



Preliminary recommendations on the establishment of a regional centre for infectious disease control in ASEAN

“United we stand, divided we fall” is a Thai idiom used to exemplify the importance of staying united and of teamwork and common interests. This idiom is reaffirmed in the context of the COVID-19 pandemic, shown in the global nature of catastrophe and the shared prospects of recovery. However, policies for pandemic response in each country has so far been largely self-serving, with a national focus; prominent examples include border closures and export bans of medical supplies, drugs, and equipment, including vaccine or vaccine precursors. Additionally, wealthy countries which have procured and stockpiled vaccine supplies in excess of their requirement, have impeded other countries’ access to vaccines. These actions of vaccine inequity and other inward-looking policy approaches have prolonged the pandemic, increased viral spread and led to the emerge of new variants. These impacts have also been unequally distributed, with low-and middle-income countries (LMICs) more severely impacted by the virus and restrictions in response to the crisis.

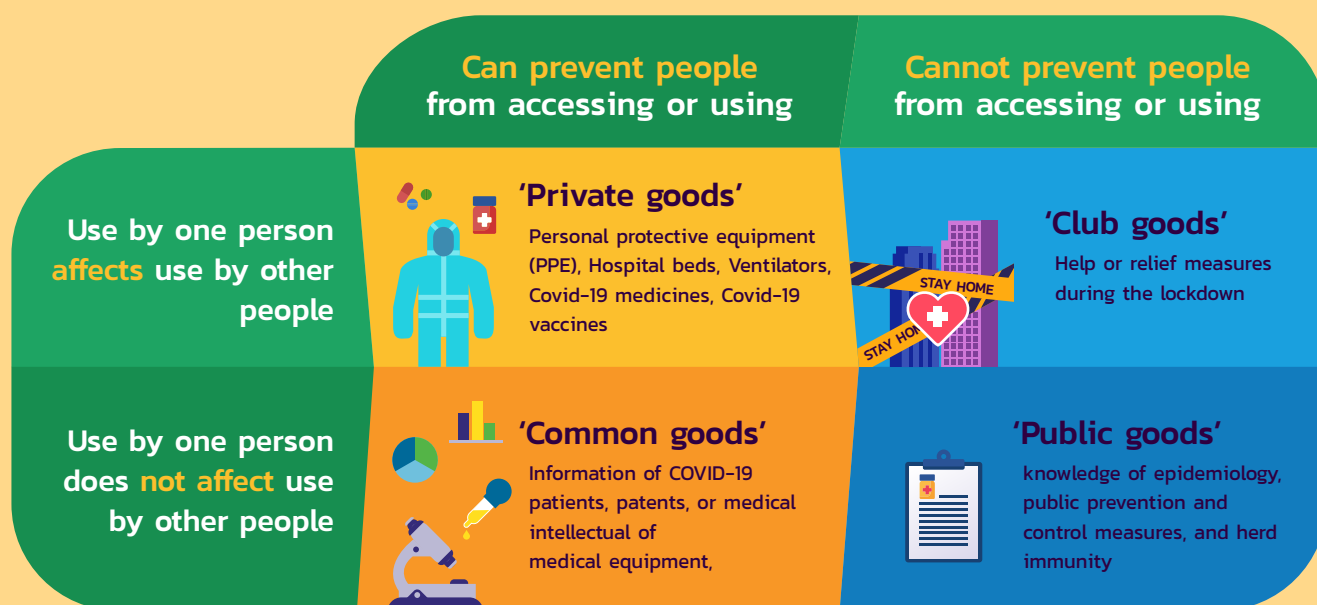
In the past, the Asian region has been impacted by other infectious diseases, such as Avian influenza in 2004 or H1N1 in 2009. In each such outbreak, economic and health consequences have been significant, given the deeply interconnected nature of the region for the export of goods, services, and tourism. The free movements of goods and people indicate that a means to come together to address the disease transmission risk must also be valued.



ASEAN needs global public goods for handling infectious diseases in the future

In economics, public goods consist of two important qualities: being non-excludable and non-rivalrous. Important examples of the same include radio waves and television waves. Extrapolating this concept to communicable diseases, key public goods could include knowledge of epidemiology, public health disease prevention and control measures, and herd immunity (immunity from vaccination that protects the further spread of disease and those who cannot be vaccinated). These public goods for controlling infectious diseases should be **global public goods**. Therefore, if countries in ASEAN aim to make their region safe from public health threats in the future, mechanisms to support the initiation of these global public goods in every country in this region and remove limitations of access to other goods are urgently needed. The mechanisms are, for example, improving production capacity, creating an appropriate reserve and sharing system, and improving scientific research and collaboration (see also the table below).

Examples of goods in different categories related to disease prevention and control

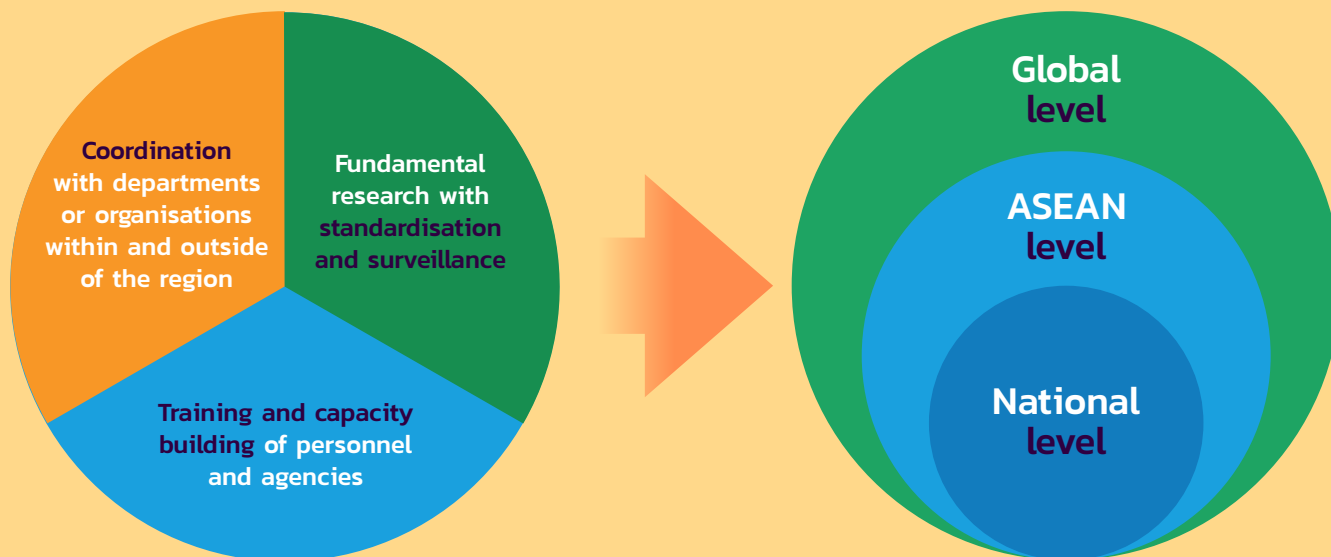


Because the use of public goods requires equitable access for all, the market mechanism of demand and supply is unable to contribute to this realisation. As a result, there is no incentive to promote the creation of these global public goods. Some countries may invest in public products, but they often operate with the aim of personal gain, causing inefficiency. Imagine if scientists in China had not published the genetic code of the coronavirus-2019 on the online database on January 10, 2020, the vaccine developer BioNTech probably would not have been able to start developing the vaccine within the same week, and that human trials would not have begun in April of the same year. These actions of openness and solidarity have ensured that this vaccine could become the world's first approved COVID-19 vaccine for emergency use. Similarly, if countries had not reported the discovery of new variants, far fewer countries would have been able to prepare for future outbreaks, causing an alarming increasing in morbidity and mortality across the world.

Moreover, it is worth recognising that infrastructure and capacity gaps for pandemic resilience (i.e. communicable disease surveillance, prevention, and control) are vastly varied across countries, despite their regional affiliations. To create public goods to cope with future epidemics in the region, no one single country should be required to shoulder the responsibility of developing such infrastructure nor enjoy the privilege of designing their own measures to tackle national disease outbreaks. Transnational cooperation should thus be at the heart of regional public health response. This understanding has led the idea of establishing a public health regional cooperation centre for the ASEAN, with the goal to address epidemics or other public health crises with collective ownership from all member countries.

Scope of work and challenges in establishing a cooperation centre or a health network at a regional level

From a review of case studies of cooperation in the region by the European Centre for Disease Prevention and Control (ECDC) and the Africa Centres for Disease Control and Prevention (Africa CDC), it conveys that a regional cooperation centre in ASEAN should be functioning, at least, with three key roles and responsibilities (figure below).



Scope of work for a regional centre for disease control and prevention in ASEAN and its impacts on the control and prevention of emerging diseases

Contextual differences such as those of the economy, demography, society, culture, governance and political dynamics, resource availability and use in each country are considered to be critical challenges in developing coherent and streamlined strategies for responding to infectious disease outbreaks or other public health threats. Particularly, many countries in Asia embody societal values of post-colonial society, where self-sovereignty is heavily and mutually respected. If there is a perception of their political authority being challenged or interfered, this can create an impediment to supranational compliance to international rules and regulations. Furthermore, securing sustainable funding from stable sources is also another key challenge. Several health establishments in the past have stopped functioning due to the termination of financial support from external funders. Therefore, it is vital that all member countries in the region recognise the mutual benefits of having a regional health entity and understand its objectives to help develop a sense of ownership.

In order to overcome those challenges, mutual understanding among members of contexts, goals, and functions of a regional health centre should be ensured. All country members should outline their objectives to work toward the overarching goals. They should capitalise on diversity within the region, building on the plethora of existing resources, mechanisms, and fundamental bases. Engagement from both governmental and private sectors should be also encouraged. In addition, multidisciplinary collaboration to develop holistic approach in tackling public health issues in the region must be streamlined. As determinants of health outcomes are cross-sectoral and extend beyond health sectors alone, a One Health approach spanning human, animal, and environmental interactions, offers an appropriate framework. It is crucial that knowledge and experience sharing to build technical, research, and administrative capacity is also facilitated. Financial support should be secured and in place; this should be from internal rather than external sources or non-governmental organisations (NGOs). These resources should be allocated to improve laboratory capacity, so as to promote efficient responses to national and regional communicable disease outbreaks. Engagement with funders via site visits can help them understand work contexts and specific requirements of a regional health centre.

Facilitating the operationalisation of regional public health bodies and networks

- Clear objectives to achieve common goals of a regional health centre should be mutually agreed and leveraged by all members.
- Transnational networks are effective in supporting peer-to-peer learning and building manpower capacity, including laboratory technical skills. In addition to that, collaboration to exchange lessons learnt with other established regional bodies could be helpful.
- There should be a regional peer-audit mechanism or mentorship provided to junior staff, as well as staff opportunities to provide feedback on these schemes and programmes.
- To aid decision-making and prioritising public health interventions and technologies, economic evaluation should be routinely implemented. Combining research with policy, of this kind, is beneficial in managing scarce resources, and these evidence-informed policy options can help build strong advocacy strategies.
- There should be comprehensive practical guides which are easily accessible via public domains, in terms of standard and operating procedures of local sentinel laboratories and a designated National Reference Laboratory (NRL).

In summary, the ASEAN region as one of geographical, social, and economic integration is also one of high risk for disease outbreaks and public health crises. Therefore, the establishment of a centre for regional infectious disease prevention and control which can provide a supportive mechanism for early warning, preparedness and response is a critical step towards the health security of its people and the world. The regional centre for infectious disease prevention and control will complement and synergise existing disease control agencies in member countries and offer a regional framework for cooperation. However, the goal of preventing disease outbreaks or other public health threats, through the regional health entity is not without challenges. It is here that this research study shows value, as one that will support negotiation, planning, and operationalisation of a regional public health centre in ASEAN.

HITAP is a semi-autonomous research unit under Thailand's Ministry of Public Health. HITAP's core mission is to appraise a wide range of health technologies and programmes, including pharmaceuticals, medical devices, interventions, individual and community health promotion, and disease prevention as well as social health policy to inform policy decisions in Thailand. HITAP also works at the global level with overseas development aids, international organisations, non-profit organisations, and overseas governments to build capacity or health technology assessment, e.g., International Decision Support Initiative (iDSI).

This policy brief is part of an academic research initiative titled, Southeast Asia Centre for Infectious Disease Control (SEACID), which is funded by Health System Research Institute (HSRI). The study involves several experts from ASEAN region and beyond, and is led by the National University of Singapore (NUS) and the Health Intervention and Technology Assessment Program (HITAP). Some key aspects in this document were also drawn from a review, "multi-country collaboration in responding to global infectious disease threats: lessons for Europe from the COVID-19 pandemic" – Lancet Regional Health Europe.

For further information related to the research initiative, please contact Aparna Ananthakishnan (aparna.a@hitap.net) and Manit Sittimart (manit.s@hitap.net).

Authors



Dr. Yot Teerawattananon

Secretary General of the Foundation & Senior Researcher



Aparna Ananthakrishnan

ODI Fellow and Project Associate



Manit Sittimart

Project Associate

Health Intervention and Technology Assessment Program (HITAP)



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Contact Information:

Health Intervention and Technology Assessment Program (HITAP)
6th Floor, 6th Building, Department of Health, Ministry of Public Health,
Tiwanon Rd., Muang, Nonthaburi 11000, Thailand

Tel: +662-590-4549, +662-590-4374-5

Fax: +662-590-4369

E-mail: comm@hitap.net

Website: www.hitap.net



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