

## G7 Health Ministers' Kobe Communiqué



2016 marks the first year of the implementation of the 2030 Agenda for Sustainable Development, including the achievement of universal health coverage (UHC). G7 members shared common values and interests at the G7 Health Ministers' meeting in Kobe, Japan, on Sept 11–12, 2016,<sup>1</sup> and reaffirmed to enhance our commitment to the G7 Ise-Shima Vision for Global Health<sup>2</sup> through the following actions.

First, to reinforce the global health architecture for public health emergencies. Global health security remains high on the international agenda. Reinforcing the global health architecture to prepare for and strengthen responses to public health emergencies is crucial. We welcome the progress made by WHO and the UN Office for the Coordination of Humanitarian Affairs to establish standard operating procedures for health and humanitarian system-wide coordination among WHO and other UN partners. As we reaffirm the central role of WHO in coordinating the response to, and leading on preparedness for, public health emergencies, we support the newly endorsed WHO Health Emergencies Programme. We commit to continue to develop human resources both nationally and globally, and to work closely with WHO to enhance the global health emergency workforce. To ensure prompt actions, we promote and support funding mechanisms that enable swift disbursement of resources, including the WHO's Contingency Fund for Emergencies and the World Bank's Pandemic Emergency Financing Facility.

The International Health Regulations (2005)<sup>3</sup> (IHR) represent a consensus among 196 countries including all the WHO Member States. We continue to support countries and empower communities in need by strengthening their national health system programmes, including addressing IHR core capacities. In addition, including through our commitment to assist 76 partners and advance the Global Health Security Agenda, we support these countries' efforts to develop national plans and to achieve the common targets of the WHO Joint External Evaluation tool<sup>4</sup> for the IHR in close coordination with other relevant organisations. We welcome continued progress of discussion at the World Bank Group to include pandemic preparedness, response, and recovery in the policy commitments of the International Development Association.

Second, attain UHC and promote health throughout the life course with a focus on population ageing. Resilient, inclusive, affordable, sustainable, and equitable health systems are an essential foundation for UHC. We commit to support countries to advance UHC in collaboration with relevant partners. We welcome and foster the International Health Partnership for UHC 2030 as the platform to coordinate and consolidate global efforts towards UHC. We also welcome the launch of the UHC in Africa<sup>5</sup> framework announced at the Sixth Tokyo International Conference on African Development in August, 2016.

We must also ensure that health systems prepare for healthy and active ageing. Population ageing is a common challenge that has social and economic implications, not only within the G7 members but also within many developing and transitional countries, which are or will be facing this challenge in the near future. Valid and reliable data are essential for high-quality health-care systems and monitoring. Supporting basic data collection such as civil registration and vital statistics, as well as health and health-care data, would help countries be better prepared for population ageing. We welcome the adoption at the 69th World Health Assembly of the Global Strategy and Action Plan on Ageing and Health<sup>6</sup> and support WHO's efforts to implement it. We commit to share our knowledge and experiences in addressing population ageing, such as social security systems for older people and multisectoral approaches to healthy

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For the **WHO Health Emergencies Programme** see [http://www.who.int/about/who\\_reform/emergency-capacities/emergency-programme/en/](http://www.who.int/about/who_reform/emergency-capacities/emergency-programme/en/)

For **WHO's Contingency Fund for Emergencies** see [http://www.who.int/about/who\\_reform/emergency-capacities/contingency-fund/contribution/en/](http://www.who.int/about/who_reform/emergency-capacities/contingency-fund/contribution/en/)

For the **World Bank's Pandemic Emergency Financing Facility** see <http://www.worldbank.org/en/news/press-release/2016/05/21/world-bank-group-launches-groundbreaking-financing-facility-to-protect-poorest-countries-against-pandemics>

For the **Global Health Security Agenda** see <https://ghsagenda.org>

For the **International Health Partnership for UHC 2030** see <http://www.internationalhealthpartnership.net/en/>



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and active ageing, including the promotion of age-friendly communities.

One part of these approaches is the public health response to dementia. The promotion of age-friendly and dementia-friendly communities, including the acceleration of the WHO's Global Network of Age-Friendly Cities and Communities, will help support people with dementia and their caregivers by sharing accumulated evidence, generating new data, and improving understanding of dementia. To advance our knowledge and accelerate the development of treatment, we encourage further research on dementia, including the benefits and effectiveness of age-friendly communities, dementia-friendly communities, and dementia supporters/friends. We will work with WHO in preparing a draft WHO global action plan on a public health response to dementia, to be submitted to the next World Health Assembly.

Third, antimicrobial resistance must be addressed. As an important global agenda item, we continue to accelerate political commitments to promote effective action, and to reinforce urgency in the global cooperation towards the High-Level Meeting on Antimicrobial Resistance at the 71st UN General Assembly on Sept 21, 2016, and beyond. We commit to preserve the effectiveness of antimicrobials as a global public good through appropriate and prudent use, both in humans and animals, and to support WHO in developing a WHO global development and stewardship framework, which was proposed at the 69th World Health Assembly.<sup>7</sup> We encourage each other and call upon other countries to enrol in the Global Antimicrobial Resistance Surveillance System<sup>8</sup> and consider providing support to low-income and middle-income countries to develop laboratory capacities for monitoring and surveillance of antimicrobial resistance and antimicrobial use.

Fourth, we support research and development (R&D) and innovation. We recognise the rising challenges of promoting a positive environment for innovative R&D, encouraging access to medicines and health care, and ensuring the sustainability of health systems, while recognising the uniqueness of national circumstances, priorities, and health-system designs. We encourage the identification of actions that can be mutually achievable of these goals. We will strengthen collaboration between the public and private sectors and leverage mechanisms

to address issues and coordinate R&D activities among G7 countries, including the mapping and analysis of investments in areas such as antimicrobial resistance, neglected tropical diseases, and other threats to health security.

Health is the foundation of human security. We, the G7 Health Ministers, recognise the importance of ensuring healthy lives and wellbeing for all at all ages. We are determined to commit to a healthier world, where all people can receive the basic quality services they need, and are protected from public health threats.

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- 1 G7 Japan. Kobe Communiqué G7 Health Ministers' Meeting. Kobe, Japan, Sept 11–12, 2016. Tokyo: Ministry of Health, Labour and Welfare, 2016. [http://www.mhlw.go.jp/seisakunitsuite/bunya/hokabunya/kokusai/g7kobe/KobeCommuniqué\\_en.pdf](http://www.mhlw.go.jp/seisakunitsuite/bunya/hokabunya/kokusai/g7kobe/KobeCommuniqué_en.pdf) (accessed Sept 14, 2016).
- 2 G7 Japan. G7 Ise-Shima Vision for Global Health. Ise-Shima, Japan, May 26–27, 2016. Tokyo: Ministry of Foreign Affairs, 2016. <http://www.mofa.go.jp/mofaj/files/000160273.pdf> (accessed Sept 14, 2016).
- 3 WHO. International Health Regulations (2005), third edition. Geneva: World Health Organization, 2016.
- 4 WHO. Joint external evaluation tool: International Health Regulations (2005). Geneva: World Health Organization, 2016.
- 5 The World Bank, WHO. Universal health coverage (UHC) in Africa: a framework for action. Washington, DC: The World Bank, 2016.
- 6 WHO. Sixty-ninth World Health Assembly Resolution WHA 69.3: the global strategy and action plan on ageing and health 2016–2020: towards a world in which everyone can live a long and healthy life. Geneva: World Health Organization, 2016. [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_R3-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R3-en.pdf) (accessed Sept 14, 2016).
- 7 WHO. Sixty-ninth World Health Assembly. Global action plan on antimicrobial resistance; options for establishing a global development and stewardship framework to support the development, control, distribution and appropriate use of new antimicrobial medicines, diagnostic tools, vaccines and other interventions. Report by the Secretariat. A69/24 Add.1. Geneva: World Health Organization, 2016. [http://apps.who.int/gb/ebwha/pdf\\_files/WHA69/A69\\_24Add1-en.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_24Add1-en.pdf) (accessed Sept 14, 2016).
- 8 WHO. Global Antimicrobial Resistance Surveillance System manual for early implementation. Geneva: World Health Organization, 2015. <http://www.who.int/antimicrobial-resistance/publications/surveillance-system-manual/en/> (accessed Sept 14, 2016).