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

Regional Health Working Group Report

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

Regional health programme is focused on five integral components, namely: Community Based Health and First Aid (CBHFA); Emergency Health/WatSan ; HIV and AIDS; Voluntary Non-Remunerated Blood Donation (VNRBD) and Coordination and Collaboration.

# CBHFA

* Non-communicable disease (NCD) is a recognised priority (has been for a long time for many NS, ie Thai RCS) & will become part of CBHFA. Regional workshop in May reinforced awareness & skills on the issue. An overall CBHFA lesson learned workshop is planned for Nov 2012 (combining with the regional health meeting)
* Eight NS use the CBHFA approach which is undergoing revision and will include strengthening in such aspects as behavioural change & PMER.

# NCD

* NCDs claim the largest number of lives in SE Asia; 22% of global deaths in NCD occur in the region. And of all deaths in SE Asia, 55% are because of NCD – a total of 8 million people a year, 2.7 million of whom are aged below 60.
* NCDs fall within S2020 strategic aim 2 (enable healthy & safe living). IFRC’s health framework strategy to address NCDs is system-based and includes: prevention, innovation & research, M&E, partnership, & advocacy. It focuses on four principal diseases: cardiovascular illness; diabetes; cancer; & chronic respiratory illness. In so doing it seeks to reduce four risk factors: tobacco use; unhealthy diets; physical inactivity; & alcohol abuse.
* NS are contributing to the development of NCD case studies; development of a CBHFA module; online community of practice; & better approaches to NCD in emergencies.

# Emergency health/wat san

* Integration with DRR is ongoing. 10-day field school sessions (a methodology of field based learning by doing integrated planning & programming as in Chiang Mai in May) have strengthened their health component.
* Hand, foot, mouth disease response in Vietnam is a good live example of NS in action on this issue, as is a planned epidemic control training for volunteers in Cambodia.
* Watsan response and preparedness has gained momentum. Timor Leste had its first watsan emergency response team (ERT) training in April, 2012. In Vietnam RC two NDRT trainings will be completed by the end of 2012. Furthermore, Indonesian RC plans to have a pilot sanitation and hygiene promotion ERT training this July. In Myanmar RC, regionalization of ER equipment is complete in nine regions/states along with deployment of one to Rakhine to support IDPs affected by conflict. Under the resilience approach, there should be no stand alone watsan programmes.

# HIV/AIDS

* Five NS remain Global Alliance members (Cambodia, Indonesia, Lao, Myanmar, & Philippines). Advocacy (for harm reduction & social inclusion) was carried out at headline conferences, ie International Congress on AIDS in Asia Pacific (ICAAP) in S.Korea August 2011 & upcoming International AIDS Conference (IAC) in Washington DC this month.
* The ART Network (Asian RCRC HIV/AIDS Network) retains 15 members with the current chair Cambodia RC. Its annual meeting (coinciding with ICAAP) prompted the reactivation of the network’s website with the support of an Australian govt volunteer (linked to Australian RC) who coached a secretariat asssitant to take the job on.
* ART members would like to develop three thematic initiatives; cross border activities (Cambodia, Laos, Thailand and Vietnam), harm reduction, and key population interventions (targeting sex workers). The regional health team will support development of concepts.

# Voluntary non-remunerated blood donation

* The new IFRC blood policy was adopted in November 2011. Within SE Asia, seven NS have national responsibility for voluntary non-remunerated blood donation. All are working towards 100% voluntary, non-remunerated donation. The annual meeting in Hanoi in December 2011 attracted 27 participants from 11 NS across whole of Asia Pacific. Events for world blood donor day in 2012 were quite high profile, including in Lao, Myanmar & Vietnam. Singapore RC remains the chair of the VNRBD network.

# Coordination & partnerships

* **ASEAN:** IFRCcontributed to ASEAN’s high level multi-sectoral pandemic preparedness and response consultation meeting in Singapore in February 2012. Multi-sectoral continuity of operations planning and a whole-of-society approach were key discussion points.
* Relations with WHO remain good although there is room for improvement. Philippine RC & Thai RC have each signed an MoU with WHO as has the IFRC at a zone-wide level.
* Relations with other key health partners are in decent shape, including with UNAIDS, UNICEF, GNP+/APN+, Global Fund AIDS, TB, Malaria, & Rockefeller Foundation.

# Regional support

* Regional health programme focus has been on supporting NS in: community-based health & first aid, including non-communicable disease (NCD), HIV/AIDS, emergency health, voluntary non-remunerated blood donation; & overall coordination & collaboration.
* The regional team has been reinforced with the recruitment of a regional community based health advisor (Soonyoung Choi) & senior health assistant (Abhishek Rimal)

# In conclusion

* NS tradition in health in this region is strong & ambition is growing. However, for this development to continue, ***consistent leadership support is needed.***