

**Joint Statement of
The Seventh Tripartite Health Ministers Meeting (THMM)
November 23, 2014**

We, the Chinese, Japanese and Korean Health Ministers met in Beijing, China on November 23, 2014 and discussed issues of common concern of our three countries in the field of health, including pandemic influenza and emerging/re-emerging infectious diseases, universal health coverage, population aging, prevention and control of non-communicable disease, and health-related Millennium Development Goals (MDGs).

I. Pandemic Influenza and Emerging/Re-emerging Infectious Diseases

Recalling that our joint efforts to secure a timely and prepared response to pandemic influenza, the starting point of tripartite health cooperation, have been enhanced through the last 8 years; that we have carried out various cooperation activities including table-top exercises, seminars and forums since the mechanism was established in 2007 by signing the *Memorandum of Cooperation on a Joint Response against Pandemic Influenza and Joint Action Plan on Preparedness and Response against Pandemic Influenza* in the following year; that we have collaborated closely against outbreaks of pandemic influenza A (H1N1) virus in 2009, avian influenza A (H7N9) virus in 2013 and on the prevention of the Middle East respiratory syndrome corona virus in the Middle East region as well as current outbreaks of Ebola virus disease in West African region.

We all acknowledged the significance of our close cooperation based on the mechanism, of which the scope of cooperation has been extended to other emerging/re-emerging infectious diseases in the renewed *Memorandum of Cooperation on a Joint Response against Pandemic Influenza and Emerging/Re-emerging Infectious Diseases of Common Concern and Joint Action Plan on Preparedness and Response against Pandemic Influenza and Emerging/Re-*

emerging Infectious Diseases signed in 2013 in Seoul. We all welcome our close and smooth communication implemented based on the mechanism to share counter measures against Ebola outbreaks.

II. Universal Health Coverage (UHC)

Noting that the WHA adopted Resolution 58.33 on sustainable health financing, universal coverage, and social health insurance, Resolution 64.9 on sustainable health financing structures and universal coverage, and Resolution 67/81 of UN General Assembly on global health and foreign policy; that the three countries are attaching more importance to the research in this field as stated in the recent publication of WHO *Research for Universal Health Coverage* report;

Supporting the active contribution of the three countries to the formation of the *ASEAN Plus Three Network on UHC*, which had its first steering committee meeting convened last April and exchanged thoughts again at a UHC side event during the 67th WHA;

We reaffirmed that universal health coverage is an important area for trilateral cooperation. We will continue to strive for strategies and best practices to provide our peoples with higher coverage rate, better compensation and higher quality services. We will continue to promote regular exchanges and cooperation with stakeholders and share experiences to provide the whole population with safe, effective, high quality and affordable primary health care without the risk of suffering financial difficulty.

III. Population Aging

Recognizing that demographic shift will challenge our societies in many ways with an increasing demand for health care, long-term care and social care; and that elderly population is a substantial but underutilized human and social resource; that

the improvement of our current health care system and human resource system shall be a timely move to adjust our governance to the rapidly aging society;

Recalling that we introduced population aging to the agenda and had fruitful discussions in this field in the Sixth THMM; that productive discussions have been carried out to bring the government officials and experts together to share the best practices and advanced research results;

We are convinced that further collaboration in response to population aging will prove beneficial. We acknowledged the progress of Global Dementia Legacy Event Japan with the participation from China and Korea. We think highly of China's efforts to initiate comparison research projects on the respective capability to respond to population aging by the three countries' health system. We are determined to work more closely with each other and welcomed the forum on healthy aging society to be held later today and the high-level aging conference to be held in Seoul, Korea in December 2014.

IV. Non-Communicable Diseases

Noting that the total global economic burden of non-communicable diseases (NCDs), including mental health, is estimated to be USD \$47 trillion¹ over the next two decades, which will greatly challenge our health system, especially in terms of financing;

Recalling the cooperation in the field of NCDs prevention and control which was highly emphasized in the Joint Statement of the 5th and 6th THMM; that fruitful results in this field were produced and an example of sharing information and fulfilling commitment among the three countries was set in Korea's initiative in

¹ The Global Economic Burden of Non-communicable Diseases A report by the World Economic Forum and the Harvard School of Public Health September 2011
http://www3.weforum.org/docs/WEF_Harvard_HE_GlobalEconomicBurdenNonCommunicableDiseases_2011.pdf

upholding a tripartite NCDs symposium that invited government officials and experts from China and Japan to participate;

We reaffirmed our commitment to the prevention and control of NCDs, principally cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, as our common concern and shared goals, and the Action Plan for the Prevention and Control of Non-communicable Diseases 2013-2020 adopted at the 66th WHA in May 2013, WHA document A67/14 approved in May 2014, and *Healthy Asia-Pacific 2020* endorsed by 22nd APEC Economic Leaders' Meeting, which appeals for the adoption of comprehensive community-based interventions in the prevention and control of NCDs with heaviest burden in the region.

V. Health-related MDGs

We reiterated our resolve to implement the Global Strategy for Women and Children's Health launched at the 65th Session of the UN General Assembly since the 4th THMM and our endorsement of the WHA document A67/19 and A67/20 that monitors the achievements of health-related MDGs and highlights their significance in the human development course. We decided in this THMM to continue our cooperation in this field throughout 2015, the target year of MDGs. We shared the view that the recognition and promotion of universal health coverage should be facilitated, aiming to be included in the Post-2015 Development Agenda.

VI. Next Meeting

We renewed the common understanding that the THMM is to be held regularly and that all activities will be carried out on the basis of equality, reciprocity, and mutual benefit, and it should be in harmony with the activities and goals of other international health bodies, where applicable, and it should promote relations currently established between institutions or individuals of each country.

The next meeting will be held in Japan in 2015.