

# Regional health security architecture in ASEAN countries: Lessons from regional CDC models and Japan's strategic partnership for ACPHEED development

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**Abstract:** The COVID-19 pandemic exposed critical gaps in regional health security mechanisms, prompting ASEAN to establish the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED), with functions distributed across Indonesia, Thailand, and Vietnam. This policy analysis examines strategic development approaches for ACPHEED through comprehensive benchmarking of the European Centre for Disease Prevention and Control (ECDC), Africa Centres for Disease Control and Prevention (Africa CDC), and Gulf CDC, supported by consultations in Indonesia (2024) and Sweden (2025) involving ASEAN member states and international partners. A comparative analysis reveals distinct organizational models: the ECDC operates within European Union (EU) institutional frameworks emphasizing functional specialization; the Africa CDC employs decentralized Regional Coordination Centers; and the Gulf CDC implements hybrid governance *via* Permanent Communication Networks. Each model offers valuable lessons for ACPHEED's development, particularly concerning governance structures that balance regional coordination with national sovereignty. ACPHEED faces unique challenges due to ASEAN's consensus-based, nonlegislative institutional nature and its tri-country operational structure. Critical success factors include phased surveillance emphasizing a defined scope and capacity building; inclusive governance mechanisms ensuring equitable member-state ownership; and operational frameworks applying subsidiarity principles to complement existing ASEAN mechanisms. Sustainable financing remains paramount given ASEAN's limited budgetary authority. Japan's strategic partnership should capitalize on its technical expertise in laboratory systems, digital surveillance, and disaster preparedness through comprehensive institutional support. ACPHEED's success depends on sustained political commitment, realistic financial arrangements, and effective integration into global health security architectures. This analysis provides a strategic roadmap for ACPHEED's preparatory phase so that it can serve as a regional health security leader while addressing ASEAN-specific institutional constraints.

**Keywords:** public health emergencies, pandemic prevention, preparedness and response, health security, ASEAN, Japan

## 1. Introduction

The COVID-19 pandemic highlighted the urgent need for strong regional health security mechanisms to deal with public health emergencies (1). In response, ASEAN has moved forward with establishing the ASEAN Centre for Public Health Emergencies and Emerging Diseases (ACPHEED), building on existing regional frameworks such as the ASEAN Coordinating Centre for Humanitarian Assistance on Disaster Management (AHA Centre) and the ASEAN Emergency Operating Centre (EOC) Network for Public Health (2). An agreement to establish ACPHEED has not yet been signed, but member states have agreed that ACPHEED's functions will be distributed across Indonesia, Thailand,

and Vietnam, with preparations already underway. ACPHEED's development occurs within a global landscape where regional disease control centers have become essential components of international health security architecture (3). Notable examples include the European Centre for Disease Prevention and Control (ECDC), the Africa Centres for Disease Control and Prevention (Africa CDC), and the Gulf Center for Disease Prevention and Control (Gulf CDC) (4).

This analysis is based on a narrative review of the literature and official documents, as well as comprehensive benchmarking activities conducted in Indonesia (November 2024) and Sweden (September 2025). These consultations involved representatives from the three ACPHEED host countries (Indonesia, Thailand,

and Vietnam), eight ASEAN member states (Brunei, Cambodia, Laos, Malaysia, Myanmar, the Philippines, Singapore, and Timor-Leste), key international partners such as the Japan International Cooperation Agency (JICA), and representatives from the three regional CDCs (5,6).

## 2. Comparative analysis of regional CDC models

The three regional CDCs demonstrate distinct organizational approaches shaped by their unique regional contexts and founding principles (Table 1). Established in 2005, the ECDC operates within the European Union's institutional framework. It is overseen by a Management Board providing strategic direction and an Advisory Forum offering scientific guidance (5). The ECDC's structure emphasizes functional specialization, with dedicated units on disease programs, surveillance, preparedness, and corporate services. Its solid legal foundation is supported by the EU's legislative authority (6).

The Africa CDC, launched in 2017, adopts a decentralized model through Regional Coordination Centers (RCCs), enabling regional-level coordination while maintaining country representatives for on-the-ground engagement (7). This structure reflects the continent's diversity and need for locally adapted approaches, balanced by centralized strategic leadership from the Director General's office and specialized directorates.

The Gulf CDC, established in 2021, implements a hybrid governance model, combining a Supervisory Council responsible for strategic oversight with a Strategic Partnership Council consisting of international experts (8). Permanent Communication Networks (PCNs) form expert networks across member states, emphasizing scientific excellence and alignment with regional needs.

### 2.1. Strategic planning and priority setting

Strategic planning among these centers varies notably in terms of scope and implementation timelines. The ECDC's strategic framework prioritizes enhancing surveillance and preparedness at the EU level, clearly distinguishing short-term objectives such as real-time digital surveillance from mid-term goals (5).

The Africa CDC's strategic planning addresses the continent's unique challenges, focusing on strengthening public health systems, enhancing disease surveillance and response, and promoting health security and emergency preparedness (7). The center prioritizes building resilience to health emergencies while promoting health research and innovation.

The Gulf CDC's strategic framework demonstrates its adaptation to evolving public health needs, emphasizing comprehensive integration of public health data, collaborative health programs, and improved

preparedness for early detection and a rapid response (8). Its strong focus on training and capability-building highlights workforce development as a fundamental requirement for effective regional health security.

### 2.2. Coordination and collaboration mechanisms

Coordination mechanisms across the three centers reflect diverse approaches to managing relationships with member states and engaging international partners. The ECDC uses existing EU institutional frameworks to coordinate with member states while maintaining operational independence at the national level and close collaboration with the World Health Organization (WHO) on joint surveillance activities (5).

The Africa CDC prioritizes inter-agency collaboration through partnerships with regional economic communities, global health partners, and civil society organizations (7). Its joint action plans with the WHO and other regional organizations demonstrate a commitment to coordinated responses to public health challenges.

The Gulf CDC emphasizes regular engagement through Country Liaison Officers and the establishment of working groups on priority issues (8). Its PCNs enable continuous coordination supporting both scientific exchanges and operational collaboration.

### 2.3. Operational programs and capabilities

Program implementation across these centers reflects adaptation to regional disease burdens and member-state priorities. The ECDC's programs focus on disease surveillance, epidemic intelligence, and preparedness assessments, with notable success in integrating national surveillance systems into a regional framework (5). Its training programs in sequencing and bioinformatics highlight the importance of the technical capacity for effective surveillance. Following the COVID-19 pandemic, the ECDC was given an expanded mandate to issue nonbinding scientific recommendations to member states.

The Africa CDC's programmatic portfolio includes integrated disease surveillance and response, strengthening of laboratory networks, coordination of Emergency Operations Centers, and health promotion activities (7). The Regional Integrated Surveillance and Laboratory Network (RISLNET) represents an innovative model for resource sharing and specimen exchanges among reference laboratories. Additionally, the Africa CDC is pursuing new financing mechanisms, including the Africa Epidemics Fund as a pooled resource for emergency preparedness and rapid response and the African Pooled Procurement Mechanism to reduce costs and improve access to essential health commodities across the continent (9).

The Gulf CDC's programs emphasize preparedness for public health emergencies through landscape analysis,

**Table 1. Comparative analysis of regional CDCs: the ECDC, Africa CDC, and Gulf CDC**

Aspects	ECDC	Africa CDC	Gulf CDC
Year of establishment	2005	2017 (preparatory phase from 2013)	2021
Legal basis	Solid legal foundation within EU legislative functions	African Union framework	Not specified
Headquarters location	Stockholm, Sweden	Ethiopia (headquarters) + Regional Coordination Centers (RCCs) in Egypt, Nigeria, Gabon, Zambia, and Kenya	Not specified (Gulf Health Council based in Riyadh)
Organizational structure	Functional specialization with dedicated units for disease programs, surveillance, preparedness, and corporate services	Decentralized model with RCCs and country representatives. Central Director General's office with specialized directorates	Hybrid model with Permanent Communication Networks (PCN) creating expert networks across member states
Governance model	Management Board for strategic oversight and Advisory Forum for scientific guidance	Decentralized governance with strong country and regional representation	Hybrid: Supervisory Council for strategic oversight and Strategic Partnership Council with international experts
Budget & funding	Stable funding from the EU budget	Developing innovative financing: Africa Epidemics Fund, African Pooled Procurement Mechanism	Not specified
Core functions	Disease surveillance, epidemic intelligence, preparedness assessments, nonbinding scientific recommendations, and training in informatics and sequencing	Enhancement of healthcare systems, disease surveillance and response, strengthening of laboratory networks, coordination of Emergency Operations Centers, and health promotion	Public health data integration, collaborative programs, early detection and rapid response preparedness, training and capability building, injury prevention, and noncommunicable disease monitoring
Surveillance systems	Integration of preexisting national surveillance systems into the regional framework; real-time digital surveillance	Integrated disease surveillance and response Regional Integrated Surveillance and Laboratory Network (RISLNET)	Comprehensive public health data integration, analytics, and regional surveillance
Laboratory networks	Advanced training and support for laboratory capabilities	RISLNET fosters resource sharing and specimen exchanges among reference laboratories	Not detailed (likely coordinated <i>via</i> PCNs)
Outbreak response mechanisms	Preparedness assessments, epidemic intelligence, nonbinding scientific recommendations	Coordination of Emergency Operations Centers and rapid response initiatives	Drills, rapid response frameworks, Country Liaison Officers, and working groups
Research capabilities	Focus on high-level training and integration with research and development	Advance health research and innovation	Analytics, burden-of-disease studies, and achievement of scientific excellence <i>via</i> expert networks
Key partnerships	The WHO and national coordinators in member states	Regional Economic Communities, global health partners, civil society, and formal joint actions with the WHO	International experts <i>via</i> the Strategic Partnership Council and PCNs
Strengths	Strong legal/institutional basis, functional specialization, stable funding, and EU-wide coordination	Adapted to African diversity, strong interregional cooperation, and innovative funding	Flexible, expert-driven, agile responses, and strong focus on scientific excellence
Challenges	Possible limitations due to reliance on member states' independent operations	Vast geographical area, sustainability of financing, and equitable resource access	Young institution with possible teething challenges
Distinguishing features	EU legislative power and strategic integration capacity; post-COVID mandate for nonbinding advice	Decentralized model with strong regional/local engagement. Innovative funding	PCN-based coordination; hybrid high-level and distributed expert governance; adaptation to fast-changing public health landscapes

*Abbreviations:* ECDC, European Centre for Disease Prevention and Control; Africa CDC, Africa Centres for Disease Control and Prevention; EU, European Union; WHO, World Health Organization.

simulation exercises, surveillance, and advanced analytics, including burden-of-disease studies, as well as training and capability-building initiatives (8). Its focus on regional harm prevention strategies and frameworks for monitoring noncommunicable diseases reflect adaptation to the region's epidemiological transition.

### 3. Strategic insights into considerations for ACPHEED's preparatory phase

Three key prerequisites shape the strategic development of ACPHEED: *i*) once established, its functions will be distributed across three countries; *ii*) ASEAN has multiple existing health security mechanisms; and *iii*) ASEAN operates by consensus and lacks legislative authority and independent budgetary mechanisms. This comparative analysis has identified several critical factors for the success of ACPHEED's preparatory phase.

First, clear scope definition is fundamental. Successful regional centers typically begin with focused mandates that expand gradually. Accordingly, ACPHEED should initially prioritize infectious disease surveillance, early warning systems, and capacity building, while maintaining flexibility for future functional expansion.

Second, governance and stakeholder engagement are essential foundations. The Gulf CDC experience highlights the importance of inclusive leadership and equitable representation of all member states, while Africa CDC's development underscores the need for strong political commitment (7,8). Moreover, because governance and management arrangements during public health emergencies differ from those in routine operations, the experiences of ECDC and Africa CDC during the COVID-19 pandemic provide particularly relevant lessons for ACPHEED.

Finally, operational framework development must strike a balance between regional integration and

respect for national systems. The ECDC's principle of subsidiarity—complementing rather than replacing national systems—provides useful guidance for ACPHEED in strengthening and coordinating existing ASEAN public health architectures (5).

#### 3.1. Organizational structure

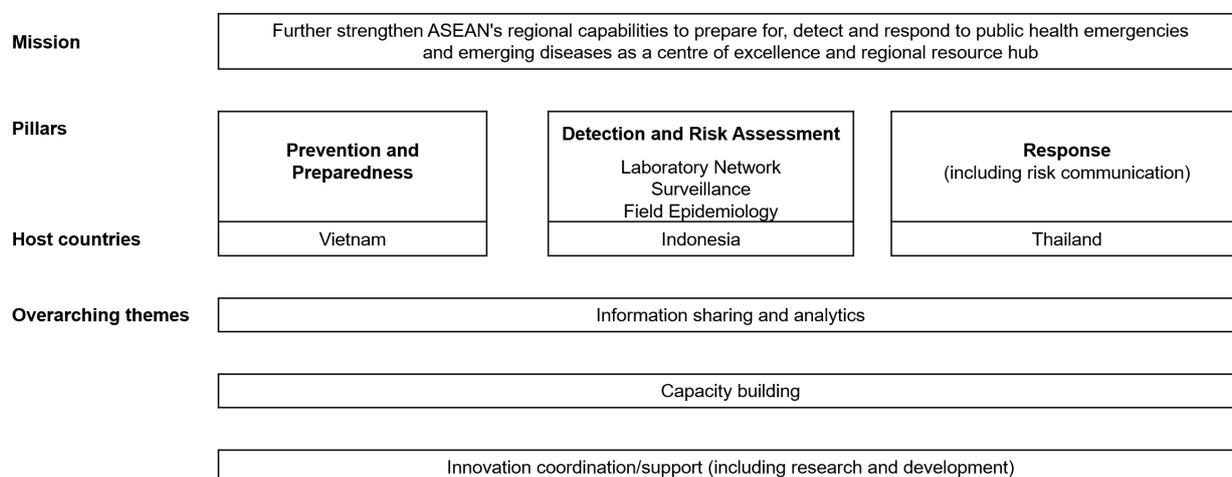
ACPHEED's organizational structure should draw on lessons from all three regional CDCs while remaining tailored to ASEAN's unique institutional context. A hybrid governance model combining strategic oversight by ASEAN health ministers with technical guidance from international experts would provide strong political legitimacy while ensuring scientific rigor.

Functional divisions should align with ACPHEED's established pillar structure, including Prevention; Detection and Risk Assessment; Preparedness and Response; and cross-cutting functions (Figure 1). Additionally, the establishment of country representatives or national focal points, informed by the Africa CDC model, would strengthen member-state engagement and facilitate rapid coordination during public health emergencies (7).

Regional nodes or coordination mechanisms should build on existing ASEAN platforms, including the AHA Centre and EOC networks, to avoid duplication and enhance coordination (10). This approach would capitalize on ASEAN's established disaster management and disease surveillance capabilities while extending coordination to broader health security challenges.

#### 3.2. Strategic planning framework

Substantial preparatory work has been undertaken to develop ACPHEED's strategic planning framework, including feasibility studies, detailed design studies,



**Figure 1. Strategic framework and distributed governance of ACPHEED.** ACPHEED operates through a distributed model with three functional pillars hosted by respective Member States: Prevention and Preparedness (Vietnam), Detection and Risk Assessment (Indonesia), and Response (Thailand).

and benchmarking meetings held in Indonesia in 2024. However, the only official document formally endorsed by ASEAN to date is the Scope of Work for the ASEAN Centre for Public Health Emergencies and Emerging Diseases, approved at the ASEAN Health Ministers' Meeting in October 2020. This document defines ACPHEED's mission as "further strengthening ASEAN's regional capabilities to prepare for, detect, and respond to public health emergencies and emerging diseases as a center of excellence and regional resource hub" and outlines strategic focus pillars as well as minimum (1–2 years) and intermediate (3–5 years) capacities.

When the Scope of Work was adopted, ACPHEED was not anticipated to be established across three countries with functions distributed by pillar. This has created gaps between the original framework and current institutional arrangements, making revision of the Scope of Work necessary to align with present realities. Additionally, references to ACPHEED's expected role are already embedded in several ASEAN strategic documents, including the 2020 ASEAN Strategic Framework on Public Health Emergencies, the ASEAN Public Health Emergency Coordination System Framework, and the ASEAN Health Cluster 2 on Responding to All Hazards and Emerging Threats, Work Programme 2021-2025. These policy commitments should be carefully considered in updating ACPHEED's strategic framework (11-13).

ASEAN member states, particularly the three host countries, must therefore conduct parallel discussions on the strategic planning framework. In doing so, the three host countries should ensure not only internal coherence within each host pillar, but also overall functional integration and strategic coherence of ACPHEED.

Finally, although long-term goals are not specified in the Scope of Work, ACPHEED should aim to evolve into a regional health security hub integrated with the WHO and broader global healthcare systems, maintaining distinctive capabilities tailored to ASEAN's disease burden patterns and regional challenges (14-16).

### 3.3. Coordination and collaboration mechanisms

ACPHEED's coordination mechanisms should include PCNs modeled on the Gulf CDC approach, establishing expert networks across ASEAN member states organized by technical specialties (8). These networks would enable continuous knowledge exchange and support rapid mobilization of technical expertise during public health emergencies.

Resource and data sharing platforms should support the pooling of laboratory capacities, genomic sequencing facilities, and emergency stockpiles. Shared data analysis platforms for real-time surveillance and outbreak modeling would enhance regional preparedness while respecting sovereignty over health-related data.

Unlike the European Union, ASEAN lacks legislative

authority, so formal collaboration instruments will be essential to enable timely information and resource exchanges and to provide legal and operational frameworks for cross-border coordination during public health emergencies.

### 3.4. Finance

Because ASEAN lacks an independent budget, funding for ASEAN centers is set by their Establishment Agreements and typically combines host-country support, equal and voluntary member-state contributions, and external partner funding. Conversely, the ECDC is financed through the EU budget, ensuring greater financial stability and institutional independence. Although the AHA Center includes equal member states' contributions, it still relies heavily on external partners for operational funding (17).

To ensure ACPHEED's long-term sustainability and institutional independence, securing a predictable and permanent funding source is essential. This will require clearly demonstrating added value to member states and partners by strengthening, rather than duplicating, existing ASEAN mechanisms.

The tri-country operational model also complicates financial management, particularly fund flows across the three centers. Efficient operation will require transparent, equitable, and practical financial arrangements.

## 4. Japan's strategic role in ACPHEED's development: Historical context and comparative advantages

Japan's involvement in health security in ASEAN countries has evolved from primarily bilateral technical cooperation to broader multilateral support (18). Japan's experience in developing strong public health systems, advanced surveillance infrastructure, and disaster preparedness mechanisms provides important technical foundations for ACPHEED. Within this policy context, the Japan Institute for Health Security (JIHS) functions as a core technical implementing institution, mobilizing expert capacity to support regional health security initiatives, including advisory and capacity-building inputs relevant to ACPHEED's preparatory and institutional development processes (19).

Japan's comparative advantages in supporting ACPHEED include advanced laboratory technologies, health informatics, and digital surveillance systems, workforce development, and experience in building and sustaining regional cooperation frameworks (20). Japan's responses to emerging infectious disease threats demonstrate practical expertise in epidemic intelligence, risk assessment, and coordinated responses (21).

### 4.1. Strategic engagement framework

Japan's strategic engagement with ACPHEED should

extend to include sustained technical cooperation, capacity-building support, financial contributions, and institutional development assistance (18). Technical cooperation should prioritize areas in which Japan has strong comparative advantages, such as enhancement of laboratory networks, surveillance system integration, and development of digital health platforms.

Capacity-building support should emphasize workforce development through fellowship programs, technical exchanges, and joint training initiatives. Japan's experience in field epidemiology training and public health emergency management provides valuable models for ACPHEED's development strategies.

Financial contributions should combine direct funding with in-kind technical assistance, leveraging Japan's Official Development Assistance frameworks and mechanisms for regional cooperation (18,20). This approach should emphasize long-term sustainability by facilitating a gradual transition from donor-driven support to increased ownership and financial commitment by ASEAN member states for ACPHEED's operations.

#### 4.2. Institutional development support

Japan's institutional development support should focus on strengthening governance structures, developing operational frameworks, and facilitating strategic partnerships (18-21). Governance support can draw on Japan's experience with mechanisms of regional cooperation to help ACPHEED establish effective decision-making processes.

ACPHEED's operational framework should draw on Japan's expertise in disaster management coordination, responses to public health emergencies, and cross-sectoral collaboration. Additionally, Japan's experience with One Health approaches and environmental health monitoring can provide valuable guidance for ACPHEED (4,22).

In terms of partnership facilitation, Japan can serve as a bridge between ACPHEED and global health security networks. By leveraging its strong relationships with the WHO, G7 health security initiatives, and other regional CDC networks, Japan can support ACPHEED's deeper integration into international surveillance, preparedness, and response systems.

#### 4.3. Long-term strategic partnership

Japan's long-term engagement with ACPHEED should evolve beyond support for its establishment toward a strategic partnership focused on collaboration in innovation, research and development, and integration within global health security frameworks (18,23). Innovation efforts should emphasize the joint development of surveillance technologies, diagnostic tools, and response mechanisms tailored to ASEAN's unique health security challenges.

Research and development support should foster collaborative programs addressing regional disease burdens, antimicrobial resistance, and climate-sensitive health risks. Japan's strong research institutions and pharmaceutical industry offer valuable resources to advance ACPHEED's scientific and technological capabilities (23).

Global health security integration should position the Japan-ACPHEED partnership as a model for regional cooperation, contributing to the broader global health security architecture while focusing on ASEAN's specific needs and priorities (14,16,24).

### 5. Conclusion

The establishment of ACPHEED presents both major opportunities and significant challenges for ASEAN's regional health security. Effective regional disease control requires balancing regional coordination with national sovereignty, ensuring clear governance with strong member-state ownership, and maintaining operational flexibility to respond to evolving health threats.

ACPHEED should prioritize a clearly defined mandate, inclusive governance mechanisms, and phased implementation in line with existing ASEAN health frameworks. Its success will depend on sustained political commitment, effective coordination, and strong partnerships with international networks.

Japan's strategic engagement with ACPHEED offers benefits. By providing this support, Japan can serve as ACPHEED's primary strategic partner by providing valuable technical expertise, financial resources, and experience in regional cooperation for ACPHEED's establishment, long-term sustainability, and ASEAN's objectives for broader regional integration.

Ultimately, ACPHEED's success should be measured not only by its emergency response capacity but also by its contribution to strengthening national healthcare systems, enhancing regional coordination, and positioning ASEAN as a leader in global health security cooperation. A strong Japan-ACPHEED partnership can advance these goals and demonstrate the value of international collaboration in addressing shared health challenges.

*Funding:* This work was supported by the Japan Institute for Health Security's Intramural Research Fund (25A04).

*Conflict of Interest:* The authors have no conflicts of interest to disclose.

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- Received January 15, 2026; Revised January 27, 2026; Accepted February 4, 2026.
- Released online in J-STAGE as advance publication February 6, 2026.
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