



**Asia-Pacific
Economic Cooperation**

**Report for
Independent Assessment of the Health Working
Group (HWG)**

April 2014

Executive Summary

1. The APEC Health Working Group (HWG) is an active APEC working group reporting to the Senior Officials Steering Committee on ECOTECH (SCE).
2. The APEC HWG was originally established in 2003 as the Health Task Force (HTF) to address health-related threats to economies' trade and security, focusing mainly on emerging infectious diseases. In 2007 it was upgraded to a working group with the mandate to:

“plan and prepare for health-related threats to economies, trade and security, focusing mainly on naturally-occurring and intentionally caused health threats in the APEC region”.
3. In considering the APEC Leaders' and Ministerial Statements, Declarations and instructions since the last independent assessment in 2010, it is noted that there has been a substantial widening of APEC's health related priorities. It is also noted that a number of APEC subfora now address health aspects as part of their work in specific topic areas.
4. It is appropriate for APEC to now take stock of its extensive health related priorities, and reconfirm how it wishes to contribute as a regional organisation, taking into account the work of other regional and international bodies (such as the World Health Organization (WHO), ASEAN etc.
5. It is noted that parallel preparation is underway in both the APEC HWG and LSIF to set the APEC health agenda for the coming years through the 'Healthy Asia-Pacific 2020' initiative. This activity needs to be undertaken as a comprehensive single joint exercise and involve higher policy levels of APEC, such as the SCE and perhaps the CTI.
6. The main findings of this independent assessment of the HWG are as follows:
 - a) the HWG's outputs have been in line with APEC Leaders' and Ministerial Statements, Declarations and instructions;
 - b) all current projects can be mapped back to APEC Leaders' and Ministerial Statements, Declarations and instructions;
 - c) the HWG is close to the average for APEC SCE subfora in terms of number of projects undertaken, their monetary value, and the number of communications released;
 - d) the HWG provides a basis for government-to-government discussions on regional health issues, and is distinct from other APEC subfora that also have health related mandates (e.g. the Life Sciences Innovation Forum) – the APEC HWG should not be merged or combined with other subfora at this time;

- e) the HWG have recently upgraded their planning documents, including adopting a new strategic plan and key performance indicators, and are putting policies in place related to the prioritisation of project proposals, engagement with private industry and cooperation with other APEC subfora, especially the LSIF.
7. There are 9 recommendations arising from this independent review which are detailed in Section 3 of the report. In summary the main recommendations are:
- a) update the APEC HWG Terms of Reference;
 - b) before updating the Terms of Reference the SCE should confirm the overall nature of APEC health priorities and allocate responsibility for specific health topics more clearly amongst APEC subfora;
 - c) adoption of the proposed Guidelines for Consideration and Ranking of New Concept Notes (21014/SOM1/HWG/012), and enhance concept note content to explicitly identify linkages with APEC Leaders' and Ministerial Statements, Declarations and instructions and the approved Strategic Plan; ensuring benefits to APEC as a whole; ensuring recipient APEC member acceptance for capacity building projects; and identifying linkages with the work of other APEC groups and external bodies;
 - d) continuance of the Process for the Development of Guidelines for Engagement between the HWG and the Private Sector (2014/SOM1/HWG/014);
 - e) the HWG should seek observer status in other APEC fora that work on health related topics and continue to devise clear terms of reference for joint policy dialogues and projects with the LSIF; and
 - f) the HWG should seek to proactively communicate externally on its projects to interested parties and the media.

Content

Executive Summary.....	2
Content	4
Section 1 Methodology.....	5
Section 2 Alignment with APEC Priorities	7
A. Alignment of HWG Outputs with APEC priorities.....	7
B. Alignment of Forum Projects with APEC Priorities	8
C. Forum Operations.....	11
Structure of the forum	11
Terms of reference.....	11
Compliance with APEC policies	16
Candidate for streamlining / merger with other APEC fora	16
Comments from HWG members on HWG operation	17
D. Cooperation	20
Section 3 Recommendations and Implementation Advice.....	22
Acronyms	25
References	26
Annex 1 HWG Terms of Reference	27
Annex 2 Excerpts from APEC HWG Strategic Plan	31
Annex 3 Mapping of APEC HWG projects since 2010 with APEC Leaders’ and Ministerial Statements, Declarations and Instructions	32
Annex 4 APEC HWG Publications since 2010.....	43
Annex 5 APEC HWG comments.....	45
HWG projects.....	45
Collaboration and duplication	46
Terms of reference, direction and agenda setting	47
APEC HWG support	48

Section 1 Methodology

1. On 16 January 2014, the APEC Secretariat commissioned GED Advisory to undertake an independent assessment of the APEC Health Working Group (HWG) (SCE IA 2014 HWG).
2. The Senior Officials Steering Committee on ECOTECH (SCE) has a requirement for a periodic independent review of the operations and structure of APEC working groups to ensure economic and technical cooperation (ECOTECH) activities are targeted, effective, efficient, and make the best use of scarce resources. Independent assessments have taken place since 2006. This report is the second independent assessment of the APEC HWG, with the previous assessment being completed in 2010.
3. The output of the independent assessment is a report providing recommendations designed to ensure that the working group is responsive to APEC's current priorities and contributes to the achievement of APEC's overall vision and objectives.
4. The specific subject for this independent assessment is the APEC Health Working Group (HWG). The Terms of Reference for the HWG is included in Annex 1. In accordance with the contracted Scope of Work, the following items have been considered in preparing this report:
 - a) review key APEC policy documents, including Leaders' and Ministers statements, HWG records of meetings, key project documentation and activities to assess the outcomes and how HWG supports the main objectives/goals of APEC and their impacts in APEC member economies;
 - b) evaluate whether HWG is operating effectively and efficiently;
 - c) evaluate whether the group's Terms of Reference, strategic plan or operations could be modified to better respond to APEC ECOTECH priorities and contribute to the achievement of APEC goals;
 - d) identify ways to strengthen HWG's strategic priorities and direction for future work;

- e) provide recommendations on how the forum can better focus and more efficiently and effectively manage its tasks and assure that its capacity building activities are providing benefits according to Leaders' and Ministers' priorities;
 - f) identify ways to develop synergies among the work of the forum and other relevant APEC groups;
 - g) identify opportunities and provide recommendations for greater collaboration with non-APEC parties, including the private sector, civil society and other international organizations; identify ways for HWG to tap resources for programs; and
 - h) explore how HWG can better take into account the APEC commitment to give gender greater consideration in accordance with directions outlined by the Policy Partnership on Women and the Economy.
5. In addition to a comprehensive literature research to address the above items, GED Advisory held a series of interviews with APEC HWG delegations in the margins of the APEC HWG meeting held in Ningbo, China from 23 to 24 February 2014. Most delegations from APEC member economies in attendance were covered at this time. For those delegations not interviewed at that time a questionnaire was sent for their response. Overall comments were received from 18 APEC member economies.

Section 2 Alignment with APEC Priorities

A. Alignment of HWG Outputs with APEC priorities

6. The topic of health is not specifically noted in the Bogor goals. "APEC's priorities in relation to health' are derived from a series of declarations, statements and instructions provided through:
 - a) APEC Leaders' Statements and Declarations, including the APEC Leaders Growth Strategy (2010);
 - b) APEC Ministers and High Level Meeting Statements;
 - c) Medium Term Priorities from the 2010 SOM Report on ECOTECH; and
 - d) Annual APEC objectives.

7. The HWG outputs include:
 - a) strategic, medium term and annual work plans;
 - b) meeting agendas and working documents;
 - c) meeting minutes and following up actions;
 - d) reports to the APEC SCE;
 - e) completed projects; and
 - f) communication actions, including:
 - i. new releases;
 - ii. feature stories;
 - iii. speeches;
 - iv. internal publications;
 - v. media/outreach opportunities; and
 - vi. outreach publications.

8. In 2013 the HWG adopted its Strategic Plan 2013-2015 with is aligned with the stated APEC priorities for health. The Strategic Plan includes vision and mission statements, objectives and associated key performance indicators which are measurable and time bound (see Annex 2). The Strategic Plan replaces the former Medium Term Plan that also aligned to APEC priorities.

9. During the past two years the APEC HWG has recorded 8 communications (e.g. New Releases, Feature Stories, Speeches, Internal Publications, Media/Outreach opportunities and Outreach Publications) each year, which is the average number of annual communications for APEC SCE subfora. Further details are included in Annex 4.

10. Based on reported attendances¹, an average of 57 persons attend HWG meetings from 17 member economies. This figure contrasts with the average for all APEC SCE subfora which is an average of 73 attendees from 17 member economies for each meeting. However that average does include the heavily attended working groups, such as the Human Resources Development Working Group (HRDWG), Telecommunications and Information Technology Working Group (TELWG) and the Transportation Working Group (TPTWG), each of which regularly have more than 120 participants.
11. Overall the APEC HWG outputs are found to be aligned with the stated APEC priorities for health.

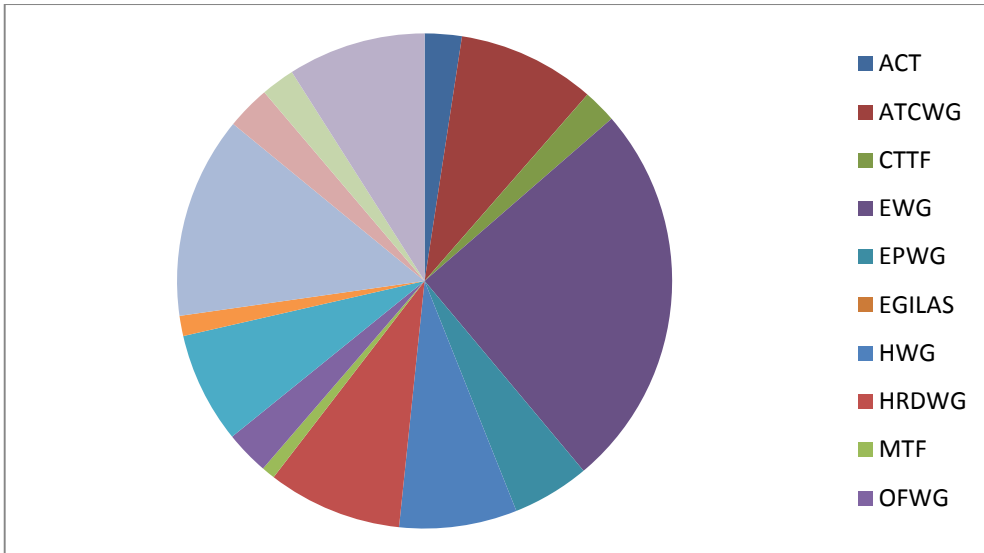
B. Alignment of Forum Projects with APEC Priorities

12. All the HWG projects since 2010 have been aligned with the stated APEC priorities for health, as illustrated in the mapping exercise contained in Annex 3.
13. The APEC HWG has undertaken 18 projects since the last independent assessment in 2010. This is the average number of projects undertaken by each of the SCE subfora since that time.
14. As identified in Figure 2.1 the HWG is an active APEC SCE subfora in terms of number of projects undertaken (8% of the total).

Figure 2.1 Number of Projects from 2008 Undertaken by APEC SCE subfora

n = 455

¹ See 2014/SOM1/SCE/014.

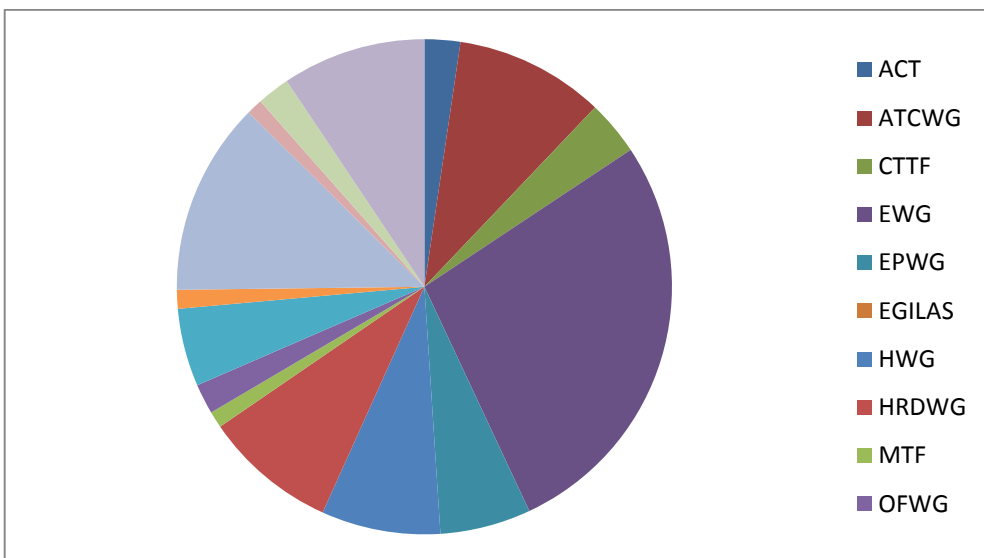


Source: 2014/SOM1/SCE/014 Report of the APEC Secretariat Executive Director on the Alignment of Fora Work Plans with APEC's Overall Vision and Objectives

15. Figure 2.2 shows that the HWG features proportionately in terms of the total USD value of projects undertaken by APEC SCE subfora since 2008.

Figure 2.2 Value of Projects Undertaken from 2008 by APEC SCE subfora

n = USD 44.85 million



Source: 2014/SOM1/SCE/014 Report of the APEC Secretariat Executive Director on the Alignment of Fora Work Plans with APEC's Overall Vision and Objectives

16. The APEC HWG have undertaken 35 projects since 2008, totalling USD 3,486,876, an average of USD 99,625 per project. This is average for projects undertaken by APEC SCE subfora.
17. However, in some cases there are gaps between what the APEC Leaders and Ministers have asked for and the projects undertaken. These gaps are in the areas of:
- a) management and control of the re-emergence of tuberculosis as an infectious disease;
 - b) substantive work on non-communicable disease (NCD) prevention and control²;
 - c) health care financing;
 - d) maternal and child health as part of investing in human capital;
 - e) following up on ageing, and an APEC Strategy on Aging and Age Friendly Economies, as part of investing in human capital; and
 - f) health services as part of regional economic integration.
18. In addition in 2013 two topic areas featured in Leader's and Annual Ministerial Meeting statements:
- a) sustainable healthcare system that deliver universal health coverage, in relation to sustainable growth with equity; and
 - b) mental health, in relation to promoting sustainable healthcare.
19. These topics should be reviewed, and if found to be a continued priority for APEC be allocated to the relevant APEC SCE subfora. To avoid unnecessary duplication cognisance should be given to the activities in these areas by other organisations, including the World Health Organisation (WHO); WHO Western Pacific Region (WPRO) and ASEAN.
20. Comments received back from a majority of HWG members point to resource limitations which mean they cannot be involved in all HWG projects. Given this it may be appropriate to encourage Ministerial Meetings to be more critical before adding tasks and instructions to the HWG agenda, and ensuring that their own member economies do have sufficient resources to effectively participate and undertake relevant work.

² Two projects on NCD have started in 2014.

C. Forum Operations

Structure of the forum

21. The HWG is a single level working group with all matters being considered and decided at the whole working group meeting. Given the volume and nature of the work undertaken this is satisfactory.
22. It has Chair and Vice-Chair positions with overlapping terms of 2 years duration. With the addition of the APEC Program Director and input from long standing members of the HWG, this has provided some basis for leadership continuity.
23. A mixed impression is reported by APEC HWG members regarding the influence of the APEC HWG leadership and host economies on direction of the group. Some members expressed concern that some APEC host members appeared to have replaced their expected Chairs with more senior officials who have not had any previous involvement in the work of the HWG, or have had to accommodate new topics of special interest of Ministers at the expense of longer term directions already agreed. However, other HWG members do not share this concern and point to the standard planning process for setting HWG priorities, including the Strategic Plan and annual work programmes, and the role of the HWG Chairman to facilitate the group's work and not take unilateral decisions on the directions taken or the proposed content of Leader's or Ministerial statements.
24. Currently the Chair is Mr Mingzhu LI, Deputy Director General, Department of International Cooperation, National Health and Family Planning Commission, People's Republic of China. The Vice-Chair is Vice Chair is Dr Jane Soepardi from Indonesia.
25. In terms of gender balance, it is noted the current Vice Chair and previous Chair were both women, and that there was an even balance of participation from both genders observed during the HWG meeting.

Terms of reference

26. The current Terms of Reference of the HWG as supplied by the APEC Secretariat are included in Annex 1. It is noted these terms of reference are difficult to locate on the APEC and APEC HWG websites.

27. While the current Terms of Reference remains valid, in light of more recent APEC Leaders' and Ministerial Statements, Declarations and instructions, it does require an update. In addition the approved Strategic Plan has some more contemporary statements in terms of objectives than is found in the current Terms of Reference.
28. In reviewing the Terms of Reference it is recommended that APEC SCE take a decision and give direction to the HWG regarding its mandate, and more broadly set the boundaries of the health agenda within APEC.
29. APEC's involvement with health needs clarity because there are different understandings about the scope of APEC's interest in this area. The original focus seems to have been two-fold, both related to economic and trade related impacts arising from:
 - a) dealing with pandemics (e.g. SARS, influenza outbreaks etc.) on a regional basis, including enhancing APEC member economy preparedness and response coordination to limit the extent of economic disruption and movement of business people; and
 - b) fostering innovation and growth in the life sciences industries (especially in relation to promoting research and the harmonisation of regulatory controls for drugs and medical devices).
30. The first issue has been dealt with by the APEC HWG, and the second issue principally by the Life Sciences Innovation Forum (LSIF).
31. It should be noted that from a government policy and regulatory perspective these two issue areas are often dealt with by different government agencies in APEC member economies. Pandemics etc. are often the focus of a Ministry or Department of Health, while regulatory control of drugs, pharmaceuticals and medical devices may be dealt with by more specialist agencies such as the Food and Drug Administration (FDA), Therapeutic Goods Administration (TGA) etc.
32. The FDA, TGA type agencies generally have a greater exposure to dealing with industry and trade issues, and have been active with industry in the work of the LSIF.
33. In contrast the Department/Ministry of Health officials on the APEC HWG generally come from government agencies that predominantly focus on domestic health issues, with limited international engagement capacity which is more focused to involvement in the

recognised international bodies for health issues, such as the World Health Organization (WHO).

34. Given this background some APEC HWG members are more comfortable with the APEC HWG mandate being limited to dealing with public health issues that have a clear and direct impact on the regional economy and trade.

35. In contrast, APEC Leader's Declarations and Annual Ministerial Meeting statements have broadened APEC's health priorities to cover health issues much more comprehensively, and are not simply based on health's direct impact on intra-regional economic or trade.

36. Annex 3 provides excerpts from such statements and they now cover the following topics:

a) infectious disease preparedness and control, including:

- i. health emergency preparedness and response (including medical emergency response teams);
- ii. pandemic preparedness and response coordination;
- iii. tuberculosis re-emergence and response;
- iv. HIV/AIDS management;
- v. preparedness and response coordination to other vector-borne diseases (e.g. dengue fever);
- vi. and reduction in the incidence of infections in healthcare settings;

b) non-communicable disease (NCD) control, including:

- i. establishment of innovative public-private partnerships for the prevention and control of non-communicable diseases;

c) enhancement and strengthening of health systems, including:

- i. sustainable healthcare systems that can deliver universal health coverage;
- ii. health care financing;
- iii. mental health;
- iv. provision of health services across member economies (including private and public/private health service provision);
- v. innovation and application of medical and related ICT innovations in health systems;
- vi. sustainable development in the pharmaceutical and biologics industries;

- vii. regulatory harmonization work on medical products (both drugs and devices);
 - viii. prevention of trade in counterfeit medicines/medical products;
 - ix. Center of Excellence for the evaluation of multi-regional clinical trials, partnering with the World Health Organization (WHO) on the development of a Good Review Practices document; and
 - x. multi-year roadmap on medical product quality and supply chain integrity; and
- d) promoting and investing in health and healthy lifestyles and wellness across the life course, and healthy human capital including:
- i. maternal and child health;
 - ii. ageing; and
 - iii. use of Traditional and Complementary Alternative Medicines (TCAM).

37. Australia have noted that these statements sometimes include nuanced language and that two issues may be referred to in a Statement but one may be a clear instruction from Ministers to produce a certain piece of work, and the other may simply be noting activities undertaken in the past year.

38. The widening of APEC's health focus is perhaps understandable as health is a horizontal issue with potential impacts across all economic sectors. This understanding was underscored in a presentation from the LSIF to the APEC HWG during the 2014 SOM1 related meetings in Ningbo. The presentation noted all the APEC subfora which were undertaking activities based on health related issues as summarised in the following slide:



39. The horizontal nature of health as a topic as drawn some members of the APEC HWG and LSIF to see a need to ‘mainstream’ health across APEC. As host of the APEC HWG China submitted a ‘Concept paper of Healthy Asia-Pacific 2020’ (2014/SOM1/HWG/004) at the APEC HWG. In parallel the APEC LSIF have worked up similar concept of which the above slide forms part. In due course both of these activities need to combined and planned jointly.
40. Having noted the spectrum of the possible health agenda, it is appropriate for the APEC SCE to confirm the extent to which member economies wish APEC to contribute to the regional health agenda. This is necessary before the APEC HWG can appropriately revise its terms of reference.
41. While innovation in life sciences remains appropriate and is clearly within the preview of the LSIF, more generally APEC can consider the following high level options when it comes to setting its future involvement with health:
- a) limited involvement in that APEC will continue to consider specific health issues (e.g. pandemic preparedness and control) that have a direct and immediate impact on intra-regional economic activities and trade; or

- b) involvement on intra-regional health issues across APEC that have a specific economic or trade specific impacts (e.g. provision of health care services, public/private partnerships etc., efficient regulatory practice); or
 - c) involvement on intra-regional health issues across APEC that pertain more generally to the health as an economic sector, (e.g. financing public health systems, impacts on health taking into account demographic changes (e.g. ageing societies etc.)); or
 - d) general involvement across all intra-regional health issues on the basis of generally enhancing the region's human capital – effectively working on any health areas of greatest return for APEC member economies (including universal health care, healthy lifestyles, health initiatives through-out the lifecycle etc.).
42. Once updated, the Terms of Reference should be made readily accessible on the public pages of the APEC website.

Compliance with APEC policies

43. The work of the HWG is undertaken in accordance with APEC Revised Guidelines for Lead Shepherd/Chair and Deputy Lead Shepherd/Chair of APEC Working Groups and SOM Task Forces (2012/SOM1/SCE-COW/004) and the Policy on Scheduling of Sub-fora Operations to Enhance Effectiveness (2012/SOM1/SCE-COW/005).

Candidate for streamlining / merger with other APEC fora

44. As explained above the APEC HWG is principally a forum between officials from the health ministries and departments of APEC member economies. Notwithstanding the need to renew the terms of reference, this government-to-government forum has the potential to allow sharing of information and approaches to sensitive regional health issues in a non-confrontational and non-binding manner. This may not be possible in more formal settings such as the WHO.
45. It has been suggested the APEC HWG could merge with the LSIF. Given the different focuses of the HWG and the LSIF, and the fact that the LSIF already has involvement with the relevant regulators (which are sometimes different from health officials) it is not clear what added value to APEC member economies would result.

46. It is not recommended that the APEC HWG merge with another APEC subfora.

Comments from HWG members on HWG operation

47. During the course of this independent assessment a series of interviews took place with HWG members in the margins of HWG meeting held from 23-24 February 2014 in Ningbo, China. A questionnaire was also sent out to those HWG members that were not interviewed at that time.

48. HWG feedback on the operation of the HWG is included in Annex 5. The feedback can be grouped under the following headings and is summarised below:

- a) HWG projects;
- b) duplication;
- c) agenda setting; and
- d) HWG Secretariat.

49. In considering the feedback the following aspects must be kept in mind.

- a) APEC is not a treaty based organisation;
- b) any commitments are voluntary and non-binding;
- c) APEC have a consensus based approach to decision making;
- d) there is a wide variation in economic size, level of development and the type of health issues that are of importance to APEC member economies;
- e) APEC member economies have different cultures and approaches to decision making and communication;
- f) economies vary in terms of government or private ownership, investment, and service delivery in the health sector;
- g) that the HWG is collegial and supportive in nature; and
- h) APEC provides an important forum for informal discussions at regional, multi-plural and bi-lateral levels, which is sometimes more productive than discussions in the more formal treaty based organisations.

HWG projects

50. HWG projects are generally considered to be within the APEC stated priorities for health. However it is recognised that those priorities are broadly expressed and can apply across many of the APEC subfora, in addition to the two main health related subfora which are the APEC HWG and the LSIF.

51. While the process of proposing and undertaking projects is generally understood, there are some concerns. Some APEC HWG members wished to have training on the APEC project proposal process, but it was subsequently noted that such training had been provided in 2013 by the APEC project management group, and members had not informed themselves of the relevant project guidelines on the APEC website. This lack of familiarity reflects the fluidity in some delegations with different persons attending each APEC HWG meeting.
52. Other concerns relate to the process of prioritising concept notes and the subsequent approval of APEC HWG projects for implementation.
53. It is understood that after submission and discussion of concept notes during APEC HWG meeting a prioritisation process is facilitated out-of-session by the APEC Secretariat. In some cases projects that appeared to have significant support in the open session were not subsequently approved, and that lower ranking projects are accepted.
54. This has resulted in some APEC HWG members becoming discouraged from making substantial project proposals and concept notes.
55. Part of the explanation for this situation is the application of the annual funding criteria to the project approval process (see 2014/SOM1/HWG/034). It is understood that the APEC HWG officials do not necessarily have a close working relationship with their trade and economic official counterparts and thus have little influence in the setting of annual funding priorities.
56. The APEC HWG have endeavoured to address the issue of prioritisation through adopting Guidelines for Consideration and Ranking of New Concept Notes (2014/SOM1/HWG/012). The guidelines provide for pre-meeting discussion and ranking of concepts note during the face-to-face meetings.
57. APEC HWG members generally support the guidelines, but some members are reluctant to have the ranking of concept notes dealt with in the face-to-face meetings and prefer the current practice of submitting preferred rankings out of session to the APEC Secretariat.

58. It is recommended that the process set out in 2014/SOM1/HWG/012 be adopted by the HWG, and that ranking in face-to-face meetings be used. This is in line with the practice in several other APEC subfora.
59. Concept notes could be improved especially in terms of:
- a) stating a clearer linkage with APEC Leaders' and Ministerial Statements, Declarations and instructions;
 - b) ensuring a benefit to the APEC region (as opposed to national or local benefits);
 - c) confirmation in capacity building projects that the recipient economies find the project useful and meets their own national priorities; and
 - d) more analysis being provided of the work of other non-HWG fora, including other APEC groups, and international G2G and nongovernment organisations (e.g. WHO).
60. Australia has noted that a revised concept note was developed and endorsed by the HWG at SOM3 in 2013, however it was disallowed by the APEC Secretariat because of administrative complications. This concept note should be included as part of any renewed revision of concept note templates in the future.
61. Some projects would benefit from being multi-year projects.

Duplication

62. It is acknowledged that there is a potential for duplication in the work of the HWG and the work of other APEC subfora. Health is recognised as being a cross sectorial issue.
63. To date duplication has been minimised through the active participation of APEC member economies in other APEC fora and in other regional or international health forums.
64. Sometimes duplication is productive because APEC's informal nature allows members to discuss policy and technical matters outside of the context of formal treaty organisations. Once some level of consensus is achieved within APEC these collective positions can then help in negotiations in the other multilateral organisations.

Agenda setting

65. There is a confirmed need to implement the approved Strategic Plan, and for the APEC HWG leadership to ensure projects and activities focus on the relevant priorities.
66. Continuation of a close liaison with the LSIF is strongly encouraged, and that this can be achieved through joint policy dialogues. The practice of preparing clear terms of reference

in advance of any joint policy dialogue (e.g. 2014/SOM1/HWG/005) or joint activities should be confirmed and used in the future. This gives an opportunity for both the APEC HWG and the LSIF to understand each other perspectives on a specific topic and the limits to the degree of support that can be given.

HWG Secretariat, meetings and websites

67. All HWG members support and acknowledge the work of the APEC Program Director who provides the ongoing secretariat function for the APEC HWG.
68. A majority of members consider the leadership (including the secretariat) of the APEC HWG should be more direct in managing discussions and provide guidance as to which topics and concepts notes best match APEC HWG priorities.
69. APEC HWG members considered the face-to-face meetings could be better spent on sharing information and discussion on common health policy issues, and to allow reporting on projects to be by exception rather than having individual updates and presentations which takes up a lot of meeting time.
70. APEC HWG Members also expressed a desire to consolidate websites to primarily be the APEC Secretariat website and the AIMP for document uploads. This would enable just one main website to be updated on a regular basis. Chinese Taipei have noted they also maintain a website for HWG material at <http://www.apechwg.org>.

D. Cooperation

71. Cooperation takes place both internally and externally. The APEC HWG have worked satisfactorily with other APEC subfora and this should continue as matters of joint interest arise.
72. Cooperation with the private sector has been limited to date but it is noted this is likely to improve once the Process for the Development of Guidelines for Engagement between the HWG and the Private Sector (2014/SOM1/HWG/014) has been completed.
73. Cooperation with external agencies is seen as being adequate, and while the WHO has not formally attending a APEC HWG meeting for some time it is noted that they and other

non-APEC bodies do send representatives and participate in workshop and other events associated with APEC projects.

Section 3 Recommendations and Implementation Advice

#	Recommended action	Implementation Advice
1	<p>Prior to updating the HWG Terms of Reference, SCE should consider and provide clarity about the health related priorities of APEC, and confirm primary responsibility amongst the various APEC subfora for each health topic – this could be achieved through the planned APEC discussions on ‘Healthy Asia-Pacific 2020’ later in 2014.</p>	<p>The SCE should consider strategically how APEC can best engage with health topics. The range of options that should be considered include:</p> <ul style="list-style-type: none"> (a) limited APEC involvement focused on specific health issues (e.g. pandemic preparedness and control) that have a direct and immediate impact on intra-regional economic activities and trade; or (b) general involvement on intra-regional health issues across APEC that have a specific economic or trade specific impacts (e.g. provision of health care services, public/private partnerships etc., efficient regulatory practice); or (c) involvement on intra-regional health issues across APEC that pertain more generally to the health as an economic sector in its own right, (e.g. financing public health systems, impacts on health taking into account demographic changes (e.g. ageing societies etc.)); or (d) general involvement across all intra-regional health issues on the basis of generally enhancing the region’s human capital – effectively working on any health areas of greatest return for APEC member economies (including universal health care, healthy lifestyles, health initiatives through-out the lifecycle etc.). <p>In determining the best direction the SCE should take into account:</p> <ul style="list-style-type: none"> (a) the work of all existing APEC subfora on health related issues; and (b) be cognisant of the priorities and work efforts of other regional and international bodies (such as WHO and ASEAN).

#	Recommended action	Implementation Advice
2	After the SCE have provided direction under Recommendation 1, the HWG should revise its terms of reference to reflect the content of the approved Strategic Plan and updated APEC administrative policies.	The HWG should establish a small temporary task group to revise and propose the revised Terms of Reference.
3	<p>The proposed process for reviewing project proposals and concept notes as outlined in Guidelines for Consideration and Ranking of New Concept Notes (21014/SOM1/HWG/012) should be adopted and used for all future APEC HWG meetings. Concept should clearly state:</p> <ol style="list-style-type: none"> the definitions of specific terms and the coverage of the project, including explicit linkages to overarching statements and directions and the HWG Strategic Plan; confirming there is a benefit to APEC as a whole, in addition to national and local benefits; confirmation in capacity building projects that there is an acceptance of the need and priority for capacity building from the recipient economies; and providing an analysis of linkages with similar projects of other organisations (including international and regional forums, WHO, UN agencies and philanthropic organisations). 	<p>Revise the concept note template to include specific mention and a space for commentary on:</p> <ul style="list-style-type: none"> definition of principal terms; linkage with the HWG Strategic Plan; benefits arising for the APEC region; if the project is for capacity building, confirmation from recipient economies that the project meets and contributes to their national priorities; and other work with a similar scope by other APEC fora and external organisations (e.g. international and regional forums, WHO, UN agencies and philanthropic organisations)
4	HWG delegations should ensure there are aware of the APEC project proposal process, including the multi-year funding facility for APEC projects and the project proposal training activities provided by the APEC Secretariat.	All HWG delegations should familiarise themselves with the materials on the APEC Forms and Resources page (http://www.apec.org/Projects/Forms-and-Resources.aspx).
5	<p>The HWG should continue close liaison with the Life Sciences Innovation Forum (LSIF) through:</p> <ol style="list-style-type: none"> the leadership of both fora attending each other's meetings; establishing and agreeing on clear terms of reference for joint policy dialogues and joint projects. 	Confirm attendance at each other's meetings and action the expectation that the leadership of both subfora will work collaboratively at an early stage to scope joint policy dialogues and projects prior to formal submission at meetings.

#	Recommended action	Implementation Advice
6	The HWG should seek to have mutual observer/correspondence membership status with other relevant APEC subfora that are working on health matters, and appoint a representative that can report on developments of interest to the HWG.	The HWG Secretariat should identify other relevant APEC fora working on health and report to the HWG. The HWG should consider which work efforts should be monitored by the HWG and seek to have participants from the HWG if considered necessary.
7	Continue with the Process for the Development of Guidelines for Engagement between the HWG and the Private Sector (2014/SOM1/HWG/014).	Continue development of the process and develop the Guidelines and report back to the next HWG meeting.
8	The use of regional workshops and symposiums to explore health topics should be maintained as an efficient method for information exchange and knowledge sharing on health related topics.	Maintain the opportunity for regional workshops and symposiums.
9	APEC HWG to consider how it might better communicate the details of its projects and the outcomes achieved, especially to external policy, technical, professional and media organisations.	<p>The HWG should establish a small task group to review communication actions about the HWG and its work. This should include:</p> <ul style="list-style-type: none"> a) confirmation of APEC's requirements for external communications from APEC fora; b) identifying important audiences that should be informed about HWG work and projects, the communication channels that should be used and the main messages that should be conveyed; c) identifying a standardised process for undertaking external communications about HWG work and projects; d) reviewing; standardising; updating; and rationalising, as necessary, the HWG websites; and e) establishment of an orientation presentation.

Acronyms

ACT	Anti-corruption and Transparency Experts Working Group
APEC	Asia Pacific Economic Cooperation
ATCWG	Agricultural Technology Cooperation Working Group
BTF	Biofuels Task Force
CTTF	Counter Terrorism Task Force
ECOTECH	APEC's economic and technical cooperation agenda
EGILAT	Experts Group on Illegal Logging and Associated Trade
EPWG	Emergency Preparedness Working Group
EWG	Energy Working Group
HWG	Health Working Group
G2G	government-to-government
HRDWG	Human Resources Development Working Group
HWG	Health Working Group
LCMTTF	Low Carbon Model Towns Task Force
MTF	Mining Task Force
OAA	Osaka Action Agenda
OFWG	Ocean and Fisheries Working Group
PPSTI	Policy Partnership on Science, Technology and Innovation
PPWE	Policy Partnership on Women and the Economy
SCE	SOM Steering Committee on Economic and Technical Cooperation
SMHWG	Small and Medium Enterprises Working Group
SOM	Senior Officials Meeting
TELWG	Telecommunications and Information Technology Working Group
TPTWG	Transportation Working Group
TWG	Tourism Working Group

References

APEC documents

2012/SOM1/SCE-COW/004 Revised Guidelines for Lead Shepherd/Chair and Deputy Lead Shepherd/Chair of APEC Working Groups and SOM Task Forces

2012/SOM1/SCE-COW/005 Policy on Scheduling of Sub-fora Operations to Enhance Effectiveness

2014/SOM1/HWG/002 Proposed Work Plan for 2014

2014/SOM1/HWG/011 HWG Strategic Plan

2014/SOM1/SCE/014 Report of the APEC Secretariat Executive Director on the Alignment of Fora Work Plans with APEC's Overall Vision and Objectives

Annex 1 HWG Terms of Reference

1. Mandate

The mandate of the Health Working Group is to plan and prepare for health-related threats to economies, trade and security, focusing mainly on naturally-occurring and intentionally caused health threats in the APEC region.

2. Goal

The goal of the Health Working Group is to reduce the impact of health-related threats to economies, trade and security by strengthening the regional capacity, with emphasis on developing economies, to plan, prepare for and respond to public health emergencies and address current public health challenges.

3. Objectives

- To enhance economies' capacity to minimise health-related threats.
- To enhance APEC cooperation and integration of health-related efforts across relevant APEC sectors and for a.
- To implement explicit priorities of Leaders and Ministers and to inform Leaders of emerging and re-emerging health threats.
- To take a primarily strategic and efficient approach to determining priorities for cooperation.
- To develop and implement initiatives in accordance with annually reviewed work plans.
- Encourage and facilitate collaboration between health and other relevant sectors.

4. Membership

- Economies will designate their own members.
- Economies are encouraged to have at least one member from the health sector. Ideally, each economy would have at least two members - one from health and another from the trade, finance, economic, or foreign affairs sector. This will enhance collaboration between health and other relevant sectors.
- According to the topics of the HWG's discussion, each economy may wish to invite "advisors" to attend the HWG's meeting and activities.
- The HWG will invite as observers, representatives from relevant international organisations, with linkages with the identified priorities of the HWG to participate in its meetings and activities. This invitation and representation will be decided on a consensus basis by HWG members and will be in accordance with APEC Guidelines on this matter.

- The HWG will invite to its meetings ASEAN counterparts, as observers, as directed in the APEC-ASEAN Closer Cooperation Initiative Plan of Action (August 2007). Official ASEAN observership to APEC has already been granted.

5. Chairing and Internal Organization Arrangements

The duties of the Chair and assistance of the APEC Secretariat will follow the Revised Guidelines for Lead Shepherd/Chair and Deputy Lead Shepherd/Chair of APEC Working Groups and SOM Taskforces (Annex IV of the SCE Chair's Report, SCE I Meeting, March 2010)

- The Chair and the Vice Chair will be selected and endorsed by HWG members by consensus, taking geographic and gender balance into account. Any exception will require the approval of HWG members.
- The term of the Chair will be for a minimum of 2 years. A Chair can seek one additional term, with a maximum of two consecutive two-year terms, upon endorsement of the HWG members.
- The Vice Chair will also hold a two year term, which will be staggered with the Chair's term (e.g. Chair 2008-2009, Vice-Chair 2009-2010) to ensure some continuity of leadership for the HWG.
- If a Chair or a Vice Chair is unable to continue his/her duties, a new Chair or a Vice Chair will be selected, preferably from the same economy.
- Ad hoc working groups to be established if/as needed.

6. Meeting Arrangements

- The HWG meetings will take place twice a year and will be aligned with the Senior Officials Meetings to ensure maximum cross-sectoral collaboration with other APEC fora. The first meeting will help ensure that the HWG is able to set a strategic focus for the year; and the second meeting will allow it to report on progress made to Ministers and Leaders.
- Other meetings may be held, based on needs, emergencies, or when issues cannot be solved via electronic communications and the APEC Collaboration Site. Such meetings can also be aligned with other meetings in the region and will be convened based on consensus of the economies.

7. Reporting Requirements

The HWG will report directly to the Steering Committee for ECOTECH and will regularly report to Senior Officials on emerging health-related issues of importance, as appropriate, throughout the APEC year.

8. Communications and Outreach

- Official letter or official E-Mail or fax transmission desirable.
- Use of website/s, e.g., APEC Secretariat website, APEC Information Management Portal and HWG website.

- The HWG will work closely with the APEC Secretariat to develop communications materials and/or develop modalities of communication in order to share and disseminate key learnings from the HWG with other organisations or other interested parties.

9. Modalities for Cooperation

- The HWG will operate on the principles of voluntarism, consensus-building and open dialogue.
- Activities would be determined based on a primary goal of improving public health and welfare, in terms of preparedness and response to health threats within economic, trade and resource contexts.

10. Collaboration with Other APEC Fora and Relevant International Organisations

- The HWG will work closely with other APEC fora to develop linkages and better understanding of the health impacts on other economic sectors.
- The HWG will work closely with the Life Science Innovation Forum (LSIF) in particular to ensure strong linkages between the work of the two groups. HWG will work with the APEC host economy to hold the HWG and LSIF meetings close together to ensure synergy of efforts.
- The HWG will work closely and collaboratively with relevant international organizations, to ensure better regional planning; sharing of information and lessons learned and ensure non-duplication of efforts.

11. HWG Projects

- The priority, management and evaluation of projects will be considered by the HWG against Leaders and Ministers directives, and the projects adherence to APEC guidelines and procedures.
- To ensure complementarities and to avoid duplication with projects undertaken by the other relevant APEC fora, project proposals will be made available to those fora by the Chair.
- The Project Evaluation Team, consisting of the HWG members, will assess project proposals to ensure appropriate quality control for those proposals submitted for consideration by SCE as per the current APEC guidelines. The projects will be ranked according to the SCE guidelines.
- Self-funded projects and activities of individual economies that meet the directives and guidelines above are encouraged.

12. Ministerial Meetings

- The HWG will follow the APEC guidelines on Ministerial meetings.
- The decision to hold a Ministerial Meeting will be based on a recommendation from the HWG that an emerging health issue demands Ministerial attention or will help advance strategic interests.

- The HWG will follow the SCE recommendation that the Ministerial meetings are well thought out in terms of format and substance of discussion, and planned well in advance to maximise Ministerial participation and substantive outcomes.

13. Review Clause

- The Health Working Group will be subject to a review every four years.
- The review will be based on achievements against stated objectives and outputs, as well as consideration whether the group should continue to operate.
- According to the schedule of independent assessments, the first review will be in 2010.
- The ToR will be an evergreen document, reviewed annually ahead of the first SCE meeting of the APEC year.

Annex 2 Excerpts from APEC HWG Strategic Plan

HWG Vision

The HWG strives towards an APEC region with:

- resilient health systems that protect against and effectively respond to health-related threats to trade, investment and economic growth, and
- healthy populations, which are a necessary underpinning for strong, sustainable, inclusive and balanced economic growth.

HWG Mission Statement

The HWG's mission is to build health system and population health resilience by leveraging APEC's unique regional and multisectoral approach to human security, trade and investment, and economic growth. The HWG will build on, and not duplicate, the work of other global, regional and multilateral health bodies, including the World Health Organization (WHO), the ASEAN Health Committee and the Organisation for Economic Cooperation and Development (OECD) Health Committee.

We are a forum for information sharing and technical cooperation, working with, contributing to and benefiting from the diverse range of expertise in other APEC sub-fora. We will advise senior officials, ministers, and leaders as appropriate, in the range of areas of our work. Our initiatives will build capacity and showcase innovation in the region and, over time, form a unique and coherent body of work contributing to the achievement of our vision of resilient health systems and healthy populations.

Objectives

The HWG will focus on building health system resilience and supporting healthy populations by:

- (a) enhancing preparedness for effective, equitable and efficient management of emerging and re-emerging infectious diseases with pandemic potential, including but not limited to avian influenza and other zoonoses, HIV/AIDS, vector-borne diseases, tuberculosis, and anti-microbial resistant (AMR) infections;
- (b) strengthening health systems including in the areas of health and development, universal health coverage, health financing, human resources including the appropriate use of local wisdom and health information technologies (Health IT);
- (c) building multisectoral capacity across economies for healthy life style promotion and for the prevention and control of non-communicable diseases, including injuries.

To ensure the HWG's discussions remain topical, host economies may wish to introduce a special theme of work for their host year complementing the ongoing objectives of the HWG.

Annex 3 Mapping of APEC HWG projects since 2010 with APEC Leaders' and Ministerial Statements, Declarations and Instructions

The following table correlates all the APEC HWG projects since 2010 with stated APEC priorities related to health.

From 2010 to 2013 the APEC HWG undertook 18 projects. In most cases there is direct correlation to one or more of the priorities.

Stated APEC health priority	Relevant declaration, statement, instruction	APEC HWG project
Infectious disease preparedness and control, including:	<ul style="list-style-type: none"> 2010 Leader's Declaration – Robust community 2010 APEC Leader's Growth Strategy – Secure Growth 2013 Leader's Declaration - Sustainable Growth with Equity 2012 Annual Ministerial Meeting – Investing in human capital – Promoting healthy lifestyles, maternal and child birth 2013 Annual Ministerial Meeting – Promoting Sustainable Healthcare 	
(a) emergency preparedness and response (including medical emergency response teams);	<ul style="list-style-type: none"> 2010 Leader's Declaration – Robust community 2010 APEC Leader's Growth Strategy – Secure Growth 2012 Annual Ministerial Meeting – Investing in human capital – Promoting healthy lifestyles, maternal and child birth 	<ul style="list-style-type: none"> HWG 01 2010A Capacity Building in Health Emergency Preparedness and Response (China) HWG 04 2010A, Enhancing Hospital Safety and Responding to Public Health Emergencies by Applying RFID (Chinese Taipei) HWG 05 2011A Enhancing Cooperation of Medical Rapid Response Teams in Case of International Disaster Response in APEC Economies (Russia)HWG 06 2011A Training Project on Building Public Health Emergency Preparedness and Response Capacity (China) HWG 08 2011A APEC Symposium 2012 - Best Medical Practices in Mitigation of Radiation Accidents and Catastrophes (Russia) HWG 05 2013A Public Risk Communication and Rumors Surveillance: Building Capacity in Health Hotline Response to Public Health Emergencies and Emerging Public Health Issues (China)

Stated APEC health priority	Relevant declaration, statement, instruction	APEC HWG project
(b) pandemic preparedness	<ul style="list-style-type: none"> 2010 Leader's Declaration – Robust community 2010 APEC Leader's Growth Strategy – Secure Growth 2012 Annual Ministerial Meeting – Investing in human capital – Promoting healthy lifestyles, maternal and child birth 	<ul style="list-style-type: none"> HWG 02 2010A APEC Capacity Building Workshop on Vaccination Against Avian Influenza (Viet Nam) HWG 09 2011A International Seminar on Food Trade Safety to Prevent Avian Influenza (China) HWG 03 2011A APEC Workshop on Influenza Vaccine Policies and Strategies in Post-Pandemic Era (Chinese Taipei) HWG 02 2013A APEC Conference on the Innovation, Achievement and Sustainable Development in Public Health Emergency Response System 10 Years after the SARS Epidemic (Chinese Taipei)
(c) tuberculosis; (d) HIV/AIDS;	<ul style="list-style-type: none"> 2010 APEC Leader's Growth Strategy – Secure Growth 2010 APEC Leader's Growth Strategy – Secure Growth 2010 Annual Ministerial Meeting – Human security – Ensuring Health 2013 Annual Ministerial Meeting - Promoting Sustainable Healthcare 	<ul style="list-style-type: none"> HWG 03 2010A Planned Approach to HIV/AIDS Prevention: An Immersion Course Community Health Promotion for APEC Members (Singapore) HWG 10 2011A APEC Workshop - HIV Vaccines as Part of Complex Approach to AIDS Prevention and Control in APEC Region (Russia)
(e) other vector-borne diseases	<ul style="list-style-type: none"> 2010 APEC Leader's Growth Strategy – Secure Growth 	<ul style="list-style-type: none"> HWG 05 2010A International Initiatives to Control Anti-Microbial Resistance in the Asia-Pacific Region (Korea) HWG 04 2012A International Campaign Program to Control Antimicrobial Resistance (AMR) in the Asia-Pacific Region (Korea)
(f) reduce the incidence of infections in healthcare settings	<ul style="list-style-type: none"> 2012 Annual Ministerial Meeting – Investing in human capital – Promoting healthy lifestyles, maternal and child birth 2013 Annual Ministerial Meeting - Promoting Sustainable Healthcare 	<ul style="list-style-type: none"> HWG 06 2013A Capacity Building in Clinical Infectious Diseases for APEC Economies (Singapore) Medan Principles and APEC Policy Tool Kit for building capacity of health systems to address healthcare-associated infections and anti-microbial resistance (2013)
Non-communicable disease (NCD) control , including:	<ul style="list-style-type: none"> 2010 Leader's Declaration – Robust community 2010 APEC Leader's Growth Strategy – Secure Growth 2010 Annual Ministerial Meeting – Human Security – Ensuring health 2012 Leader's Declaration - Intensive Cooperation to Foster Innovative Growth 	<ul style="list-style-type: none"> HWG 01 2013A Workshop on the Prevention of Non-Communicable Diseases (NCDs) Risk Factors Control Through Community-Based Intervention (Indonesia) HWG 03 2013A Regional Collaboration for Health Technology Assessment - Developing HTA Capacity in Non Communicable Disease Management (Singapore)

Stated APEC health priority	Relevant declaration, statement, instruction	APEC HWG project
<ul style="list-style-type: none"> establishment of innovative public-private partnerships for the prevention and control of non-communicable diseases 	<ul style="list-style-type: none"> 2012 Annual Ministerial Meeting – Investing in human capital – Promoting healthy lifestyles, maternal and child birth 2012 Annual Ministerial Meeting – Annex E Investing in human capital – Health 2013 Annual Ministerial Meeting - Promoting Sustainable Healthcare 2011 Annual Ministerial Meeting – Addressing Key Cross-Cutting Issues – Strengthening Health Systems 2013 Annual Ministerial Meeting - Promoting Sustainable Healthcare 	<ul style="list-style-type: none"> Joint Life Science Innovation Forum-Health Working Group APEC Action Plan
<p>Health systems enhancement and strengthening, including:</p> <p>(a) sustainable healthcare system that deliver universal health coverage;</p> <p>(b) health care financing;</p> <p>(c) mental health;</p> <p>(d) provision of health services;</p>	<ul style="list-style-type: none"> 2010 Leader’s Declaration – Robust community 2010 APEC Leader’s Growth Strategy – Secure Growth 2010 Annual Ministerial Meeting – Human security – Ensuring Health 2012 Annual Ministerial Meeting – Investing in human capital – Promoting healthy lifestyles, maternal and child birth 2013 Leader’s Declaration - Sustainable Growth with Equity 2013 Annual Ministerial Meeting – Promoting Sustainable Healthcare 2013 Leader’s Declaration - Sustainable Growth with Equity 2013 Annual Ministerial Meeting - Promoting Sustainable Healthcare 2010 APEC Leader’s Growth Strategy – Secure Growth 2010 Annual Ministerial Meeting – Human Security – Ensuring health 2013 Annual Ministerial Meeting - Promoting Sustainable Healthcare 2013 Annual Ministerial Meeting - Promoting Sustainable Healthcare 2010 Annual Ministerial Meeting – Bogor Goals – Regional Economic Integration 	<ul style="list-style-type: none"> HWG 07 2011A Workshop on Cost-Effectiveness of Strategies for Human Security (Chinese Taipei)

Stated APEC health priority	Relevant declaration, statement, instruction	APEC HWG project
(e) innovation and application of medical and related ICT innovations in health systems;	<ul style="list-style-type: none"> • 2010 APEC Leaders' Growth Strategy – Innovative Growth – Life sciences • 2010 APEC Leader's Growth Strategy – Secure Growth • 2010 Annual Ministerial Meeting – Human Security – Ensuring health 	<ul style="list-style-type: none"> • Undertaken by APEC Life Sciences Innovation Forum (LSIF) • HWG 04 2011A 2012 APEC u-Health Community Forum (1st APEC u-Health Technical Forum) (Korea)
(f) sustainable development in the pharmaceutical and biologics industries;	<ul style="list-style-type: none"> • 2010 APEC Leaders' Growth Strategy – Innovative Growth – Life sciences • 2013 Annual Ministerial Meeting - Promoting Sustainable Healthcare 	<ul style="list-style-type: none"> • Undertaken by APEC Life Sciences Innovation Forum (LSIF)
(g) regulatory harmonization work on medical products (both drugs and devices);	<ul style="list-style-type: none"> • 2010 APEC Leaders' Growth Strategy – Innovative Growth – Life sciences • 2013 Annual Ministerial Meeting - Promoting Industrial Dialogues on Automotives, Life Sciences and Chemicals 	<ul style="list-style-type: none"> • Undertaken by APEC Life Sciences Innovation Forum (LSIF)
(h) Prevention of trade in counterfeit medicines/medical products;	<ul style="list-style-type: none"> • 2010 APEC Leaders' Growth Strategy – Innovative Growth – Life sciences 	<ul style="list-style-type: none"> • Undertaken by APEC Life Sciences Innovation Forum (LSIF)
(i) Center of Excellence for the evaluation of multi-regional clinical trials, partnering with the World Health Organization (WHO) on the development of a Good Review Practices document; and	<ul style="list-style-type: none"> • 2013 Annual Ministerial Meeting - Promoting Industrial Dialogues on Automotives, Life Sciences and Chemicals 	<ul style="list-style-type: none"> • Undertaken by APEC Life Sciences Innovation Forum (LSIF)
(j) multi-year roadmap on medical product quality and supply chain integrity.	<ul style="list-style-type: none"> • 2013 Annual Ministerial Meeting - Promoting Industrial Dialogues on Automotives, Life Sciences and Chemicals 	<ul style="list-style-type: none"> • Undertaken by APEC Life Sciences Innovation Forum (LSIF)
Promoting and investing in health and healthy lifestyles and wellness across the life course, and	<ul style="list-style-type: none"> • 2012 Leader's Declaration - Intensive Cooperation to Foster Innovative Growth • 2013 Leader's Declaration - Sustainable Growth with Equity 	

Stated APEC health priority	Relevant declaration, statement, instruction	APEC HWG project
healthy human capital including:	<ul style="list-style-type: none"> 2012 Annual Ministerial Meeting – Investing in human capital – Promoting healthy lifestyles, maternal and child birth 	
(a) maternal and child health;	<ul style="list-style-type: none"> 2012 Annual Ministerial Meeting – Investing in human capital – Promoting healthy lifestyles, maternal and child birth 2012 Annual Ministerial Meeting – Annex E Investing in human capital - Health 	
(b) ageing; and	<ul style="list-style-type: none"> 2011 Annual Ministerial Meeting – Addressing Key Cross-Cutting Issues – Strengthening Health Systems 2012 Annual Ministerial Meeting – Investing in human capital – Promoting healthy lifestyles, maternal and child birth 	<ul style="list-style-type: none"> APEC’s cooperation with the World Health Organization to develop an APEC Strategy on Aging and Age Friendly Economies
(c) use of Traditional and Complementary Alternative Medicines (TCAM).	<ul style="list-style-type: none"> 2013 Annual Ministerial Meeting - Promoting Sustainable Healthcare 	<ul style="list-style-type: none"> HWG 07 2013A Application of Traditional Chinese Medicines (TCM) in Airborne Diseases Containment International Seminar (China)

The following provides specific excerpts related to health priorities from APEC Declarations, Statements and instructions:

Leader’s Declarations

1994 Leaders' Declaration (Bogor Declaration)

- Strengthening the open multilateral trading system.
- Enhancing trade and investment liberalization in the Asia-Pacific.
- Intensifying Asia-Pacific development cooperation.

2010 Leaders' Declaration

- Economically-integrated community: A community that promotes stronger and deeper regional economic integration
- Robust community: A community with higher quality growth
 - ... Economies should strengthen their resilience and capacity to manage emergencies and natural disasters. **Infectious disease preparedness, non-communicable disease control, and health systems should be enhanced.** The availability of and access to reliable, nutritious, safe, and affordable food should be further ensured.*
 - ...We will improve the capacity of economies for responses **to infectious diseases, control of non-communicable diseases, and strengthening of health systems.***

- Secure community: A community that provides a more secure economic environment

2010 The APEC Leaders' Growth Strategy

- Balanced Growth: We seek growth across and within our economies through macroeconomic policies and structural reforms that will gradually unwind imbalances and raise potential output.
- Inclusive Growth: We seek to ensure that all our citizens have the opportunity to participate in, contribute to, and benefit from global economic growth.
- Sustainable Growth: We seek growth compatible with global efforts for protection of the environment and transition to green economies.
- Innovative Growth: We seek to create an economic environment that promotes innovation and emerging economic sectors...
 - *Promote innovation in Life Sciences.* APEC will take concrete actions in the medical and life sciences areas where further efforts could help stimulate **innovation and application of medical and related ICT innovations in health systems**, including by encouraging investment, **assisting sustainable development in the pharmaceutical and biologics industries**, accelerating **regulatory harmonization work on medical products**, and enhancing **cooperation to prevent trade in counterfeit medicines/medical products**.
- Secure Growth: We seek to protect the region's citizens' economic and physical well-being and to provide the secure environment necessary for economic activity...
 - **Enhance infectious diseases preparedness and control of non-communicable diseases, and strengthen health systems.** APEC will continue to **enhance preparedness for and effective management of emerging and re-emerging infectious diseases, including tuberculosis, vector-borne diseases, HIV/AIDS and other pandemics; build capacity for the prevention of non-communicable diseases, including injuries; and strengthen health systems of economies, including health financing, human resources, and health information technologies**, which would contribute to inclusive and secure growth.

2012 Leaders' Declaration

- Trade and Investment Liberalization, Regional Economic Integration
- Strengthening Food Security
- Establishing Reliable Supply Chains
- Intensive Cooperation to Foster Innovative Growth

*...Recognizing that a healthy population is crucial for sustainable development of human resources, and therefore, for sustainable economic development and innovative growth in the APEC region, we support the efforts made by our economies to address health issues across sectors, and encourage further concrete steps to strengthen health systems by **preventing non-communicable diseases, promoting and investing in health and healthy lifestyles and wellness across the life course starting from maternal, infant and child health through to the end of life.***

2013 Leaders' Declaration

- Supporting the Multilateral Trading System and Attaining the Bogor Goals
- Promoting Connectivity

- Sustainable Growth with Equity
 18. *We recognized that resource scarcity presents an immense challenge that limits our ability to pursue economic growth and we were mindful of the grave economic consequences of natural and human-caused disaster, particularly to the most vulnerable members of society. In response to these challenges, we will take the following steps:...*
 - i. *promote **sustainable healthcare systems** that deliver **universal health coverage** and emphasize promotive and preventive measures to ensure **healthy and productive societies**, while bearing in mind the opportunities implied in the different pace of aging among member economies;*
 - j. *engage in capacity building efforts and effective regional and global partnerships across the public and private sectors with the aim of addressing emerging **infectious diseases** and **strengthening public health systems**;*
 - k. *promote understanding on safe and effective use of **traditional medicine**, according to individual economies' needs and circumstances, as it is increasingly used as a complementary and alternative medicine in certain economies, due among others to its affordability, availability, and acceptability as a part of health beliefs of our local cultures;*
 - l. *work on combating **infectious diseases**, including through efforts to meet the goals articulated in **UNAIDS Getting to Zero 2011-2015 strategy**, notably zero new HIV Infections, zero discrimination and zero HIV related deaths through targeted prevention and treatment measures, by scaling up investment and strengthening Public-Private Partnership, health care systems and community involvement; and*
 - m. *progress work to ensure ease of **mobility of emergency responders** and their equipment to save lives in the early aftermath of disasters, while improving cooperation in disaster risk reduction, including through the involvement of the private sector in business continuity planning.*

Annual Ministerial Meetings

2010 Annual Ministerial Meeting

- Bogor Goals
- Regional Economic Integration
 - Services
 13. *We endorsed efforts to promote cross-border trade in services in new areas of interest, including legal services, accounting services, environmental services, **health services**, information and communication technology-related services, and ecotourism, as identified in the APEC Services Action Plan, while respecting the APEC Principles for Cross-border Trade in Services. Moreover, we welcomed officials' further work toward developing a database of regulatory requirements in the services sector on a voluntary basis. We also recognized the positive role of the services sector and the liberalization of services trade in inclusive growth and sustainable growth.*
- APEC Leaders' Growth Strategy
- Human Security
 - Ensuring Health

39. We welcomed efforts by the **Health Working Group (HWG)** to improve the capacity of APEC economies to **respond to emerging and re-emerging infectious diseases of pandemic potential**, and to **control non-communicable diseases**. We also commended HWG's efforts to **strengthen the health systems** of economies through such means as **improving health financing, human resources, and health information technologies** which contribute to economic stability and sustainable economic growth.

- Welcoming Sectoral Initiatives
- Strengthening Economic and Technical Cooperation
- Engaging Stakeholders in APEC
- Strengthening APEC

2011 Annual Ministerial Meeting

- Strengthening Regional Economic Integration and Expanding Trade
- Promoting Green Growth
- Advancing Regulatory Convergence and Cooperation
- Addressing Key Cross-Cutting Issues
 - Strengthening Health Systems

We welcomed the **joint Life Science Innovation Forum-Health Working Group APEC Action Plan** to reduce the economic burden of disease in the region through **sharing best practices** and the **establishment of innovative public-private partnerships for the prevention and control of non-communicable diseases**. We instructed officials to report on progress towards implementation of this Action Plan by AMM 2012.

We recognized that the rise in **chronic, non-communicable disease due to aging populations and lifestyle changes** in the region is constraining our economic growth potential. We welcomed APEC's **cooperation with the World Health Organization to develop an APEC Strategy on Aging**.

We will encourage efforts to develop **Age Friendly Economies** using innovative policy, practices, and technologies to support healthy lives.

- Promoting Economic and Technical Cooperation
- Strengthening APEC as an Institution

2012 Annual Ministerial Meeting

- Trade and Investment Liberalization, Regional Economic Integration
- Strengthening Food Security
- Establishing Reliable Supply Chains
- Intensive Cooperation to Foster Innovative Growth
- Strengthening APEC as an Institution
 - Investing in human capital: promoting healthy lifestyles, maternal and child health

50. *Recognizing that investments in health at all stages of life from pre-natal through aging are investments in the future, we welcome work to promote concrete steps to promote investment in human health including **preventing and reducing the burden of non-communicable diseases and promoting health and healthy lifestyles** in APEC economies (see Annex E).*
51. *We support improving health, especially **maternal and child health**, as a source of dynamic growth and basis for the future healthy adolescence and aging in APEC economies and acknowledge the importance of ongoing **strengthening of health sectors and pandemic preparedness**. We note that **innovations in diagnoses prevention, treatment, and disease management** to support health are a source of dynamic growth, and that investment in healthcare, especially maternal and child health, as the basis for the future healthy adolescence and aging in APEC economies. We also acknowledge the importance of ongoing **strengthening of health systems and pandemic preparedness and response**.*
52. *We instruct officials to work with stakeholders to **identify high-impact investments along the life course** that will yield commensurate **economic and social returns** and report findings to us in 2015. We also instruct officials to **work with stakeholders to prioritize access by mothers and children to quality health care**, including preventive interventions from pre-natal period and during their life. We welcome work to address the **economic and public health burden of healthcare associated infections**. We encourage officials to work with stakeholders to **reduce the incidence of infections in healthcare settings**.*

Annex E – Investing in Human Capital

- *Education*
- *Health*

***Healthy human capital** is critical for further economic development and innovative growth in the APEC region. To **promote healthy populations** it is crucial to **support and invest in health and healthy lifestyles** throughout the life course starting from **maternal, infant and child health** which is the foundation for future health and **healthy ageing**. Prevention of the early onset and progression of **non-communicable diseases (NCDs)** can be efficiently attained through access to quality care combined with preventive interventions. Investments in economically cost-effective measures which address **health and healthy lifestyles both with early detection, prevention, early intervention, and management of NCDs** from maternity and prenatal care through old age provide powerful economic and social benefits and greatly contribute to sustainable economic growth.*

- *Employment and improving social safety nets*
- *Equal inclusion*

2013 Annual Ministerial Meeting

- **Attaining the Bogor Goals**
 - **Promoting Industrial Dialogues on Automotives, Life Sciences and Chemicals**

29. *We welcomed the continued progress to **align and strengthen regulatory procedures for medical products (both drugs and devices)** according to international best practices. This includes steps to promote regulatory sciences through the establishment of an **Innovative Center of Excellence for***

the evaluation of multi-regional clinical trials, partnering with the World Health Organization (WHO) on the development of a Good Review Practices document and continued progress in implementing the multi-year roadmap on medical product quality and supply chain integrity.

- Promoting Connectivity
- Sustainable Growth with Equity
 - Promoting Sustainable Healthcare
 - 68. *We recognized that health plays an important role as the driver of economic development. We also recognized the role of innovation and innovative approaches, multi-sectoral and multi-stakeholder collaboration, and public private partnerships in APEC in ensuring the physical and mental health of our citizens. We reaffirmed our commitment to **improving the capacity of economies to respond to infectious diseases, to control non-communicable diseases, and to strengthen health systems.** We supported the efforts to promote understanding on the **safe and effective use of Traditional and Complementary Alternative Medicines (TCAM)** by integrating traditional medicine into healthcare systems in accordance with economies' priorities and legislation, and **involving communities and strengthening public-private partnerships**, taking into account economies' circumstances. We instructed officials to progress the work on implementing the **strategies for both health promotion and preventive health care.** We also committed to work towards zero new HIV infections, zero discrimination and zero HIV-related deaths, especially through **HIV prevention programs in the APEC region.** We recognized the importance, including toward the economy, of **promoting sustainable healthcare systems that deliver Universal Health Coverage** in the APEC region (see Annex E).*

Annex E - Sustainable Healthcare System in the Asia Pacific

Improving health is an important contributor to increase productivity and economic growth, as well as to achieve sustainable growth with equity. We recognize the importance of providing quality health care through systems that are sustainable and responsive to the health care needs of our people to ensure the continued prosperity of the Asia Pacific region.

We welcome the work undertaken by APEC fora this year to develop sustainable healthcare systems in the region through inclusive access to universal health coverage. The sustainability of universal health coverage is a key priority for economies in the APEC region.

We also recognize that a collaborative, whole of government approach to establishing health priorities and health resource allocation is desirable to improve health and health innovation outcomes. There is benefit in sharing information and best practices in these areas through cross-fora APEC collaboration.

*To advance APEC's work on developing **sustainable healthcare systems in the Asia-Pacific**, we note the views of the 3rd High level Meeting on Health and the Economy and encourage officials to conduct activities consistent with the circumstances in the individual APEC economies, including but not limited, to:*

- *form a consultative mechanism of relevant APEC groups and stakeholders, including SOM, SFOM, LSIF and HWG, to prepare for a high level discussion on ways to ensure sustainability of health financing systems in cooperation, where appropriate and necessary, with relevant international organizations such as OECD and WHO;*
- *undertake a study on health care budget setting, allocation processes and technology assessment, and financing mechanisms in the region;*
- *acknowledge the need to address including through public-private partnerships the significant burden of mental illness, the changing demands on health systems as populations age and lifestyles change, and the continued rise in chronic non-communicable disease in the face of growing infectious disease threats;*
- *support ways that APEC can contribute to building innovative capacity in medical life sciences, for example in regulatory sciences and the commercialization of research;*
- *undertake further work to secure the pharmaceutical and medical products pipeline including by supporting initiatives to improve, safe access to legitimate pharmaceuticals and medical products;*
- *welcome the Medan Principles and APEC Policy Tool Kit for building capacity of health systems to address healthcare-associated infections and anti-microbial resistance;*
- *Recognizing that Traditional and Complementary Alternative Medicine (TCAM) has the potential to strengthen primary health care and complementary modalities for handling degenerative diseases, the economies call for (i) developing the knowledge and practice of safe and effective traditional medicine through research and development as well as structured education and training, (ii) integrating safe and effective traditional medicine into national health care systems as appropriate by taking into consideration economies' capacities, priorities, legislation and circumstances, (iii) involving communities and strengthening public-private partnership in promoting the socio-economic value of safe and effective TCAM;*
- *welcome emerging initiatives to strengthen the competencies of the health workforce and its distribution in the region and to reaffirm primary healthcare.*

Annex 4 APEC HWG Publications since 2010

2013

Cost of Healthcare-Associated Infections in APEC Economies: A Review of the Literature

Symposium on “Promoting Human Security in APEC: Development of e-Health Systems as a Tool for Management in the Health Area of APEC Economies”

Enhancing Health Security–International campaign program to control antimicrobial resistance in the Asia-Pacific

Strengthening Health Security - APEC Symposium on Strategies to Control and Prevent Antimicrobial Resistance

Strengthening Health Security - APEC Symposium on Strategies to Control and Prevent Antimicrobial Resistance

International Seminar on Food Trade Safety to Prevent Avian Influenza

Strengthening Health Security in APEC through Rural Health Workforce Management, Attraction and Retention Skills Training

2012

Classic Cases in Public Health Emergency

A Guide to Public Health Emergency Response Capacity Building

Final Report: Symposium Enhancing Cooperation of Medical Rapid Response Teams in Case of International Disaster Response in APEC Economies

Final Report: Symposium Enhancing Cooperation of Medical Rapid Response Teams in Case of International Disaster Response in APEC Economies

HIV vaccines as a part of complex approach to AIDS prevention and control in APEC region

2011

International Symposium on Human Resources for Health of Health

International initiatives to control antimicrobial resistance in the Asia-Pacific region

Proceedings of the 1st APEC Expert Forum for “International initiatives to control antimicrobial resistance in the Asia-Pacific region”

2010

APEC Emerging Infectious Disease Network (EINET) Report

APEC Workshop for the Control Practice of Dengue Fever

APEC Conference for the Surveillance, Treatment, Laboratory Diagnosis and Vaccine Development of Enteroviruses

Final Report: “Development of an Information platform for Avian Influenza (AI) Community Management and Engagement”

Annex 5 APEC HWG comments

The following comments have been provided by APEC HWG members during interviews in the margins of HWG meeting held from 23-24 February 2014 in Ningbo, People's Republic of China, and in responses to a subsequent questionnaire.

HWG projects

- The Bogor goals, Leaders' Declarations and Ministerial statements are so broad when it comes to health priorities that it is easy to interpret all projects undertaken as being in line with them. It also means that many APEC subfora can justify the projects that they undertake as contributing to health priorities but there is no overall coordination, and that the APEC HWG are only one part of the overall picture.
- Projects do not appear to be evenly distributed across the HWG priorities.
- The process of:
 - identifying possible projects through policy dialogues and High Level Meetings;
 - devising, discussing and prioritising concept notes at HWG meetings;
 - project approval via BMC;
 - project implementation;
 - project reporting and completion;is generally understood by the HWG members, but there are requests for specific training on the project process for some economies and there are some concerns within some of the stages.
- Concept notes are a great tool but could benefit from greater precision in some cases, such as:
 - link to overarching statements and directions;
 - state the benefit to APEC as a whole in addition to national and local benefits;
 - confirm in capacity building projects that there is the endorsement and is of a high priority for recipient economies; and
 - analyse linkages with similar projects of other organisations (WHO, international and regional health forums, and international standards development agencies).
- Concepts notes for projects that receive strong support through co-sponsorship and in HWG meetings sometimes do not end up being ranked as a high priority for funding, however, projects that received only 'luke-warm' support do become high priority and gain funding. The process for how this happens is opaque. This results in:
 - questions being raised about the transparency of the out-of-session prioritisation process; and
 - discouraging some member economies from continuing to develop concept notes and promote projects, or spending adequate time in researching, socialising and justifying the concept notes that they do propose.
- Concept notes should be subject to 'staff work' prior to consideration and ranking by the APEC HWG through:
 - the APEC Secretariat providing an opinion to APEC HWG on the alignment of the concept note with HWG priorities; and
 - review of the quality of the content by a small review group of APEC HWG members.
- Concepts should be circulated well in advance of the meeting so that discussion amongst members can take place in advance of the meeting via email.
- A greater number of HWG projects should involve a greater number of APEC member economies in their application – they should not simply be a way to fund domestic policy development, implementation or research agendas which are then unsatisfactorily presented back to member economies as being APEC initiatives.
- Priorities should be discussed in-session frankly, but they are not because no economy wants to be seen as being critical of others, especially if it is the result of an annually set host-priority that may or may not match with the HWG priorities. Other views support inter-sessional ranking of projects deliberately as it shields proponents and delegates from embarrassment during the meetings.
- Project prioritisation should be on the basis of negotiation and should be flexible in terms of topics so as to respond to emerging threats.
- Projects should only be approved when there is a proven common interest across the members.
- It is difficult to get project progress information inter-sessionally – there is no platform for monitoring progress other than formal papers presented occasionally at the HWG meetings.

- More multi-year projects so we can do more practical work.
- Projects are being undertaken by the LSIF as 'joint' projects when there is no interest from HWG members.
- Projects are within priorities – funding too limited – cannot go very deep meaning only superficial impact.
- Projects that are approved at the final annual round should be allowed to have a 2-year delivery time frame to enable adequate time after the approval to mobilise resources and speakers, and to promote the event or activity etc. to widest possible audience.
- Some projects could be seen as component parts of the same multi-year programme but the funding cycle makes such comprehensive planning difficult. It is possible to submit Multi Year Project as the Project Proponents would have the benefit to secure the funding for three-four years – (it is noted that this opportunity does exist for this within the APEC framework).
- The best contributions made by APEC HWG projects are:
 - concept discussion and definition;
 - facilitating information exchange and knowledge transfer;
 - assisting APEC member economies in implementation of global agendas (e.g. HIV/AIDs); and
 - examples of implementation practice in reaction to public health threats, and the learning that follows.
- It may be better to allow reports to be delivery in the native language of the sponsor and for translation to utilised for the APEC HWG meeting.

Collaboration and duplication

- Collaboration is taking place between the APEC HWG and other APEC fora, especially the Life Sciences Innovation Forum (LSIF). This being achieved through:
 - joint policy dialogues on health related issues;
 - delegates of some member economies attending both the APEC HWG and the other APEC for a, especially in the case of the LSIF;
 - presentations at the APEC HWG on the direction, activities and projects being undertaken in other APEC fora, especially the LSIF.
- There is a potential for duplication of work undertaken by the HWG and other APEC fora. This is especially so for the work of the Life Sciences Innovation Forum and the Emergency Preparedness Working Group.
- There should be an invitation to each of the other APEC forums, may be on a rolling basis to give APEC HWG an update on the work of that group and any health related projects, and vice versa.
- There is a potential for duplication of work with other external agencies, including the WHO and the ASEAN Health Working Group. This can lead to duplicate projects, but in other cases the APEC path is considered the best way to mobilise funding and resources.
- There is no effective collaboration with WHO and other bodies. While these bodies are invited they do not come frequently and do not send the same person frequently. There is no visibility within the APEC HWG as to what these groups are doing.
- WHO representatives do participate effectively in workshops and policy dialogues, but no longer in HWG meetings.
- It is a view of some member economies that previous collaboration was closer than it is now with external agencies such as the WHO (e.g. during the development of the APEC guidelines on pandemic preparedness and response).
- While specific WHO representation attendance at APEC HWG is no longer the norm, it does not matter because the type of collaboration now taking is more integration with APEC projects help WHO initiatives take place in the APEC region as awareness raising, workshops, trials, pilots and small scale delivery.
- Duplication OK as APEC project often have capacity building element lacking in other bodies.
- LSIF has more or less the same goals as the HWG but goes about achieving them in a different way. Overlaps can be managed through continuing joint dialogues as long as these dialogues are balanced. Such dialogues should divide up the work.

- The collaboration takes place between people not organisations. The right people need to be involved at the right time.
- APEC HWG members hold disparate views on how best to engage with industry.
- ABAC is understood to have its main collaboration on health issues through its involvement with the LSIF.
- SCE give limited or no feedback.
- Involvement of industry is generally seen best facilitated through their involvement in the LSIF. There is some criticism that when industry is involved they take an opportunity to market themselves or their proprietary products and services, rather than representing a more whole-of-industry policy position.
- More collaboration with the Asian Development Bank (ADB) is encouraged.
- More collaboration with the Association of Pacific Rim Universities (www.apru.org)

Terms of reference, direction and agenda setting

- In some economies there is little support from Health Ministries for involvement in the work of the APEC HWG because their main focus is domestic health and they have only small international affairs units relative to the rest of the organisation. These units are more focused on representation to international health organisations such as WHO.
- Terms of reference are too limiting for the APEC HWG to respond to new initiatives and expand its mandate to whole of health agenda.
- APEC should mainstream health in APEC because health has a major impact on economies and their human assets.
- Grown quite fast in recent years in terms of new initiatives – especially deriving from joint discussions with the LSIF, including mental health.
- ToR should be reviewed to focus on health generally and not only trade related issues, but need to avoid duplication with other APEC fora and external bodies.
- The APEC HWG has potential because it brings together the Asia-Pacific member economies. This is not done in other bodies, including the WHO which covers the Asia-Pacific region with four different Regional Offices (Americas, Europe (including Russia), South-East Asia, Western Pacific).
- It is suggested the priorities of the APEC HWG under an expanded Terms of Reference should:
 - be set by government-to-government consensus;
 - Have a list of common issues (e.g. infectious disease, non-communicable disease); and
 - Allow a list of annually identified ‘hot topics’.
- There is a need for stronger discipline and direction from the leadership of the HWG (the positions of Chair, Vice Chair and Program Director) to ensure:
 - concept notes and projects are only tabled when there is a clear connection to APECs ECOTECH priorities, directions given to HWG in Leader’s Declarations and Ministerial Statements, the HWG Strategic Plan, and that are in line with the HWG Terms of Reference;
 - there is enough time for a full and frank sharing of views between member economies in terms of direction setting and policy discussions at the HWG, especially in terms of coming to consensus on the topics, agendas and anticipated outcomes of policy dialogues, High Level Meetings, and collaboration initiatives with other APEC fora.
- There is concern that the LSIF, which has a broader mandate than the APEC HWG, and that is perceived as being driven by industry and research interests, develop directions and initiatives on health topics which while being innovative and appropriate in the LSIF context, are then presented to the APEC HWG for endorsement (‘rubber stamp’) or are promoted as being in association with the HWG without due discussion within the HWG itself. There is a concern that the APEC HWG agenda becomes too driven by this type of collaboration, and there is not enough understanding by the proponents of such initiatives that the APEC HWG has a different mandate and more limited Terms of Reference, and as a group of principally G2G public health officials there are different sensitivities about priorities and policy implications.

- Delegates have a different understanding of the flow of directional statements. Some consider the flow starts with the APEC HWG reporting upwards the group's achievements which are then adopted in the public Ministerial Statements and Leaders Declarations, effectively ex-post endorsement of the work, while others consider the Leaders Statements and Ministerial Statements flow downwards as giving a mandate to the APEC HWG to undertake projects.
- There is frustration that some policy dialogues and High Level Meeting outcomes, which then then appear in Ministerial and Leaders Statements raise expectations that APEC HWG will undertake work and sometimes result in concept notes that are out of the ECOTECH and HWG priorities and Strategic Plan.
- It is recognised there are disparate views as to what role the APEC HWG should play – most would like to formally have an expanded scope, but limit this to a more general focus on health and economic issues, e.g. financing universal health care (UHC) – others wish to have the mandate increases to cover health issues for health issues sake, and not be limited to economic considerations.
- The topics that should be covered by the APEC HWG should focus on those which have the highest economic impact – e.g. the prevention and cure of non-communicable diseases and issues such as the economic effects of an aging population, and the benefits to the economy in ensuring universal health care, healthy lifestyles and healthy workplaces etc., and how to develop and leverage public-private partnerships in health (e.g. proposals in early 2014 for a new APEC Healthy Asia-Pacific 2020 strategy) - in contrast to issues that have relatively lower economic impacts such as dealing with pandemics, influenza outbreaks etc.
- There is a need for more formality in policy dialogues and High level Meetings should have clear criteria for acceptance at the end proper wraps up and agreed recommendations.
- Many projects are self-funded and in the national interest and not necessarily regional interest – this inappropriately influences the HWG agenda and advice to Ministers.

APEC HWG support

- All HWG members support and acknowledge the hard work of the APEC Program Director, and his efforts to provide the secretarial administration for the HWG.
- What is the successional plan for the Secretariat? Concern that a lot of institutional knowledge is held by the APEC Program Director, especially giving the fluidity of people in most APEC HWG delegations.
- Not enough steering by the Secretariat who need to show more leadership and direction and push back when the host or others try to add new directions that have not been agreed.
- The Secretariat should remain neutral and not give direction to the APEC HWG other than inform them about the correct processes to follow.
- Secretariat to give more guidance on how to correctly promulgate projects and prepare concept notes.
- Economies should have a stable focal point in their administrations to coordinate receipt of APEC HWG documentation, ensure all relevant ministries are informed and consulted, and APEC HWG delegates should coordinate and be informed of what was said by delegates of the same economy in associated forums e.g. LSIF.
- The meeting duration is too short to allow for both discussion of concepts notes, hear reports and have policy discussions.
- Vice Chair and Chair should not be the host economy because it encourages host to promote priorities and special issues not in alignment with agreed priorities, and also too much worry to both chair and host the meetings.
- Reports should be dealt with by exception allowing more time for policy discussions.
- More promotion of the importance of the APEC HWG itself is required with senior officials.
- Management at APEC relatively loose – it is good to see the Strategic Plan and associated procedural development take place.
- It is understood attendance at APEC HWG meetings is good.

- Participation is relatively even at the meetings, however the level of participants could be more senior with greater ability to come to decisions rather than having to report back to capitals for direction.
- Maintain printed documents at the meeting.
- APEC Information Management Portal (AIMP) should be used for meeting and other documents.
- Websites if kept should be used for more communication updates etc.
- Websites are useful – but content is not very rich or updated – upload more info.
- We do not need so many websites, just the APEC formal websites are required – the external APEC HWG website is not updated regularly and has old documents which is confusing.
- The APEC HWG website is useful because it provides information that is available to the public. However it must be updated by APEC HWG members.

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Produced by

Graeme Drake
GED Advisory
18 Ramsay Avenue
West Pymble
New South Wales 2073
Australia
www.gedadvisory.com

For
Asia-Pacific Economic Cooperation Secretariat
35 Heng Mui Keng Terrace
Singapore 119616
Tel: (65) 68919 600
Fax: (65) 68919 690
Email: info@apec.org
Website: www.apec.org

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