

Joint Statement of
the Ninth Tripartite Health Ministers Meeting (THMM)
December 3-4, 2016
Busan, Republic of Korea

We, the Korean, Chinese and Japanese Health Ministers met in Busan, Republic of Korea, on December 3-4, 2016, reviewed what has so far been achieved, and discussed a new framework of cooperation that will prepare us for both opportunities and challenges of the future, ultimately with a view to accomplishing *the United Nations Sustainable Development Goal (SDG) 3: Ensure healthy lives and promote well-being for all at all ages*. The discussion covered 6 agenda items: 1) *infectious disease preparedness and response*; 2) *global health architecture*; 3) *universal health coverage (UHC)*; 4) *ageing society*; 5) *non-communicable diseases (NCDs)*; and 6) *utilization of ICT & big data in health care*.

1. Infectious Disease Preparedness and Response

The threats of emerging infectious diseases continue to be of great concern worldwide due to their cross-border nature and adverse impact on all aspects of life. The recent global outbreaks of Ebola virus disease, Middle East Respiratory Syndrome Coronavirus (MERS-CoV) and Zika virus disease heightened the call for stronger international collaboration to counter public health emergencies. Given the geographical proximity, it is inevitable that Korea, China and Japan will face a growing need for stronger collaboration against such outbreaks at the regional level.

Thus far, Korea, China and Japan have effectively responded to a number of public health emergencies on a global scale, including pandemic influenza A (H1N1), Avian influenza A (H7N9), Ebola Virus Disease, and MERS-CoV under the tripartite mechanism of cooperation based on the Memorandum of Cooperation (MoC) and the Joint Action Plan on Joint Response against Pandemic Influenza and Emerging and Re-emerging Infectious Diseases of Common Concern, which were revised in 2013.

We welcome the Tenth Trilateral Forum for Communicable Disease Control and Prevention which will be held in China in December 2016. We will continue to promote tripartite efforts to promptly share information and closely monitor public health threats in our region through close cooperation with the WHO Regional Office for the Western Pacific and other Asia-Pacific countries.

With the renewed emphasis on maximizing preventive measures against infectious diseases, we welcome the expansion of the tripartite cooperation to the field of health quarantine, upon which we agreed at the 8th THMM in November 2015 in Kyoto, Japan, by updating the aforementioned MoC and Joint Action Plan, both of which set out our commitment to share information on quarantine-related laws, regulations and guidelines; exchange the list of and information on infectious disease cases subject to quarantine; hold working-group meetings; establish a tripartite communication network to enable a rapid response; and visit health quarantine sites if necessary.

2. Global Health Architecture

The landscape of global health is becoming more complex due to the increasing diversity of stakeholders and their growing engagement in global health issues. We will continue to contribute to the discussion on global health architecture with relevant stakeholders including the WHO.

We note the progress made this year in the discussion to strengthen global response and preparedness against public health emergency, and welcome the establishment of WHO's Health Emergencies Programme. We look forward to further reform across all levels of WHO with consistency and steadiness.

At the same time, we express our concern over the emergence of antimicrobial resistance (AMR), an increasing global public health threat. We welcome the High-level Meeting of the UN General Assembly on AMR in September 2016, and reaffirm our commitment to implement the Political Declaration on AMR adopted at this Meeting. On the same note, we congratulate on the successful completion of Tokyo Meeting of Health Ministers on Antimicrobial Resistance (AMR) in Asia, which was held in April 2016.

Moving forward, we agreed to pursue stronger cooperation on AMR at the tripartite level while contributing further to the implementation of the "One Health" approach to combat AMR in close collaboration with WHO. In particular, we are committed to promoting active exchange of information among the three countries to ensure improved detection of drug-resistant organisms and to share progress toward tackling AMR. To this end, we agreed to hold the tripartite authorities' meeting on AMR. Recognizing that the impact of AMR goes beyond national borders, we will also continue to support developing countries to fight infectious diseases.

Furthermore, we welcome the WHO's commitment to strengthen its capacity to tackle public health emergencies through rapid and effective response and preparedness by reflecting on the lessons learned and challenges identified during the Ebola and MERS-CoV outbreaks. In this regard, we will continue to encourage global health security-related initiatives that strengthen the implementation of the International Health Regulation (IHR).

3. Universal Health Coverage (UHC)

UHC has been defined by the WHO as ensuring that "all people obtain the health services they need without suffering financial hardship when paying for them." The achievement of UHC better prepares health systems to respond to diverse health challenges such as infectious diseases, non-communicable diseases and population ageing. We need to keep working on strengthening health systems with a goal of expanding population coverage while providing a wider range of services at lower cost.

Technological innovation has become an integral component of UHC as new medical technologies present opportunities to scale up the efficiency and efficacy of diagnosis and treatment, raising the public expectation for enhanced healthcare services. Without proper assessment, however, the introduction of such new technologies may pose a challenge to sustainable healthcare financing. In this regard, we recognize health technology assessment

(HTA) as an essential tool to achieve the optimal coverage of new medical technologies under the national health insurance scheme, and came to a shared understanding that collaboration on HTA is of great importance.

4. Ageing Society

We have witnessed a significant increase in the number of population aged 65 or older since 2000, which resulted in a sharp rise in government spending on medical services and long-term care for the elderly. Since its launch in 2010, the Tripartite Conference on Ageing has served as a useful platform for sharing policies among the three countries. We welcome the productive discussion at the Sixth Forum, which took place on July 5~6, 2016 in Tokyo. We welcome Japan's positive performance by taking preemptive measures to meet the various needs of older populations for medical and long-term care services.

We will continue to leverage this Conference to promote the active exchange of health policies, especially on the long-term care system, community-based integrated care and training for nursing care professionals; seek the way forward for the tripartite collaboration on issues derived from demographic changes; and pave the way for vitalizing research networks.

5. Non-communicable Diseases (NCDs)

We note with concern that NCDs pose a great health threat to all three countries. NCDs account for the majority of deaths and constitute one of the major determinants of socioeconomic inequalities in mortality and life expectancy. It was found that obesity, tobacco use, physical inactivity, and dietary risks such as salt intake are leading preventable risk factors contributing to NCDs in all three countries. We therefore welcome the inclusion of targets related to NCDs in the 2030 Agenda for Sustainable Development, and reaffirm our commitment to the WHO's Global Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020. Noting the successful convening of the Second Trilateral Symposium on Prevention and Control of Non-communicable Diseases on 23 October 2015 in Beijing, we agreed to host this meeting annually as a way to fight NCDs within the tripartite framework of cooperation.

We acknowledge that reducing NCDs requires a comprehensive approach focusing on prevention at the primary and secondary care levels. Social and environmental changes are necessary to foster a healthy lifestyle among people which leads to healthier diets, more exercise, and reduced smoking. Among other risk factors, we pay close attention to tobacco use which kills one out of ten adults globally. Tobacco-attributed mortality will remain high unless strong actions are taken under the Framework Convention on Tobacco Control (FCTC). We welcome the success of the FCTC COP7 held in India and will strengthen our tripartite cooperation in raising awareness of the harmful health effects of smoking and sharing measures to reduce exposure to risk factors for NCDs.

The Olympic & Paralympic Games are scheduled to be held in Korea in 2018, in Japan in 2020, and in China in 2022. Noting China's success in making the Beijing Olympics tobacco-free in 2008, we will move this anti-smoking agenda forward by promoting vibrant

exchange of information and collaboration with a particular focus on strengthening measures to prevent secondhand smoking.

6. Utilization of ICT & Big Data in Health Care

There is a growing need to apply ICT and Big Data to health promotion as such new technologies are expected to drive innovations for more effective and efficient delivery of health services. The increased capacity for data storage and analysis will enable better management and smarter use of medical records, bringing benefits to patients in the forms of accurate diagnosis and targeted treatment. In addition, digital devices will empower patients by allowing them to monitor and maintain their health in real time.

In this vein, we share the view that incorporating ICT in the health system will be particularly useful for addressing NCDs from the perspective of efficient healthcare spending. This view is supported by a variety of approaches taken by countries around the world. Globally, there have been efforts to improve the efficiency of health system for NCD control, including the assessment of individual health status at the primary-care level and the promotion of self-care through the effective use of customized health information and adherence to medication.

We note that our three countries have pursued the integration of ICT in health in step with this global trend. “Sharing (development shared by the entire population)” is one of the five guiding principles for the 13th Five-Year Plan on National Economic and Social Development (13th FYP) adopted by China. China stresses the necessity for the development of remote care, including telemedicine in the healthcare sector. Meanwhile, Korea has witnessed the growing need to utilize ICT in the health system since it launched national programs for NCD control and telemedicine projects to deliver health services to remote areas. At the same time, Japan has facilitated the use of ICT in clinical settings to support diagnosis and treatment of NCDs and other diseases.

In addition, we recognize precision medicine as one of the most promising areas which will enable us to fight severe, costly diseases such as cancer with sophisticated ICT and big data technologies. We note that Korea and Japan willingly consider working together to further advance precision medicine and other areas of common interest based on the MOU between the National Cancer Centers of both countries, which intends to promote mutual cooperation in the forms of people-to-people exchanges, joint research projects and cancer research funding.

We discussed our strategies to incorporate ICT and Big Data in disease control and health promotion in the three countries. Moving forward, we plan to further share our efforts to promote the use of ICT & big data in the healthcare sector. We welcome the initiative of the Trilateral Cooperation Secretariat (TCS) to host an open expert seminar on health technology and NCD control. This seminar will bring together experts from both health and ICT sectors to pool expertise and generate new ideas which may translate into more effective and sustainable measures for NCD prevention and control.

Next Meeting

We 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 tripartite cooperation with the firm support from the TCS.

The next meeting will be held in the People's Republic of China in 2017.