**10th Annual South-East Asia Red Cross Red Crescent Leaders Meeting 2013**

Terms of Reference

Regional Health Working Group

**South-East Asia Leaders / Luang Prabang / 25 – 27 March 2013**

Background

Health representatives from South-East Asia (SEA) National Societies (NS) take part in several health forums such as Regional Health Meeting (represented by senior health and community based health focal persons from SEA NS), ART annual meeting (represented by nine SEA NS and five East Asia NS), Asia Pacific CBHFA[[1]](#footnote-1) workshop (CBHFA focal persons across AP zone), Voluntary Non-Remunerated Blood Donation (VNRBD) workshop (seven SEA NS, three South Asia NS and three East Asia NS) to discuss capacity building of National Societies, to share lesson learnt and mechanisms for collaboration and coordination.

During the South-East Asia Leadership Meeting in Myanmar, 2012 National Societies leaders raised the concern that many health networks and workshops are being organized annually thus emphasizing the need to streamline regional health-related activities.

During the Regional Health Meeting in Bangkok, 2012 health representatives from ten National Societies also discussed the future of regional health coordination in order to share priorities and determine areas for further collaboration and support. They also agreed to attend upcoming Regional Disaster Management Committee meetings in order to further enhance the communication, collaboration and cross-sectoral integrated planning with Disaster Management Department.

Following up on recommendations from the Annual South-East Asia Leaders Meeting in Myanmar 2012 and Regional Health Meeting in 2012, this Terms of Reference for Regional Health Working Group was developed and shared with the Health directors of NS and is to be endorsed by the South-East Asia National Societies.

1. **Definition**

The Regional Health Working Group (RHWG) is represented by senior health representatives, CBHFA/CBHD[[2]](#footnote-2) focal persons, representatives from ART network and VNRBD group from eleven South-East Asia National Societies. Participating National Societies (NS) are Brunei Darussalam Red Crescent, Cambodian Red Cross, Indonesian Red Cross (PMI), Lao Red Cross, Malaysia Red Crescent, Myanmar Red Cross, Philippines Red Cross, Singapore Red Cross, Thai Red Cross, Timor-Leste Red Cross (CVTL) and Viet Nam Red Cross.

**Purpose**

* 1. To provide a framework to facilitate regional cooperation and networking amongst South-East Asia National Societies so as to strengthen capacity for addressing health related issues of individual National Society as well as overall in the region.
  2. To further enhance communication and collaboration within a pool of health experts across the region to explore areas of collaboration in order to have better impact on communities.
  3. Map out major health gaps across the region and explore potential solution to those gaps.
  4. To strengthen the advocacy role of South-East Asia National Societies in order to influence policies and developments in the field of health and care.
  5. To further enhance communication, collaboration and cross-sectoral integrated planning with the Regional Disaster Management Committee.
  6. To further promote a holistic approach to community resilience through close cooperation with disaster management and organisational development departments of National Society to improve the quality of service to communities which strengthens their resilience.
  7. To liaise closely with relevant networks of non governmental organisations (NGO) and other institutions.
  8. To improve the participation of communities in decision making processes.
  9. To undertake joint activities and regional programmes so as to promote the exchange of experience and good practice in health and care and overall risk reduction work in SEA region.

1. **Operating guidelines** 
   1. Agenda
      1. A provisional agenda will be developed with inputs from the Regional Health Working Group Chair and IFRC South-East Asia regional delegation (SEARD) and in consultation with RHWG members not later than 21 days before every Meeting.
      2. The agenda will be adopted by RHWG members at the beginning of every Meeting.
      3. The Meeting may request presentations from external guest speakers from other organizations or governments (i.e. Health Ministries, ASEAN etc) or senior staff from the International Federation, ICRC or National Societies.
   2. Attendance

* + 1. National Societies are required to nominate an individual who will represent them and attend the annual RHWG meeting. S/he shall have a senior role in the Heath Department (or equivalent) of National Society. In addition, National Societies need to identify CBHFA (including Non-communicable diseases[[3]](#footnote-3)) focal person to attend the meeting.
    2. ART chairperson in consultation with ART management team needs to nominate two representative from ART network to attend the RHWG meeting ( both member should be from South-East Asia National Societies)
    3. VNRBD group in their annual workshop need to identify two representative to attend the RHWG meeting (both member should be from South-East Asia National Societies).
    4. The appointed member shall serve for a term of minimum two years. S/he may be re-appointed, or replaced at any time, by his/her National Society or the representative group or network.
    5. IFRC SEARD Community Safety and Resilience Unit, in addition to organisational support for the event, participates in the Meeting as technical advisor.
  1. Duration
     1. The Meeting is a three-day event. The first two and a half days will focus on programmatic issues and the last half a day will be an opportunity for the host National Society to organize a field visit or visit to NS Headquarters.
  2. Frequency
     1. The meeting shall be convened annually in October.
     2. If possible, and required an additional meeting will be organized to follow up or prepare for the Leadership Meeting (subject to availability of funds).
  3. Working language
     1. The working language of the RHWG meeting will be English.

##### 2.6 Budget and Funding

##### 2.6.1 The funding for the cooperation related activities comes in principle from two sources; in part from the budgets of the Federation’s annual country/regional appeals, and in part from the budgets of the individual National Societies of the region. It is intended that the share coming from the National Societies will gradually increase over time.

1. **Tasks and Responsibilities** 
   1. RHWG Chair
      1. RHWG Chair will be elected among the RHWG members and by the RHWG members[[4]](#footnote-4).
      2. RHWG Chair is elected for a period of minimum two years.
      3. RHWG Chair will chair annual RHWG Meeting
      4. RHWG Chair will coordinate the overall activities of RHWG and represent the RHWG at regional events and other events that would be of benefit to all RHWG members.
      5. Chair will report back to members and to SEA leaders, with support from IFRC SEARD on a regular basis the progress of the working group towards its objectives.
      6. RHWG chair will be invited as an observer to a meeting of the Health Advisory Body in Geneva (*subject to availability of funding and acceptance of the Health Commission*)
   2. RHWG members
      1. RHWG members are nominated by SEA National Societies. RHWG will also see the participation of ART members and VNRBD group members from South-East Asia region.
      2. Members of RHWG need to work in close coordination with RHWG Chair in finalizing agenda for conducting annual meeting.
      3. RHWG Chair can assign RHWG members with responsibilities related to certain thematic areas like community based health including NCDs, emergency health, HIV/AIDS, VNRBD and etc. On the basis of Term of Reference developed by RHWG, focal person of each thematic area formalises its work to the extent it deems appropriate. Other thematic areas can be identified or modified based on prioritization of activities.
      4. Representative from National Societies need to prepare and present summary and lesson learnt of health and care activities through out the year and plan of action for upcoming year.
   3. Host National Society
      1. The host National Society will rotate as per alphabetical order but with the possibility to opt out. In such case the next National Society in line will host the next annual RHWG meeting.
      2. The host National Society will make all efforts to support organization of the meeting including administrative and logistical issues. It will be assisted by the Secretariat.
   4. Secretariat
      1. South-East Asia Regional Delegation will act as the Secretariat for the annual RHWG meeting and in between the meetings.
      2. Head of Community Safety and Resilience Unit of SEARD will be the focal point for the Secretariat in the SEARD.
      3. The Secretariat, SEARD Community Safety and Resilience Unit, will provide necessary support in organizing RHWG meetings as per request of the RHWG Chair and host National Society.
      4. The Secretariat will work as per the directions of the Chair of the RHWG and host National Society.
      5. The SEARD will be responsible to cover the meeting’s related costs of the Secretariat.
2. **RHWG Main Activity Areas between the Meetings**
   1. Provide support to individual National Societies of the region in health related activities.
      1. Provide a platform to consolidate health network or groups so that their effectiveness improves, and existing individual stagnating networks receive a boost.
      2. Assessment and mapping activities, on the basis of “characteristics of a well-prepared National Society”, for identification of needs, as well as capacities available to meet these needs.
      3. Training related activities, such as sharing training materials and trainers, as well as provision/facilitation of training courses and management of training programmes.
      4. Support in development and/or quality improvement of long term planning framework (LTPF) as well as overall health-related plans, policies and strategies.
      5. Promotion of study visits and staff exchange activities for exposure and knowledge sharing.
      6. Development of peer links between the Health, Disaster Management and other relevant Departments of National Societies.
   2. RHWG being maintained, sustained and further developed.
      1. RHWG members will communicate via email and hold teleconferences according to an agreed agenda and timeframe.
      2. Compilation and quarterly distribution of information updates/progress reports on work of RHWG to the SEA National Society leaderships, within the Secretariat structure, among concerned Participating National Societies (PNS) and other relevant stakeholders.
      3. Monitor the impact of the efforts of NS contribution to RHWG.
      4. Actively foster coordination, dynamic interaction and exchange among all members.
3. **Reports and Communication**
   1. Minutes of the meeting will be under the responsibility of the host National Society, with the support of the Secretariat of the meeting (IFRC).
   2. All relevant documentation will be made available in advance and posted on a specific SEA web page. To access documentation for SEA Leaders Meeting 2013 please go to <https://sites.google.com/site/seardbkk2013/>
4. **Expected Results**

Regional Health Working Group is in line with Strategy 2020 and Amman Commitment made during the 8th Asia Pacific Conference 2010. RHWG envisions to do more, do better and to reach further in saving lives and changing minds, in collaboration with Regional Disaster Management Committee using Community Based Health and First Aid (CBHFA) and Risk Reduction approach.

* 1. Region better prepared – increased technical and financial capacities of National Societies for any future disasters and epidemics; enhanced cross-sectoral integration/integrated country level plans and resilience at community level.
  2. Strengthened advocacy role - South-East Asia National Societies are able to influence policies and developments in the field of health and disaster management.
  3. Effective regional networks - National Societies in the region gradually take the ownership of the Regional Health network increasing its effectiveness.
  4. More responsive SEARD – National Societies can count on the advice, guidance from the IFRC SEARD Community Safety and Resilience Unit.
  5. Increased mutual learning and experience exchange - National Societies benefit from mutual knowledge and experience sharing.

1. **Revision of the Terms of Reference**

7.1 A review of the Terms of Reference is suggested every year. Amendments to the Terms of Reference must be agreed by member National Societies.

1. Community Based Health and First Aid (CBHFA) [↑](#footnote-ref-1)
2. Community Based Health Development (CBHD) [↑](#footnote-ref-2)
3. NCD [↑](#footnote-ref-3)
4. Current RHWG Chair is Dr. Tam Dao Thi Thanh, Vietnam RC and proposed Deputy Chair is Mr. Ryan Jay Jopia, Philippines RC.

   [↑](#footnote-ref-4)