



# G7神戸保健大臣会合での主な議論と成果

## 会合当日の議論

## 成果(神戸コミュニケ)

### 1 公衆衛生危機 に対する グローバル・ヘルス・ アーキテクチャー (国際保健の 枠組み)の強化

- WHOによる健康危機改革の進捗とOCHA  
等人道セクターとの危機時の標準作業手順  
の策定状況に関する報告
- WHO緊急対応基金(CFE)、世銀パンデミック  
緊急ファシリティ(PEF)等への資金動員
- 各国の国際保健規則(IHR)コア能力強化



- 標準作業手順策定の進捗の継続的  
なモニターを実施
- 確実な資金拠出を含むWHO健康危  
機改革の後押し
- WHOが主導するIHRのための合同  
外部評価(JEE)実施を支援

### 2 UHCの達成と 高齢化を焦点とする 生涯を通じた 健康の推進

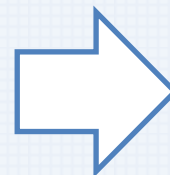
- 途上国等における保健システム強化
- WHOとOECDによる高齢化社会とUHC  
に関する報告
- 急速に高齢化が進展するアジア各国との  
知見の共有
- 非感染性疾患の早期予防



- UHC達成に向けて国際的な取組を  
調整・強化するプラットフォーム(IHP for  
UHC2030)への協力
- 第6回アフリカ開発会議で発表された  
「アフリカにおけるUHC」の後押し

### 3 薬剤耐性(AMR) への対応強化と 研究開発(R&D) の推進

- 第71回国連総会でのAMRに関するハイレ  
ベル会合に向けた取組
- 薬事規制調和
- 研究開発のための官民連携の強化



- AMRに関する認知度向上とサーベイ  
ランスの強化
- 薬事規制調和のための技術的ガイド  
ラインの確立等を支援
- 医薬品等へのアクセスと保健システム  
の持続性等の課題を認識

# G 7 神戸保健大臣宣言「神戸コミュニケ」の概要

## 1. 公衆衛生危機に対するグローバル・ヘルス・アーキテクチャー(国際保健の枠組み)の強化

- 世界保健機関(WHO)及び国連人道問題調整事務所(OCHA)による分野横断的な連携を定めた、危機時の標準作業手順策定の進捗を歓迎。
- 新たなWHO事務局次長の任命を歓迎。同人のWHO改革実行のリーダーシップに期待。
- WHOの緊急対応基金(CFE)及び世銀のパンデミック緊急ファシリティ(PEF)等の奨励と支持。
- 危機に備え対応するための人材育成継続、WHOとの緊密な連携を拡大。
- 各国の国際保健規則(IHR)の履行及びIHRコア能力への取り組みを含む保健システム計画強化、WHO合同外部評価(JEE)の実施の努力を支援。

## 2. ユニバーサル・ヘルス・カバレッジの達成と高齢化を焦点とする生涯を通じた健康の推進

### ユニバーサル・ヘルス・カバレッジ

- UHC達成に向けた国際的な取組みを調整・強化するプラットフォーム(IHP for UHC2030)の立ち上げを歓迎。
- 第6回アフリカ開発会議(TICAD VI)で発表された「アフリカにおけるUHC」の立ち上げを歓迎。

### 健康で活動的な高齢化に備えた保健システムの確立

- WHO及び経済協力開発機構(OECD)による高齢化社会とUHCに関する報告を称賛。
- 今後高齢化を迎える国々において基礎的な住民登録・人口動態統計(CRVS)の実施を支援。
- 2016年のWHO総会での高齢化戦略・行動計画採択を歓迎。各国の高齢化施策を支援。
- 生活習慣病等の非感染症疾患の早期予防の重要性を確認。

### 認知症

- 認知症高齢者等に優しいコミュニティ、認知症サポーターの便益・効果を含む研究を奨励。
- 2017年のWHO総会における認知症に関する行動計画の起草のためにWHOと協働。

## 3. 薬剤耐性(AMR)

- 2016年の国連総会におけるAMRに関するハイレベル会合に向けた政治的コミットメントを加速。
- 2016年のWHO総会において提案された国際開発と管理の枠組みの策定のため、WHOを支援。
- 日米欧の医薬品規制調和国際会議(ICH)等における国際薬事規制調和についての協働を歓迎。

## 4. 研究開発(R&D)とイノベーション

- 各国の保健システム設計に留意した持続性の確保及び医薬品等へのアクセス等の課題を認識。
- 官民連携強化及びAMRや顧みられない熱帯病等の分野に対する投資のマッピングの実施。

# 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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