

Joint Statement of
The Eighth Tripartite Health Ministers Meeting (THMM)
29 November, 2015
Kyoto, Japan

We, the Japanese, Chinese and Korean Health Ministers met in Kyoto, Japan on 29th of November, 2015 and discussed health and medical issues of common concern to our three countries. The discussion covered public health emergency preparedness and response, global health architecture, universal health coverage, the aging society and non-communicable diseases.

I. Cooperation on Health Issues

(1) Public Health Emergency Preparedness and Response

Emerging infectious disease preparedness and response have been one of the major challenges in our region. In 2014, the Seventh Tripartite Health Ministers Meeting in Beijing issued a Joint Statement for the Preparedness and Response of Ebola Virus Disease Outbreak. This statement addressed the close collaboration in tackling emerging infectious diseases that has been achieved under the tripartite framework and reaffirmed the need to enhance and expand cooperation activities to a wider range. The Joint Declaration adopted at the Sixth Trilateral Summit Meeting on 1st November, 2015 also emphasized the importance of trilateral cooperation in the area of health, including the need for a coordinated response to emerging infectious diseases. This Joint Declaration also stated that the three countries will enhance information sharing and technological cooperation.

The Middle East respiratory syndrome coronavirus (MERS-CoV) outbreak in the Republic of Korea in May 2015 posed a direct infectious disease challenge in our region. We worked jointly to respond to the spread of the outbreak under the International Health Regulations 2005 (IHR), and this close collaboration through the tripartite channel illustrated the substantial value of communication among the three countries. Recognizing the importance of maximizing preventive measures in all three countries, our enduring partnership remains an essential component in responding to health emergencies in a timely manner. Relevant information on affected patients, including their level of viral exposure risk, hospital admission and quarantine status was communicated smoothly through previously-established focal point network among the three countries. Given the public health and economic consequences of uncertainty during the outbreak, all three countries endorsed consistent information and health advisories to protect travelers by sharing and updating each country's national policies

on infectious diseases. Having seen the successful WHO-Republic of Korea Joint Mission on MERS-CoV in June 2015, we will further strengthen our communication and information sharing both with WHO and among the three countries. We are well aware that collaboration may take place in the form of a joint investigation team among the three countries for an outbreak response under the coordination of WHO, with support of countries concerned.

Through the lessons learned from the Ebola outbreak in West Africa and the MERS-CoV outbreak in the Republic of Korea, we have reaffirmed the need for ever closer cooperation under this tripartite framework to respond to public health emergencies including emerging infectious diseases.

We welcome the successful completion of the Ninth Japan-China-ROK Forum for Communicable Disease Control and Prevention which was held on 28th November 2015. In addition to the tripartite cooperation, we will continue our efforts to share information and jointly monitor public health threats in the region through close cooperation with the WHO Regional Office for the Western Pacific and other Asia-Pacific countries. We are also concerned of the emergence of antimicrobial resistance (AMR) as an increasing global public health threat and will enhance our work on the “One Health” approach, in collaboration with WHO, to tackle AMR. We continue to encourage the Global Health Security Agenda and other initiatives that strengthen the implementation of the IHR.

(2) Global Health Architecture

The landscape of global health is becoming more complex due to the increasing diversity of stakeholders and their engagement in global health issues. We will continue to contribute to the discussion on global health architecture with relevant stakeholders including WHO. We welcome the WHO’s commitment to strengthen its capacity to tackle health emergencies through rapid and effective preparedness and response based on the lessons learned and challenges identified during the Ebola outbreak. We commit ourselves to strengthen WHO and support its reform process, so as to enhance its leadership and coordination during public health emergencies. We recognize that effective action on public health emergencies depends on a strong global health architecture, and that the move to universal health coverage embedded in the new United Nations sustainable development goals will only be possible with the support of a wide range of stakeholders.

(3) Universal Health Coverage (UHC)

UHC is essential to ensure that all people can receive quality basic health care services they need at an affordable cost, and without suffering financial hardship. We welcome the inclusion of UHC as a key target in the 2030 Agenda for Sustainable Development. The recent Ebola outbreak has shown that building resilient and

sustainable health systems towards the ultimate goal of achieving UHC is essential to prevent, detect and respond to outbreaks effectively. Achievement of UHC also better prepares health systems to respond to the diverse health challenges of infectious diseases, non-communicable diseases and an aging population. We need to keep working on strengthening good health systems with a goal of achieving UHC. Promoting UHC is a key to ensuring public health emergency preparedness and response and the continued health of the elderly.

At the Sixth Tripartite Health Ministers Meeting in Seoul, we recognized that although our three countries have achieved universal financing coverage, addressing the financial sustainability as our societies age remains a challenge. We reiterate the importance of UHC under our tripartite framework of health cooperation and will continue to enhance policy dialogue, share our experiences and cooperate on maintaining and strengthening core elements of UHC.

(4) Aging Society

We acknowledge that the world population is aging steadily and prompt measures are required to achieve the health-related goals of the 2030 Agenda for Sustainable Development. We consider it essential for the elderly to live by their own values with dignity and good health. We recognize that our three countries face common challenges in dealing with the aging population, such as dementia, non-communicable disease control and ensuring sustainable health system including the implementation of long-term care system.

Since its launch in 2010, the Tripartite Meeting on Aging has served as a useful platform for sharing policies among the three countries. We will further enhance our dialogue on healthy aging and share best practices, especially in the long-term care system, community-based integrated care, and training for nursing care professionals. We anticipate a productive discussion at the Fifth Tripartite Forum on Aging, which will be held in Korea on 16th and 17th December 2015. We reaffirm our commitment to ensure our health systems to be prepared for the consequences of population aging, and its associated epidemic of non-communicable diseases.

(5) Non-communicable Diseases (NCDs)

The issue of NCDs is a common health challenge in the three countries. NCDs account for the majority of deaths and are also one of the largest contributors to socioeconomic inequalities in mortality and life expectancy. Major NCD risk factors including obesity, tobacco use, physical inactivity, and dietary risks such as salt intake were found to be leading preventable risk factors in all three countries. The Second China-Japan-Republic of Korea Symposium on Prevention and Control of Non-communicable Diseases was successfully convened on 23rd October 2015 in Beijing and participants from the three countries had constructive communication on

NCDs, especially on cancer and cardiovascular disease control. We welcome the inclusion of targets related to the burden of NCDs in the 2030 Agenda for Sustainable Development, and affirm our commitment to the WHO's Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020.

It is crucial to promote comprehensive measures for the reduction of NCD burden, which focus on primary and secondary prevention through social environmental changes and lifestyle improvements that encourage healthy diets, physical activities and tobacco control. Globally, one in ten adults die from tobacco use, and tobacco-attributed mortality will remain high unless effective action is taken under the intervention of the Framework Convention on Tobacco Control. We will strengthen our cooperation when sharing information and spreading broader awareness of both health risks such as tobacco use and measures to reduce exposure to risk factors for NCDs.

II. Next Meeting

We have reaffirmed the common understanding that the Tripartite Health Ministers Meeting is to be held on a regular basis and that all relevant activities will be conducted on the basis of equality, reciprocity and mutual benefit, and do not affect relations currently established between institutions or individuals of each country and are expected to be in harmony with the activities and goals of other international health bodies where applicable. We will also strengthen cooperation with and express our firm support for the Trilateral Cooperation Secretariat.

The next meeting will be held in the Republic of Korea in 2016.