health policy-making, promoting synergy for the effective implementation of health policy recommendations. Furthermore, DG SANCO organises Global Health Policy Forums once a month in Brussels for the network of CSOs to share their ideas and projects with the

Commission. The Civil Society Contact Group is yet another example of a forum in health in which CSOs meet to discuss the implementation and evaluation of health policies in the region.

CSOs influence policy formulation and policy implementation from bottom up and top-down – they are thus essential to a fully inclusive GHG framework. In other words, CSOs at the EU level create the bridge between EU institutions, global health movements and national implementation bodies. A flourishing CSO framework is a predetermining factor that would support ASEAN in the creation of a sustainable and integrated health governance framework by creating synergy between all levels of the governance spectrum.

While Europe is far from being able to solve all the health challenges of the region due to diversities and the difficulty of monitoring implementation, the EU plays an important role for policy guidance in its strive for a more coherent approach towards health security and health promotion. From this overview of Europe's governance structure for health cooperation we may draw various recommendations that apply to the Southeast Asian context.

III Regional Health Governance in ASEAN – recommendations

ASEAN was established in 1967. As a relatively young regional entity, it holds a low degree of political integration partly owing to high political, cultural, and economic disparities between its ten member states. ASEAN's involvement in global health governance remains limited, yet there is much potential for increased regional cooperation in health. The SARS epidemic of 2003 was a major turning point for ASEAN cooperation in health, the emergency of the situation forcing states to cooperate on monitoring, surveillance and border controls. How may ASEAN work on its strengths and overcome its weaknesses to increase its potential as a leader for regional health governance?

The ASEAN Charter and a new role for ASEAN in health

Since 2007, the ASEAN Charter and the birth of an ASEAN Health Division, ASEAN is building on its potential to become a global health actor. The charter established the ASEAN Socio-Cultural Community (ASCC) Pillar, the ASEAN Health division, and defines clearer institutions allowing for more systematic planning in all policy fields including Health. The priorities of the new Pillar are enumerated in a promising ASCC Blueprint, a sign of an important first step towards more social integration.

The ASEAN decision-making process on health issues, however, remains a highly bureaucratic and politicised system. The technical working groups first get together to identify health challenges that need attention at the ASEAN level. These issues are then brought forward to the Senior Officials Meeting, and the Senior Officials decide whether or not to place the issue on the agenda of the ASEAN Health Ministers Meeting which takes place every two years. It is only at this last stage that decisions to act are taken and communicated to member states. This process, which is very specific to the “ASEAN way”, works by consensus. It is thus a slow process imposing many limitations on opportunities for regional health governance.

The ASEAN context and its specific health challenges – the need for a regional response

ASEAN faces many important health challenges, from the demographic and epidemiological transitions of the region, to the double burden of disease in its developing nations – the burden of communicable diseases still holding high, and the rapidly rising burden of non-communicable disease linked to poor lifestyle and dietary habits. The region is particularly prone to natural disasters that represent an additional health threat. To overcome the financial and political

disparities in dealing with these threats, Southeast Asian nations must look beyond national policy and towards the potential of ASEAN as a regional institution. Regional intervention may occur in the form of training of health policy makers or the health workforce, capacity building, information sharing for best practices, or even the coordination of forums for dialogue.

The Health division ASCC blueprint establishes a Strategic Framework on Health and Development (2010-2015). This framework is the first sign of an integrated health governance framework for ASEAN. The current structure of cooperation in health for Southeast Asia however, as Colin Bradford explains, remains “an emergent policy space that has not reached a stable institutional profile” (Bradford 2007). Despite the many declarations and agreements on health, there are few tangible examples of programmes implemented at the national level. For this framework to fully take shape, ASEAN needs a stronger health division with more human capital to build up its capacity to oversee the deployment of this framework.

Working towards an integrated health strategy for ASEAN

The regional health governance framework for ASEAN could be developed as a more coherent and comprehensive health strategy through work plans and a timeline for action, following the example of the EU's *General Health Strategies* or the *Together for Health Strategy*. Such a strategy would help to improve the coherence of policy recommendations between all actors for health at the regional level and work to reinforce the regional institution's role as a global health actor. With regards to Emerging Infectious Diseases (EID) Control for example, despite ASEAN's apparent commitment to curbing (re)emerging pandemics, regional action translates into numerous small frameworks of action established

in emergency situations, rather than one pragmatic operational guideline. ASEAN's commitment to fight EIDs could be enhanced by developing a long-standing framework for regional action and operationalising its existing preparedness plans to incorporate a context-specific general strategy for health.

The next step towards incorporating health as a cross-sectoral priority would be to adopt an approach similar to the '*Health in All Policies*' approach, an initiative that calls for more synergy between the non-governmental sector, the industry, academia and the media. This approach demonstrates the importance of horizontal integration and cross-sectoral collaboration between health actors. By horizontal regional integration we also refer to increased cooperation and the convergence of health priorities amongst the 10 member states to motivate political and financial commitment.

The Open Method of Coordination for regional cooperation on health

An efficient way to enhance horizontal integration, and which fits the ASEAN context could be the *Open Method of Coordination (OMC)*. This method was introduced in by the EU in 2000 to facilitate regional discussions on sensitive policy areas where the EU has little or no legal competence and where compromise is a challenge. The OMC favours increased dialogue, sharing policy experiences for the improvement of design and implementation, and establishing indicators and benchmarks to achieve greater ideational convergence and identify areas of community action (Regent 2007; Europa website on OMC). It is a 'soft law' mechanism, and works as an important first step towards regional integration (Büchs 2007). The OMC could thus be an efficient method to promote horizontal integration and overcome the barriers of national sovereignty as one of the main challenges against effective GHG. This method could be

used at the ASEAN level, for example, to promote full adherence to the Framework Convention on Tobacco Control and the implementation of priority measures stated in the this framework.

ASEAN within a wider matrix of cooperation for health

As demonstrated by the European model, ASEAN must enhance its role as a health actor within a wider matrix of cooperation encompassing the global and civil society players at different levels, and including the WHO. ASEAN's cooperation with the WHO today may be qualified as limited and of an ad hoc nature. WHO representatives do attend both the yearly ASEAN preparatory meetings to the ASEAN Health Ministers Meeting and the ASEAN Regional Forum, and there are noticeable instances of cooperation between both institutions through emergency response programmes, such as during the H5N1 epidemic. However, these concrete cooperation instances between both institutions do not extend beyond the emergency situation of an epidemic.

The first limitation to an institutionalised cooperation is the split membership of ASEAN states between the Southeast Asian (SEARO)¹ and Western Pacific (WPRO) regional offices impeding the possibility for continuous and structured dialogue. Both institutions however would benefit from an institutionalised form of cooperation, first of all, to limit the occasions of duplication of health programmes and to allow for more coherent health strategies with aligned health priorities, as is the case between WHO EURO and the DG SANCO on the Health 2020 Strategy. Furthermore the WHO would bring the technical expertise in health that ASEAN does not yet possess, and could provide a form of leadership through the global movement for health governance. ASEAN on the other hand

possesses the direct contact with all sectors of government and is a better candidate for identifying the specific needs of the Southeast Asian people.

With regard to tobacco control for example, an institutionalised cooperation between WHO regional offices and ASEAN would have noticeable benefits: the Regional Action Plan of the Tobacco Free Initiative by WHO WPRO is a great template for action. However, ASEAN would have benefitted more from being directly involved in this initiative by implementing the measures drawn up by the plan.

To reinforce cooperation between the three parties, WHO WPRO and SEARO would ideally combine efforts to support a WHO regional office based at the ASEAN headquarters in Jakarta – with representatives of WHO from both Southeast Asia and the Western Pacific region. Furthermore, to have a more systematic structure of cooperation, ASEAN may choose to work towards a Joint Declaration with both regional offices, calling for more policy dialogue between the three entities. Additionally, as was mentioned in the EU example, the possibility of elaborating a matrix of mixed cooperation between WHO country offices within ASEAN countries and the ASEAN headquarters is an interesting idea whereby ASEAN and WHO can forge a more coherent and sustainable partnership.

Building on a civil society network for health cooperation in Southeast Asia

An inclusive regional matrix for cooperation in health does not limit itself to institutionalised cooperation with the WHO but includes a regional body's ability to work with an extensive civil society network. To supplement the role of the regional organisation, a strong Civil Society Network (CSN) is crucial. Civil Society Organisations (CSOs) allow for feedback between actors and the general public (stakeholders) on the four different levels of

¹ This in fact extends into South Asia also, and the regional office is in New Delhi.

cooperation (global, regional, national and local). CSOs create the bridge between regional, global and governmental bodies. They help relay the voice of the most vulnerable and monitor the implementation of policies at the national and local level (Woodward, Drager et al. 2001). ASEAN possesses a small network of affiliated NGOs (such as the Medical Association of South East Asian Nations [MASEAN]), however there is often little contact and reporting on both sides.

Ultimately, ASEAN must develop its CSO network to build on its potential for more regional integration. In Europe, the European Public Health Alliance (EPHA) acts as a platform for all CSOs in health to relay information to the EU. Furthermore, as demonstrated by the EU case, consultation mechanisms such as regular health policy forums at the regional level are useful ways to engage all CSO representatives in regional decision making on health.

Before such a platform can be created in Southeast Asia however, there needs to be a flourishing CSO landscape. Southeast Asian nations have a role to play in facilitating the legal registration of CSOs involving health issues. Developing on the CSO framework would allow governments to go beyond the complex bureaucratic and political compromises of ASEAN and to build on the ASEAN community geared towards the reduction of health inequities.

IV Conclusion

This policy overview opens the discussion on the value of CSOs and of regional integration particularly in view of the realisation of an ASEAN community by 2015. As stated in the ASCC Blueprint, ASEAN seeks to “enhance the well-being and livelihood of the peoples of ASEAN by providing them with equitable access to opportunities for human development, social welfare and justice” (Tran 2011). This is a clear demonstration of ASEAN’s intention for more social integration. ASEAN recognises that a more

equitable regional economic development depends first and foremost on a healthy community.

Social integration within ASEAN – a prerequisite

An efficient structure of governance for health as a public good must be intrinsically linked to development and initiatives to reduce health inequity (Woodward, Drager et al. 2001). A GHG framework should therefore encompass all social determinants of health and fit within a rights-based approach. ASEAN’s potential in health governance may be improved by drafting an ASEAN-specific Statement on Health Values identifying common priorities amongst the ten member states. The Statement on Fundamental Health Values by the European Commission is a good example aimed at improving coherence and aligned member states on a similar value system specific to the regional context

The role of the ASEAN Intergovernmental Commission on Human Rights (AICHR) set up by in 2010 must not be underestimated. In the same way that the European Charter of Fundamental Rights reinforces the fundamental principle for the promotion of health as a human right and the reduction of health inequities, the AICHR could draw a stronger link between regional health governance and the promotion of social justice in Southeast Asia.

Monitoring implementation and improving the capacity of the ASCC pillar

The ASEAN Socio-cultural Community (ASCC) is solely a blueprint for action. We do not yet know how these initiatives will translate through concrete operations and capacity building programs. Our subsequent analysis will need to look into the specific programs that have been implemented to translate this blueprint into practice. What this study demonstrates, however, is that pushing for more integration will pave the

way towards a more inclusive and efficient ASEAN, pooling the resources and expertise of a CSO network and supporting organisations towards the reduction of health inequities and in overcoming the health challenges of the 21st century.

What ASEAN needs is an ASEAN-style method of cooperation for health at the regional level which is context-specific and respectful of the decision-making process by consensus. Nevertheless, the GHG framework described in this report depends on voluntary cooperation, ideally promoted by an Open Method of Cooperation. Such a framework is best supported in the long-run by legally binding agreements such as the International Health Regulations or the Framework Convention for Tobacco Control.

ASEAN-style integration and a new role as an actor for global health

Health today holds a central position on the global political agenda as a response to the trends of

globalisation and its repercussions on global health (Drager & Sunderland 2007). Aside from creating new health challenges, globalisation introduced new opportunities for inclusive action with the proliferation of communication channels and a growing culture of innovation (Goran 2010).

To support a more efficient network for regional health governance, paving the way towards more legally binding agreements in different areas of health cooperation would transform soft cooperation into hard and concrete cooperation. ASEAN will need to go through different stages of integration before it may reach such a stage.

A regional institution only reaches higher degrees of integration through progressive and organic growth along with increasing human capital and financial resources. These will trickle down from heightened political commitment by member states. This is how ASEAN will be able to harness its potential as a global health actor.

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