



# **ASEAN VACCINE SECURITY AND SELF-RELIANCE (AVSSR) INITIATIVES**

**A Healthy ASEAN Community through  
Access of Assured Quality Vaccines**

**A COMMUNICATION AND COORDINATION ACTION PLAN; CCAP**

**OCTOBER 2016**



The National Vaccine Institute (NVI) was founded under the royal decree as a public organization in accordance with the law of the public organizations, and officially promulgated on August 10, 2012. The NVI is an autonomous public organization that operates in compliance with the national vaccine policy and strategic plan. To drive aforementioned plan into effective action, the NVI has been established and assigned mandate specifically to manage and integrate all of vaccine-related development activities among domestic key players, and collaborate with other relevant international partners. The NVI encourages and supports vaccine research and development, including production to ensure that the country will have sufficient vaccines to be used both normal and urgent situations. The NVI committed to strengthening the country's capacity in its move towards sustainability of vaccine security and self-reliance in the long run. The NVI is based in Nonthaburi province, Thailand

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General information on NVI appears online at the NVI Website: <http://www.nvi.go.th>

#### Catalogue-in-Publication Data

Communication and Coordination Action Plan: A Healthy ASEAN Community through Access of Assured Quality Vaccines  
Nonthaburi: National Vaccine institute, October 2016

XX

ISBN XXXXXXXXXXXXXXXXXXXX

Photo credits: XX

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Publisher: The National Vaccine Institute (Public Organization), Thailand

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1st Draft

## ACRONYMS

|            |   |
|------------|---|
| AC         | ASEAN Community   |
| ACMP       | ASEAN Communication Master Plan   |
| AEC        | ASEAN Economic Community  |
| AEGCD      | ASEAN Expert Group on Communicable Diseases   |
| AFTA       | ASEAN Free Trade Area   |
| AHMM       | ASEAN Health Ministers Meeting  |
| AMS        | ASEAN Member States   |
| APPV       | ASEAN Price Policy for Vaccine  |
| APSC       | ASEAN Political Security Community  |
| ASCC       | ASEAN Socio-Cultural Community  |
| ASCCQ-PPWG | ASEAN Consultative Committee for Standards and Quality-<br>Pharmaceutical Product Working Group |
| ASEAN      | Association of South East Asian Nations   |
| ASEAN-NDI  | ASEAN Network for Drugs, Diagnostics, Vaccines and Traditional<br>Medicine Innovation           |
| A*STAR     | Agency for Science, Technology and Research   |
| AVSSR      | ASEAN Vaccine Security and Self-Reliance  |
| AVSSR-FPs  | ASEAN Vaccine Security and Self-Reliance Focal Points   |
| AVSSRW     | ASEAN Vaccine Security and Self-Reliance Website  |
| AVSWG      | ASEAN Vaccine Security Working Group  |
| AWGPD      | ASEAN Working Group on Pharmaceutical Development   |
| BMGF       | Bill and Melinda Gates Foundation   |
| CCAP       | Communication and Coordination Action Plan  |
| CDs        | Communicable Diseases   |
| CDC        | Center for Disease Control and Prevention   |
| CSOs       | Civil Society Organizations   |

|       |   |
|-------|---|
| CTD   | Common Technical Dossier  |
| CTR   | Common Technical Requirements   |
| DCVMN | Developing Countries Vaccine Manufacturers Network                        |
| EIDs  | Emerging Infectious Diseases  |
| EPI   | Expanded Programme on Immunization  |
| FDA   | Food and Drug Administration  |
| FP    | Focal Point   |
| GAVI  | Global Alliance for Vaccine and Immunization                              |
| GCP   | Good Clinical Practice  |
| GLP   | Good Laboratory Practice  |
| GMP   | Good Manufacturing Practice   |
| GVAP  | Global Vaccine Action Plan  |
| HRD   | Human Resources Development   |
| IFPMA | International Federation of Pharmaceutical Manufacturers and Associations |
| IVAC  | International Vaccine Access Center                                       |
| IVI   | International Vaccine Institute   |
| LMICs | Low and Middle Income Countries   |
| M&E   | Monitoring and Evaluation   |
| MEC   | Monitoring and Evaluation Committee                                       |
| MOF   | Ministry of finance   |
| MOH   | Ministry of Health  |
| MRA   | Mutual Recognition Agreement  |
| MST   | Ministry of Science and Technology  |
| NCL   | National Control Laboratory   |
| NGOs  | Non-Governmental Organizations  |
| NHA   | National Health Authority   |

|           |   |
|-----------|---|
| NHSO      | National Health Security Office   |
| NIP       | National Immunization Programme   |
| NRA       | National Regulatory Authorities   |
| NTDs      | Neglected Tropical Diseases   |
| NVC       | National Vaccine Committee  |
| NVI       | National Vaccine Institute  |
| OECD-GLP  | Organization for Economic Co-operation and Development-Good Laboratory Practice |
| PAHO      | Pan American Health Organization  |
| PATH      | Programme for Appropriate Technology in Health                                  |
| PIC/S     | Pharmaceutical Inspection Co-operation Scheme                                   |
| PREMA     | Pharmaceutical Research and Manufacturers Association                           |
| PSA       | Public Service Announcement   |
| ROSA      | Regional Office for South ASIA  |
| SAGE      | Strategic Advisory Group of Experts   |
| SEAR-ITAG | South East Asia Regional Immunization Technical Advisory Group                  |
| SDGs      | Sustainable Development Goals   |
| SOMHD     | Senior Officials Meeting on Health Development                                  |
| TPP       | Trans-Pacific Partnership   |
| TWG       | Technical Working Group   |
| UNICEF    | United Nations Children's Fund  |
| VPDs      | Vaccine Preventable Diseases  |
| WHA       | World Health Assembly   |
| WHO       | World Health Organization   |
| WTO       | World Trade Organization  |

## PREFACE

Since the concerned issue of vaccine security and self-reliance has been caught wide attention among individual countries and other development partners in the South-East Asia Region, including other relevant international organizations or institutions. This led to the establishment of two consecutive regional workshops organized by the National Vaccine Institute (NVI) Thailand, in cooperation with the World Health Organization (WHO). Both regional workshops provided four main areas for further collaboration, including acceptable recommendations for propelling **ASEAN Vaccine Security and Self-Reliance (AVSSR)** into effective actions in the future.

Briefly, these four main areas are 1) system development for vaccine security, 2) Human Resources Development (HRD), 3) ASEAN Price Policy for Vaccine (APPV) and 4) communication and coordination. Whereas, acceptable recommendations in fostering the AVSSR compose of 1) the needs to include AVSSR initiatives as a priority health development agenda within the ASEAN official framework post-2015, 2) the sustainable and uninterrupted collaboration in supporting regional vaccine security and self-reliance needs to be enhanced, 3) ASEAN countries need to work more in close partnership with the concerned international bodies and networks and 4) official ASEAN working mechanisms for further collaboration need to be established in the long run.

Communication and Coordination Action Plan (CCAP) as a fundamental component for the achievement of vaccine security and self-reliance was subsequently developed for periods 2016-2020. Its aim is to increase understanding, perception and awareness on regional initiative of vaccine security and self-reliance, including gain support and access of target population to quality vaccines for better health outcomes and well-being as envisioned message **“A Healthy ASEAN Countries through Access of Assured Quality Vaccines”**

On behalf of the ASEAN Vaccine Security and Self-Reliance Secretariat (AVSSRS), we would like to dedicate and acknowledge all successful activities and achievements in earlier years to those of workshop participants from ASEAN countries and experts from international organizations, including other unnamed persons or institutions who actively contributing to the events. We hope that all activity priorities and its targets indicated in this CCAP will be considered as a regional guideline for ASEAN countries in working together effectively, for achieving the common ultimate goal of vaccine security and self-reliance in this region, 5 years ahead as planned

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# EXECUTIVE SUMMARY

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The Communication and Coordination Action Plan (CCAP) in supporting regional vaccine security and self-reliance aims to provide the conceptual framework to communicate messages or information about overall activities, public relations, campaigns, best practices, lesson learned and vision of the CCAP to key audiences, including governments, public and private sectors, academic institutions, international organizations, pharmaceutical companies, the existing networks, Non-Governmental Organizations (NGOs), global audiences, stakeholders, media and general citizens.

The CCAP will serve as neutral media in sharing information and perspectives among the relevant partnerships involving a life cycle of vaccine. With hope that the establishment of an effective communication and coordination platform using appropriate communicable channels, models and messages e.g., the important of vaccine security and self-reliance, value of vaccination, vaccine registration processes and procurement will help improve outcomes of understanding, awareness and support, at least from member countries in ASEAN upon the initiative of regional vaccine security and self-reliance. Especially, “trust” among participating countries or partnerships will be a potential challenge for developing collaboration on the issue. Therefore, there is a need to overcome this challenge before moving the AVSSR initiatives forward to concrete deployment in the level of region.

The CCAP has been developed in line with the ASEAN Communication Master Plan (ACMP)’s composition<sup>[1]</sup> through the current workshop activities, national and international experts consultation i.e., 1) Dr. Jessada Salathong, Department of Communication Mass, Faculty of Communication Arts, Chulalongkorn University; 2) Prof. Lois Privor-Dumm, Director, Policy, Advocacy & Communications at International Vaccine Access Center (IVAC), Johns Hopkins Bloomberg School of Public Health and 3) Ms. Tasnim Partapuri, UNICEF Regional Office for South ASIA (ROSA) and with inputs from the first meeting on Workshop among ASEAN Countries on Opportunities for Regional Vaccine Security. The CCAP is also guided by other source materials, in particular the results of questionnaire survey for the mentioned meeting above. Details of source materials are enclosed in Annexes. Regarding the composition of ACMP, seven core elements which consist of 1) vision, 2) audiences, 3) messages, 4) strategy, 5) priorities, 6) timeframe and 7) monitoring and evaluation<sup>[1]</sup> were addressed thoroughly issue by issue in-depth details as shown in the contents.

The CCAP articulates a particular message for ASEAN Vaccine Security and Self-Reliance (AVSSR) as “**A Healthy ASEAN Community through Access of Assured Quality Vaccines**”. This message defines ASEAN as a healthy community that highlights specifically on the ensuring sufficient supply of quality vaccines for both normal and urgent situations. In fact, this ideal community could be happened with a good planning of several facets around vaccine security such as the development of long-term demand forecasting, guaranteed production of vaccines, multi-year contract for purchasing, multi-year allocation for financing<sup>[2]</sup>, and pooled procurement, etc. In addition, the particular message also addresses the important three key

components toward vaccine security that are availability, affordability and accessibility of assured quality vaccines.

The CCAP is intended to provide the direction on a spectrum of communication and coordination activities across conventional, electronic and social media, to access key audiences, including the other influential stakeholders and boarder global communities, and which can be implemented regularly at the ASEAN member countries level as well as ASEAN-wide. The CCAP also outlines a series of integrated communication and coordination activities aimed at guiding stakeholders of all groups on how to start collaborating effectively for regional vaccine security and self-reliance based upon their roles and responsibilities.

The CCAP is only basic procedure prepared in a single moment of time. It is designed to be a lively action plan and can be adjusted modernly over the time for improving efficacy of communication and coordination activities in supporting the conception and implementation of the AVSSR initiatives. Importantly, regional commitments, needs and aspirations on the achievement of AVSSR initiatives are central heart of the CCAP which can lead to demonstrate a broad array of opportunities, feasibilities and benefits resulting from the intensive collaboration among ASEAN countries on other areas of work, rather than that of vaccine security and self-reliance after officially entering ASEAN Community in 2015.

## BACKGROUND

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The terminology of “vaccine security” is defined by the United Nations Children’s Fund (UNICEF) as “the timely, sustained, uninterrupted supply of affordable vaccines of assured quality”<sup>[2,3]</sup> in ensuring an adequate vaccine for health care priority. Vaccination is well recognized as one of the most cost-effectiveness public health measures in prevention and control devastating infectious diseases in both normal and urgent situations. Unfortunately, the shortage of vaccine even in a narrow period of time might increase risk of the resurgence of Vaccine Preventable Diseases (VPDs) and cause widely epidemic among vulnerable persons. This problem also affects directly to the whole system of health care service and apparently reflects unsecured supply of vaccines in those countries.

Consequently, the negative impacts of vaccine shortage has caught attention and dramatically increased a wide range of national, regional and global concerns over the high level of policy decision makers upon vaccine availability and accessibility. Therefore, a big challenge of vaccine shortage has led to the initiative of **ASEAN Vaccine Security and Self-Reliance (AVSSR)** originally emerged by the recommendation of the National Vaccine Committee (NVC), Thailand, with critical concerns about the problem, particularly the shortage of basic vaccines scheduled for the National Immunization Programme (NIP). In the past decade, the shortage of basic vaccines has occurred sporadically worldwide amid developing countries, especially Low-and Middle-Income Countries (LMICs) classified by the World Bank in South East Asia and elsewhere.

In order to get ready and respond effectively to this obstacle, the National Vaccine Institute (NVI) in charge of NVC’s Secretariat Office, has worked closely with the World Health Organization (WHO) in conducting a-2 consecutive workshop regarding the important issue of regional vaccine security and self-reliance over the past 2 years since 2014-2015. The main purpose of the both meetings was to establish an effective collaborative platform in advocating long-term vaccine security and self-reliance among ASEAN countries.

Briefly, the first meeting entitled “Workshop among ASEAN Countries on Opportunities for Regional Vaccine Security” was organized last 1-3 October 2014 in Phuket. All of invited participants attending to this event were specifically targeted to health policy makers and country experts encompassing the whole cycle of vaccine value chain i.e., vaccine research and development, production, regulation and national immunization from 8 countries in ASEAN (except Brunei Darussalam and Singapore).The meeting ended with the most participants strongly agreeing to develop cooperation for achieving both short- and long-term goals of regional vaccine security and self-reliance. Importantly, four potential areas of work on opportunities and feasibilities for handling with this particular mission have been identified i.e., 1) System development for Vaccine Security, 2) Human Resources Development (HRD), 3) ASEAN Price Policy for Vaccine (APPV) and 4) Communication and Coordination<sup>[4]</sup>.

With regard to the proposed proposals of the first meeting, the issue of communication and coordination was considered as cornerstone of developing collaboration that will bring to

successfully operationalize on the other 3 remaining proposals in the future. Hence, the second meeting under the title of “Follow-up Workshop on Collaborative Models for the Effective Communication and Coordination among ASEAN Countries for Regional Vaccine Security” was recently carried out and held on 17-18 August 2015 in Bangkok. In this follow-up meeting, the group members of communication and coordination during break-out group discussion in the Phuket workshop have convened to shape up strategies and action plan of communication and coordination for vaccine security and self-reliance enhancement in the region. At the end of the meeting, a primary output as “Communication and Coordination Action Plan” (CCAP) has been drafted. And a complete version needs to be clearly elaborated in more specific details before sending out along with the meeting materials of the both workshops to all participants, national health authorities; Ministry of Health and other related international organizations committed to vaccines for further consideration.

Finally, NVI on behalf of the informal secretariat of AVSSR initiatives in the initial phase before an official structure namely “ASEAN Vaccine Security and Self-Reliance Focal Points” (AVSSR-FPs) will be appointed, do hope that the first collaborative platform on communication and coordination will be a starting point of exploring greater partnerships or stakeholders and expanding multi-disciplinary cooperation, including increasing perception, awareness and support between relevant public policy makers, institutions and organizations both inside and outside ASEAN countries. Meanwhile, it would be highly appreciated if the initiative of AVSSR receiving an official endorsement by the 13<sup>th</sup> ASEAN Health Ministers Meeting (AHMM), to be included as an integral part of the ASEAN Post-2015 Health Development Agenda. That means the policy of regional vaccine security and self-reliance will be brought to concrete implementation among ASEAN countries to accomplish our ultimate goal in few years ahead.

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## VISION

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The CCAP's vision is of **A Healthy ASEAN Community through Access of Assured Quality Vaccines**. This five years vision plans to kick off coincide with an officially entering of ASEAN Community (AC) in 2016 and end up by 2020. Its effort is to articulate the need for sustaining an adequate supply of quality vaccines in responding to both normal and urgent situations in each ASEAN Member States (AMS), including the whole region of the South East Asia. In order to attain this vision as planned, various strategies and intensive actions will be introducing through a five year plan such as availability of budget allocation for vaccines purchasing, guaranteed production and supply of vaccines, accuracy and long-term forecasting of demand, multi-year contract, pooled procurement, transparency of price and procurement, good governance and ethical concerns on vaccine market competition, etc. Definitely, all of them are taken into consideration to be part of system development for vaccine security.

Apart from system development for vaccine security, the rest as Human Resources Development (HRD) and ASEAN Price Policy for Vaccine (APPV) are also an important strategy in moving toward a shared vision. Particularly, Communication and Coordination is carefully determined as a key fundamental that need to be deployed primarily or in parallel with each other for giving a voice and/or supporting the implementation of regional vaccine security and self-reliance. The significance of communication and coordination has been described previously in the executive summary.

This vision is set up surrounding the ASEAN Community Pillar of Socio-Cultural (ASCC). Since the important issues of prevention and control of Communicable Diseases (CDs), Emerging Infectious Diseases (EIDs) and Neglected Tropical Diseases (NTDs), including the relevant Vaccine Preventable Diseases (VPD) were classified into this pillar (cluster 2; health priority issue vii). With regard to ASEAN Post-2015 Health Development Agenda, the vaccine-related activities might be incorporated in both cluster 2: responding to all hazards and emerging threats and cluster 3: strengthening health system and access to care. In particular, cluster 3; health priority issue xvii, all vaccines or biological products are grouped into pharmaceutical development under the subsidiary body of ASEAN Working Group on Pharmaceutical Development (AWGPD)

Apparently, the official entry of ASEAN Community has long been clear that will be a starting point and also a great opportunity for ASEAN Member Countries to connect, collaborate, integrate and share on their multi-fractions of society, economy and politic, aiming to establish an equitable opportunity in increasing access to the essential and limited resources of all mankind in this region. In conclusion, as described above and together with the main content of this action plan has highlighted only on communication and coordination issues. Its substantial objective is therefore to improve the roles of communication and coordination in increasing understanding, perception and awareness on regional initiative of vaccine security and self-reliance, including gaining support and access of target population to quality vaccines for better health outcomes and well-being.

As well as an ultimate goal, both short- and long-term goals of this action plan were subsequently set up to pave the way for future implementation in the same direction and target among ASEAN Member Countries. More details are elaborated thoroughly as follows

1. Short-term goal: is that an overall of understanding, perception, awareness and cooperation on particular issue of vaccine and immunization is significantly higher among policy makers, stakeholders including other relevant partners both public and private sectors at any levels of local, national, regional and also global.

2. Long-term goal: is that ASEAN countries have a comprehensive financial management plan for vaccine purchasing and/or have capacity in manufacturing common vaccines used for the National Immunization Programme (NIP), including some innovative vaccines in responding those of emerging infectious diseases. At the same time, to ensure regional vaccine security and self-reliance and also provide vulnerable groups an equitable access to quality vaccines.

*1st Draft*

## AUDIENCES

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Regarding the vision and objective of the CCAP, a broad range of audiences, stakeholders and relevant partners influencing the successful implementation of regional vaccine security and self-reliance both inside and outside ASEAN Region were critically identified through the follow-up workshop organized by the NVI last August 2015 in Bangkok. A given list of identified key audiences, stakeholders, including relevant partners that NVI needs to advocate and communicate for improving their understanding, perception, awareness and also convincing them to give a positive cooperation for achieving both short-and long-term goals are as follows

1. Policy makers: to include national and international health policy makers, high level of policy makers on health forum at both the ASEAN Summit and the World Health Assembly (WHA), etc.

2. Government: to include government institutions, state enterprises, and public organizations. These organizations might get involved either directly or indirectly to some part of vaccine life cycle (vaccine research and development, production, regulation and national immunization programme) e.g., Ministry of Science and Technology (MST), Ministry of Health (MOH), National Health Authority (NHA), Ministry of Finance (MOF), the National Vaccine Institute (NVI), procurement agencies i.e., the National Health Security Office (NHSO), etc.

3. United nation agencies, international organizations, Non-Governmental Organizations (NGOs) and Civil Society Organizations: to include local, regional and global organizations e.g., the World Health Organization (WHO), the Centers for Disease Control and Prevention (CDC), the Association of Southeast Asia Nations (ASEAN), the United Nations International Children's Emergency Fund (UNICEF), the Global Alliance for Vaccines and Immunization (GAVI, the vaccine alliance), the Pan American Health Organization (PAHO), Bill and Melinda Gates Foundation (BMGF), the International Vaccine Access Center (IVAC), etc.

4. Manufacturers and vaccine research and development networks: to include both public and private vaccine manufacturing companies, suppliers and distributors e.g., the Developing Countries Vaccine Manufacturers Network (DCVMN), the Program for Appropriate Technology in Health (PATH), the International Vaccine Institute (IVI), the ASEAN Network for Drugs, Diagnostics, Vaccines and Traditional Medicine Innovation (ASEAN-NDI), the International Federation of Pharmaceutical Manufacturers and Associations (IFPMA), the Pharmaceutical Research and Manufacturers Association (PREMA), etc.

5. Regulators: to include both national and international organizations e.g., the National Regulatory Authorities (NRAs), the National Control Laboratory (NCL), Food and Drug Administration (FDA), NRA Alliance, NCL Network, the ASEAN Consultative Committee for Standard and Quality-Pharmaceutical Product Working Group (ACCSQ-PPWG), the WHO Working Group on the Stability of Reference Materials for Biological Medicines and *In Vitro* Diagnostics, the Agency for Science, Technology and Research (A\*STAR), etc.

6. Academia: to include both public and private academic institutions, biotechnology/bioscience and vaccine and biopharmaceutical institutions, vocational college/institutes, research institutes, researchers, etc.

7. Communities and media: to include local, national, regional, international communities, traditional broadcasting media and other forms of modernized social network

8. General population: to include population at all age, woman's community organization, children's organization, educational levels and literacy rate, etc.

9. Other key influencers: to include 1) social determinants e.g., religion, culture and belief, 2) global policies e.g., the Global Vaccine Action Plan (GVAP), WHO six building blocks (emphasize only on medical products, vaccines and technologies), Sustainable Development Goals (SDGs); especially SDG3: good health and well-being, target 3.8 and 3.b and 3) and other related advisory committees on vaccine and immunization e.g., the South-East Asia Regional Immunization Technical Advisory Group (SEAR-ITAG), the Strategic Advisory Group of Experts (SAGE), etc.

Indeed, each of these audiences, stakeholders and relevant partners containing different levels of understanding, perception and awareness about regional vaccine security and self-reliance. Hence, it is very important for the CCAP to accommodate both who have already known and understood, while building and encouraging a knowledge base for those who have limited or no understanding and also providing appropriate responses for those who have negative views to become positive views against further implementation of regional vaccine security and self-reliance.



## MESSAGES

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The CCAP articulates a particular message for ASEAN Vaccine Security and Self-Reliance (AVSSR) as “A Healthy ASEAN Community through Access of Assured Quality Vaccines”. This message defines ASEAN as a healthy community that highlights specifically on the ensuring sufficient supply of quality vaccines for both normal and emergency situations, together with providing entire ASEAN population an equal access to essential vaccines. With those strategies thereby increase high coverage of vaccination, particularly among children aged between 0-5 years with substantially reducing morbidity and mortality of vaccine preventable diseases and lead to better health outcomes and well-being of population living in this region.

With reference to an overarching message for ASEAN as “ASEAN: A Community of Opportunities” as indicated in the ASEAN Communication Master Plan (ACMP)<sup>[1]</sup>. Thus, this resolution becomes a window of opportunity for the CCAP to take this part in developing connection, collaboration, integration, and sharing the CCAP’s vision and message with other countries in the South-East Asia Region, in order to accomplish an achievable goal of regional vaccine security and self-reliance.

ASEAN Vaccine Security and Self-Reliance (AVSSR) is the cornerstone of the CCAP and should resonate throughout ASEAN Community that representing the connectivity of three ASEAN pillars (socio-cultural, political and economic). Additionally, each delivered messages underneath the overarching message should take into account the specific requirement of each AMS and audience needs, with translation to appropriate languages. Moreover, social consideration should also be given to the diversity of educational levels and occupational status of people within each AMS. This is substantively relevant when communication and coordination activities plan to take place in either metropolitan or rural communities.

Such efforts and strategies in tackling with this target have been made via the development of the CCAP during the follow-up workshop. And a table of conceptual framework which consists of example of perceived benefits, example of perceived disadvantages, actions and key messages to build a continuum of awareness from negative to positive and example of communication and coordination platforms to facilitate change, classified by each category of audiences, stakeholders and also relevant partners was then generated as shown in Table 1.

Table 1 Examples of perceived benefits and disadvantages among ASEAN stakeholders pertaining to vaccine value chain, including actions, key messages and communication platforms to improve understanding, perception and awareness

| Audiences/stakeholders/<br>other relevant partners | Example of perceived benefits  | Example of perceived disadvantages  | Actions and messages to build a continuum of awareness from negative to positive   | Example of communication and coordination platforms to facilitate change   |
|--|--|---|--|--|
| <b>Health policy makers</b>                        | <ul style="list-style-type: none"> <li>▪ ASEAN Community gives a sense of a consolidated regional community</li> <li>▪ It will be a window of opportunity for connection, collaboration, integration and sharing resources among member countries</li> <li>▪ Each member country will be developed simultaneously to ensure that no one get left/forgotten behind</li> <li>▪ It brings more opportunities for gathering and sharing vision on national vaccine policy and development</li> <li>▪ It will also be a stage of opportunity in building vaccine-associated policies together at the regional level</li> <li>▪ Ideally, ASEAN Community has a shared vision and commitment on “A Healthy ASEAN Community through Access of Assured Quality Vaccines” which lead to the elimination/eradication of VPDs ahead</li> </ul> | <ul style="list-style-type: none"> <li>▪ Discrepancy in each country’s contexts such as societal, economic and political status may be barrier for further development as a whole</li> <li>▪ In the process of policy decision making, especially in the regional level may not reflect a real problem of individual country, but build it for serving the entire region</li> <li>▪ Owing to the difference of each member country, unplanned development may render some high resource countries become beneficiary and the rest of poor resource countries to be loser</li> <li>▪ Policy implementation on the National Immunization Programme varies from country to country depends on burden of disease and national agencies for vaccine procurement or donors.</li> <li>▪ There is difference in capacity of vaccine research and development, including production among ASEAN countries. Therefore, the mutual concepts relating to regional collaboration on vaccine might occur difficulty or vice versa.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Create greater understanding, perception and awareness about the impact of the ASEAN Community and Connectivity</li> <li>▪ Generate evidence-based studies to support decision making processes of policy makers</li> <li>▪ Convince policy makers to agree and support the initiative of ASEAN Vaccine Security and Self-Reliance through the key messages that need to communicate               <ul style="list-style-type: none"> <li>➢ Important and value of vaccination and networking</li> <li>➢ Benefit of ASEAN collaboration on vaccine research and development, information sharing and networking                   <ul style="list-style-type: none"> <li>➢ Benefit of self-reliance in production of vaccines specific for country or regional needs</li> <li>➢ Needs of long-term budget allocation for vaccine procurement to ensure continuing supply</li> <li>➢ Vaccine security will be the key success factors in controlling VPDs</li> </ul> </li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>▪ Official communication through the high level of policy makers on health forum e.g., ASEAN Senior Officials Meeting on Health Development (SOMHD), ASEAN Health Ministers Meeting (AHMM), the World Health Assembly (WHA), etc.</li> <li>▪ Convince policy makers through commission and international organization’s activities/campaigns focusing on vaccine e.g., ITAG, SAGE, WHO, UNICEF, GAVI, PAHO, IVI, ASEAN-NDI, etc.</li> <li>▪ Movement for introducing the initiative of ASEAN Vaccine Security and Self-Reliance (AVSSR) into ASEAN Post-2015 Health Development Agenda</li> <li>▪ Policy uptake/policy advocacy (publications, policy recommendation, policy brief, executive summary and meeting report)</li> <li>▪ Official inform/word of mouth (Direct contact)</li> <li>▪ Other media e.g., website, online media, blog, newsletter, power point presentation, etc.</li> </ul> |

| Audiences/stakeholders/<br>other relevant partners   | Example of perceived benefits  | Example of perceived disadvantages   | Actions and messages to build a continuum of awareness from negative to positive   | Example of communication and coordination platforms to facilitate change  |
|--|--|--|--|---|
| <p><b>Government</b><br/>(Government institutions, state enterprises and public organizations)</p> | <ul style="list-style-type: none"> <li>▪ ASEAN Community will be a window of opportunity for collaboration on vaccine research and development, including technology and know-how transfer in vaccine production among ASEAN countries</li> <li>▪ It provides a free competitive market of vaccine pricing and industry under the ASEAN Free Trade Area (AFTA)</li> <li>▪ It also provides an opportunity for ASEAN vaccine price sharing to gain power of negotiation and economy of scale, resulting from policy implementation on pooled procurement among ASEAN countries</li> <li>▪ It brings more opportunity for sharing resources among ASEAN countries to establish the strategic regional stockpile of essential vaccines to help ensure the security of member countries and region</li> <li>▪ It also brings opportunities for vaccine industry investment within the country from multinational pharmaceutical companies</li> </ul> | <ul style="list-style-type: none"> <li>▪ Capacity on vaccine research and development, including production is very varied among ASEAN countries ranging from low to high</li> <li>▪ Limitation of each country's rules and regulations may be obstacle against oversea investment from multinational pharmaceutical companies</li> <li>▪ Country's participation in the Trans-Pacific Partnership (TPP) under the World Trade Organization (WTO) may impact on patent, price, importation, and also exportation of vaccines or biological products</li> <li>▪ Financial integration may benefit only a small country with poor resources</li> <li>▪ Free movement of population across ASEAN countries may cause border transmission of VPDs, including emerging and re-emerging diseases</li> <li>▪ The Expanded Programme on Immunization (EPI) and individual record on the history of vaccination are quite different among ASEAN countries and also difficult to prove in case of epidemic or outbreak occurs</li> </ul> | <ul style="list-style-type: none"> <li>▪ Create better understanding about AFTA and TPP influencing on vaccine price, importation and exportation</li> <li>▪ Encourage each ASEAN country to exchange vaccine information details e.g., pricing, specifications, procurement methods, including epidemiological data (burden of disease) and common vaccine used in the NIP, etc.</li> <li>▪ Revise laws and related regulations to support and persuade oversea investment on vaccine industry, including technology and know-how transfer</li> <li>▪ Convince government representatives to agree and support the strategic regional stockpile, pooled procurement, and long-term forecasting of demand and financial allocation for vaccine purchasing among ASEAN countries</li> <li>▪ Identify government Focal Point on the particular issue and elevate their roles and responsibilities to take appropriate actions on the initiative of ASEAN Vaccine Security and Self-Reliance</li> </ul> | <ul style="list-style-type: none"> <li>▪ Official communication through government to government meeting (Government forum)</li> <li>▪ Policy uptake/policy advocacy (publications, policy recommendation, policy brief, executive summary and meeting report)</li> <li>▪ Convince policy makers through commission and international organization's activities/campaigns focusing on vaccine e.g., ITAG, SAGE, WHO, UNICEF, GAVI, PAHO, PATH, IVI, ASEAN-NDI, etc.</li> <li>▪ Direct contact</li> <li>▪ Third party advocates</li> <li>▪ Power point presentation</li> <li>▪ Online communication/podcasting website</li> <li>▪ Other media e.g., website, blog, newsletter, line, email list, etc.</li> </ul> |

| Audiences/stakeholders/<br>other relevant partners   | Example of perceived benefits   | Example of perceived disadvantages   | Actions and messages to build a continuum of awareness from negative to positive   | Example of communication and coordination platforms to facilitate change  |
|--|---|--|--|---|
| <p><b>United nation agencies, international organizations, Non-Governmental Organizations (NGOs), Civil Society Organizations (CSOs)</b></p> | <ul style="list-style-type: none"> <li>▪ There will be an easier pooling of resources within ASEAN countries for emergency preparedness and resilience, including responding to regional crisis e.g., vaccine shortage, epidemic or pandemic of VPDs or other infectious diseases, national disasters, etc.</li> <li>▪ Health outcomes of population in this region will improve with new policies regarding particular issues on vaccine</li> <li>▪ With the narrowing of development gaps on vaccine research and development among ASEAN countries through human resources exchange, capacity building, and technology or know-how transfer to those underserved country will improve</li> <li>▪ There is an effective demand with a large volume of vaccine purchasing by donors in terms of whole regional management</li> </ul> | <ul style="list-style-type: none"> <li>▪ Free movement of population across ASEAN countries may cause border transmissions of VPDs, including emerging and re-emerging diseases</li> <li>▪ Difference in burden of disease and epidemiological data of each ASEAN countries may impact types of vaccine introduced for the NIP</li> <li>▪ Lack of information sharing between ASEAN countries, especially on vaccine information details, burden of disease and epidemiological data may influence the policy decision making processes in support or not support vaccine to those countries by donors, apart from levels of economic development</li> </ul> | <ul style="list-style-type: none"> <li>▪ Create greater understanding, perception and awareness about the impact of the ASEAN Community and Connectivity</li> <li>▪ Create an opportunity for encouraging third parties like WHO, UNICEF, PAHO, GAVI, BMGF, PATH, etc. to participate in national or regional activities/ campaigns on vaccines</li> <li>▪ Communicate between relevant stakeholders/ partners under the slogan of “Vaccine security is the security of nation, region and globe”</li> </ul> | <ul style="list-style-type: none"> <li>▪ Provide a regional forum to bring policy makers, government representatives and delegates of international organizations to convene together</li> <li>▪ Sector-specific symposiums/seminars</li> <li>▪ Speaker platforms</li> <li>▪ Third party advocates</li> <li>▪ Official documents e.g., policy recommendation summary and meeting report</li> <li>▪ Publications</li> <li>▪ Power point presentation</li> <li>▪ Online communication/ podcasting website</li> <li>▪ Other media e.g., website, blog, newsletter, line, email list, etc.</li> </ul> |

| Audiences/stakeholders/<br>other relevant partners  | Example of perceived benefits   | Example of perceived disadvantages  | Actions and messages to build a continuum of awareness from negative to positive  | Example of communication and coordination platforms to facilitate change  |
|---|---|---|---|---|
| <b>Vaccine research and development networks, manufacturers, suppliers and distributors</b> | <ul style="list-style-type: none"> <li>▪ ASEAN community provides a free competitive market of vaccine pricing and industry under the ASEAN Free Trade Area (AFTA)</li> <li>▪ There will be an increased opportunity for entrepreneurs to expand their business regionally</li> <li>▪ Network of vaccine-related business and information sharing will increase dramatically</li> <li>▪ Lower tariffs and harmonized schemes of pharmaceutical's regulation will attract more vaccine manufacturing companies to invest in ASEAN countries</li> <li>▪ A large population in this region will help increase marketing margin and economy of scale for vaccine production</li> <li>▪ There is a bulk of professional staffs in vaccine research and development, including production in this region</li> </ul> | <ul style="list-style-type: none"> <li>▪ There is no information exchange about prices and specifications of procured vaccines between country</li> <li>▪ Transparency of price and procurement, including good governance and ethical concerns on vaccine market competition are major problem awaiting for future solving</li> <li>▪ Scarcity of vaccine supply in short period remains a technical problem in this region</li> <li>▪ Monopoly or oligopoly suppliers/distributors may distort vaccine market mechanisms and lead to inequitable competition</li> <li>▪ Lack of compliance for Good Manufacturing Practice (GMP), Good Laboratory Practice (GLP), Good Clinical Practice (GCP), including high standards of Pharmaceutical Inspection Co-operation Scheme (PIC/S) and Organization for Economic Co-operation and Development- Good Laboratory Practice (OECD-GLP) in the process of vaccine research and development</li> </ul> | <ul style="list-style-type: none"> <li>▪ Convince vaccine research and development networks to work with particular vaccines that specific for country or regional needs</li> <li>▪ Encourage country or procurement agencies to secure vaccine supply through strategies of an accurate long-term forecasting of demand, long-term plan for budget allocation for vaccines purchasing, multi-year contract, pooled procurement, regional stockpile, etc.</li> <li>▪ Promote each country to share prices and specific information of procured vaccines in order to increase transparency and power of negotiation</li> <li>▪ Strengthen capacity of vaccine research and development, including production in public sectors through collaboration between vaccine manufacturing companies and government</li> <li>▪ Collaborate and coordinate with vaccine manufacturing companies through the existing network as DCVMN, IFPMA, PREMA, etc. for better supply, demand forecasting, factual knowledge sharing and technology transfer</li> </ul> | <ul style="list-style-type: none"> <li>▪ Involvement of ASEAN vaccine manufacturer's representatives in the meeting</li> <li>▪ Sector-specific symposiums/seminars</li> <li>▪ Speaker platforms</li> <li>▪ Third party advocates</li> <li>▪ Official documents e.g., policy recommendation policy brief, executive summary and meeting report</li> <li>▪ Power point presentation</li> <li>▪ Direct contact</li> <li>▪ Online communication/ podcasting website</li> <li>▪ Other media e.g., website, blog, newsletter, line, email list, etc.</li> </ul> |

| Audiences/stakeholders/<br>other relevant partners | Example of perceived benefits   | Example of perceived disadvantages  | Actions and messages to build a continuum of awareness from negative to positive   | Example of communication and coordination platforms to facilitate change   |
|--|---|---|--|--|
| <b>Regulatory bodies</b>                           | <ul style="list-style-type: none"> <li>▪ ASEAN community will be a window of opportunity for connection, collaboration, integration and sharing resources among member countries</li> <li>▪ It provides an opportunity in establishing a regional center for reference standard materials for vaccine testing</li> <li>▪ It brings more an opportunity to develop harmonization schemes of pharmaceutical's regulation for ASEAN countries to complement and facilitate the objective of AFTA, particularly, the elimination of technical barriers to trade posed by the regulations, without compromising product quality, efficacy and safety</li> <li>▪ It also provides an opportunity to establish Mutual Recognition Agreement (MRA) on "Vaccine registration in one ASEAN country can then be allowed to sell freely in other ASEAN countries without duplicated registrations"</li> </ul> | <ul style="list-style-type: none"> <li>▪ Each ASEAN country has different rules and regulations for vaccine registration and lot release</li> <li>▪ This challenge may be barriers of the ASEAN Free Trade Area (AFTA) and reduce opportunity in access to essential vaccines among population in need</li> <li>▪ This challenge also increases risk of unavailability of essential vaccines in case of emergency e.g., outbreak, epidemic, pandemic, etc.</li> </ul> | <ul style="list-style-type: none"> <li>▪ Exchange of information on the current requirements and regulations for vaccine registration and lot release</li> <li>▪ Review technical requirements and regulations of each ASEAN country, including other harmonized procedures and regulatory systems</li> <li>▪ Develop and establish harmonization schemes of Common Technical Requirements (CTR), Common Technical Dossier (CTD) and common technical documents for pharmaceutical products registration in ASEAN community</li> </ul> | <ul style="list-style-type: none"> <li>▪ Communicate through the existing working groups and communication networks e.g., ACCSQ-PPWG, NRA alliance, NCL network, WHO-Working Group on the Stability of Reference Materials for Biological Medicines and <i>In Vitro</i> Diagnostics, etc.</li> <li>▪ Involvement of ASEAN regulatory body's representatives in the meeting</li> <li>▪ Sector-specific symposiums/seminars</li> <li>▪ Speaker platforms</li> <li>▪ Third party advocates</li> <li>▪ Official documents e.g., policy recommendation policy brief, executive summary and meeting report</li> <li>▪ Information toolkit/power point presentation</li> <li>▪ Direct contact</li> <li>▪ Online communication/ podcasting website</li> <li>▪ Other media e.g., website, blog, newsletter, line, email list, etc.</li> </ul> |

| Audiences/stakeholders/<br>other relevant partners | Example of perceived benefits  | Example of perceived disadvantages  | Actions and messages to build a continuum of awareness from negative to positive   | Example of communication and coordination platforms to facilitate change   |
|--|--|---|--|--|
| <p><b>Academia, research institutes</b></p>        | <ul style="list-style-type: none"> <li>▪ ASEAN community will be a window of opportunity for connection, collaboration, integration and sharing resources among member countries</li> <li>▪ It provides an opportunity for technology, knowledge and academic staffs or researchers exchange between different organizations</li> <li>▪ There will be competitive movement in the facet of quality of education among academic institutions towards the same standard in ASEAN</li> <li>▪ Student and general population receive benefit gained from continuing development on quality of education</li> <li>▪ Educational exchanges will benefit young researchers and give them more opportunity to work outside the host country</li> </ul> | <ul style="list-style-type: none"> <li>▪ There is diversity of vaccine research and development areas depending on individual interests rather than problem-based priority setting of the nation or region</li> <li>▪ Discrepancy in capacity of vaccine research and development among ASEAN academic institutions and research institutes</li> <li>▪ Lack of compliance for Good Manufacturing Practice (GMP), Good Laboratory Practice (GLP), Good Clinical Practice (GCP), including high standards of Pharmaceutical Inspection Co-operation Scheme (PIC/S) and Organization for Economic Co-operation and Development- Good Laboratory Practice (OECD-GLP) in the process of vaccine research and development</li> <li>▪ There is high competition among academic institutions and research institutes in seeking research funding/granter</li> </ul> | <ul style="list-style-type: none"> <li>▪ Develop specific curriculum and other related curricula for production of capable human resources on vaccine research and development</li> <li>▪ Strengthen capacity on vaccine research and development, including production to academic staffs and researchers</li> <li>▪ Encourage academic institutions and research institutes to research and develop specific vaccines for regional priorities</li> <li>▪ Share information on vaccine research and development among academic institutions and/or research institutes</li> <li>▪ Create potential mechanisms to link collaboration among academic institutions, research institutes and regulatory bodies</li> </ul> | <ul style="list-style-type: none"> <li>▪ Communicate through the existing networks and seminars</li> <li>▪ Involvement of ASEAN academic institutions and research institutes in the meeting</li> <li>▪ Sector-specific symposiums/seminars</li> <li>▪ Speaker platforms</li> <li>▪ Third party advocates</li> <li>▪ Official documents e.g., policy recommendation policy brief, executive summary and meeting report</li> <li>▪ Power point presentation</li> <li>▪ Direct contact</li> <li>▪ Online communication/ podcasting website</li> <li>▪ Other media e.g., website, blog, newsletter, line, email list, etc.</li> </ul> |

| Audiences/stakeholders/<br>other relevant partners | Example of perceived benefits   | Example of perceived disadvantages  | Actions and messages to build a continuum of awareness from negative to positive  | Example of communication and coordination platforms to facilitate change   |
|--|---|---|---|--|
| <b>Media and other key influencers</b>             | <ul style="list-style-type: none"> <li>▪ ASEAN community will provide population a variety of media to gain access of information and services</li> <li>▪ ASEAN community identifies goals and health priority issues clearly in cluster 2 (responding to all hazards and emerging threats) and cluster 3 (strengthening health system and access to care) that imply to the need for developing vaccine security and self-reliance in this region</li> </ul> | <ul style="list-style-type: none"> <li>▪ There is different in availability and ability of access to each kind of media, particularly in remote/ hardship areas</li> <li>▪ ASEAN community underlines the regional's growing on the international business and economy</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Simplify communication and coordination platforms to gain access and increase effective outcomes of communication</li> <li>▪ Support and encourage the implementation of ASEAN Health Policies through close communication with other working groups or advisory committees related to vaccine and immunization</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Sector-specific symposiums/seminars</li> <li>▪ Speaker platforms</li> <li>▪ Third party advocates</li> <li>▪ Direct contact/word of mouth/interviews</li> <li>▪ Community events</li> <li>▪ Power point presentation</li> <li>▪ TV programme/radio spot/advertising</li> <li>▪ Public service announcement (PSA)</li> <li>▪ Newspaper articles</li> <li>▪ Mobile</li> </ul> |
| <b>Community and general population</b>            | <ul style="list-style-type: none"> <li>▪ ASEAN community recognizes and actively promotes the rights of woman and children as a fundamental principle</li> <li>▪ The young generation is recognized by ASEAN as the future of the integrated community</li> </ul>   | <ul style="list-style-type: none"> <li>▪ There is diversity of population residence in this region such as ethnicity, religion, culture, tradition, educational levels and socioeconomic status, including geographical difference that may affect the effective communication platforms</li> <li>▪ Diversity of ASEAN community may be challenges in access to healthcare services, especially immunization programme</li> <li>▪ Lack of understanding, perception and awareness of ASEAN community and its commitment to specific groups of population</li> </ul> | <ul style="list-style-type: none"> <li>▪ Leverage educational levels and health literacy of woman and children for relatively increasing better health outcomes and well-being of the ASEAN community</li> <li>▪ Create knowledge of social welfare and protection under the ASEAN Socio-Cultural Community (ASCC) blueprint</li> <li>▪ Communicate with community and general population, particularly those of woman and children to pay intensive attention on the important and value of vaccination (its benefit outweighs the risks)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Online communication/ podcasting website</li> <li>▪ Other media e.g., website, blog, newsletter, line, email list, etc.</li> </ul>  |

**Remarks:** The example of perceived benefits, perceived disadvantages, actions and messages, including example of communication and coordination platforms are very broadly that may overlap or share with other audiences.



## STRATEGY

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In order to communicate effectively, the overarching message of ASEAN as “**A Healthy Community through Access of Assured Quality Vaccines**” needs to be communicated more consistently, more frequently, with more people. However, communication and coordination strategies may differ from country to country depending upon specific contexts and the presence of cutting-edge technology. Importantly, successful implementation of this action plan needs to take into account the local languages and coexisting platforms of traditional communication and coordination that available in each community and also country. With multiple languages used within ASEAN countries, consideration in developing communications must be taken according to local languages for improving better outcomes of message delivery.

With the need to communicate the regional initiatives on ASEAN Vaccine Security and Self-Reliance (AVSSR) to various audiences, stakeholders and other relevant partners both inside and outside ASEAN countries; established good systems of planning, manipulation, monitoring and evaluation are required to ensure all communication and coordination activities have been proceeding as planned and the ultimate goal will be later achieved finally within a-5 year plan (2016-2020). At the same time, it also guarantees all key players will take their roles and responsibilities in fostering the implementation of initiatives as committed.

The CCAP underlines the consistency of delivered messages, improved and expanded utilization both traditional and new social or digital media, more people trained to be mouthpieces for each ASEAN country and at the AVSSR Secretariat level. The CCAP also underlines the interplay with any kind of media and a series of communication and coordination activities linked by announcing opportunities and community events/campaigns to help raise understanding, perception and awareness of the ASEAN Vaccine Security and Self-Reliance Initiatives, including value of vaccination. As well as the third party mouthpieces are also important for the programme, to give their supportive voices and convey messages to wider population and other related organizations.

To support these initiatives, a five-year Communication and Coordination Action Plan (CCAP) has been developed in accordance with the ASEAN Communication Master Plan (ACMP) that linked together with planed initiatives at the ASEAN Secretariat level and within ASEAN Member States (AMS), and also provides continuity of purpose in supporting “**A Healthy ASEAN Community through Access of Assured Quality Vaccines**”. Nevertheless, the success of these initiatives won't be longer happened without good cooperation and partnership from every part of individual, community, society and country. Additionally, there is a need to seek collaboration with other AMS as a contributing country to propel this initiative by sharing their resources and endeavor e.g., know-how and technology transfer, information and human resources exchange, pooled procurement, mutual fund for regional stockpile, etc.

Communication and coordination activities underneath the CCAP have been set up and demonstrated the connectivity between all three pillars of ASEAN Community-ASEAN Political Security Community (APSC), ASEAN Economic Community (AEC) and ASEAN Socio-Cultural Community (ASCC). The variation of the CCAP's strategies is dependent upon individual generalization in each AMS, by using the existing and appropriate resources, platforms, channels and languages for effective communication, particularly among rural/remote audiences.

The most common communication platforms identified by the Internet World Statistics and the survey findings carried out by the ASEAN Secretariat Office are television, radio, newspaper, magazine, internet and e-mail <sup>[1]</sup>. These platforms proved to be more preferable in each AMS and additional use of performances, drama and quizzes are often helpful in rural/remote areas. It is also important to note that several AMS already use all of these platforms as well as online media (Line, Twister, etc.) and mobile, depending on the target audiences they want to approach. This trend growing dramatically as a main source of information for global audiences and ASEAN needs to be able to communicate effectively on ASEAN Vaccine Security and Self-Reliance both ASEAN Community and globally, using these platforms.

Despite it is anticipated that the growing usage of internet will be increased continually during the next five years period of the CCAP. This platform is also taken into account as an important medium of message delivery. On the other hand, television, radio and newspaper advertisement including newsletter remain an optional platform for delivery of messages owing to its ability to access the mass. Last but not least, appropriate and effective use of communication and coordination platforms will be helpful in addressing audiences with negative views of ASEAN Vaccine Security and Self-Reliance, closing the perception gaps and then turning their mind to support this initiative as a regional commitment.

## CCAP PRIORITIES

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At the implementation level, communication and coordination platforms aim to penetrate a wide array of audiences with integrated activities tailored to each audience and Community Pillars.

Progress on the CCAP is ongoing developed with a plenty number of communication and coordination platforms built for the mass and brought all three ASEAN Community Pillars together. These include 1) submission of the AVSSR Work Plan towards the 13<sup>th</sup> ASEAN Health Ministers Meeting (AHMM) for official endorsement in 2017 and to be later included as a part of the ASEAN-Post 2015 Health Development Agenda for region-wide implementation, 2) formal establishment of ASEAN Vaccine Security and Self-Reliance Focal Points(AVSSR-FPs) to facilitate, give policy directions and take their roles and responsibilities on the AVSSR Work Plan and the CCAP, 3) creation of both formal and informal communication and coordination platforms as indicated in messages session, to support connectivity among ASEAN countries upon regional vaccine security and self-reliance, and 4) appointment of responsible persons/organizations for each activity, including a technical team for monitoring and evaluation (M&E). Described in-depth details of four main activities are as follows. Other activities include updating sources and materials of internet/website, including listening programmes on social media uninterruptedly.

With the realization of the AVSSR, there is a need for more extensive and ongoing communication about its benefits within ASEAN countries, as well as to global audiences. In order to reach this expectation, it requires more integration of communication and coordination activities across three community pillars, different audiences, platforms and functions. And a series of communication activities are therefore set up to be initiated over the next 5 years since 2016-2020 to aid this integration. AVSSR will also require support, participation, engagement and funding from each ASEAN country for optimum implementation and effectiveness.

### *1. ASEAN Vaccine Security and Self-Reliance (AVSSR) Initiatives*

#### *Description:*

With elapsed time, meeting materials of two consecutive workshops (Phuket and Bangkok Follow-Up Workshops) have already been submitted to high level of policy makers on ASEAN health forum as follows 1) the 9<sup>th</sup> ASEAN Expert Group on Communicable Diseases (AEGCD) meeting, 2) the 10<sup>th</sup> AEGCD meeting, and 3) the 10<sup>th</sup> Senior Officials Meeting on Health Development (SOMHD). However, a great change of ASEAN administrative structure has occurred after 2015 with substitution of former ASEAN mechanisms by a new four cluster - 1) promoting healthy lifestyle, 2) responding to all hazards and emerging threats, 3) strengthening health systems and access to care and 4) ensuring food safety, respectively. Thus, outputs from both workshops with a required AVSSR Work Plan were re-proposed again

at the 1<sup>st</sup> Meeting of the Health Cluster III: Strengthening Health Systems and Access to Care and the latest 11<sup>th</sup> SOMHD meeting as specific vaccine-related issue was classified in this cluster. Extensive attention has been paid for the outputs of both workshops by the indicated ASEAN forum participants, resulting in mutual agreement and acknowledgement on it. The suggestion of raising this AVSSR Initiatives up to the 13<sup>th</sup> ASEAN Health Ministers Meeting (AHMM) in 2017 was thereby made for official endorsement and then to be included as a part of the ASEAN-Post 2015 Health Development Agenda for region-wide implementation.

*Output:*

The regional initiatives of AVSSR has been introduced formally into the ASEAN-Post 2015 Health Development Agenda and well recognized among every segment in ASEAN countries and worldwide.

*Outcome:*

AVSSR Initiatives and all relevant activities have been brought to concrete implementation at any level of national and region-wide, to guarantee an adequate supply of essential vaccines for use both normal and emergency situations. Currently, secured vaccine supply is already proved to be an influential factor against prevention and control of VPDs, including other emerging/re-emerging infectious diseases represented by the reduction of morbidity and mortality rates. Additionally, other indirect impacts of the AVSSR are of increased average lifespan, healthy society and well-being.

*2. ASEAN Vaccine Security and Self-Reliance Focal Points (AVSSR-FPs) and AVSSR Secretariat Formations*

*Description:*

Regarding the recommendation derived from the Bangkok Follow-Up Workshop in establishing a subsidiary body as ASEAN Vaccine Security and Self-Reliance Focal Points (AVSSR-FPs) for taking their roles and responsibilities on this initiative. So that, there is necessary to find out eligible persons from 10 ASEAN countries, both inside and outside a particular area of vaccine life cycle, who should be appointed as one of the entire working group. This working group will play major roles and responsibilities in generating policy, direction and making decision on significant issues, and then cascading to the AVSSR Secretariat for further planning and implementation. In the future after great changes in ASEAN mechanism, this working group may become an integral component in cluster III (strengthening health systems and access to care), health priority issue XVII (pharmaceutical development) as a new ASEAN mechanism has already been established.

*Output:*

A one set of ASEAN Vaccine Security and Self-Reliance Focal Points (AVSSR-FPs) was officially appointed to manipulate and facilitate the AVSSR Initiatives in appropriate ways. This working group will compose of multidisciplinary professionals from different areas of vaccine

life cycle, policy makers, including other relevant organizations or partners both inside and outside the interested area.

#### *Outcome:*

All target activities achievement of AVSSR Initiatives was politically driven and facilitated by the appointed AVSSR-FPs. The ultimate goal of this initiative points out the constitution of security and self-reliance on vaccine both in national and regional levels using mixed efficacious measurements as mentioned previously. By the roles and responsibilities of the AVSSR-FPs, the AVSSR Secretariat was subsequently established for operationalize, tackling and translating this policy initiative to wider implementation among ASEAN countries.

### *3. Communication and Coordination Activities Integration*

#### *Description:*

Communication and coordination, a one-fourth of the Phuket workshop's output is generally considered as foundation of starting collaboration development among ASEAN countries on regional vaccine security and self-reliance. With regard to the survey findings conducted by the ASEAN Secretariat revealed that traditional media like television and radio are most preferable communication channels throughout the ASEAN countries, especially in semi-rural and remote areas of the countries. As well as a couple of newspaper and magazine is also favorable. However, in the preliminary phase of the AVSSR, these communication channels might be inapplicable, owing to budget constraints and lack of an official body to run the AVSSR. Hence, an initiative to develop newsletters, publications, mobile devices, websites, online communications, social media, etc. might be an optional for the initial phase of implementation. It is important to note that the extended use of other communication and coordination platforms proposed in the message session may be taken into consideration again after the official body of AVSSR-FPs was established.

ASEAN countries involvement in all the AVSSR communication and coordination initiatives is more important for ensuring its success. The CCAP strongly support the development of local AMS communication and coordination channels in parallel with those of central media created by AVSSR Secretariat in supporting the overarching message of **“A Healthy ASEAN Community through Access of Assured Quality Vaccines”**. It is anticipated that each AMS in formulating their communication and coordination strategies will include guiding principles to foster fairness, transparency and consistency.

#### *Output:*

A preferable communication and coordination channels through both traditional and modernized mass media across ASEAN countries e.g., newsletters, publications, mobile devices, websites, online communications and social media (e.g., Facebook, Twitter, Youtube, etc.) are available for increasing access main resources and also providing better understanding, perception and

awareness on the ASEAN Vaccine Security and Self-Reliance using appropriate contents and languages based upon specific requirement and specific audience of each ASEAN country.

*Outcome:*

Appropriate and effective utilization of communication and coordination channels will increase better understanding and collaboration among ASEAN countries and globally on the initiatives of AVSSR. Moreover, these channels also addressing audiences/stakeholders with negative views of AVSSR, closing the perception gaps and then turning their mind to support and engage with this initiative as a regional commitment, that will lead to the successful implementation of the AVSSR in the near future.

*4. Monitoring and evaluation committee appointment*

*Description*

It is anticipated that after the CCAP was officially approved and launched for wider implementation within ASEAN countries, there is a really need to form some technical body for particular purpose in monitoring and evaluation of communication and coordination activities as indicated in the CCAP. Ideally, the composition of this technical body should be an expert or have more experience in the field of communication and coordination, who coming from different areas of vaccine life cycle, NGOs and people sector.

*Output:*

A one set of monitoring and evaluation committee which consists of multisectoral partners encompassing vaccine-related issues and externally, within ASEAN countries was established to take their roles and responsibilities on communication and coordination activities assessment, including giving their valued suggestions for improving implementation. Additionally, key responsible persons or organizations were also assigned to tackle with each specific communication and coordination activities.

*Outcome:*

All communication and coordination activities were closely monitored and evaluated by the M&E committee to ensure its successful implementations and achievements as indicated in the CCAP.

## TIMEFRAME

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At this stage, The CCAP's timeframe can be broadly drawn and adjusted appropriately over the time period of the CCAP deployment. This timeframe also highlights the communication and coordination priority covering four main activities i.e., 1) submission of the AVSSR Work Plan towards the 13<sup>th</sup> ASEAN Health Ministers Meeting (AHMM) for official endorsement in 2017, 2) formal establishment of ASEAN Vaccine Security and Self-Reliance Focal Points (AVSSR-FPs), 3) creation of both formal and informal communication and coordination platforms and 4) appointment of the monitoring and evaluation committee, including responsible persons/organizations for each CCAP activity as described in the CCAP priorities.

With reference to a 5 year plan of the CCAP (2016-2020), this time period can be divided into 3 phases according to activities development plan i.e., phase I starting from 2016-2017, phase II from 2017-2019 and phase III from 2019-2020, as illustrated in Table 2. However, a first priority at the outset is to create the ASEAN Vaccine Security and Self-Reliance Website (AVSSRW) with comprehensive contents reflecting outputs of the couple workshops, vision of the CCAP, significant of developing collaboration for regional vaccine security and self-reliance, etc. At the end, this website will become a crucial neutral medium in communicating, sharing and bridging all parts of vaccine-associated organizations in ASEAN and global toward an achievable goal of vaccine security and self-reliance together.

Table 2 Communication and coordination activities timeframe

| Communication and coordination initiatives   | AVSSR phase I (2016-2017)  | AVSSR phase II (2017-2019)  | AVSSR phase III (2019-2020)   | Responsible persons/organizations         |
|--|--|---|---|---|
| 1. Submit the AVSSR Work Plan towards the 13 <sup>th</sup> ASEAN Health Ministers Meeting (AHMM) | <ul style="list-style-type: none"> <li>▪ prepare the AVSSR Work Plan as recommended by the 1<sup>st</sup> Health Meeting of Cluster 3: strengthening health systems and access to care</li> <li>▪ Submit the AVSSR Work Plan to the 13<sup>th</sup> AHMM for official endorsement</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Initiate programmes through the ASEAN-Post 2015 Health Development Agenda</li> </ul>   | <ul style="list-style-type: none"> <li>▪ Initiate programmes through the ASEAN-Post 2015 Health Development Agenda</li> </ul> | NVI                                       |
| 2. Establish the ASEAN Vaccine Security and Self-Reliance Focal Points (AVSSR-FPs)               | <ul style="list-style-type: none"> <li>▪ Identify ASEAN country Focal Points (FP) or request for nomination</li> <li>▪ Make personal connection with country FPs or nomination</li> <li>▪ Define objectives, roles and responsibilities of the AVSSR-FPs</li> <li>▪ Draft an official appointment letter</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Officially appoint the AVSSR-FPs</li> <li>▪ Create the 1<sup>st</sup> meeting of the AVSSR-FPs</li> <li>▪ Develop meeting minutes, full report and distribute to all ASEAN member countries, including other relevant partners or organizations</li> </ul> | <ul style="list-style-type: none"> <li>▪ Develop intersession activities</li> </ul>   | NVI, AVSSR-FPs and ASEAN member countries |
| 3. Build communication and coordination platforms  | <ul style="list-style-type: none"> <li>▪ Develop and design template for the ASEAN Vaccine Security and Self-Reliance Website (AVSSRW)</li> <li>▪ Define the scope of core contents in disclosing on the website</li> <li>▪ Distribute template and all relevant documents to ASEAN member countries for giving their observations and comments</li> <li>▪ Officially announce and launch the AVSSRW through social media</li> </ul> | <ul style="list-style-type: none"> <li>▪ Develop the rest of communication and coordination platforms as much as possible to gain effective communication among ASEAN countries</li> </ul>  | <ul style="list-style-type: none"> <li>▪ Evaluate acceptability from both ASEAN and global users</li> </ul>                   | NVI, MEC and ASEAN member countries       |



| Communication and coordination initiatives                 | AVSSR phase I (2016-2017)  | AVSSR phase II (2017-2019)   | AVSSR phase III (2019-2020)   | Responsible persons/organizations   |
|--|--|--|---|-------------------------------------|
| 4. Establish the Monitoring and Evaluation Committee (MEC) | <ul style="list-style-type: none"> <li>▪ Identify ASEAN experts on communication and coordination</li> <li>▪ Make personal connection with country FPs and nomination</li> <li>▪ Define objectives, roles and responsibilities of the MEC</li> <li>▪ Draft an official appointment letter</li> </ul> | <ul style="list-style-type: none"> <li>▪ Officially appoint the MEC</li> <li>▪ Create the 1st meeting of the MEC</li> <li>▪ Develop meeting minutes, full report and distribute to all ASEAN member countries, including other relevant partners or organizations</li> </ul> | <ul style="list-style-type: none"> <li>▪ Implement M&amp;E processes for the first phase of the AVSSR</li> <li>▪ Develop M&amp;E summary report and distribute to all ASEAN member countries, including other relevant partners or organizations</li> </ul> | NVI, MEC and ASEAN member countries |

## MONITORING AND EVALUATION

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The CCAP programmes require continual monitoring and assessment throughout a five-year plan of implementation by the ASEAN Vaccine Security and Self-Reliance Focal Points (AVSSR-FPs), including official representatives of each AMS to ascertain that whether every programme achievement resulting from effective use of communicating platforms and messages. Moreover, all consequences or impacts given by the programmes need to be assessed transparently by the AVSSR-FPs and third party.

Measurable criteria/indicators in terms of quantity and quality should be set up for evaluation process. Nevertheless, understandable or simple indicators may need to be taken into account in corresponding to general population's perspectives. An appropriate Technical Working Group (TWG) as the Monitoring and Evaluation Committee (MEC) underneath communication and coordination activities should also be appointed to take responsible actions on monitoring and evaluation of the CCAP. As well as a timeframe for M&E should be defined clearly before, in-between and after implementation of the CCAP at the beginning. Importantly, in order to increase participation among relevant partners during the process of evaluation, effective use of participatory assessment technique could be applied for this purpose.

This M&E process not emphasizes only on any possible shortcoming but also highlights success and achievements of the CCAP. The composition of measurement is an integral part of the CCAP, to build an archive of both short- and long-term goal achievements against each target activities that will track success and demonstrate **“A Healthy Community through Access of Assured Quality Vaccines”** in action.

## ANNEXES

**Annex I:** A draft of communication and coordination action plan from Bangkok Follow-up Workshop 2015 by five group works

| VISION  |   |  |  |   |
|---|---|--|--|---|
| GROUP 1   | GROUP 2   | GROUP 3  | GROUP 4  | GROUP 5   |
| Adequate high quality vaccine at affordable price within ASEAN. | A healthy ASEAN community through access of uninterrupted, sustainable, affordable and quality supply of vaccines | Community of vaccine security with self-reliance, all time supply, quality and affordable vaccines.  | All AMS have equal opportunity to access adequate affordable vaccines of assured quality in 5 year (2016-2020) | Effective communication within regional and extra regional stakeholders to share the resources/knowledge of expertise for the regional vaccine security |
|   |   | <ul style="list-style-type: none"> <li>- To strengthen cooperation between ASEAN countries in vaccine R&amp;D</li> <li>Community of vaccine security</li> <li>- ASEAN understands &amp; takes part on the activity that is necessary for vaccine security</li> </ul> |  |   |

| AUDIENCES  |   |  |  |   |
|--|---|--|--|---|
| GROUP 1  | GROUP 2   | GROUP 3  | GROUP 4  | GROUP 5   |
| 1. Manufacturers<br>2. Regulators<br>3. Vaccine Users<br>4. Procurement Agencies<br>5. Policy maker/ CDC<br>6. International organization e.g. WHO/ Unicef/ GAVI<br>7. Civil society | Internal<br>1. Ministry of Public Health<br>2. Policy marker<br><br>External<br>1. Manufacturer   | 1) Population /community<br>2) Producer/researcher<br>3) Authority | 1) Policy Makers<br>2) Manufacturers<br>3) Regulators<br>4) Academia<br>5) Communities | 1) Governmental organization, MOH, NVI, etc.<br>2) NGO<br>3) Manufacturer<br>4) International organization<br>5) Donors<br>6) Communities/media |
|  | Internal<br>1. Ministry of Finance<br>2. Ministry of Public Health<br>- CDC<br>- Public Health<br>- Procurement system<br>- Regulators<br>3. Policy marker<br>4. R&D<br>5. NRA alliances<br>External<br>1. General public<br>2. NGO<br>3. Manufacturers<br>4. Media<br>6. Foundation- Gates<br>7. Donors- GAVI<br>8. International communities e.g. UNICEF, WHO |  |  |   |

| MESSAGES   |   |   |   |   |
|--|---|---|---|---|
| GROUP 1  | GROUP 2   | GROUP 3   | GROUP 4   | GROUP 5   |
| <p><b>Affordable price</b><br/>- commitment at policy level<br/>- accurate forecasting</p> <p><b>Transparency information</b> among ASEAN countries about vaccine demand, vaccine specification and vaccine pricing.</p> | <p><b>Ministry of Public Health</b><br/>- The vaccine security will be the key success to control VPD.<br/>- Sufficient budget for procurement of vaccine will ensure continue supply.</p> <p><b>Policy marker</b><br/>- To agree and support the initiative of vaccine security (R&amp;D, production, pooled procurement, price sharing)</p> <p><b>Manufacturer</b><br/>- collaborate and cooperate with ANS for better supply and demand forecasting, knowledge sharing, technology transfer.</p> | <ul style="list-style-type: none"> <li>- Self – reliance on vaccine</li> <li>- Vaccine procurement</li> <li>- Benefit of development together.</li> </ul> | <p><b>Policy makers</b><br/>- value of vaccination<br/>- advantage of self-reliance in production of vaccine specific for region needs</p> <p><b>Manufacturers</b><br/>- accurate forecasting of vaccine demands for AMS (type of vaccine and estimated volume)</p> <p><b>Regulators</b><br/>- ASEAN harmonization<br/>- Information sharing<br/>- work sharing<br/>- system to recognize the other regulator decision</p> <p><b>Academia</b><br/>- Vaccine research and development of regional needs<br/>- regulatory requirements, mechanisms collaboration<br/>- information sharing among academia</p> <p><b>Communities</b><br/>- value of vaccination in the levels of individual, community, national, regional</p> | <ul style="list-style-type: none"> <li>- Value of vaccine</li> <li>- Value of networking</li> <li>- Vaccine information detail</li> <li>- Disease burden (Vaccine Preventable Disease)</li> <li>- Factual knowledge of procuring, producing, etc.</li> <li>- Role and responsibility</li> </ul> |

| STRATEGY   |  |   |  |   |
|--|--|---|--|---|
| GROUP 1  | GROUP 2  | GROUP 3   | GROUP 4  | GROUP 5   |
| <ul style="list-style-type: none"> <li>- Define information needed to manufacturers.</li> <li>- Communicate about demand forecast and feasibility for pool procurement.</li> <li>- Vaccine supplier monitoring.</li> </ul> | <p><b>Ministry of Public Health</b></p> <ul style="list-style-type: none"> <li>- Report action plan and strategy to country MoH and then to AHMM</li> <li>- Established networking through               <ol style="list-style-type: none"> <li>1) identify focal point</li> <li>2) create communication platform (email list, website, line, blog, government forum)</li> </ol> </li> </ul> <p><b>Policy marker</b></p> <ul style="list-style-type: none"> <li>- Official communication</li> <li>- Invitation to relevant meeting (AHMM)</li> </ul> <p><b>Manufacturer</b></p> <ul style="list-style-type: none"> <li>- Regional meeting, direct contact</li> <li>- DCVMN meeting, sector specific symposiums</li> <li>- Share reports and key information with manufacturers</li> <li>- MOU</li> </ul> | <ul style="list-style-type: none"> <li>- Conference</li> <li>- Internet</li> <li>- media</li> </ul> | <p><b>Policy makers</b></p> <ul style="list-style-type: none"> <li>- Communicate in SOMHD and other relevant ASEAN meetings , WHO meeting (WHA)</li> <li>- ASEAN Agenda</li> </ul> <p><b>Manufacturers</b></p> <ul style="list-style-type: none"> <li>- Face to face meeting</li> <li>- Advocate in relevant international meeting</li> <li>- Involvement of ASEAN manufacturer's representatives in the meeting</li> </ul> <p><b>Regulators</b></p> <p>Through existing network</p> <ol style="list-style-type: none"> <li>1. Technical Working Group on biological under ACCSQ – PPWG</li> <li>2. NCL network</li> </ol> <p><b>Academia</b></p> <ul style="list-style-type: none"> <li>- Through the existing network</li> <li>- Define interested partners</li> </ul> <p><b>Communities</b></p> <ul style="list-style-type: none"> <li>- Appropriate media</li> <li>- Seminar / Meeting</li> <li>- Website</li> </ul> | <ul style="list-style-type: none"> <li>- Use the existing network communication platform</li> <li>- Use the ASEAN summit platform to communicate with the higher level</li> <li>- Use the international organization focus on vaccine e.g. UNICEF, GAVI, IVI, WHO, ITAG</li> <li>- Establish the operational level line of communication</li> <li>Use social media</li> </ul> |

| <b>PRIORITIES</b>   |  |                |                |   |
|---|--|----------------|----------------|---|
| <b>GROUP 1</b>  | <b>GROUP 2</b>   | <b>GROUP 3</b> | <b>GROUP 4</b> | <b>GROUP 5</b>  |
| <ul style="list-style-type: none"> <li>- Annual DCVMN meeting in October 2015</li> <li>- Set up official working group for communication about vaccine security in ASEAN</li> </ul> | <ol style="list-style-type: none"> <li>1. Established networking through               <ul style="list-style-type: none"> <li>- identify focal point</li> <li>- create communication platform (email list, website, line, blog, government forum)</li> </ul> </li> <li>2. DCVMN meeting, sector specific symposiums</li> <li>3. Report action plan and strategy to country MoH and then to AHMM</li> <li>4. Share reports and key information with manufacturers</li> <li>5. Official communication</li> </ol> |                |                | <ul style="list-style-type: none"> <li>- Pool Procurement</li> <li>- Joint research</li> <li>- Manufacturing plan</li> <li>- SOMHD then once a year (September 2015)</li> <li>- ASEAN summit once a year (November 2015)</li> <li>- ASEAN Health Minister meeting 1 time/2 years (Mid 2016 in Brunei)</li> <li>- AEGCD (ASEAN Expert - Group for Communicable Disease) 2-3 times/year</li> <li>- Media press release (international media)</li> </ul> |

| TIMEFRAME  |   |         |                               |   |
|--|---|---------|-------------------------------|---|
| GROUP 1  | GROUP 2   | GROUP 3 | GROUP 4                       | GROUP 5   |
| <p>- Annual general meeting of DCVMN.</p> <p>- Establish official working group with TOR and activity plans in 2016 first quarter.</p> | <p>1. Established networking<br/><i>Currently happening to mid 2016</i></p> <p>2. DVCM meeting, sector specific symposiums<br/><i>Oct, 2015</i></p> <p>3. Report action plan and strategy to country MoH and then to AHMM<br/><i>2016</i></p> <p>4. Share reports and key information with manufacture<br/><i>After AHMM</i></p> <p>5. Official communication<br/><i>Early 2017</i></p> |         | <p>in 5 years (2016-2020)</p> | <p>- SOMHD then once a year (September 2015)</p> <p>- ASEAN summit once a year (November 2015)</p> <p>- ASEAN Health Minister meeting 1 time/2 years (Mid 2016 in Brunei)</p> <p>- AEGCD (ASEAN Expert Group for Communicable Disease) 2-3 times/year</p> |



| MONITORING & EVALUATION |  |         |         |  |
|-------------------------|--|---------|---------|--|
| GROUP 1                 | GROUP 2  | GROUP 3 | GROUP 4 | GROUP 5  |
|                         | <ul style="list-style-type: none"> <li>- Regional assessment of progress and achievement (surveys)</li> <li>- All MOH commit and support to vaccine security and participate to meetings.</li> <li>- Endorsement from AHMM</li> <li>- Manufacturers agree and commit to work collaboratively with countries on supply/ demand issues.</li> </ul> |         |         | <ul style="list-style-type: none"> <li>- Awareness of the importance of vaccine by the stakeholders, particularly the policy makers</li> <li>- Internal and regional assessment</li> </ul> |

**Annex II:** A summary of five group works on the communication and coordination action plan

**Vision:** A healthy ASEAN community through access of assured quality vaccines (2016-2020)

| AUDIENCES                  | Messages   | Strategy   |
|----------------------------|--|--|
| 1) Policy Makers           | <ul style="list-style-type: none"> <li>-value of vaccination</li> <li>- advantage of self-reliance in production of vaccine specific for region needs</li> <li>-Benefit of ASEAN collaboration on Vaccine R&amp;D, information sharing,.....</li> <li>Value of networking</li> </ul>                         | <ul style="list-style-type: none"> <li>- Official communications: White paper/Executive summary report/ Advocacy in ASEAN SOMHD meeting &amp; ASEAN Summit</li> <li>- Use the international organization focus on vaccine e.g. UNICEF, GAVI, IVI, WHO, ITAG</li> </ul>   |
| 2) Government Institutions | <ul style="list-style-type: none"> <li>-value of vaccination</li> <li>- action plan and strategy</li> <li>- Vaccine information detail</li> <li>- Disease burden (Vaccine - Preventable Disease)</li> <li>- Factual knowledge of procuring, producing, etc.</li> <li>- Role and responsibility???</li> </ul> | <ul style="list-style-type: none"> <li>-Executive summary report of the meeting</li> <li>-Established networking through               <ol style="list-style-type: none"> <li>1) identify focal point</li> <li>2) create communication platform (email list, website, line, blog, government forum)</li> </ol> </li> <li>- Use the international organization focus on vaccine e.g. ASEAN, UNICEF, GAVI, IVI, WHO, ITAG</li> </ul> |
| 3) Manufacturers           | <ul style="list-style-type: none"> <li>- Transparency information among ASEAN countries about vaccine demand, vaccine specification and vaccine pricing.</li> <li>- feasibility for pool procurement / technology transfer</li> </ul>  | <ul style="list-style-type: none"> <li>- collaborate and cooperate with AMS for better supply and demand forecasting, knowledge sharing, technology transfer</li> <li>- Face to face meeting</li> <li>- Advocate in relevant international</li> </ul>  |

|                                |  |   |
|--------------------------------|--|---|
|                                |  | <p>meeting</p> <ul style="list-style-type: none"> <li>- Involvement of ASEAN manufacturer's representatives in the meeting</li> <li>-Information sharing : base line data / data base of vaccine procurement including doses &amp; price</li> </ul> |
| 3) Regulators                  | <ul style="list-style-type: none"> <li>-ASEAN harmonization on regulatory procedure &amp; requirements</li> <li>- Information sharing</li> <li>- work sharing</li> <li>- system to recognize the other regulator decision</li> </ul> | <p>Communicate through existing network such as</p> <ol style="list-style-type: none"> <li>1. Technical Working Group on biological under ACCSQ – PPWG;</li> <li>2. NCL/NRA networks</li> </ol>   |
| 4) Academia                    | <ul style="list-style-type: none"> <li>- Vaccine research and development for regional needs</li> <li>- regulatory requirements</li> <li>- collaboration mechanisms</li> <li>- information sharing among academia</li> </ul>         | <ul style="list-style-type: none"> <li>-Through the existing networks&amp; Seminars</li> <li>- Define interested partners</li> </ul>  |
| 5) Communities/Media           | <p>value of vaccination in the levels of individual, community, national, regional benefit</p>   | <ul style="list-style-type: none"> <li>-Appropriate media</li> <li>- Seminar/Meeting</li> <li>- Website</li> </ul>  |
| 6) NGO                         |  |   |
| 7) International Organizations |  |   |

## **Priorities**

1. Set up official working group for communication about vaccine security in ASEAN
2. Established networking through
  - identify focal point
  - create communication platform (email list, website, line, blog, government forum)
3. Advocate in DCVMN meeting, sector specific symposiums
4. Establish the base line data for ASEAN vaccine procurement + price
5. Official communication
  - report of action plan and strategy to country MoH and then to AHMM
  - report to SOMHD then once a year (September 2015)
  - report to ASEAN summit once a year (November 2015)
  - report to ASEAN Health Minister meeting 1 time/2 years (Mid 2016 in Brunei)
  - report to AEGCD (ASEAN Expert - Group for Communicable Disease) 2-3 times/year

**Annex III:** Questionnaire survey for the first meeting on Workshop among ASEAN Countries on Opportunities for Regional Vaccine Security”, 1-3 October 2014 in Phuket, Thailand

## **Questionnaire for the “Workshop among ASEAN Member States to collaborate to the Regional Vaccine Security”**

### **Introduction:**

In the present, several countries in ASEAN are facing a problem of unsecured vaccine supply for using both of national immunization programme and/or epidemic situation caused by infectious diseases. These leads to increase concern about vaccine security and the need to sustain vaccine supply within the country or the region. For this reason, Thailand which is one of ASEAN member states intensively efforts to seek an opportunity for partnering ASEAN countries. Recently, in cooperation with WHO representative, Thailand, we will be host of the workshop entitled “Workshop among ASEAN Member States to collaborate to the regional Vaccine Security”. This workshop aims to promote cooperation among ASEAN countries to improve vaccine security in the region and plans to be held on August 2014 in southern of Thailand.

To achieve the meeting, your kind support is a precious thing for us. Primarily, we would like you or other key informants who work closely with 4 areas of vaccine fill up this questionnaire. The results will be useful as basic information on the situation and/or capacity of each country on vaccine development and immunization.

Outcome of this workshop will be contained for consideration of the 9<sup>th</sup> AEGCD in Thailand and later elevated for Senior Officials Meeting on Health Development (SOMHD) next year. Finally, the implementation regarding the workshop may be endorsed by ASEAN Health Ministerial Meeting (AHMM) on following year.

### **General instructions to complete questionnaire:**

1. This questionnaire covers 4 designate areas of 4 vaccine life cycle (research and development (R&D), production, national regulatory authority (NRA), and national immunization programme)
2. Please marks “√” into the blanked box as your desired and fills comment on the dot line.
3. Wherever it is more convenient for you to provide supporting information in separate documents, please feel free to do so.
4. The questionnaire is also available online for you to complete at <http://www.nvco.go.th/Download/q01.doc> We accepted your survey response both online (via email) and on paper (physically mailed or faxed) as shown below

5. All information gathered in this form will be kept strictly confidential and will only be used for designing the content of this workshop. However, filled data might be declared or published after receiving permission from owners for highest benefit of the meeting.

**Specific instructions for Ministry of Health**

1. Please fill in the questionnaire in part 1, part 2 and part 3.
2. If you cannot fill in this questionnaire completely, we kindly ask you to distribute the questionnaire (by copying) to other institutions, stakeholders and experts that might be able to contribute to all or to some of the questions.
3. Please collect questionnaires (included copy) and returns it back to the Thailand WHO representative office before the date of the 15<sup>th</sup> June 2014

**Specific instructions for other organizations**

1. Please fill in the questionnaire in part 1, part 2, and part 4 completely
2. For part 3, please fill in the part that you are involved in your work
3. Please returns it back to your Ministry of Health before the date of the 30<sup>th</sup> May 2014

**Remark:** current postal address of Thailand WHO representative office: **World Health Organization, Country Office for Thailand 4<sup>th</sup> Fl., Permanent Secretary Bldg. 3, Ministry of Public Health, Nonthaburi 11000**

**E-mail address:** [registrywhothai@searo.who.int](mailto:registrywhothai@searo.who.int)

**Tel:** (+662) 591-8198 and (+662) 590-1524



Others, please specify.....

3. From question number 2, please put selected capability areas in order in the table below. (More than one area can be in each level)

| Levels of Capability | 1<br>(very low) | 2<br>(low) | 3<br>(medium) | 4<br>(high) | 5<br>(very high) |
|----------------------|-----------------|------------|---------------|-------------|------------------|
| Areas                |                 |            |               |             |                  |

4. In your opinion, ASEAN member countries play an important role in addressing vaccine security in the region.

Strongly agree                       Agree                       Neither agree/disagree

Disagree                       Strongly disagree

Comments.....  
.....  
.....

If agree or strongly agree, in your opinion, which area of vaccine R&D, Production, National Regulatory Authority, or Immunization should be collaborated among ASEAN countries?

R&D                                       Production

National Regulatory Authority                       Immunization

Others, please specify.....  
.....

5. Does your organization/country have collaboration on R&D, Production, National Regulatory Authority, or Immunization among or outside ASEAN countries?

Yes                                       No

If yes, please check (✓) in the boxes below to identify areas of existing collaboration



R&D

Production

National Regulatory Authority

Immunization

Others, please specify.....

**Part 3: Specific Questions**

**3.1 Vaccine Research and Development**

3.1.1 What vaccines are currently under research in your organization/country?

| Name of Organization | Name of Vaccine under Research |                |                |          |           |          |
|----------------------|--------------------------------|----------------|----------------|----------|-----------|----------|
|                      | Laboratory Study               | Animal Testing | Clinical Study |          |           |          |
|                      |                                |                | Phase I        | Phase II | Phase III | Phase IV |
|                      |                                |                |                |          |           |          |
|                      |                                |                |                |          |           |          |
|                      |                                |                |                |          |           |          |
|                      |                                |                |                |          |           |          |
|                      |                                |                |                |          |           |          |

3.1.2 What are the current challenges to vaccine R&D in your organization/country?

Please specify .....

.....

3.1.3 Please suggest potential collaboration in vaccine R&D among ASEAN countries. ....

.....

3.1.4 Other suggestions .....

.....

.....

**3.2 Vaccine Production**

3.2.1 What vaccines are currently produced in your organization/country?

| Name of Manufacturers | Vaccine Produced                       |                       |
|-----------------------|--|-----------------------|
|                       | Upstream through Downstream Production | Downstream Production |
|                       |  |                       |
|                       |  |                       |
|                       |  |                       |
|                       |  |                       |
|                       |  |                       |
|                       |  |                       |
|                       |  |                       |
|                       |  |                       |
|                       |  |                       |

3.2.2 What are the current challenges to manufacture vaccine in your organization/country?

Please specify .....

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3.2.3 To be secured in vaccine supply, should member countries collaborate in vaccine production for ASEAN self-reliance?

Yes  No

If yes, please suggest how to collaborate .....

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3.2.4 Other suggestions .....

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**3.3 National Regulatory Authority (NRA)**

3.3.1 What organization is responsible for NRA in your country? And which 6 critical control functions does your country perform actively?

| Name of NRA agencies | 6 critical control functions of NRA [please check (✓) in the boxes] |                |                |             |            |                             |
|----------------------|---|----------------|----------------|-------------|------------|-----------------------------|
|                      | Market authorization  | GMP inspection | Clinical trial | Lot release | Lab access | Post marketing surveillance |
|                      |   |                |                |             |            |                             |
|                      |   |                |                |             |            |                             |
|                      |   |                |                |             |            |                             |

3.3.2 Does WHO conduct NRA assessment for vaccine safety and quality in your country?

Yes, years of assessment .....  No

If yes, please specify findings .....

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3.3.3 What are the current regulatory challenges in your country?

Please specify .....

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3.3.4 Please suggest potential collaboration in regulations of vaccines among ASEAN countries?

Please specify .....

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3.3.5 Other suggestions .....

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**3.4 National Immunization Programme (NIP)**

3.4.1 What are the current vaccines scheduled in the national immunization programme in your country?

Please specify .....  
.....  
.....  
.....

3.4.2 How vaccines used in national programmed are procured in your country?

- Procured through UN or international agency, please specify .....
  - Procured through national procurement agent, please specify.....
  - Procured locally produced vaccines, please specify .....
  - Others, please specify .....
- .....

3.4.3 Do you agree with encouraging ASEAN countries to study and share post market data of new vaccines (AEFI and vaccine effectiveness)?

- Strongly agree                       Agree                       Neither agree/disagree
- Disagree                               Strongly disagree

Comments.....  
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3.4.4 In your opinion, pool procurement of vaccines among several countries in the region is an effective mechanism to obtain lowest price.

Strongly agree                       Agree                       Neither agree/disagree

Disagree                       Strongly disagree

Comments.....

.....  
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3.4.5 Do you agree with an idea that ASEAN should have regional campaign for specific targeted vaccines? (Ex. Measles in adults, Hepatitis A in travelers, etc.)

Strongly agree                       Agree                       Neither agree/disagree

Disagree                       Strongly disagree

Comments.....

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3.4.6 Please suggest potential collaboration in vaccine immunization among ASEAN countries?

Please specify .....

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3.4.7 Other suggestions .....

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**Part 4: Confidential of Data:**

4.1 For an optimum benefit of the meeting, would you allow to declare or publish these filled data in the public?

Allow

Not allow

Comments .....

.....

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**Thank you for your kind cooperation**

1st Draft

## REFERENCES

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